Zimbabwe Livelihoods Assessment Committee (ZimLAC)

2024

Rural Livelihoods Assessment

Manicaland

Provincial Report

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Foreword

The 2024 Zimbabwe Livelihoods Assessment Committee (ZimLAC) Rural Livelihoods Assessment (RLA) was undertaken against the background of the 2023/2024 El Niño induced drought. This RLA, the 24th since inception, was guided by the urgent need for the Government of Zimbabwe to determine the impact of the El Niño induced drought on households in the rural areas and provide evidence to inform decision making. The assessment will also ensure the timely development of holistic and robust response programmes.

Considering that this was a unique year, the ZimLAC engaged various data collection approaches to enhance ground-truthing of contextual issues affecting food and nutrition security in different geographic areas. In that regard, the household interviews and community Focus Group Discussions were complemented by interviews with selected Chiefs (together with the Headmen and other traditional leaders who fall under their jurisdiction) and district level Key Informant Interviews. This multi-pronged approach contributed towards collation of in-depth insights into pertinent rural households' livelihoods issues which include demographics, health, nutrition, WASH, social protection, food consumption patterns, income sources, income levels, expenditure patterns, coping strategies, shocks and food security.

We would like to extend our sincere gratitude to the Government of Zimbabwe and its Development Partners for the financial and technical support which enabled us to undertake the survey in a timely manner. We remain indebted to the food and nutrition security structures at both provincial and district levels for their support. We appreciate the rural communities of Zimbabwe, the local authorities as well as Traditional Leaders for cooperating and supporting this assessment. We submit this report to you for your use and reference in your invaluable work towards addressing priority issues keeping many of our rural households vulnerable to food and nutrition insecurity.

George D. Kembo (Dr.)

DIRECTOR GENERAL/ ZIMLAC CHAIRPERSON

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Acknowledgements

The technical and financial support received from the following is greatly appreciated:

- Office of the President and Cabinet
- Food and Nutrition Council
- Ministry of Finance, Economic Development and Investment Promotion
- Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government and Public Works
- Rural District Councils (RDCs)
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- United States Agency for International Development (USAID)
- ZIMSTATS
- United Nations Children's Fund (UNICEF)
- START NETWORK
- United Nations World Food Programme (WFP)
- UNDP
- Catholic Relief Services
- Adventist Relief Agency (ADRA)
- World Vision
- Red Cross
- Bindura University of Science Education
- Marondera University of Agricultural Sciences and Technology
- Plan International
- CARITAS
- Lower Guruve Development Association
- Mwenezi Development Trust
- LID Agency
- Abundant Life For All (ALFA)
- Members of Parliament (Shamva, Murehwa South, Murehwa West and Murehwa North Constituencies)
- St Daniels Rehabilitation Centre
- JF Kapnek Trust Zimbabwe
- Takunda
- Family Aids Caring Trust (FACT)
- Valley of Hope
- Simukai
- AMALIMA Loko
- Midlands AIDS Service Organisation
- ZVANDIRI
- Aqua Culture Zimbabwe
- CARE International
- Nutrition Action Zimbabwe
- Mavambo Trust
- Mavambo Orphan Care
- Zimbabwe Prisons and Correctional Services
- CIMMYT
- Zimbabwe Council of Churches
- Heather Chimoga Orphan Care
- Harare Rotary Club CBD
- Centre for Agro-Entrepreneurship & Sustainable Livelihoods Trust
- Africa Ahead

Acknowledgement of Financial Support

Acronyms

EA	Enumeration Area
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
HDDS	Household Dietary Diversity Score
NDS 1	National Development Strategy 1
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
ZimLAC	Zimbabwe Livelihoods Assessment Committee

Introduction and Background

Introduction

- ZimLAC plays a significant role in operationalising Commitment Six, of the Food and Nutrition Security Policy (GoZ, 2012), in which the "Government of Zimbabwe is committed to ensuring a national integrated food and nutrition security information system that provides timely and reliable information on the food and nutrition security situation and the effectiveness of programmes and informs decision-making".
- The information system is critical in informing decision making as it provides evidence for timely response by Government.
- ZimLAC livelihood assessments' results continue to be an important tool for informing and guiding policies and programmes that respond to the prevailing food and nutrition security situation with 11 urban and 24 rural livelihoods updates having been produced to date.

Zimbabwe Livelihoods Assessment Committee (ZimLAC)

ZimLAC is a consortium of Government, Development Partners, UN, NGOs, Technical Agencies and the Academia which was established in 2002 and is led and regulated by Government. It is chaired by FNC, a Department in the Office of the President and Cabinet whose mandate is to promote a multi-sectoral response to food insecurity and nutrition problems in a manner that ensures that every Zimbabwean is free from hunger and all forms of malnutrition.

ZimLAC supports Government, particularly FNC in:

- Convening and coordinating national food and nutrition security issues in Zimbabwe.
- Charting a practical way forward for fulfilling legal and existing policy commitments in food and nutrition security.
- Advising Government on the strategic direction in food and nutrition security.
- Undertaking a “watchdog role” and facilitating action to ensure sector commitments in food and nutrition are kept on track through a number of core functions such as:
    - Undertaking food and nutrition assessments, analysis and research;
    - Promoting multi-sectoral and innovative approaches for addressing food and nutrition insecurity, and;
    - Supporting and building national capacity for food and nutrition security including at sub-national levels.

Assessment Rationale

The assessment results will be used to guide the following:

- Evidence based planning and programming for targeted interventions.
- Development of interventions that address immediate to long term needs as well as building resilient livelihoods.
- Early warning for early action.
- Monitoring and reporting progress towards commitments within the guiding frameworks of existing national and international food and nutrition policies and strategies such as the National Development Strategy 1, the Food and Nutrition Security Policy, Sustainable Development Goals and the Zero Hunger strategy.

Purpose

The overall purpose of the assessment was to provide an annual update on livelihoods in Zimbabwe's rural areas to inform policy formulation and programming appropriate interventions.

Objectives

The specific objectives of the assessment were:

1. To estimate the rural population that is likely to be food insecure in the 2024/2025 consumption year, their geographic distribution and the severity of their food insecurity.
2. To assess the nutrition status of the rural population.
3. To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health services, water, sanitation and hygiene services), assets, income sources, agriculture, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.
4. To determine the coverage of humanitarian and developmental interventions.
5. To determine the effects of shocks experienced by communities on food and nutrition security.
6. To identify development priorities for communities

Contextual Analysis - Background

- The 2023/2024 El Niño event caused widespread drought conditions across southern Africa, characterized by a late onset of rains, extended mid-season dry spells and extreme high temperatures. The El Niño phenomenon significantly and adversely impacted seasonal rainfall's spatial and temporal distribution.

- The extended dry conditions have had a widespread, severe impact on crops, as it occurred at a time when cereal crops were generally most susceptible to water deficits, resulting in widespread crop failure.

- Reduced precipitation exacerbates water scarcity, impacting agriculture, hydroelectric power generation, and water supply for communities (drinking and sanitation).

- Zimbabwe, like most Sub-Saharan countries was in the grip of the 2023/24 El Niño-induced drought which resulted in massive crop failure, depletion of water resources and pastures.

- According to the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development's 2024 2nd Round Crop, Livestock and Fisheries Assessment Report, both agricultural production and productivity for the 2023/ 2024 agricultural season were severely and negatively impacted by, arguably, the worst drought-induced El Niño in 40 years. Statistically, the season had the latest and driest start to a summer season in 40 years.

Contextual Analysis - Background

- The majority of rural households in Zimbabwe rely on rain-fed agriculture which is susceptible to climate change and variability. The dry conditions had an adverse effect on the commencement of planting nationwide, resulting in a substantial decrease in the area planted and crop yields. In addition, the dry conditions resulted in low livestock productivity and poor pastures which ultimately affects food security and livelihood options.

- The delayed onset of the rainfall season resulted in late planting as most farmers started planting in late December following some significant rainfall across the country which also resulted in a trail of destruction to infrastructure and livelihoods. More than 80% of the country received below normal rainfall average by end of February 2024. Prolonged dry weather conditions were again experienced in November and the first half of December 2023. The country further experienced the driest month of February 2024 on record.

- Crop failure was also exacerbated by the outbreak of fall armyworm (FAW) caterpillars with the highest infestation occurring in Mashonaland Central, Mashonaland East, Midlands, and Matabeleland South provinces. Outbreaks of African Armyworm, quelea birds and armoured crickets were also reported. Control measures were put in place and minimized the damage.

- Livestock was impacted by the El Niño induced dry conditions, which resulted in considerable shortages in pasture and reduced water availability for livestock. In Zimbabwe, over 9,000 drought-related cattle deaths were reported and over 1.4 million cattle were reported as being at high risk of drought conditions and death due to lack of pasture and water.

- The Zimbabwean economy being agro-based has been largely affected notwithstanding mitigatory measures vigorously pursued by Government and partners.

Economic Stabilisation Measures

Government, through the Ministry responsible for Finance put in place a number of measures which resulted in the following:

- Government delivered the 2024 Monetary Policy Statement which was expected to ensure lasting stability, certainty, and predictability in the exchange rate and inflation.
- The Reserve Bank introduced a structured currency which was expected to result in the dissipation of inflationary pressures in the short to medium term.
- Against this background, the Monetary Policy Statement primarily focused on immediate measures necessary to boost the demand for local currency in the multicurrency economy, fostering a stable and sustainable exchange rate, rebuilding market confidence and policy credibility and supporting a stable and sustainable economy as enshrined in Vision 2030 and (National Development Strategy 1) NDS1.
- The foreign currency receipts for January and February 2024 amounted to US$2.2 billion compared to US$1.8 billion received during the same period in 2023, representing a 23% increase.
- Month-on-month inflation also declined from a peak of 12.10% in June 2023 to -1.3% in August 2023. Driven by the exchange rate volatility, the month-on-month inflation rebounded to 4.7% in December 2023 and 5.4% in February 2024.
- However, the EL-Niño-induced drought, which turned out to be more severe than initially anticipated was expected to impact negatively on the domestic economy’s growth trajectory.

Government Mitigatory Measures

- In terms of Section 27(1) of the Civil Protection Act [*Chapter 10:06],* His Excellency, the President of the Republic of Zimbabwe, Cde Dr E.D Mnangagwa declared a nationwide State of Disaster due to the El Niño induced drought on the 3rd of April 2024. In order to facilitate a coordinated response to the climate-induced drought and allow for resource mobilization and response planning in the short and medium term, Government developed the robust *2024 EL Niño INDUCED DROUGHT DISASTER: DOMESTIC AND INTERNATIONAL APPEAL FOR ASSISTANCE*. In the Appeal, Government focuses on search and rescue, mitigation and resilience building in the following critical areas:
    - Agriculture
    - Food and Nutrition Security
    - Protection
    - Health
    - Water, Sanitation and Hygiene (WASH)
    - Education
    - Environment and Natural Resources
    - Energy
    - Macro, Small and Medium Enterprises
- The impact of the current El Niño induced drought was expected to last until March 2025 for most communities hence it was critical that requisite resources be mobilized urgently to assure communities of sustenance. The Appeal seeks to raise a total of USD 3.9 Billion.

Contextual Analysis – Government Mitigatory Measures

Government remained committed to ensuring that every Zimbabwean is free from hunger and all forms of malnutrition and led the implementation of the following measures to ensure food security for all people:

- **Food Mitigation:** Government is targeting **7.7 million** people in both rural and urban areas who were projected to be food insecure. Of these, 6 million are in the rural areas. Government is embarking on a blitz three-month phased distribution plan prioritising the worst affected areas and the hard to reach. The blitz is targeting the most vulnerable groups who include the elderly, persons with disabilities, orphaned and child-headed households and chronically ill, among others. Each beneficiary will receive a three-month allocation of grain at once which has been pegged at **7.5kg per** person per month translating to **22.5kg per person** for three months and **138,171MT** countrywide. In urban areas, each beneficiary will be given cash equivalent to procure a **10kg bag** of mealie meal via mobile money transfers on a monthly basis.

- Government has also adopted the *Build-Back Better* Strategy to cushion communities and assist them to recover from the El Niño induced drought.

- **Presidential Borehole Drilling Scheme:** In order to alleviate the prevailing water scarcity challenges and climate change, Government is implementing the Presidential Borehole Drilling Scheme. The scheme aims to facilitate the provision of clean water to households and will help to avert the potential threats of waterborne diseases. The solar powered boreholes will also avail the much needed water for consumption and hygiene.

- **Strengthening of Multi-Sectoral Structures** in order to operationalise a cohesive response to the food and nutrition challenges.

Contextual Analysis – Government Mitigatory Measures

On the 12th of March 2024, Cabinet approved the following:

- The Food Security Outlook Report to March 2025 to facilitate winter cereals production planning.
- The consumption of 7,5kg per person per month be used immediately for social welfare and be adjusted after October to 8,5kg per person per month.
- The purchase of local grain at import parity price of USD390 per tonne to mop up excess local grain.
- Duty waiver on the importation of rice and potato seed.
- Importation of Genetically Modified stock feed, under strict supervised milling and distribution.
- Duty free importation of maize, rice and cooking oil by households with effect from July 2024.
- Re-activation of the Grain Mobilisation Committee to monitor private sector imports as well household imports.

Assessment Methodology

Methodology – Assessment Design

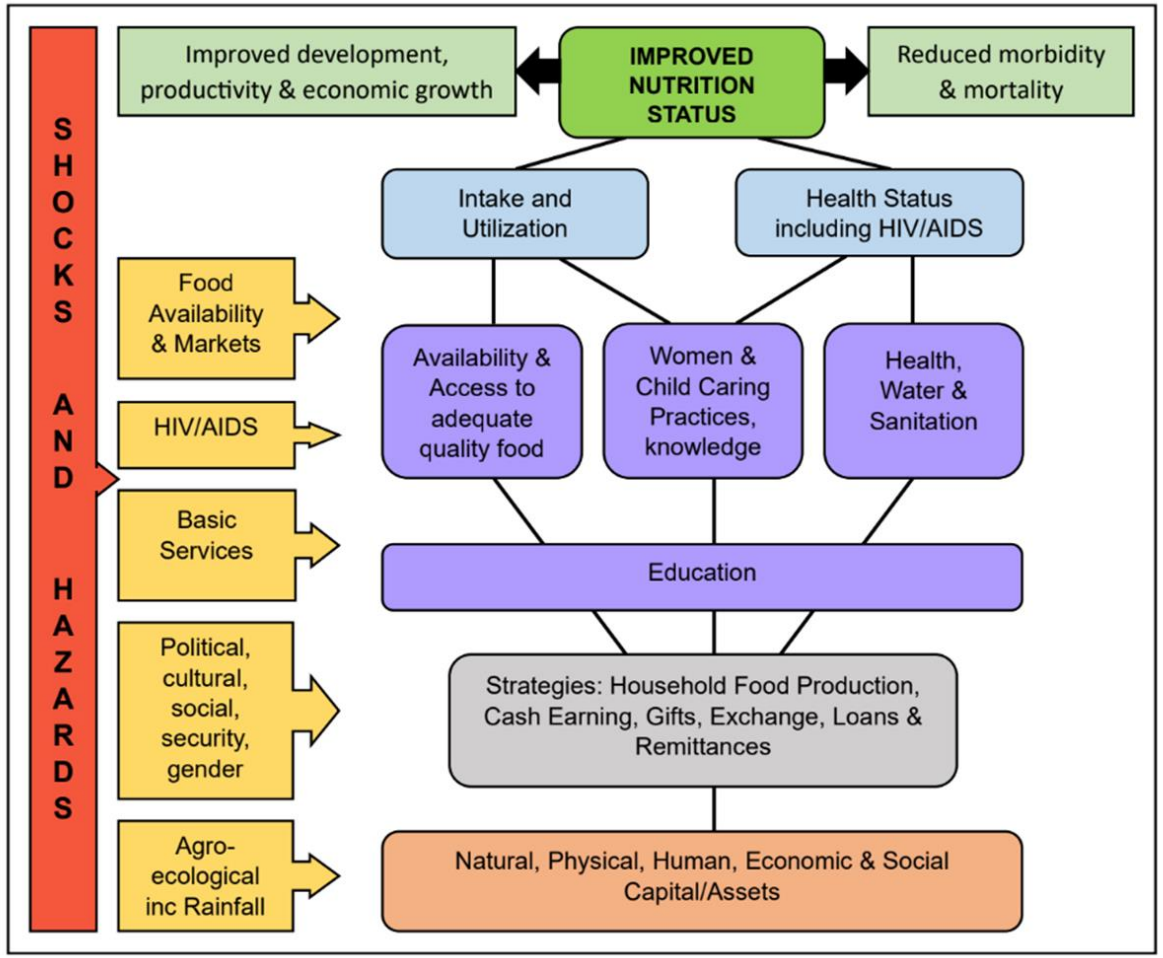


Figure 1: Food and Nutrition Conceptual Framework

- The assessment was a cross-sectional study whose design was guided and informed by the Food and Nutrition Security Conceptual Framework (Figure 1), which Zimbabwe adopted in the FNSP (GoZ, 2012), and the conceptual framework on food security dimensions propounded by Jones et al. (2013).
- The assessment was also guided and informed by the resilience framework (Figure 2) so as to influence the early recovery of households affected by various shocks.
- The assessment looked at food availability and access as pillars that have confounding effects on food security as defined in the FNSP (GoZ, 2012).
- Accordingly, the assessment measured the amount of energy available to a household from all its potential sources hence the **primary sampling unit** for the assessment was the household.

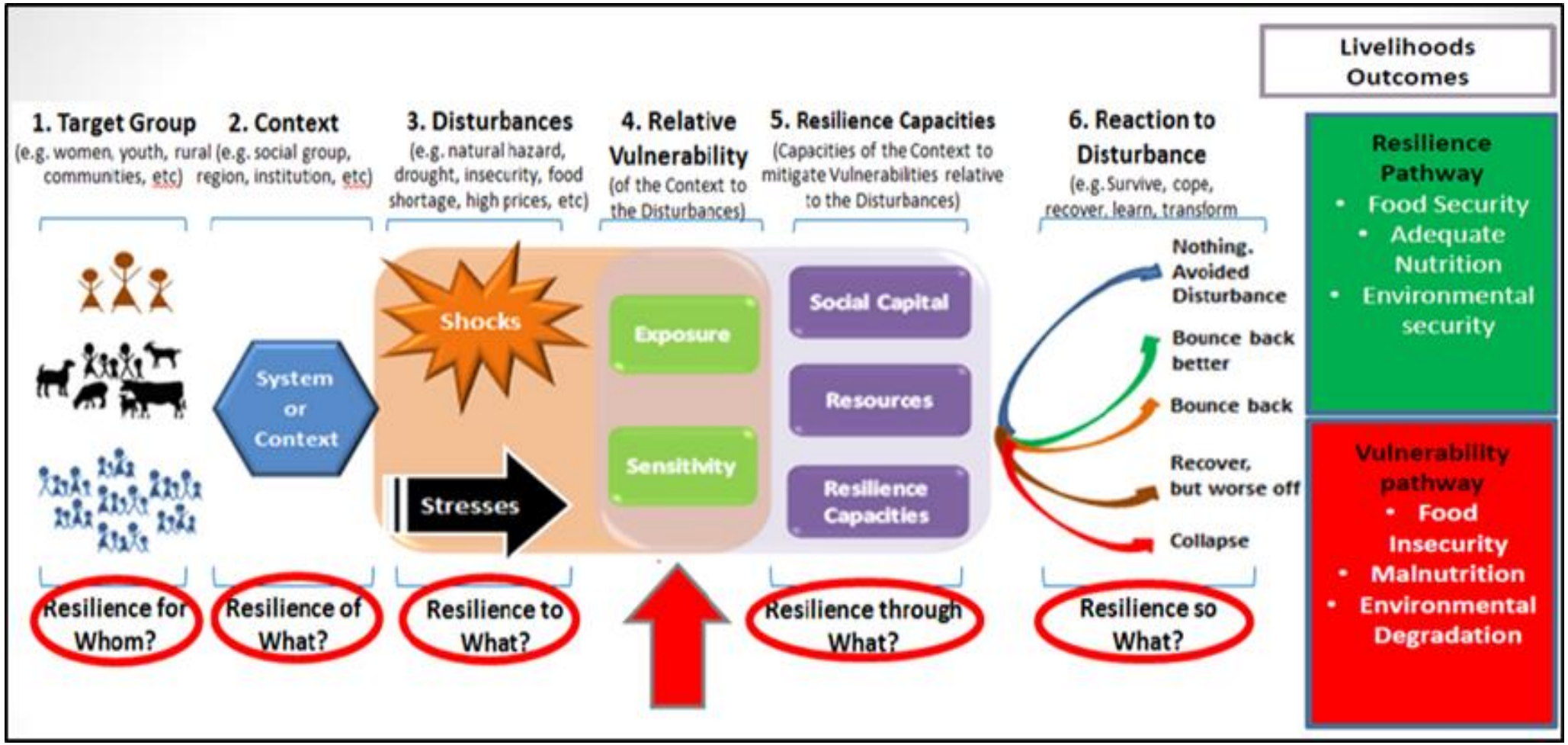


Figure 2: Zimbabwe Resilience Framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

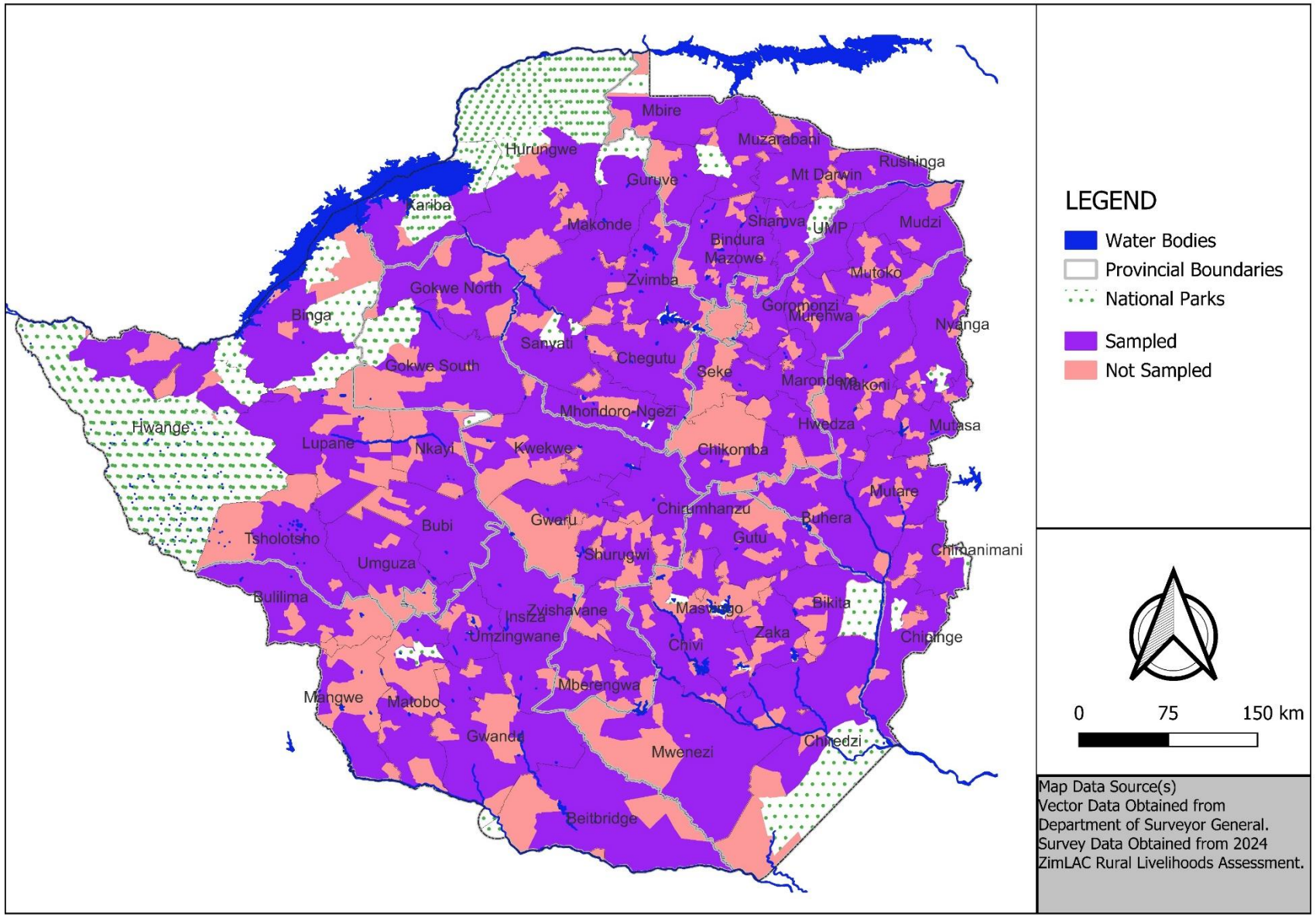
- ZimLAC, through multi-stakeholder consultations, developed an appropriate assessment design concept note and data collection tools informed by the assessment objectives.
- The primary data collection tools used in the assessment were the android–based structured household questionnaire, the community Focus Group Discussion (FGD) guide, Irrigation Key Informant Interview and the Chiefs' FGD guide.
- ZimLAC national supervisors (including Provincial Agritex Extension Officers and Provincial Nutritionists) and enumerators were recruited from Government, United Nations, Technical partners and Non-Governmental Organisations. These underwent training in all aspects of the assessment. Training for enumerators was done at district level.
- The Ministry of Local Government coordinated the recruitment of district level enumerators and mobilisation of provincial supervision and district enumeration vehicles. Three enumerators were selected from each district for data collection and one anthropometrist was responsible for taking anthropometric measurements.
- Primary data collection took place from 4 to 20 May 2024. Data analysis and report writing ran from 27 May to 7 June 2024. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

Methodology - Sampling and Sample Size

- Household food insecurity prevalence was used as the key indicator to determine the sample to ensure 95% confidence level of statistical representativeness at district, provincial and national level.
- The survey collected data from 1 800 randomly selected Enumerated Areas (EAs).
- A two staged cluster sampling was used and comprised of:
  - Sampling of 30 clusters per each of the 60 rural districts, denoted as EAs in this assessment, from the Zimbabwe Statistics Agency (ZIMSTAT) 2022 master sampling frame using the PPS methodology.
  - The second stage involved the systematic random sampling of 10 households per EA (village).
- At least 293 households were sampled per district. A total of 2094 households were interviewed.
- 70 FGDs and 7 Chief's Focus Group Discussions were held across all the districts.

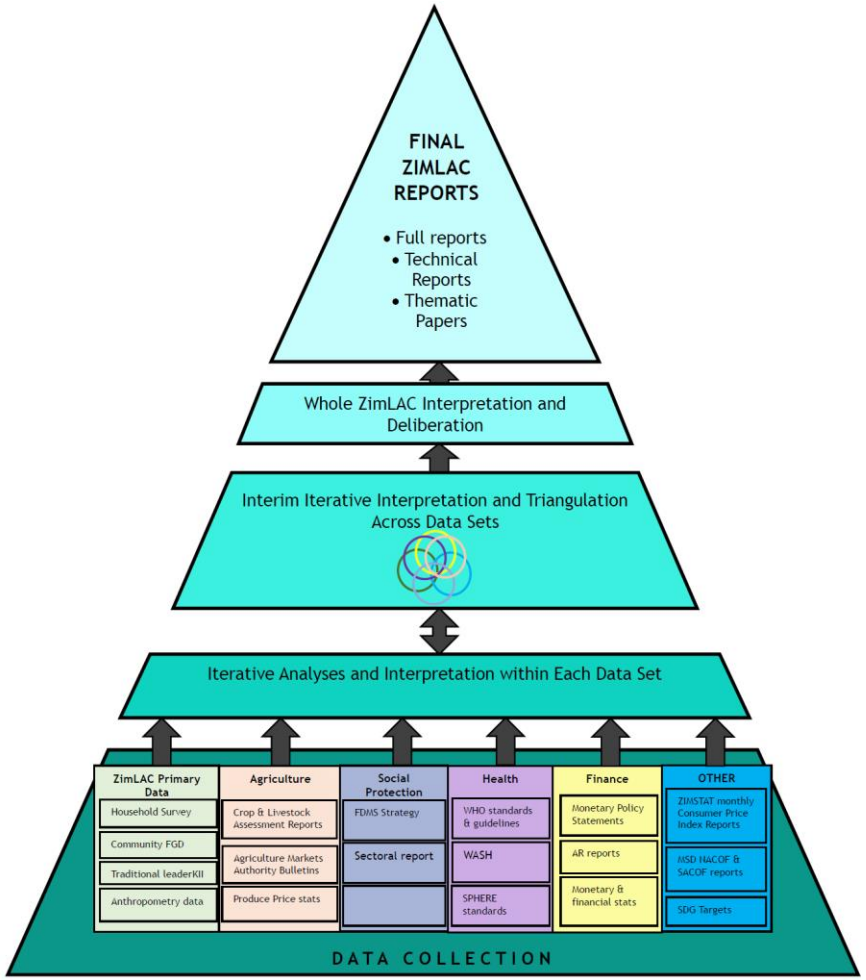
Districts	Number of Sampled Households
Buhera	300
Chimanimani	293
Chipinge	298
Makoni	300
Mutare	301
Mutasa	300
Nyanga	302
Manicaland	2094

Methodology – Sampled Wards



Data Preparation and Analysis

- Primary data was transcribed using CSEntry on android gadgets and using CSPro. It was consolidated and converted into SPSS, STATA and DBF datasets for:
  - Household structured interviews
  - Community Focus Group Discussions
  - Chief's Focus Group Discussions
- Data cleaning and analysis were done using SPSS, STATA, ENA, Microsoft Excel and GIS packages.
- Analyses of the different thematic areas covered by the assessment were informed and guided by relevant local and international frameworks, where they exist.
- Gender, as a cross cutting issue, was recognised throughout the analysis.



Technical Scope

The 2024 RLA collected and analysed information on the following thematic areas:

- Health
- WASH
- Nutrition
- Agriculture and other rural livelihoods activities
- Food security
- Shocks and stressors
- Social protection
- Youth
- Linkages amongst the key sectoral and thematic areas
- Cross-cutting issues such as gender

Demographic Description of the Sample

Household Characteristics

Characteristics of Respondents

District	Age of Respondent (years)	Sex of Respondent (%)	
		Male	Female
Buhera	44.1	22.3	77.7
Chimanimani	61.7	34.8	65.2
Chipinge	41.9	28.9	71.1
Makoni	48.7	29.7	70.3
Mutare	47.5	29.6	70.4
Mutasa	50.1	35.0	65.0
Nyanga	46.5	34.4	65.6
Manicaland	**48.6**	**30.7**	**69.3**

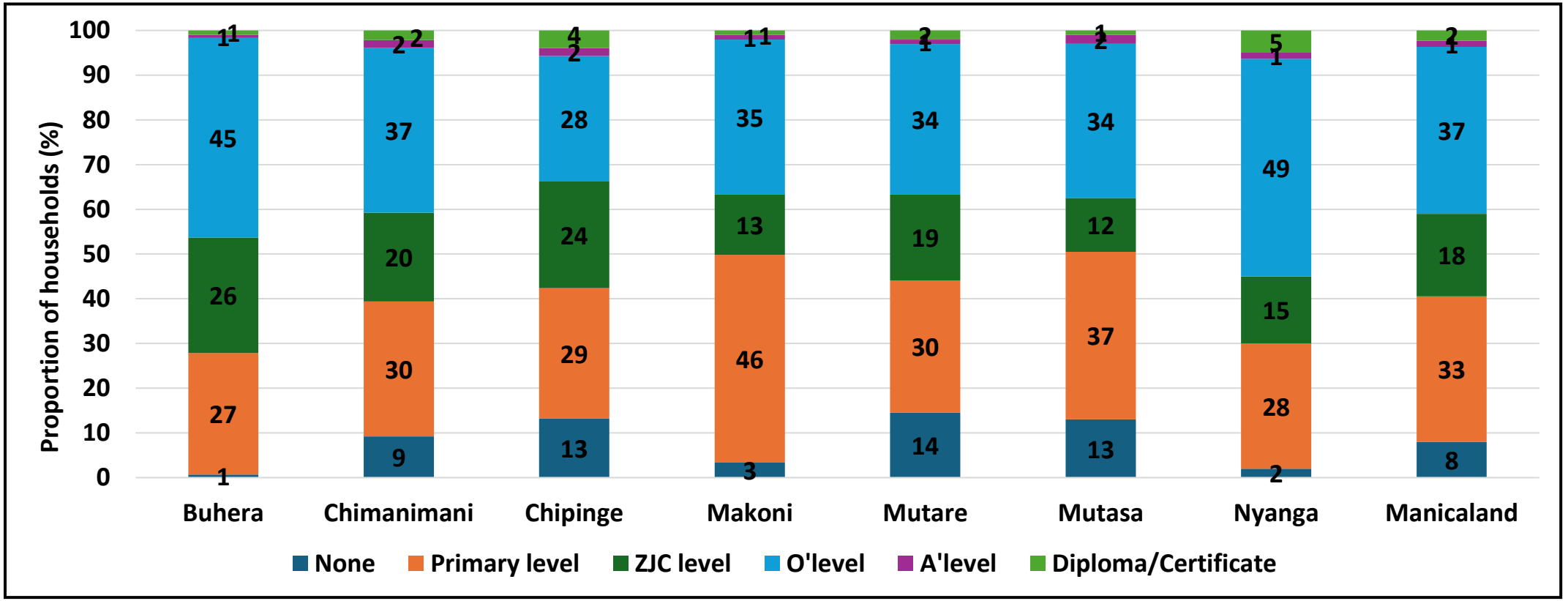
- The average age of the respondents was 48.6 years.
- About 69.3% of the respondents were females.

Households Members' Characteristics

		Sex (%)		Household members (%)						
District	**Household size (n)**	**Male**	**Female**	**0 to 9 years**	**10 to 17 years**	**18 to 29 years**	**30 to 39 years**	**40 to 49 years**	**50 to 64 years**	**65+ years**
Buhera	5.0	48.0	52.0	37.4	19.6	11.9	11.2	10.2	5.7	3.9
Chimanimani	4.7	45.8	54.2	25.1	21.8	17.8	9.0	8.5	8.2	9.0
Chipinge	3.4	42.0	58.0	23.3	21.7	18.1	11.0	11.2	8.4	6.3
Makoni	3.7	48.1	51.9	23.7	16.5	16.8	8.7	10.8	11.9	11.7
Mutare	4.5	46.6	53.4	25.0	21.9	16.4	9.0	9.0	9.5	9.1
Mutasa	3.9	48.1	51.9	24.2	19.9	16.8	8.9	9.4	9.9	10.9
Nyanga	2.9	46.5	53.5	20.1	15.6	16.3	13.4	12.1	11.2	11.3
Manicaland	**4.0**	**46.5**	**53.5**	**26.3**	**19.8**	**16.1**	**10.0**	**10.0**	**9.0**	**8.6**

- The average household size was 4.
- Females (53.5%) constituted the majority of the household members.
- The 60+ years age range constituted 8.6% of household members.

Characteristics of Respondent: Education Level Attained



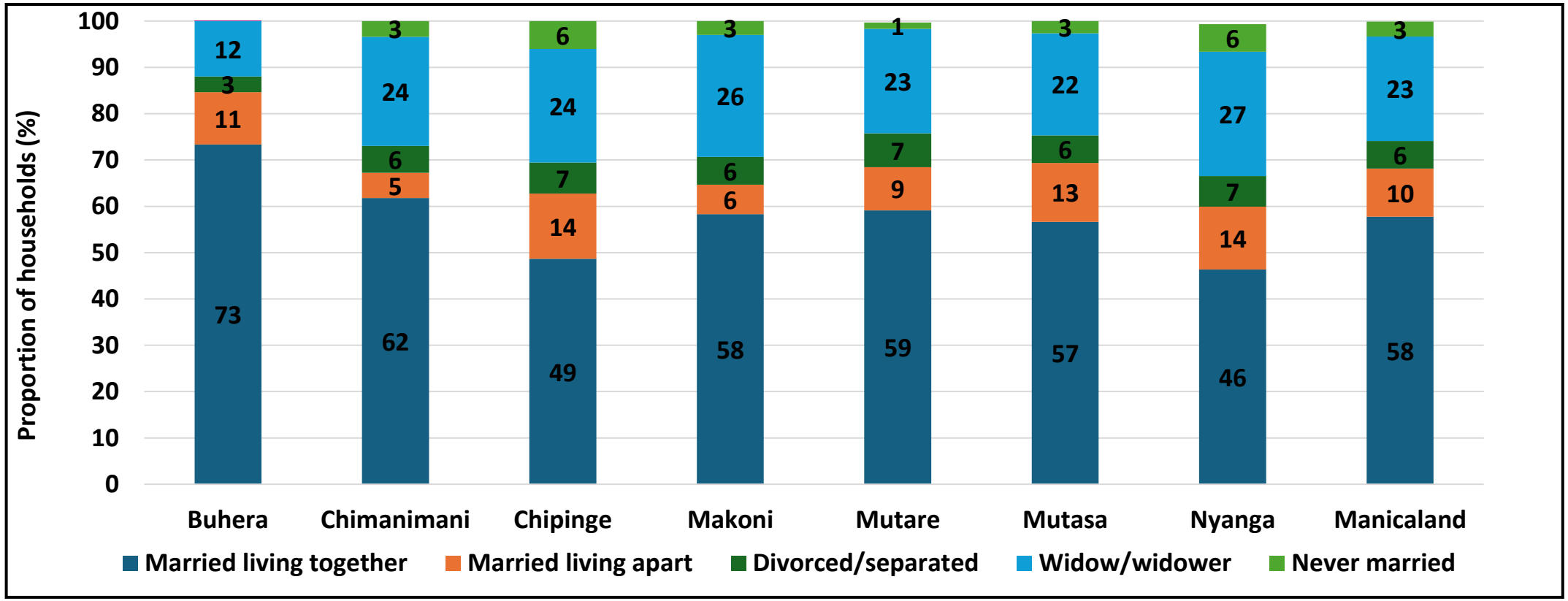
- About 92% of the respondents had attained some form of education. This reflects their ability to articulate developmental issues that pertain to their households and communities.

Characteristics of Household Head

District	Average Household Head Age (years)	Household head sex		Household Head by Category	
		Male (%)	Female (%)	Elderly headed (%)	Child Headed (%)
Buhera	45.3	74.0	26.0	14.7	0.0
Chimanimani	77.8	68.9	31.1	25.9	0.0
Chipinge	45.2	56.7	43.3	16.1	3.0
Makoni	52.6	64.7	35.3	31.0	0.3
Mutare	49.8	60.5	39.5	24.6	0.3
Mutasa	52.2	57.0	43.0	30.0	0.0
Nyanga	47.4	63.6	36.4	25.2	0.0
Manicaland	**54.1**	**63.6**	**36.4**	**23.9**	**0.5**

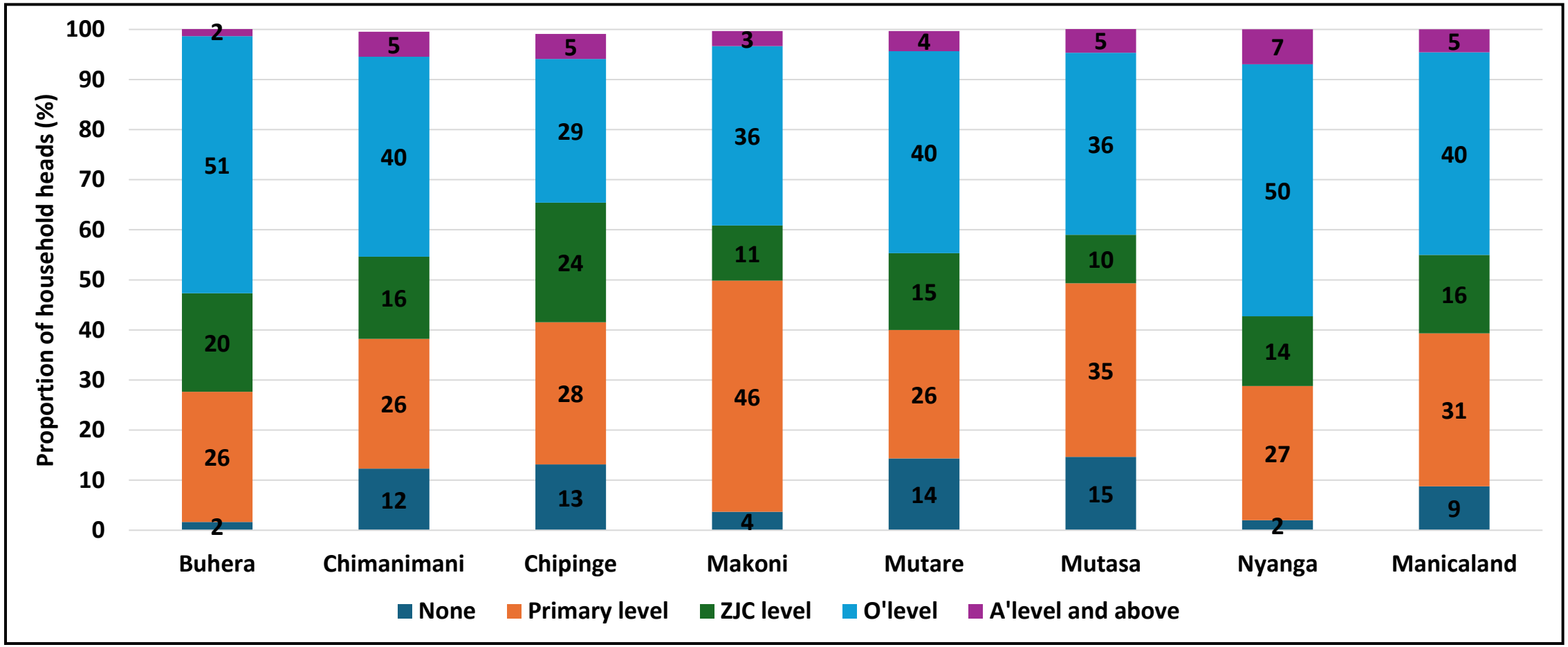
- The average age of household heads was 54.1 years.
- About 36.4% of the households were female headed, with the highest proportion in Chipinge (43.3%).
- At least 23.9% of the households were elderly headed while 0.5% were child-headed.

Characteristics of Household Head: Marital Status



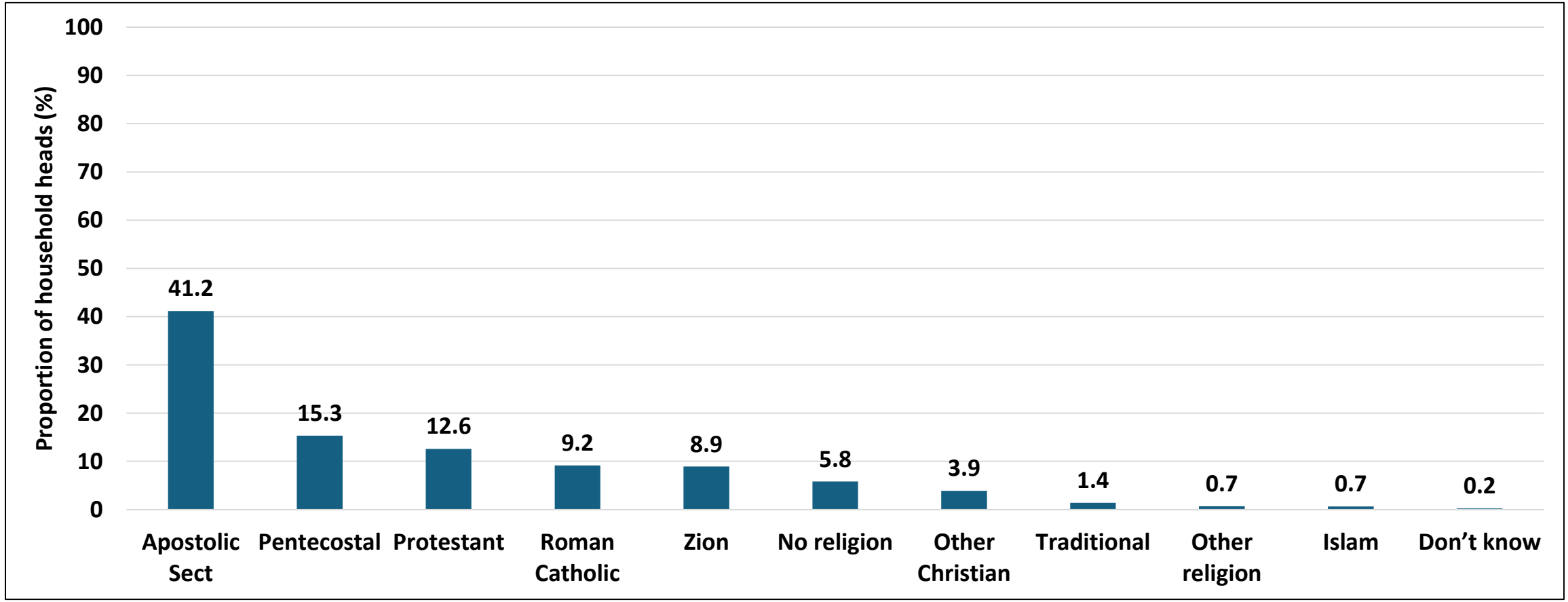
- About 58% of the household heads were married and living together with their spouses, whilst 23% were widowed.

Characteristics of Household Head: Education Level Attained



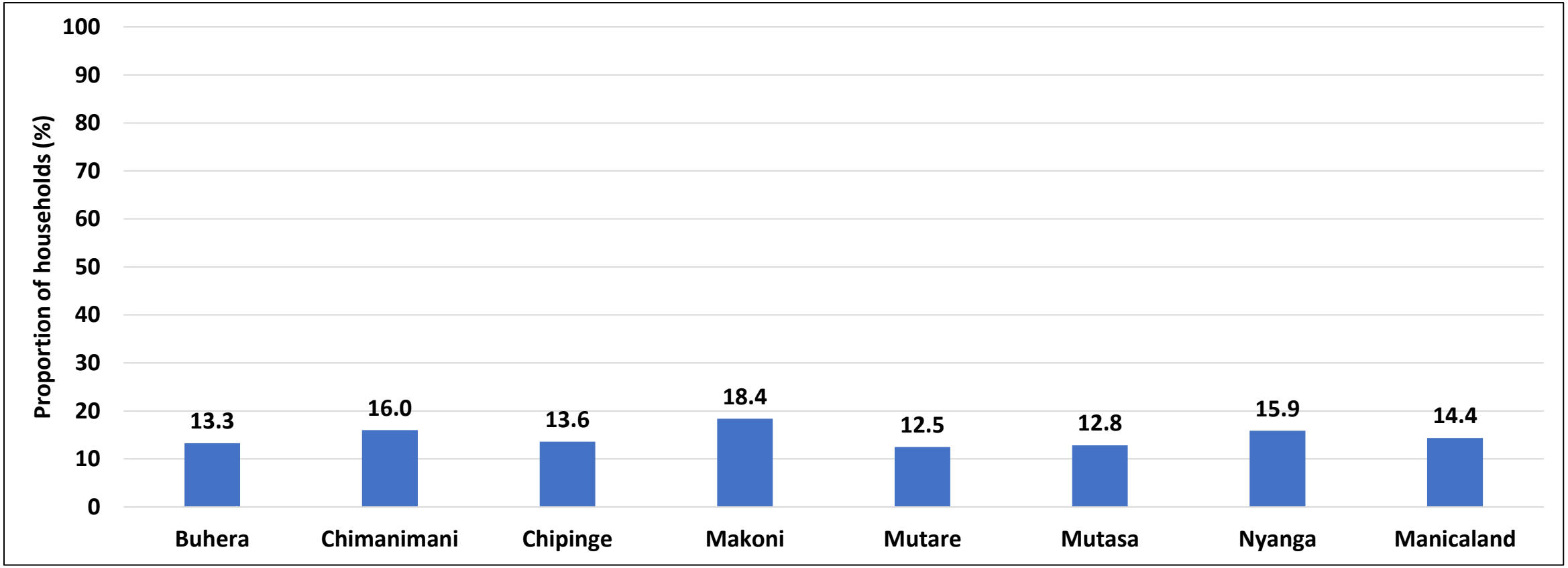
- About 91% of the household heads had attained some form of education.

Characteristics of Household Head: Religion



- The highest proportion of household heads were of the Apostolic Sect (41.2%), Pentecostal (15.3%) and Protestant (12.6%).

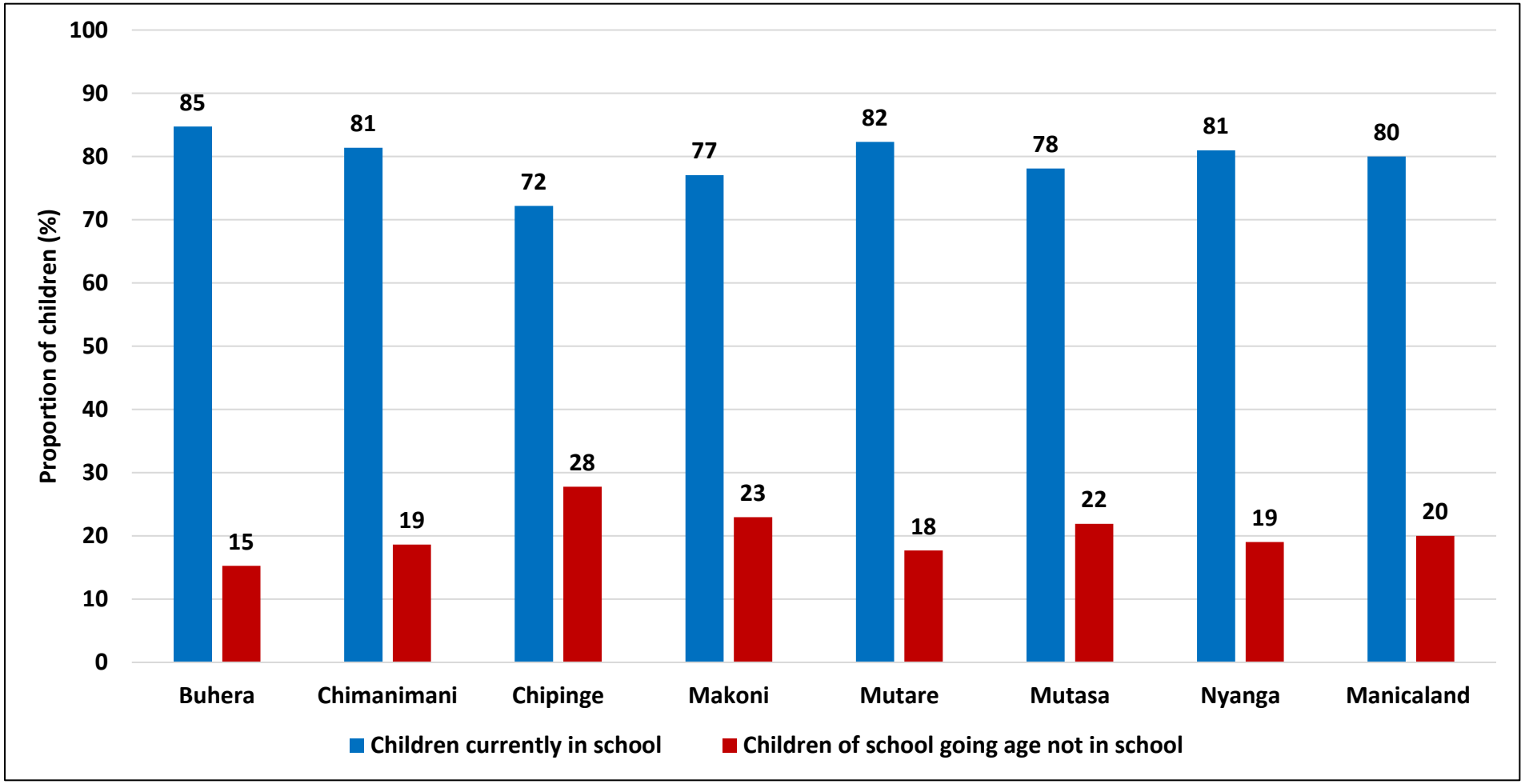
Orphaned Children



- The proportion of households with orphans was 14.4%.

Education

School Attendance



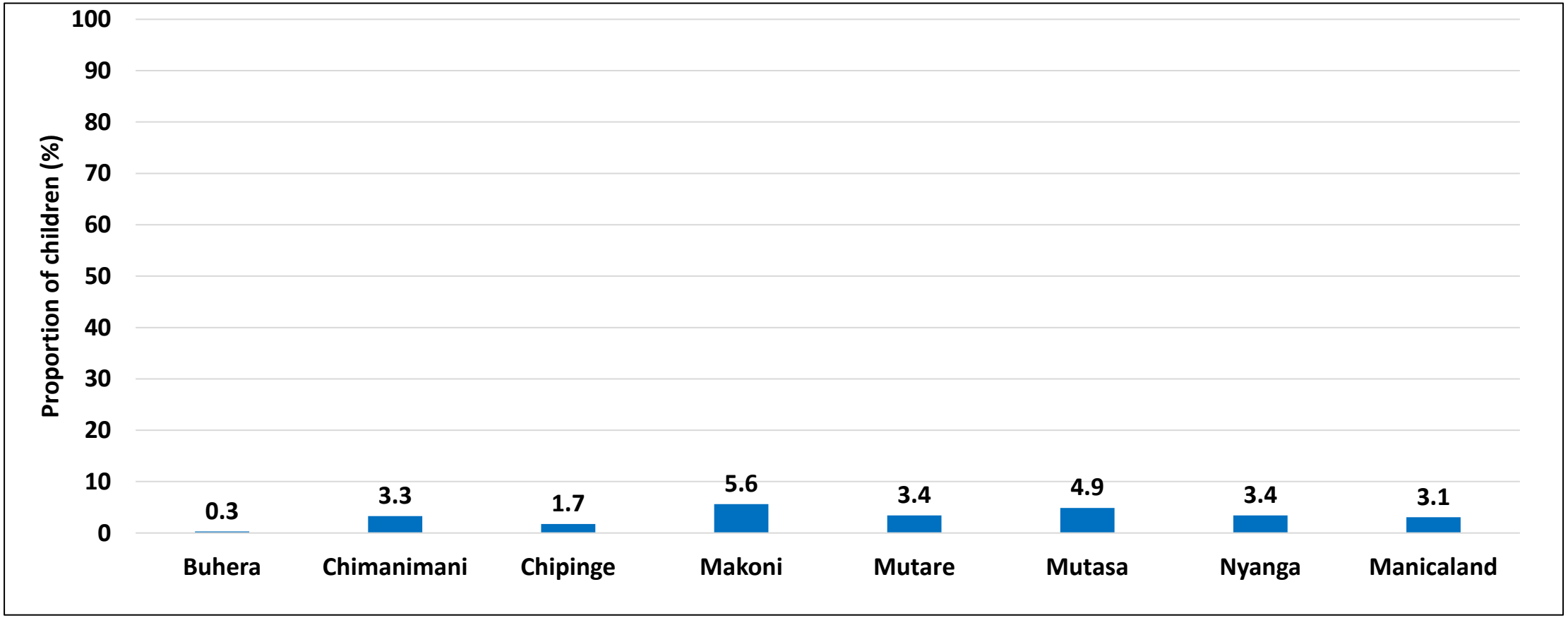
- At the time of the assessment, 20% of school going age children were not going to school.

Reasons for Children not Being in School (20%)

District	Financial challenges (%)	Child considered too young (%)	Pregnancy/marriage (%)	Completed O/A level (%)
Buhera	5	3.8	1.7	1.9
Chimanimani	5.5	2.8	3.3	3.6
Chipinge	15.9	3	3	1.5
Makoni	14	1.5	3.1	1.5
Mutare	11.4	1.4	2.2	1.8
Mutasa	7.9	3.1	4.4	2.7
Nyanga	4.2	4.6	1.9	5.7
Manicaland	**8.9**	**2.8**	**2.8**	**2.5**

- Of the 20% children out of school, financial challenges (8.9%) was reported to be the main reason why children were not going to school.

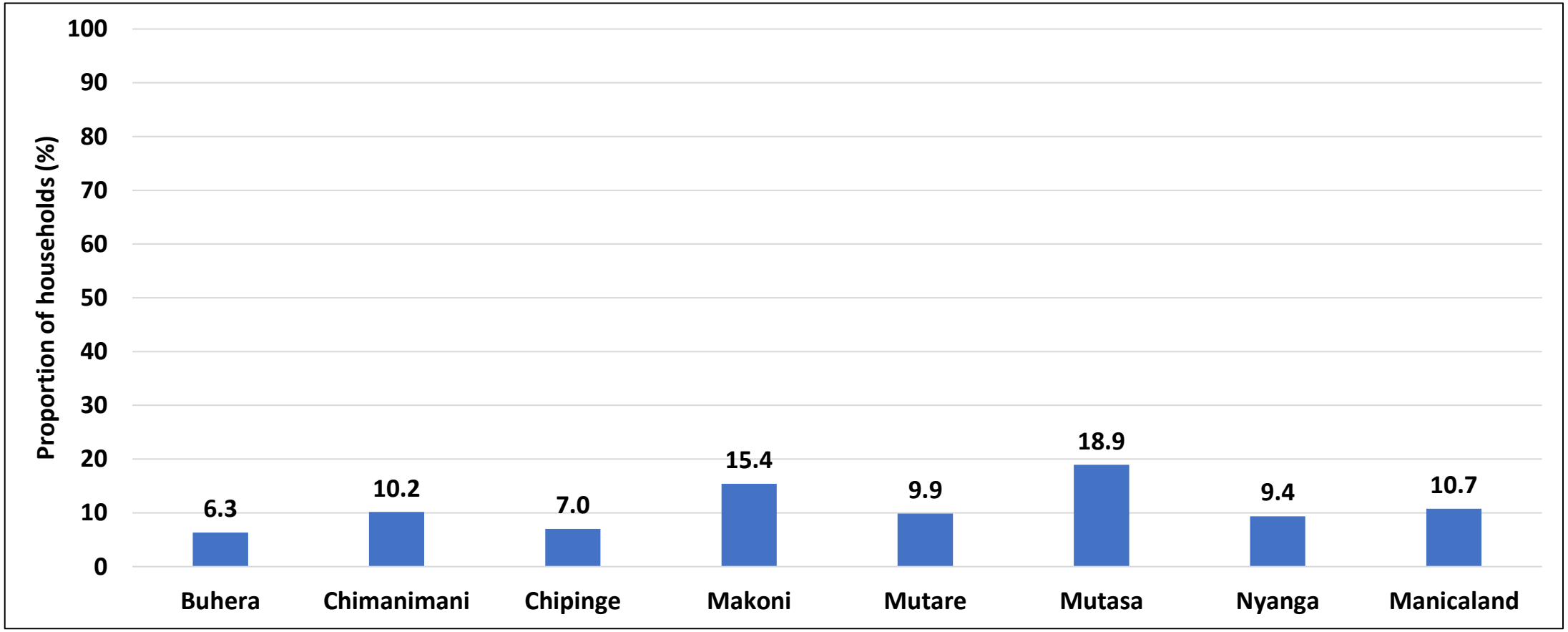
Children Receiving Hot Meals at School



- The proportion of children who received a hot meal at school was at 3.1%.
- Makoni District (5.6%) had the highest proportion of children who received a hot meal.

Chronic Conditions

Chronic Conditions



- The proportion of households which had a member with a chronic condition was (10.7%)

Household Members Who had Chronic Conditions (10.7%)

District	HIV infection, AIDS (%)	Heart disease (%)	Diabetes, high blood sugar (%)	Asthma	Hypertension, High blood pressure (%)	Arthritis, chronic body pain (%)	Epilepsy, seizures, fits (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Kidney diseases (%)	Ulcer, chronic stomach pain (%)	Cerebral palsy (%)	Mental illness (%)	Not willing to disclose (%)	Other (%)
Buhera	2.0	0.7	1.9	0.5	0.2	0.2	0.2	0.0	0.2	0.0	0.1	0.1	0.2	0.1	0.0	0.5
Chimanimani	1.3	0.8	1.5	0.5	3.5	0.5	0.5	0.3	0.0	0.1	0.0	0.6	0.2	1.2	0.5	0.3
Chipinge	1.1	0.4	1.1	0.5	1.9	0.5	0.4	0.2	0.1	0.4	0.0	0.1	0.4	0.6	0.0	0.2
Makoni	4.4	0.5	2.6	1.0	5.8	2.4	0.4	0.2	0.1	0.0	0.1	0.6	0.1	0.8	0.0	1.0
Mutare	2.4	1.2	1.8	0.5	3.8	0.5	0.4	0.3	0.0	0.0	0.1	0.4	0.0	0.4	0.4	0.2
Mutasa	3.4	0.8	2.6	1.2	9.9	2.3	0.3	0.4	0.8	0.5	0.0	1.9	0.0	0.4	0.0	0.1
Nyanga	0.5	0.0	1.0	0.5	3.6	2.6	0.2	0.2	0.0	0.0	0.2	0.9	0.0	0.2	0.2	0.9
Manicaland	**2.2**	0.7	1.8	0.7	**3.8**	1.1	0.3	0.2	0.2	0.1	0.1	0.6	0.1	0.5	0.2	0.4

- Hypertension/high blood pressure (3.8%) and HIV infections/AIDS (2.2%) were the major chronic condition which were cited.

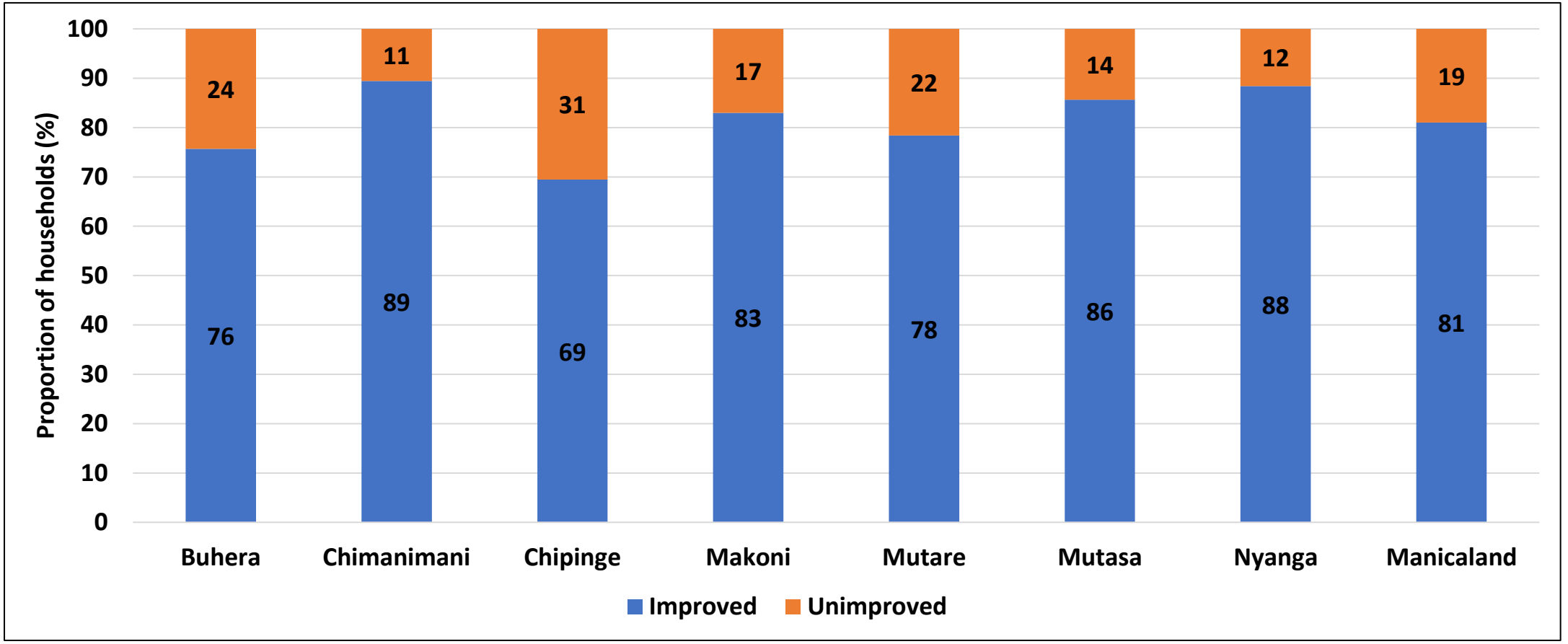
Water, Sanitation and Hygiene

Ladder for Drinking Water Services

Service Level	Definition
Safely Managed	Drinking water from an improved water source which is located on premises, available when needed and free from faecal and priority chemical contamination.
Basic Drinking Water	Basic drinking water services are defined as drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing.
Limited Drinking Water Services	Limited water services are defined as drinking water from an improved source, where collection time exceeds 30 minutes for a roundtrip including queuing.
Unimproved Water Sources	Drinking water from an unprotected dug well or unprotected spring.
Surface Water Sources	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation channel.

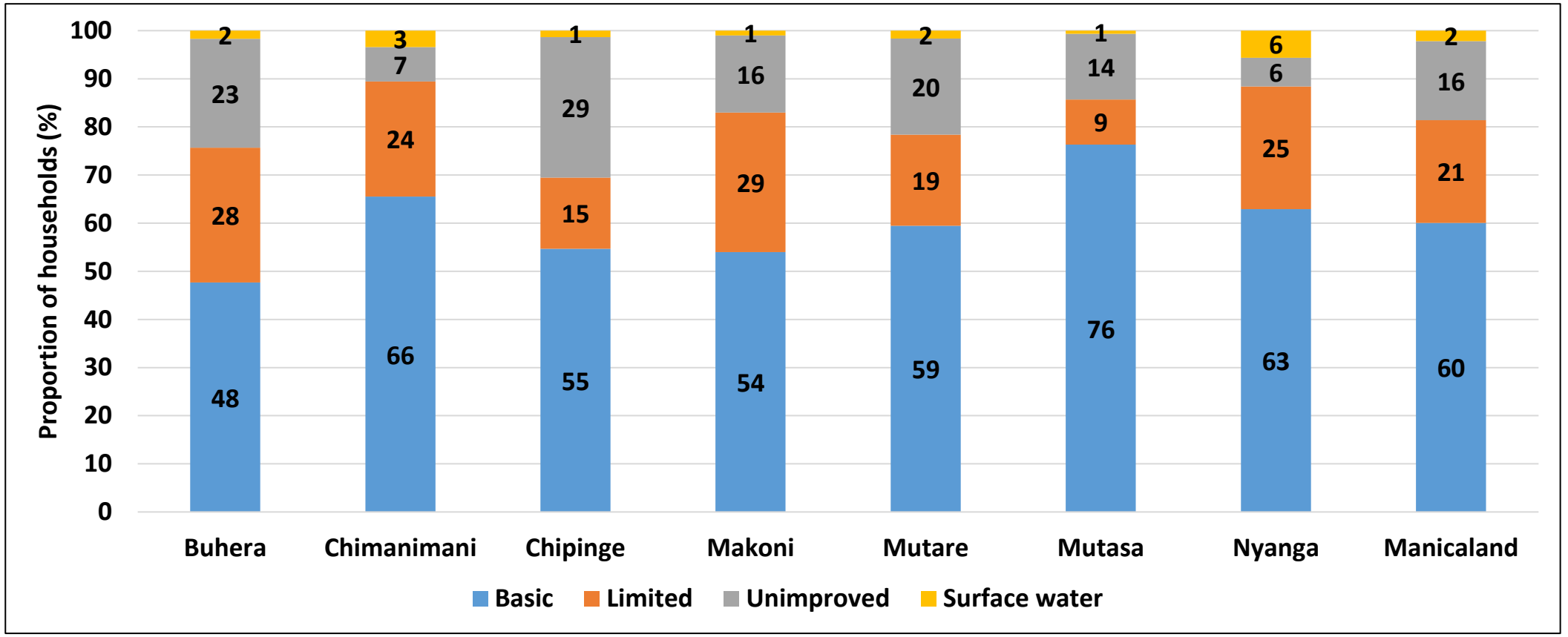
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, or yard; public tap/standpipe; tube well/borehole; protected dug well; protected spring; or rainwater collection. This category now includes packaged and delivered water, considering that both can potentially deliver safe water.

Access to Improved Water Source



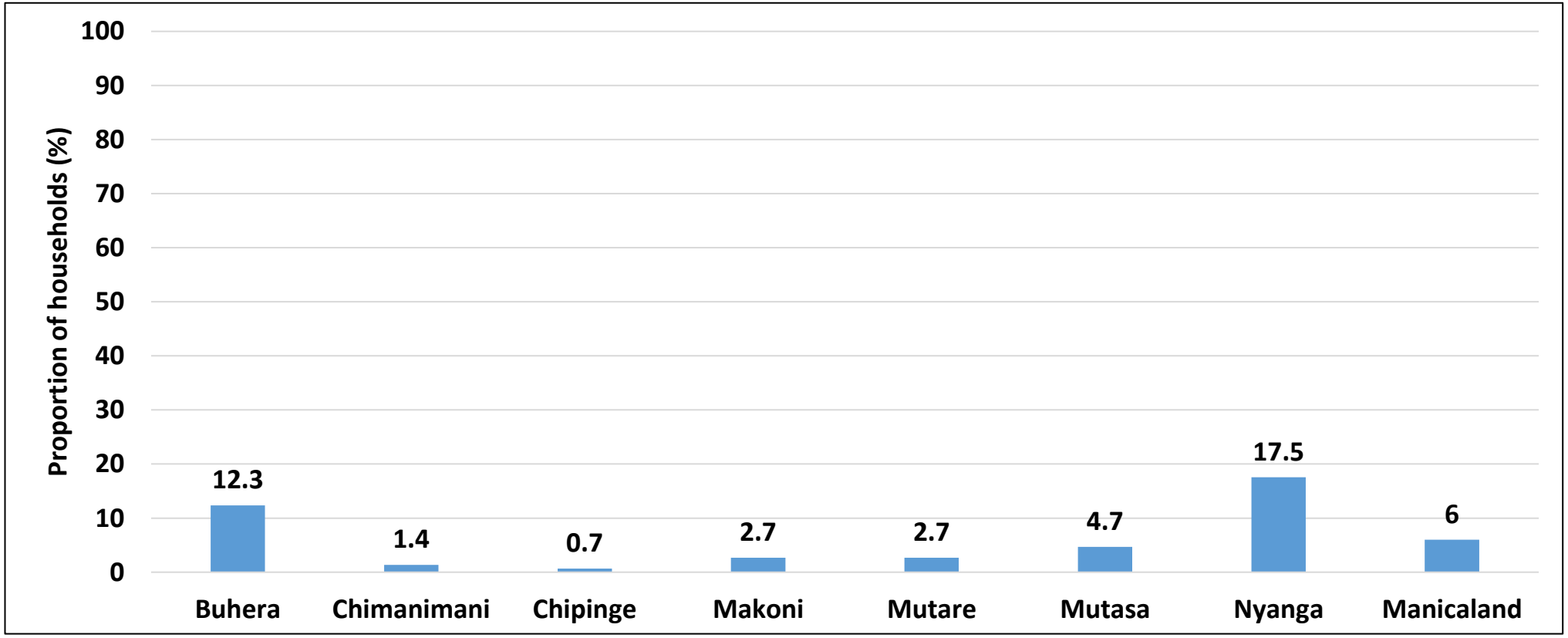
- The proportion of households accessing improved water sources in the province was 81%.
- Chipinge (31%) has the highest proportion of households using unimproved water sources.

Main Drinking Water Services



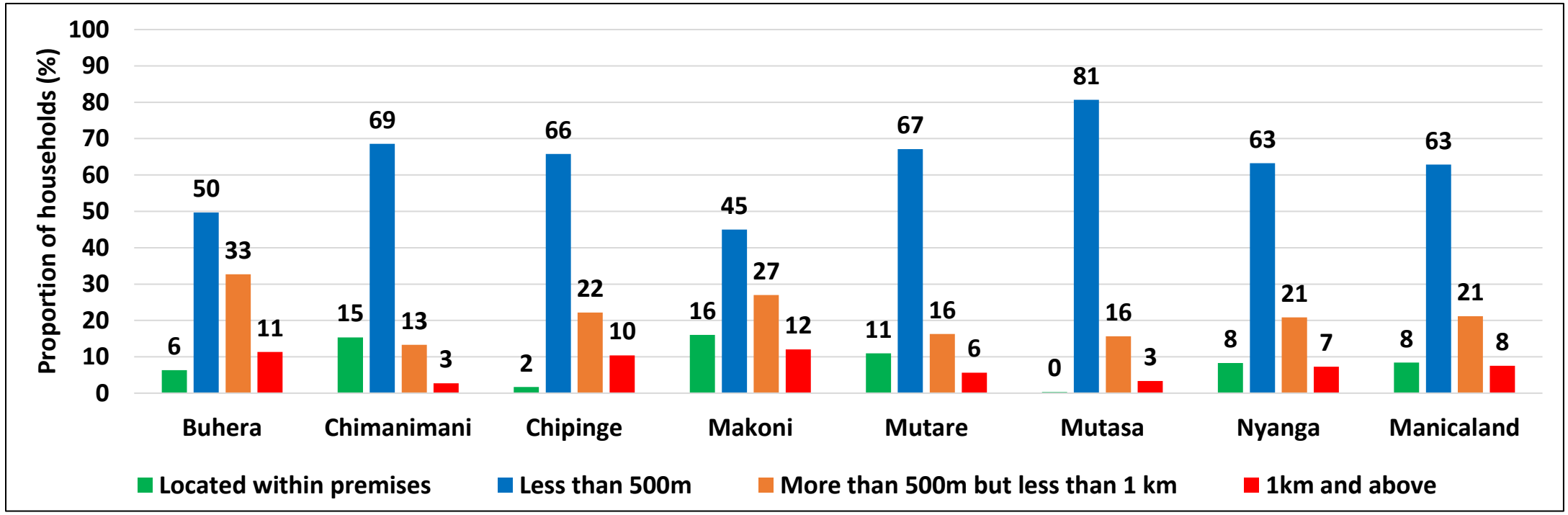
- The proportion of households accessing basic water services in the province was 60%.
- Nyanga (6%) had the highest proportion of households using surface water.

Households Treating Drinking Water



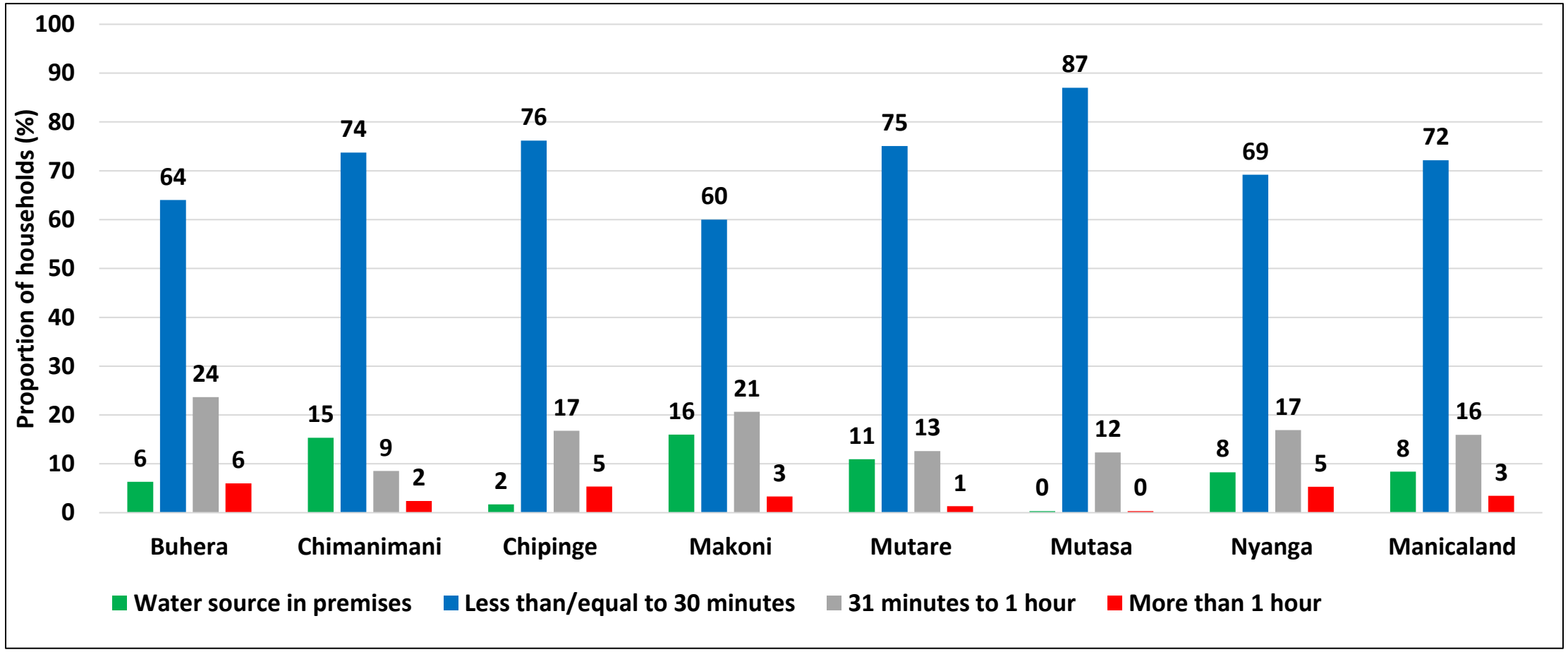
- The proportion of households treating their drinking water was 6%.
- Chipinge (0.7%) had the lowest proportion of households treating drinking water.

Distance Travelled to and from Main Drinking Water Source



- Approximately 63% of households reported accessing water within a distance of less than 500m.
- Makoni (12%) and Buhera (11%) had the highest proportion of households accessing water within a distance of 1km or more.

Time Taken to and from Main Drinking Water Source



- Approximately 72% of households took less than 30 minutes to travel to and from a water source.
- Buhera (6%) had the highest proportion of households taking more than an hour to and from a main drinking source.

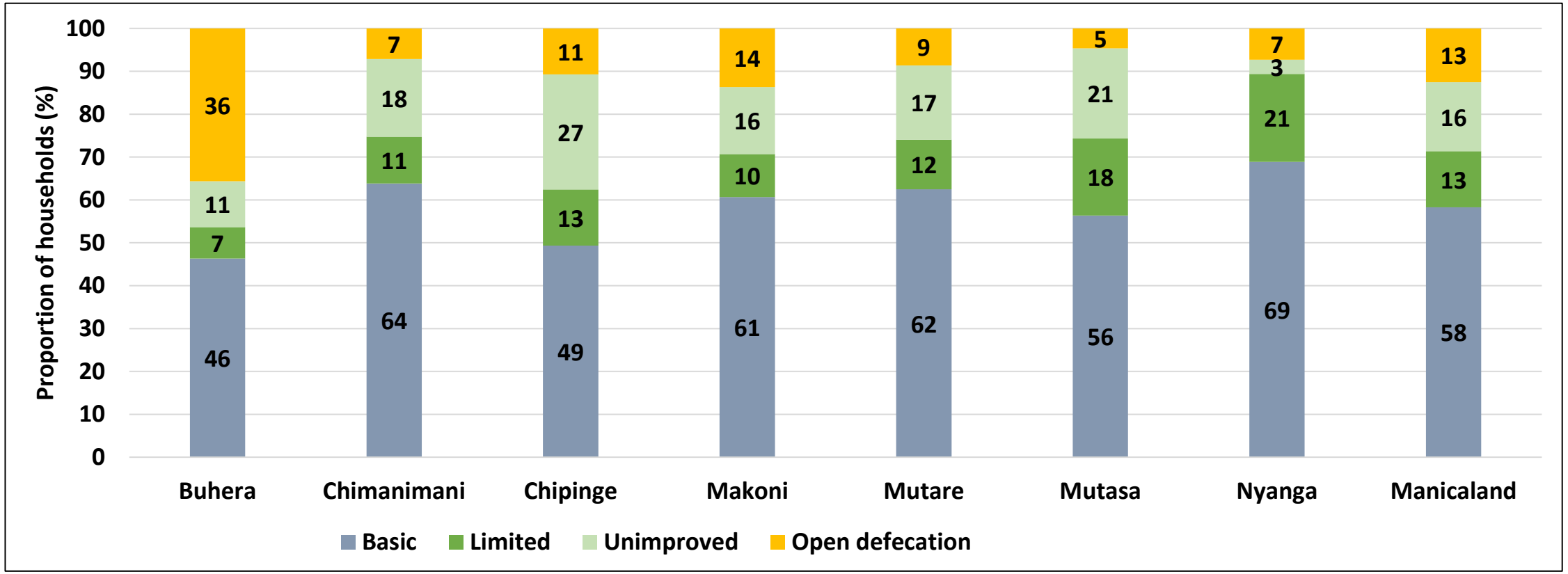
Sanitation

Ladder for Sanitation

Service level	Definition
Safely Managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite.
Basic Sanitation Facilities	Use of improved facilities which are not shared with other households.
Limited Sanitation Facilities	Use of improved facilities shared between two or more households.
Unimproved Sanitation Facilities	Facilities that do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.
Open Defecation	Disposal of human faeces in fields, forest, bushes, open bodies of water, beaches or other open spaces or with solid waste.

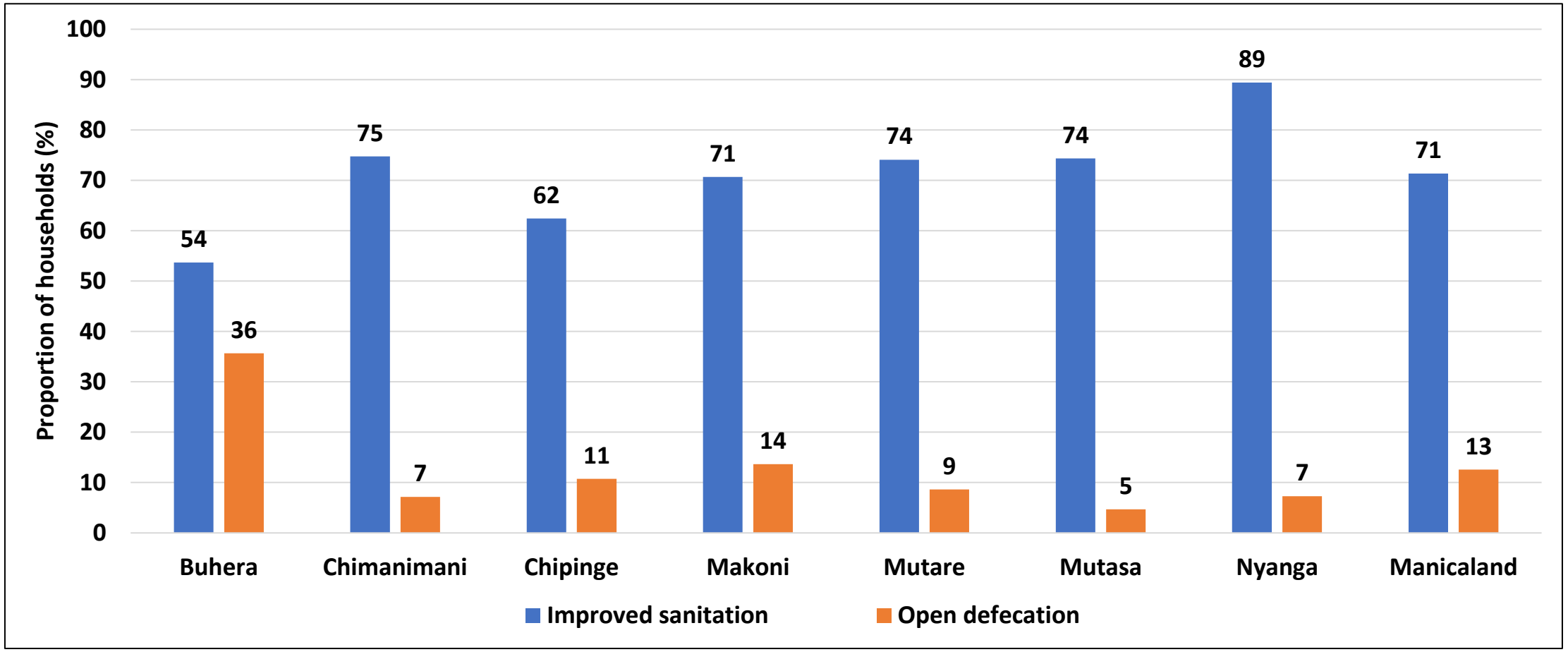
Note: Improved sanitation facilities: Facilities that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

Household Sanitation Services



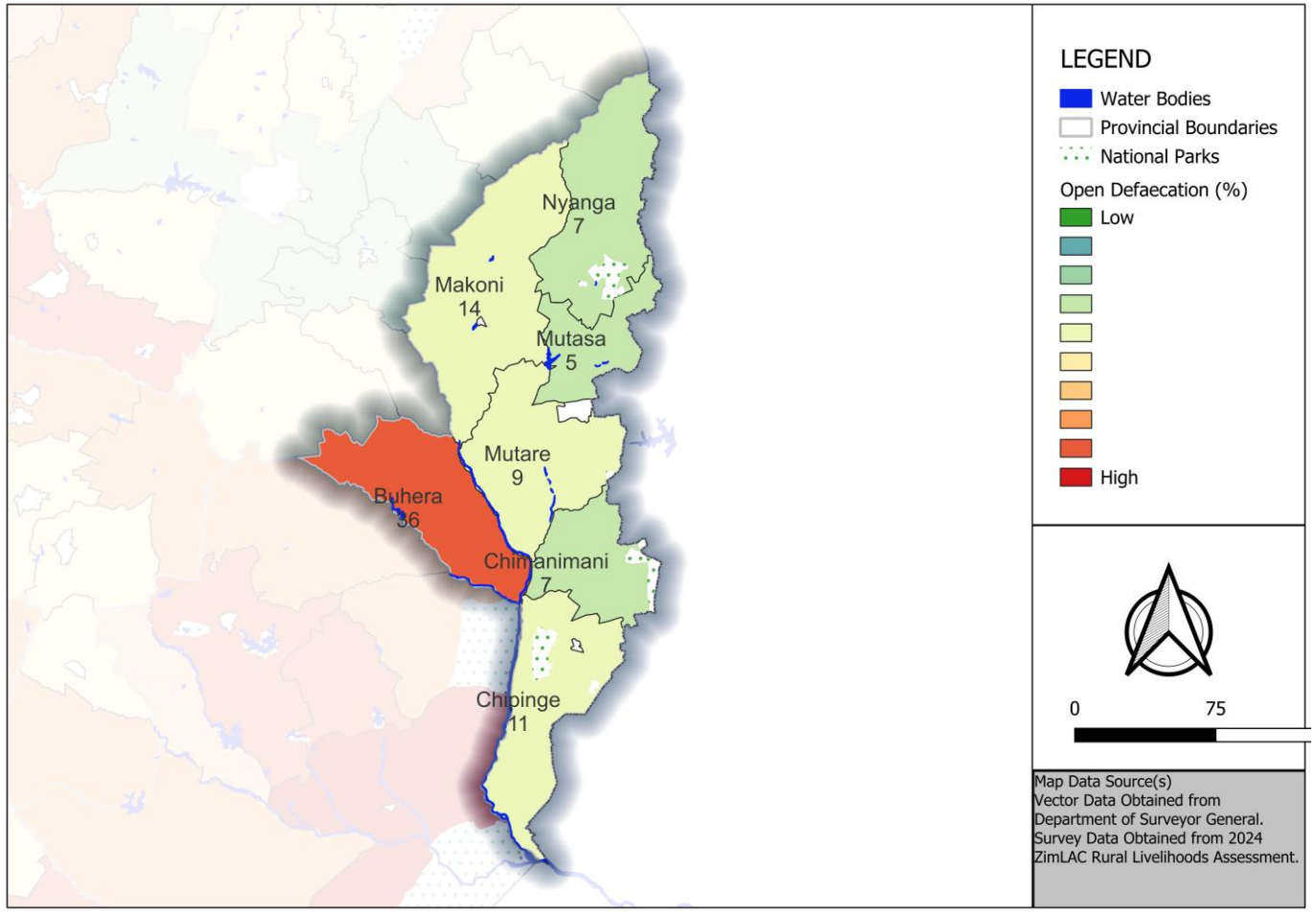
- The proportion of households using basic sanitation services was 58%, limited was 13%, unimproved was 16% and open defecation was 13%.

Access to Improved Sanitation and Open Defecation



- In Manicaland, 71% of households had access to improved sanitation facilities.

Open Defecation by District



- Buhera (36%) had the highest proportion of households practising open defaecation.

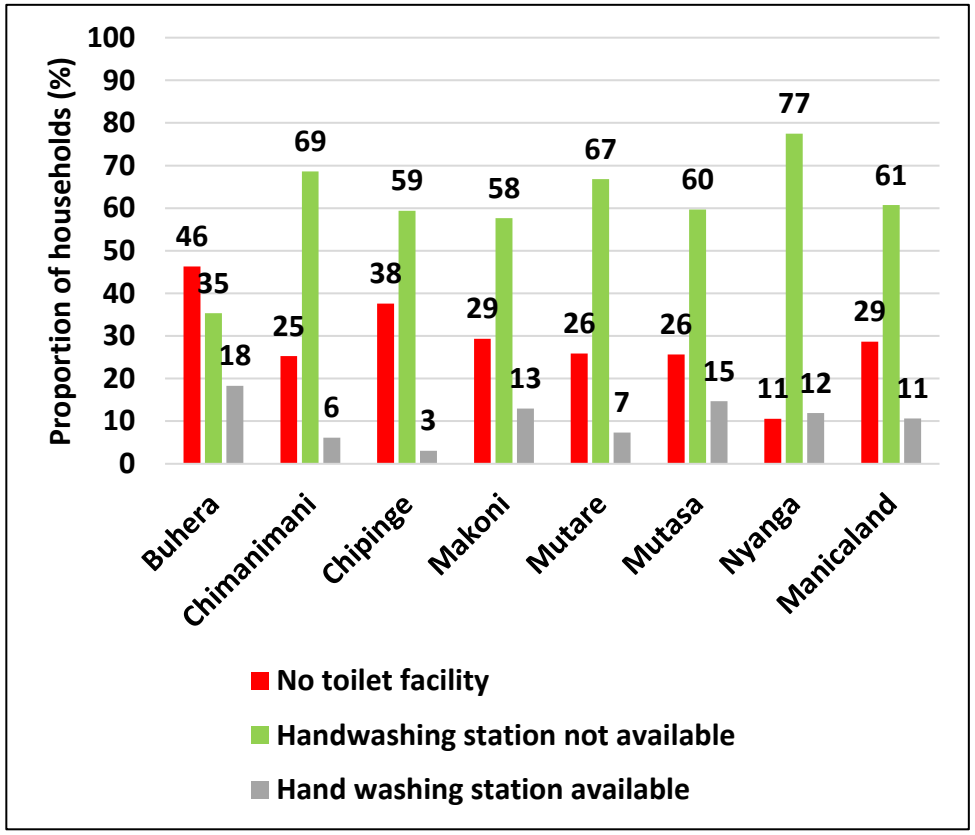
Ladder for Hygiene

Service level	Definition
Basic	**Availability of a handwashing facility on premises with soap and water.**
Limited	**Availability of a handwashing facility on premises without soap and water.**
No Facility	**No hand washing facility on premises.**

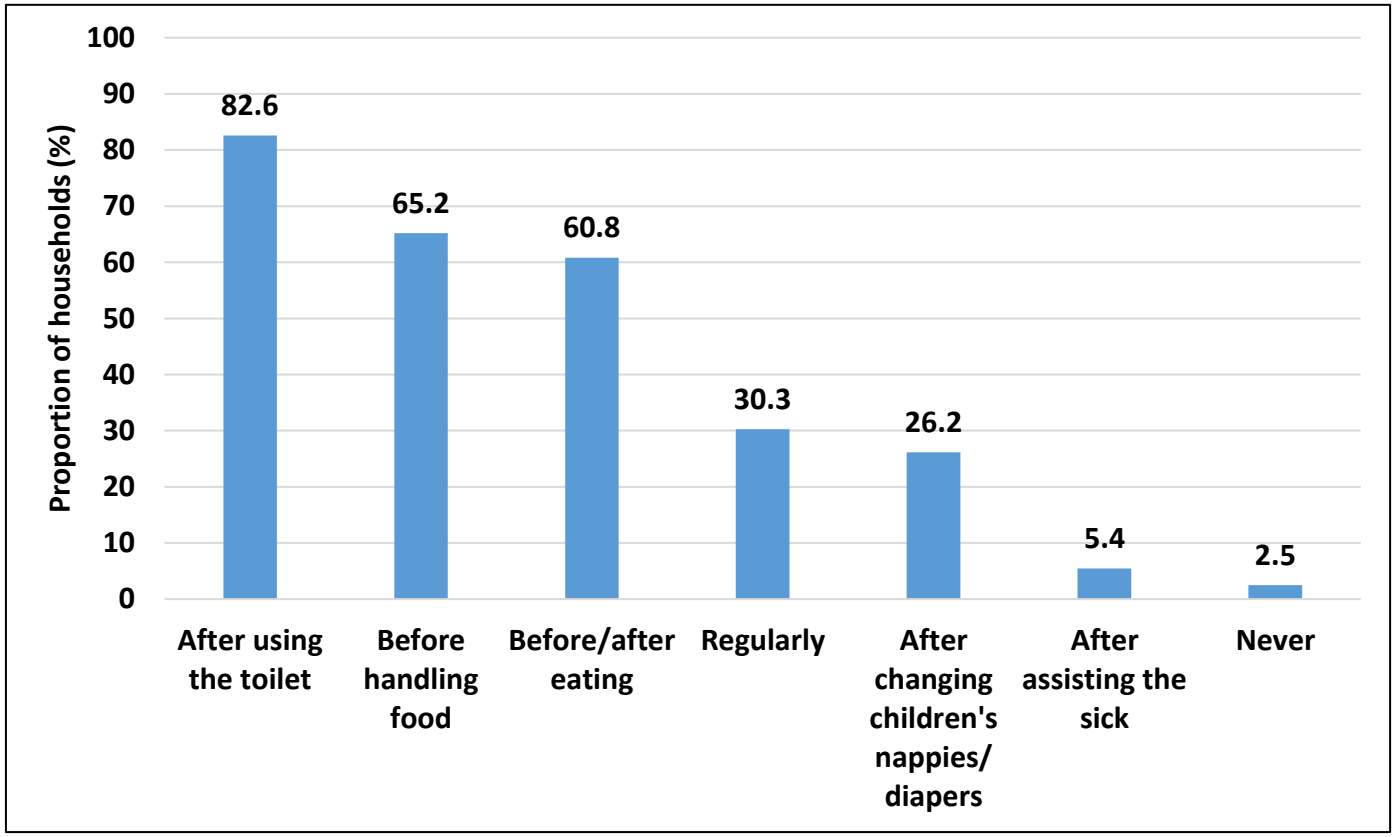
Note: Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Hand Washing

Handwashing Facilities



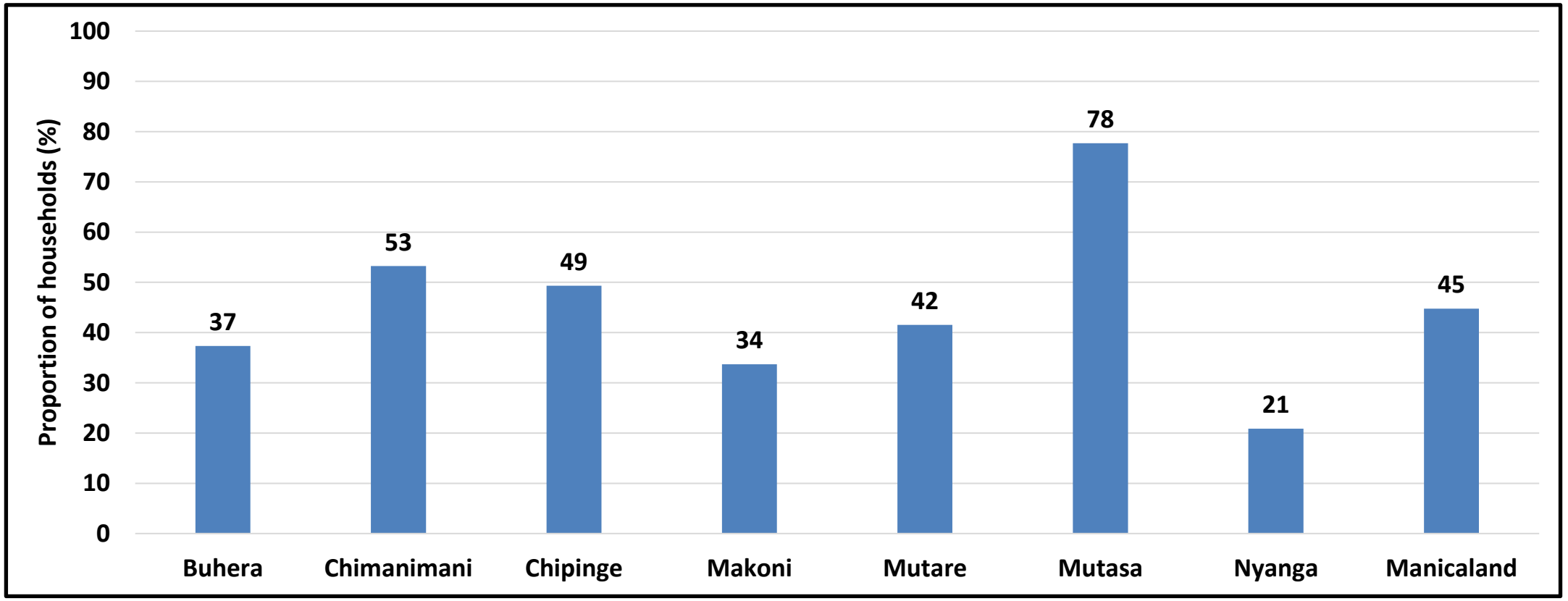
Handwashing at Critical Times



- The proportion of households with no hand washing station was 61%.
- Nyanga (77%) had the highest proportion of households with no handwashing station.

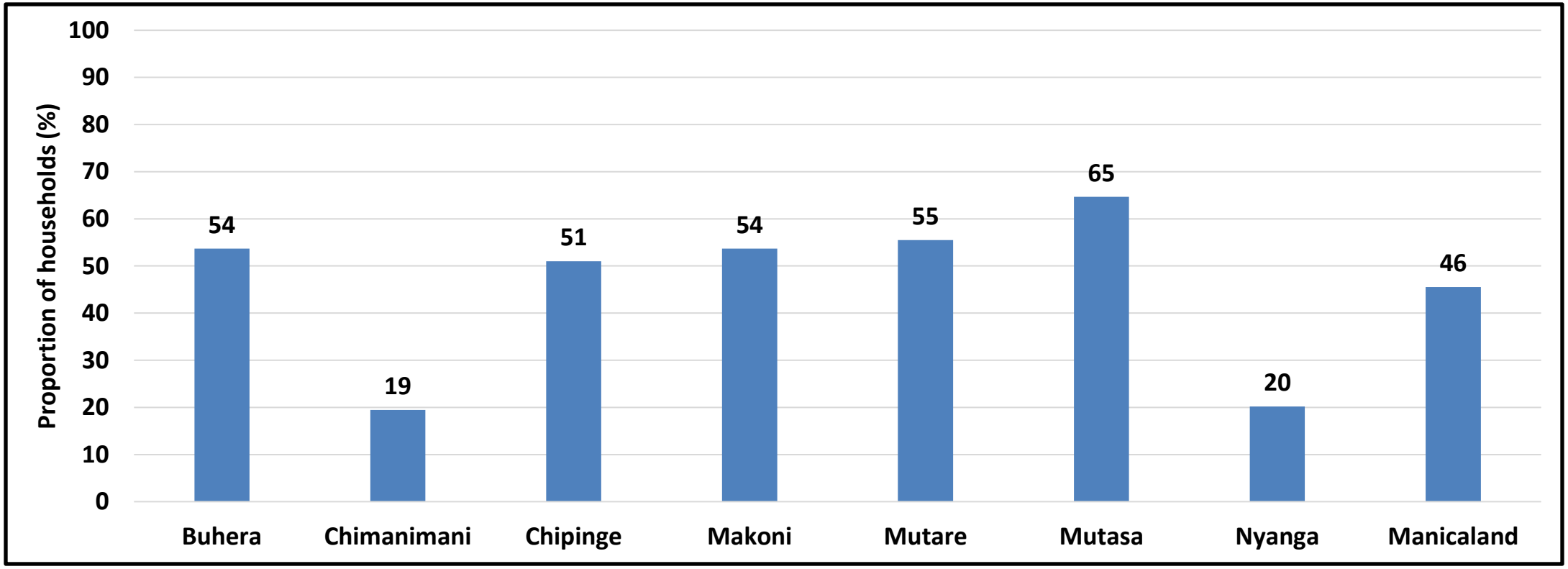
Access to Critical Infrastructure and Services

Households Accessing Police Services Within One Hour



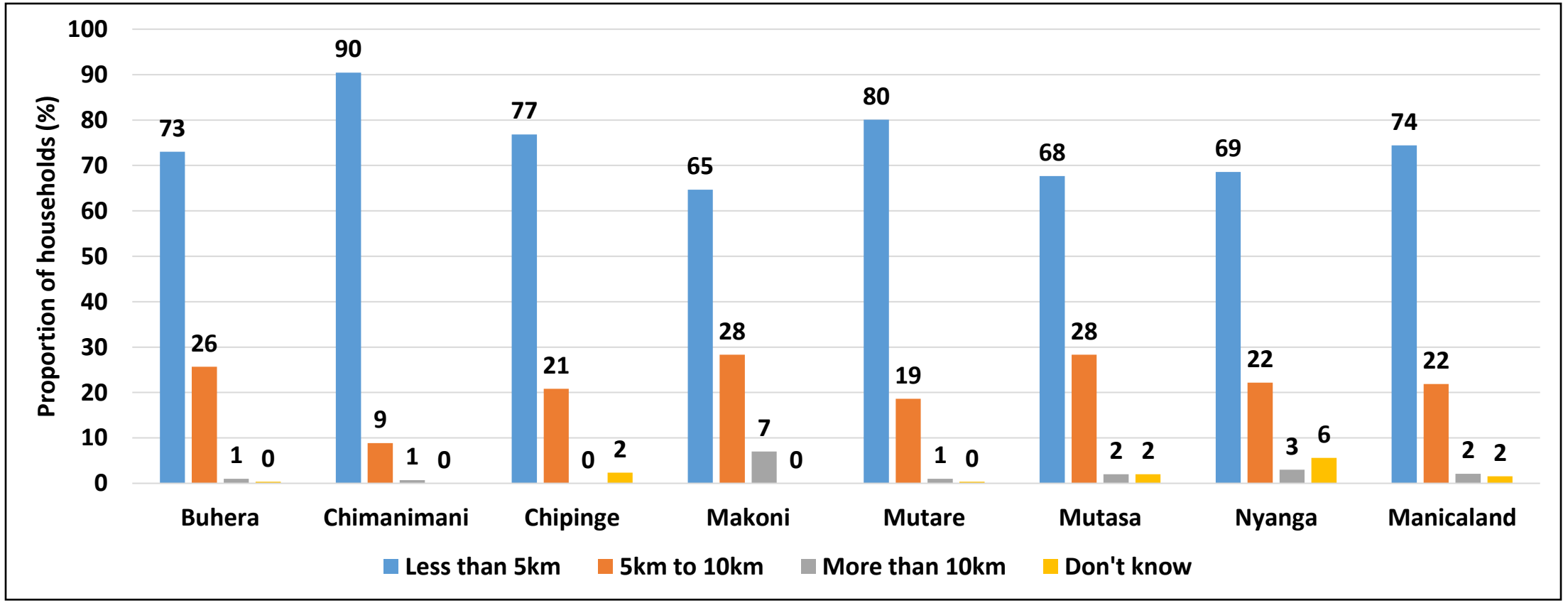
- About 45% of the households had access to Police Services within an hour.
- Mutasa (78%) had the highest proportion of households accessing police services within one hour and Nyanga (21%) had the lowest.

Households Awareness of Victim-Friendly Services



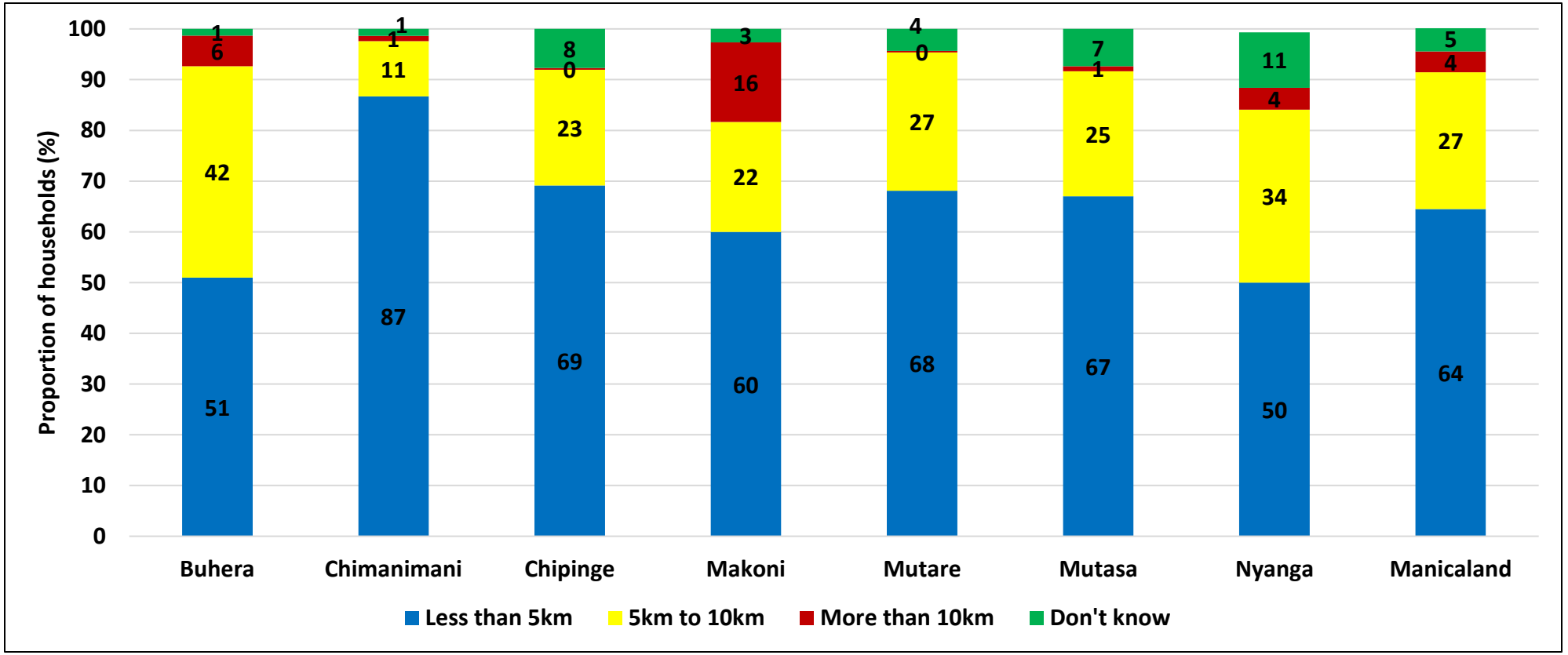
- About 46% of households were aware of the Police victim-friendly services.

Distance to the Nearest Primary School



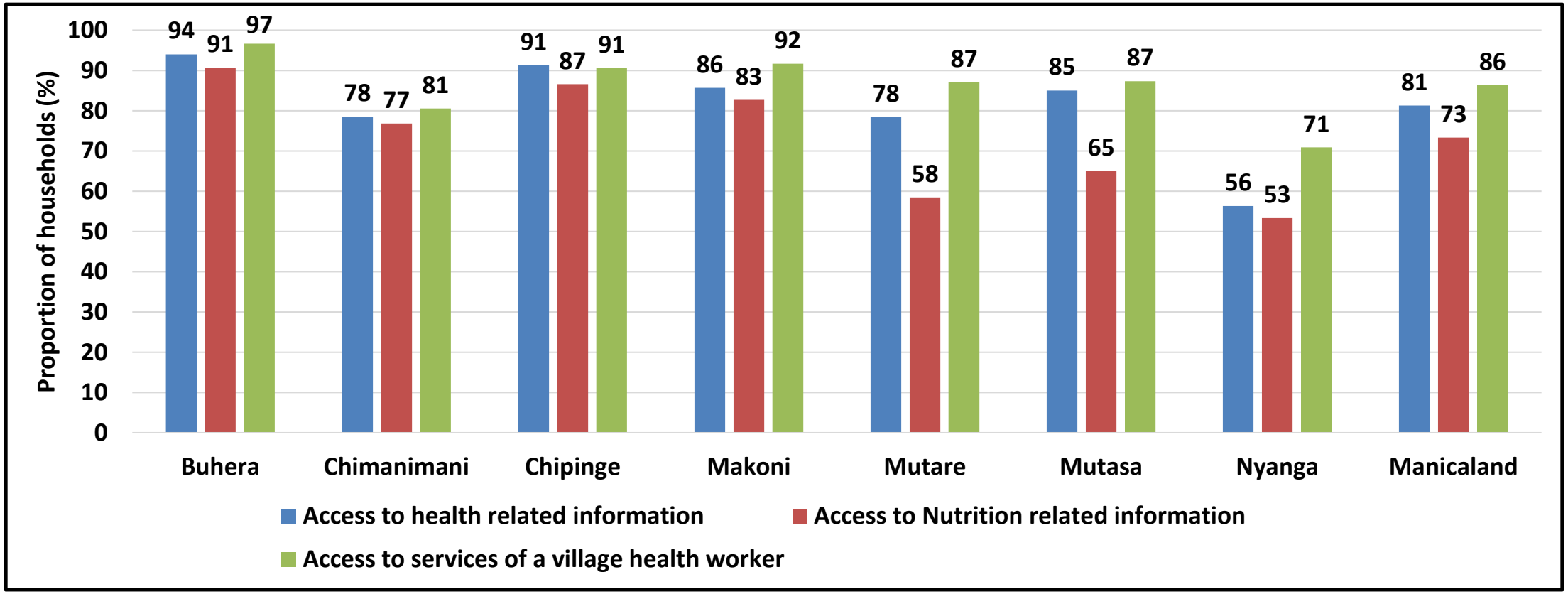
- Seventy four percent of households had access to a primary school within a radius of 5km.
- About 2% travelled more than 10km.

Distance to the Nearest Health Facility



- Approximately 64% of households traveled less than 5km to the nearest health facility, while 27% traveled between 5–10km.
- Makoni had 16% of households which travelled more than 10km to the nearest health facility.

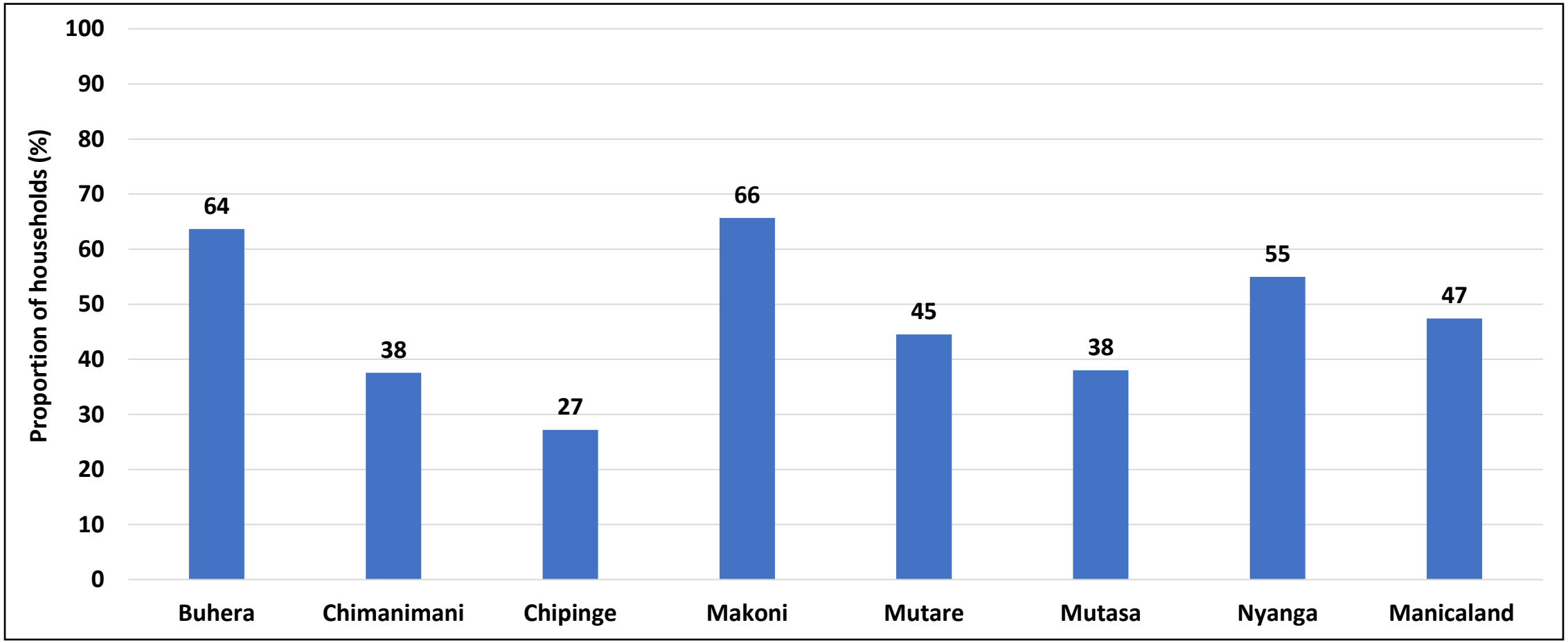
Access to Health Information and Services



- All districts had over 50% of their households with access to health information, nutrition information and services of Village Health Workers.

Social Protection

Households which Received Any Form of Support



- The proportion of households which received any form of support in the province was 47%.
- Makoni (66%) and Buhera (64%) received the highest support, whilst Chipinge (27%) received the least.

Sources of Support

District	Government (%)	UN/NGO (%)	Urban relatives (%)	Rural relatives (%)	Diaspora relatives (%)	Churches (%)	Charity Groups (%)
Buhera	**49**	29	2	2	0	3	0
Chimanimani	31	4	3	4	1	1	1
Chipinge	27	1	0	0	0	0	0
Makoni	**60**	9	**18**	21	2	1	0
Mutare	40	3	5	3	2	2	1
Mutasa	36	2	0	0	0	1	1
Nyanga	**47**	4	7	4	5	0	1
Manicaland	**41**	**7**	**5**	**5**	**2**	**1**	**0**

- The majority of households (41%) reported having received support from the Government followed by UN/NGOs (7%), urban relatives (5%) and rural relatives (5%).
- Makoni (60%) and Buhera (49%) received the highest support from the Government.

Forms of Support from Government

District	Crop inputs (%)	Food (%)	Education assistance (%)	Cash transfers (%)	Other livestock support (Tick grease, acaricides) (%)	WASH hardware (inputs) (%)	Livestock (cattle, goats, chicken, fish) (%)
Buhera	44.7	17.0	1.3	0.3	0.0	0.3	0.0
Chimanimani	24.9	5.8	3.1	0.3	0.0	0.0	0.0
Chipinge	9.1	**20.8**	0.3	0.0	0.0	0.0	0.0
Makoni	**58.7**	6.7	0.3	0.0	0.0	0.0	0.0
Mutare	32.6	9.0	1.7	0.3	1.0	0.7	1.0
Mutasa	35.7	1.7	0.0	0.3	0.0	0.0	0.0
Nyanga	41.7	6.6	2.0	0.3	0.3	0.0	0.0
Manicaland	**35.4**	**9.6**	**1.2**	**0.2**	**0.2**	**0.1**	**0.1**

- The majority of households received crop inputs (35.4%) and food support (9.6*%)* from Government.
- Crop inputs support was highest in Makoni (58.7%) whilst Chipinge (9.1%) had the lowest.
- Food support was highest in Chipinge (20.8%) and lowest in Mutasa (1.7%).

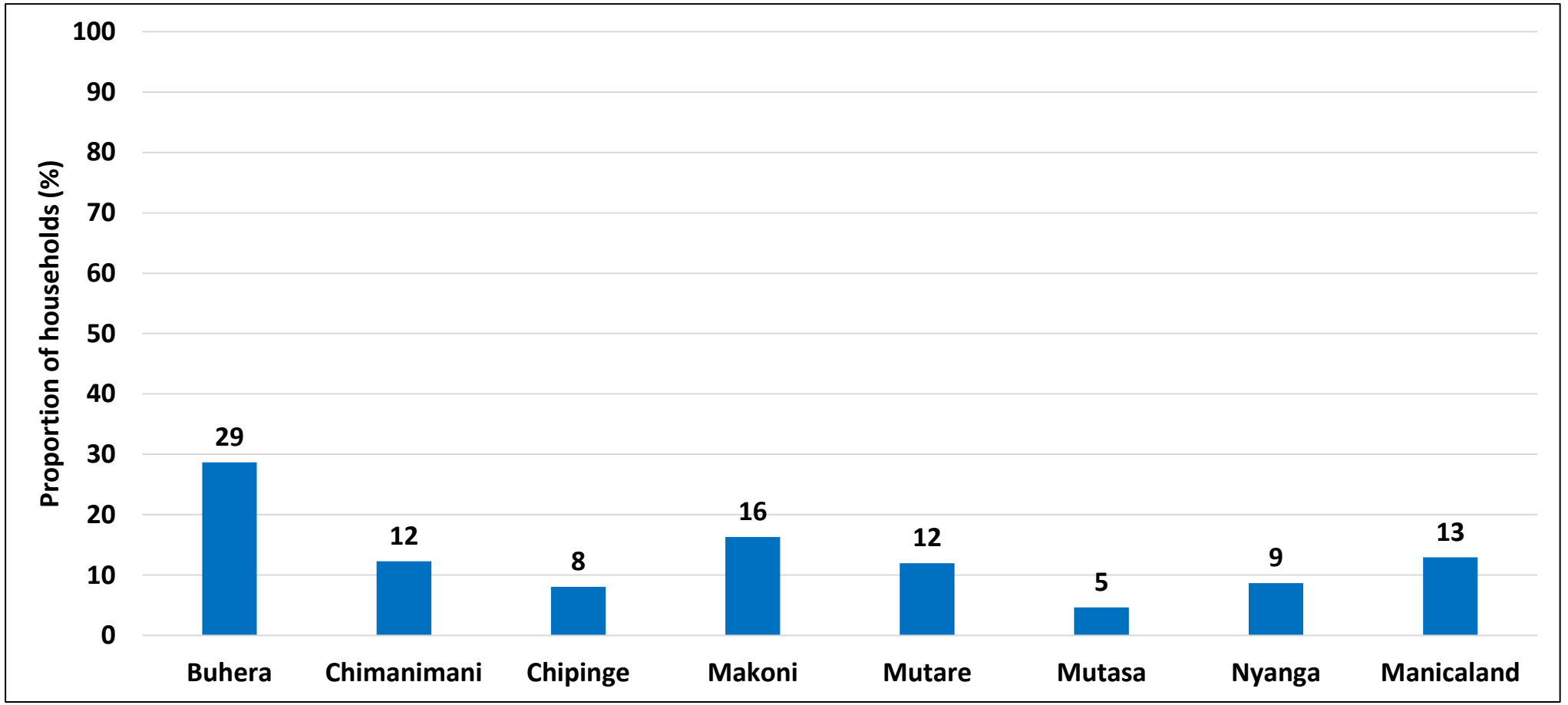
Forms of Support from UN/NGOs

District	Food (%)	Crop inputs (%)	Cash transfers (%)	Education assistance (%)	Livestock (cattle, goats, chicken, fish) (%)	WASH hardware (inputs) (%)	Other livestock support (Tick grease, acaricides) (%)
Buhera	**26.3**	0.3	0.3	0.3	0.0	1.0	0.0
Chimanimani	0.7	0.7	0.3	0.0	1.0	0.0	0.0
Chipinge	0.3	0.3	0.0	0.3	0.3	0.0	0.0
Makoni	1.3	**4.3**	3.0	0.3	0.0	0.0	0.0
Mutare	1.7	0.0	0.3	0.7	0.0	0.0	0.0
Mutasa	0.0	0.3	0.3	0.7	0.0	0.0	0.0
Nyanga	1.0	2.3	0.3	0.3	0.0	0.0	0.3
Manicaland	**4.5**	**1.3**	**0.7**	**0.4**	**0.2**	**0.1**	**0.0**

- The majority of households received food (4.5%) and crop inputs (1.3%) from UN/NGOs.
- Buhera (26.3%) had the highest proportion of households which received food support from UN/NGOs.
- Makoni (4.3%) had the highest crop input support from UN/NGOs.

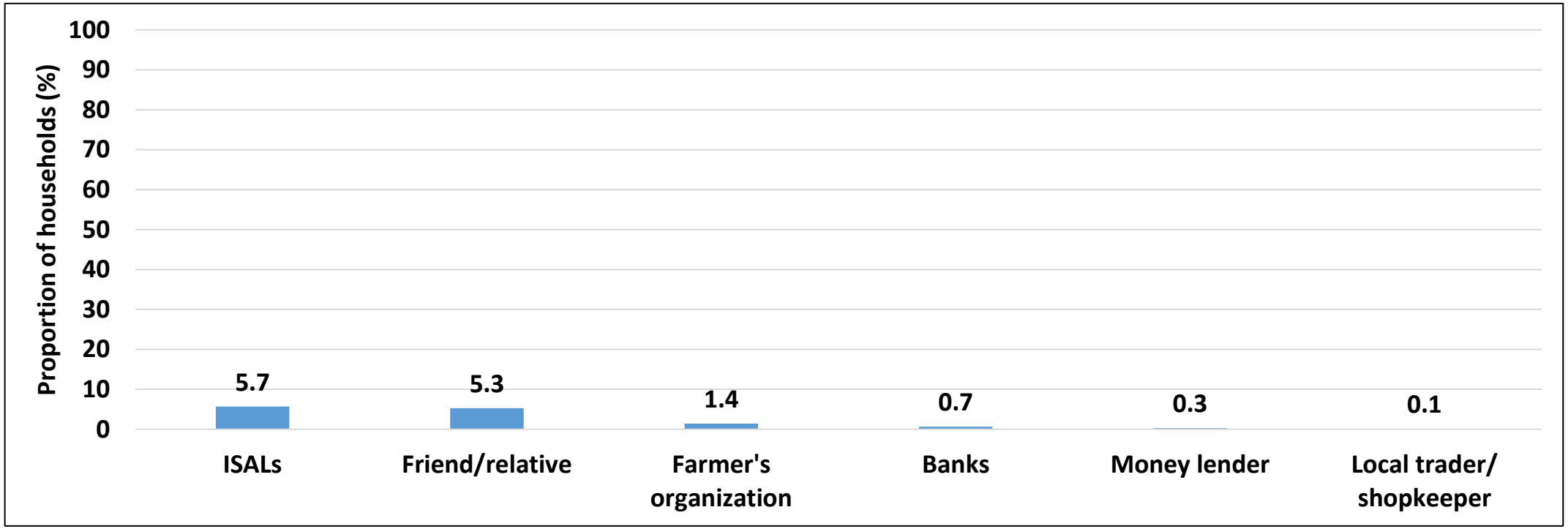
Loans

Households which Accessed Loans



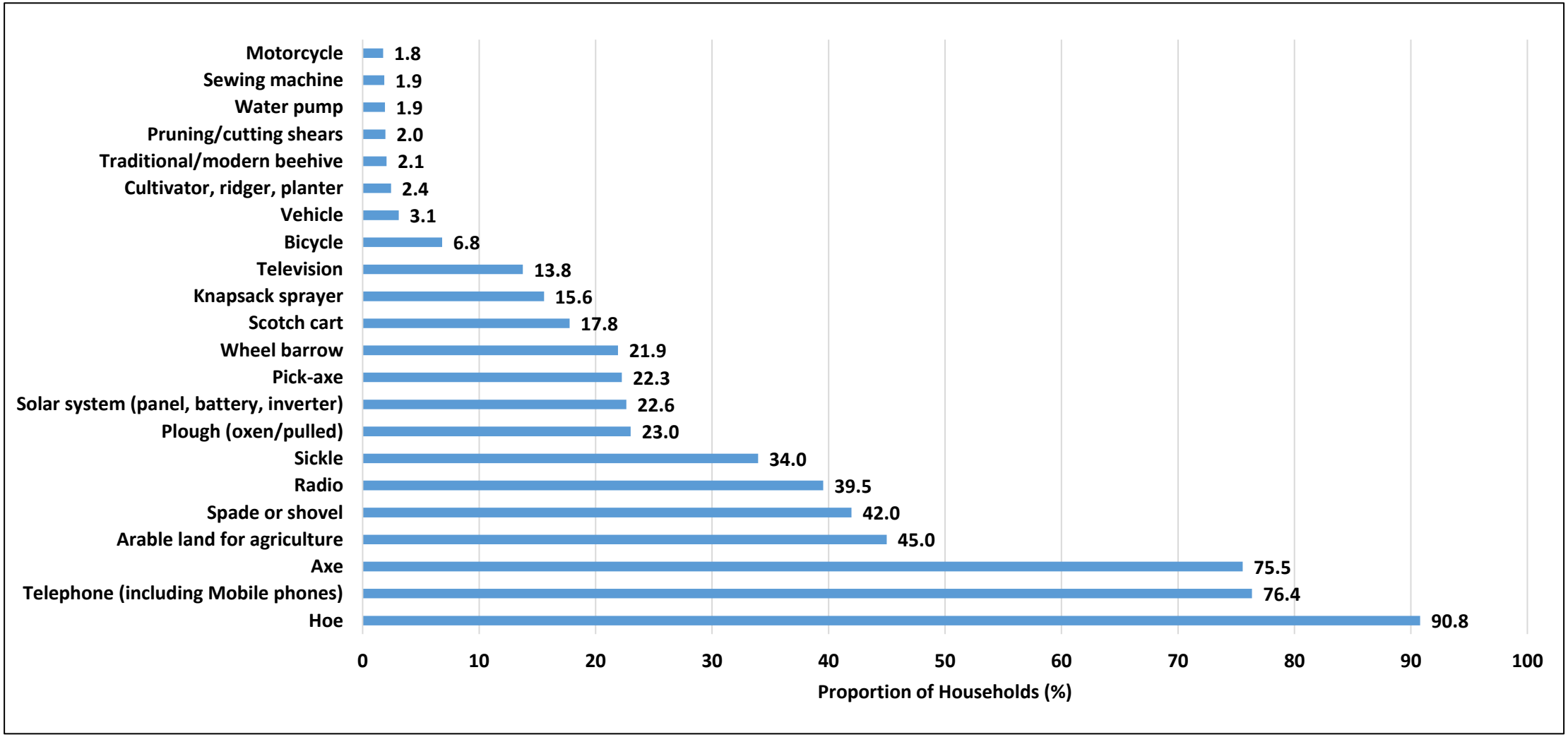
- The proportion of households which accessed loans was 13%.

Source of Loans



- The main sources of loans were ISALS (5.7%), friend/relative (5.3%) and farmer's organization (1.4%).

Household Assets



- The most common asset was the hand hoe (90.8%), telephone (76.4%) and axe (75.5%).

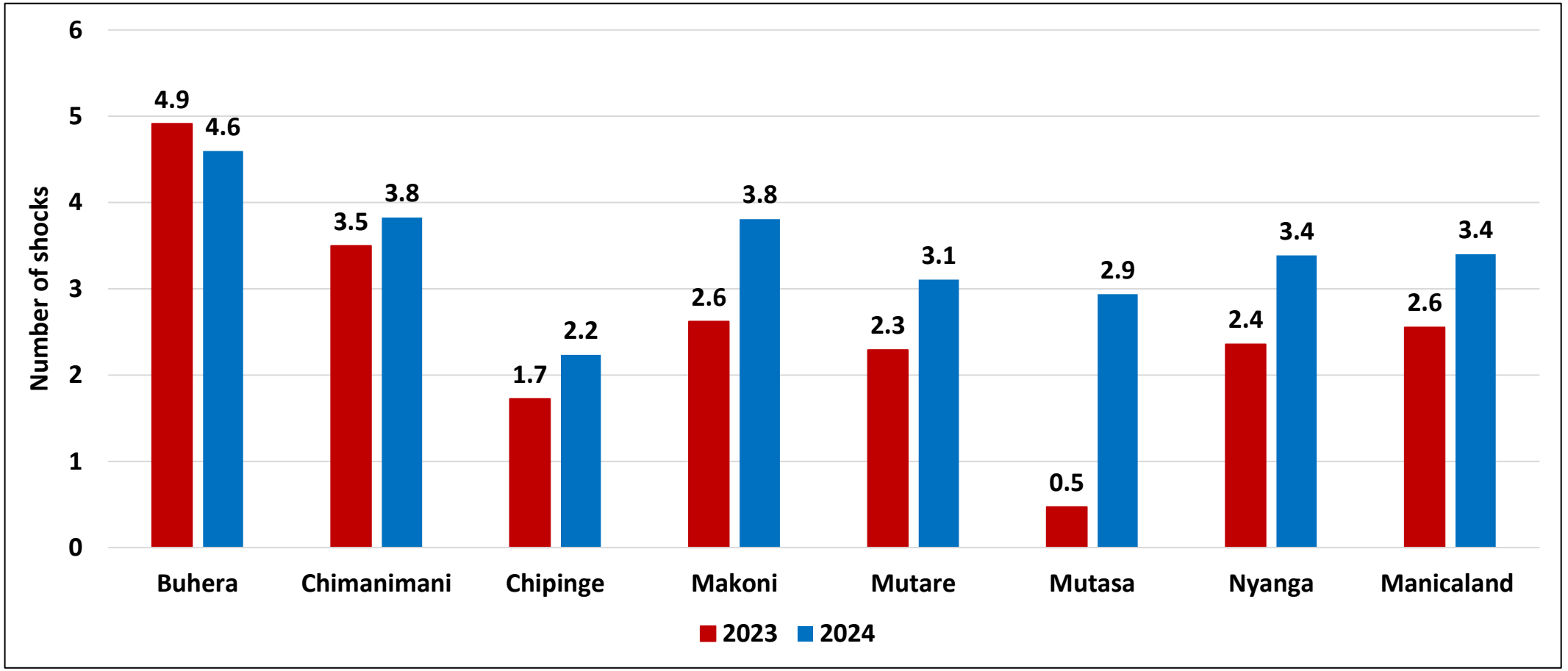
Shocks and Hazards

Proportion of Households Experiencing Shocks by District

District	Prolonged mid-season dry spell (%)	Cash shortage (%)	Sharp increase in cereal prices (%)	Crop pests (%)	Livestock deaths (%)	Livestock diseases (%)	Being charged more for using mobile money or swipe (%)	Sharp drop in Livestock prices (%)	Diarrhoea related (diarrhoea, cholera, typhoid, etc.) (%)	Other Health related (malaria, measles, etc.) (%)
Buhera	97.0	87.0	84.7	36.7	27.0	28.0	7.3	27.0	7.3	3.0
Chimanimani	88.7	97.3	65.9	24.2	16.4	10.9	7.5	8.5	6.8	8.2
Chipinge	77.9	51.0	43.0	8.1	9.4	8.1	3.4	0.7	2.0	1.0
Makoni	90.7	64.7	42.0	32.0	30.3	27.0	15.3	13.7	2.7	2.3
Mutare	94.4	40.5	51.2	24.9	17.9	20.6	7.6	6.3	4.7	2.7
Mutasa	88.3	65.7	36.3	42.0	4.0	6.3	22.3	4.0	1.7	1.0
Nyanga	67.5	87.4	51.0	27.2	18.2	17.2	11.9	7.6	5.3	15.2
Manicaland	**86.3**	**70.4**	**53.4**	27.9	17.6	16.9	10.8	9.7	4.3	4.8

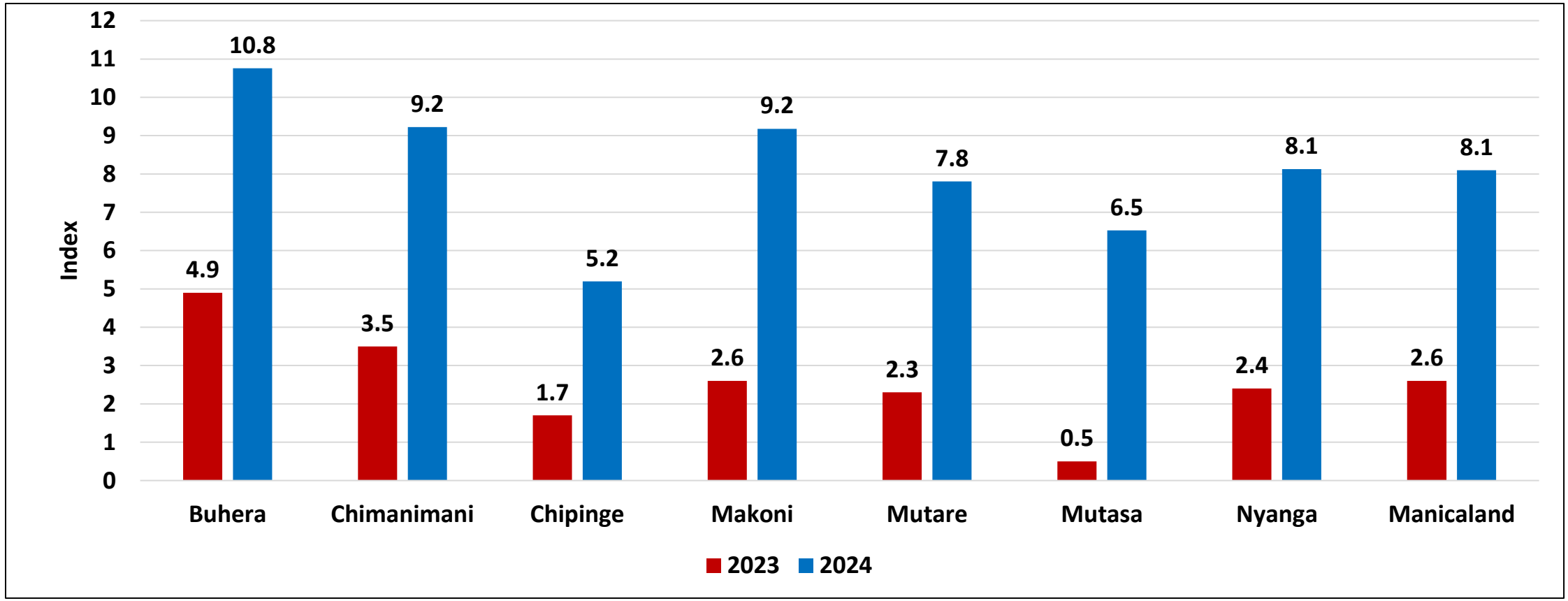
- Prolonged mid-season dry spell (86.3%), cash shortage (70.4%) and sharp increase in cereal prices (53.4%) were the most prevalent shocks experienced by households.

Number of Shocks Experienced by Households



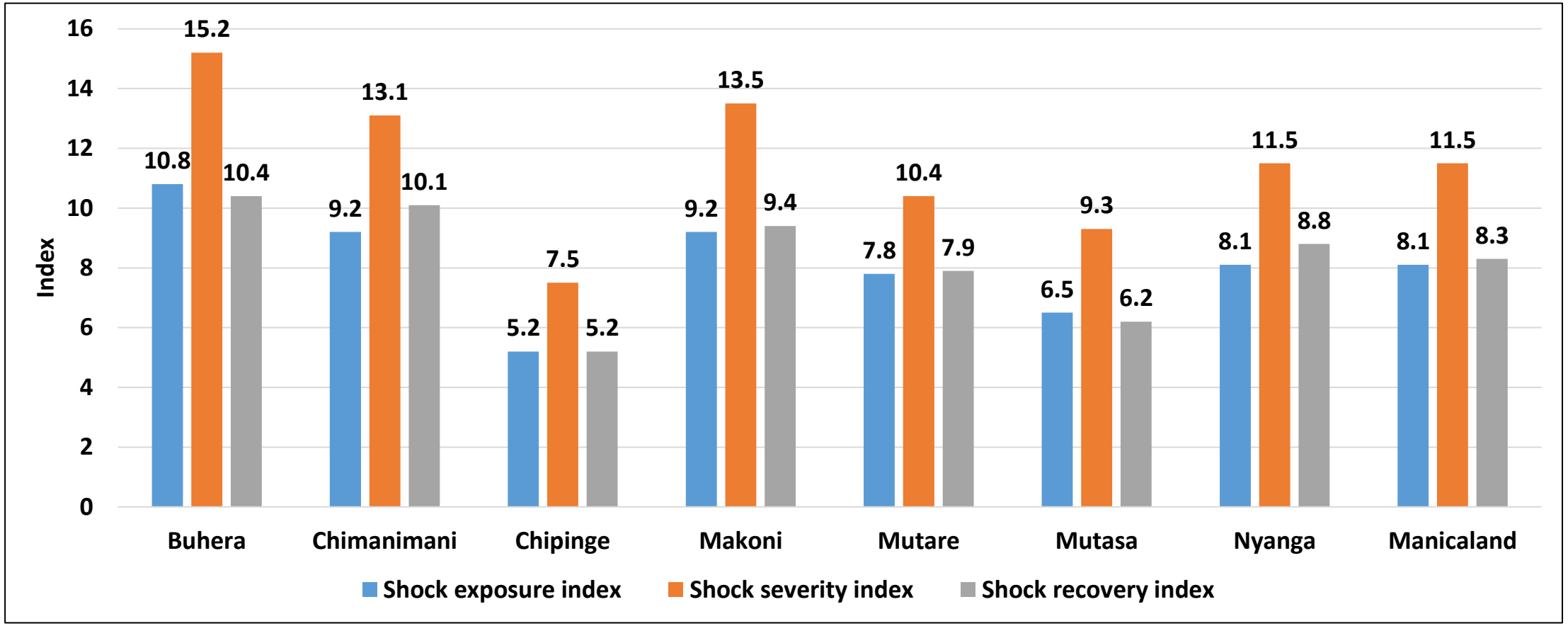
- The average number of shocks experienced by households was 3.4.
- This was an increase compared to the previous year.

Average Shock Exposure Index



- Shock exposure index was calculated by multiplying the number of shocks experienced with impact severity of the shock to the household.
- Shock exposure index increased as compared to 2023.
- Buhera (10.8) has the highest shock exposure index in the province followed by Chimanimani and Makoni with both districts having an average of 9.2.

Comparison Between Shock Exposure and Ability to Cope Indices



- The average Shock Exposure Index was 8.1. Shock severity Index was 11.5. Average Shock Recovery Index was 8.3.

Agriculture Production

Households which Grew Crops

	Maize (%)	Groundnuts (%)	Roundnuts (%)	Africa Peas (%)	Sorghum (%)	Tubers (%)	Sugar beans (%)	Pearl millet (%)	Sunflower (%)	Tobacco (%)	Finger millet (%)	Other crops (%)	Sesame (%)	Cotton (%)	Paprika (%)	Soya beans (%)	Summer wheat (%)
Buhera	**60.0**	**55.3**	**48.0**	**23.7**	**33.3**	1.0	1.7	**33.0**	0.3	0.0	5.7	0.0	0.0	0.3	0.0	0.3	0.0
Chimanimani	**78.8**	8.9	4.1	**10.6**	**9.2**	**14.0**	**13.3**	3.4	6.8	0.3	2.4	7.2	0.3	0.0	0.0	0.0	0.3
Chipinge	**71.5**	6.0	4.7	4.0	**21.8**	**15.4**	3.0	2.3	0.3	0.0	1.3	1.3	5.4	2.0	0.0	0.0	0.0
Makoni	**94.3**	**40.7**	**31.3**	**31.7**	5.3	**33.0**	**27.7**	1.7	**16.0**	**25.3**	6.0	1.0	0.7	0.0	2.7	0.7	0.3
Mutare	**77.1**	**15.9**	**15.6**	**25.9**	**13.0**	4.0	6.0	6.3	3.3	9.3	3.0	0.7	0.0	0.0	0.3	0.3	0.0
Mutasa	**81.0**	**17.7**	4.7	5.3	0.0	**14.3**	7.0	0.0	0.3	0.7	1.3	0.7	0.0	0.3	0.0	0.7	0.0
Nyanga	**70.2**	**33.1**	6.6	3.3	**12.9**	6.0	**12.9**	6.6	**16.2**	0.7	2.0	1.0	0.0	1.3	0.3	0.0	1.0
Manicaland	**76.1**	**25.5**	**16.5**	**14.9**	**13.7**	12.5	10.2	7.6	6.2	5.2	3.1	1.7	0.9	0.6	0.5	0.3	0.2

- The proportion of households which grew maize was 76.1%, groundnuts (25.5%), roundnuts (16.5%), African peas (14.9%).

Average Household Stocks as at 1 April 2024

	Maize (in kgs)	Mealie-meal (in kgs)	Sorghum (in kgs)	Finger millets (in kgs)	Pearl millets (in kgs)
Buhera	1.2	4.6	0.0	0.0	0.0
Chimanimani	21.3	5.3	0.0	0.0	0.0
Chipinge	14.4	8.9	0.0	0.0	0.0
Makoni	54.5	16.3	0.0	0.0	0.0
Mutare	9.4	6.2	0.0	0.0	0.0
Mutasa	35.9	10.0	0.0	0.0	0.0
Nyanga	19.2	8.6	0.0	0.0	0.0
Manicaland	20.6	8.2	0.0	0.0	0.0

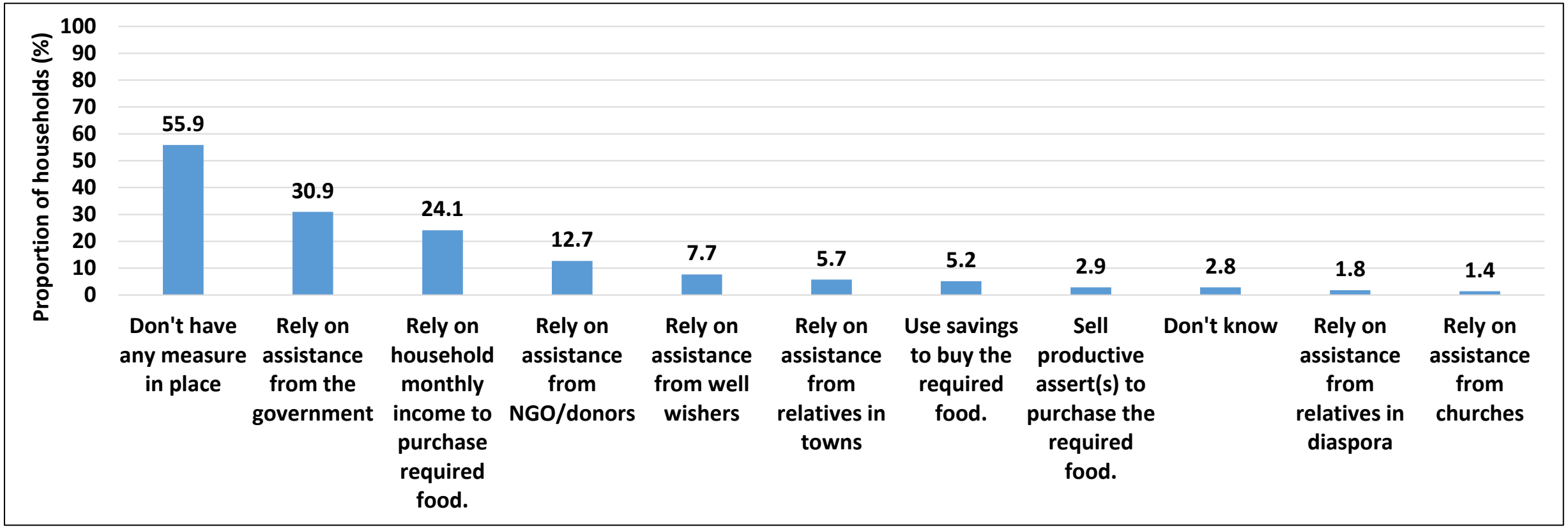
- Maize (20.6kg) and mealie meal (8.2kg) were the highest quantities in stock for households as at 1 April 2024.

Cereals From Casual Labour and Remittances

	Maize from casual labour (in kgs)	Maize from remittances (in kgs)
Buhera	17.1	0.0
Chimanimani	14.8	0.3
Chipinge	53.5	0.7
Makoni	34	2.0
Mutare	6.2	0.2
Mutasa	5.4	0.0
Nyanga	7.4	1.0
Manicaland	**16.8**	**0.4**

- The average cereal accessed from casual labour was 16.8kgs per household and 0.4kg from remittances.
- Chipinge (53.5kgs) and Makoni (34kgs) had the largest quantity of cereal from casual labour.

Household Measures in Place to Cover Cereal Gap



- The majority of households (55.9%) did not have any measures in place to cover the cereal gap.

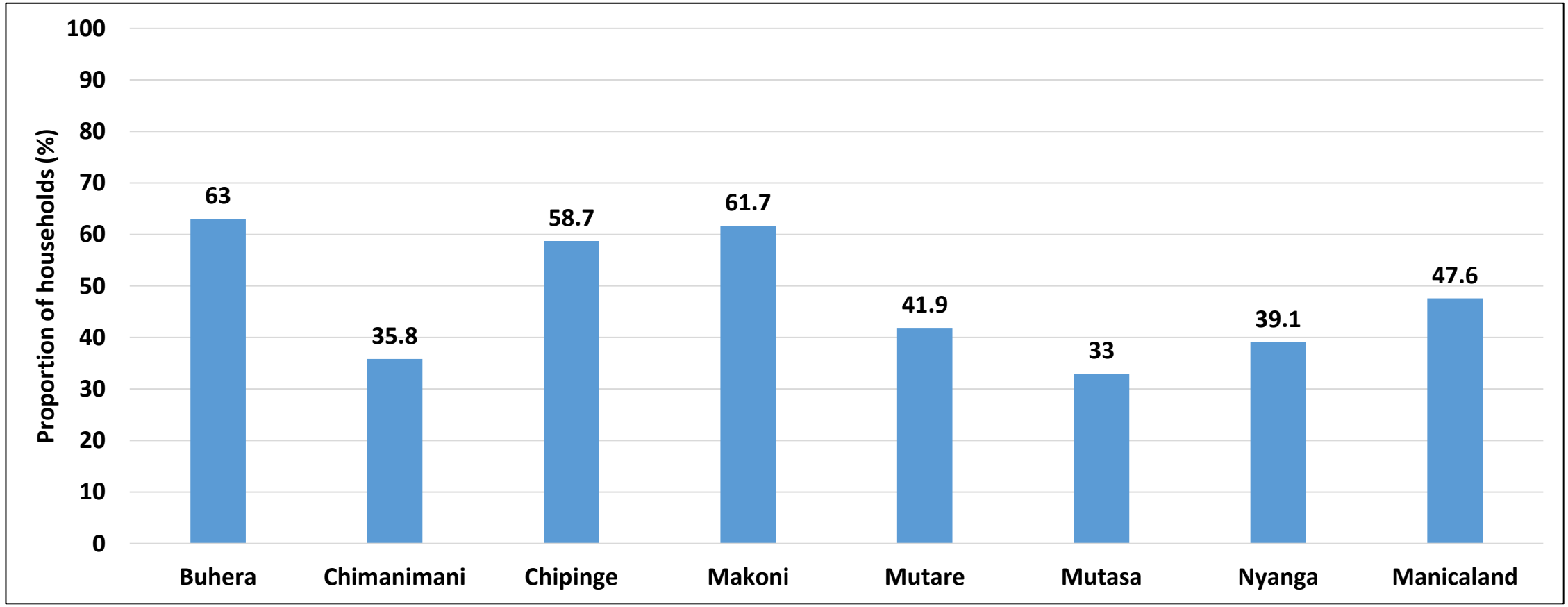
Agricultural Production Technologies

Households Practising Climate Smart Agriculture

District	Quality certified seeds (%)	Community seed banks (%)	Adapted, suitable Improved Varieties (%)	Growing traditional grains (%)	Crop rotation (%)	Intercropping (%)	Cover cropping (%)	Mulching (%)	Integrated Pest Management (%)	Compost/ Organic fertilizer (%)	Drip/Micro Irrigation (%)	Plant Density (%)	Pfumvudza/ Intwasa (%)
Buhera	2.3	0.3	4.0	30.3	27.3	20.7	0.7	10.7	0.3	23.3	0.7	0.0	63.0
Chimanimani	35.8	3.1	20.5	4.1	11.9	16.4	2.0	11.3	3.1	7.8	0.7	0.3	35.8
Chipinge	6.7	0.7	7.7	13.8	2.7	3.4	0.3	0.7	0.0	3.4	0.0	0.0	58.7
Makoni	72.3	2.7	26.3	9.0	37.0	32.7	4.0	4.0	5.7	29.3	5.7	3.0	61.7
Mutare	46.2	7.0	9.3	9.6	21.6	10.3	5.3	11.6	1.0	8.6	1.0	0.0	41.9
Mutasa	48.3	3.7	53.0	5.0	32.3	30.7	1.3	11.7	4.7	17.0	1.7	0.3	33.0
Nyanga	55.0	1.7	2.6	7.0	28.5	17.2	0.3	18.5	1.0	11.3	0.3	0.3	39.1
Manicaland	**38.2**	**2.7**	**17.6**	**11.3**	**23.1**	**18.8**	**2.0**	**9.8**	**2.2**	**14.4**	**1.4**	**0.6**	**47.6**

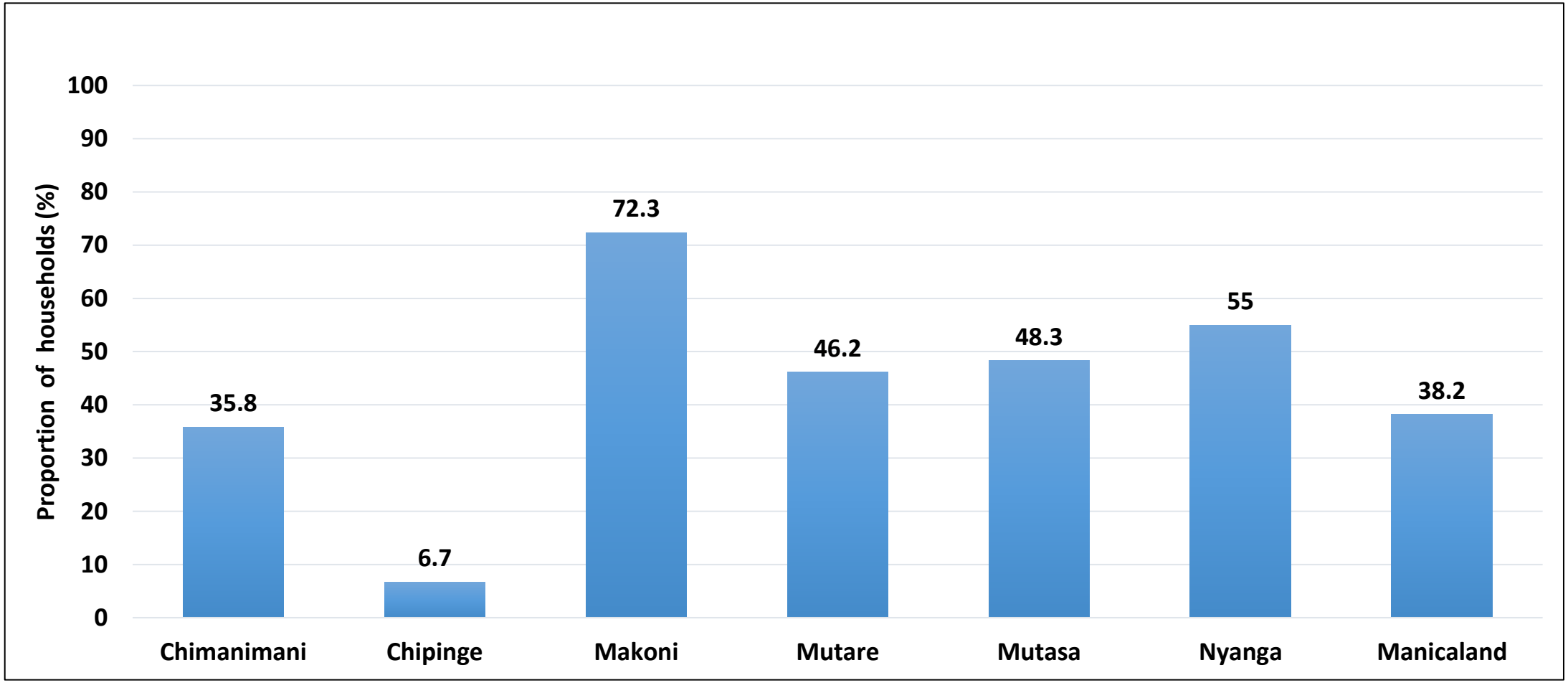
- The proportion of households which practised climate smart agriculture was generally moderate across all the districts
- About 38.2% of the households used quality certified seeds, 47.6% practised Pfumvudza/Intwasa and crop rotation (23.1%)

Proportion of Households Using Pfumvudza/Intwasa



- Buhera (63 %) had the highest proportion of households practising Pfumvudza/Intwasa while Mutasa had the lowest proportion (33%).

Proportion of Households Using Quality Certified Seeds



- About 38.2% of households used quality certified seeds across the Province.
- Use of quality certified seeds was more prevalent in Makoni (72.3%), and least in Chipinge (6.7%)

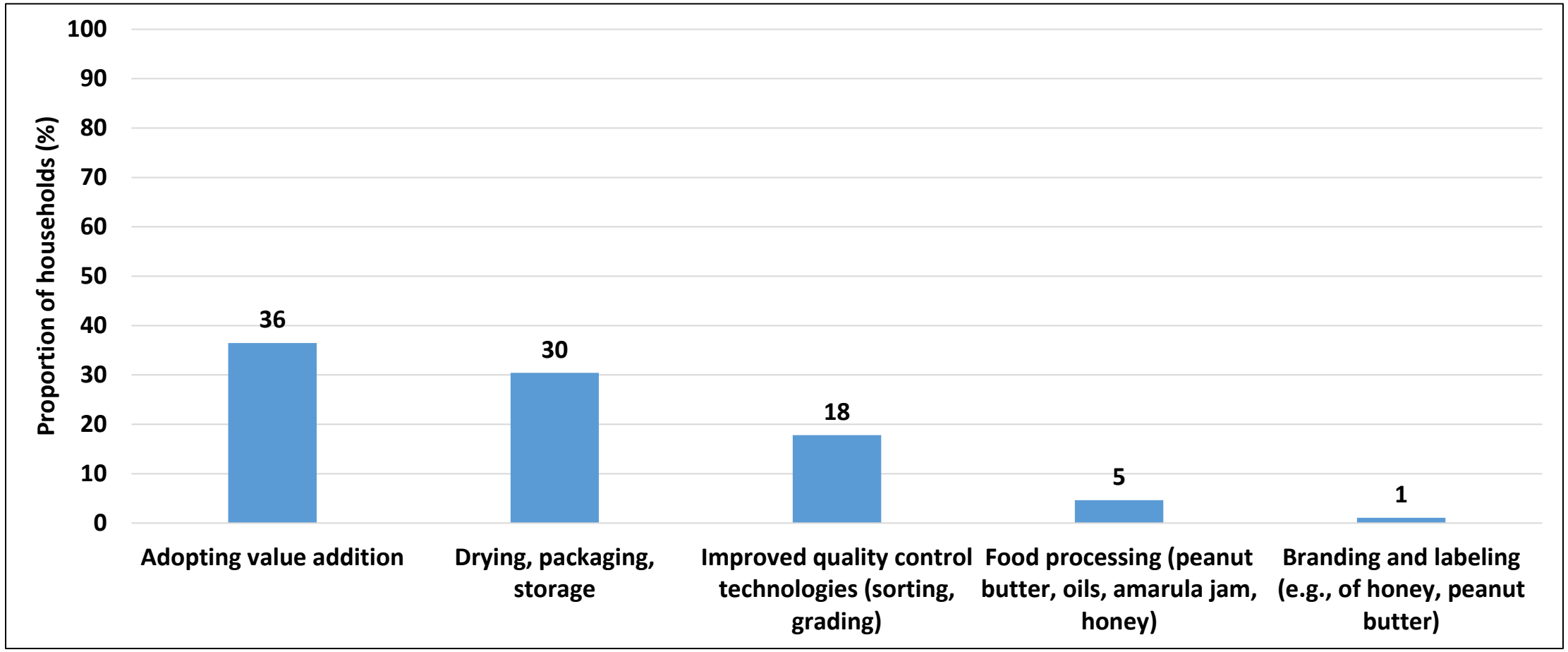
Value Chain Practices

Improved Agricultural Marketing Practices

District	Access Agriculture inputs through agro-dealers and/or agriculture cooperatives (%)	Receiving market information on prices, through collection centers, traders (%)	Use of formal organised marketing systems for crops/livestock (%)	Marketing produces through commodity associations/farmer organisation (%)
Buhera	27.0	1.0	1.7	0.7
Chimanimani	34.1	5.8	0.7	0.3
Chipinge	6.7	1.3	1.0	0.3
Makoni	38.3	14.3	15.0	8.7
Mutare	17.6	9.6	9.0	2.0
Mutasa	29.0	1.7	0.7	2.3
Nyanga	40.7	1.3	2.3	0
Manicaland	**27.7**	**5.0**	**4.3**	**2.1**

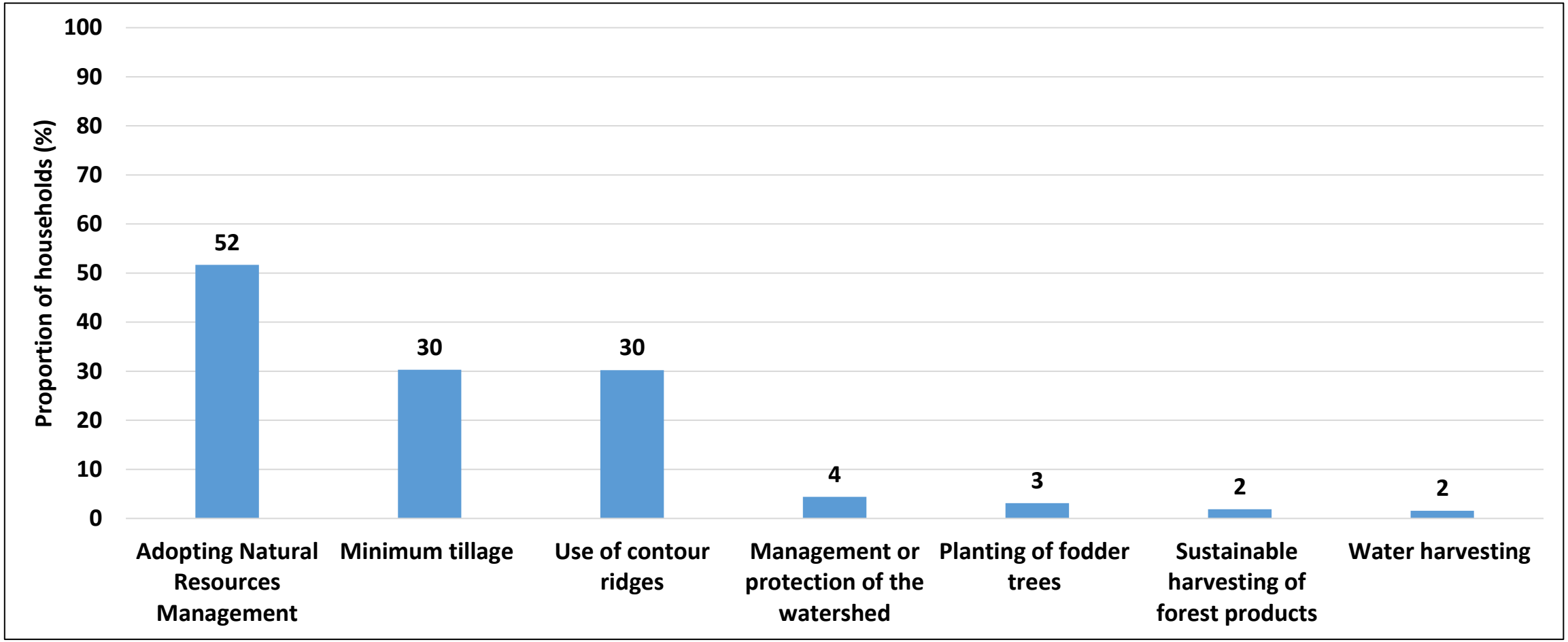
- About 27.7% of households have accessed their inputs through agro-dealers.

Adoption of Value Addition



At least 30% of the households practised drying, packaging and storage.

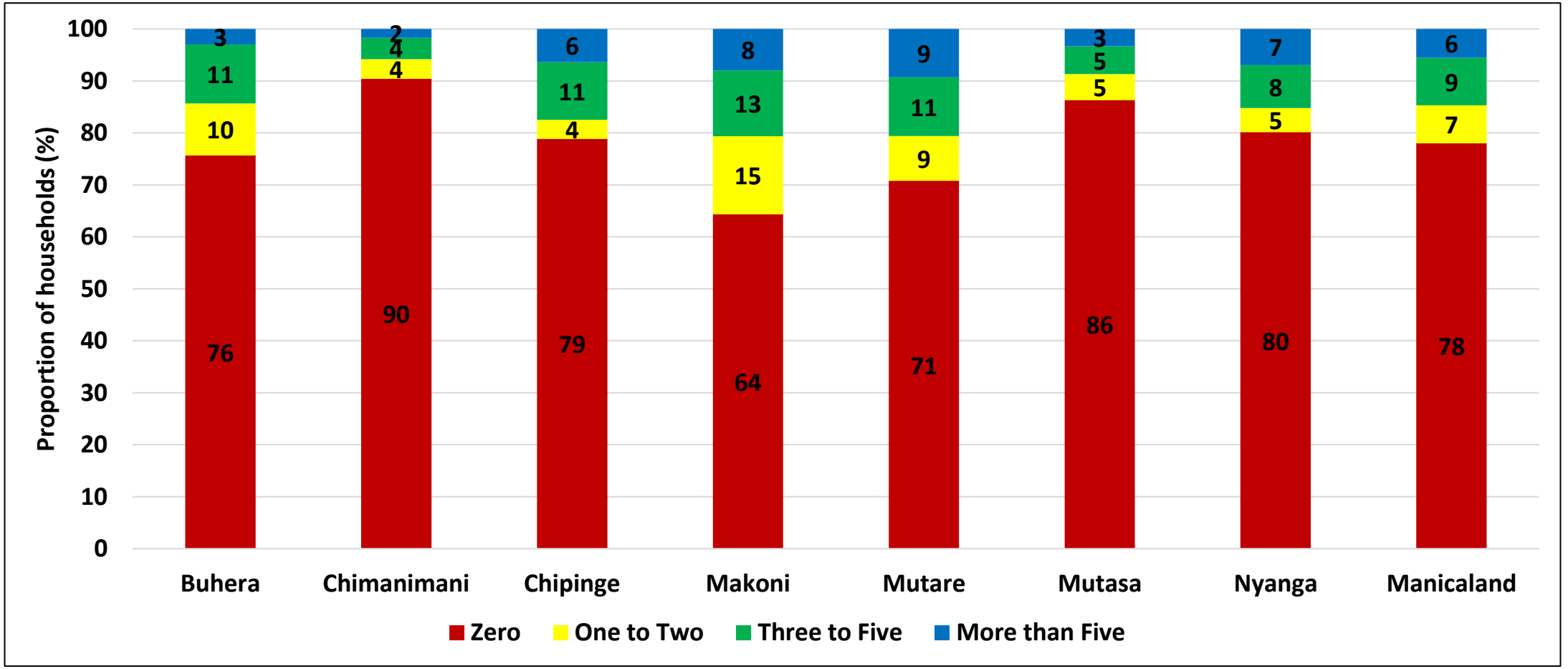
Soil and Water Conservation Strategies



- About 48% of households practised minimum tillage.

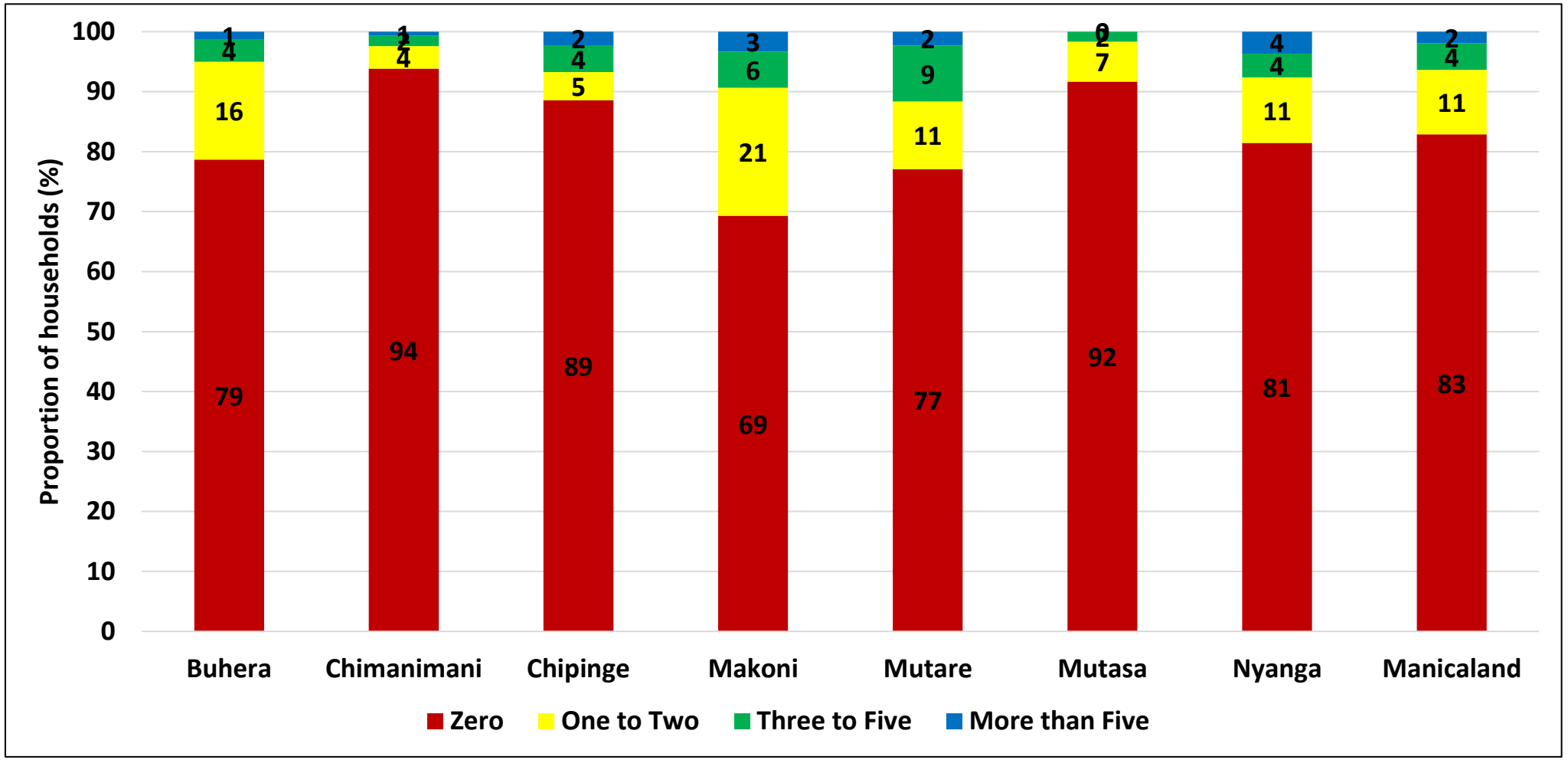
Livestock

Households which Owned Cattle



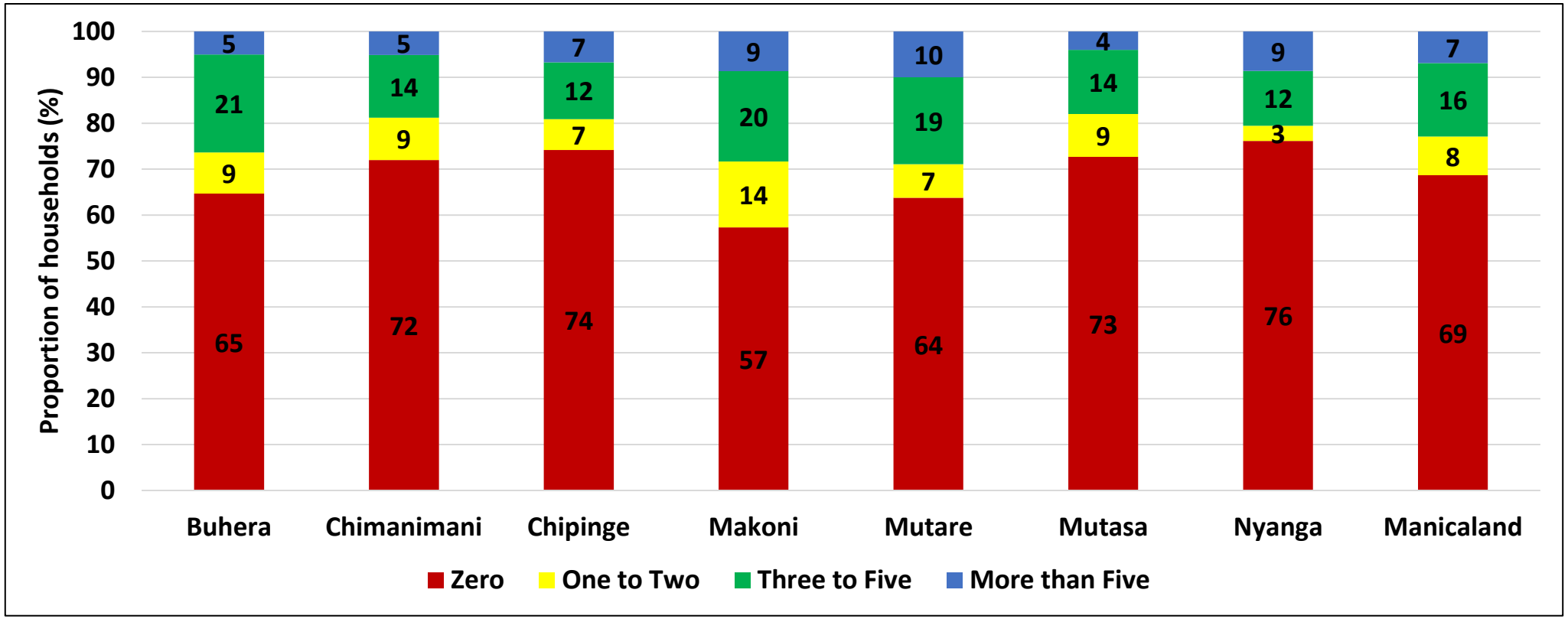
- The proportion of households which owned cattle was 22%.
- About 6% owned more than 5 cattle, 9% owned 3 to 5 cattle and 7% owned one or two cattle.

Households which Owned Draught Animals



- The proportion of households which owned draught animals (cattle or donkeys) was 17%.
- About 2% owned more than 5 animals, 4% 3 to 5 animals and 11% owned one or two animals.

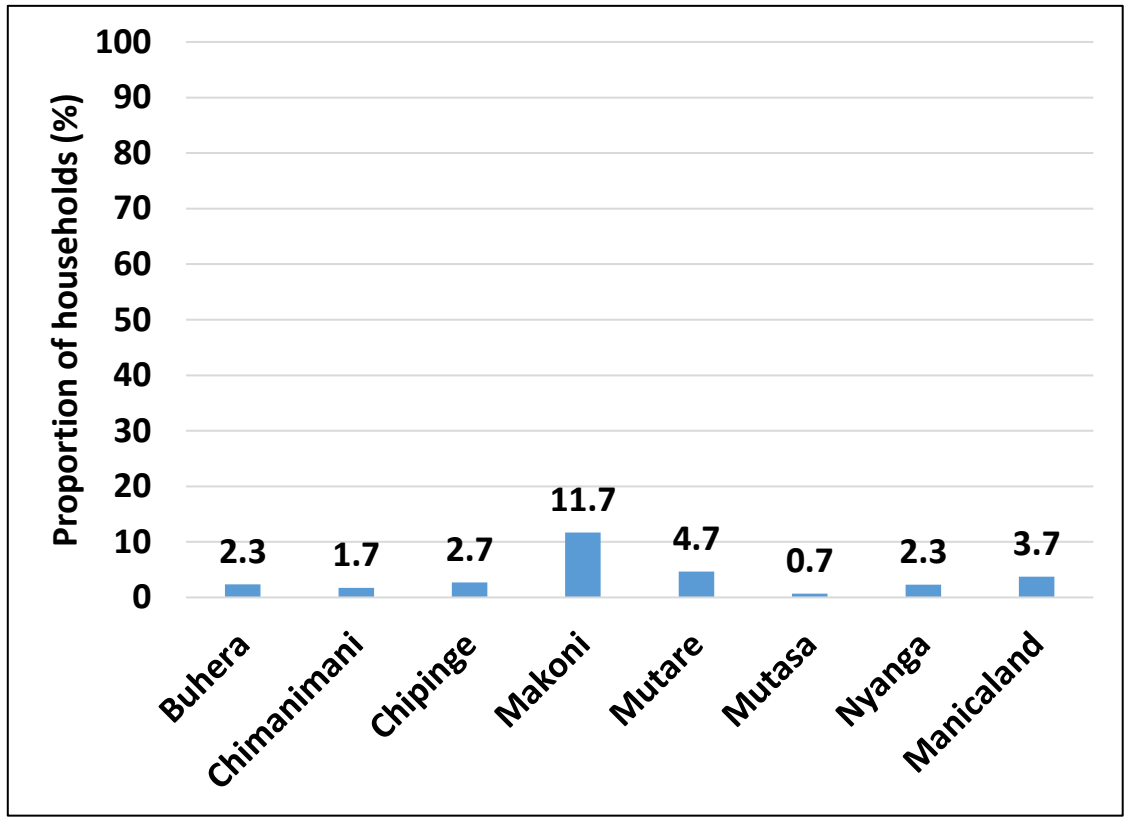
Households which Owned Goats

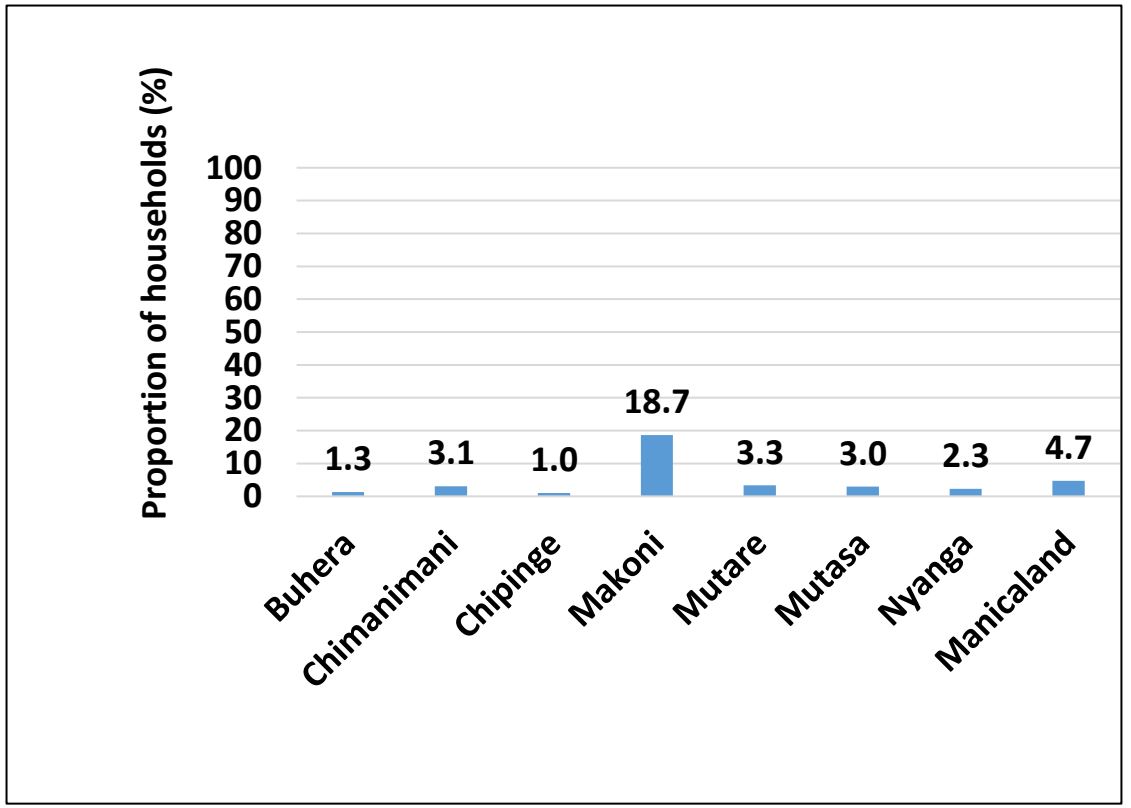


- The proportion of households which owned goats was 31%.
- About 7% owned more than 5 goats, 16% 3 to 5 goats and 8% owned one or two goats.

Adoption of Improved Livestock Practices

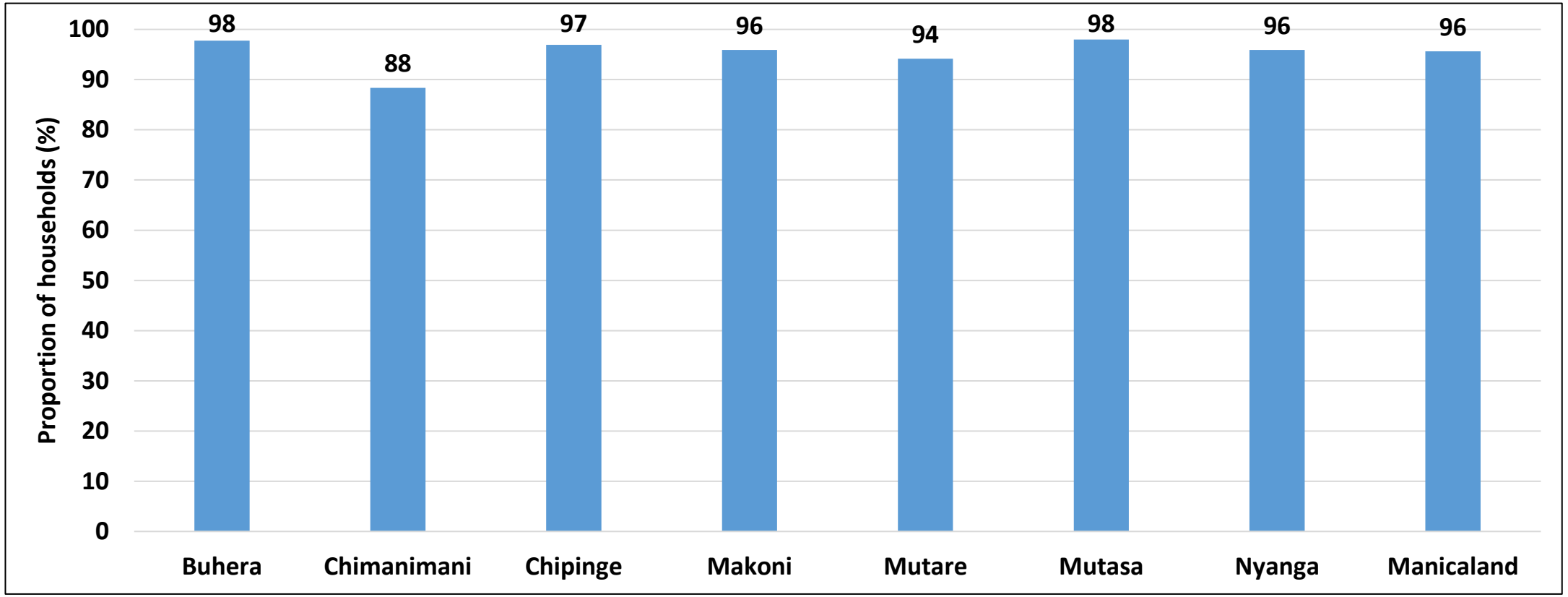
Livestock Vaccinations





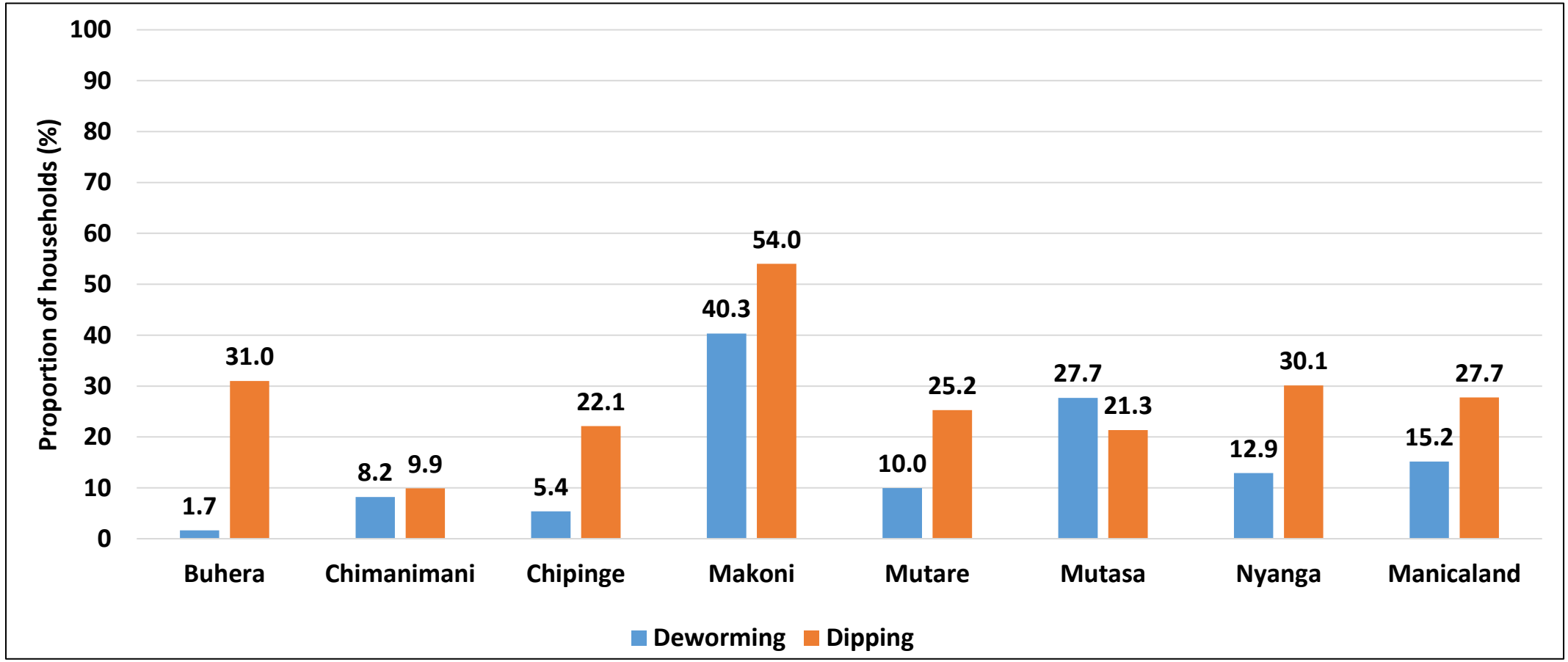
- In Manicaland, only 3.7% of the households indicated that they had used vaccinations carried out by a Veterinary Officer or a Para Vet.
- On the other hand, 4.7% of the households indicated that they used home vaccinations.

Access to Dipping/Spraying Facilities



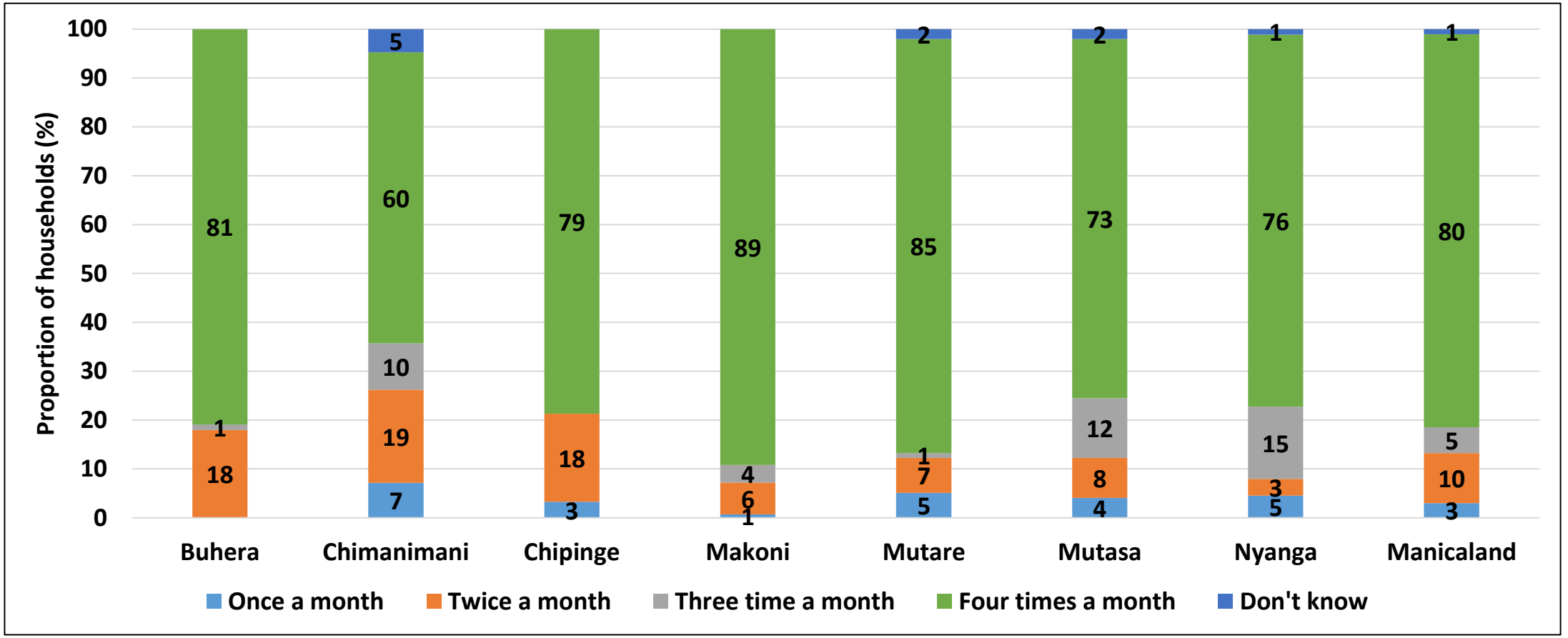
- The proportion of households which had access to dipping/spraying facilities was 96%.

Livestock Deworming and Dipping



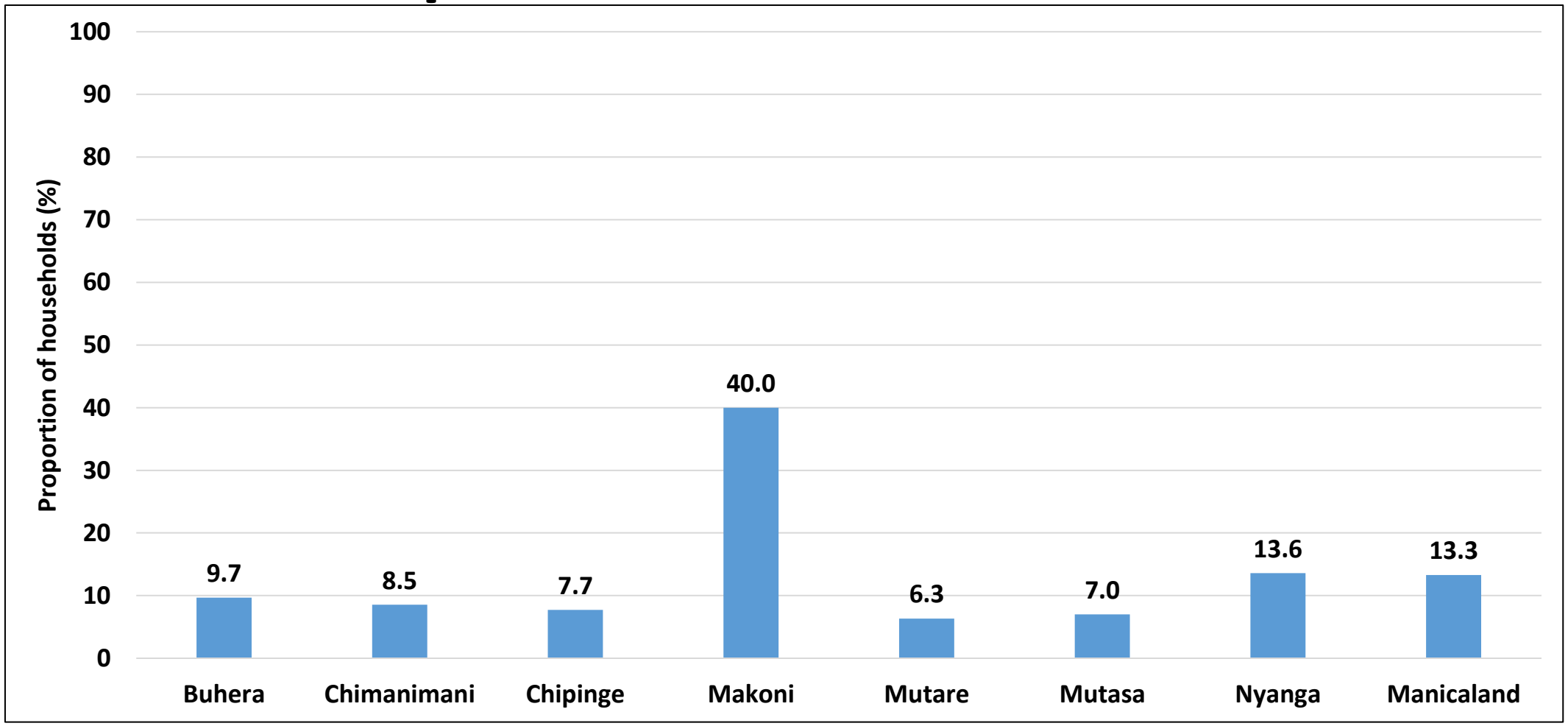
- About 27.7% of the households in the province indicated which they had dipped their livestock.
- Makoni (54.0%) had the highest proportion of households dipping their livestock.
- The proportion of households which had dewormed their livestock in the province was 15.2%.

Dipping Frequency



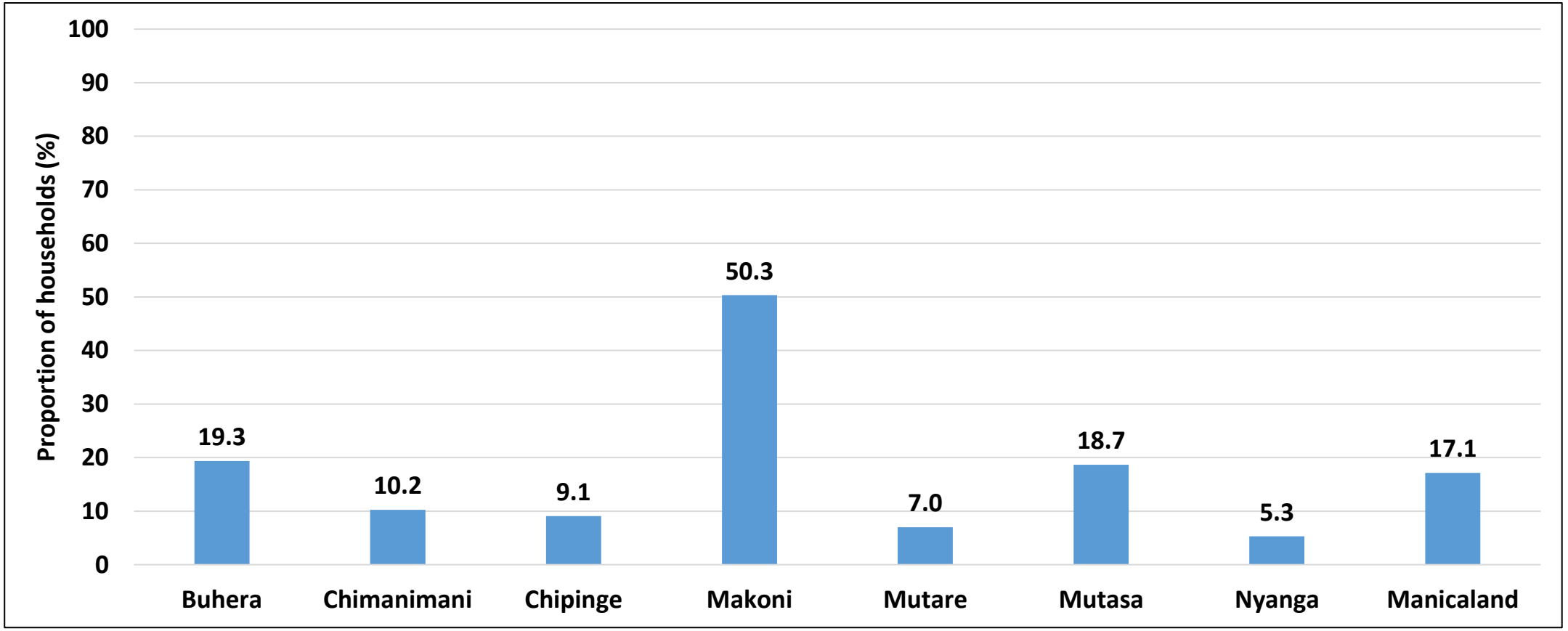
- The majority of households (80%) dipped their cattle four times in the month preceding the survey.

Improved Livestock Breeds



- About 13.3% of the households indicated that they were using improved livestock breeds.
- Makoni (40.0%) had the highest proportion of households using improved livestock breeds while Mutare (6.3%) had the lowest.

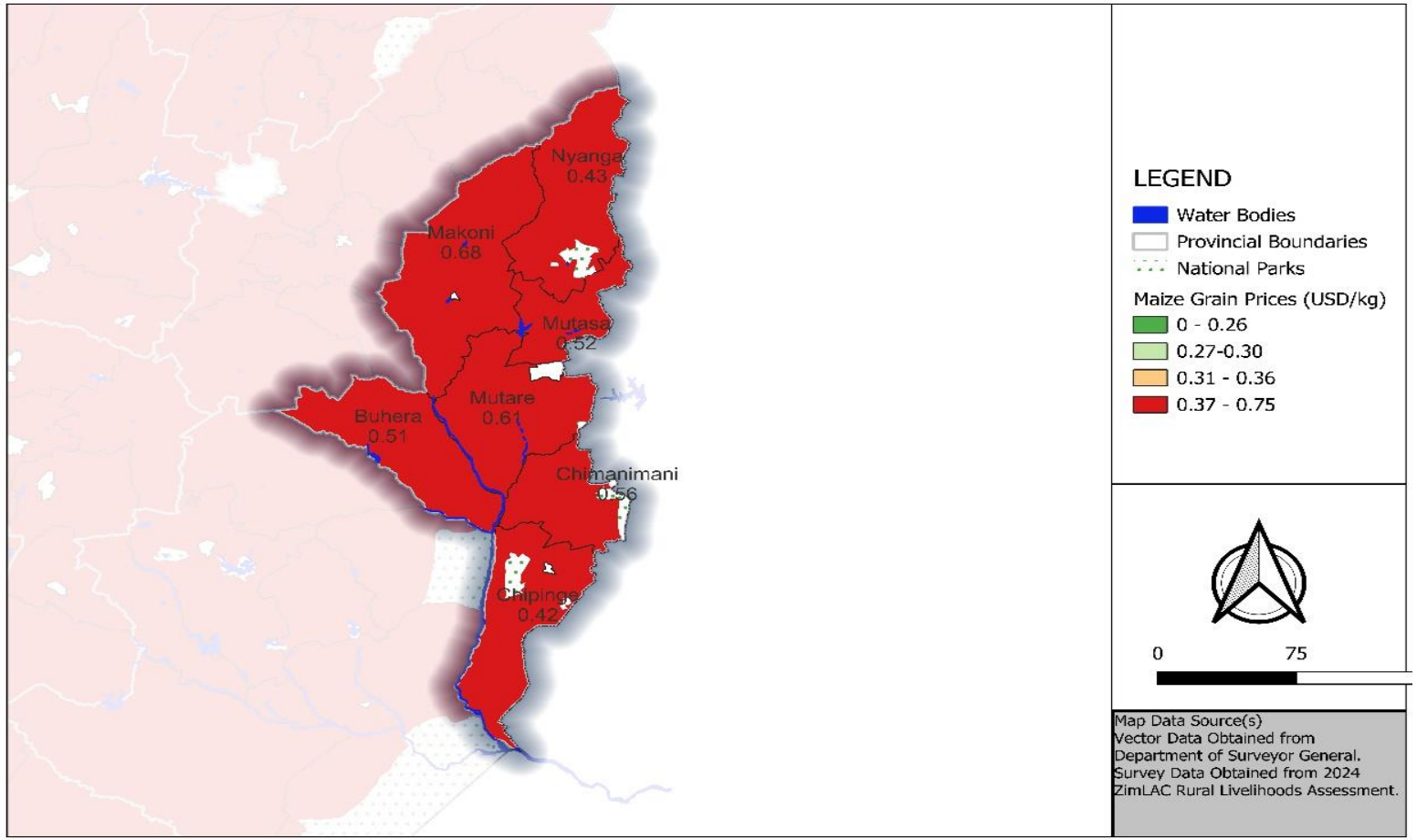
Improved Livestock Shelters



- The proportion of households using improved shelter for livestock was at 17.1%.
- Makoni (50.3%) had the highest proportion of households using improved livestock shelter while Nyanga (5.3%) had the lowest.

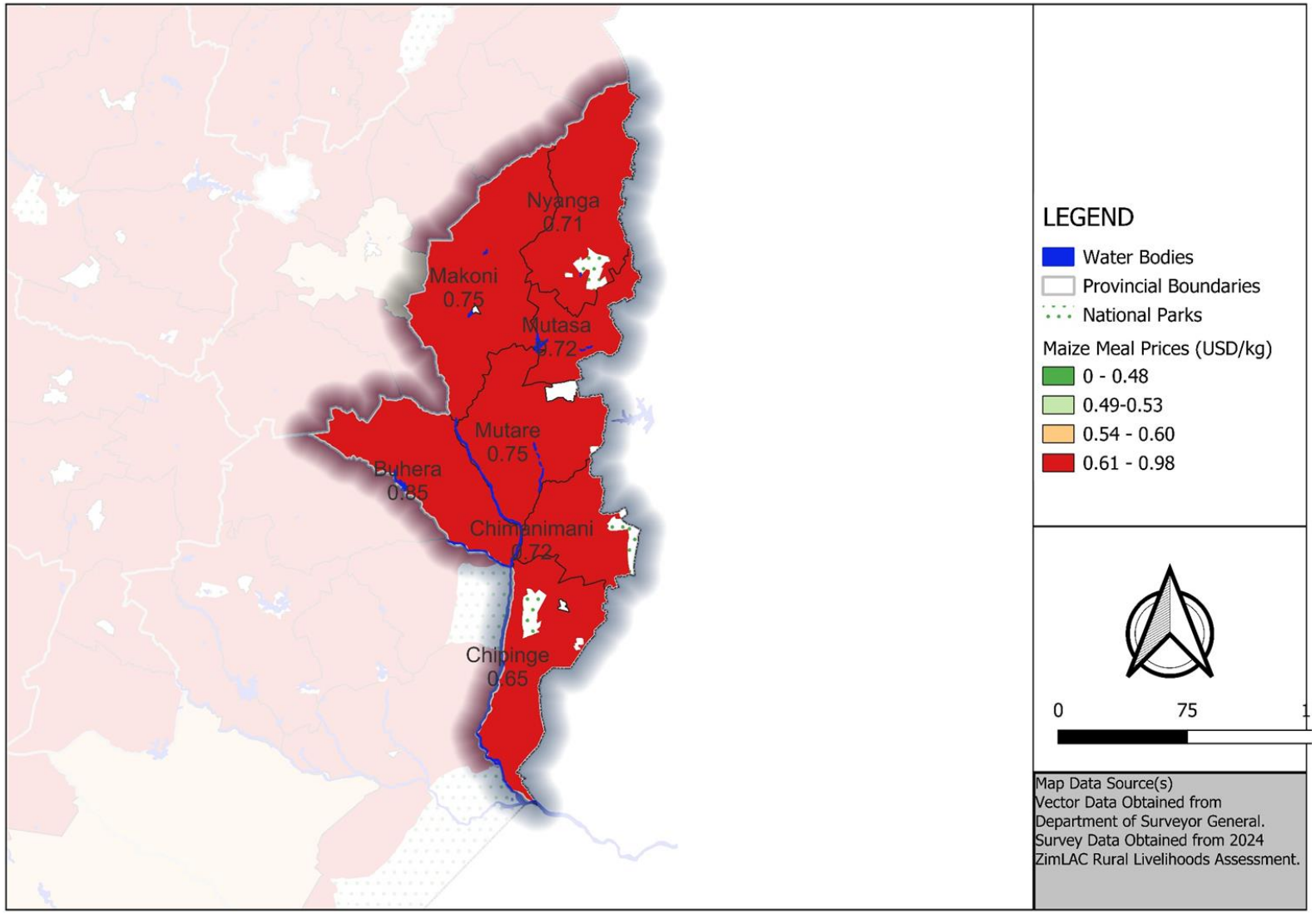
Agriculture Produce Markets

Maize Grain Prices



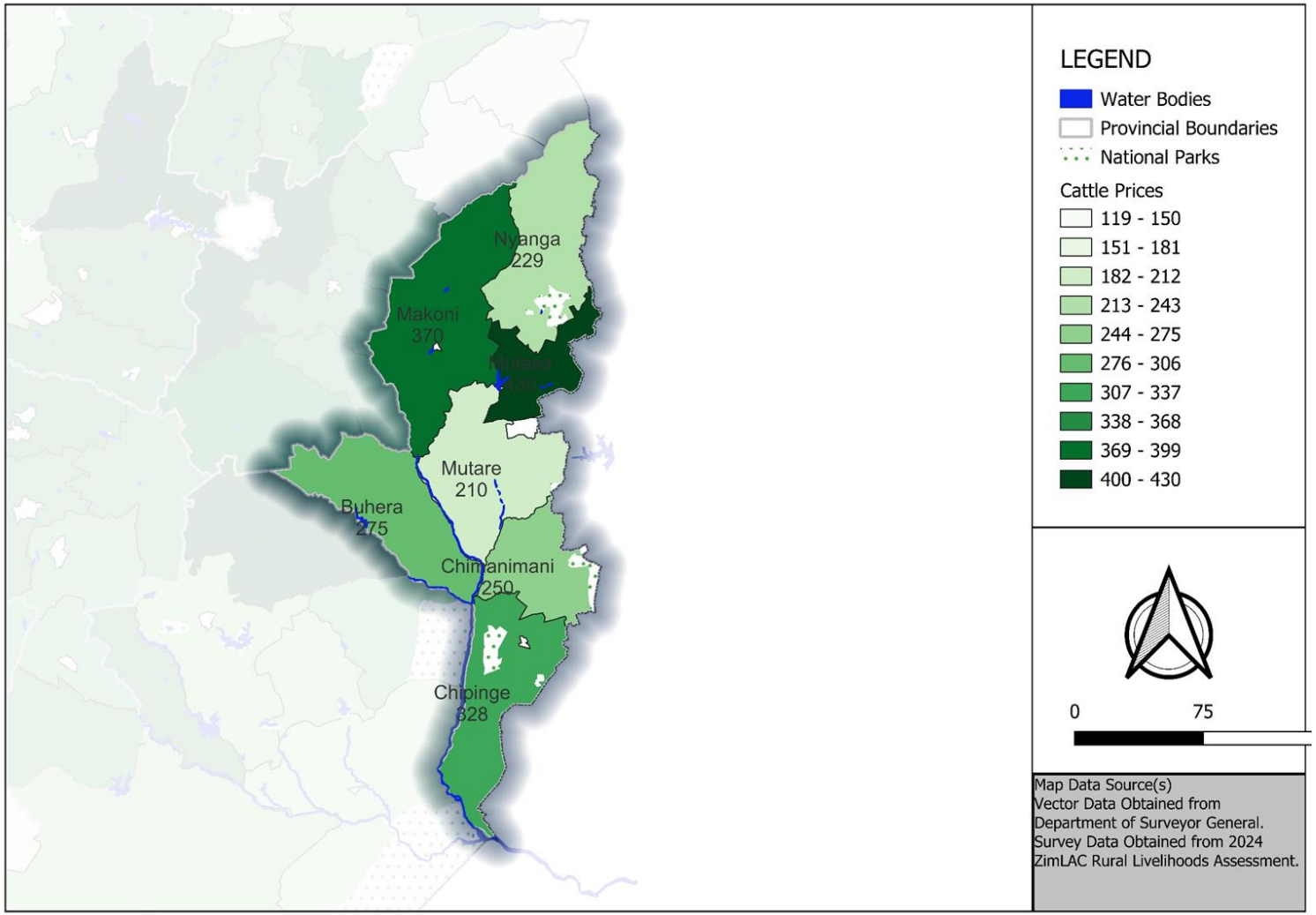
- The highest average maize grain price per kg was reported in Makoni (USD$0.68).
- The lowest average maize grain price was reported in Chipinge (USD$0.42).

Maize Meal Prices



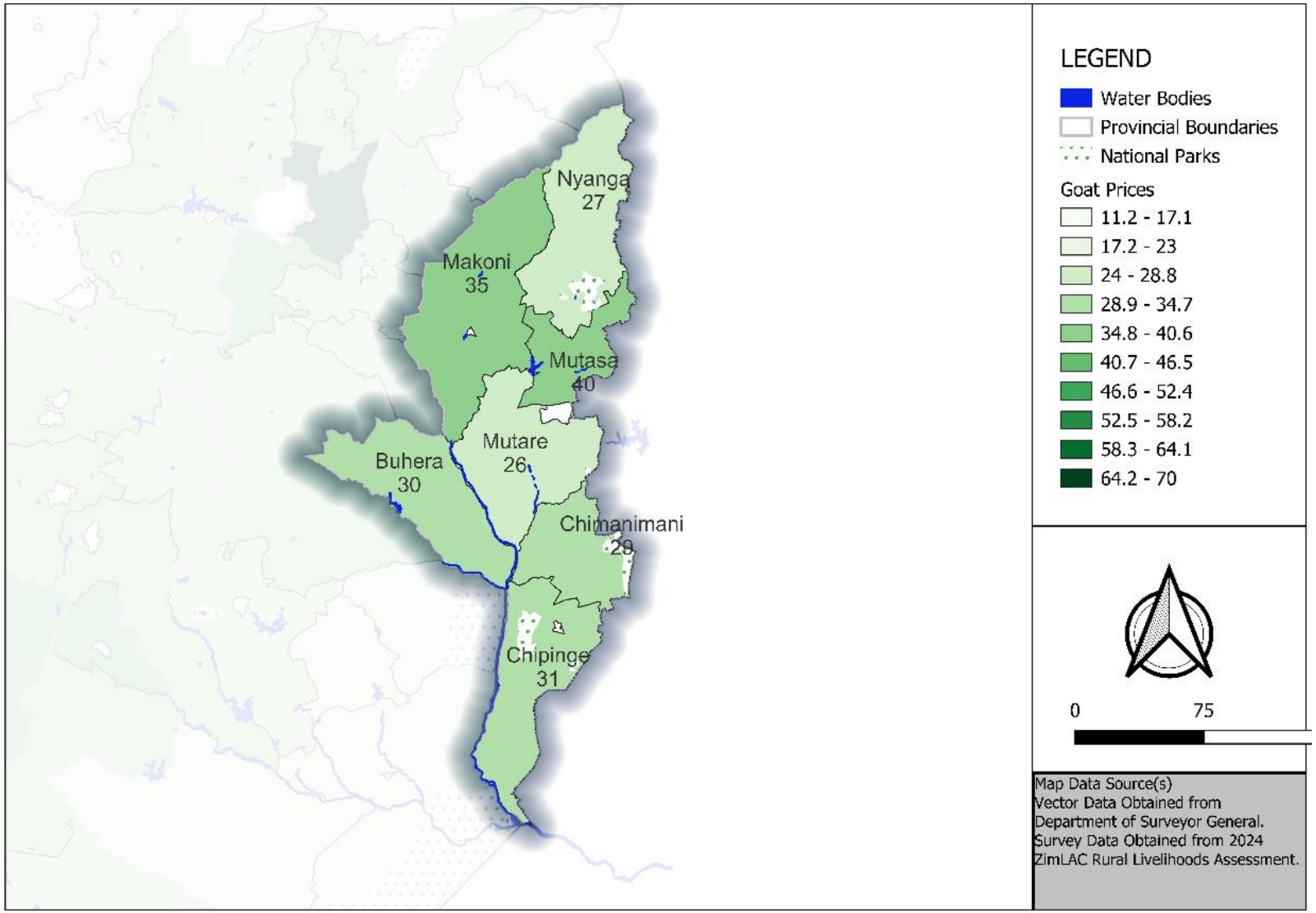
- The highest average maize meal price per kg was reported in Buhera (USD$0.85).
- The lowest average maize meal price was reported in Nyanga (USD$0.71).

Cattle Prices



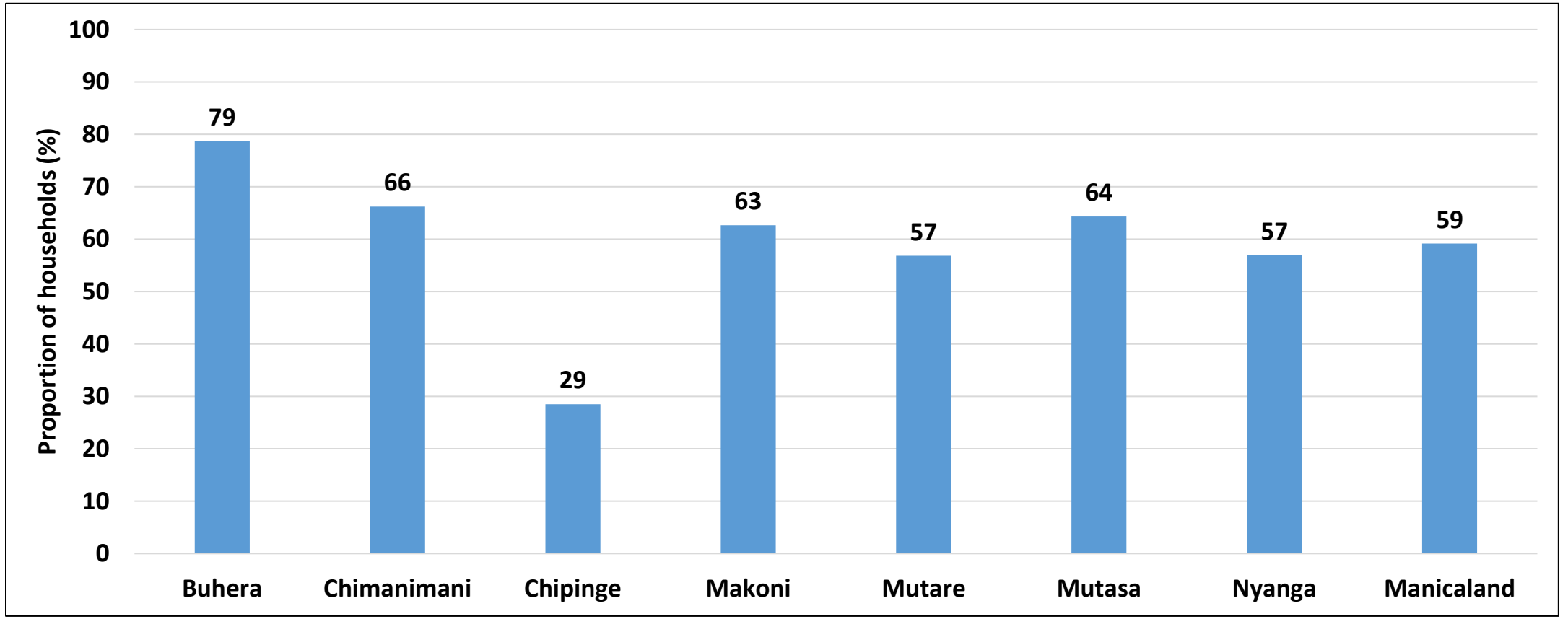
- The average cattle price per beast was highest in Mutasa (USD$430).
- The lowest average cattle price was reported in Mutare (USD$210).

Goat Prices



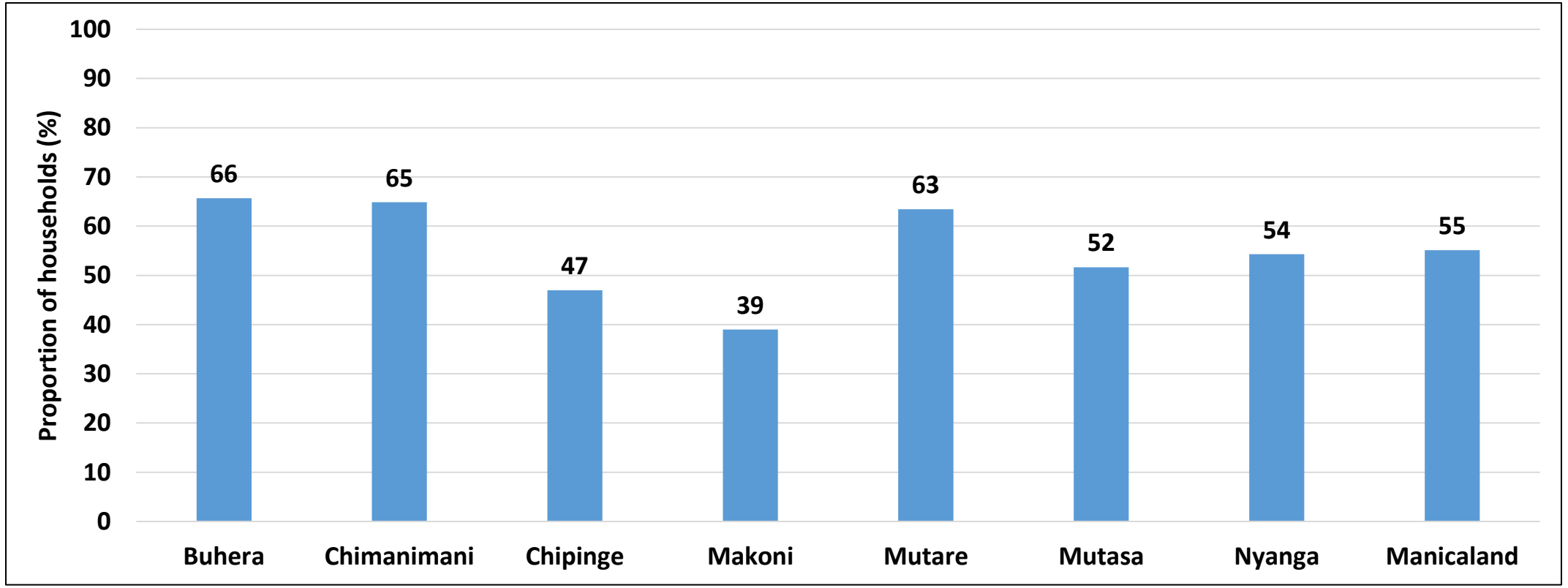
- The average goat price per beast was highest in Mutasa (USD$40).
- The lowest average goat price was reported in Mutare (USD$26).

Access to Agricultural Extension Support



- The proportion of households which received any agricultural extension support in the 12 months (May 2023 - April 2024) preceding the survey was 59%.

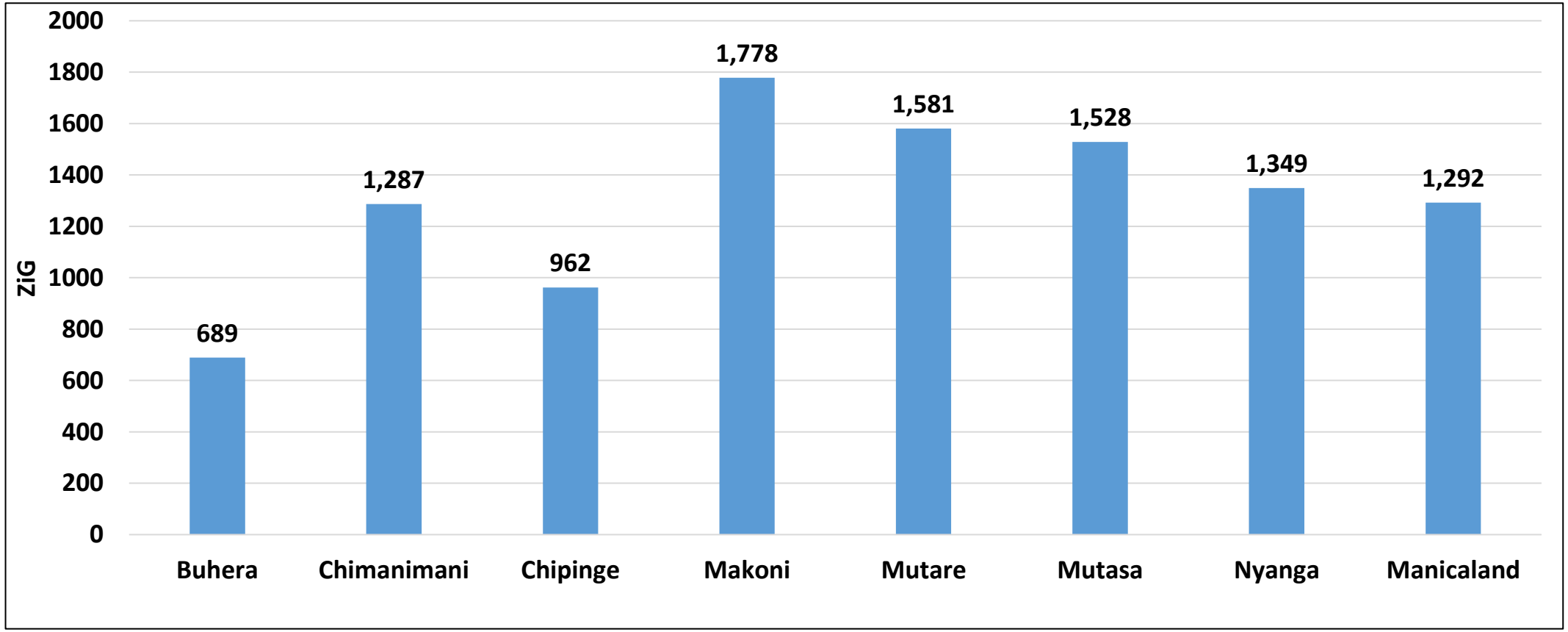
Households which Received Early Warning Information



- The proportion of households which received any early warning information such as weather, climate-related, seasonal performance and likely impact on food and nutrition security in the last 12 months (May 2023 to April 2024) was 55%

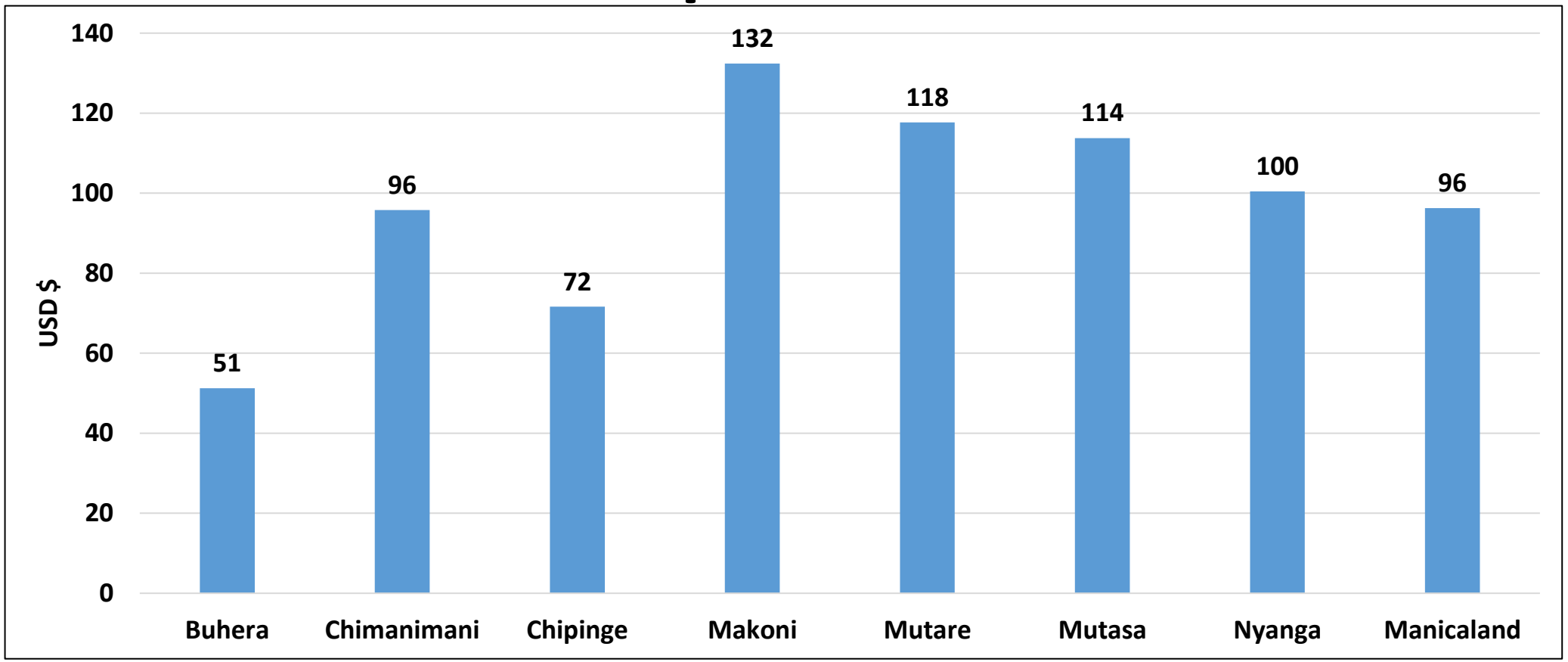
Income and Expenditure

Average Household Monthly Income (ZiG) for April 2024



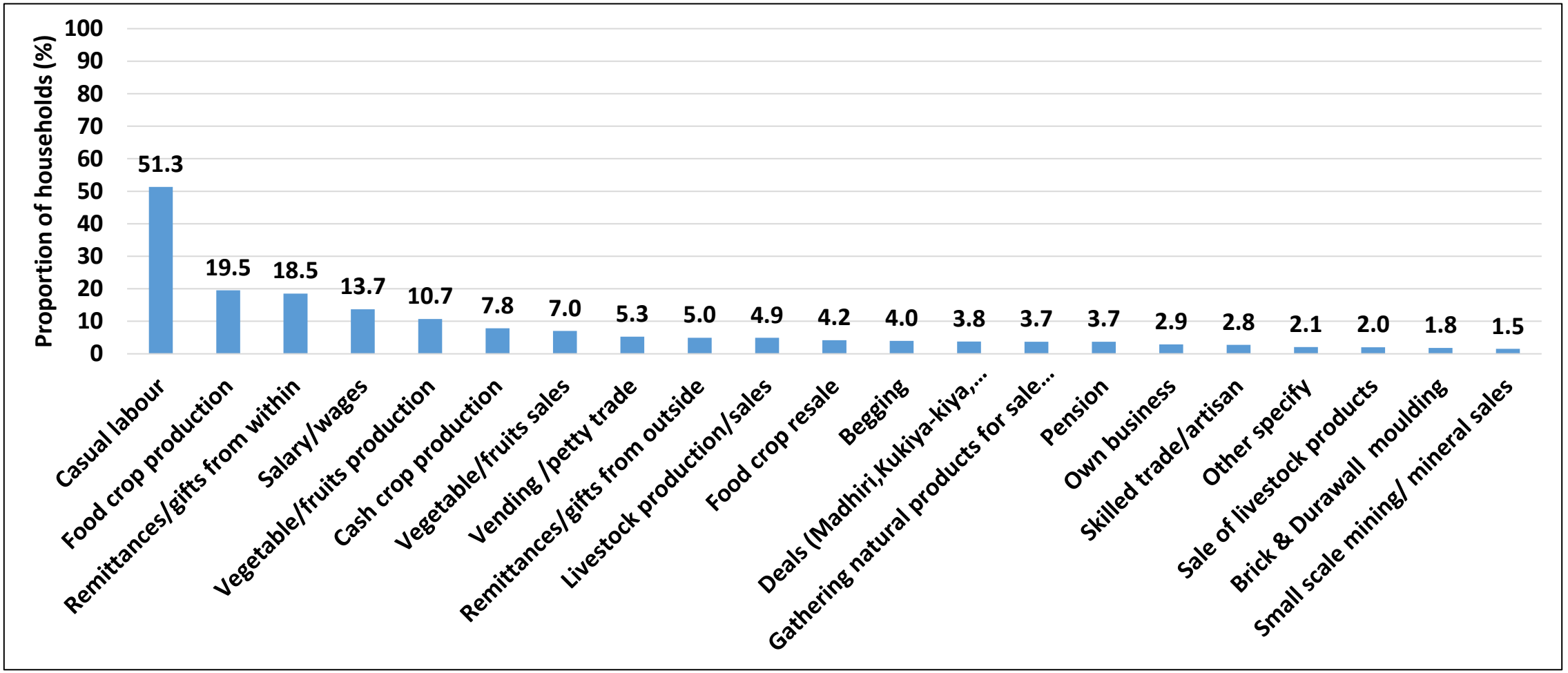
- Average monthly income was ZiG 1,292.
- Buhera (ZiG 689) had the lowest income.

Average Household Monthly Income (USD$) for April 2024



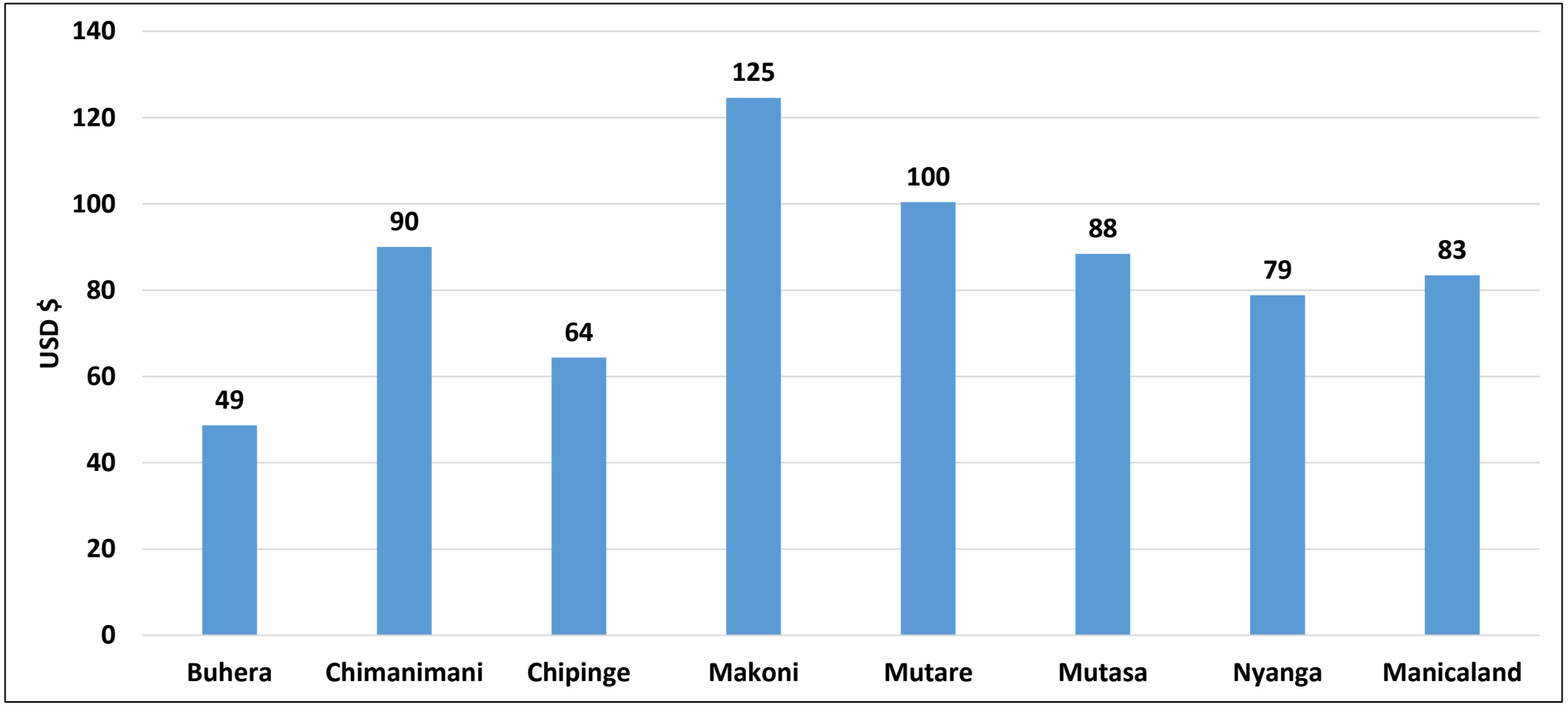
- The household average monthly was USD$ 96.
- The lowest household average monthly income was reported Buhera (USD$ 51) and the highest was reported in Makoni (USD$ 132).
- NB: The USD monthly income and expenditure was calculated using the official exchange rate of Tuesday 30 April 2024.

Main Income Sources



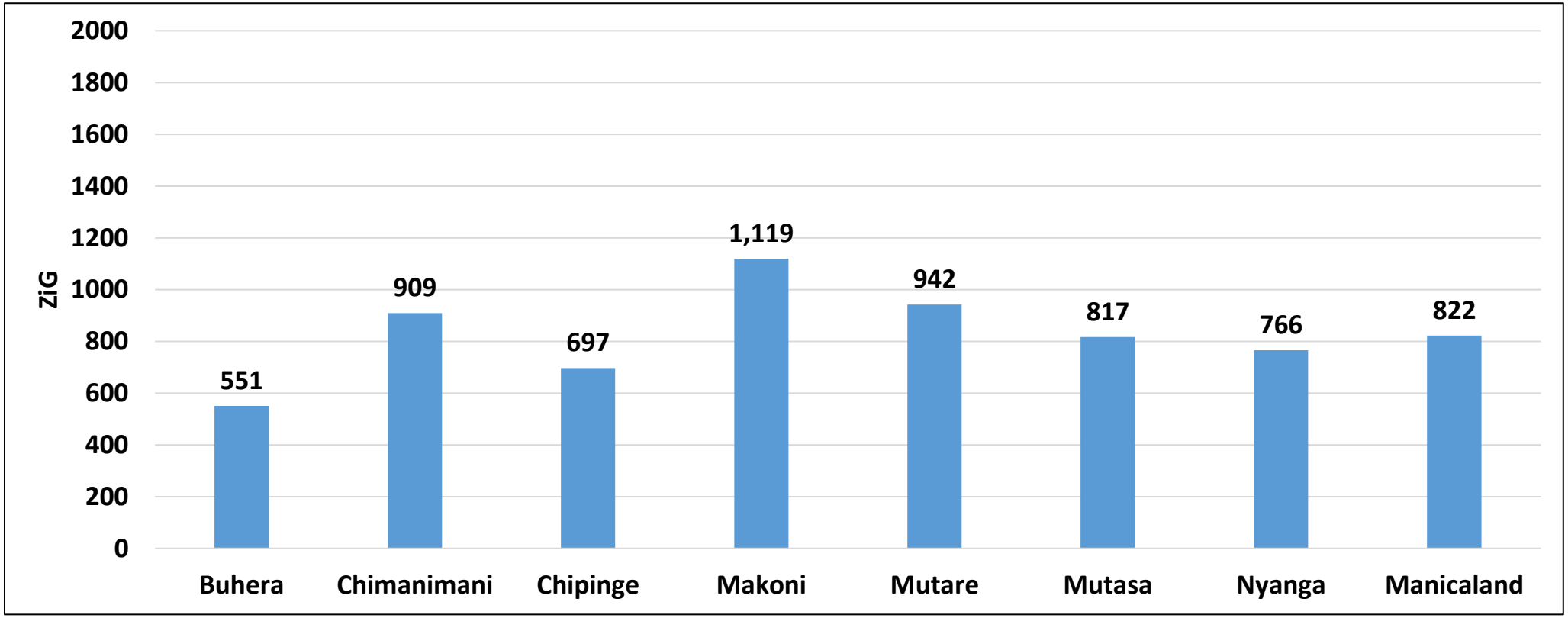
- Most households relied on casual labour (51.3%), food crop production (19.5%) and remittances from within Zimbabwe (18.5%).

Average Household Monthly Expenditure (USD) for April 2024



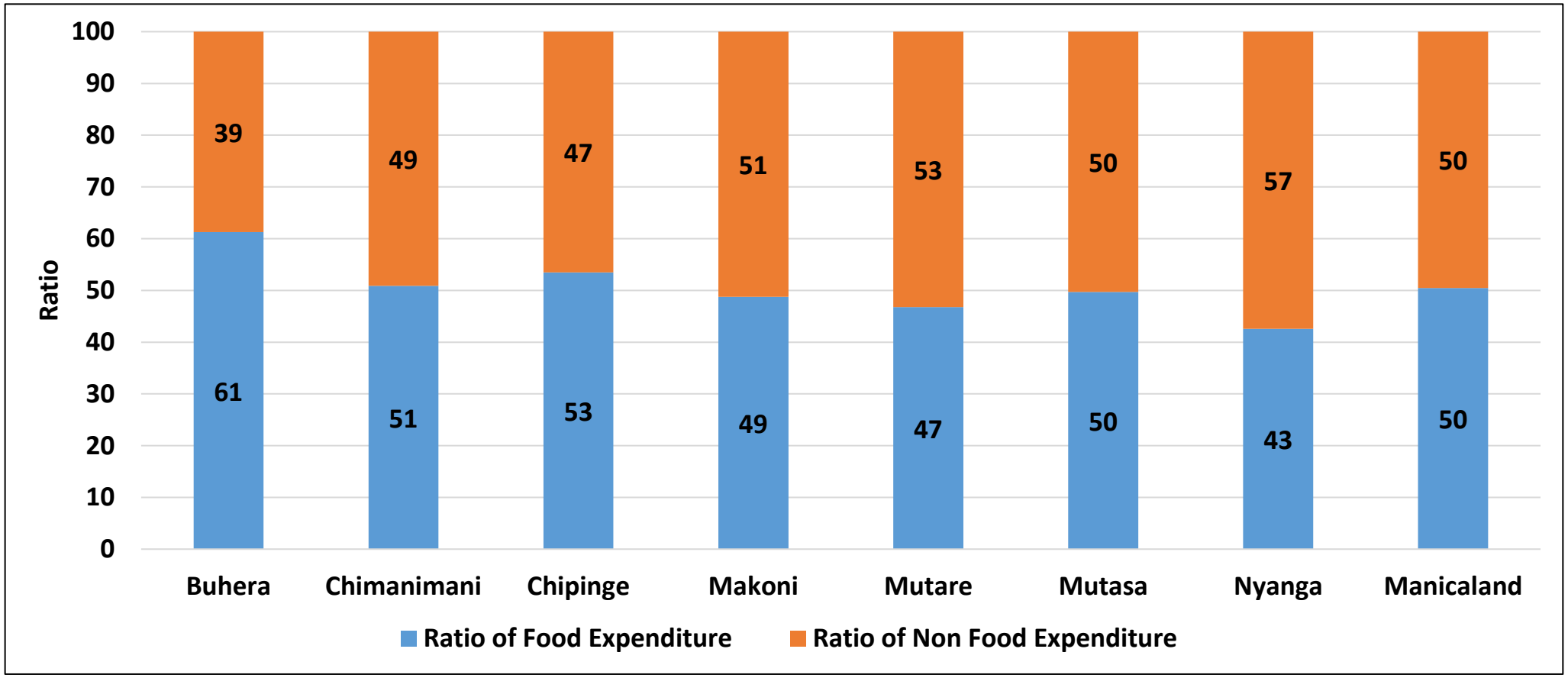
- Average expenditure for the month of April was USD$ 83.
- Buhera (USD$ 49) reported the lowest expenditure.

Average Household Monthly Expenditure (ZiG) for April 2024



- The average monthly expenditure was ZiG 822.
- Makoni (ZiG 1,119) had the highest expenditure.

Food and Non-Food Expenditure Ratio



- The proportion of food expenditure was 50% and non food expenditure was 50%.

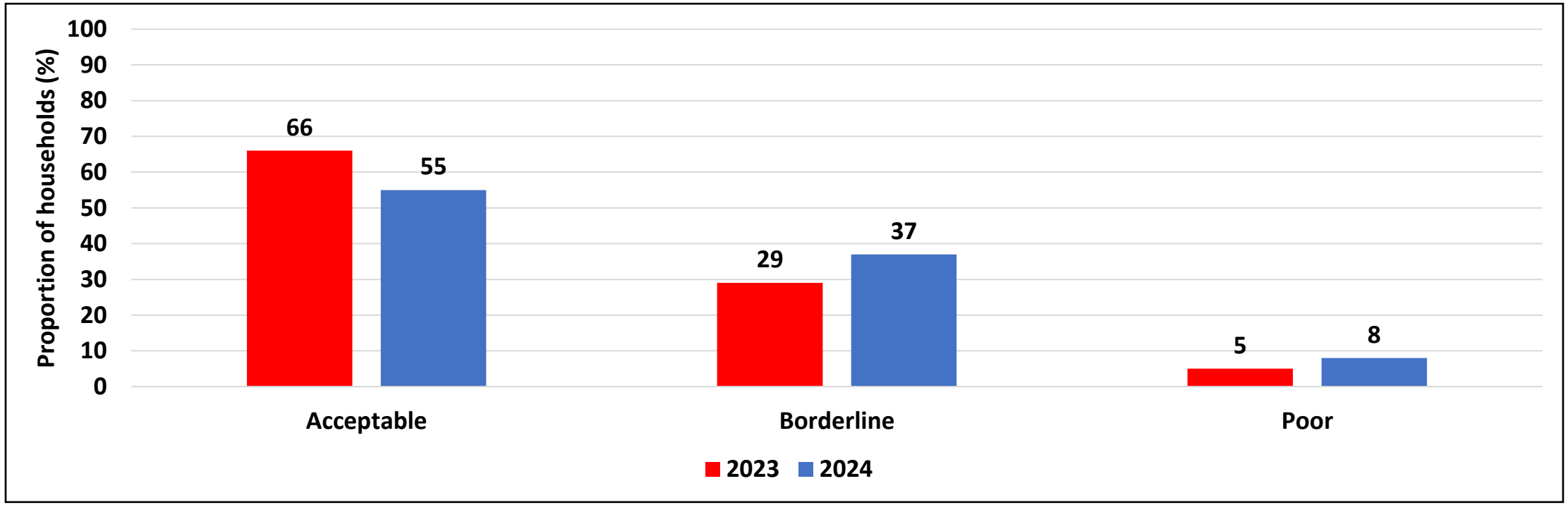
Household Consumption Patterns

Food Consumption Score (FCS)

Food Consumption Score Groups

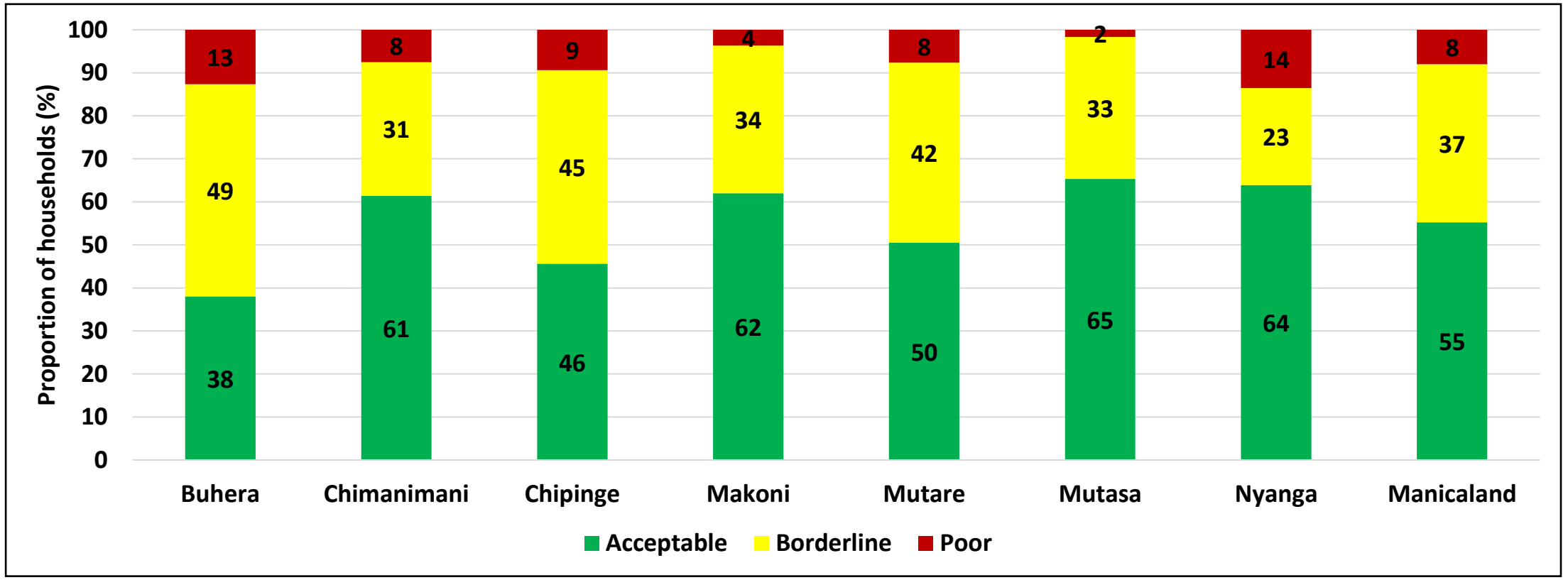
Food Consumption Score Groups	Score	Description
POOR	0-21	An expected consumption of staple 7 days, vegetables 5-6 days, sugar 3-4 days, oil/fat 1 day a week, while animal proteins are totally absent
BORDERLINE	21.5-35	An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3-4 days, oil/fat 3 days, meat/fish/egg/pulses 1-2 days a week, while dairy products are totally absent
ACCEPTABLE	>35	As defined for the borderline group with more number of days a week eating meat, fish, egg, oil, and complemented by other foods such as pulses, fruits, milk

Food Consumption Patterns Trend



- In Manicaland, the proportion of households which consumed acceptable diets decreased from 66% in 2023 to 55% in 2024 whilst those with poor diets increased from 5% to 8%.

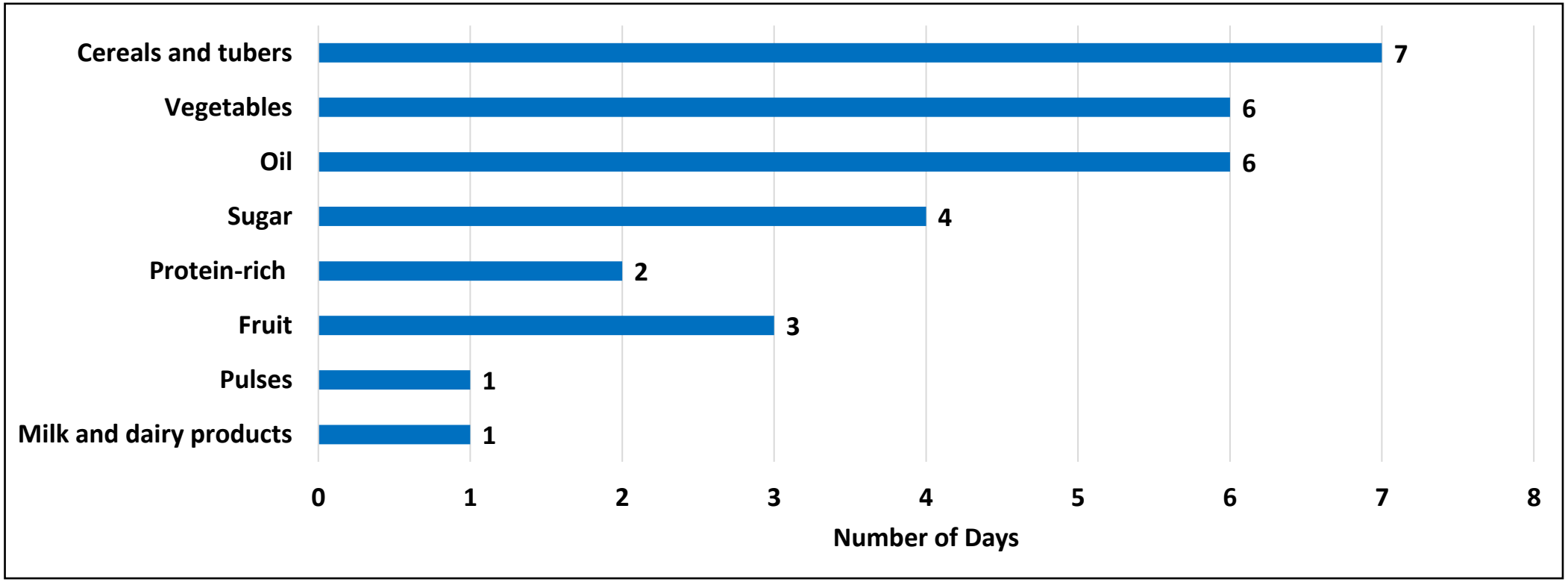
Food Consumption Patterns by District



- Most districts had 50% and above of households consuming acceptable diets.
- Nyanga (14%) and Buhera (13%) had the highest proportion of households consuming poor diets.

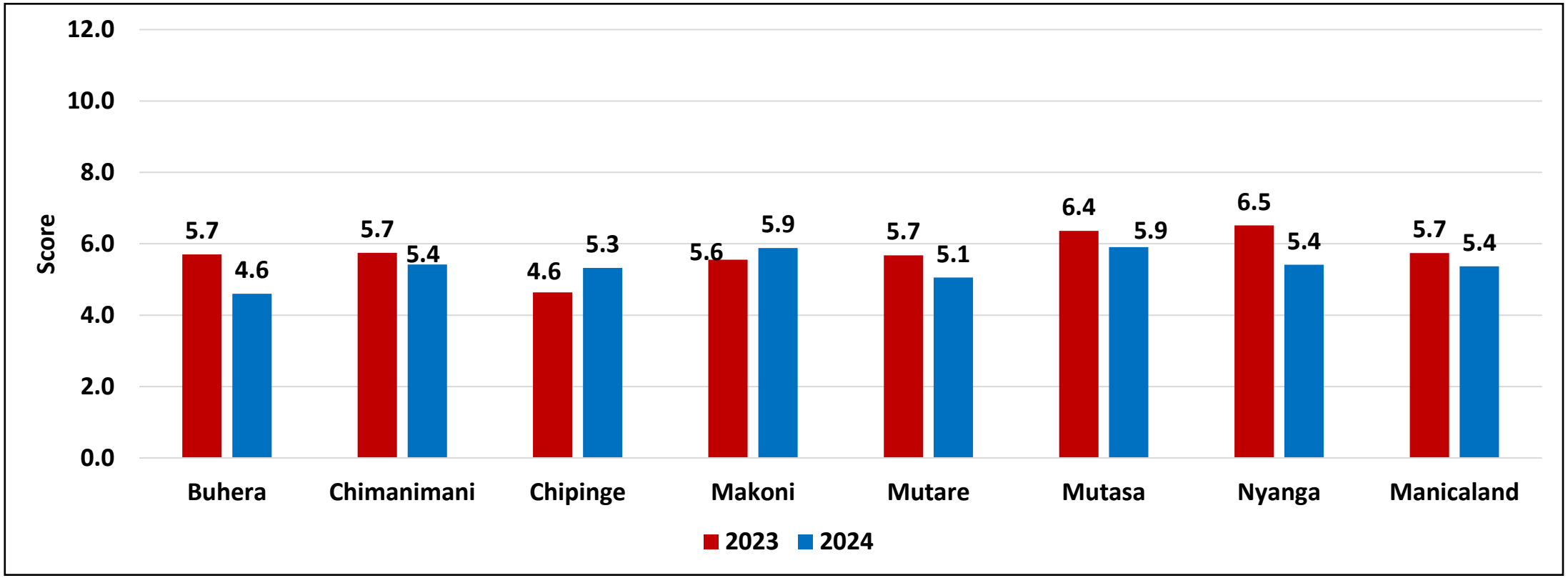
Household Dietary Diversity

Average Number of Days Households Consumed Food from the Various Food Groups



- The most frequently consumed foods were cereals, vegetables and oils.
- Consumption of milk and dairy products was low at household level with an average consumption of only 1 day in the 7 days preceding the survey.

Average Household Dietary Diversity Score

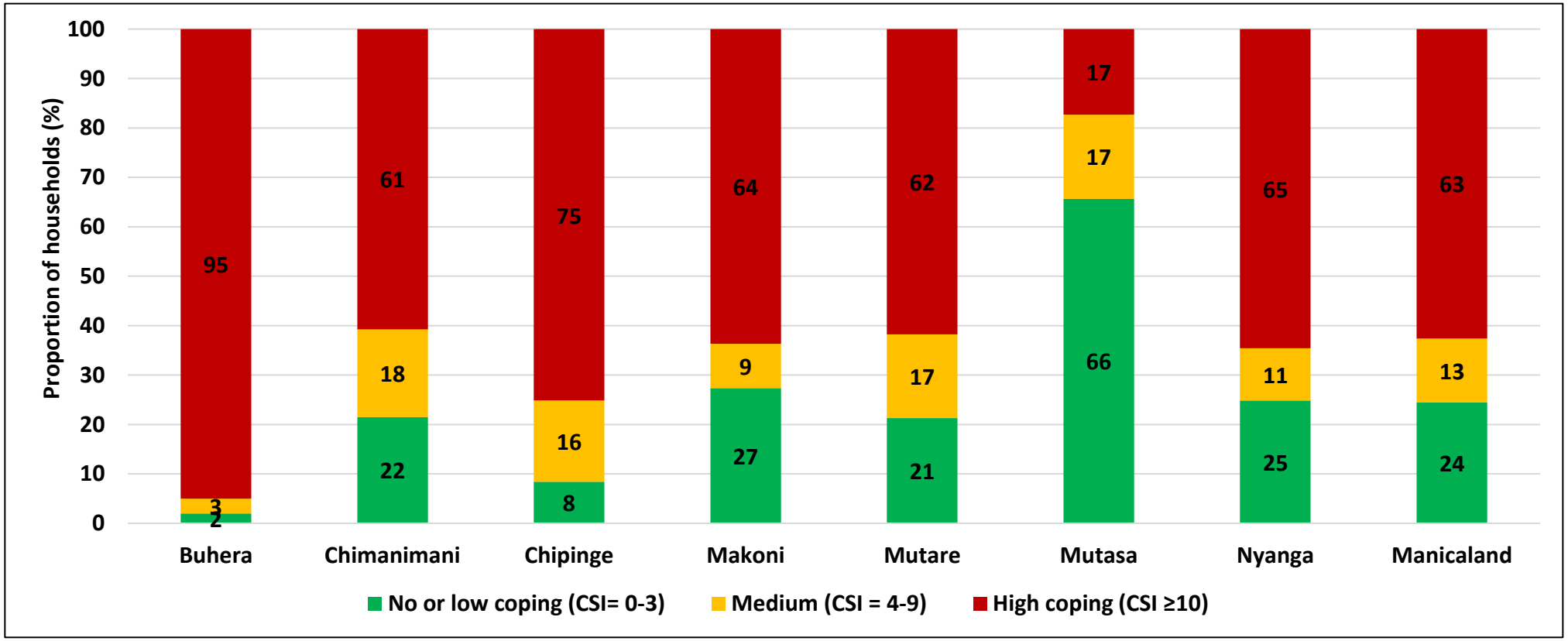


- The higher the HDDS, the better the quality of household dietary diversity.
- In the province, the average Household Dietary Diversity Score was 5.4, a decrease 5.7 from 2023.
- The highest average Household Dietary Diversity Score was recorded in Mutasa (5.9) and Makoni (5.9).

Household Consumption and Livelihoods Based Coping Strategies

Reduced Consumption Based Coping Strategy Index (rCSI)

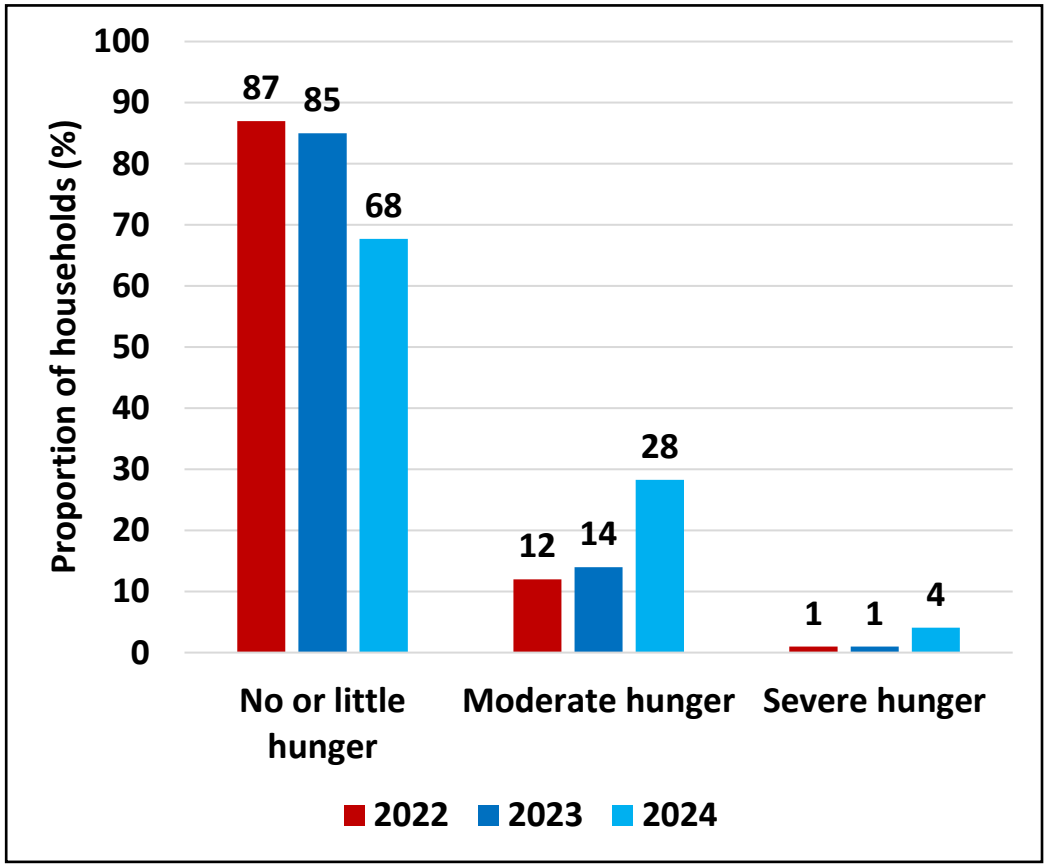
Reduced Consumption Coping Strategy Index



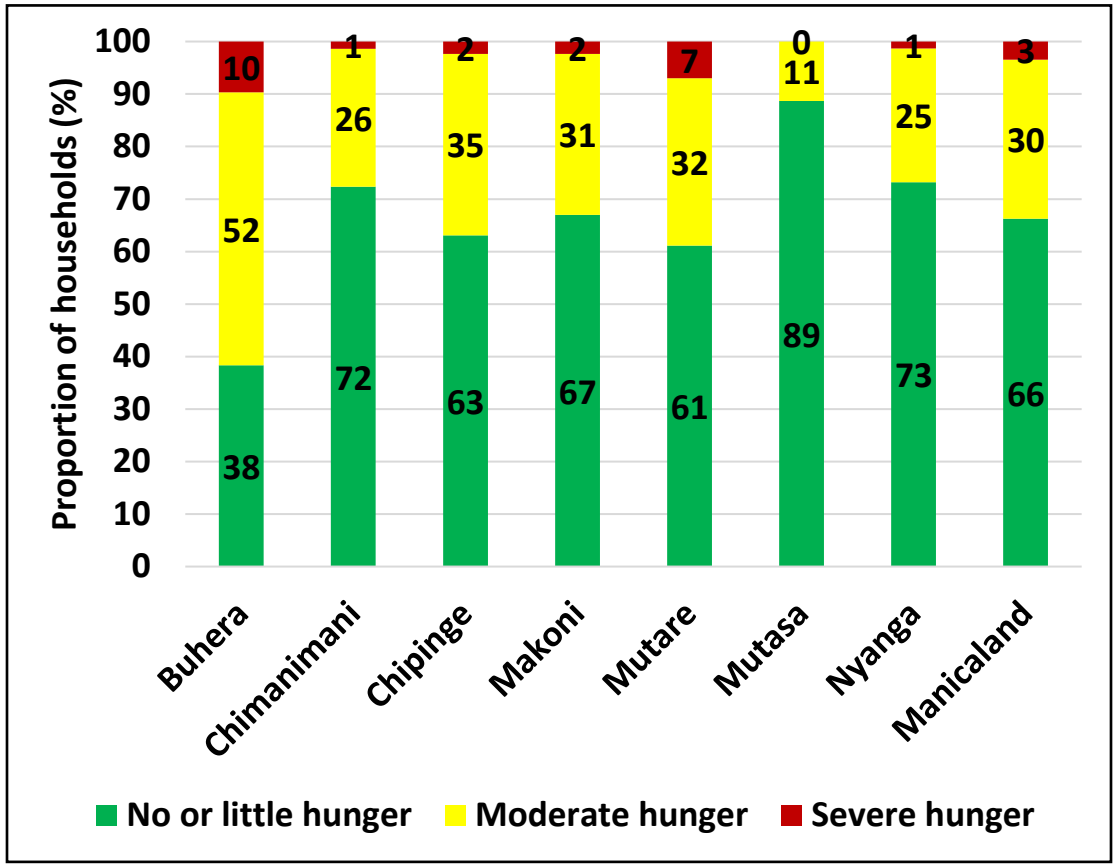
- Thirty eight percent of the households were not engaged in any coping strategies.
- Mutasa (78%) and Makoni (72%) had the highest proportion of households not engaged in any coping strategies.

Household Hunger Scale

By Years



By District



- Nationally,68% of the households experienced little to no hunger, a decrease from 2023 (85%) .
- In Manicaland, 66% of the households experienced little or no hunger.
- Buhera (10%) had the highest proportion of households experiencing severe hunger.

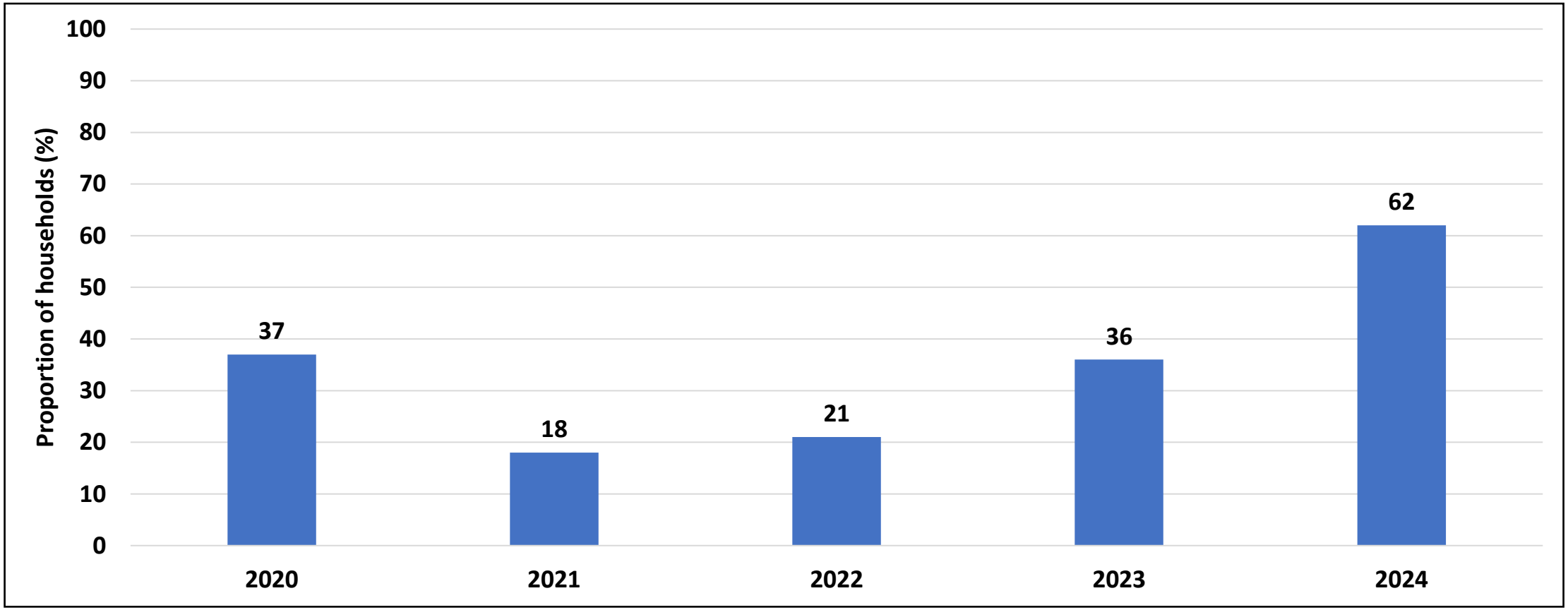
Livelihoods Based Coping Strategies (LCSI)

Livelihood Coping Strategies

- Livelihood Coping Strategies are behaviours employed by households when faced with a crisis.
- The livelihoods coping strategies have been classified into three categories namely stress, crisis and emergency as indicated in the table.

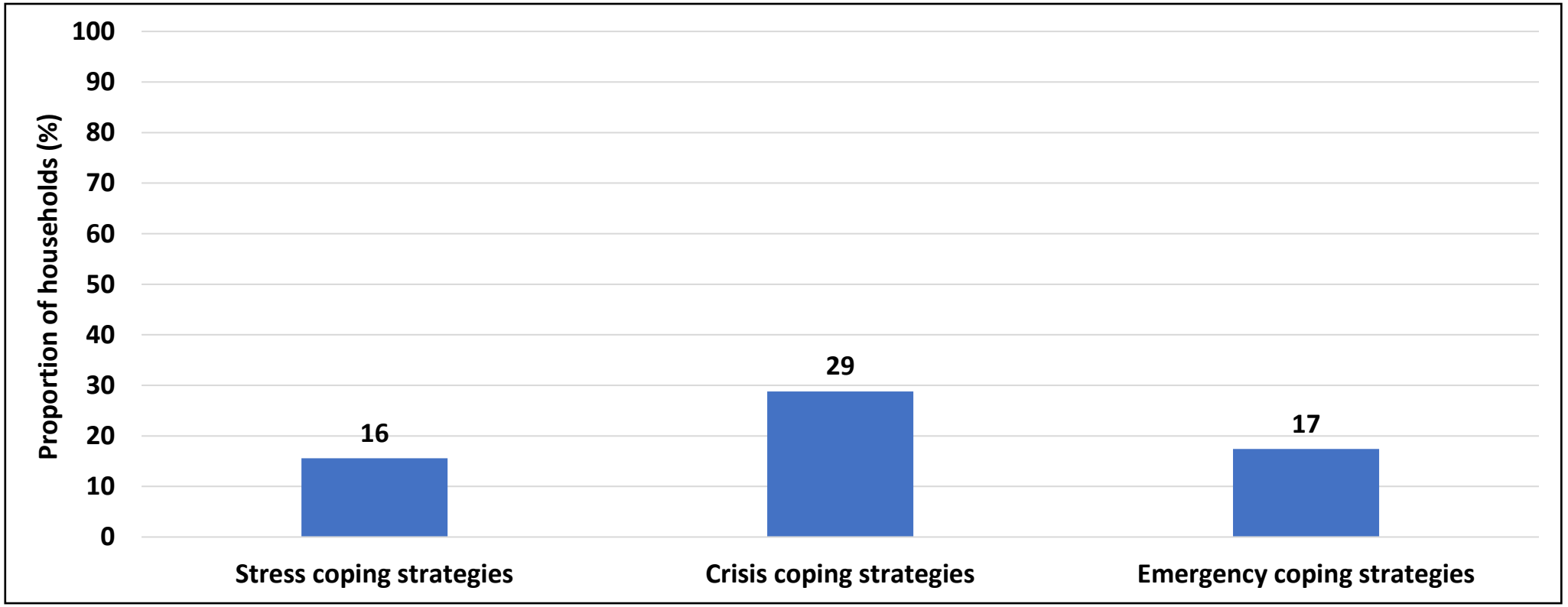
Category	Coping Strategy
Stress	**Borrowing money, spending savings, selling assets and more livestock than usual.**
Crisis	**•Selling productive assets,directly reduces future productivity, including human capital formation.** **•Withdrawing children from school** **•Reducingnonfoodexpenditure.**
Emergency	**•Selling one's land affects future productivity, strategies are more difficult to reverse or more dramatic in nature.** **•Begging for food.** **•Selling the last breeding stock to buy food**

Households Engaging in any Form of Livelihoods Coping Strategies



- Households engaging in any form of coping were 62%, an increase from the 36% recorded in 2023.

Households Maximum Livelihoods Coping Strategies



- The proportion of households engaging in emergency coping strategies was 17%.

Child Nutrition

Infant and Young Child Feeding Practices

Infant and Young Child Feeding

- Infant and young child feeding (IYCF) practices directly affect the health, development and nutritional status of children less than two years of age and ultimately, impact child survival. Improving IYCF practices in children 0–23 months of age is therefore critical to improved nutrition, health and development.
- The World Health Organization (WHO) recommends breastfeeding practices which consist of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for six months, and continued breastfeeding with complementary feeding for at least two years.
- Exclusive breastfeeding is a low cost, life-saving child survival intervention
- WHO recommends that children aged 6–23 months be fed a variety of foods to ensure that nutrient needs are met. Food group diversity is associated with improved linear growth in young children. A diet lacking in diversity can increase the risk of micronutrient deficiencies, which may have a damaging effect on children's physical and cognitive development.
- Poor-quality diets are one of the greatest obstacles to children's survival, growth, development and learning. During the first two years of life, diets lacking in essential vitamins and minerals can irreversibly harm a child's rapidly growing body and brain and increase the risk of stunting, wasting and micronutrient deficiencies. Meanwhile, foods high in sugar, fat or salt can set children on the path to unhealthy food preferences, overweight and diet-related diseases.

Notes

EGG AND/OR FLESH FOOD CONSUMPTION 6–23 MONTHS (EFF)

- WHO guiding principles for feeding breastfed and non-breastfed children state that “meat, poultry, fish or eggs should be eaten daily, or as often as possible”
- There is evidence that children who consume eggs and flesh foods have higher intakes of various nutrients important for optimal linear growth. Consuming eggs is associated with increased intakes of energy, protein, essential fatty acids, vitamin B12, vitamin D, phosphorus and selenium, and with higher recumbent length
- Introduction of meat as an early complementary food for breastfed infants was associated with improved protein and zinc intake. There is also evidence of low prevalence of egg and flesh food intake across many countries.
- Indicator definition: percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day.

ZERO VEGETABLE OR FRUIT CONSUMPTION 6–23 MONTHS (ZVF)

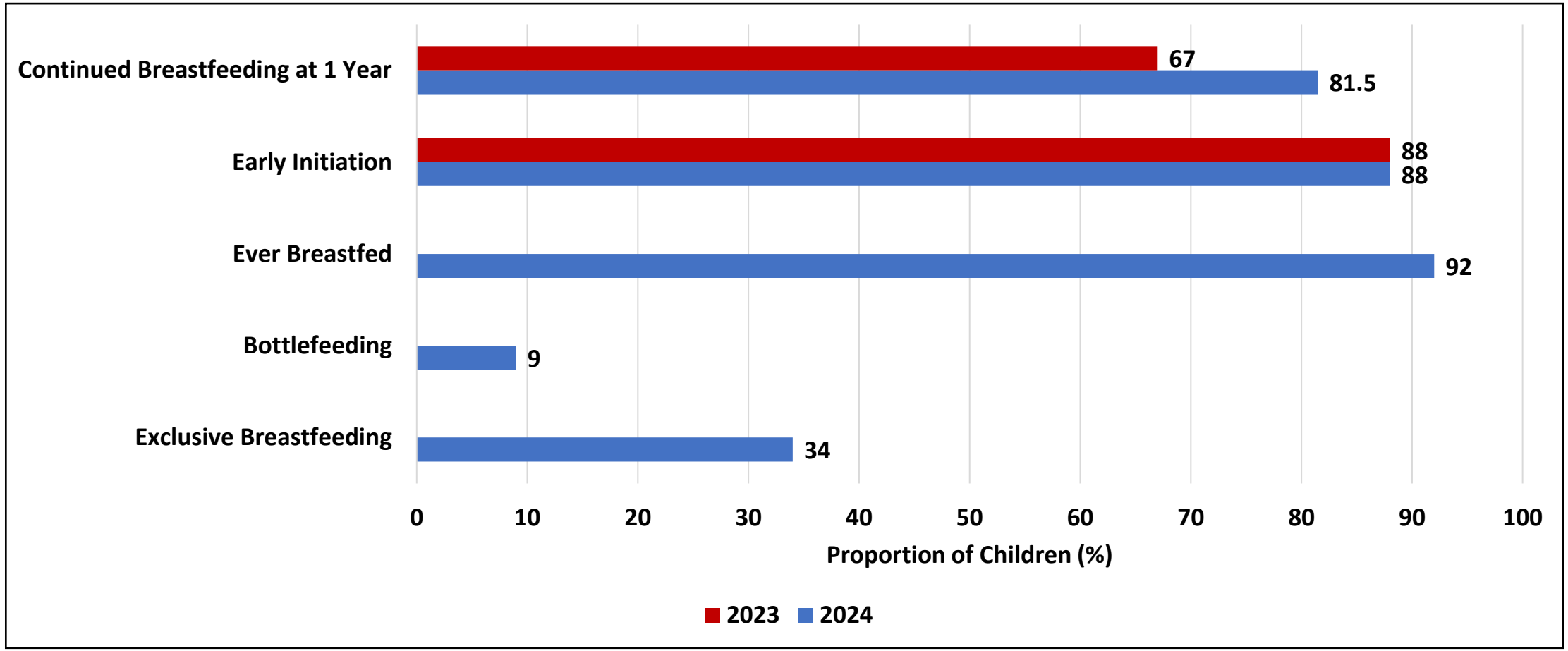
- WHO indicates that low vegetable and fruit consumption is associated with increased risk of noncommunicable diseases (NCDs).
- Non-consumption of vegetables or fruits on the previous day represents an unhealthy practice.
- Indicator definition: percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day.

Notes

UNHEALTHY FOOD CONSUMPTION 6–23 MONTHS (UFC)

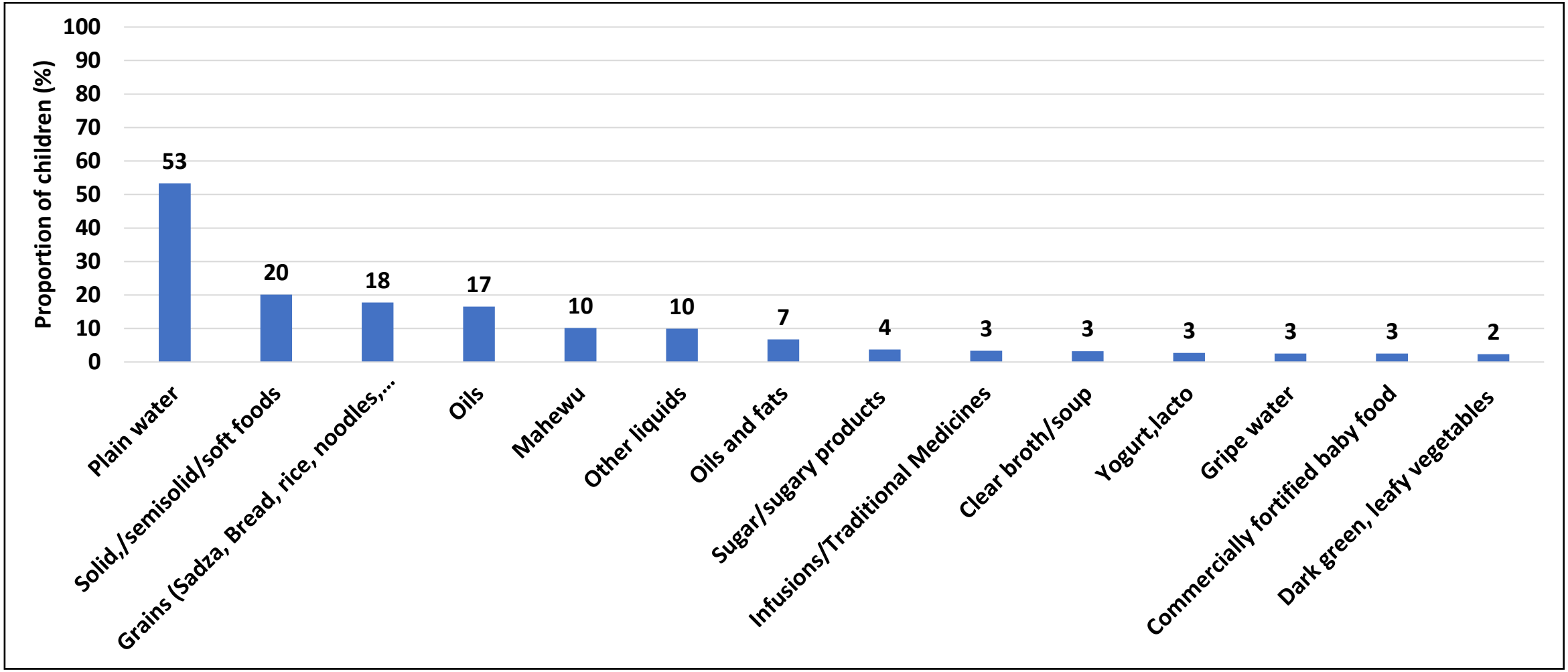
- In many low- and middle-income countries, diet patterns are shifting towards higher intakes of added sugars, unhealthy fats, salt and refined carbohydrates.
- A variety of guidance documents indicate the need to avoid or limit these types of foods when feeding IYC.
- Recent national guidance for feeding IYC advises avoidance of foods such as candies, chocolate, chips, French fries, cakes and cookies: Consumption of such foods may displace more nutritious foods and limit the intake of essential vitamins and minerals.
- Recently, unhealthy snack food and beverage consumption has been associated with a higher risk of nutrient inadequacy, and lower length-for-age among one-year-olds *(43)*.
- Food preferences that begin early in life track into later childhood and adolescence. Such practices, if continued throughout adolescence and adulthood, can increase the risk of becoming overweight or obese, and of related chronic diseases later in life.
- Indicator definition: percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day.
- *"sentinel unhealthy foods" are foods or categories of foods (e.g. "sweets"* or *"candies") that are likely to be consumed by IYC and are high in sugar, salt and/or unhealthy fats.*

Breastfeeding Practices



- Exclusive breastfeeding is a low cost, life-saving child survival intervention. The exclusive breastfeeding rate was reported to be 34%. No values were reported for 2023.
- The proportion of children who continued to be breastfed beyond one year increased from 67% to 81.5%.
- At least 92% of the children were ever breastfed.

Foods Given to Children Less than 6 months in Addition to Breastfeeding



- Nationally, plain water (53%), soft foods (20%), grains (18%) and oils (17%) were the most common foods given to children less than 6 months.

Complementary Feeding

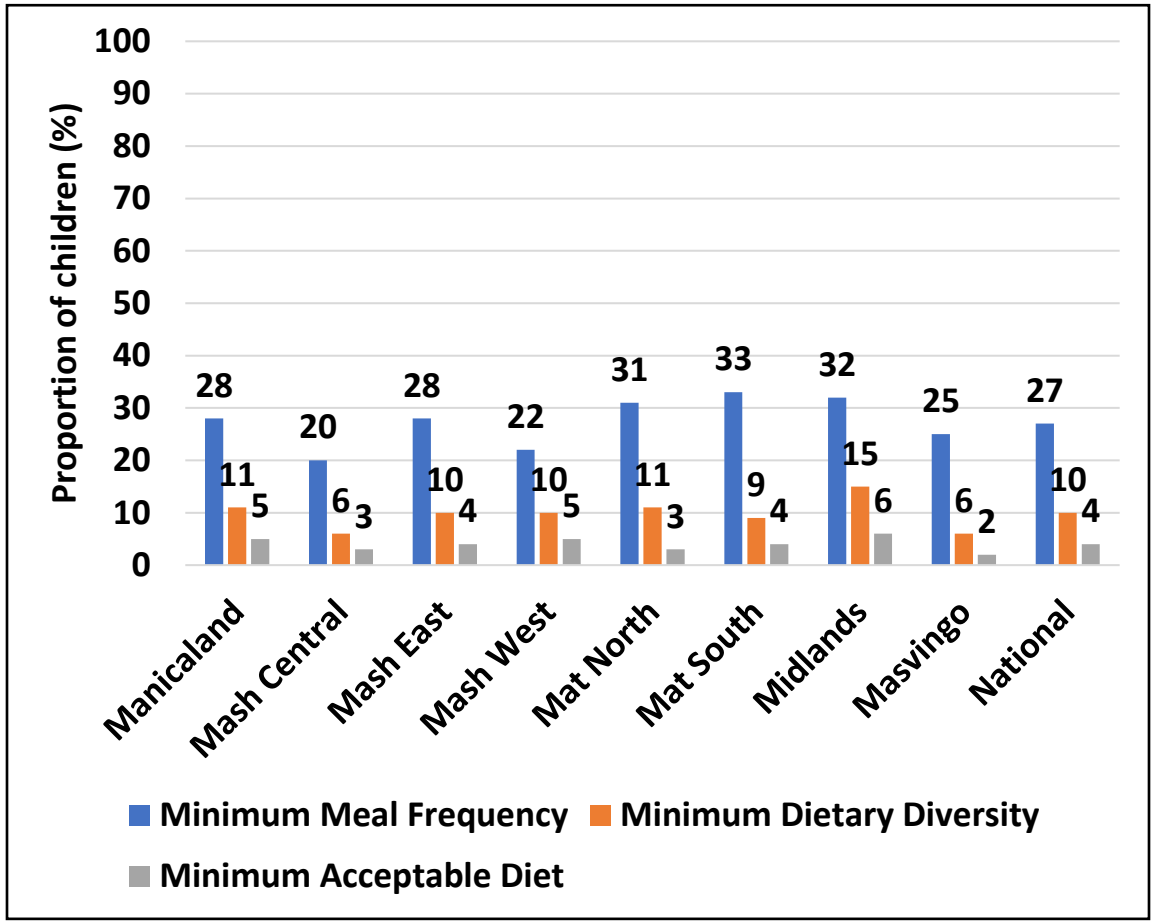
- Minimum Dietary Diversity (MDD) is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least five of the seven food groups that are recommended by the World Health Organisation.

- Minimum Meal Frequency (MMF) is a proxy for a child's energy requirements and is the proportion of breastfed and non-breastfed children 6 to 23 months of age who receive solid, semi-solid, or soft-foods or milk feeds the minimum number of times or more.

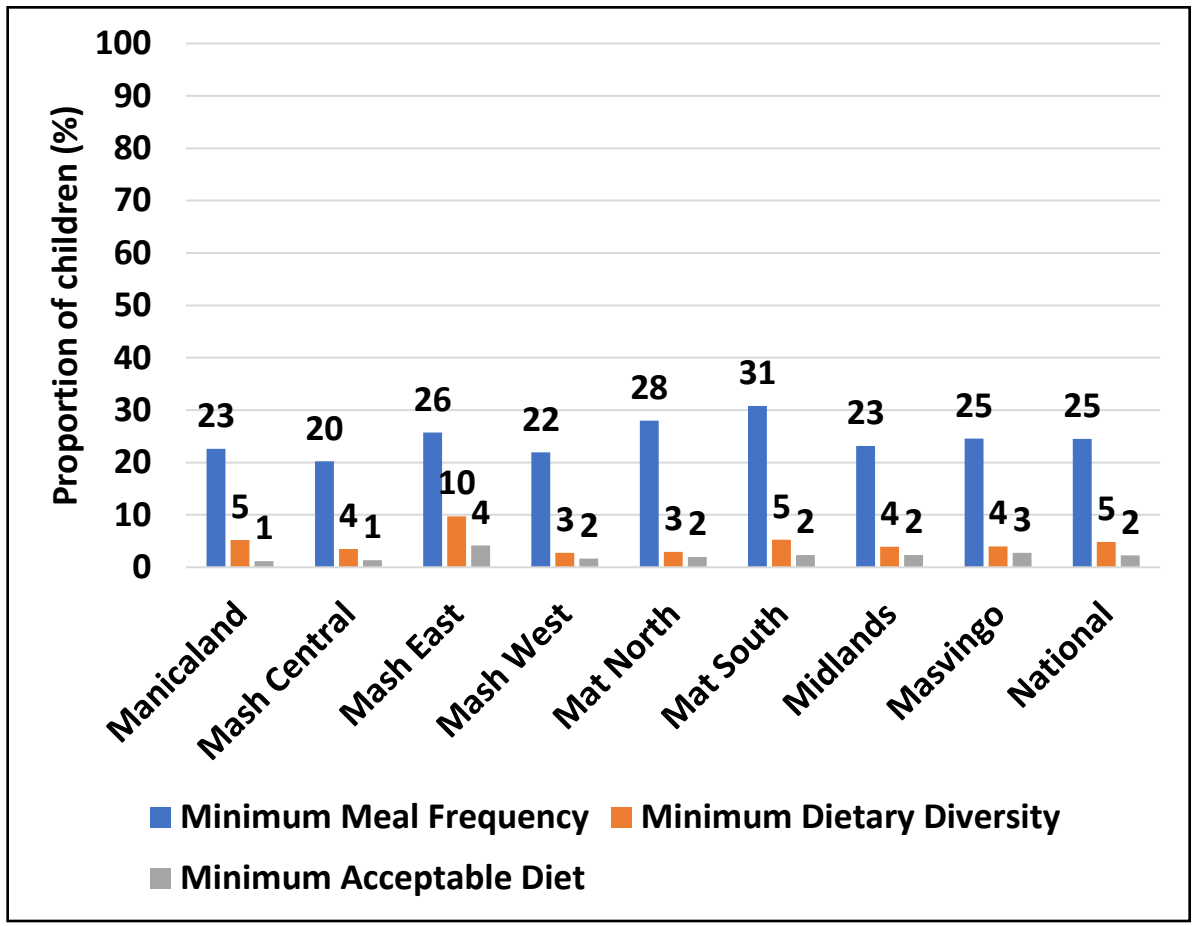
- Minimum Acceptable Diet (MAD) is a composite indicator of minimum meal frequency and dietary diversity. It represents minimum standards of IYCF practices.

Minimum Acceptable Diet

2023



2024



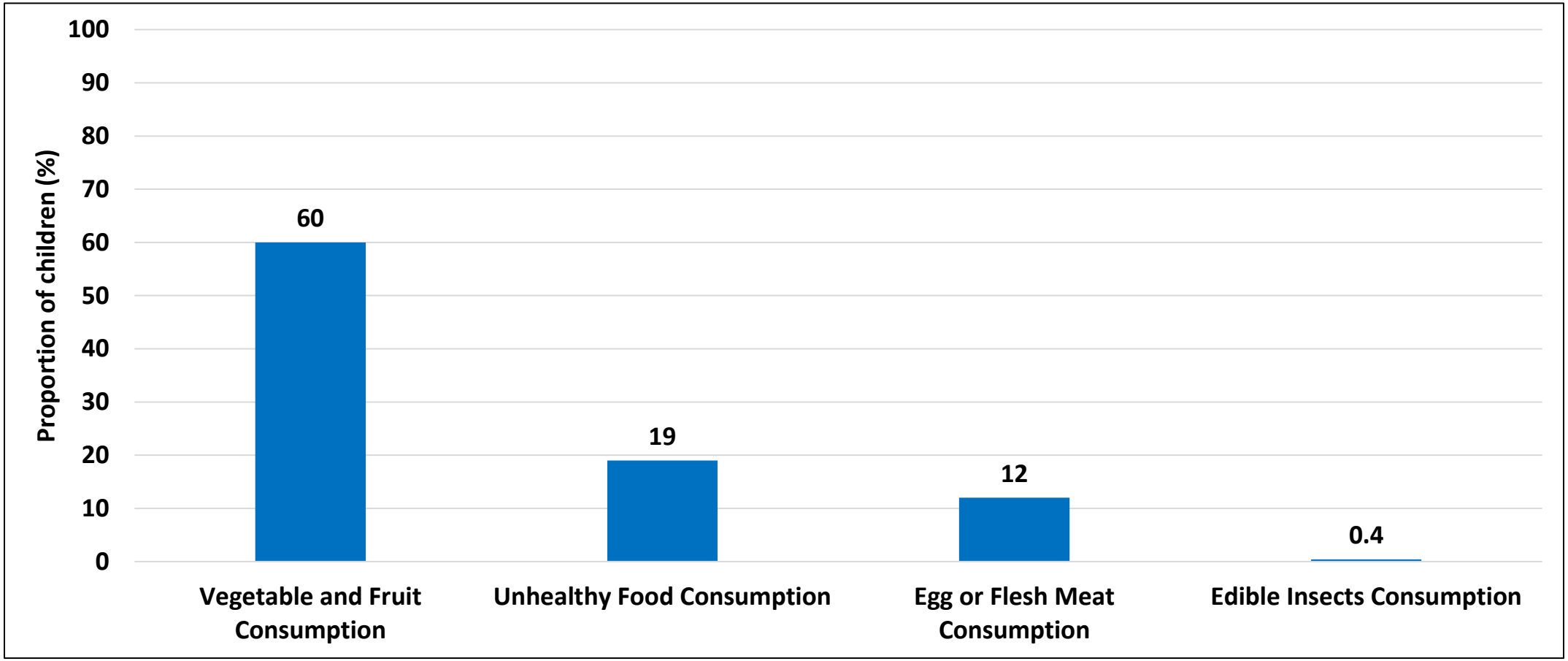
- In Manicaland, only 1% of children aged 6-23 months received the Minimum Acceptable Diet, a decrease from 5% recorded in 2023.
- A Minimum Acceptable Diet indicator reflects the proportion of children who receive adequate diverse age-appropriate foods. Adequate nutrition is essential for growth and development of children aged 6-23 months.

Foods Consumed by Children 6-23 Months

	Breastmilk (%)	Grains, roots, tubers and plantains (%)	Pulses (beans, peas, lentils), nuts and seeds (%)	Dairy products (milk, infant formula, yogurt, cheese) (%)	Flesh foods (meat, fish, poultry, organ meats) (%)	Eggs (%)	Vitamin-A rich fruits and vegetables (%)	Other Fruits and vegetables (%)
Manicaland	43.5	94.8	5.2	11.0	11.3	4.3	**49.6**	27.5
Mash Central	46.1	90.6	3.8	9.2	11.3	6.2	38.0	22.6
Mash East	44.4	91.2	8.1	20.1	14.8	9.5	47.0	39.6
Mash West	41.4	88.2	3.3	9.3	11.2	2.5	40.5	18.9
Mat North	41.7	92.5	6.8	16.6	6.8	1.3	44.0	23.1
Mat South	44.2	94.2	9.9	19.5	**18.9**	2.6	34.0	26.7
Midlands	37.8	92.7	1.0	18.5	9.6	1.8	40.4	26.3
Masvingo	47.9	90.8	6.7	16.9	12.3	2.5	37.4	26.4
National	43.3	91.8	5.6	15.2	12.1	4.0	41.5	26.8

- Most of the children 6-23 months in Manicaland consumed grains, roots and tubers (94.8%), followed by Vitamin-A rich fruits and vegetables (49.6%).

Infant and Young Child Feeding Diet Quality Indicators



- Vegetable, fruit, egg and flesh meat consumption provides the much-needed nutrients required for optimum growth and development during the window of opportunity (first 1 000 days).
- About 60% of the children 6 to 23 months consumed vegetables and fruits 24 hours preceding the survey.
- Edible insects were not commonly consumed by children.

Child Health

Vitamin A Supplementation for Children 6-59 Months

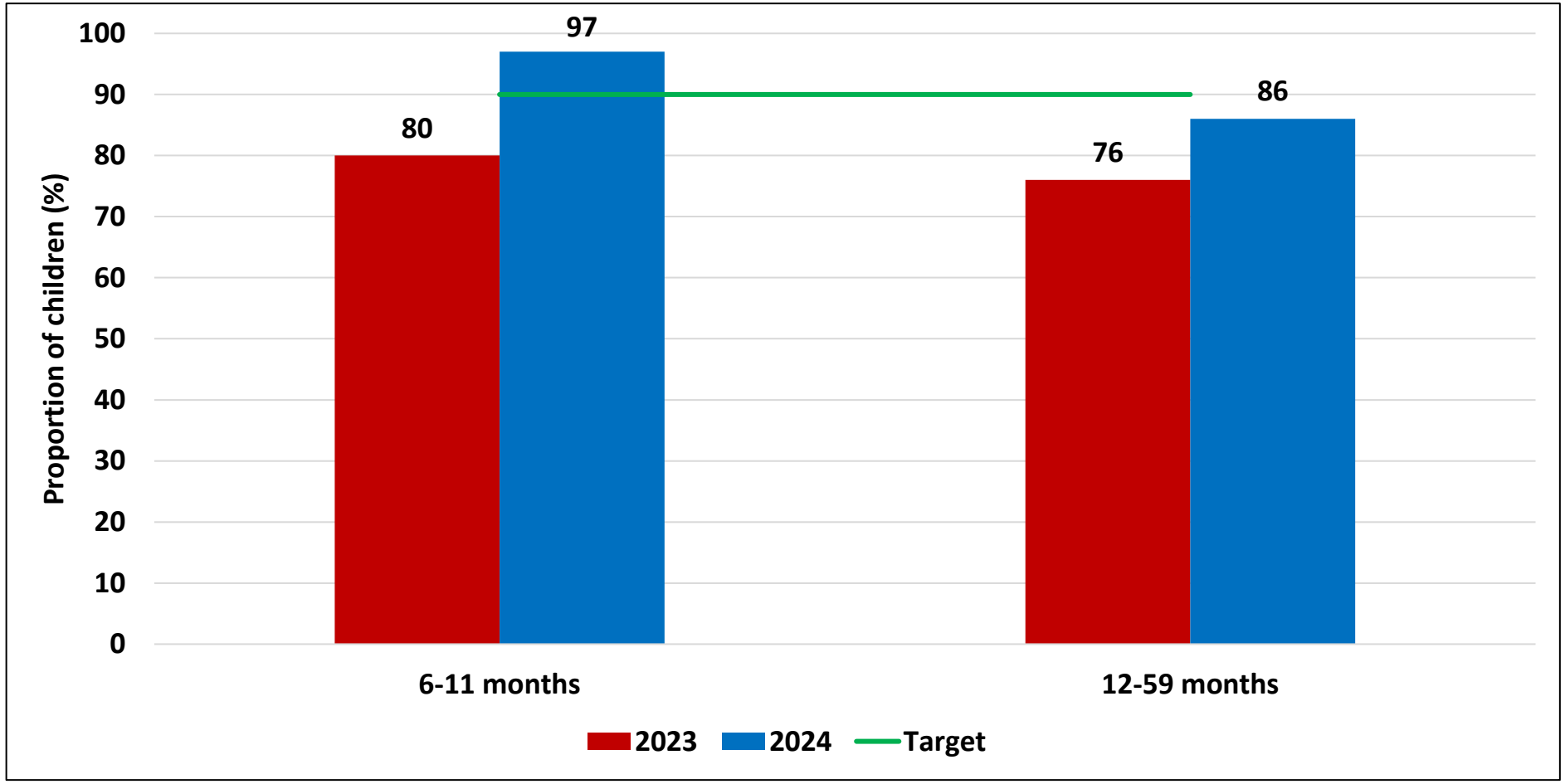
- The World Health Organization recommends Vitamin A Supplementation (VAS) once every six months for children in the age group of 6 59 months.

- VAS is proven to reduce all cause mortality, incidence of diarrhea and measles in children.

The Zimbabwe VAS Schedule

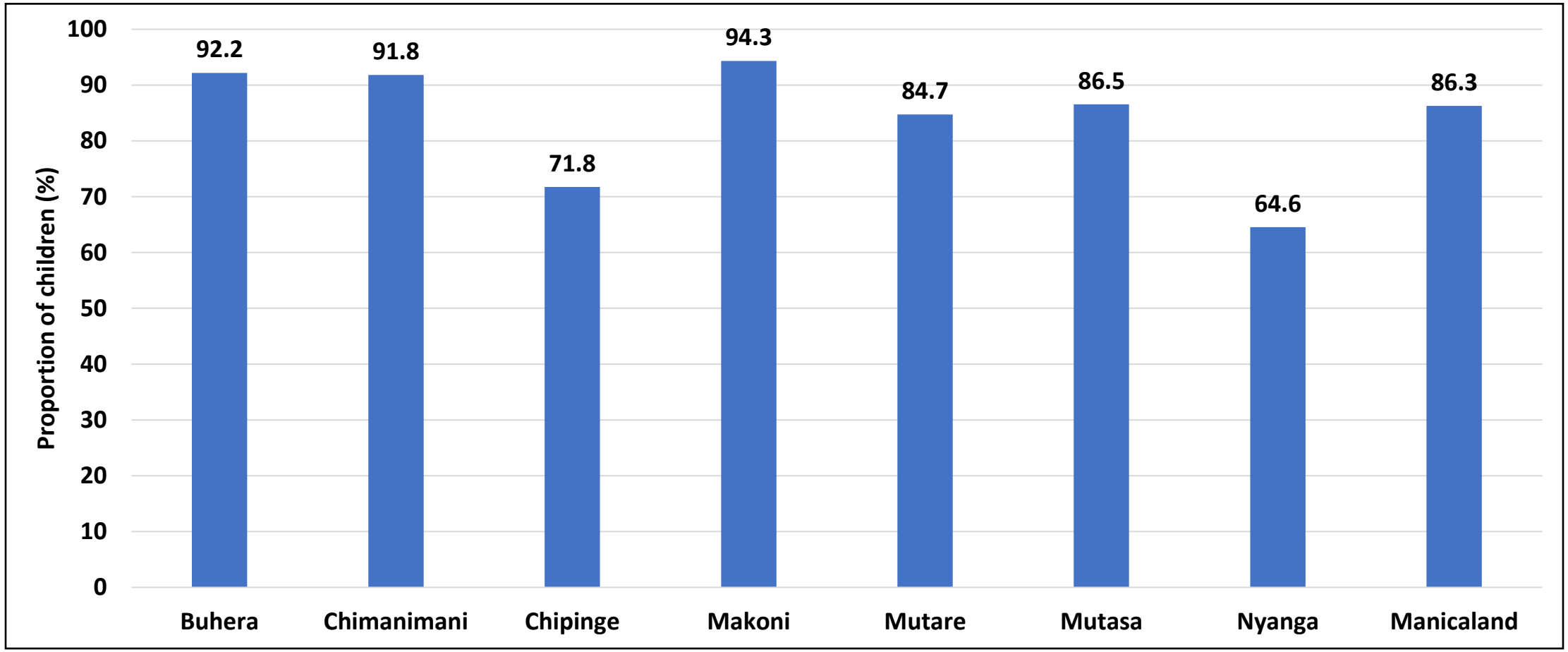
Age Group	Vitamin A Dosage	Timing for Administration
Below 6 months	**Do not give**	**N/A**
6-11 months	**100 000 IU**	**Once at age 6 months**
12-59 months	**200 000 IU**	**Once every 12 months from age 6 months, until child reaches 5 years**

Vitamin A Supplementation for Children 6-59 Months



- Overall, Vitamin A supplementation for children increased for the two age categories, however, the 12-59 months category remains a cause for concern since it's below the national target of 90% coverage.

Vitamin A Supplementation for Children Aged 6-59 Months



- The nationally set target for Vitamin A supplementation is 90%.
- Nyanga (64.6%) and Chipinge (71.8%) reported the least coverage for vitamin A supplementation for children 12-59 months.

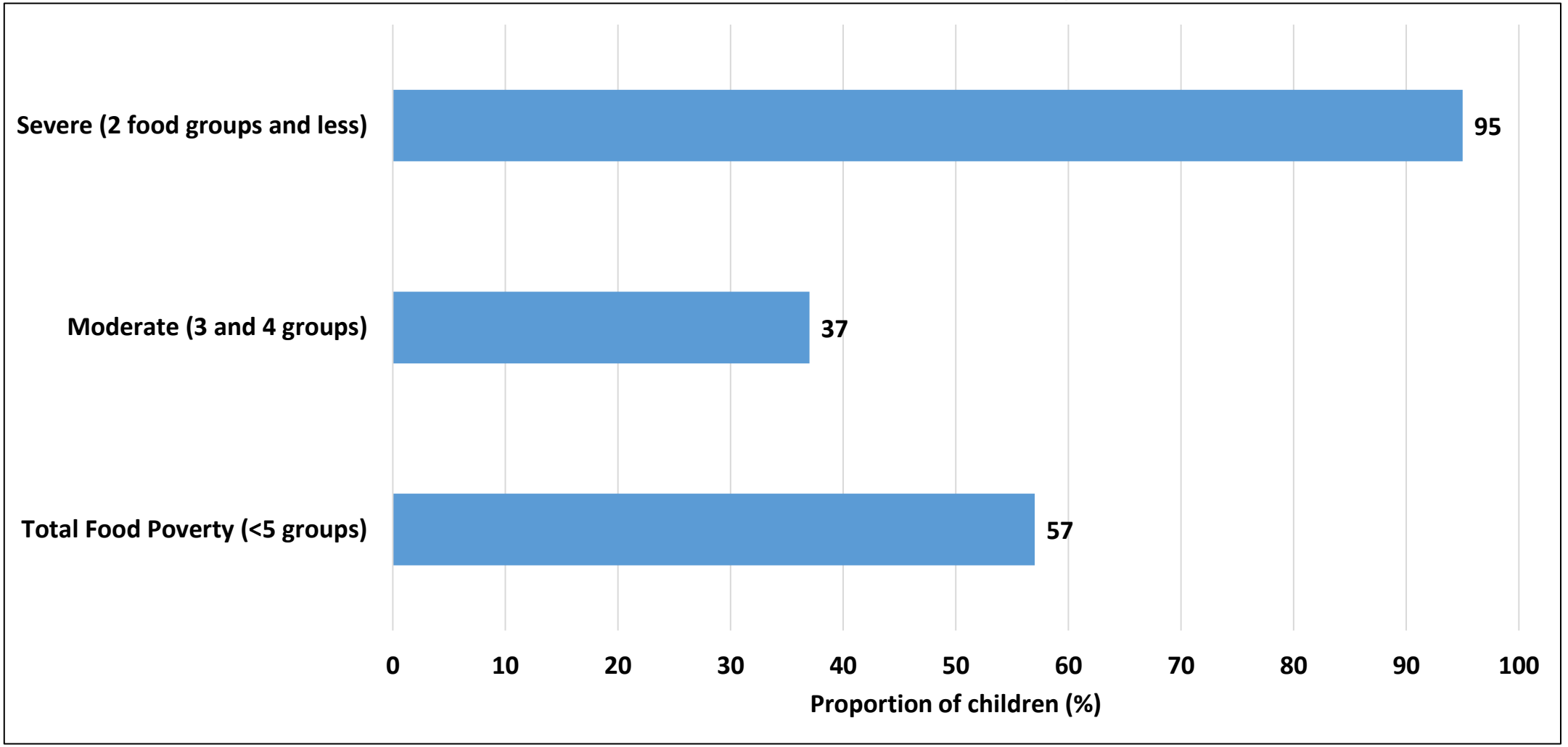
Child Food Poverty

- **Children living in food poverty** is defined as the proportion of children under five years of age consuming foods and beverages from four or fewer of the eight defined food groups.

- **Severe child food poverty** refers to the proportion of children under 5 consuming foods and beverages from zero, one or two out of eight defined food groups during the previous day.

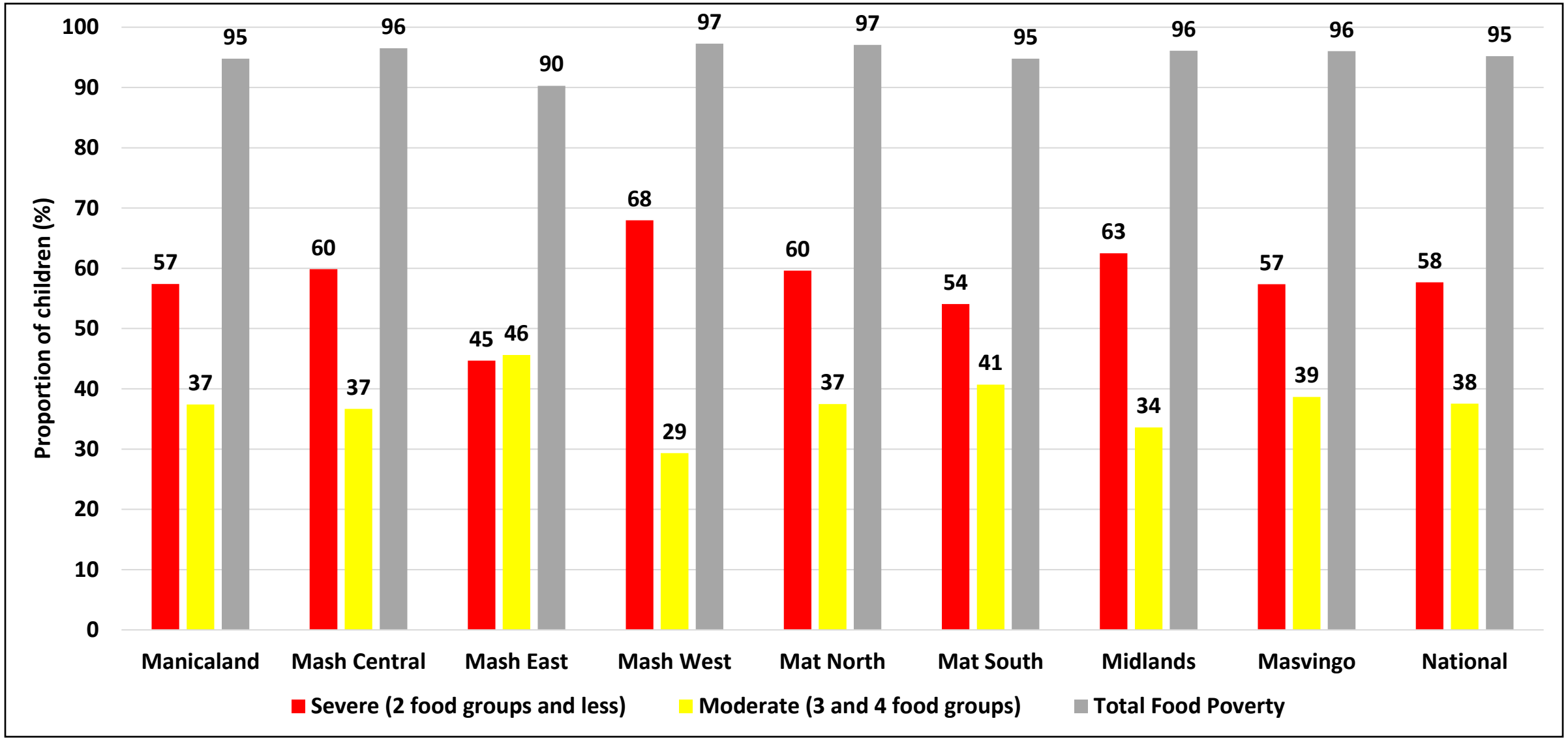
- **Moderate child food poverty** refers to the proportion of children under five 5 consuming foods and beverages from three or four out of eight defined food groups during the previous day.

Child Food Poverty



- Of the children 6 to 23 months, 57% consumed a meal which did not meet minimum dietary diversity in the 24 hours preceding the survey.
- Attention needs to be given to the 95% of children who were in severe food poverty.

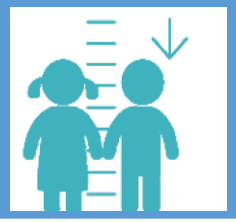
Child Food Poverty



- In Manicaland, the proportion of children aged 6-23 months experiencing severe food poverty was 57%.

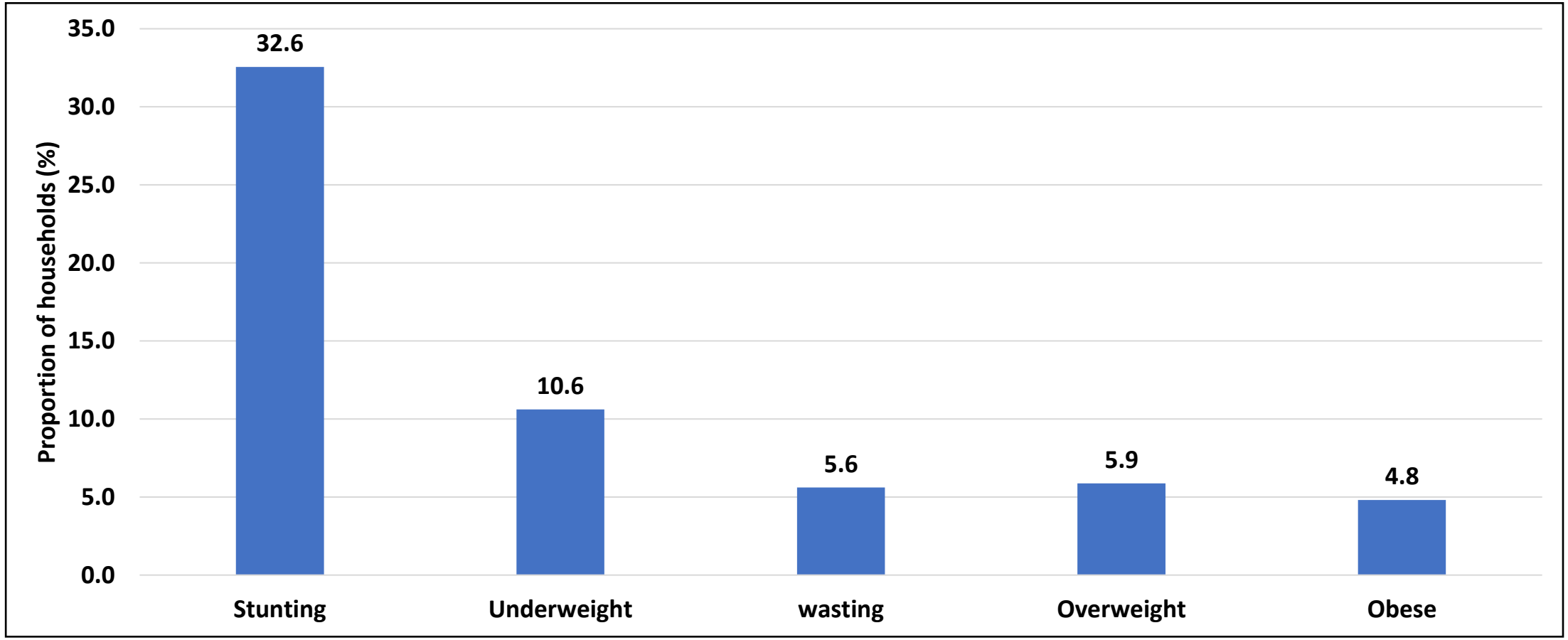
Child Nutrition Status

Child Nutrition Status

Child Stunting		**The share of children under the age of five who are short for their age (having a low height-for-age), reflecting chronic undernutrition.**
Child Wasting		The share of children under the age of five who are too thin for their height (low-weight-for-height), reflecting acute undernutrition.
Child Underweight		The share of the children under the age of the five who are too thin for their age (low weight-for-age).
Overweight /Obesity		The share of children under the age of five who are too heavy for their height (high weight-for-height).

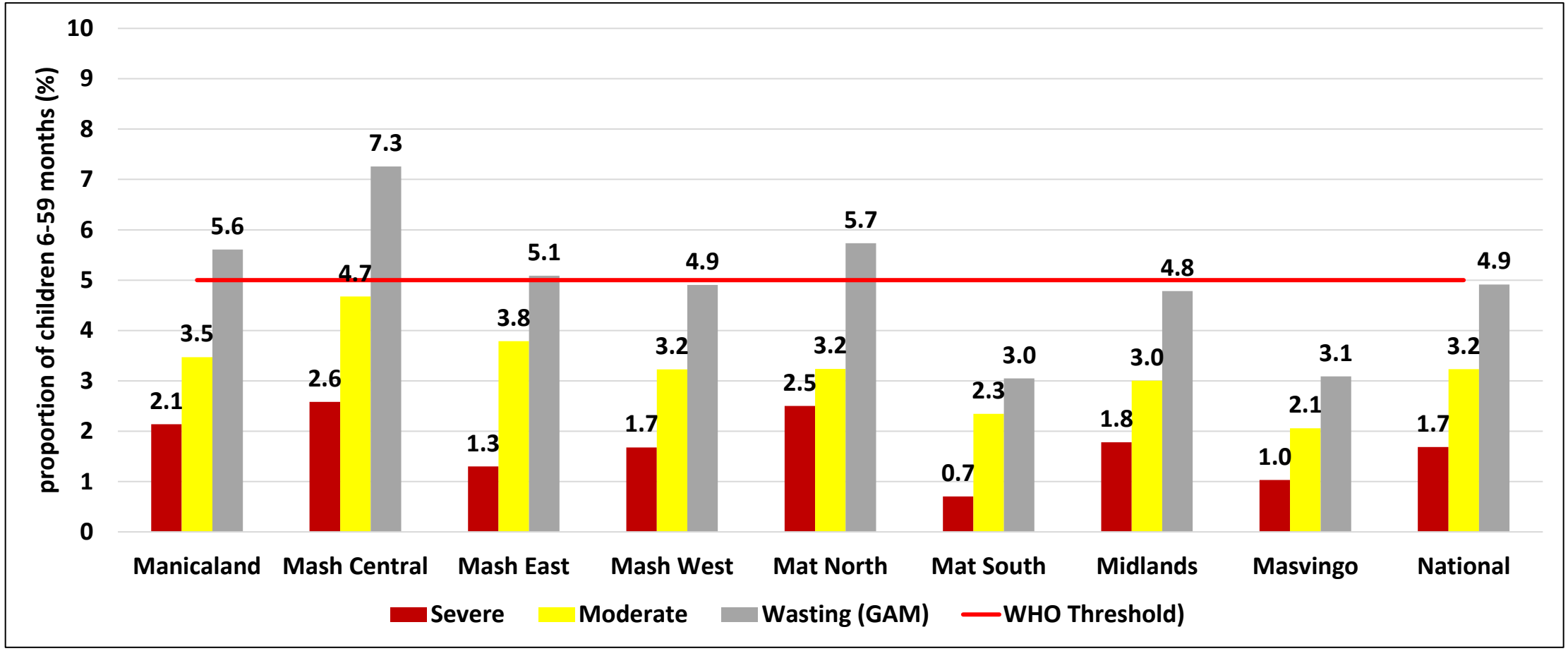
Indicator	Indicator definition (WHO standards, 2006)	Prevalence cut-off values for public health significance
Stunting	Height/Length for age <–2 SD of the WHO Child Growth Standards median	<2.5%: Very Low 2.5-<10%: Low 10-<20%: Medium 20-<30%: High ≥30%: Very High (DeOniset al., 2019)
Global Acute Malnutrition	Weight for height <-2SD of the WHO Child Growth Standards median and/oedema	<5% Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critical
Severe Acute Malnutrition	Weight for height <–3 SD of the WHO Child Growth Standards median	0% = acceptable >0%: Unacceptable
Underweight	Weight for age <-2SD of the WHO Child Growth Standards median and/oedema	
Overweight	Weight for height >+2 SD of the WHO Child Growth Standards median	<2.5%: very low 2.5 to <5%: low 5 to <10%: medium 10 to <15%: high ≥15%: very high
Obesity	Weight for height >+3 SD of the WHO Child Growth Standards median	

Nutrition Status of Children 6- 59 Months



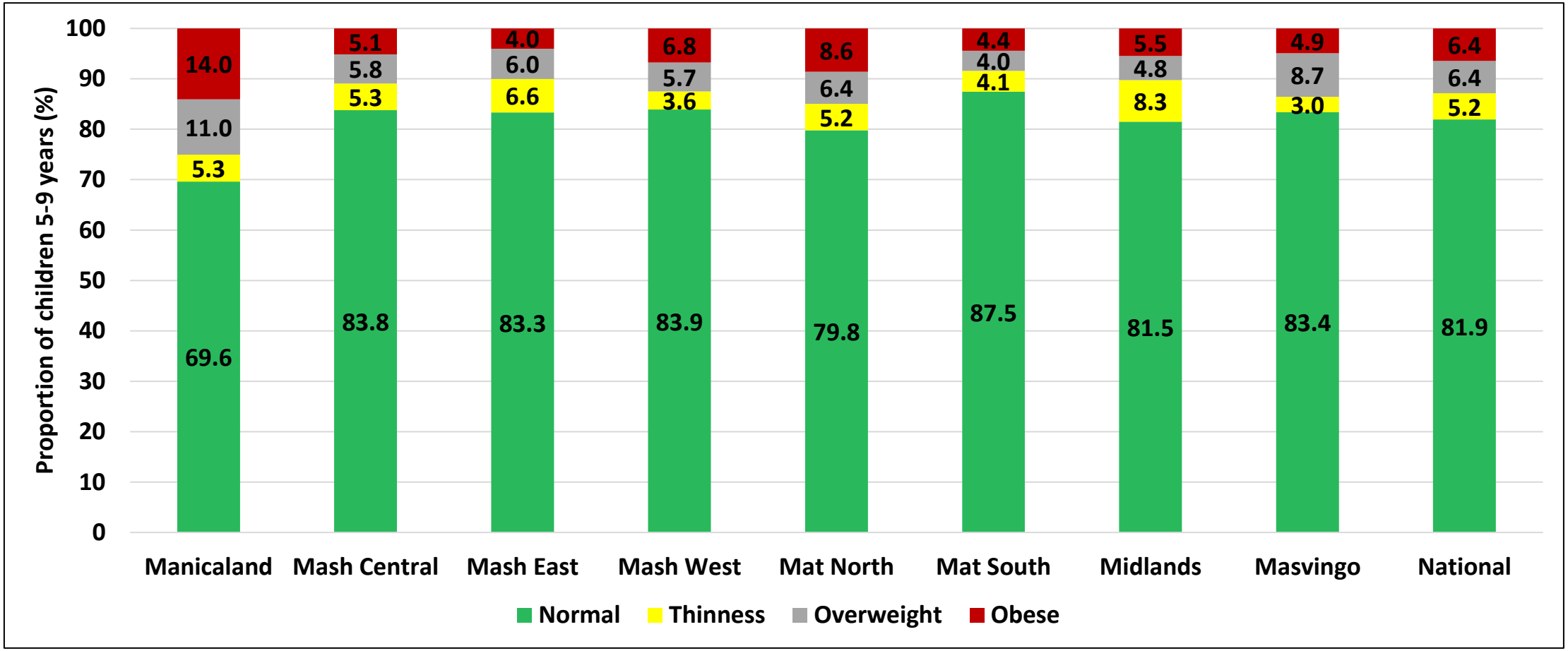
- Stunting prevalence (32.6%) remains high according to the World Health Organization classification.
- The prevalence of overweight was 5.9% and obesity 4.8%.

Prevalence of Global Acute Malnutrition for Children aged 6-59 Months (WHO)



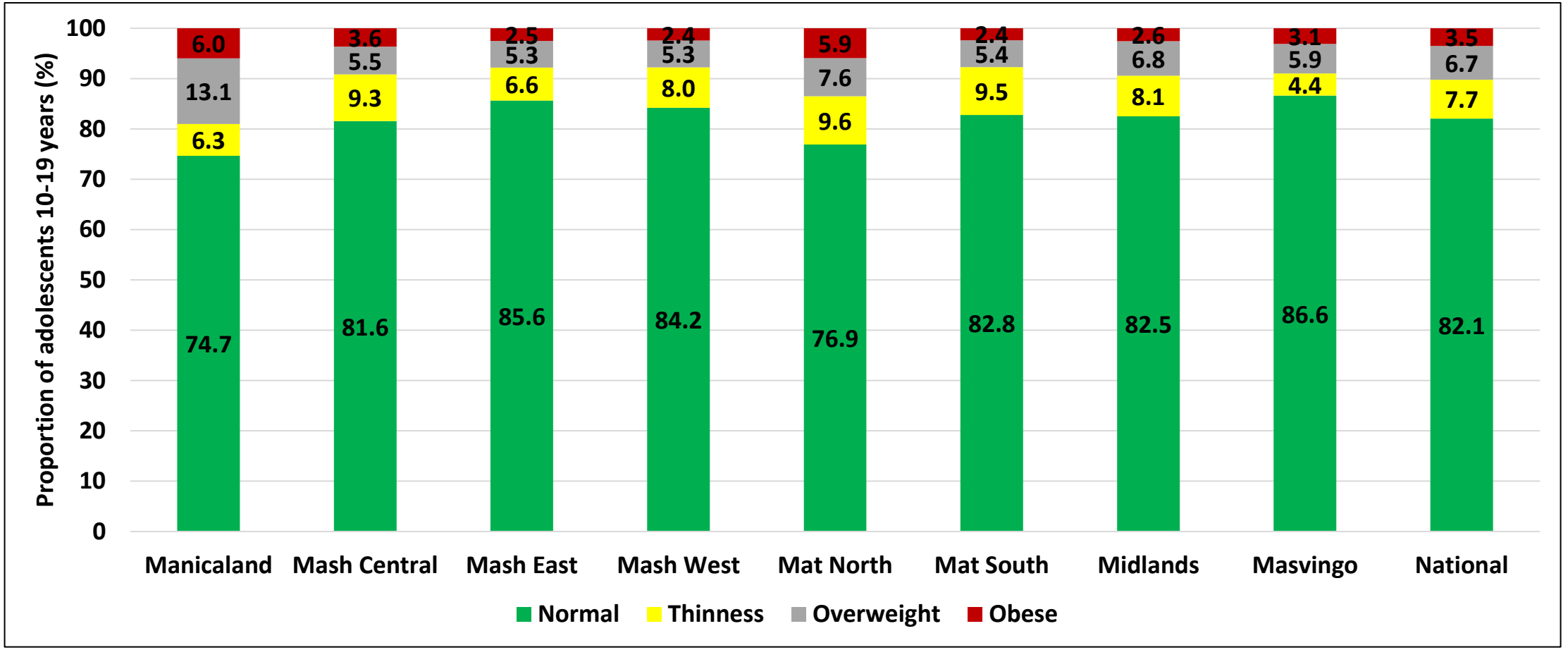
- Nationally, prevalence of GAM was 4.9%.
- Most provinces except Matabeleland South, Midlands and Masvingo had a GAM prevalence above the national average.

Nutrition Status of Children 5-9 years



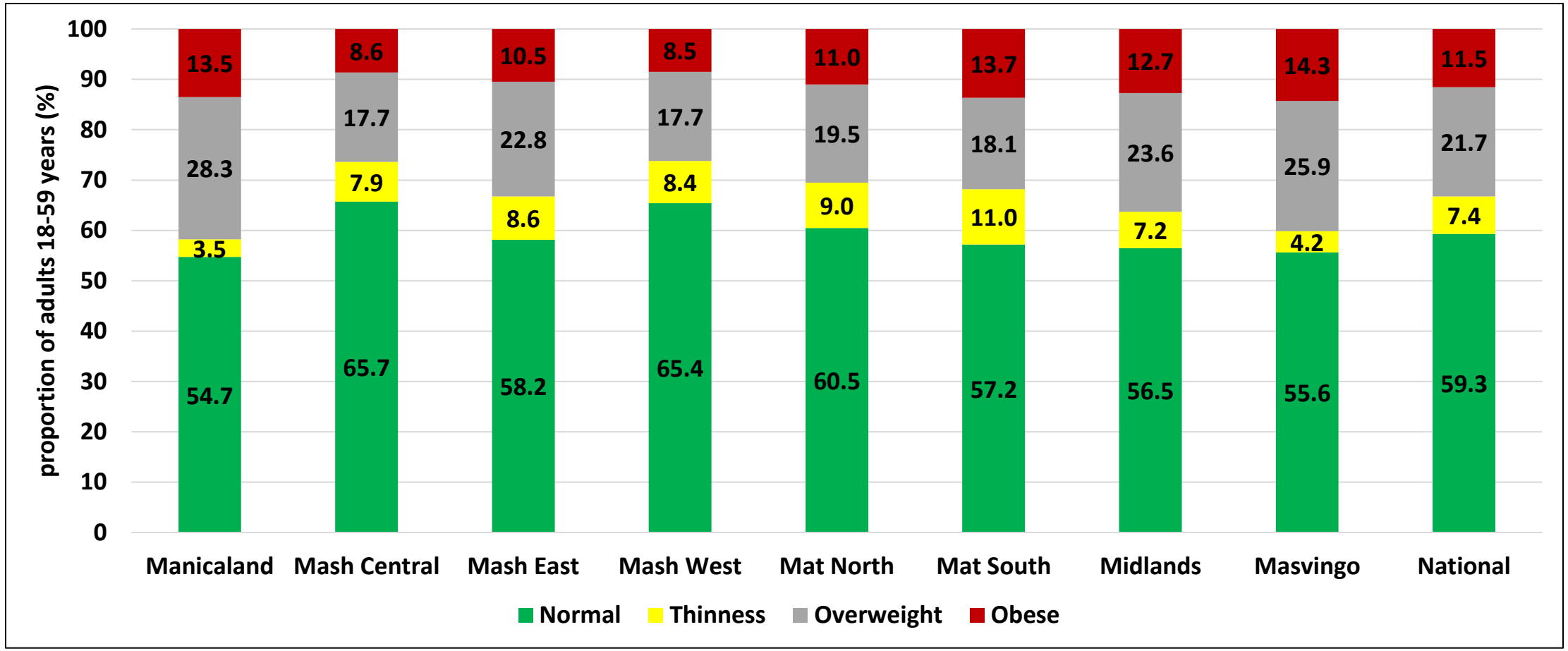
- Manicaland (14.0%) had the highest proportion of children 5-9 years who were obese.

Nutrition Status of Adolescents 10-19 years



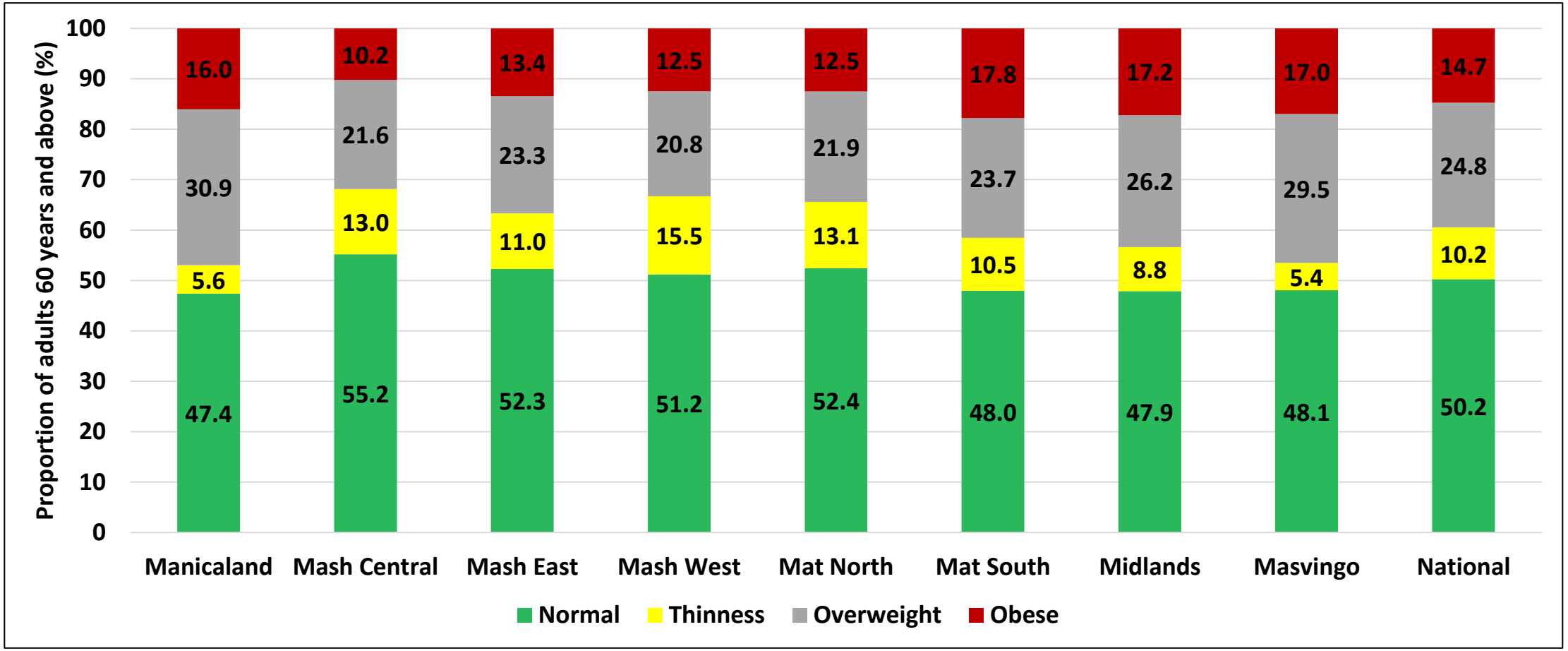
- Nationally, about 10.2% of the adolescents were overweight and obese.

Nutrition Status for Adults 18-59 Years



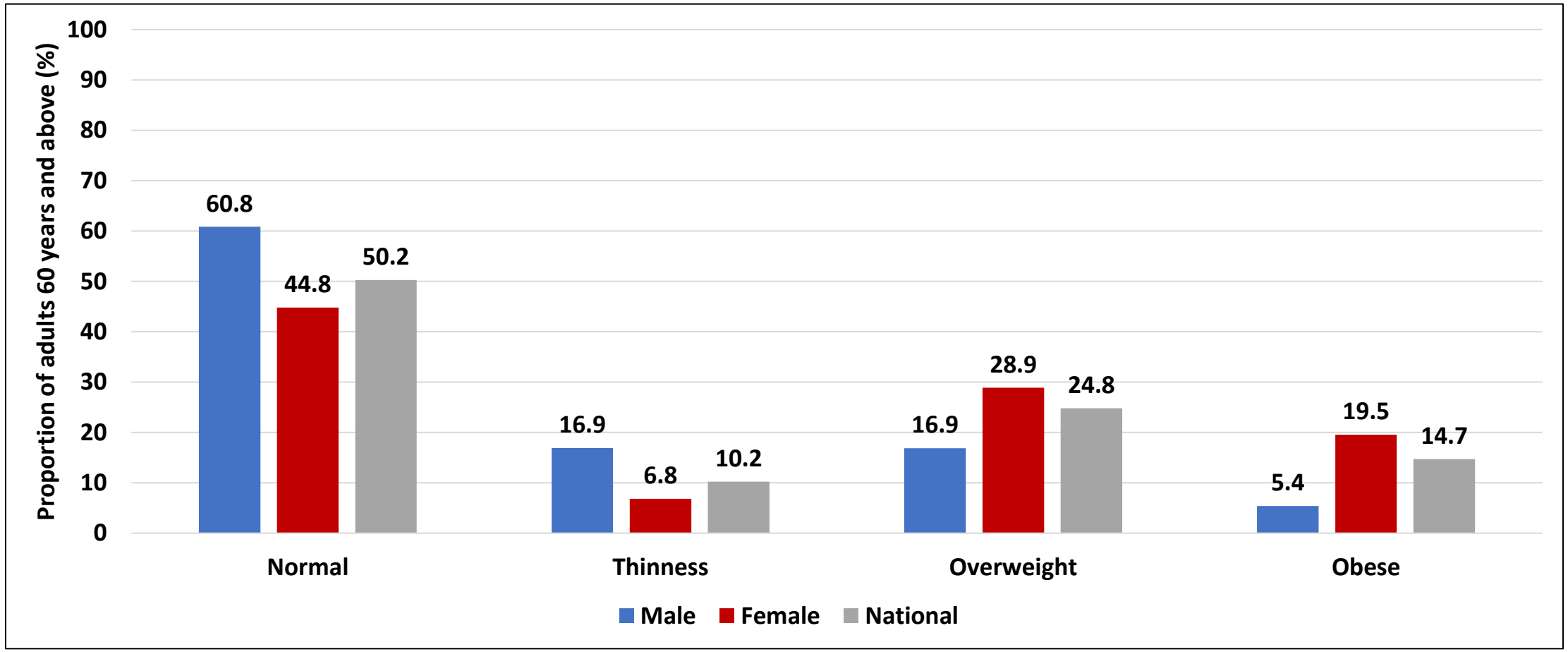
- Body mass index was used to classify adults aged 18 years and above. Having excess fat deposits in the body leads to to serious health consequences such as cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and colon).
- In Manicaland, 13.5% of the adults aged 18-59 years were overweight and obese.

Nutrition Status of Adults 60 Years and Above



- The proportion of adults aged 60 years and above who had normal nutrition status was 50.2%.

Nutrition Status of Adults 60 Years and Above



- The proportion of adults 60 years and above who had normal nutrition status was 60.8% among males and 44.8% among females.

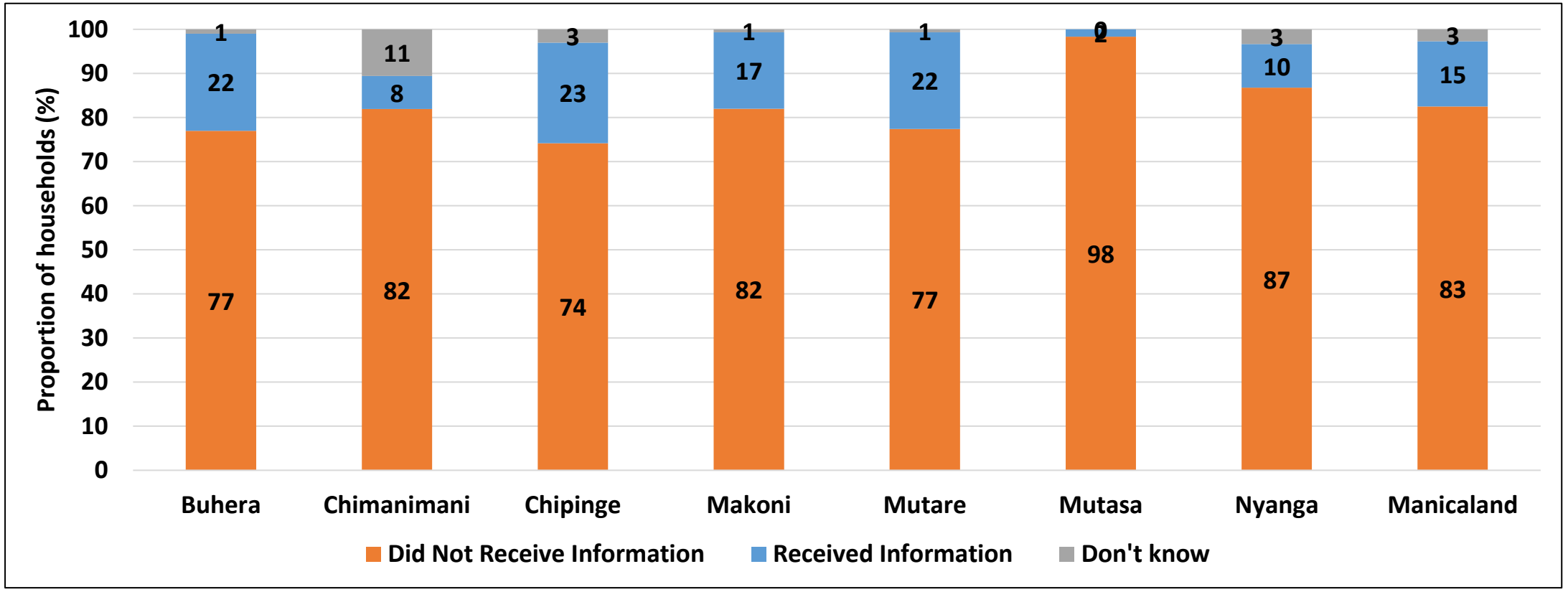
Food Safety

WHO Five Keys to Safer Food

Ensuring food safety is key to preventing food borne illnesses which are contracted through consumption of unsafe foods:

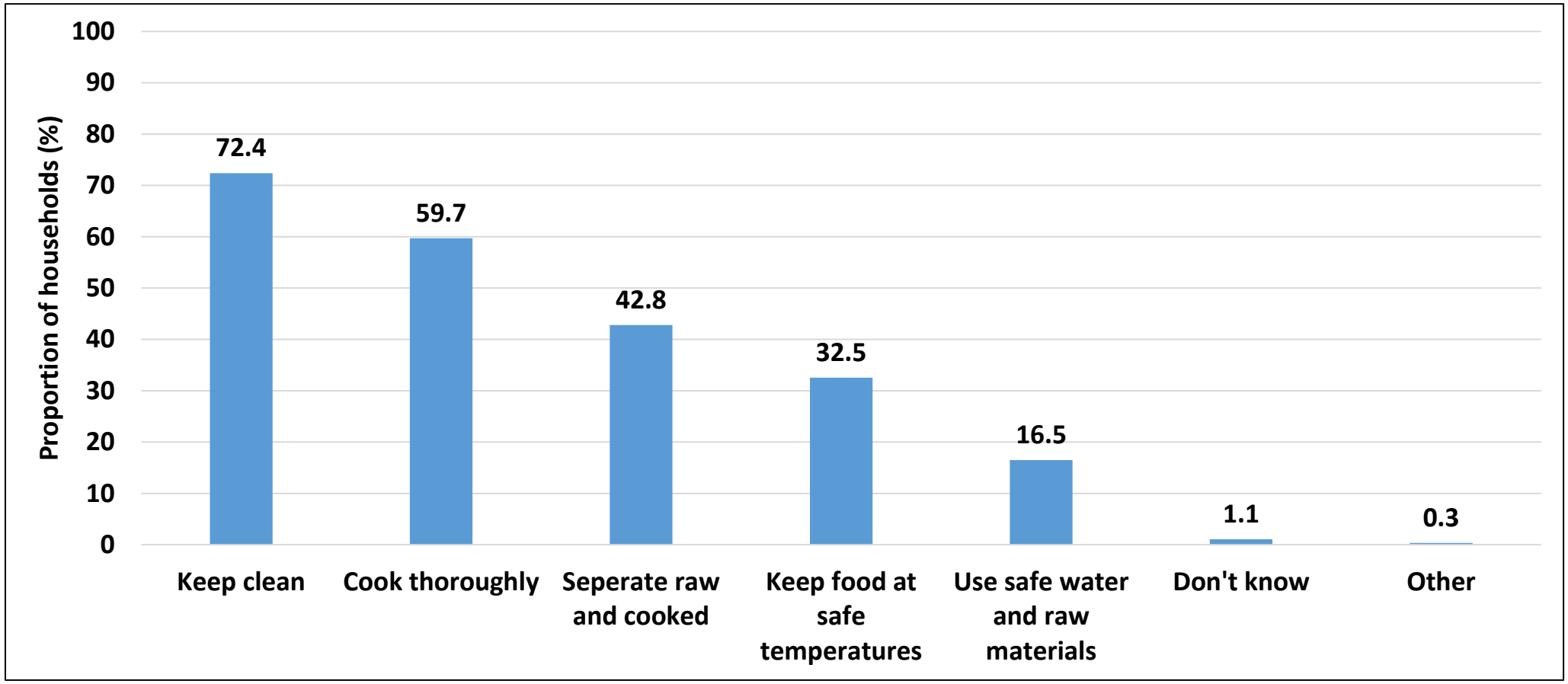
Five Keys	Key Steps
Keep clean	• **Wash hands before handling food** and often during food preparation • **Wash hands after going to the toilet** • Wash and sanitize all surfaces and equipment used for food preparation • Protect kitchen areas and food from insects, pests and other animals
Use safe water and raw materials	• **Use safe water** *households improved water source*) **or treat it to make it safe** *households treat water)* • Select fresh and wholesome foods • Choose foods processed for safety, such as pasteurized milk Wash fruits and vegetables, especially if eaten raw • Do not use food beyond its expiry date
Separate raw and cooked	• Separate raw meat, poultry and seafood from other foods • Use separate equipment and utensils such as knives and cutting boards for handling raw foods • Store food in containers to avoid contact between raw and prepared foods
Cook thoroughly	• Cook food thoroughly, especially meat, poultry, eggs and fish • Bring foods like soups and stews to boiling to make sure that they have reached 70°C • Reheat cooked food thoroughly
Keep food at safe temperatures	• Do not leave cooked food at room temperature for more than 2 hours • Refrigerate promptly all cooked and perishable food (preferably below 5°C) • Keep cooked food piping hot (more than 60°C) prior to serving • Do not store food too long even in the refrigerator • Do not thaw frozen food at room temperature

Households That Received Information on Food Safety



- The proportion of households which received information on food safety issues in 2024 was 15%.

Ways to Keep Food Safe



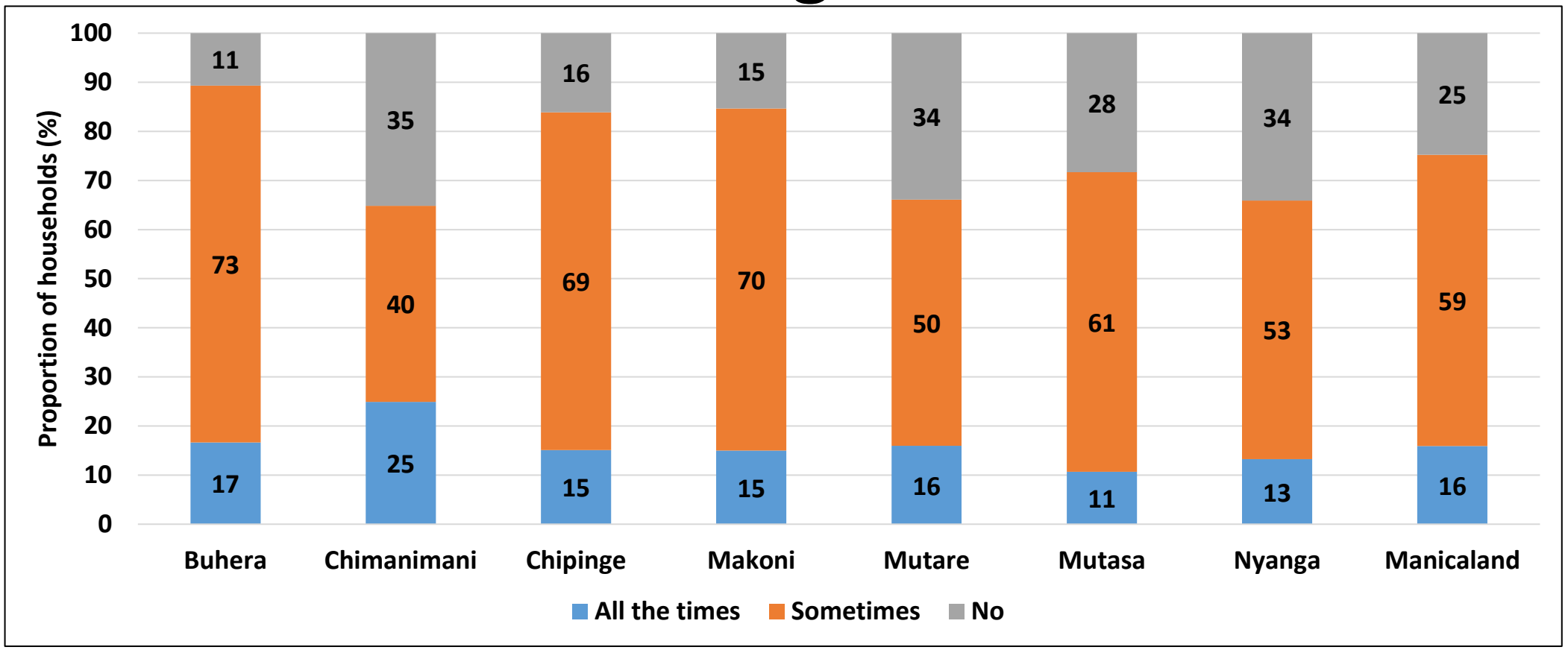
- Most households (72.4%) reported keeping food clean as a method they use to keep food safe.

Factors which Households Considered When Purchasing Food Items

	Brand/source (%)	Expiry /Best before date (%)	Nutritional Content (%)	Allergens (%)	Other (%)
Buhera	34.3	82.0	2.3	0.0	8.7
Chimanimani	44.7	68.9	8.5	2.0	5.8
Chipinge	29.9	82.6	21.5	1.0	3.4
Makoni	44.0	91.3	3.7	1.3	6.7
Mutare	36.2	68.8	12.3	2.0	10.3
Mutasa	53.0	68.7	21.3	0.3	0.7
Nyanga	32.5	65.2	2.0	0.7	32.5
Manicaland	39	75	10	1	10

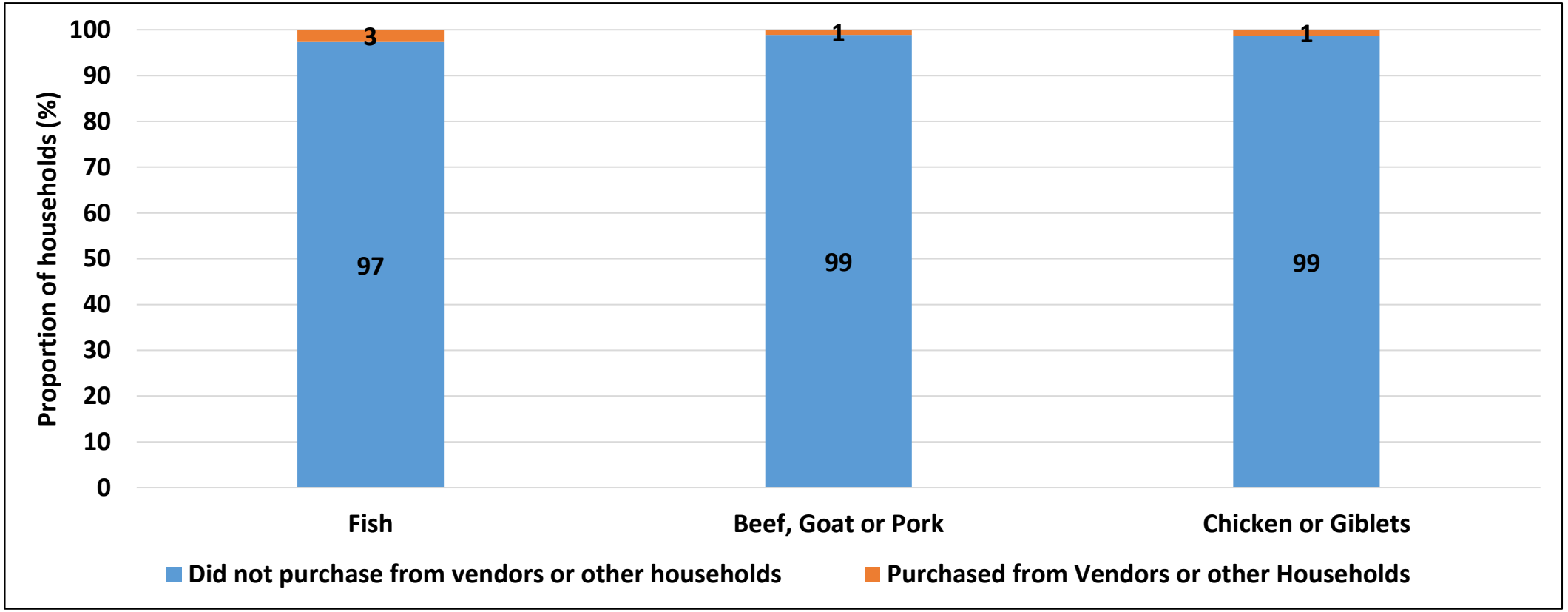
- In Manicaland, 75% of households reported that they considered expiry date, 39% considered the brand and 10% considered nutritional content when purchasing food items, holding price constant.

Households Which Read Food Labels When Purchasing Food Items



- In Manicaland, 59% of households reported that they sometimes read labels on food package, 25% never read while 16% read all the times.

Households Purchasing Meat Items from Vendors



- Most households did not purchase meat items from vendors.

Food Security

Food Security Dimensions

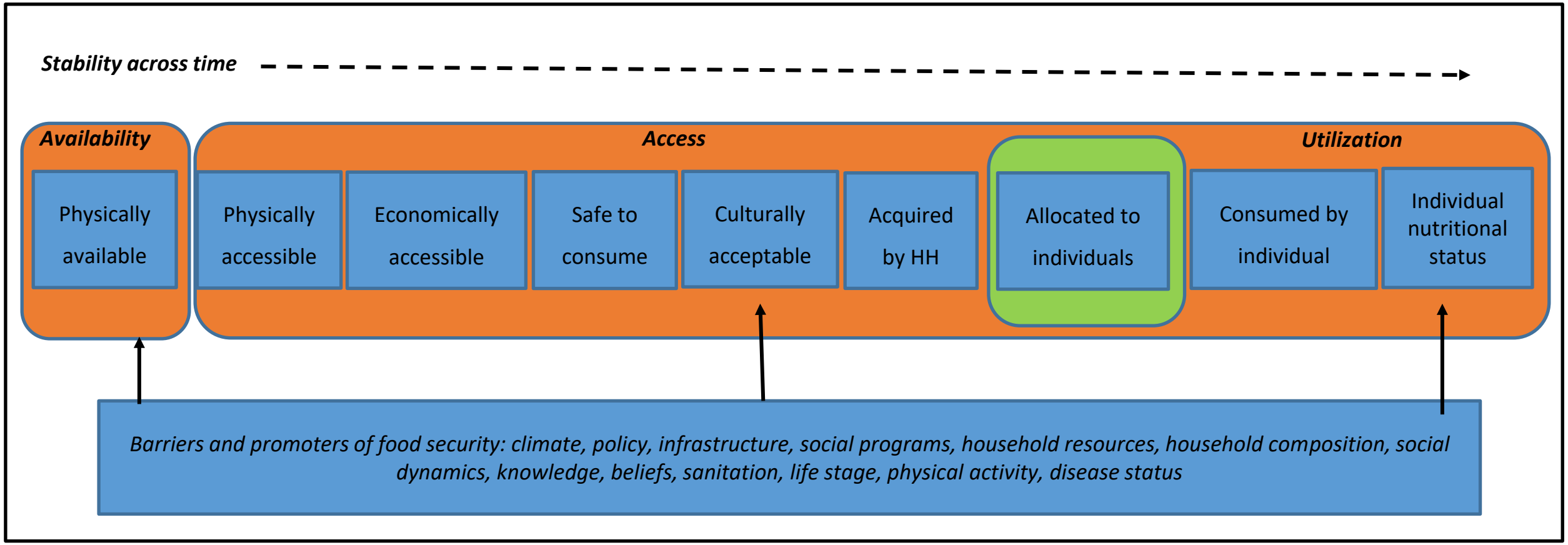


Figure 3: Dimensions of Food Security (Jones et al., 2013)

Food Security Analytical Framework

- Food security exists when all people at all times, have **physical, social and economic** access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences and it is supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life (Food and Nutrition Security Policy, 2012).
- The four dimensions of food security as given in Figure 3 are:
    - **Availability** of food
    - **Access to food**
    - The safe and healthy **utilisation** of food
    - The **stability** of food availability, access and utilisation

Food Security Analytical Framework

- Household cereal security was determined by measuring a household's potential access to enough cereal to give each member 2100 kilocalories per day in the consumption period 1 April 2024 to 31 March 2025.
- Each of the surveyed households' potential to acquire minimum expenditure food basket was computed by estimating the household's likely disposable income (both cash and non cash) in the 2024/25 consumption year from the following possible income sources;
    - Cereal stocks from the previous season;
    - Own food crop production from the 2023/24 agricultural season;
    - Potential income from own cash crop production;
    - Potential income from livestock;
    - Potential income from casual labour and remittances; and
    - Income from other sources such as gifts, pensions, gardening, formal and informal employment.

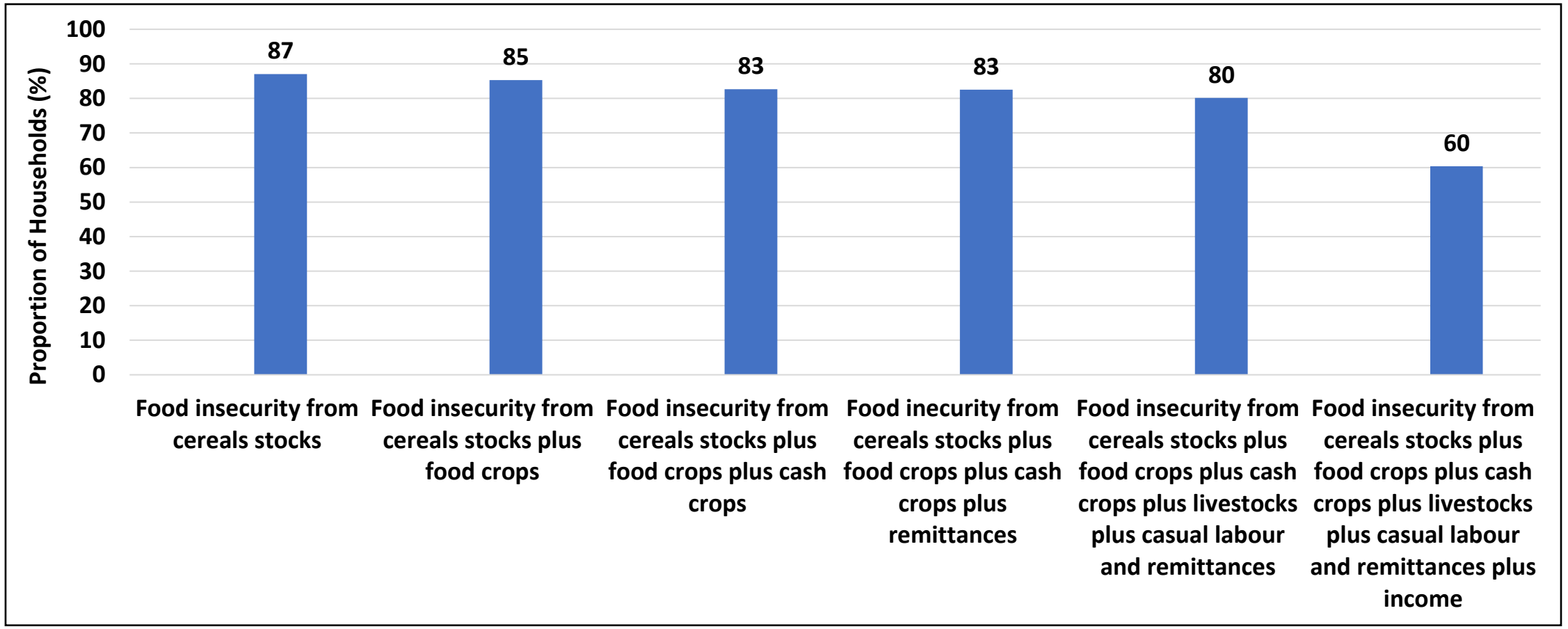
Food Security Analytical Framework

- The total energy that could be acquired by the household from the cheapest energy source using its potential disposable income was then computed and compared to the household's minimum energy requirement.
- When the potential energy that a household could acquire was greater than its minimum energy requirements, the household was deemed to be food secure. When the converse was true, the household was defined as food insecure.
- The severity of household food insecurity was computed by the margin with which its potential energy access was below its minimum energy requirements.

Food Security Status at Peak Hunger

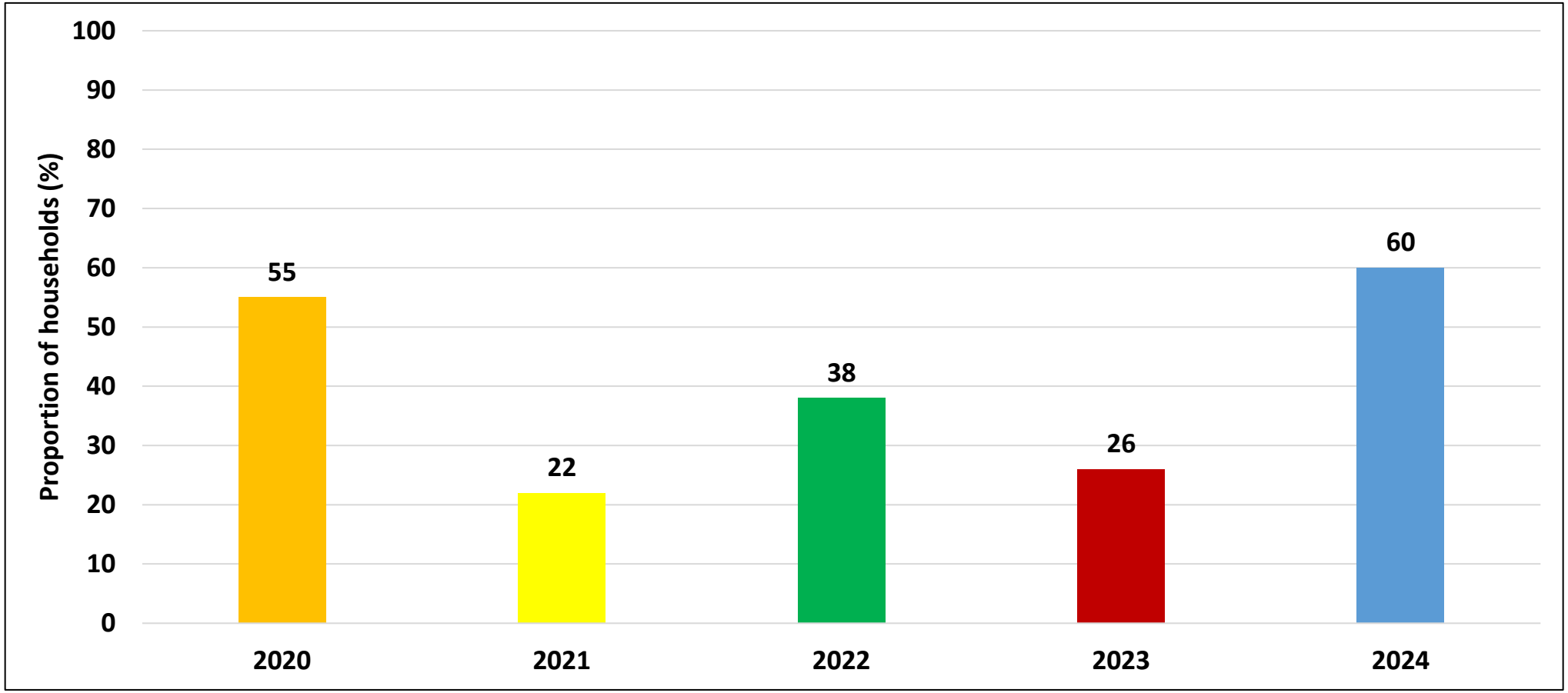
- During the peak hunger period (January to March 2025) it was estimated that approximately **60%** of the rural households will be cereal insecure.
- The 60% of rural households translated into approximately **1,049,770** individuals requiring a total of **38,841MT** of cereal (Maize Grain) from the National Strategic Grain Reserves.

Cereal Insecurity by Pillars



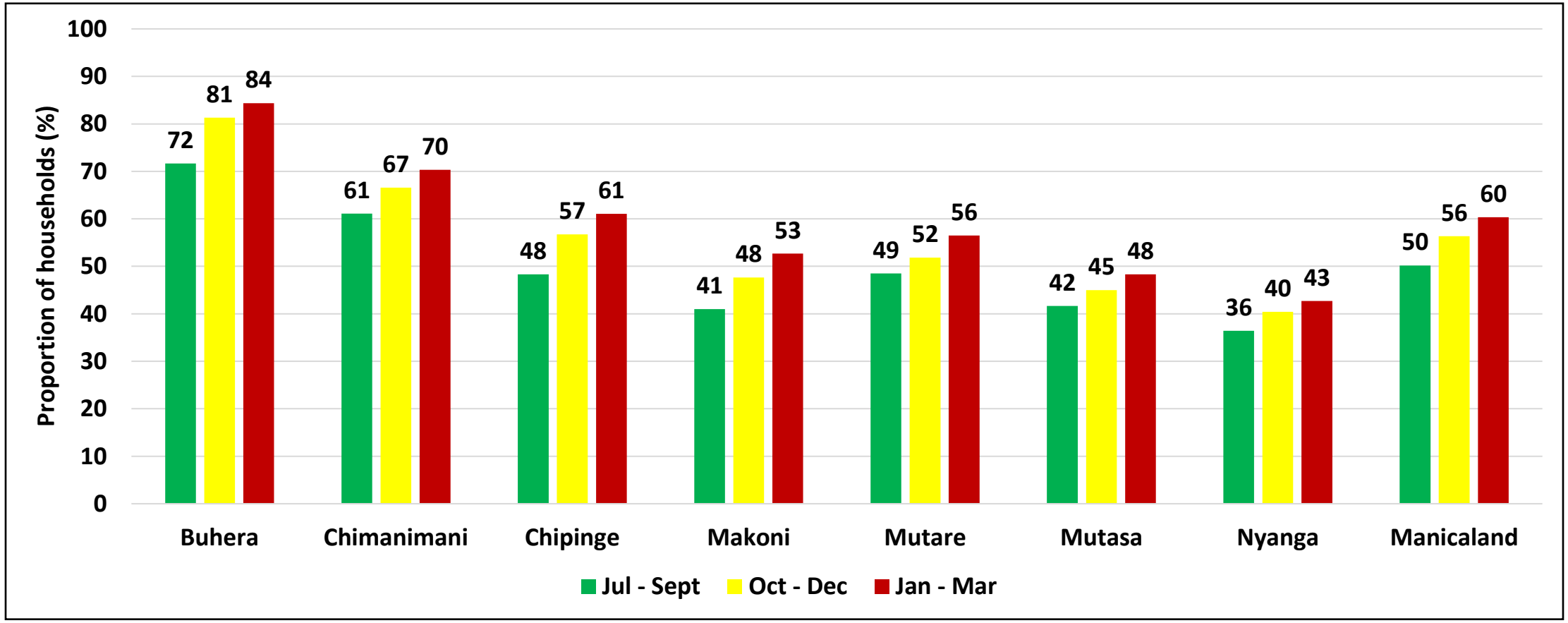
- Considering all sources of potential income, the cereal insecurity prevalence was projected to be 60% during the peak hunger in the 2024/25 consumption year.

Cereal Insecurity Trends: 2020-2024



- Generally, the household cereal insecurity has deteriorated across all districts due to poor rains.

Cereal Insecurity Progression by Quarter



- The household cereal insecurity was projected to be 50% in July to September 2024 and 56% in October to December 2024.

Cereal Insecure Population by Quarter

District	Jul - Sept	Oct - Dec	Jan - Mar
Buhera	194,876	221,162	229,319
Chimanimani	93,850	102,239	108,006
Chipinge	181,333	212,815	229,185
Makoni	118,262	137,492	151,914
Mutare	148,794	158,985	173,253
Mutasa	82,421	89,015	95,608
Nyanga	53,282	59,094	62,485
Manicaland	**872,817**	**980,800**	**1,049,770**

- Buhera (229,319) and Chipinge (229,185) were projected to have the highest populations of cereal insecure people during the peak hunger period (January to March 2025).

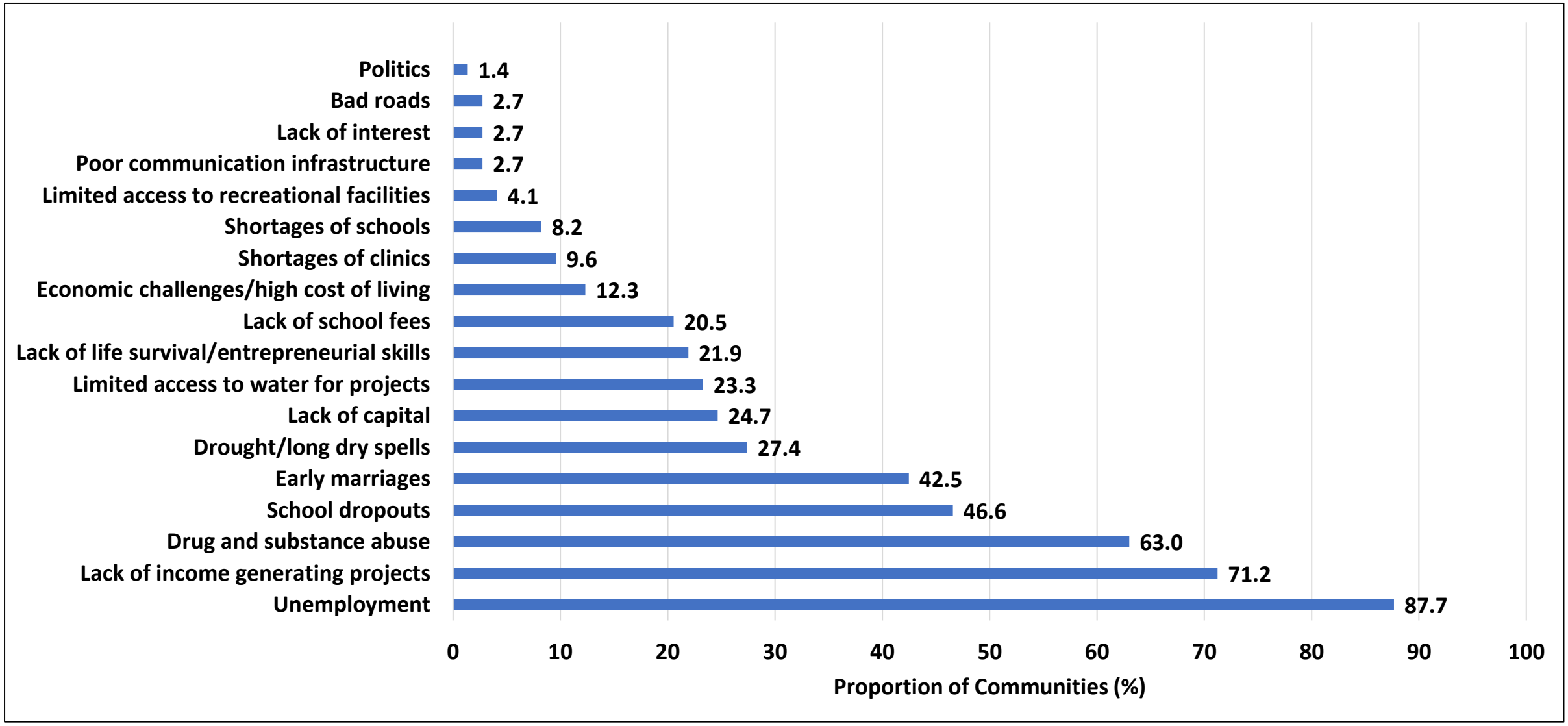
Cereal Requirements (MT) by District by Quarter

District	Jul - Sept	Oct - Dec	Jan - Mar
Buhera	7,210	8,183	8,485
Chimanimani	3,472	3,783	3,996
Chipinge	6,709	7,874	8,480
Makoni	4,376	5,087	5,621
Mutare	5,505	5,882	6,410
Mutasa	3,050	3,294	3,538
Nyanga	1,971	2,186	2,312
Manicaland	**32,294**	**36,290**	**38,841**

- Buhera (8,485MT) and Chipinge (8,480MT) were projected to have the highest cereal requirements during the peak hunger period (Jan-Mar).

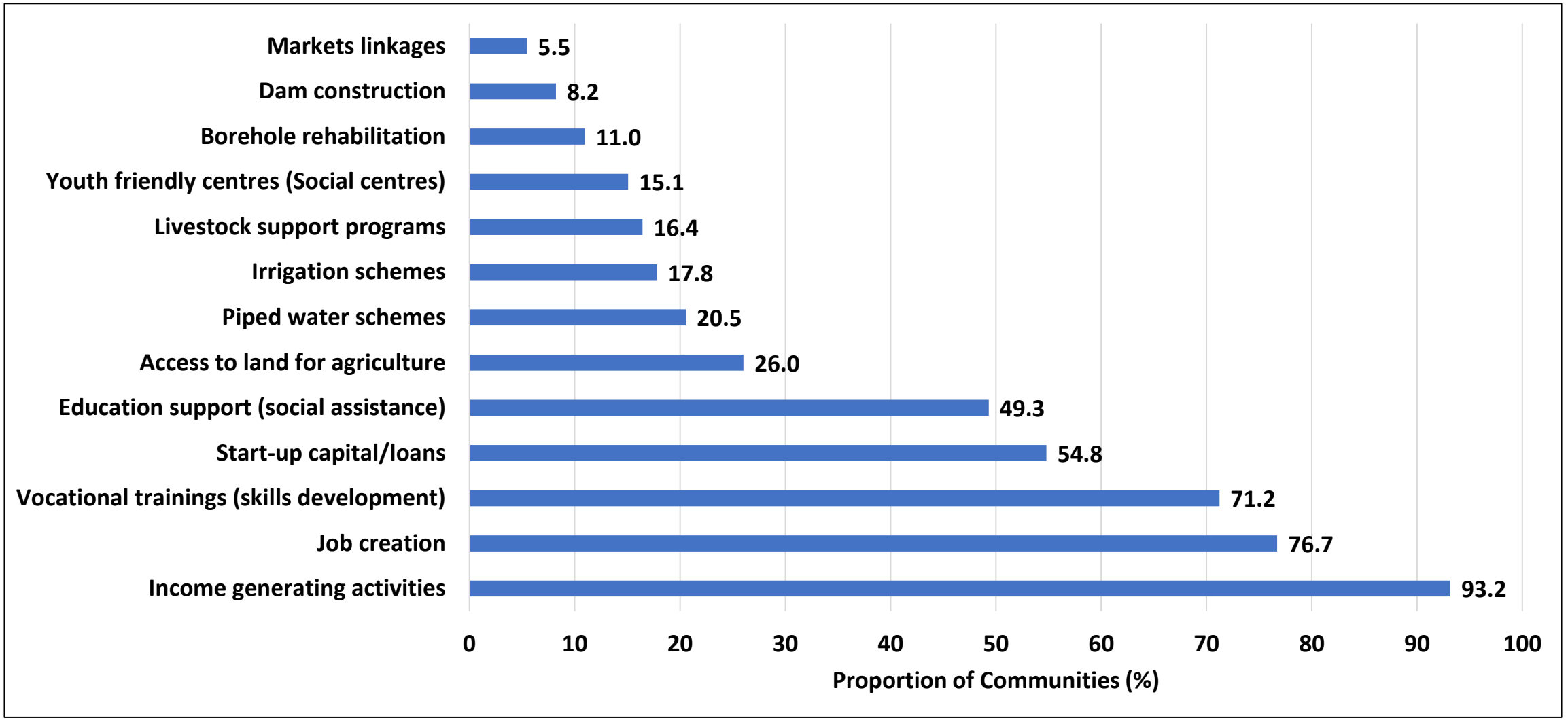
Youth

Youth Challenges



- Unemployment (87.7%), lack of income generating projects (71.2%) and drug and substance abuse (63.0%) were reported as major challenges affecting youths.

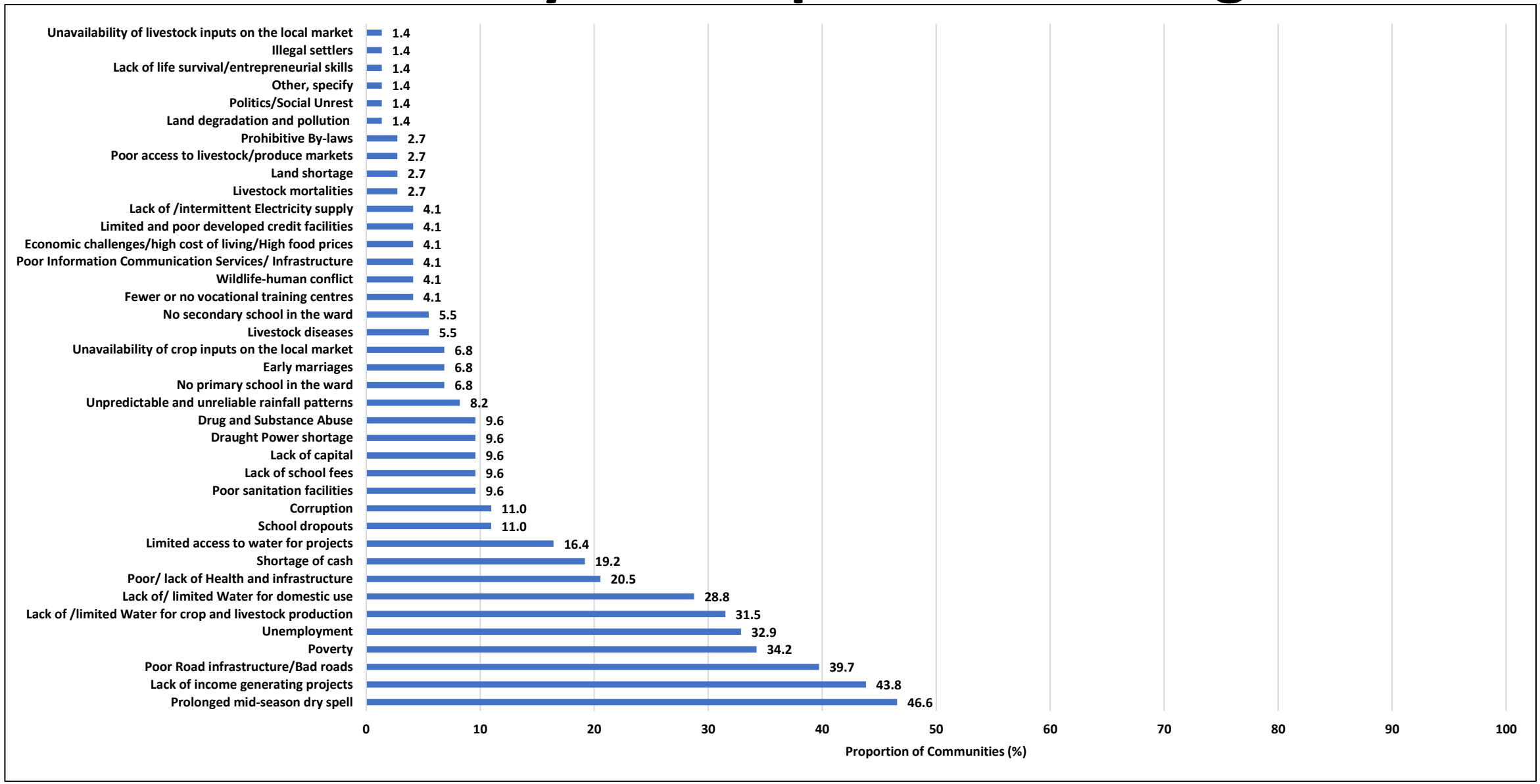
Youth Priorities



- Income generating activities (93.2%), job creation (76.7%), vocational training and skills development (71.2%) and start-up capital/loans (54.8%), were reported as the major development priorities for youths.

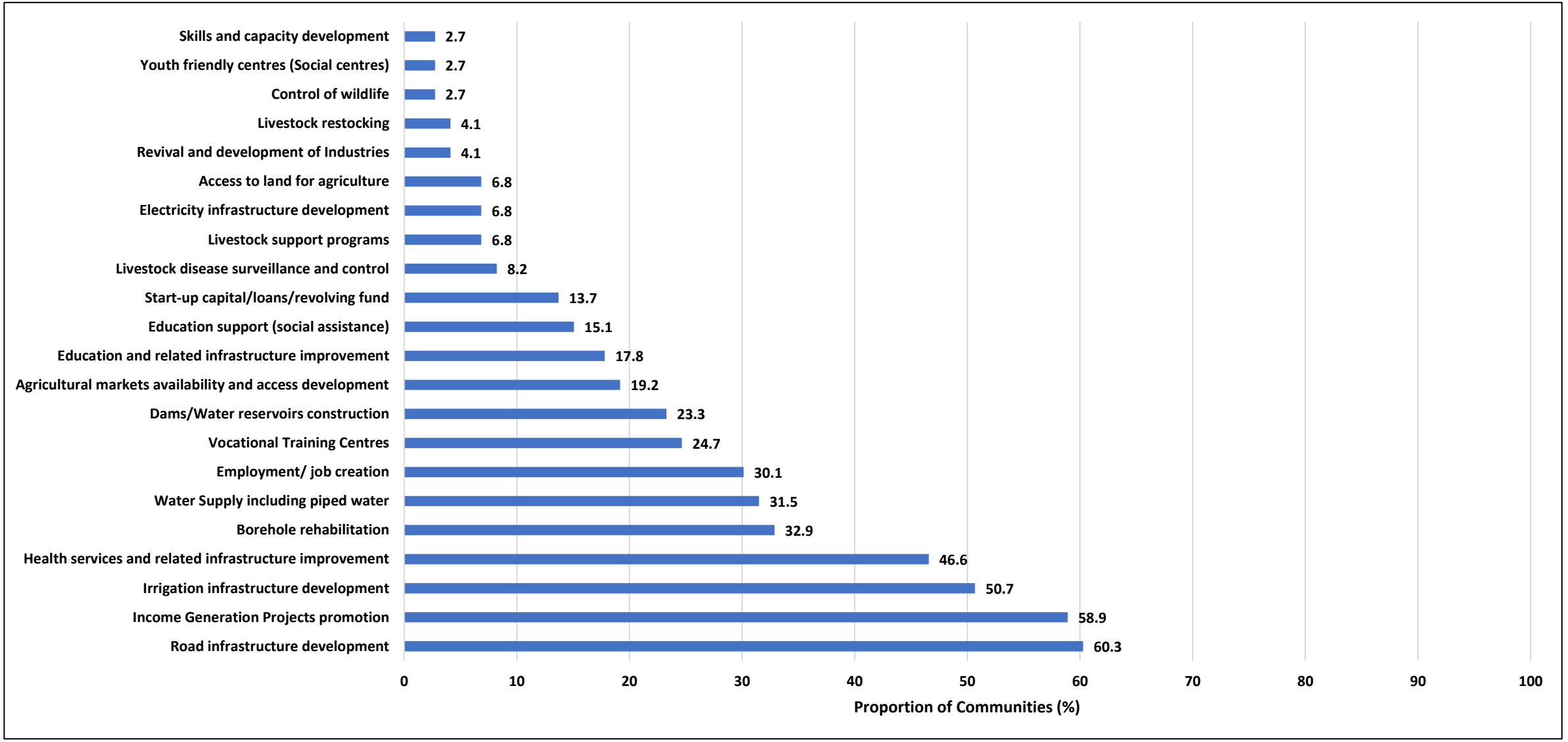
Community Development Challenges and Priorities

Community Development Challenges



- In Manicaland province, prolonged mid season dry spell (46.6%%) was ranked high followed by lack of income generating projects (43.8%) and poor road infrastructure/bad roads (39.7%).

Community Development Priorities



- In Manicaland, most communities prioritised road infrastructure development (60.3%), income generation projects promotion (58.9%) and irrigation infrastructure development (50.7%).

Conclusions and Recommendations

Conclusion and Recommendations

Food Assistance

- The Government of Zimbabwe and humanitarian partners should consider distributing food/cash to vulnerable food insecure households during the lean season (October 2023-March 2024). The household cereal insecurity is projected to be 56% in the October to December 2024 quarter and 60% in the January to March 2024 quarter. GoZ and partners should consider introducing conditional assistance to households with able bodied members to avoid creating a dependency syndrome amongst these vulnerable communities.

Agriculture Technologies

- The Ministry responsible for agriculture should be applauded for the promotion of Pfumvudza/Intwasa in Manicaland (47,6%). However more effort needs to be put towards encouraging smallholder farmers to adopt traditional grains (adoption is currently at 11.3%)

Household Food Consumption

- Mutasa (65%), Nyanga (64%) and Chimanimani (61%) had the highest proportion of households with poor food consumption patterns. The Ministry responsible for health and child care should consider Social Behaviour Change Communication (SBCC) programmes that promote good consumption patterns. The Ministry responsible for agriculture should also promote the production of diverse crops.

Sanitation

- Open defecation was high in Buhera district (36%). There is need to promote construction of toilets in the district through sanitation focused Participatory Health and Hygiene Education (PHHE).

Conclusion and Recommendations

Child Nutrition

- While a high proportion of children (90%) were ever breastfed, only 20.1% of infants under six months of age were exclusively breastfed, falling short of the World Health Assembly's target of 50% by 2025. Efforts to address childhood undernutrition, micronutrient deficiencies and overnutrition need to be integrated to achieve global nutrition targets.

- Early initiation of breastfeeding is one of the high impact child survival strategies. About 85.6% of the children were breastfed within the 1st hour of birth. Innovative Baby Friendly Hospital Initiatives such as localised on job mentorship, should be expanded to cover all institutions offering delivery services to improve optimal breastfeeding practices. In addition, strengthening of community care groups, community synergy initiatives and attendance of anti-natal care sessions initiatives is recommended to ensure continuum of care during the window of opportunity (first 1000 days). This should be augmented by task-sharing with other relevant Ministries such as those responsible for gender and women affairs, agriculture, bringing in the multisectoral approach to realise optimal IYCF practices at community level.

- The Minimum Acceptable Diet (MAD) remained low at 1%, below the national target of 25%. Only 5% of children were consuming diversified diets. Additionally, children consuming unhealthy foods (18%) and those not consuming fruits and vegetables (45%) further impacts negatively on children diet quality outcomes. Through collaborative efforts by the Ministries responsible for ICT, higher and tertiary education as well as the Private Sector, there is need to come up with innovative ways of disseminating nutrition messaging such as digitalising urban messaging targeting the urban population. In India, the use of digital platforms to share information on diets (what, how, when) was proven to be effective.

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