Zimbabwe Livelihoods Assessment Committee (ZimLAC)

2024

Rural Livelihoods Assessment

Mashonaland West 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
FDG	Focus Group Discussion
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
RLA	Rural Livelihoods Assessment
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 Nino 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 Nino-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 Nino 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-Nino-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 Nino 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 NINO 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 Nino 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

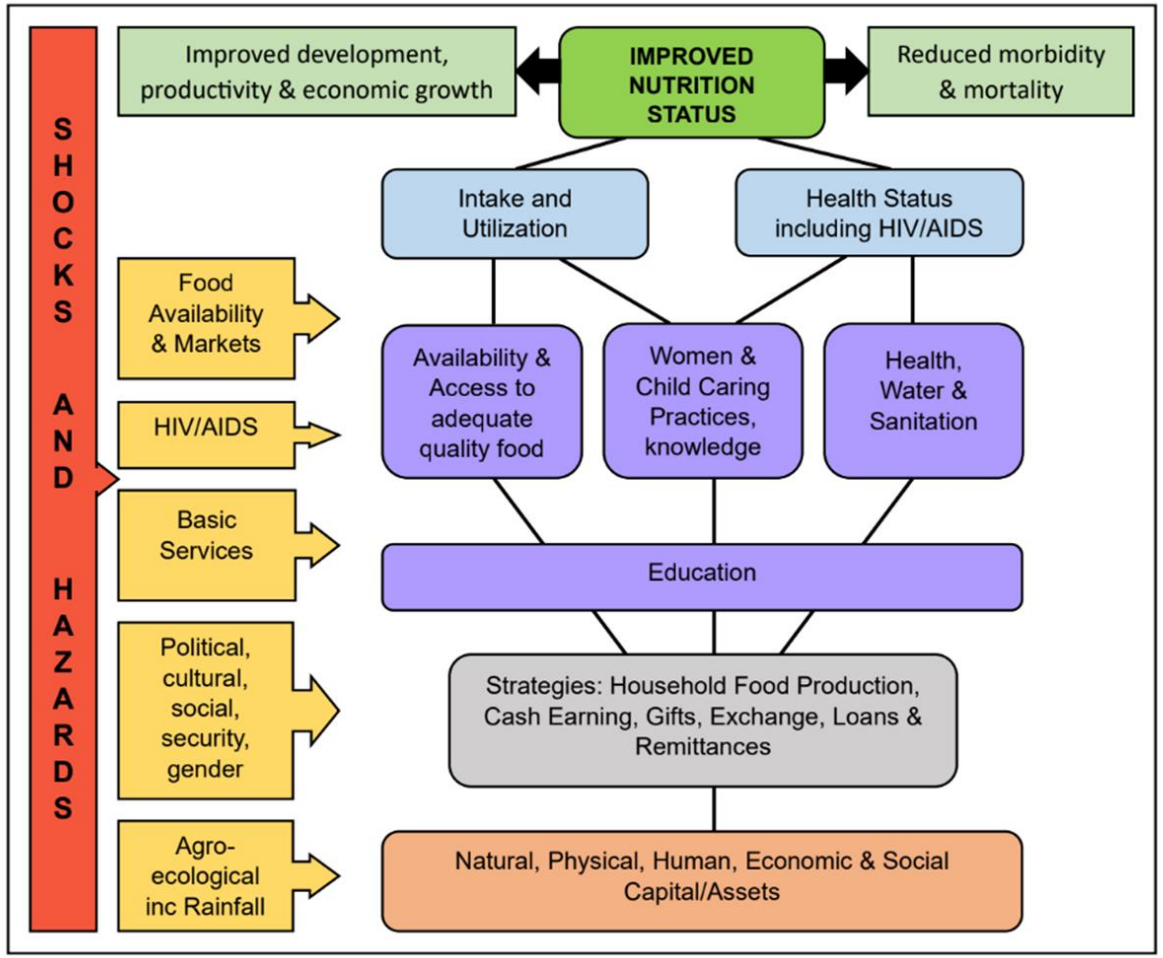


Figure 1: Food and Nutrition Conceptual Framework

- 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.

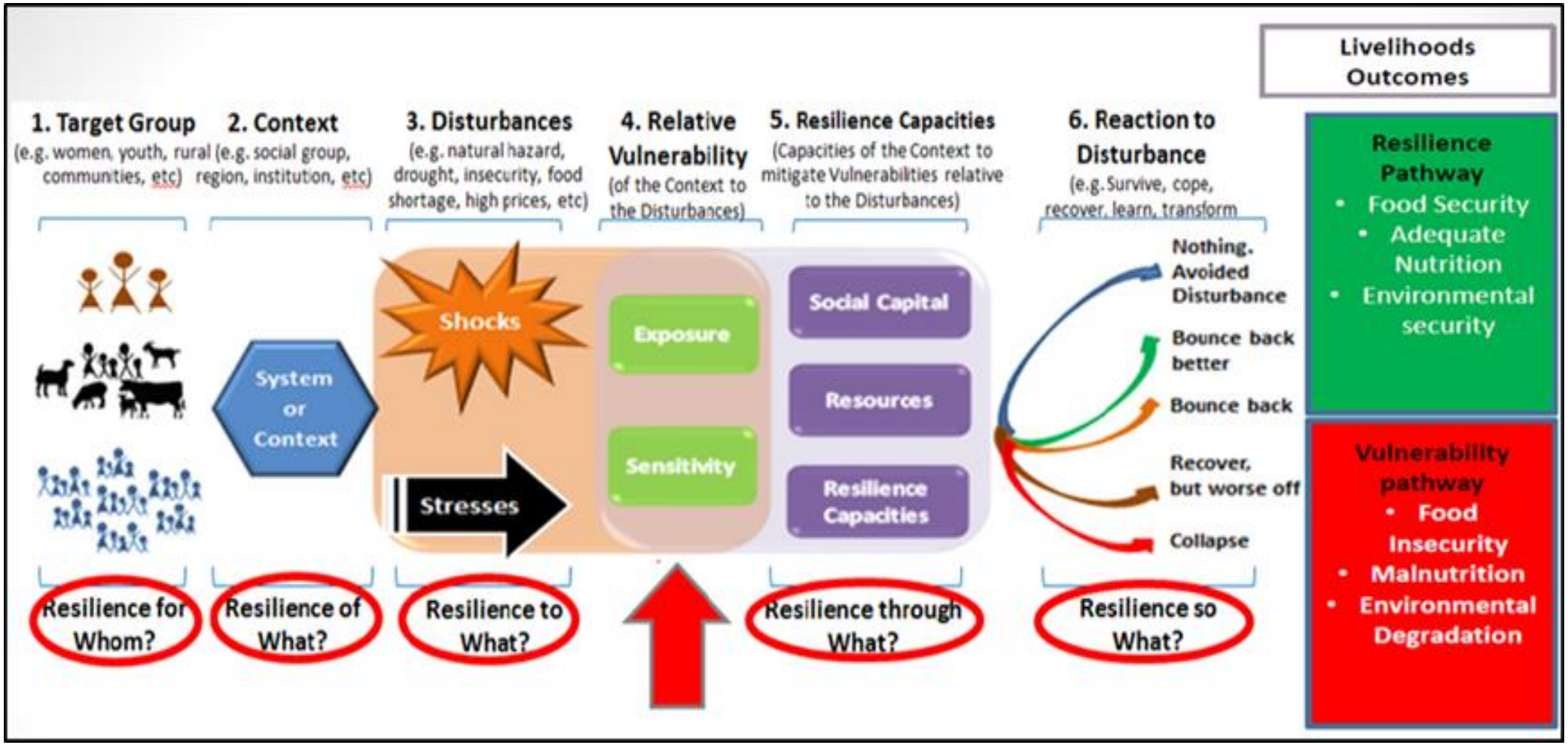


Figure 2: Zimbabwe Resilience Framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

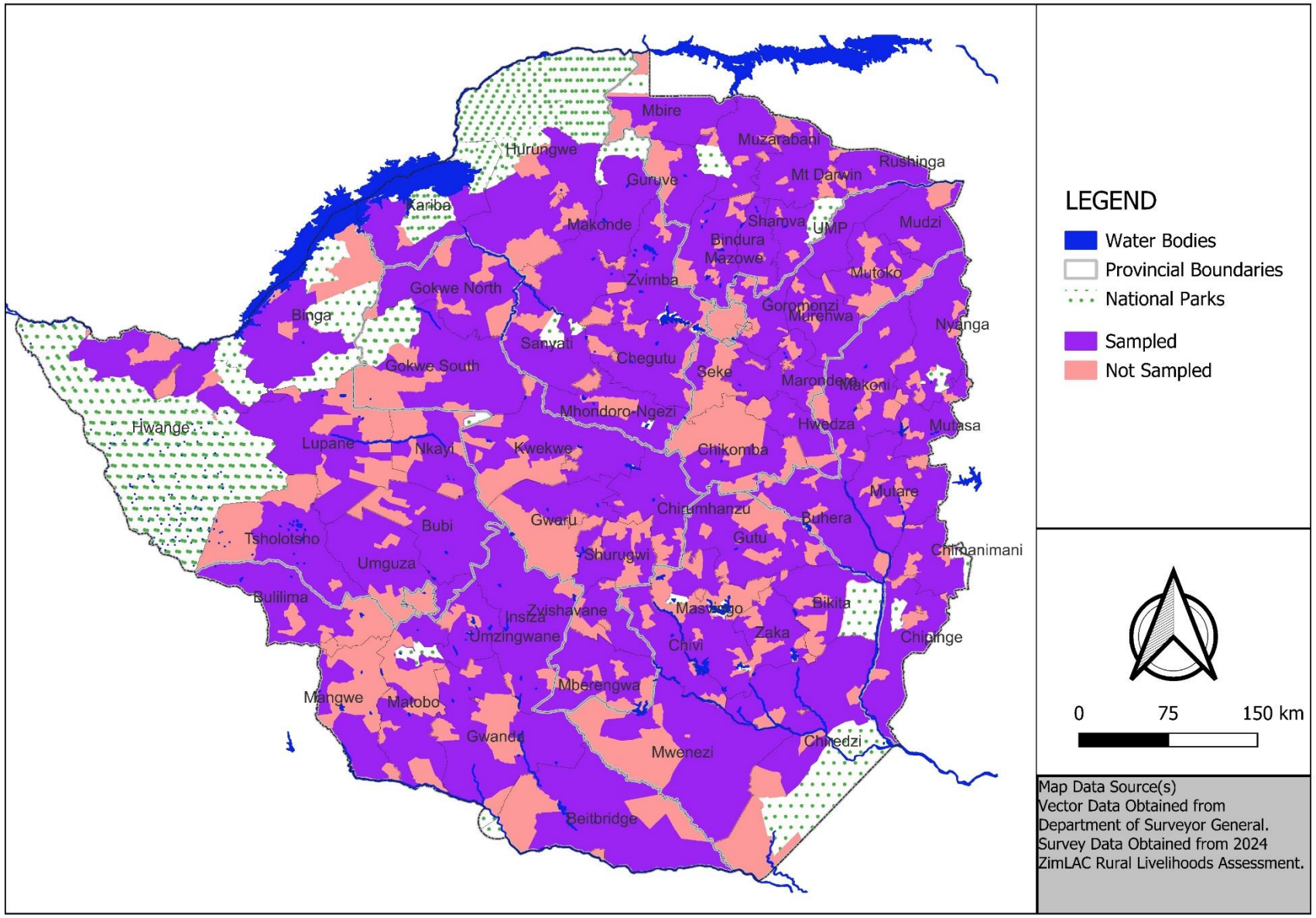
- ZimLAC, through multi-stakeholder consultations, developed an appropriate assessment design concept note and data collection tools informed by the assessment objectives.
- The primary data collection tools used in the assessment were the android–based structured household questionnaire, the community 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.
- Enumerator training was held on 3 May 2024. Primary data collection took place from 4 to 18 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 210 randomly selected Enumerated Areas (EAs).
- A two staged cluster sampling was used and comprised of:
  - Sampling of 30 clusters per each 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 300 households were sampled per district. A total of 2101 households were interviewed in the province.
- 74 FGDs and 7 Chief's Focus Group Discussions were held across all the districts.

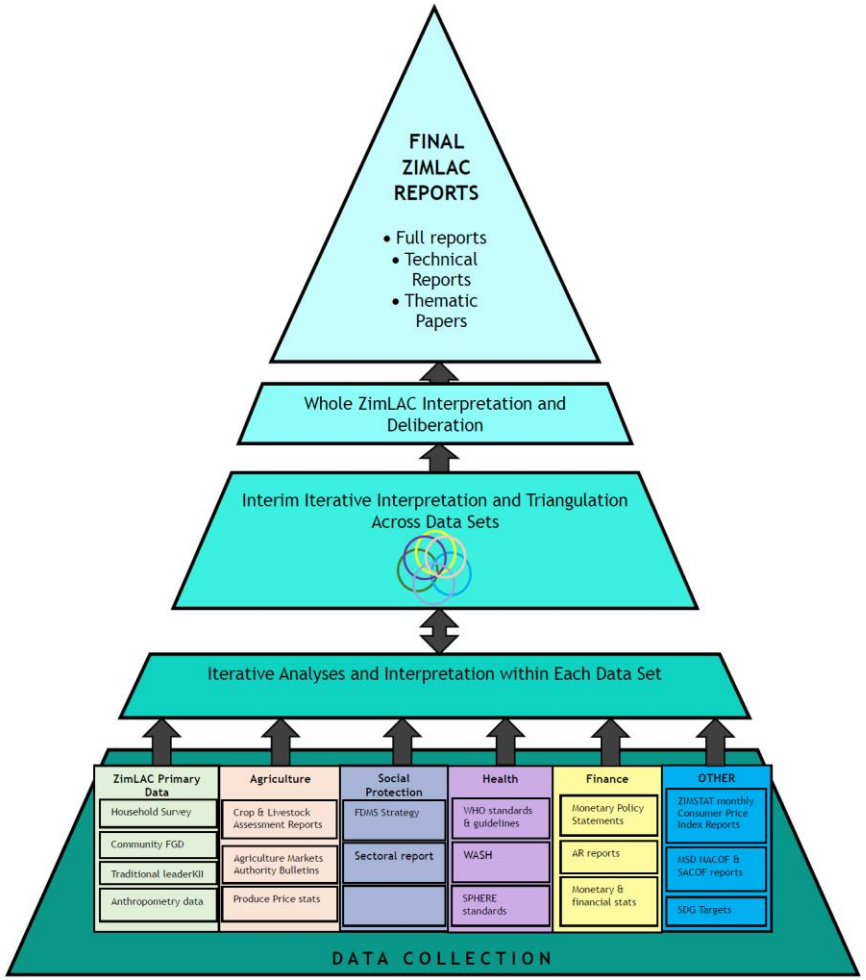
District	Number of Interviewed Households
Chegutu	300
Hurungwe	300
Kariba	300
Makonde	300
Mhondoro- Ngezi	300
Sanyati	301
Zvimba	300
Province	**2101**

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
Chegutu	48.0	24.3	75.7
Hurungwe	45.6	34.7	65.3
Kariba	41.1	36.0	64.0
Makonde	41.0	45.7	54.3
Zvimba	45.9	39.0	61.0
Mhondoro-Ngezi	44.4	33.0	67.0
Sanyati	42.2	33.9	66.1
Mash West	**44.0**	**35.2**	**64.8**

- The average age of the respondents was 44 years.
- About 64.8% of the respondents were females.

Household Members' Characteristics

District	Household Size	Sex		Household Members							
		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	Don't know
Chegutu	4.5	47.1	52.9	26.6	19.3	17.5	9.0	11.0	8.3	7.7	0.4
Hurungwe	5.0	49.6	50.4	26.5	19.7	18.8	9.5	10.5	7.3	7.7	0.0
Kariba	4.5	45.8	54.2	31.1	18.5	15.6	13.6	10.4	6.5	4.3	0.0
Makonde	3.4	47.4	52.6	25.4	16.1	18.9	13.6	12.5	10.7	2.7	0.0
Zvimba	4.1	48.1	51.9	26.4	18.4	18.2	11.6	9.2	8.5	7.8	0.0
Mhondoro-Ngezi	4.3	48.1	51.9	22.9	19.4	18.8	11.5	10.1	9.1	8.1	0.0
Sanyati	4.7	49.1	50.9	28.0	18.9	19.1	12.3	9.5	7.5	4.6	0.0
Mash West	**4.3**	**47.9**	**52.1**	**26.8**	**18.7**	**18.1**	**11.5**	**10.5**	**8.1**	**6.3**	**0.1**

- The average household size was 4.3.
- Females (52.1%) constituted the majority of the household members.
- The 65+ age range constituted 6.3% of the household members.

Characteristics of Household Head

District	Household Head Average Age (Years)	Sex of Household Head (%)		Household Head by Category (%)	
		Male	Female	Elderly headed	Child headed
Chegutu	76.9	70.7	29.3	22.0	0.0
Hurungwe	48.1	77.7	22.3	22.0	0.0
Kariba	44.6	64.7	35.3	13.3	0.0
Makonde	43.7	69.0	31.0	7.0	0.0
Zvimba	47.1	68.3	31.7	24.0	0.0
Mhondoro-Ngezi	51.1	69.3	30.7	24.0	0.0
Sanyati	44.0	80.1	19.9	15.6	0.0
Mash West	**52.1**	**71.4**	**28.6**	**18.3**	**0.0**

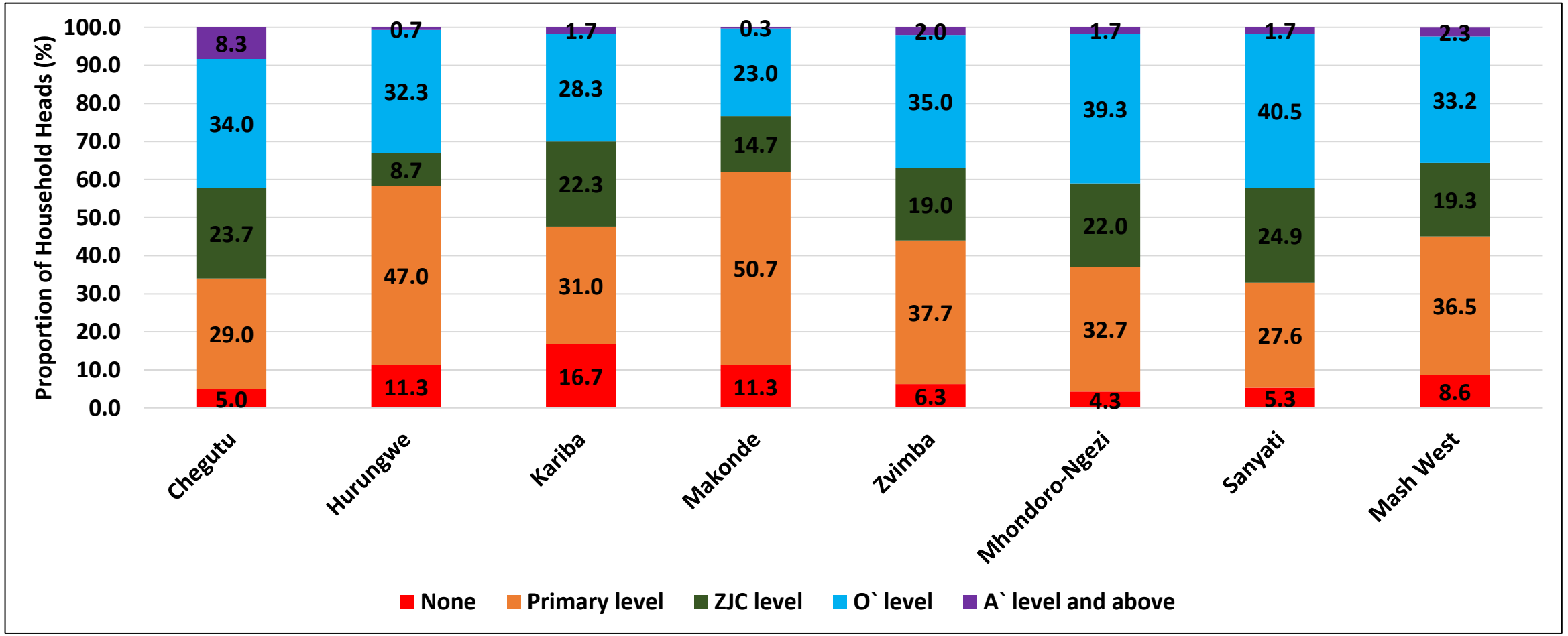
- The average age of household heads was 52.1 years.
- About 28.6% of the households were female headed, with the highest proportion in Kariba (35.3%).
- At least 18.3% were elderly headed and there were no child headed households.

Characteristics of Household Head: Marital Status

District	Married living together (%)	Married living apart (%)	Divorced/separated (%)	Widow/widower (%)	Cohabiting (%)	Never married (%)
Chegutu	64.7	4.3	10.7	18.0	0.7	1.7
Hurungwe	77.7	1.0	4.7	16.7	0.0	0.0
Kariba	72.3	3.7	5.7	17.3	0.3	0.7
Makonde	65.0	5.3	9.0	15.3	0.0	5.3
Zvimba	62.3	7.0	8.0	20.7	0.0	2.0
Mhondoro-Ngezi	64.7	2.0	8.0	23.3	0.3	1.7
Sanyati	71.8	3.7	7.0	15.9	0.3	1.3
Mash West	**68.3**	**3.9**	**7.6**	**18.2**	**0.2**	**1.8**

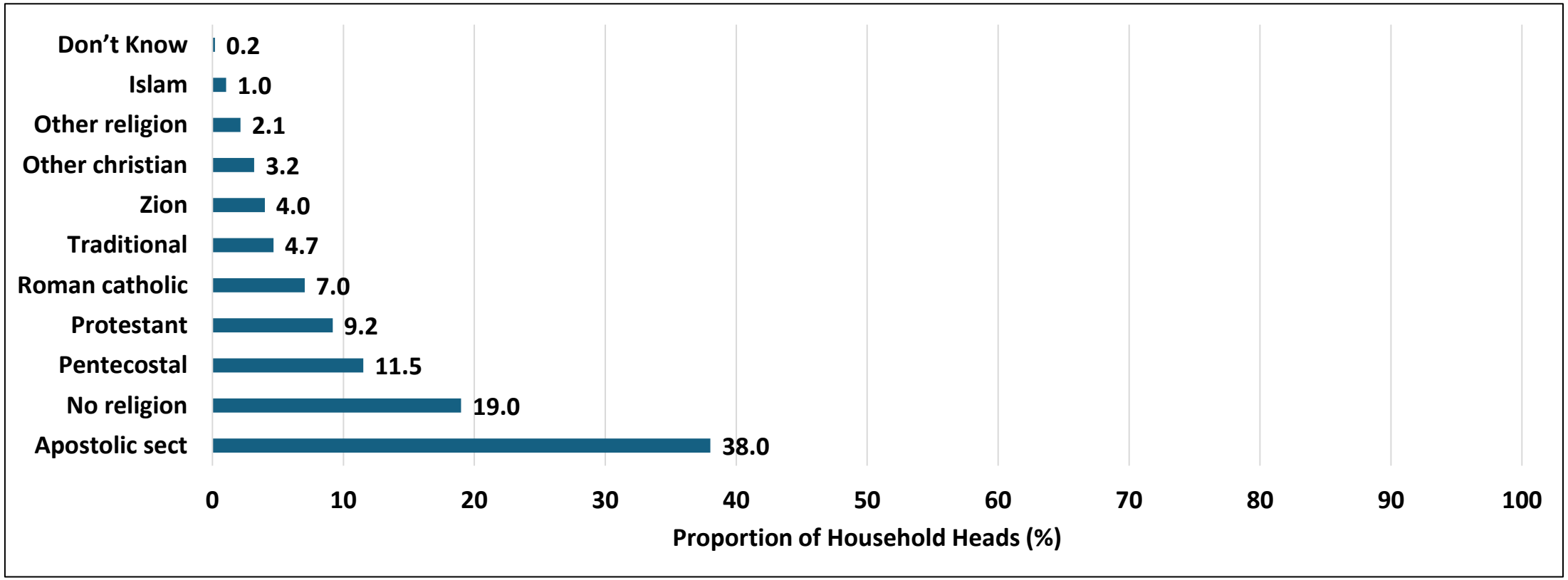
- The proportion of household heads that were married living together was 68.3% and widowed (18.2%).
- Zvimba (62.3%) had the least proportion of household heads that were married living together and Mhondoro-Ngezi had the highest proportion of household heads that were widowed (23.3%).

Characteristics of Household Head: Education Level Attained



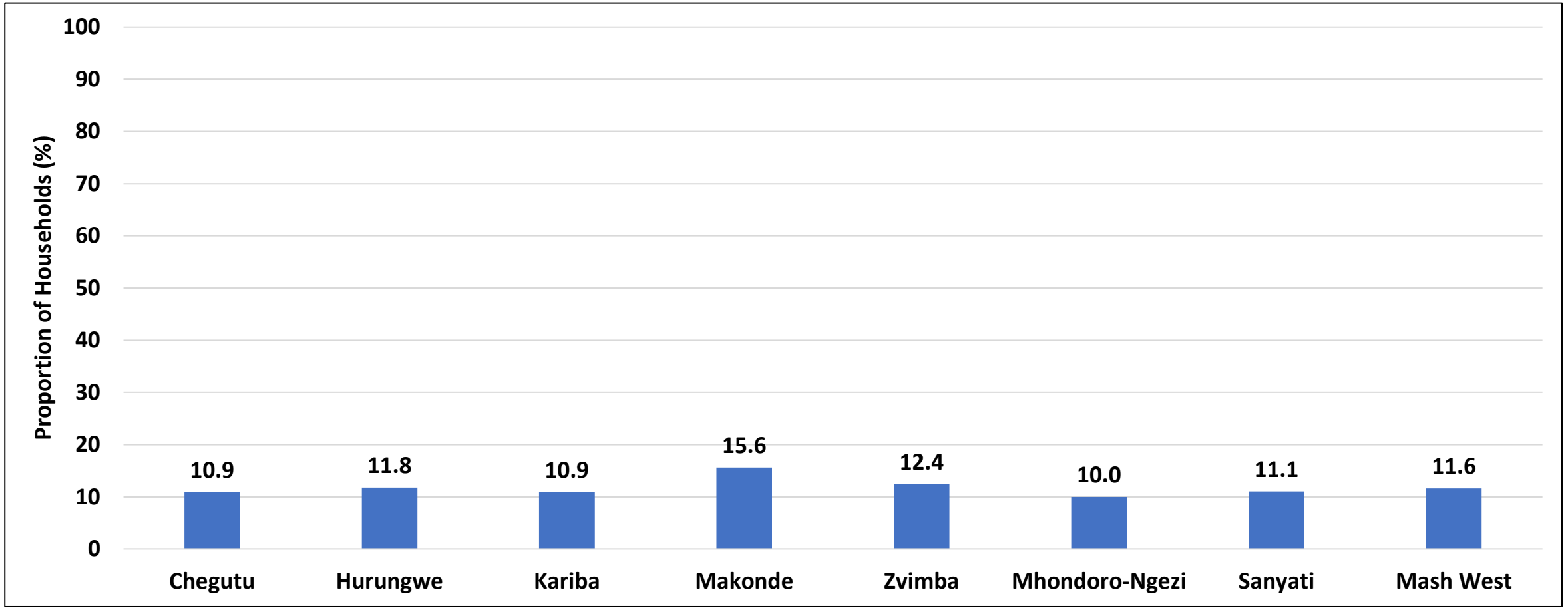
- About 91.4% of the household heads had attained some form of education.

Characteristics of Household Head: Religion



- Provincially, the highest proportion of household heads were of the apostolic sect (38.0%), no religion (19.0%) and Pentecostal (11.5%).

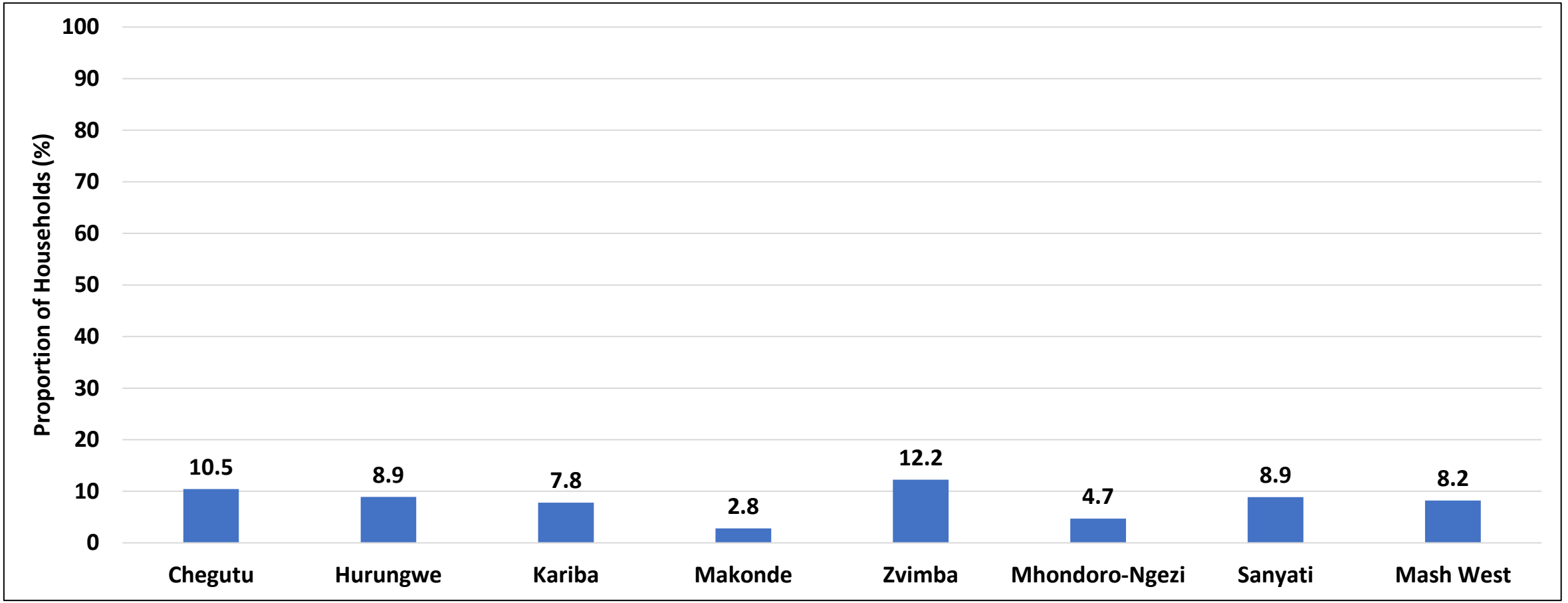
Orphaned Children



- The proportion of households with orphans was 11.6%.
- Makonde had the most proportion of households with orphaned children (15.6%).

Chronic Conditions

Chronic Conditions



- The proportion of households that had a member with a chronic condition was 8.2%.

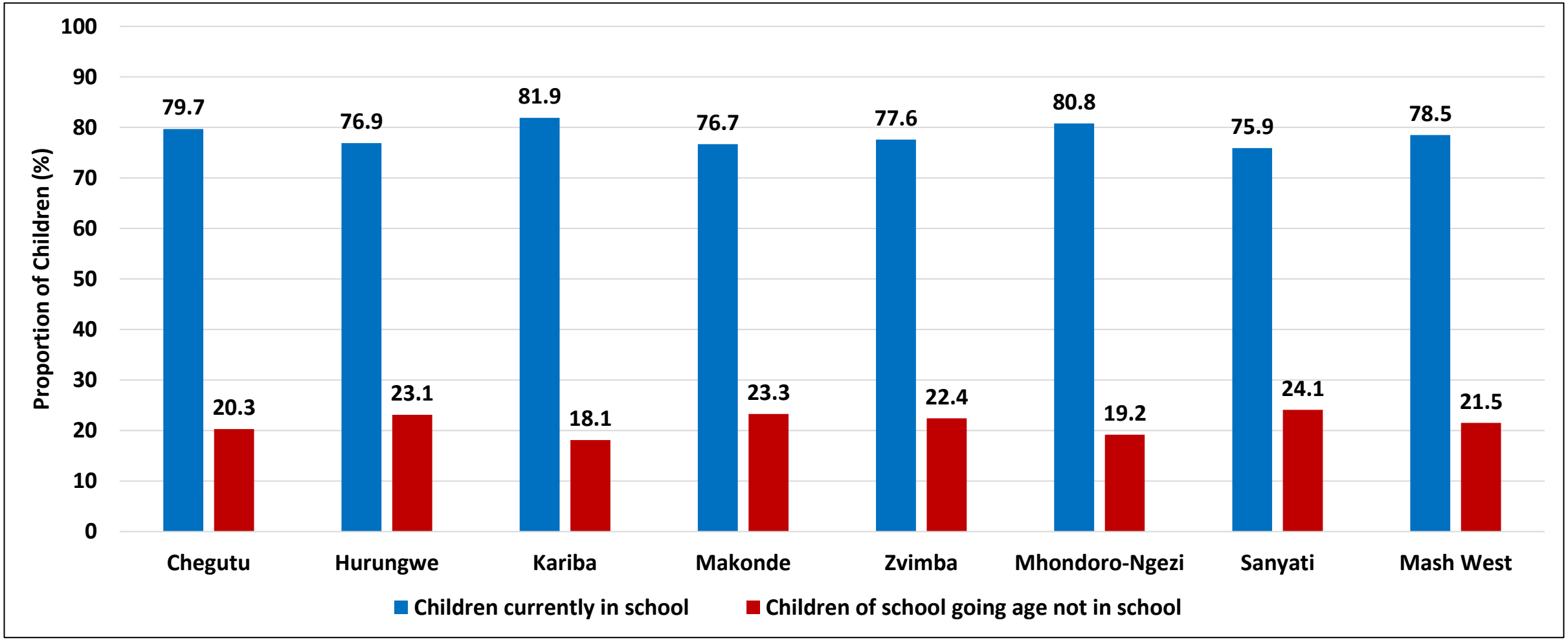
Chronic Conditions (8.2%)

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 (%)	Ulcer, chronic stomach pain (%)	Cerebral palsy (%)	Mental illness (%)	Not willing to disclose (%)	Other (%)
Chegutu	3.0	0.4	2.3	0.5	2.1	1.1	0.2	0.4	0.4	0.2	0.5	0.0	0.5	0.3	0.8
Hurungwe	4.5	0.1	1.6	0.5	2.4	0.1	0.0	0.0	0.2	0.2	0.1	0.1	0.3	0.0	0.1
Kariba	1.7	0.2	0.8	0.9	1.5	0.4	0.3	0.1	0.1	0.3	0.5	0.0	0.6	0.2	1.5
Makonde	0.6	0.0	0.9	0.1	1.5	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Zvimba	3.0	0.3	3.9	0.6	4.2	0.8	0.0	0.4	0.3	0.2	0.4	0.0	0.5	0.0	0.5
Mhondoro-Ngezi	1.1	0.2	1.2	0.1	0.6	0.5	0.0	0.2	0.0	0.1	0.1	0.1	0.4	0.0	0.5
Sanyati	2.4	0.3	1.3	0.4	4.0	0.1	0.0	0.0	0.3	0.3	0.0	0.0	0.1	0.3	0.3
Mash West	**2.5**	**0.2**	**1.7**	**0.5**	**2.4**	**0.4**	**0.1**	**0.2**	**0.2**	**0.2**	**0.2**	**0.0**	**0.3**	**0.1**	**0.5**

- HIV infections/AIDS (2.5%) and hypertension/high blood pressure (2.4%) were the major chronic conditions cited.

Education

School Attendance



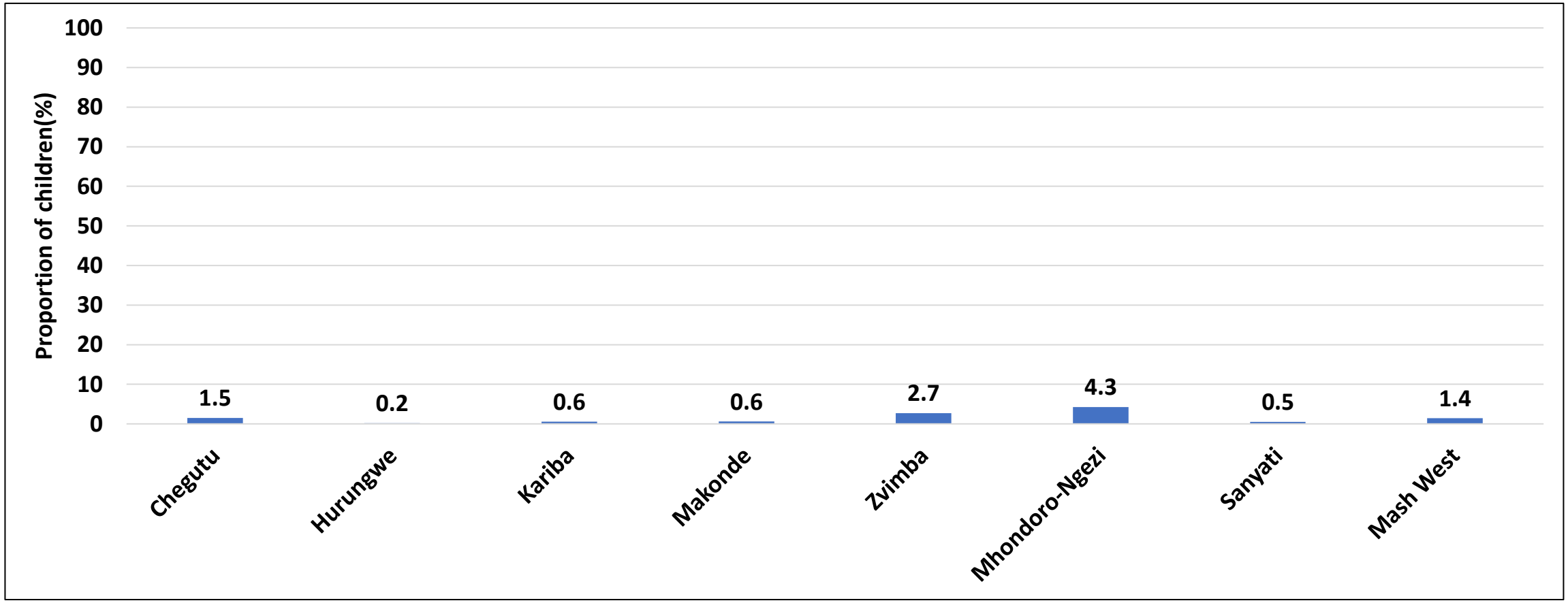
- At the time of the assessment, 21.5% of children were not going to school.

Reasons for Children Not Being in School

District	Financial Challenges (%)	Child Considered Too Young (%)	Pregnancy/Marriage (%)	Completed O/A Level (%)
Chegutu	8.9	1.7	3	2.8
Hurungwe	9.5	3	2.5	4.5
Kariba	10	3.4	1	1.3
Makonde	10.1	5	3.8	1.8
Zvimba	10.3	2.9	3.9	3.1
Mhondoro-Ngezi	10.5	1	2.2	3.6
Sanyati	9.6	3.7	3.3	2.8
Mash West	9.8	2.9	2.8	2.9

- Financial challenges (9.8%) were reported to be the main reason why children were not going to school.

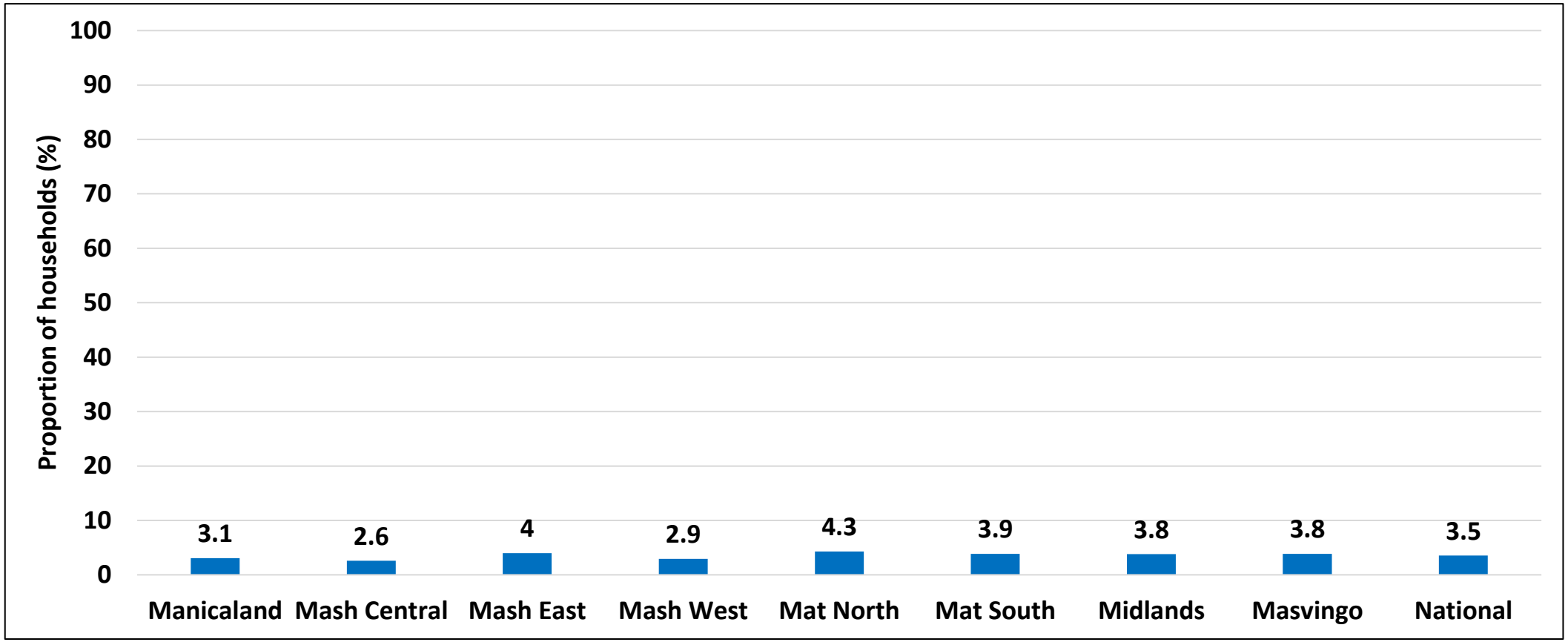
Children Receiving Hot Meals at School



- The proportion of children who received a hot meal at school was at 1.4%.
- he highest proportion of children who received a hot meal was reported in Mhondoro-Ngezi District (4.3%).

Disability Conditions

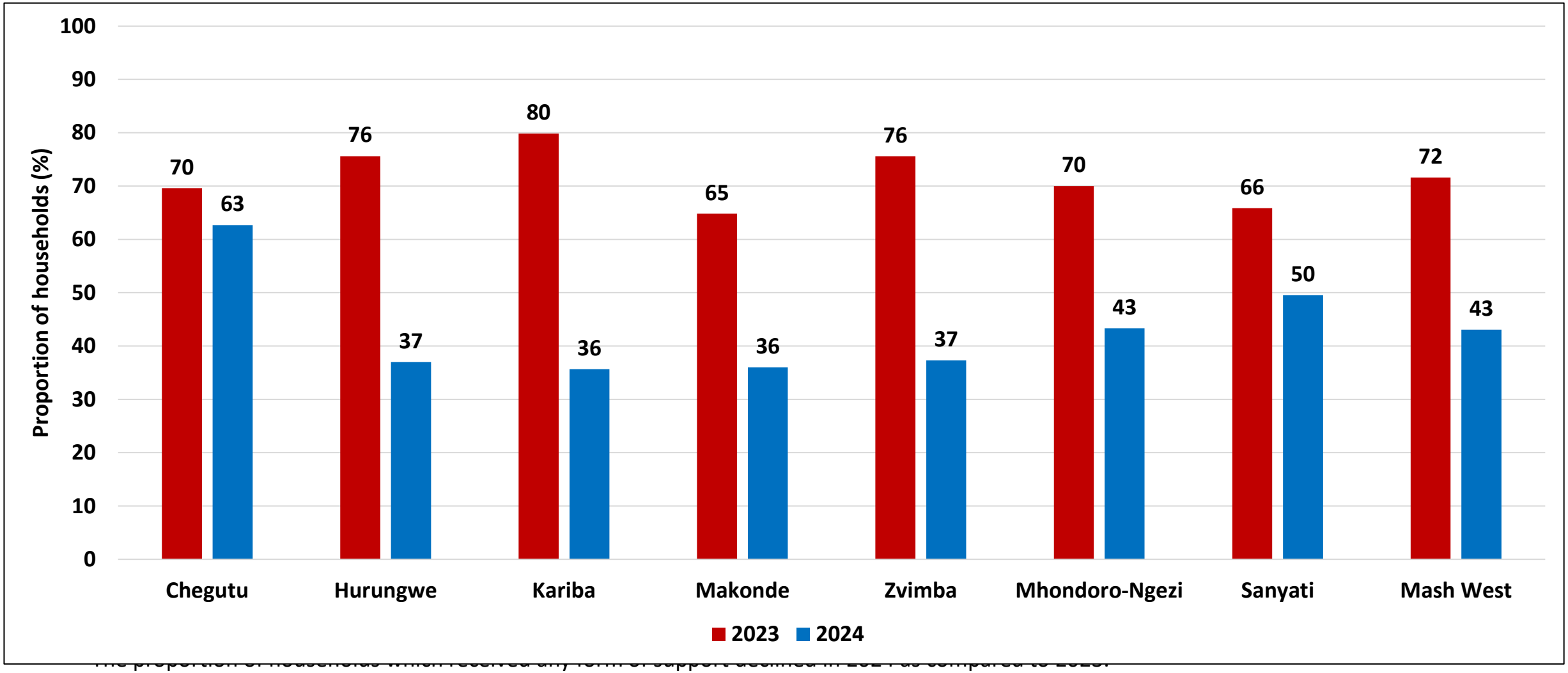
Disability



- In Mashonaland West, the proportion of households reporting a member with a disability was 2.9%.

Social Protection

Households Which Received Any Form Of Support



- Kariba (36%) and Makonde (36%) had the least proportion of households that received any form of support in 2024.

Sources of Support

District	Government (%)	UN/NGO (%)	Churches (%)	Urban relatives (%)	Rural relatives (%)	Diaspora relatives (%)	Mutual Groups (%)
Chegutu	58.3	4.0	1.3	11.7	3.3	4.7	1.0
Hurungwe	37.0	0.0	0.0	0.0	0.0	0.0	0.0
Kariba	34.7	3.0	0.0	0.7	0.0	0.0	0.0
Makonde	35.3	0.0	1.3	0.0	0.3	0.0	0.0
Zvimba	35.3	1.0	0.0	1.7	1.3	0.7	0.0
Mhondoro-Ngezi	42.7	0.0	0.3	0.3	0.0	0.3	0.0
Sanyati	49.5	0.3	1.0	0.7	0.3	0.0	0.0
Mash West	**41.8**	**1.2**	**0.6**	**2.1**	**0.8**	**0.8**	**0.1**

- The main source of support was from the Government (41.8%).
- Chegutu (58.3%) had the highest proportion of households which reported to have received support from the Government.

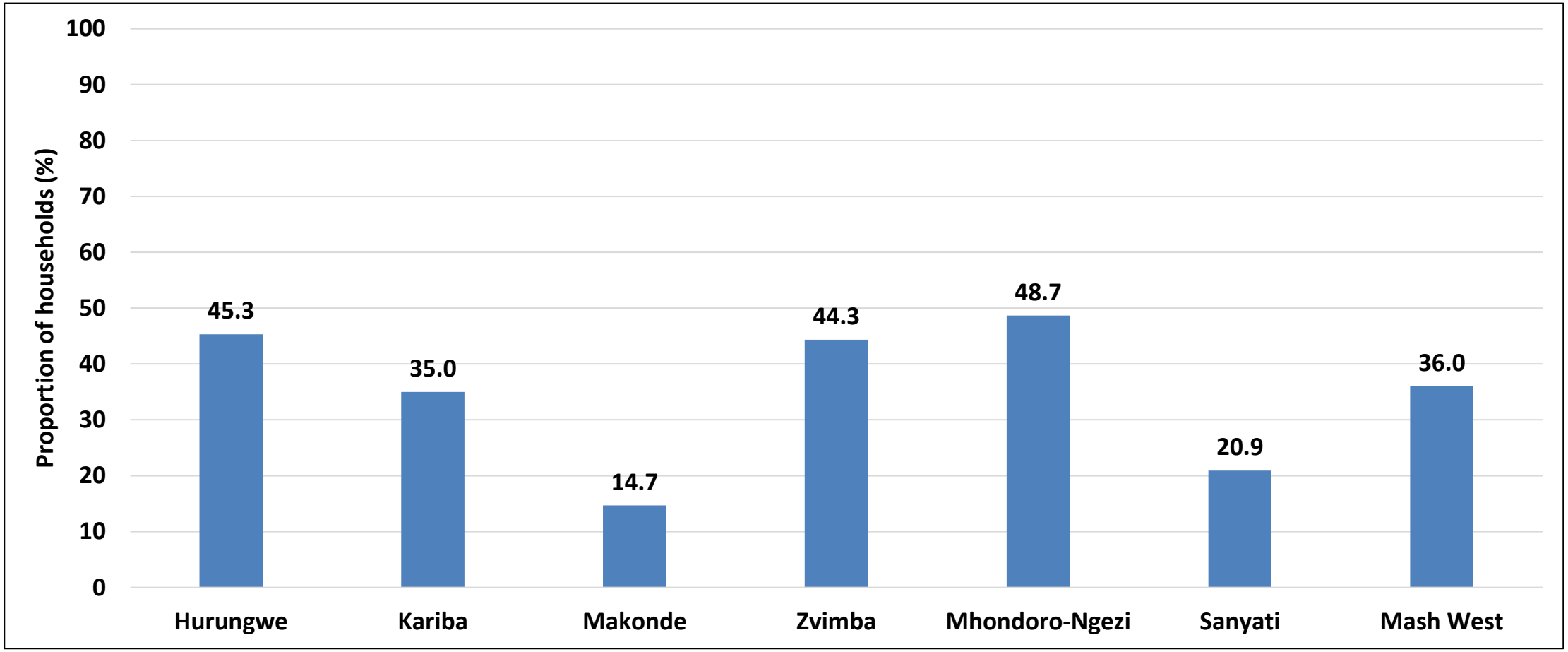
Forms of Support from Government

District	Crop inputs (%)	Food (%)	Education assistance (%)	Other livestock support (Tick grease, acaricides, etc) (%)	Health Assistance (%)	Cash transfers (%)	Livestock (%)	Other (%)	WASH hardware (inputs) (%)	WASH software (trainings/ messaging) (%)	Vouchers (%)
Chegutu	56.0	3.3	0.0	0.0	0.0	1.7	1.3	0.0	0.0	0.7	0.0
Hurungwe	36.0	2.3	1.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Kariba	7.7	28.7	0.3	0.3	7.3	0.0	0.0	0.3	0.7	0.3	0.0
Makonde	35.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Zvimba	32.7	13.3	2.0	5.3	0.3	0.0	0.3	0.0	0.0	0.0	0.3
Mhondoro-Ngezi	41.3	4.7	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Sanyati	46.8	1.3	1.7	1.0	0.0	0.3	0.3	0.7	0.0	0.0	0.0
Mash West	36.6	7.7	0.7	1.0	1.1	0.3	0.3	0.1	0.1	0.1	0.1

- The major form of support received by households from Government was crop inputs (36.6%) and food (7.7*%).*
- Chegutu (56.0%) had the highest proportion of households that received crop inputs support whilst Kariba (7.7%) had the least.
- Food support from the Government was high in Kariba (28.7%).

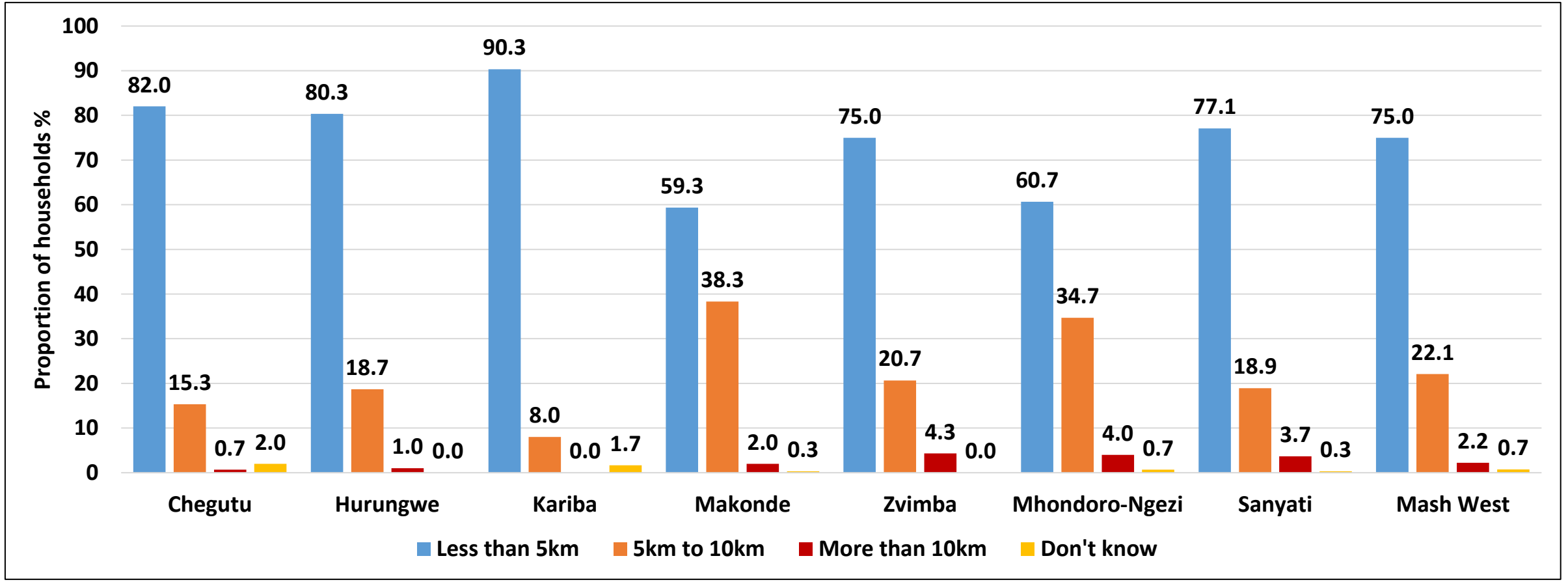
Access to Critical Infrastructure and Services

Households Accessing Police Service Within One Hour



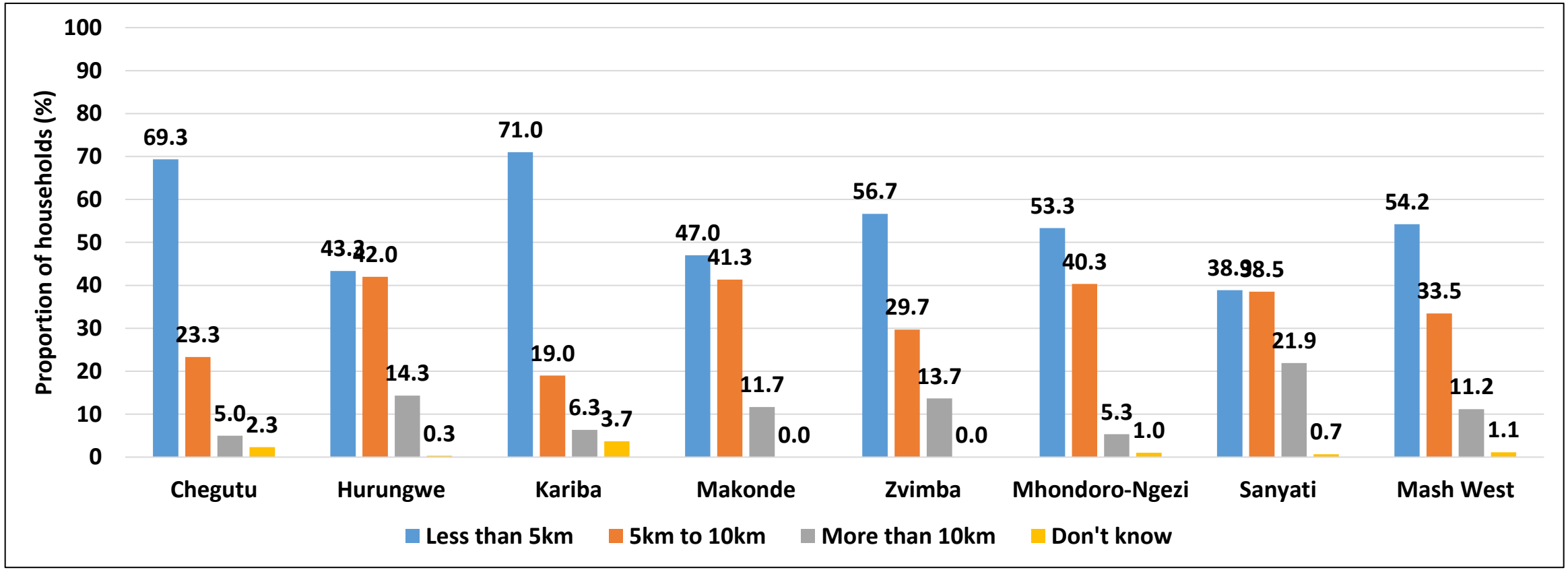
- Approximately, 36% of the households in the province accessed police service within one hour.

Approximate Distances of the Nearest Primary School



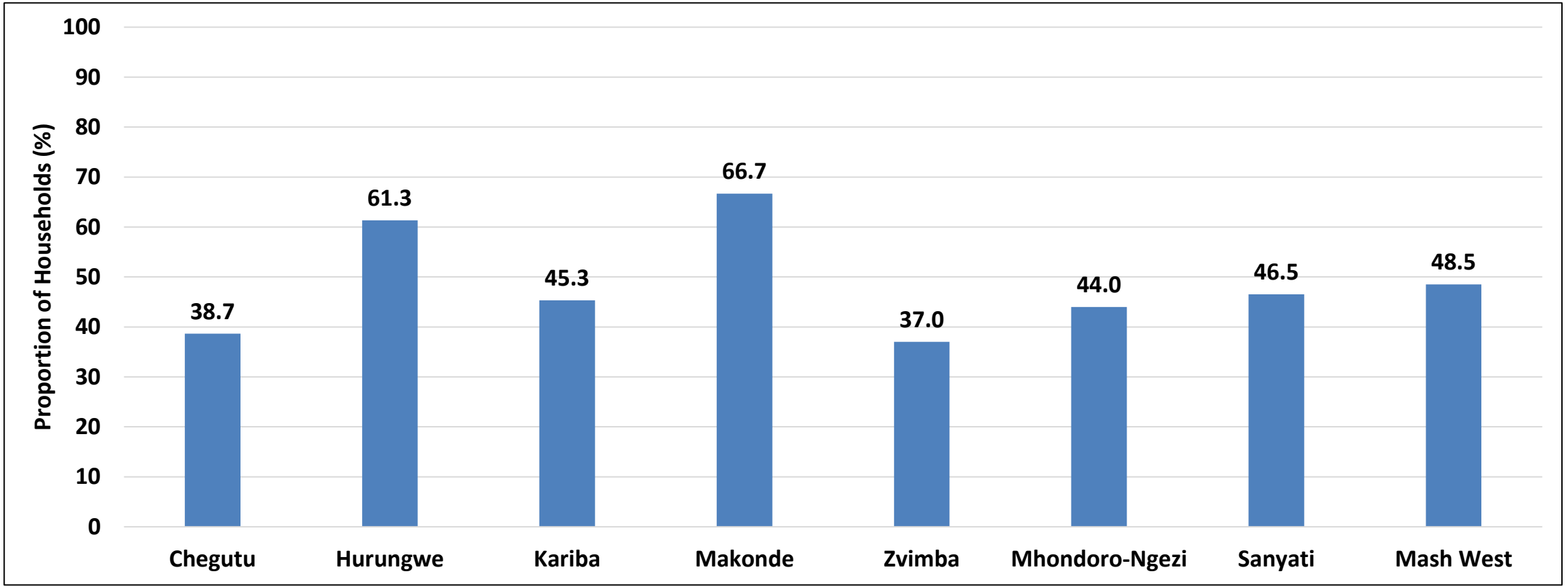
- About 75% of the households travelled less than 5kms to the nearest primary school.

Approximate Distances of the Nearest Health Facility



- About 54.2% of the households in Mashonaland West travelled less than 5kms to the nearest Health facility or clinic.

Households With Information on Services for Victims of Physical and Sexual Violence



- In Mashonaland West, 48.5% of the households reported to have information for physical and sexual violence and Makonde (66.7%) recorded the highest.

Water, Sanitation and Hygiene (WASH)

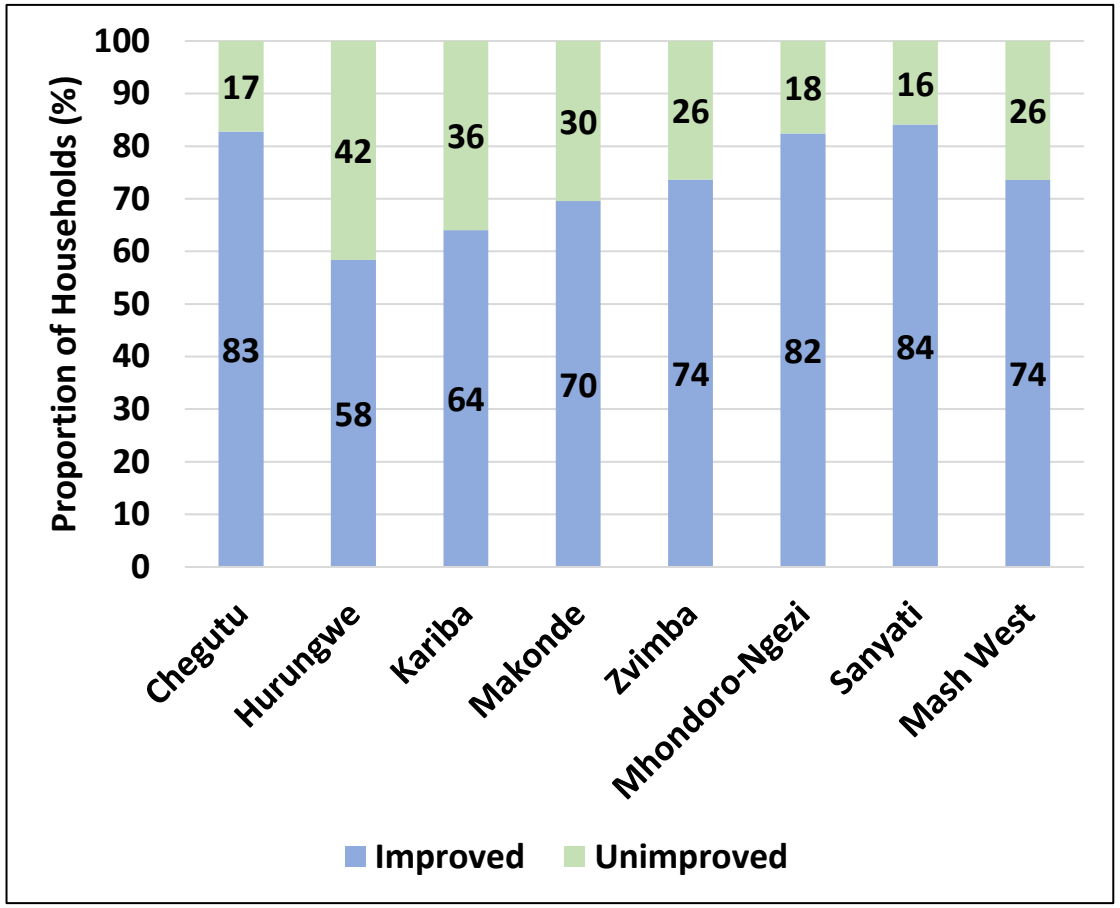
Ladder for Drinking Water Services

Service Level	Definition
Safely Managed	Drinking water from an improved water source that 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.

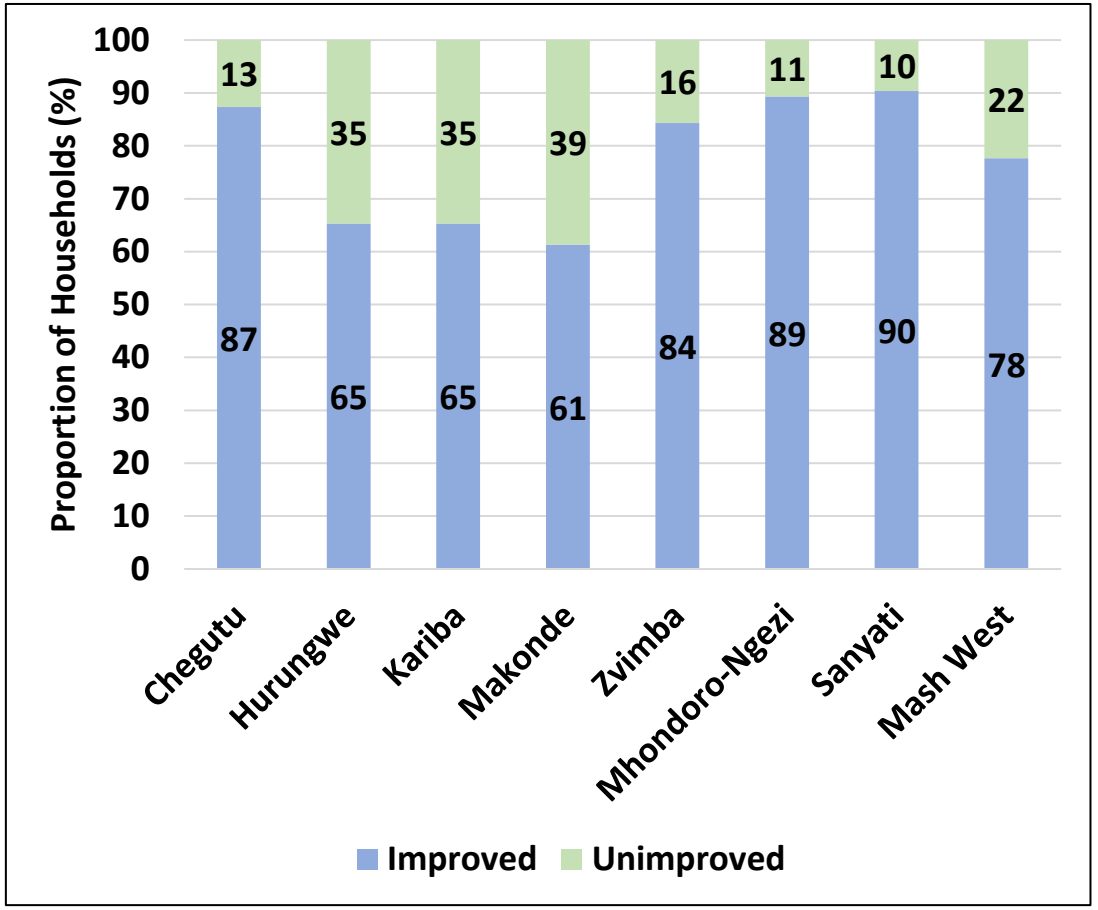
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, 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 by Year

2023

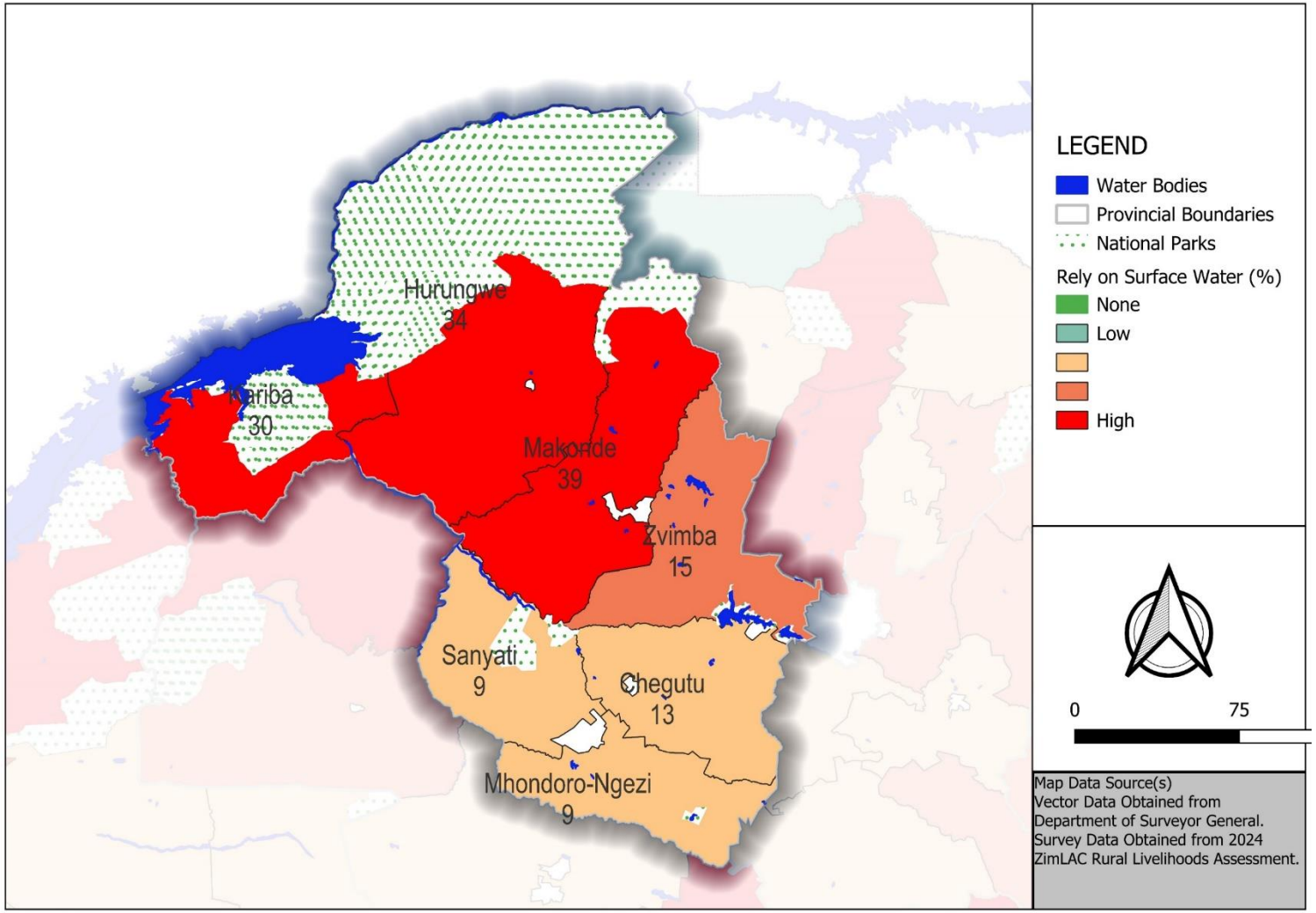


2024



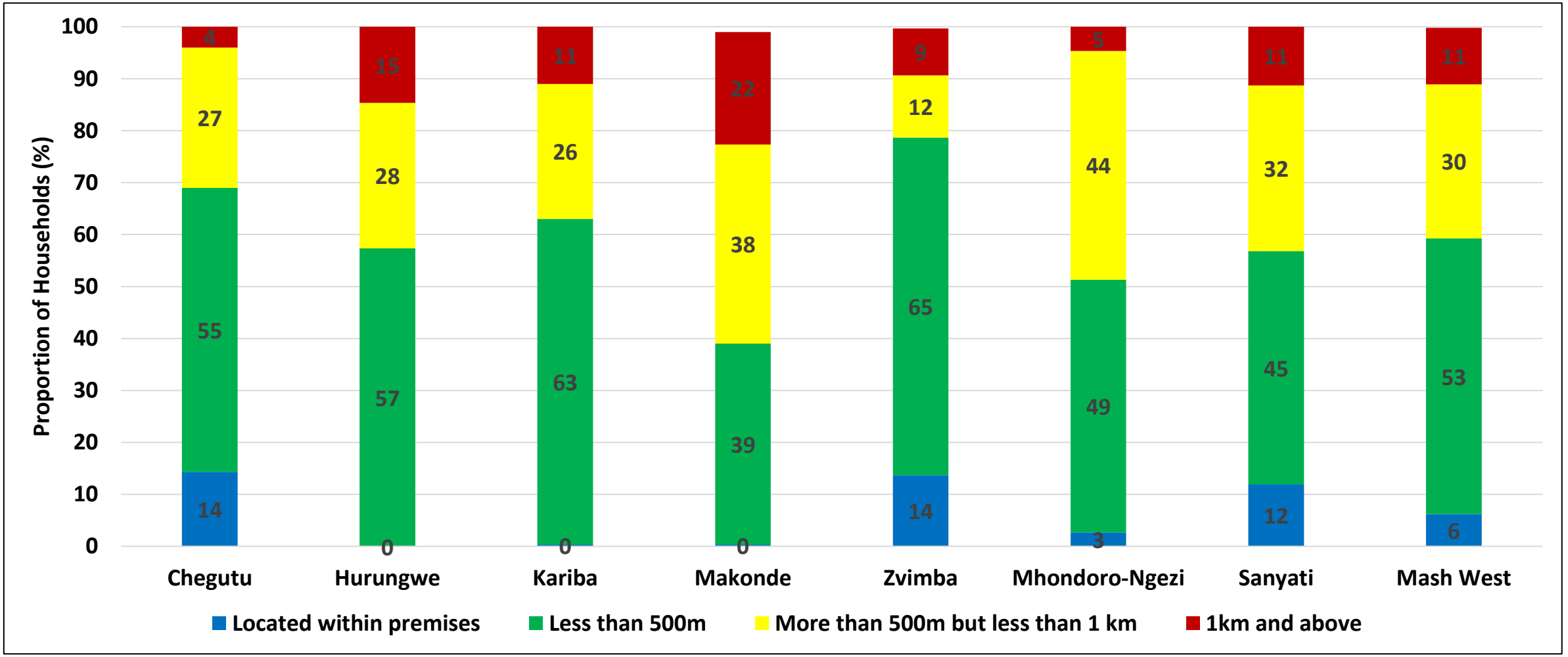
- The proportion of households that reported to have access to an improved water source increased in 2024 (78%) as compared to 2023 (74%).

Households Drinking Surface Water by District



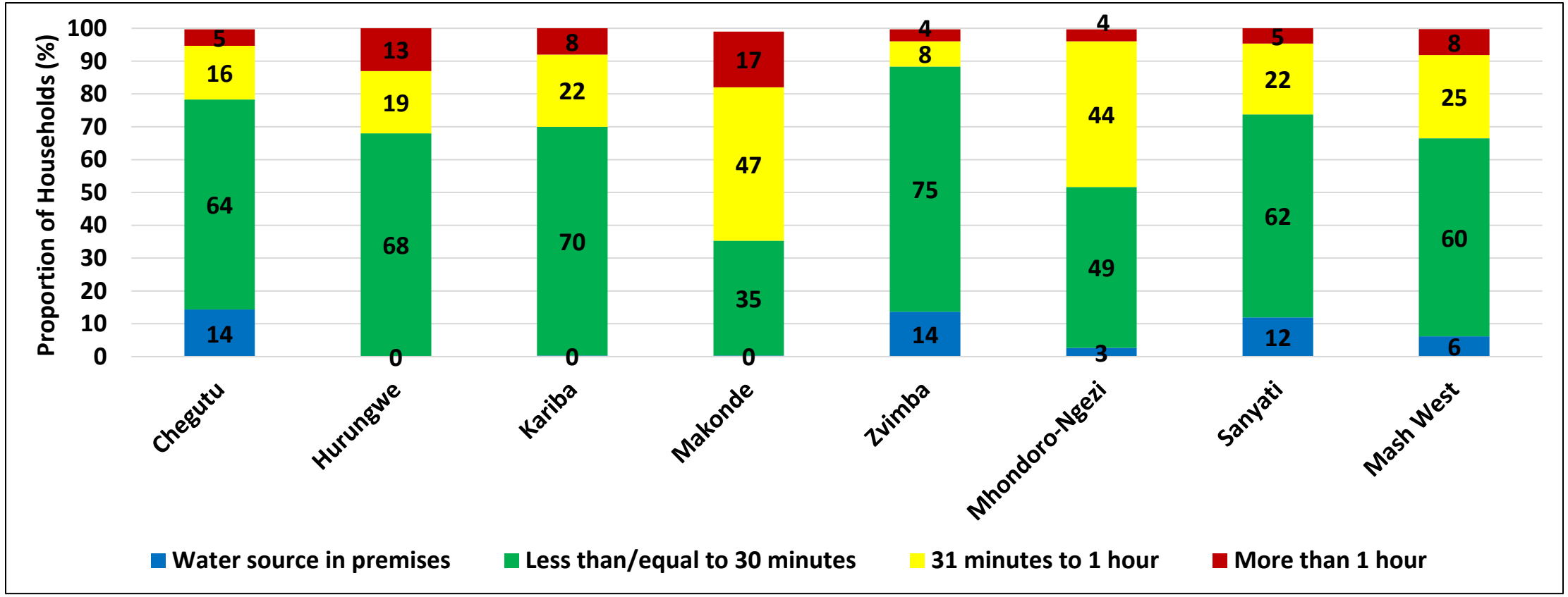
- Makonde (39%) and Hurungwe (34%) had the highest proportion of households which used surface water for drinking.

Distance Travelled to and from Main Drinking Water Source



- The proportion of households that travelled 1 km and above to and from the main drinking water source was 11%.
- Makonde (22%) had the highest proportion of households that travelled 1 km and above.

Time Taken to and from Main Drinking Water Source



- The proportion of households that took more than 1 hour to and from the main drinking water source was 8%.
- Makonde (17%) had the highest proportion of households that took more than 1 hour to and from the main drinking water source.

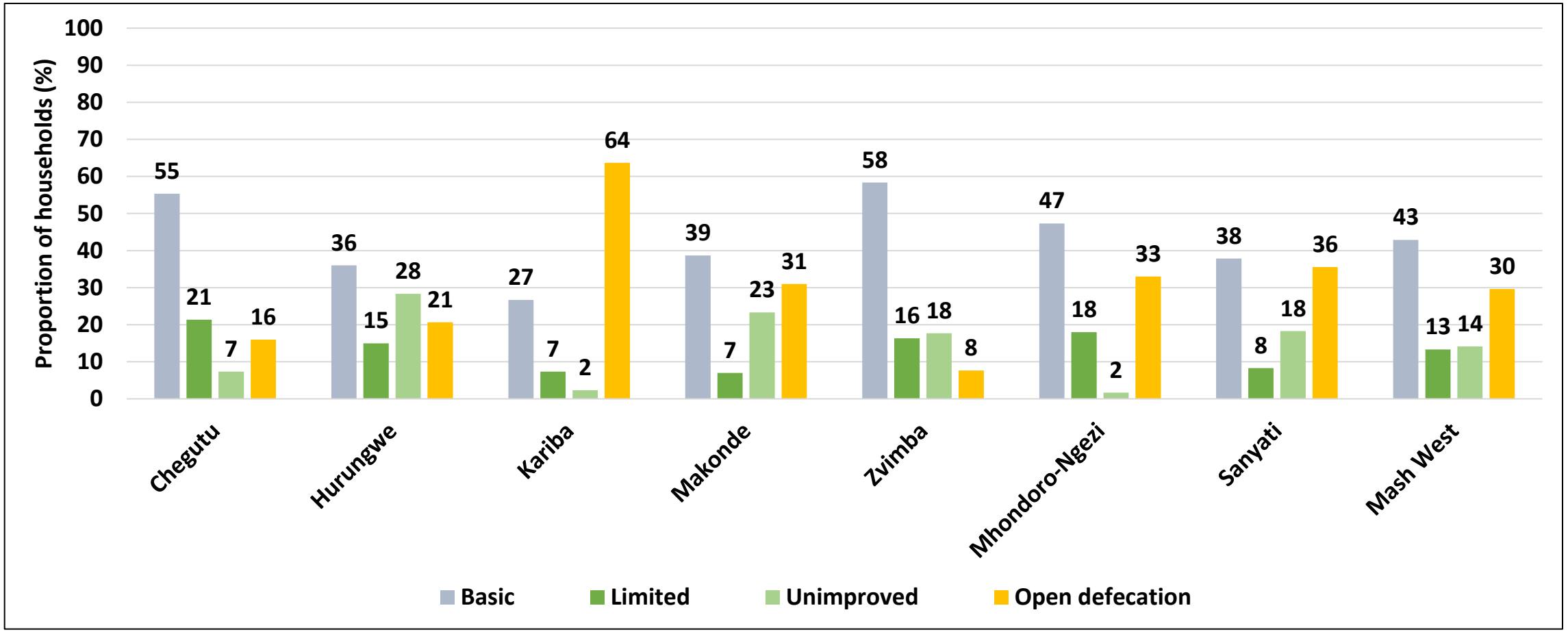
Sanitation

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.

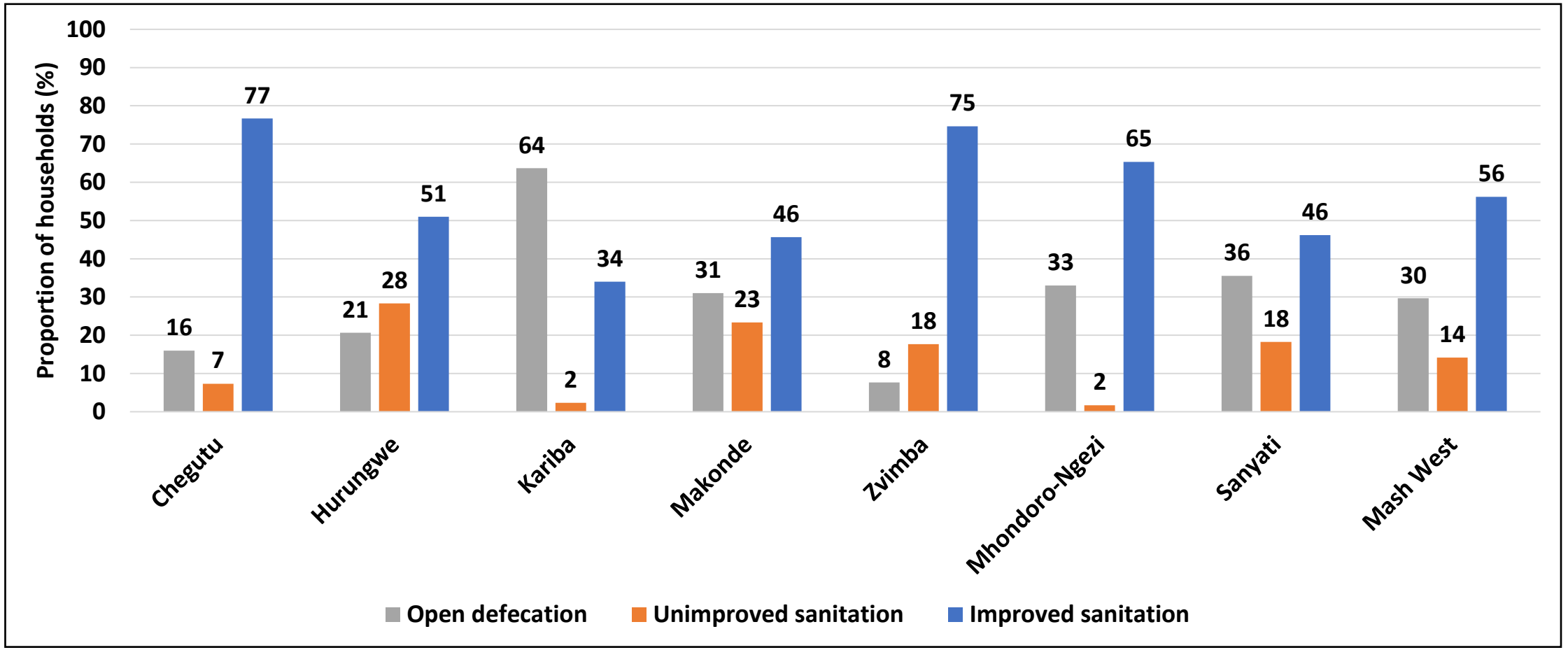
Note: Improved sanitation facilities: Facilities that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

Household Sanitation Services



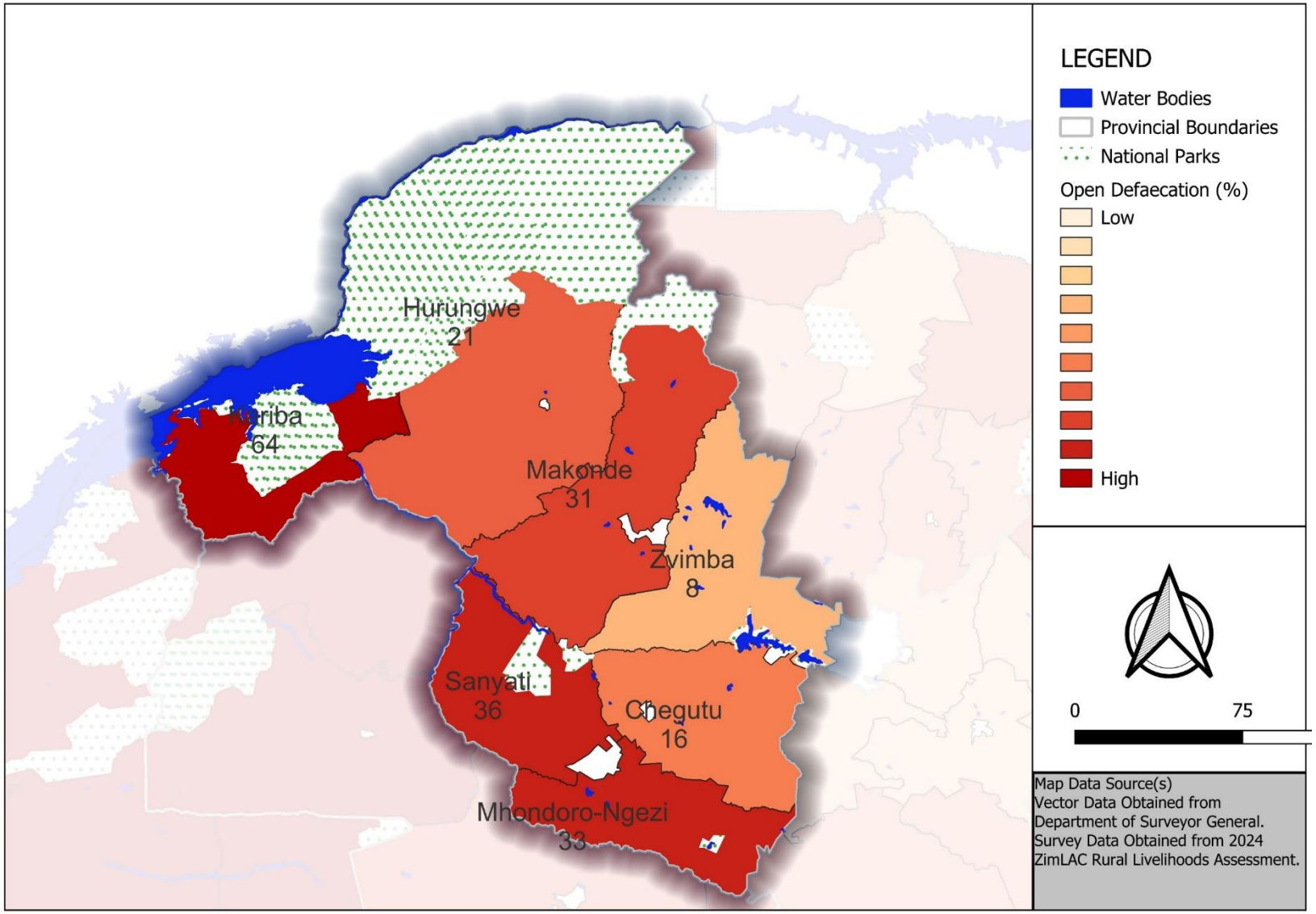
- Basic sanitation in the province was reported at 43% and open defecation at 30%.

Access to Improved Sanitation



- The proportion of households that reported to have access to improved sanitation was 56%.
- Chegutu (77%) had the highest and Kariba (34%) had the lowest proportion of households with access to improved sanitation.
- Kariba (64%) had the highest proportion of households practicing open defecation.

Open Defecation By District



- Kariba (64%) had the highest rate of open defecation among households.

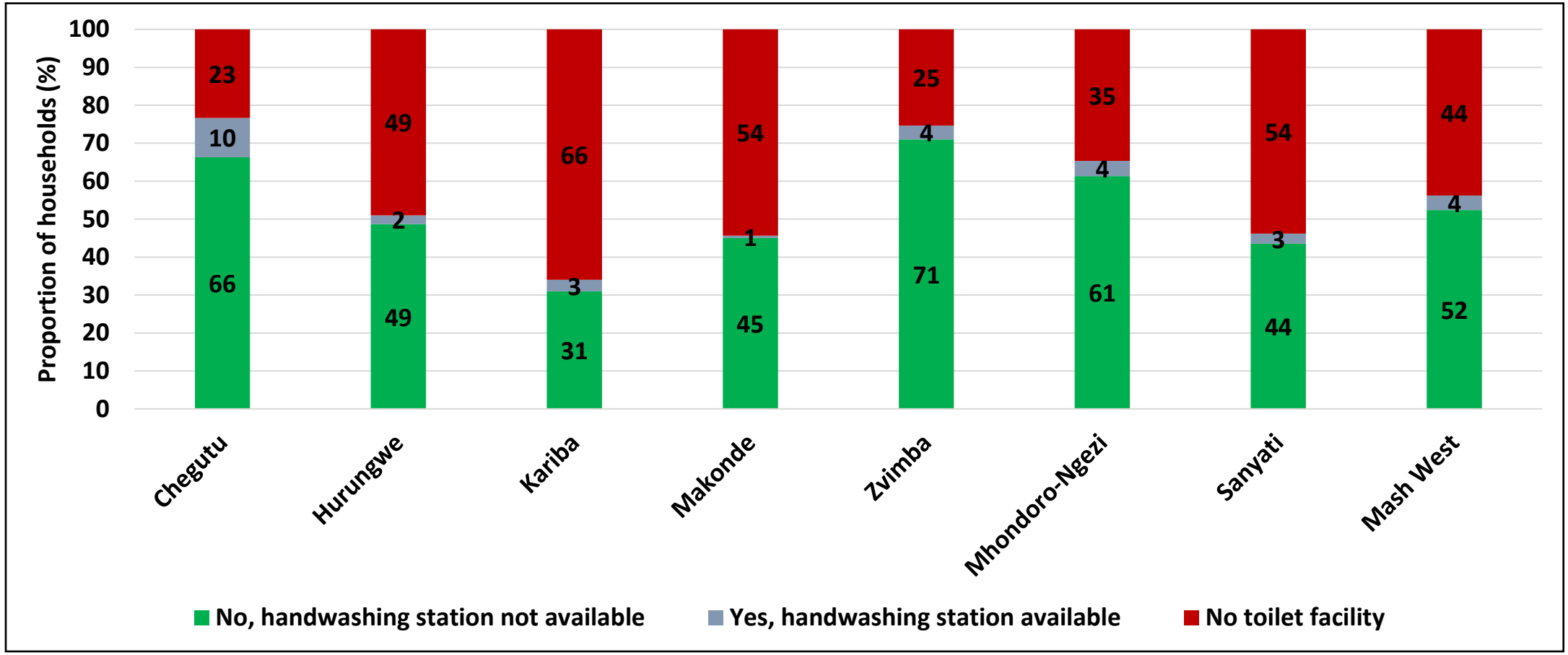
Hygiene

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. Access to Handwashing services
No Facility	No hand washing facility on premises.

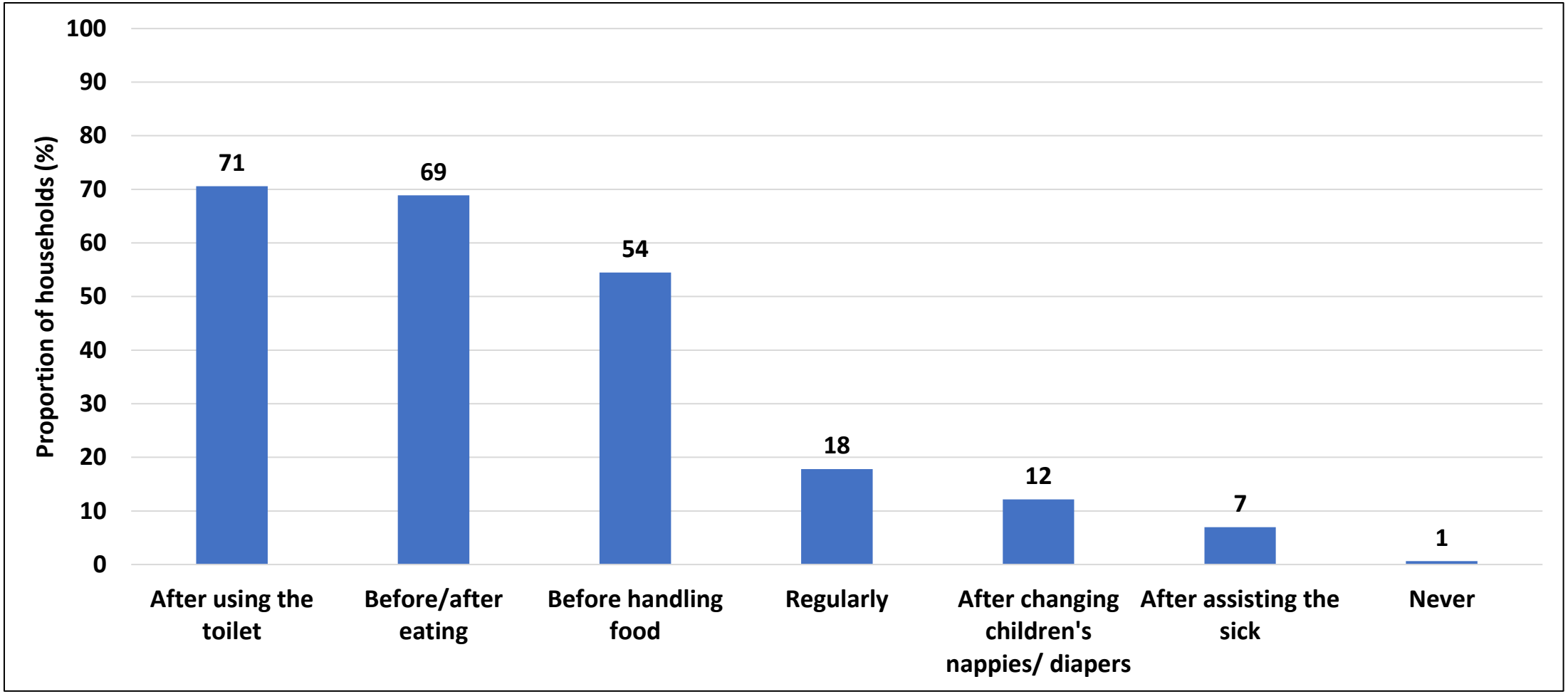
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Access to Handwashing Facility



- The proportion of households which had no hand washing station at their toilet facility was 52%.

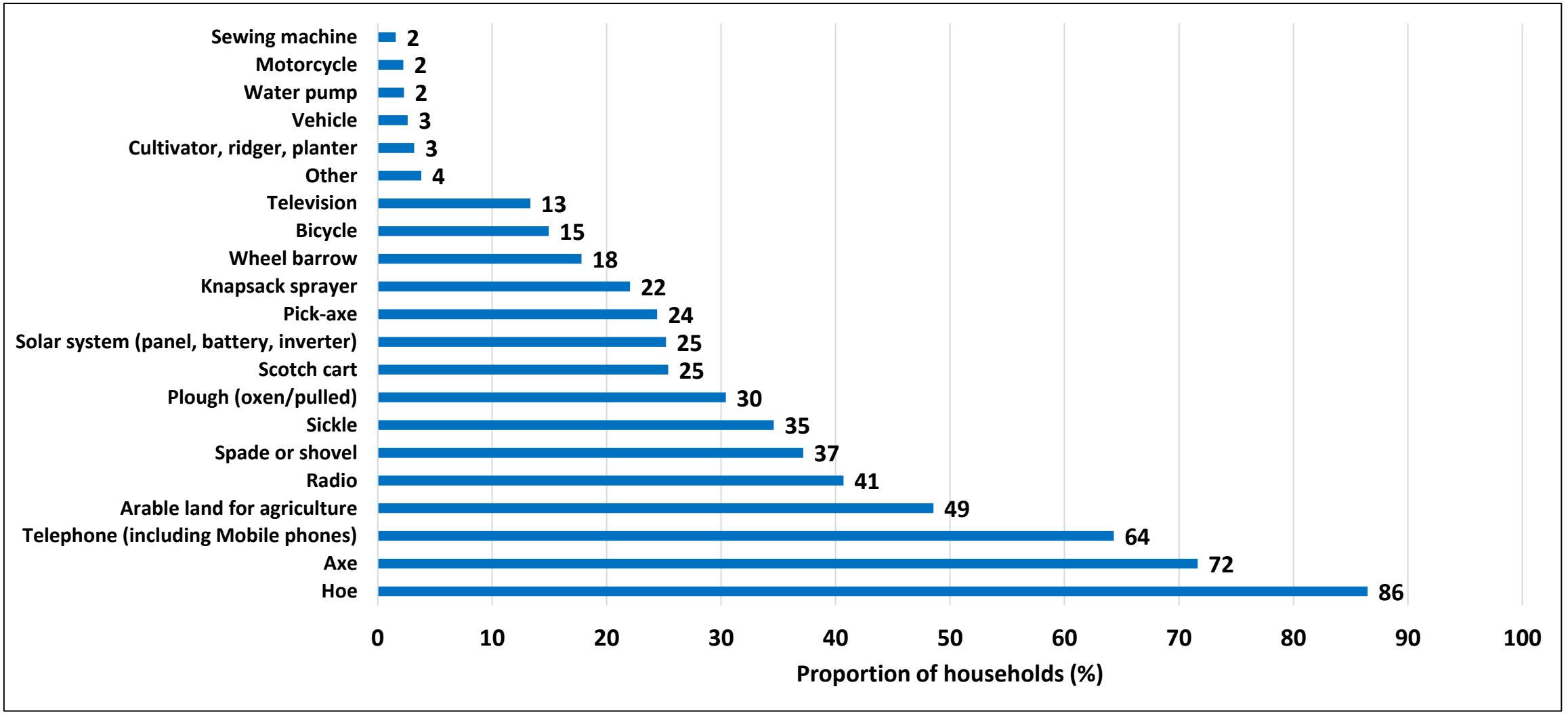
Hand Washing at Critical Times



- Most households practised hand washing after using the toilet (71%), before/after eating (69%) and before handling food (54%).

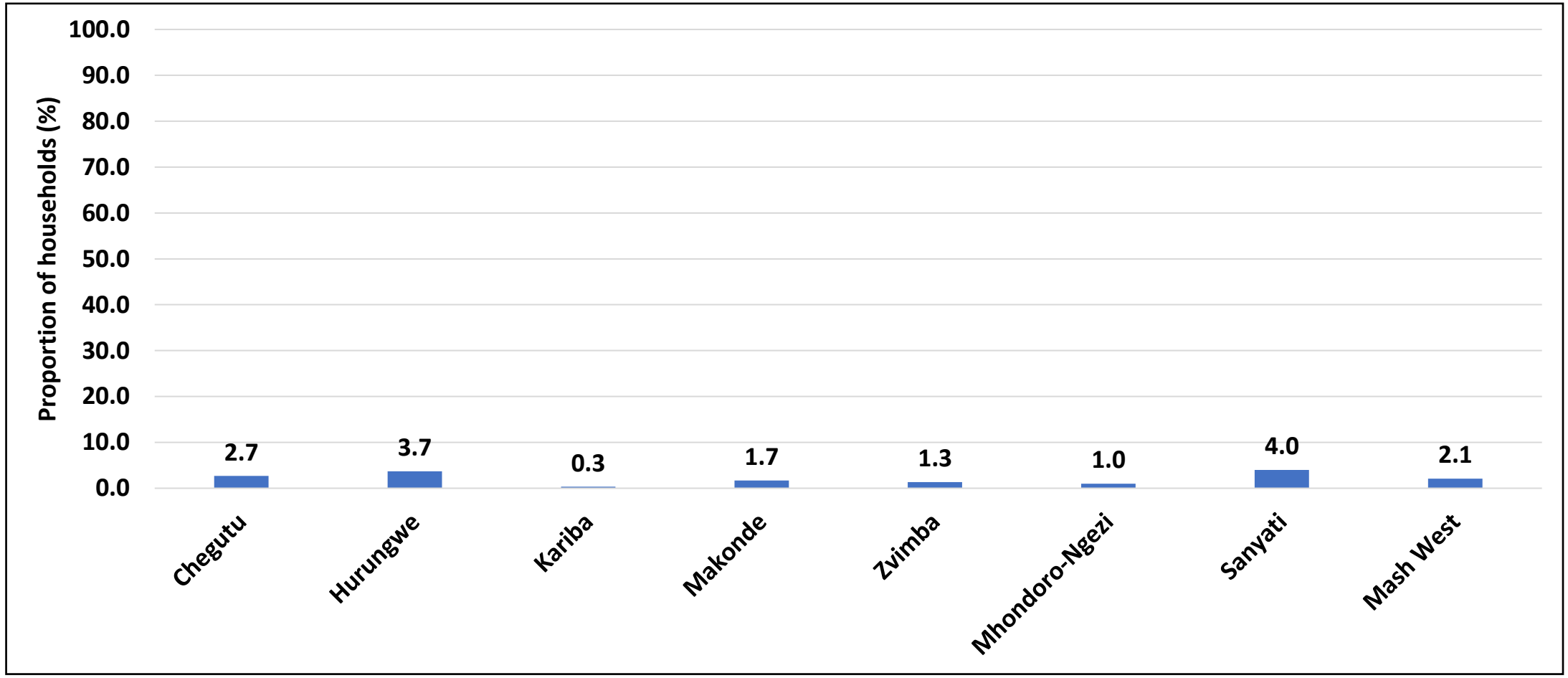
Assets and Loans

Assets



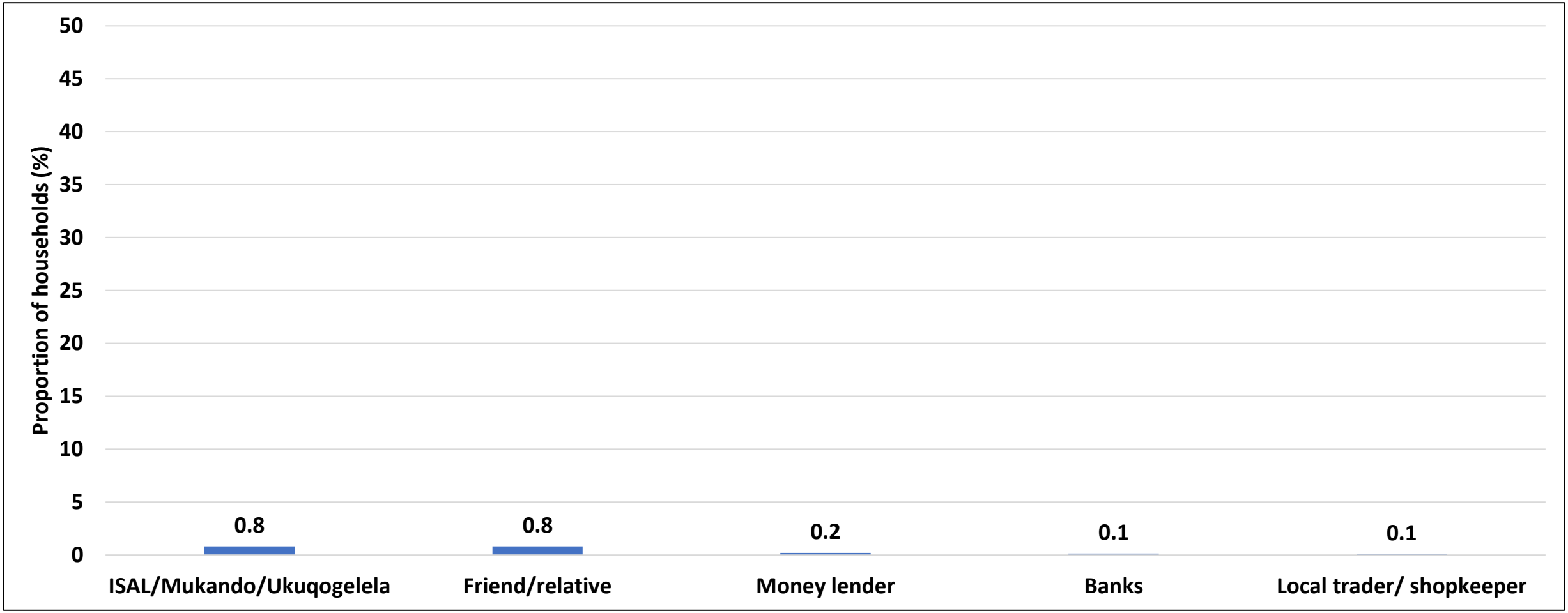
- Most households owned hoes (86%) followed by an axe (72%).

Proportion of Households that Received a Loan



- About 2.1 % of the households reported to have received a loan.

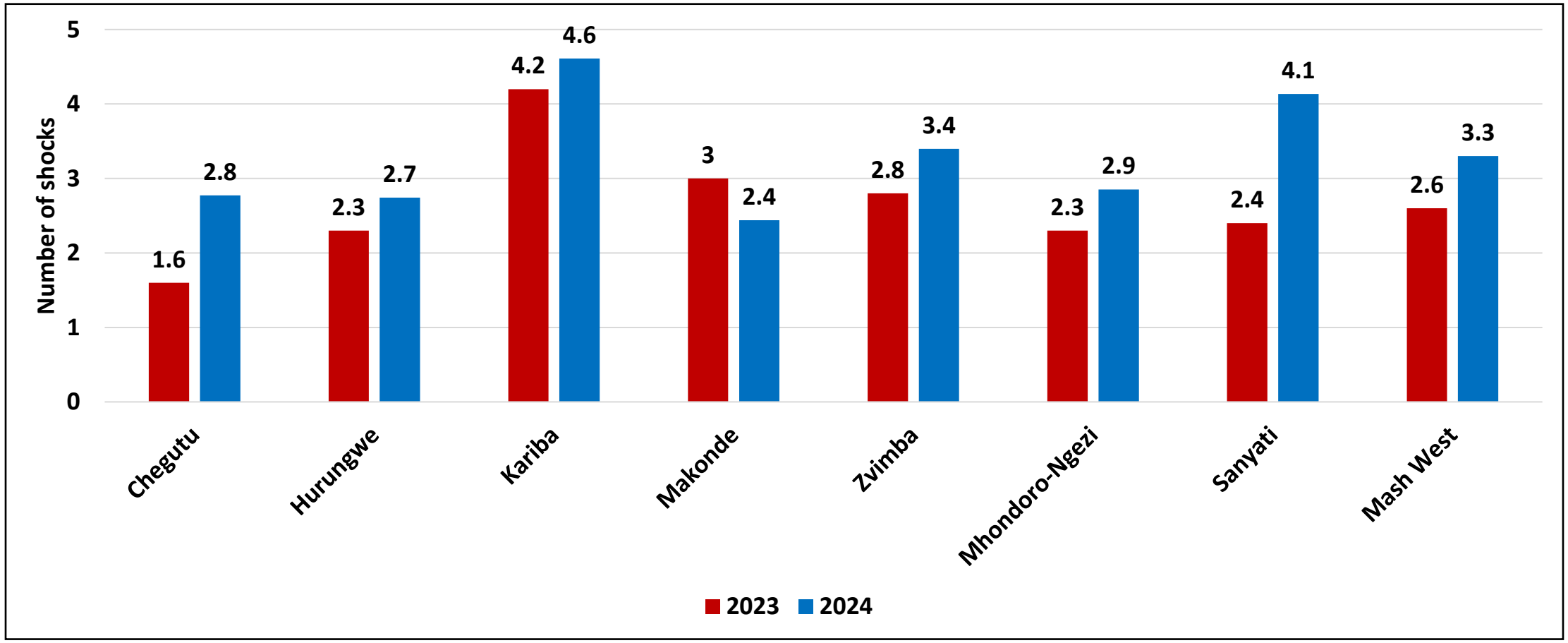
Source of Loans



- About 0.8% of the households received loans from ISAL/Mukando/ Ukuqogelela and friend/ relative.

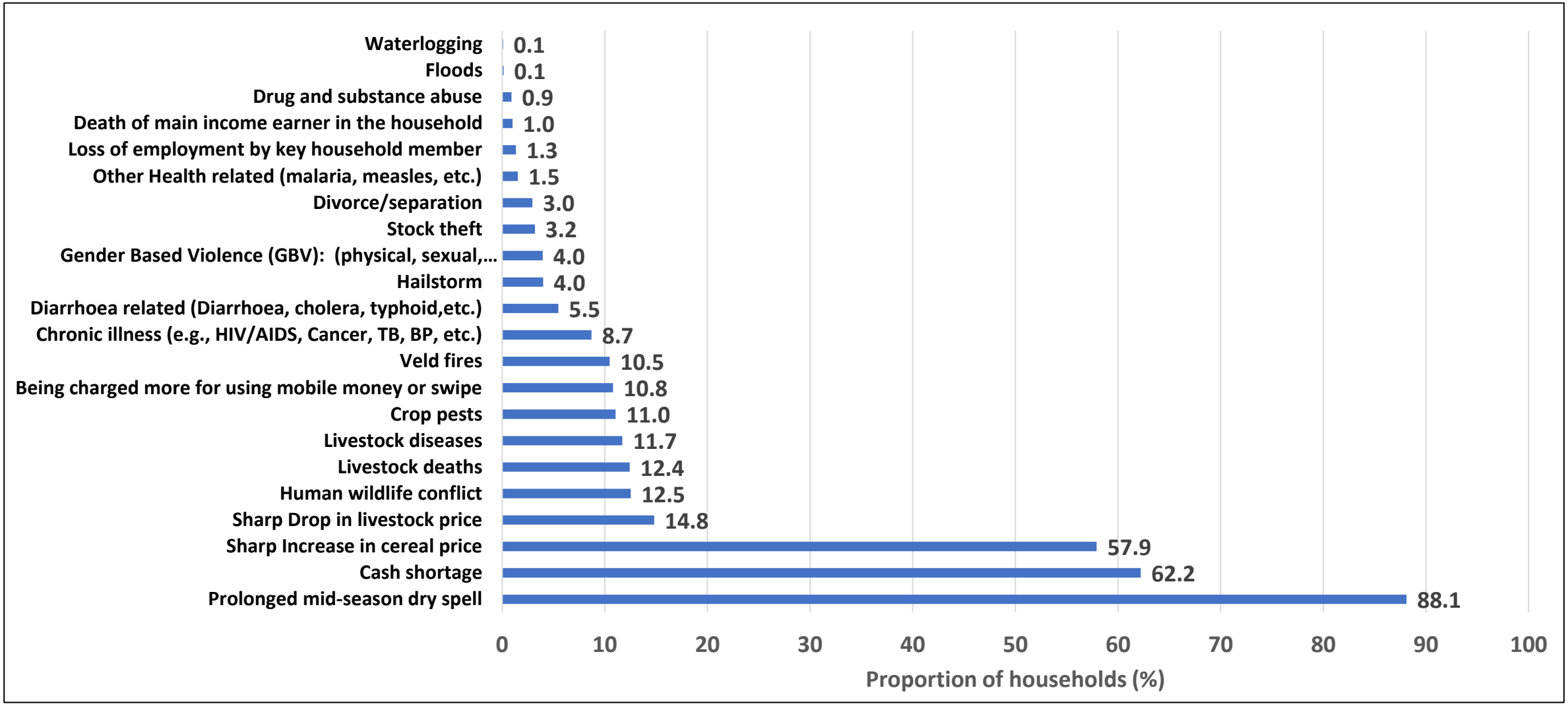
Shocks and Hazards

Number of Shocks Experienced by Households



- The average number of shocks experienced by households was 3.3.
- The number of shocks experienced by households increased in 2024 compared to 2023.

Proportion of Households Experiencing Shocks



- Prolonged mid-season dry spell (88.1%), cash shortage (62.2%) and sharp increase in cereal prices (57.9%) were the most prevalent shocks experienced by households.

Health Related Shocks

District	Chronic illness (%)	Diarrhoea related (Diarrhoea, cholera, typhoid, etc.) (%)	Other Health related (malaria, measles, etc.) (%)
Chegutu	10.7	5.0	0.7
Hurungwe	9.0	3.7	1.0
Kariba	12.0	12.7	6.3
Makonde	1.7	0.7	0.3
Zvimba	13.3	7.7	1.3
Mhondoro-Ngezi	2.0	0.3	0.0
Sanyati	12.3	8.3	1.0
Mash West	**8.7**	**5.5**	**1.5**

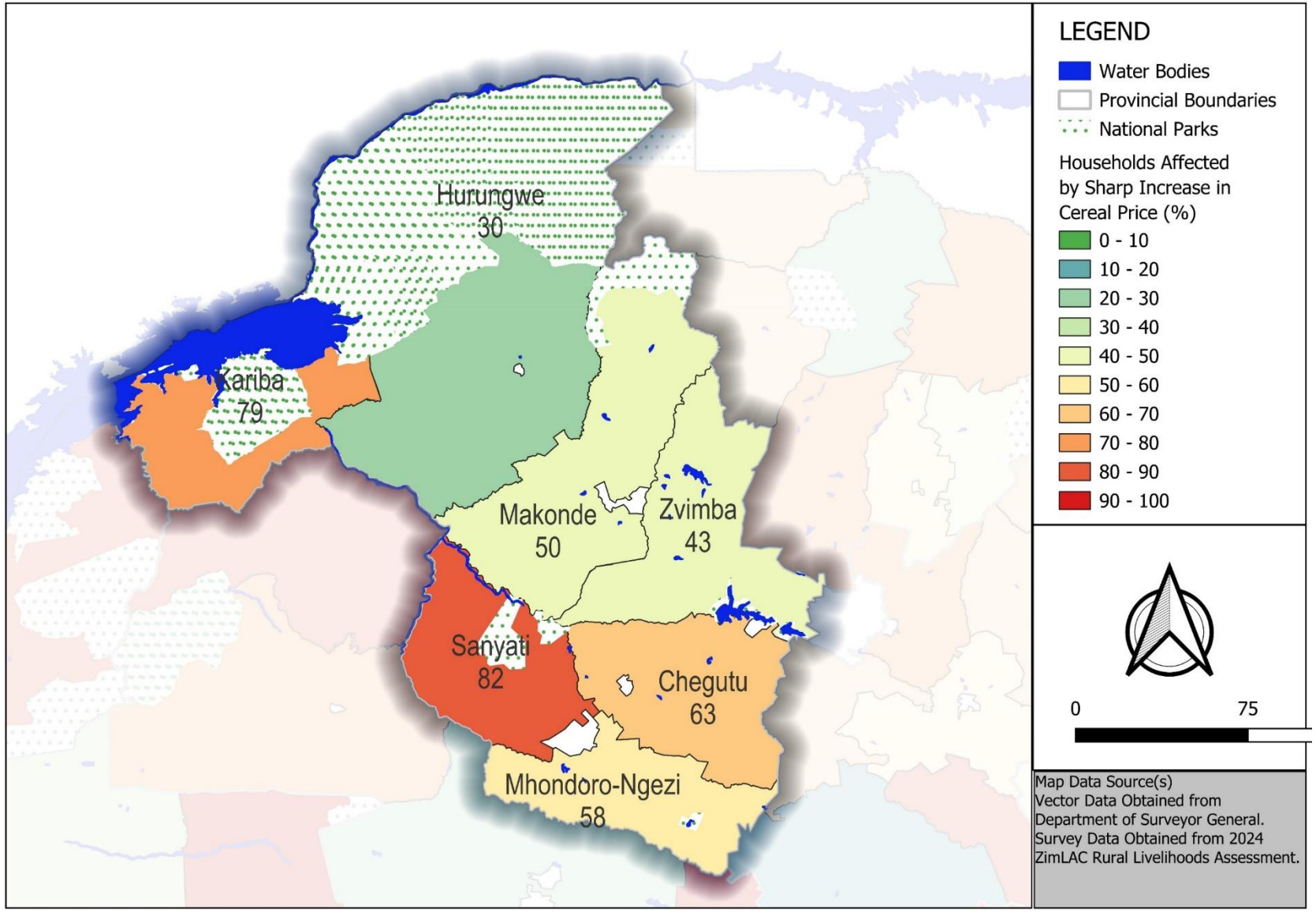
- Chronic illness was the most reported health shock (8.7%).
- Zvimba had the highest proportion of households which reported chronic illness as a health related shock (13.3%).

Economic and Social Shocks

District	Chegutu (%)	Hurungwe (%)	Kariba (%)	Makonde (%)	Zvimba (%)	Mhondoro-Ngezi (%)	Sanyati (%)	Mash West (%)
Cash shortage	44.7	46.7	89.3	40.0	56.7	81.7	76.4	**62.2**
Sharp Increase in cereal price	63.3	29.7	79.3	49.7	43.3	57.7	82.4	**57.9**
Being charged more for using mobile money or swipe	1.3	0.7	9.3	8.0	21.7	16.7	17.9	**10.8**
Gender Based Violence (GBV)	10.0	1.7	6.0	1.3	2.0	0.7	6.0	**4.0**
Divorce/separation	6.0	2.7	1.0	3.3	3.0	1.3	3.3	**3.0**
Loss of employment by key household member	3.3	0.0	1.7	0.7	0.7	1.7	1.3	**1.3**
Death of main income earner in the household	0.7	1.0	0.7	1.0	2.3	0.3	1.0	**1.0**
Drug and substance abuse	1.0	0.3	1.3	0.3	0.0	0.3	3.0	**0.9**

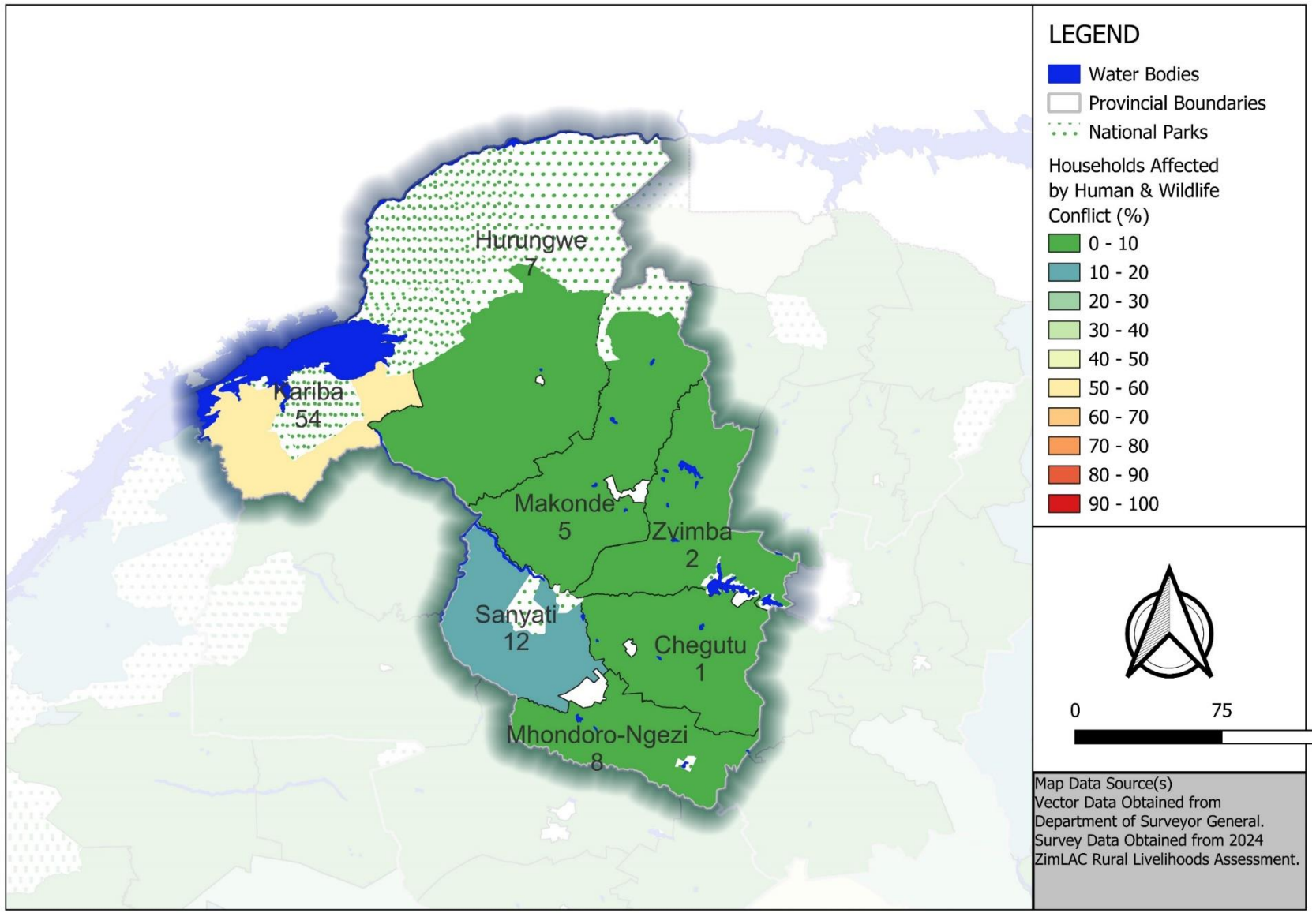
- Cash shortage (62.2%) was the most reported economic shock.

Households Which Reported Sharp Cereal Price Increases



- Sanyati (82%) and Kariba (79%) had the highest proportion of households which reported sharp cereal price increases as a shock.

Households which Reported Human Wildlife Conflict



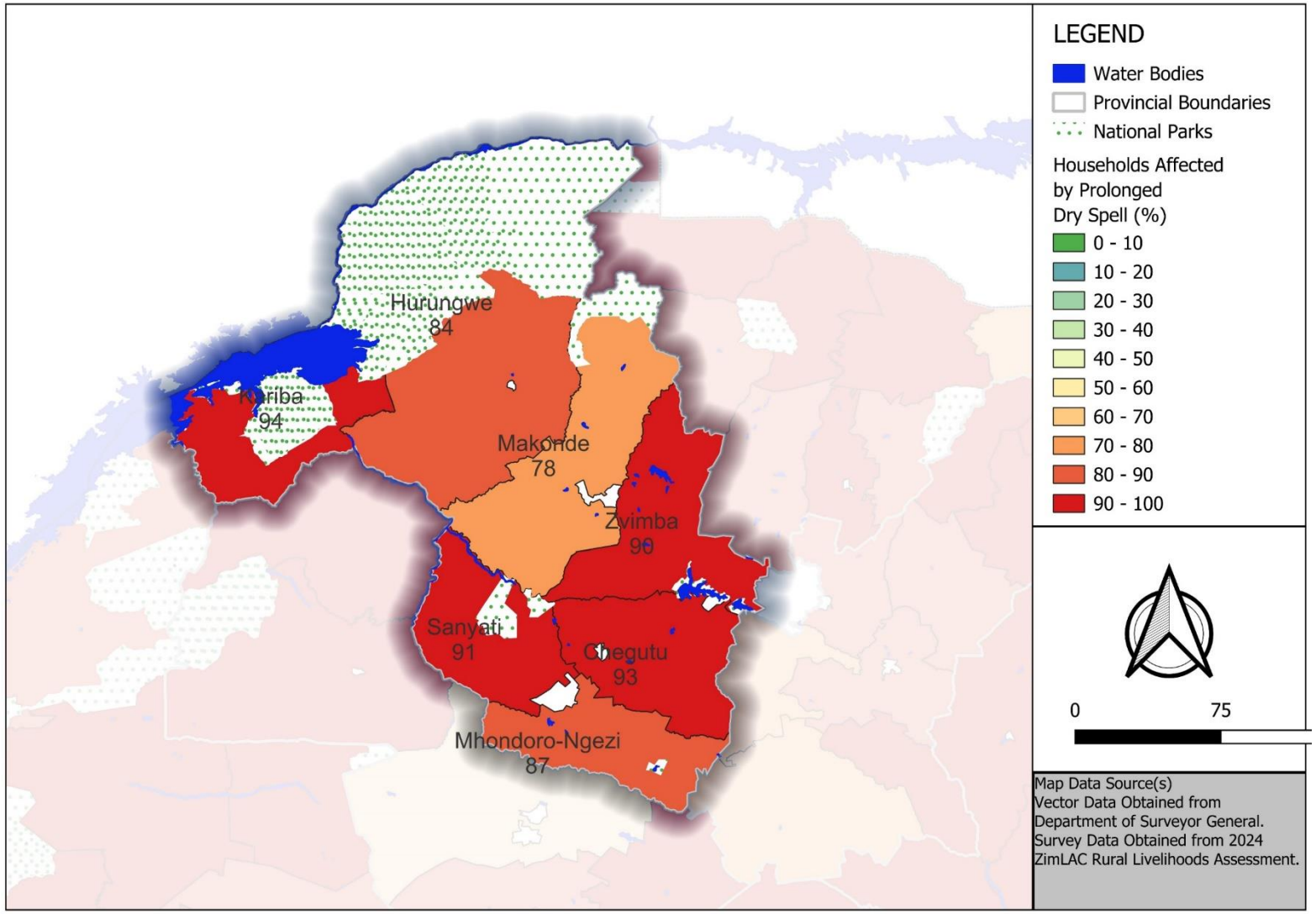
The highest proportion of households which reported human wildlife conflict as a shock was in Kariba (54%).

Climate Related Shocks

District	Chegutu (%)	Hurungwe (%)	Kariba (%)	Makonde (%)	Zvimba (%)	Mhondoro-Ngezi (%)	Sanyati (%)	Province (%)
Prolonged mid-season dry spells	93.3	83.7	94.3	77.7	90.0	86.7	91.0	**88.1**
Human wildlife conflict	1.0	6.7	53.7	5.3	1.7	7.7	11.6	**12.5**
Veld fires	0.7	0.0	1.7	22.0	31.0	8.3	9.6	**10.5**
Hailstorm	3.0	3.7	1.3	1.7	8.7	1.3	8.3	**4.0**
Floods	0.0	0.0	1.0	0.0	0.0	0.0	0.0	**0.1**
Waterlogging	0.0	0.0	0.0	0.0	0.0	0.0	0.7	**0.1**

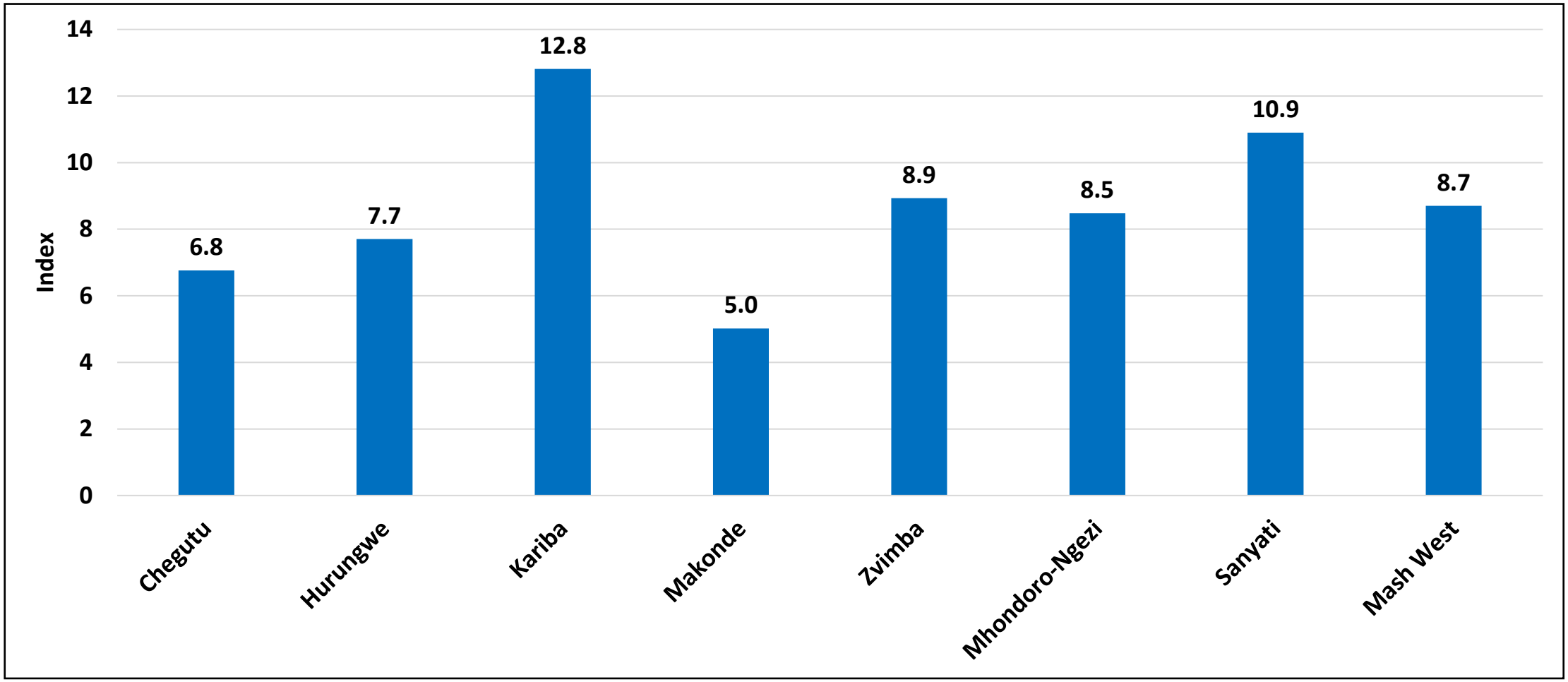
- Prolonged mid-season dry spells (88.1%) were the most reported climate related shock.

Households which Reported Prolonged Mid-season Dry Spells



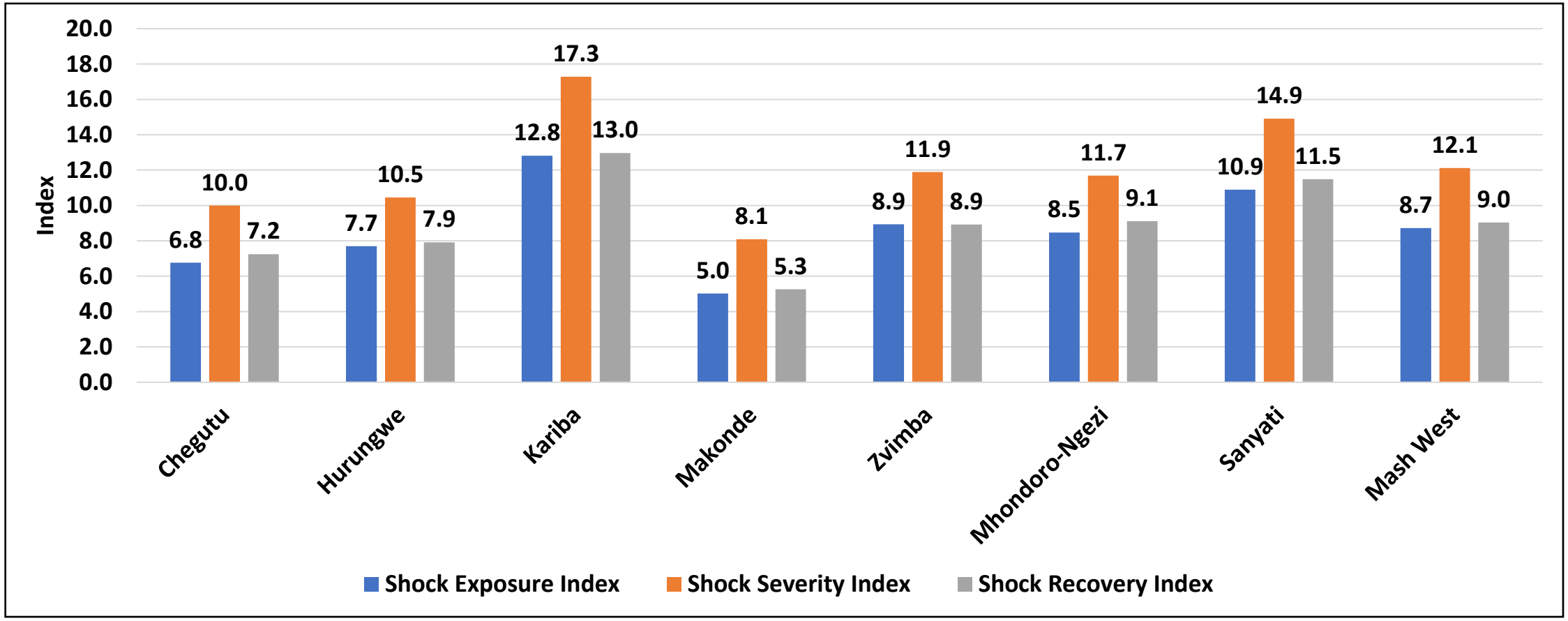
- Most districts in the province reported prolonged mid-season dry spell as a shock. Kariba (94%), Chegutu (93%), Sanyati (91%) and Zvimba (90%) had the greatest proportion of households that experienced prolonged mid-season dry spells as a shock.

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. Kariba (12.8) had the highest shock exposure index in the province followed by Sanyati (10.9).

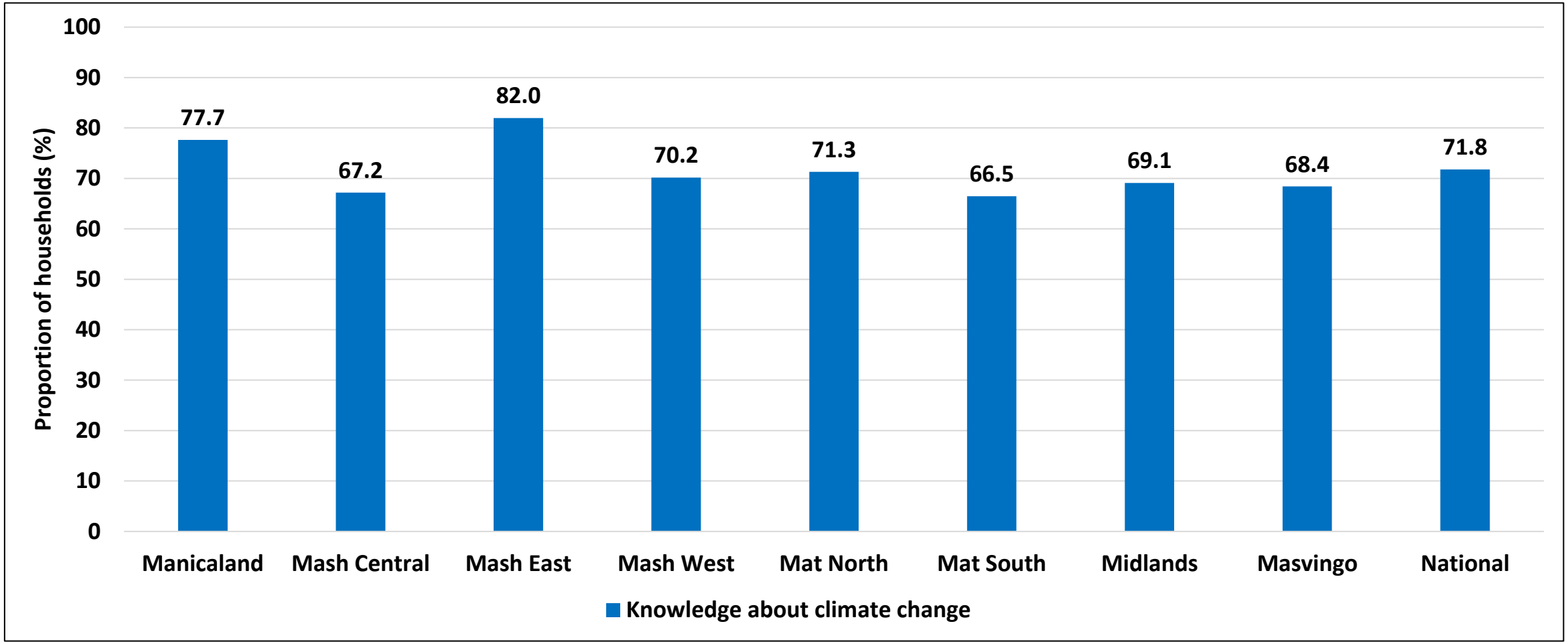
Comparison Between Shock Exposure and Ability to Cope Indices



- The average shock exposure index was 8.7, shock severity index was 12.1 while shock recovery Index was 9.0.

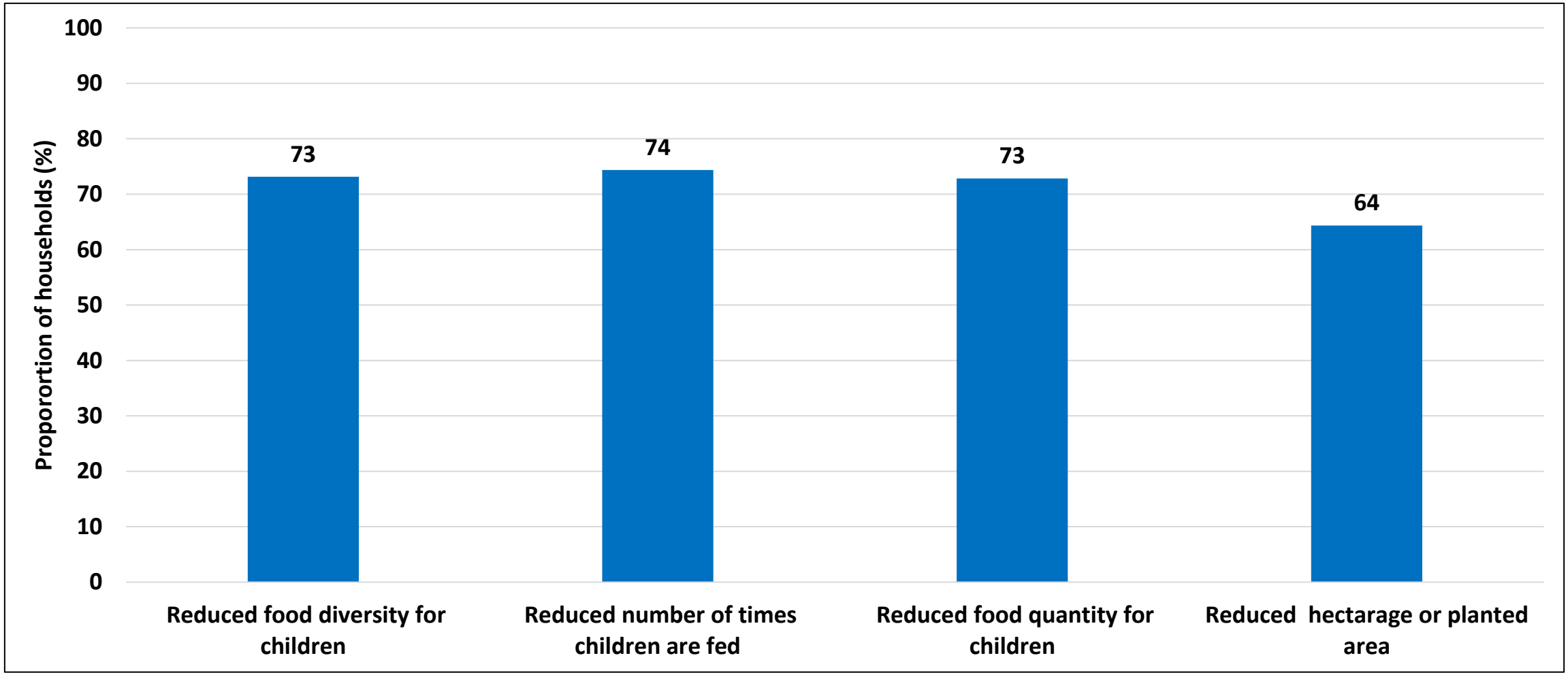
Climate Change

Perceived Household Knowledge on Climate Change



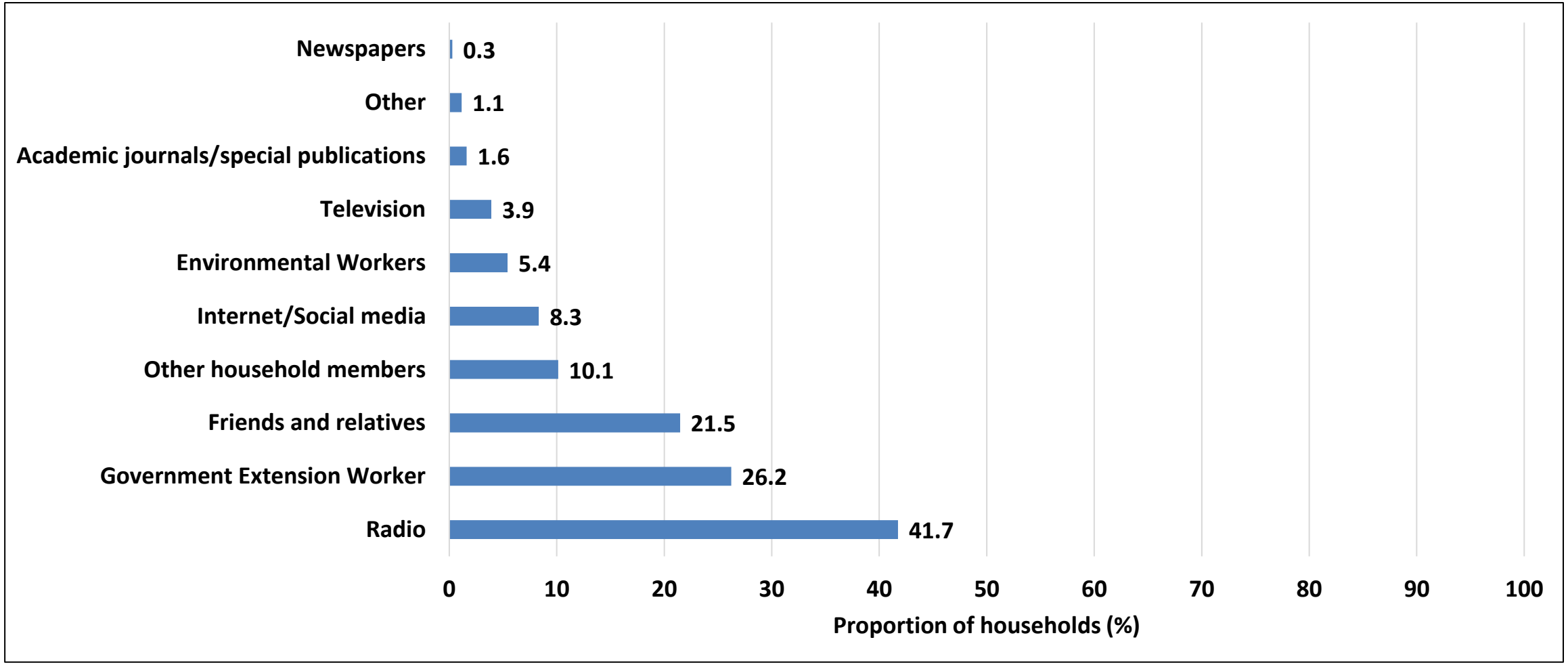
- In Mashonaland West, the proportion of households that reported having knowledge on climate change was 70.2%.

Perceived Effects of Climate Change on Households



- Reduced number of times children are fed (74%) was the most reported effect of climate change.

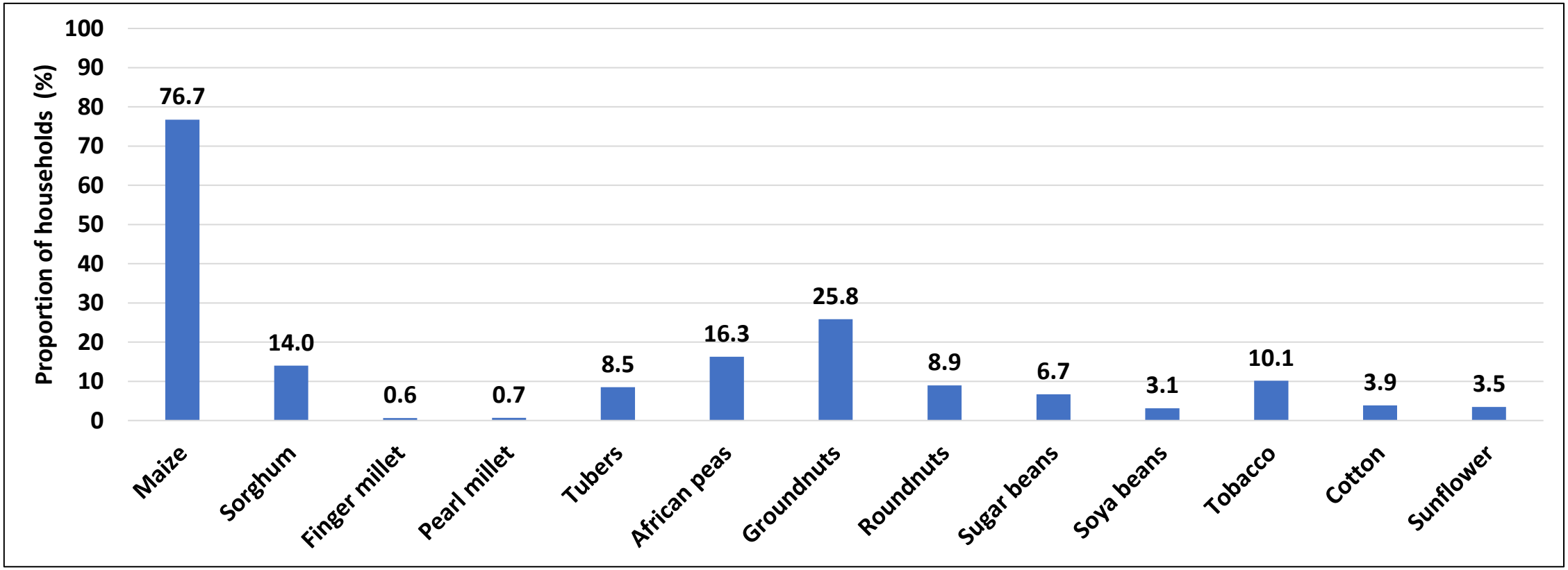
Sources of Climate-Related Information



- Radio (41.7%), government extension workers (26.2%) and friends & relatives (21.5%) were the most reported sources of climate related information.

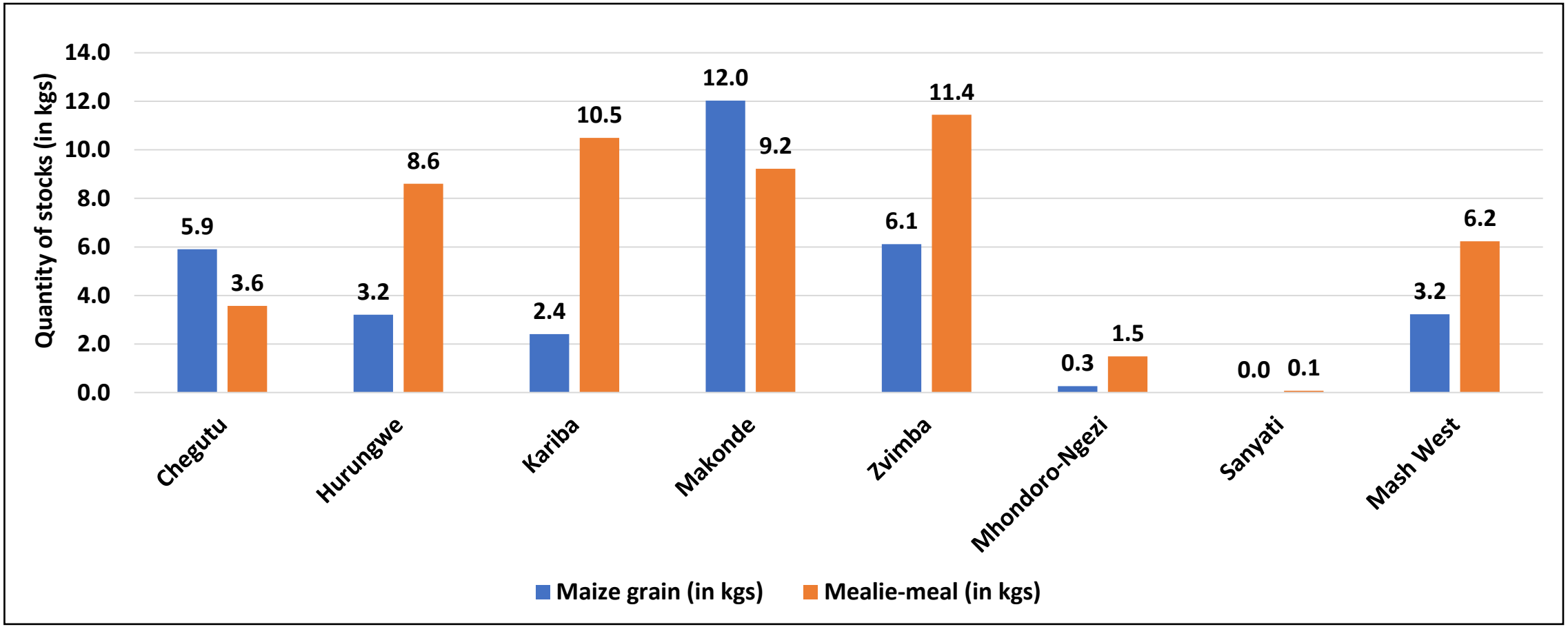
Agriculture Production

Households Which Grew Crops



- Maize (76.7%) was the most grown crop in the province followed by groundnuts (25.8%).
- Finger millet (0.6%) was the least grown crop in the province.

Average Household Stocks as at 1 April 2024



- The average stocks were 3.2kgs of maize and 6.2kgs of mealie.
- Makonde (12kgs) had the largest stocks of maize per household.

Cereals From Casual Labour and Remittances

District	Maize from casual labour (kgs)	Maize from remittances (kgs)
Chegutu	4.4	0.0
Hurungwe	32.6	1.0
Kariba	0.2	0.0
Makonde	20.8	0.0
Zvimba	6.7	1.6
Mhondoro-Ngezi	2.5	0.0
Sanyati	14.9	7.0
Mash West	9	0.3

- The average cereal stocks from casual labour was 9kgs per household and 0.3kg from remittances.
- Hurungwe (32.6kgs) and Makonde (20.8kgs) had the largest stocks of cereals from casual labour.

Season Harvest

District	Maize		Sorghum		Finger Millet		Pearl Millet		Total Cereals	
	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)
Chegutu	796	25	17	0	0	0	0	0	813	25
Hurungwe	1673	89	91	5	1	0	0	0	1765	94
Kariba	532	30	203	11	0	0	2	0	736	40
Makonde	932	75	6	0	0	0	0	0	937	75
Zvimba	1446	66	5	0	3	0	1	0	1456	66
Mhondoro-Ngezi	1838	22	55	2	0	0	0	0	1893	25
Sanyati	1462	44	316	8	0	0	6	1	1784	53
Mash West	1240	50	99	4	1	0	1	0	1341	54

- On average, households were expecting to harvest 1240 kgs of maize and 99 kgs of sorghum.
- The actual household harvest was 50 kgs for maize and 4 kgs for sorghum.

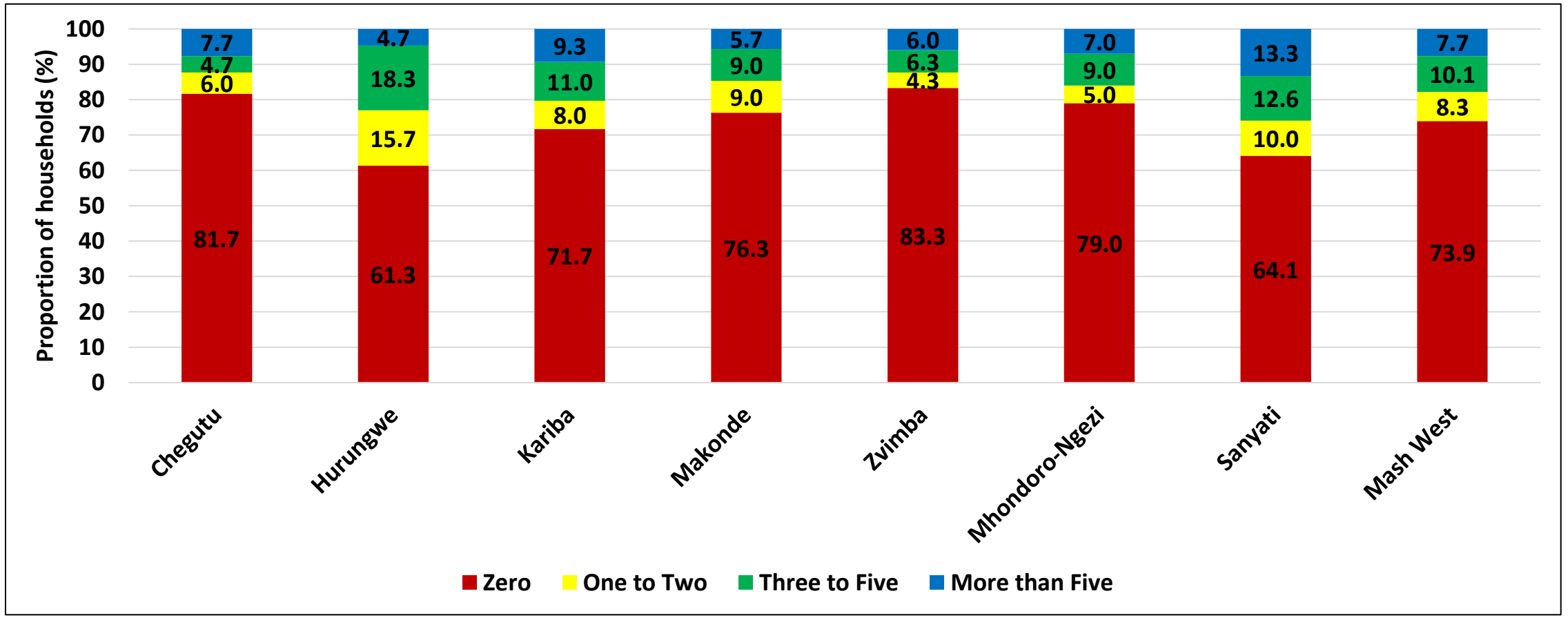
Livestock

Households which Owned Livestock

District	Cattle (%)	Donkeys (%)	Sheep (%)	Goats (%)	Pigs (%)	Poultry (%)	Rabbits (%)
Chegutu	21.3	4.7	1.0	32.0	1.7	57.7	2.7
Hurungwe	41.7	4.7	0.7	35.3	5.0	78.3	1.0
Kariba	32.0	4.0	1.0	46.0	0.3	47.0	0.0
Makonde	30.7	1.0	0.0	21.3	2.3	38.0	0.7
Zvimba	30.7	2.0	0.0	31.3	3.0	62.7	1.7
Mhondoro-Ngezi	22.3	4.3	0.0	31.0	1.7	44.7	0.0
Sanyati	38.2	1.7	0.7	33.2	0.7	54.2	0.0
Mash West	31.0	3.2	0.5	32.9	2.1	54.6	0.9

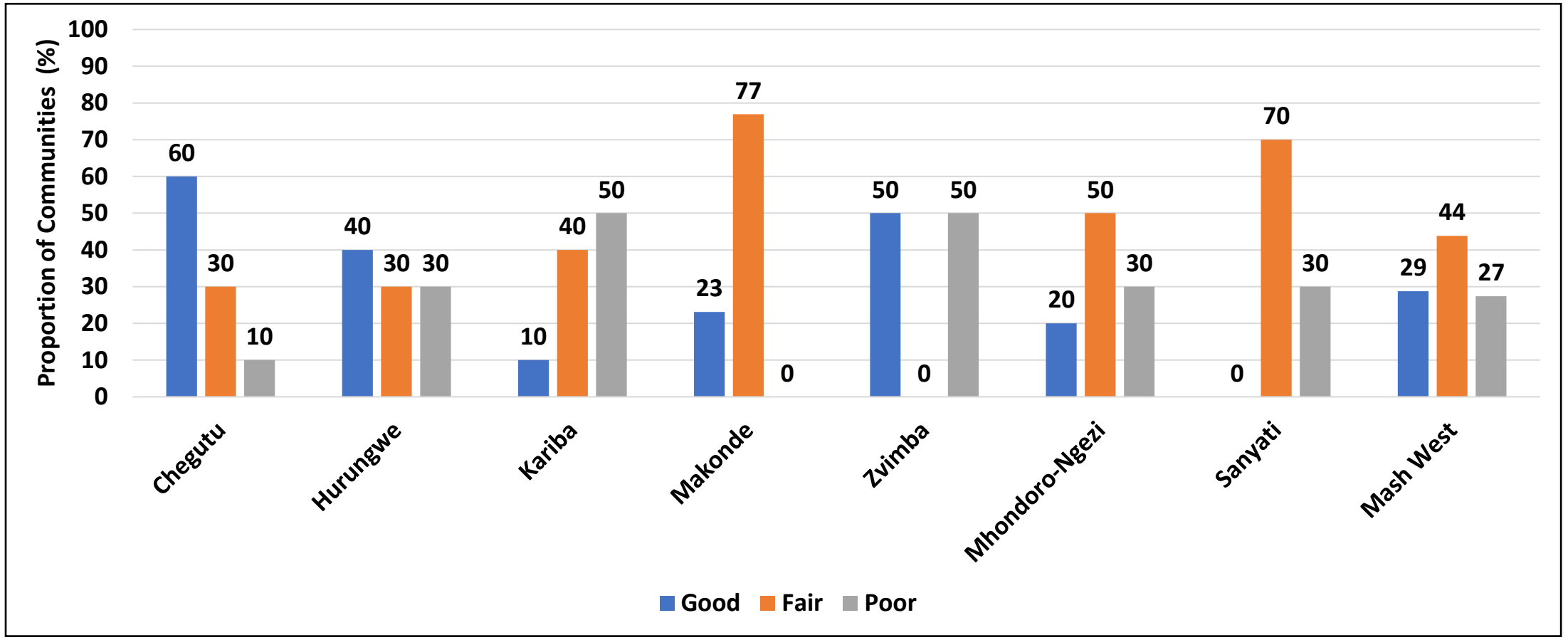
- About 54.6% of the households in the province owned poultry with Hurungwe recording the highest (78.3%).
- The proportion of households owning goats and cattle was reported at 32.9 % and 31.0% respectively.

Households which Owned Cattle



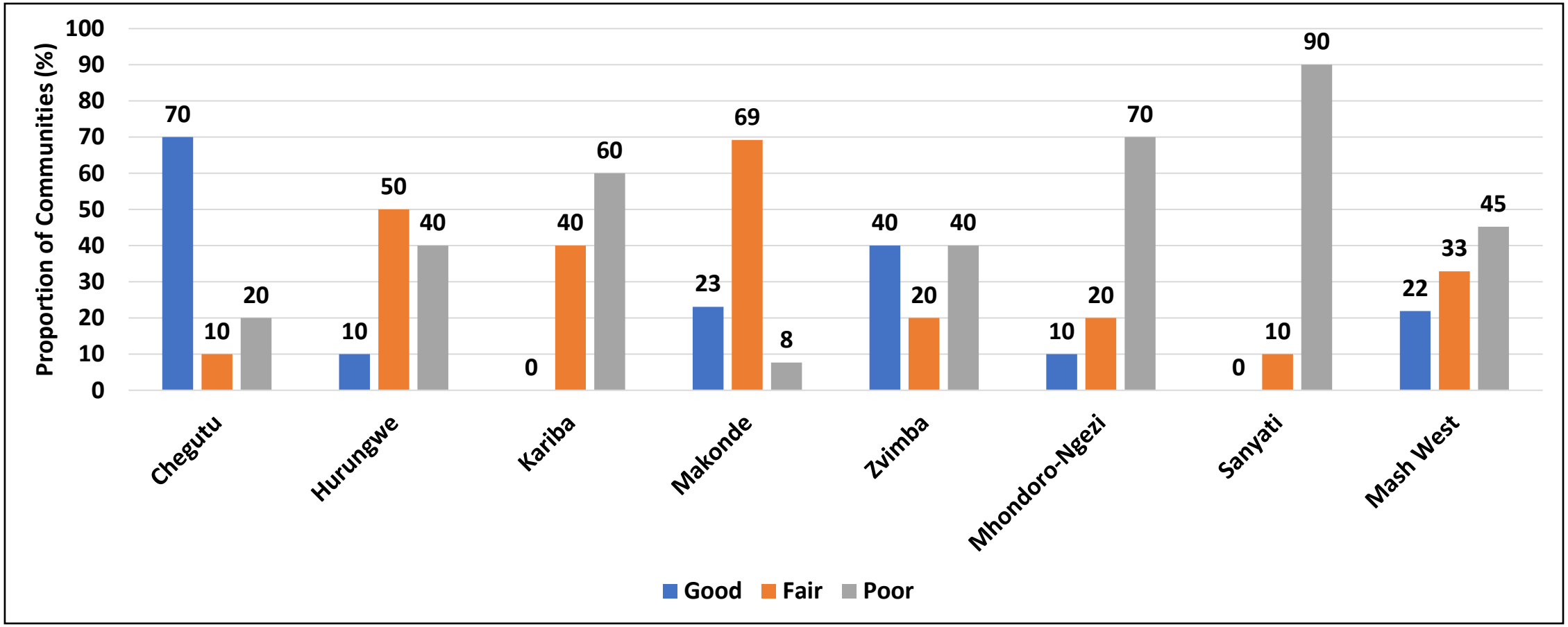
- The proportion of households that owned more than five cattle was 7.7% in the province.
- Zvimba (83.3%) recorded the highest proportion of households which did not own any cattle and Hurungwe (61.3%) had the lowest.

Livestock Condition



- About 44% of the communities reported their livestock condition as fair.

Quality of Pastures



- The quality of pastures in Mashonaland West was reported poor by most of the communities (45%).

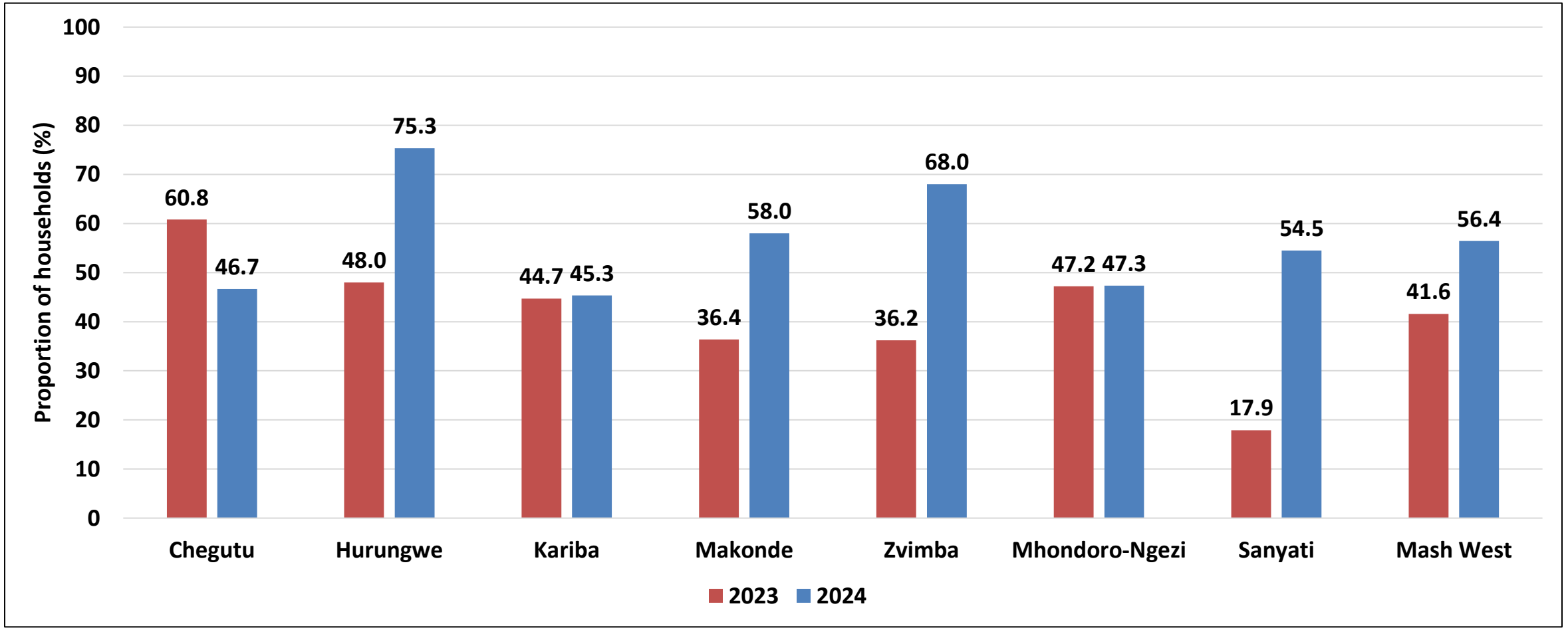
Agriculture Technologies

Households Practicing 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 (%)
Chegutu	46.3	2.3	16.3	0.7	24.0	25.3	0.0	12.0	3.7	2.0	0.0	0.0	46.7
Hurungwe	17.7	1.0	0.3	0.3	23.7	5.7	0.0	11.3	0.0	5.7	1.0	0.0	75.3
Kariba	6.7	0.7	6.0	11.0	11.7	8.0	1.3	8.0	4.0	5.0	0.0	0.3	45.3
Makonde	26.0	0.7	0.7	0.3	26.0	1.0	0.3	0.3	0.3	1.3	0.3	0.0	58.0
Zvimba	19.0	7.3	29.0	1.3	3.7	0.3	0.3	0.3	0.3	2.3	0.0	0.0	68.0
Mhondoro-Ngezi	17.0	0.0	1.3	1.3	20.0	14.3	0.7	11.0	0.7	9.0	0.7	0.0	47.3
Sanyati	15.0	2.0	13.6	12.0	33.2	10.3	1.7	13.6	5.6	1.3	0.7	1.7	54.5
Mash West	**21.1**	**2.0**	**9.6**	**3.9**	**20.3**	**9.3**	**0.6**	**8.1**	**2.1**	**3.8**	**0.4**	**0.3**	**56.4**

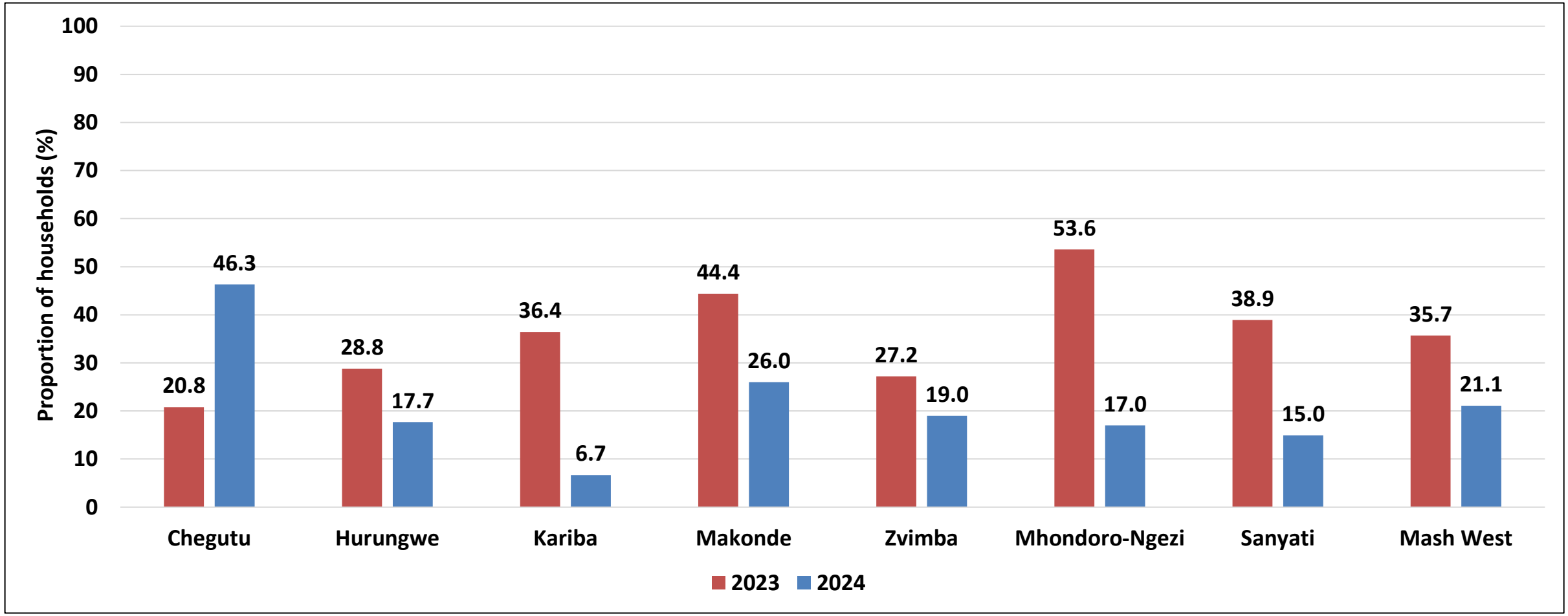
- About 56.4% of the households in the province practised Pfumvudza/Intwasa.
- Hurungwe (75.3%) had the highest proportion of households that practised Pfumvudza/Intwasa.

Households Practising Pfumvudza/Intwasa



- The proportion of households which practised Pfumvudza/Intwasa increased in 2024 (56.4%) as compared to 2023 (41.6%).

Households Using Quality Certified Seeds



- The proportion of households which used quality certified seeds declined in 2024 (21.1%) as compared to 2023 (35.7%).

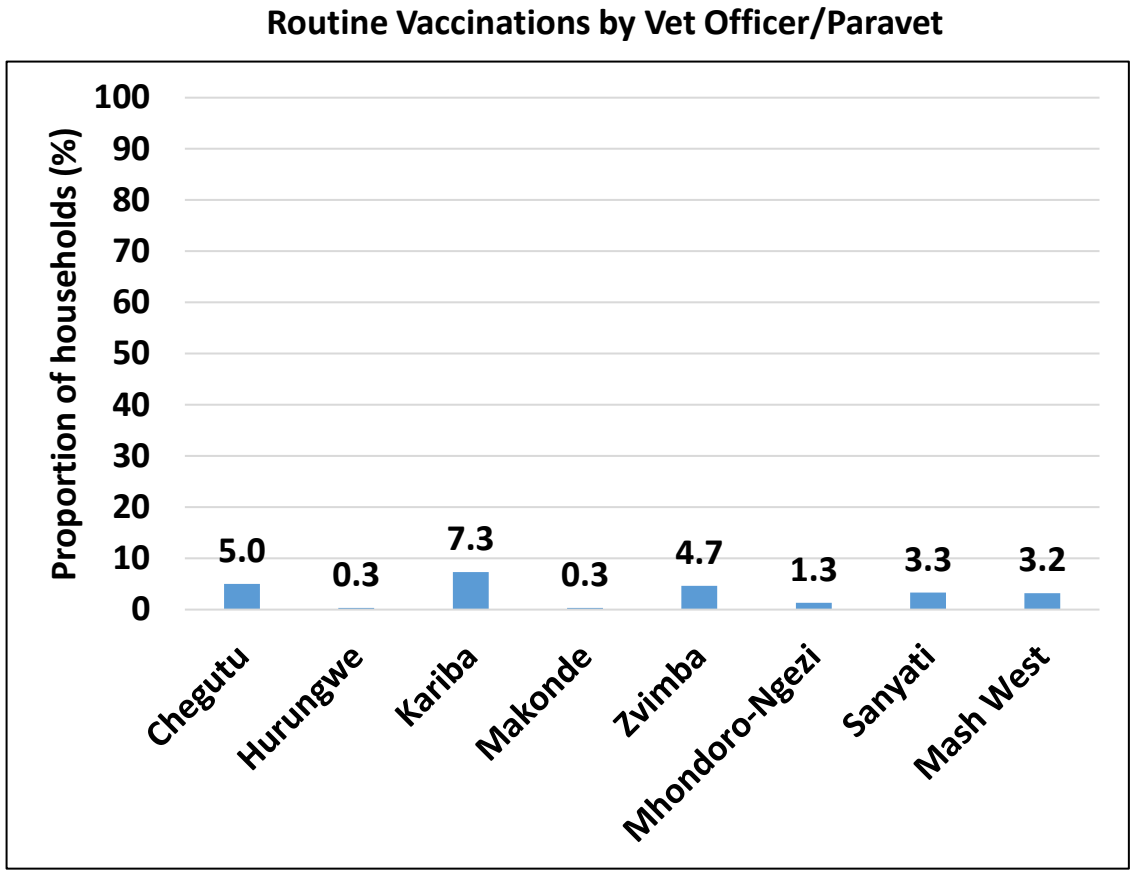
Value Chain Practices

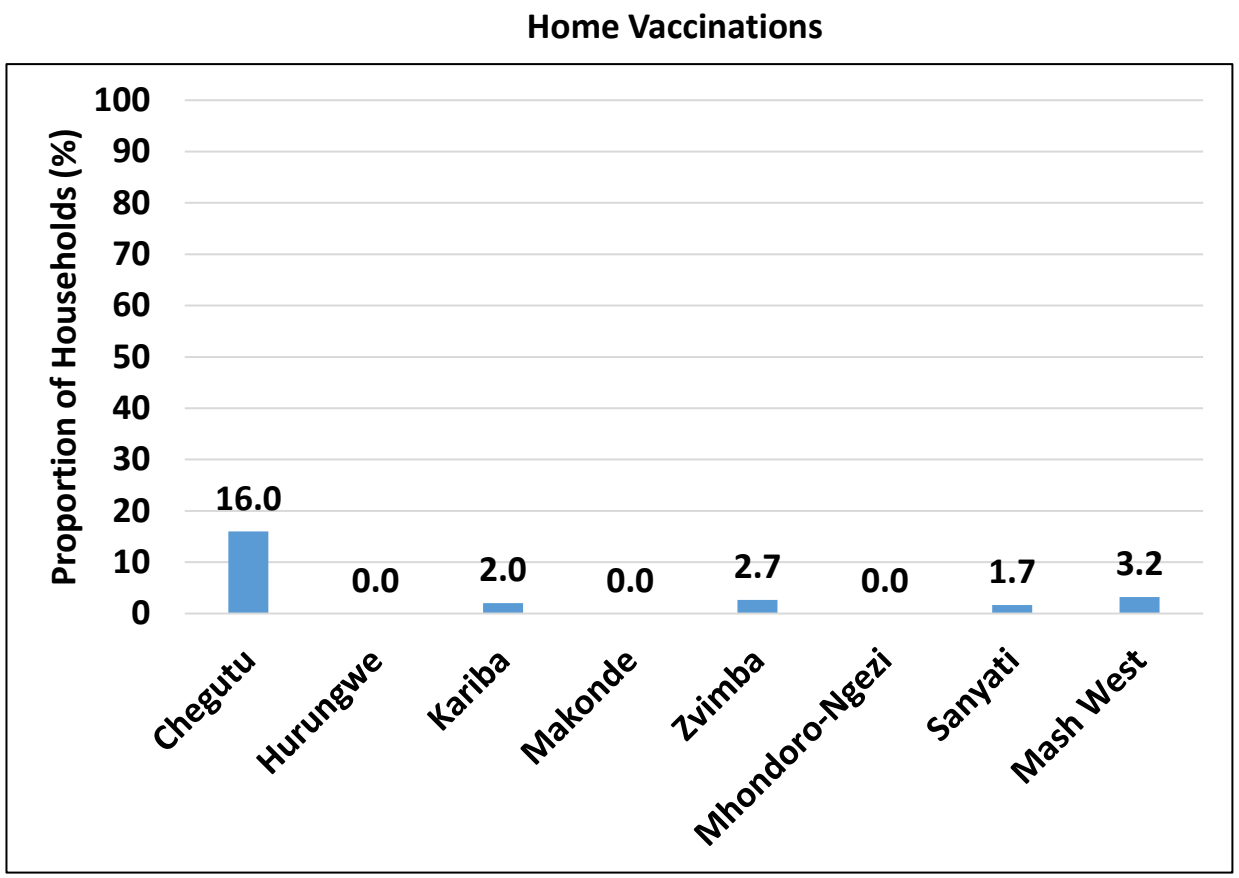
Practice of Improved Agricultural Marketing Practices

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 produce through commodity associations/farmer organization (%)
Chegutu	27.0	1.7	7.3	0.3
Hurungwe	39.3	.0	0.0	0.7
Kariba	5.3	2.0	2.7	2.0
Makonde	14.3	0.7	0.0	0.7
Zvimba	24.0	6.0	4.7	0.7
Mhondoro-Ngezi	13.7	0.7	1.0	0.3
Sanyati	23.9	2.0	2.7	2.0
Mash West	**21.1**	**1.9**	**2.6**	**1.0**

- About 21.1% accessed their inputs through agro-dealers and/or cooperatives.

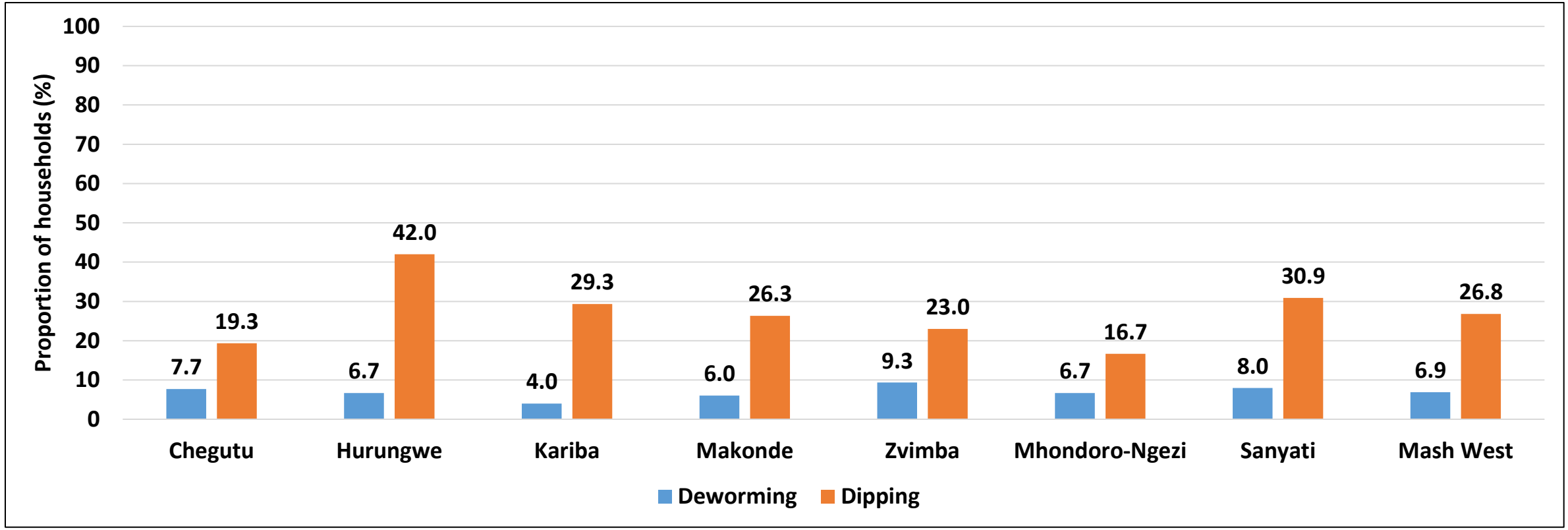
Livestock Vaccinations





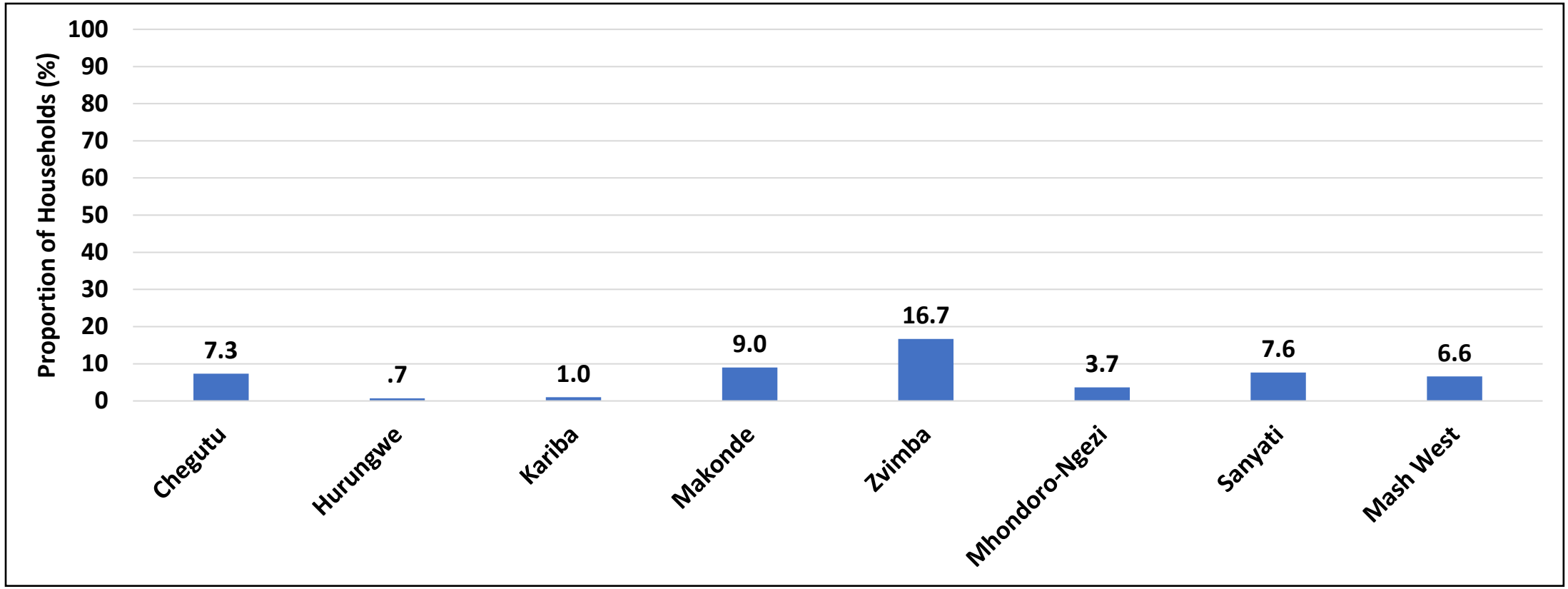
- In Mashonaland West, about 3.2% of the households indicated that they had used vaccinations carried out by a Veterinary Officer or a Paravet and home vaccinations.

Livestock Deworming and Dipping



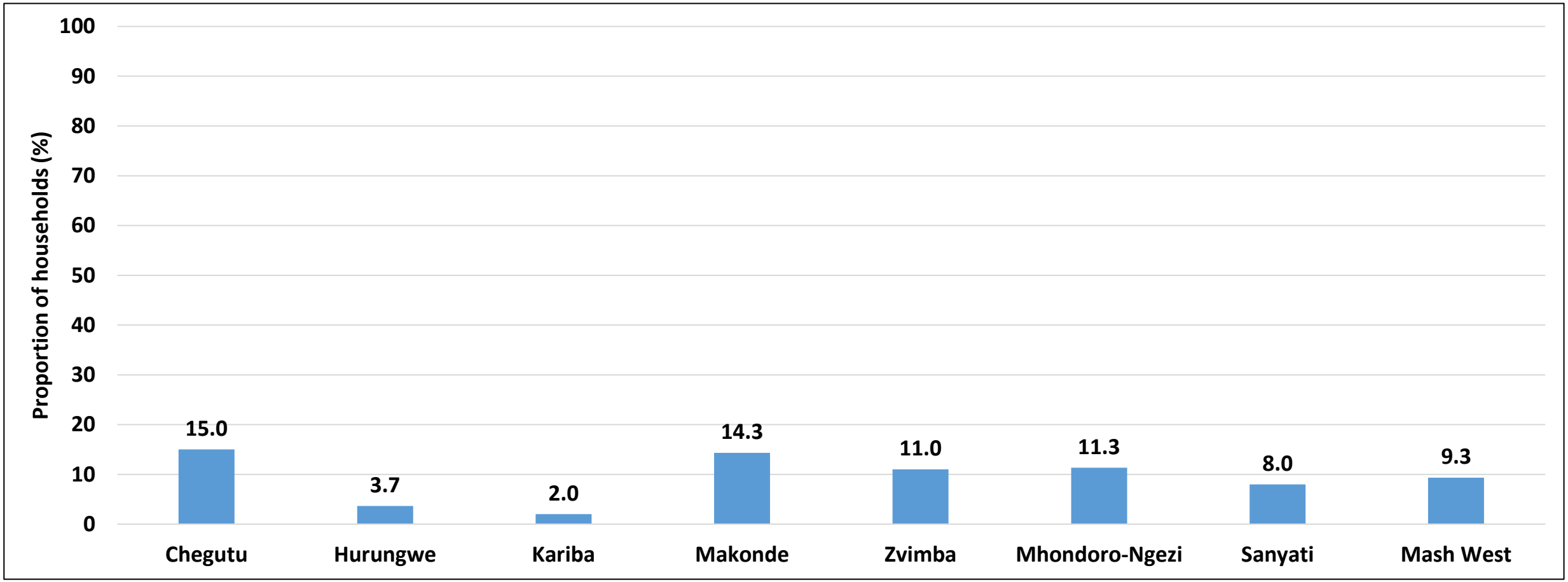
- About 26.8% of the households in the province indicated that they dipped their livestock. Hurungwe (42.0%) had the highest proportion of households dipping their livestock.
- The proportion of households that had dewormed their livestock in the province was 6.9%.

Improved Livestock Breeds



- About 6.6% of the households indicated that they were using improved livestock breeds.
- Zvimba (16.7%) had the highest proportion of households using improved livestock breeds while Hurungwe had the lowest (0.7%).

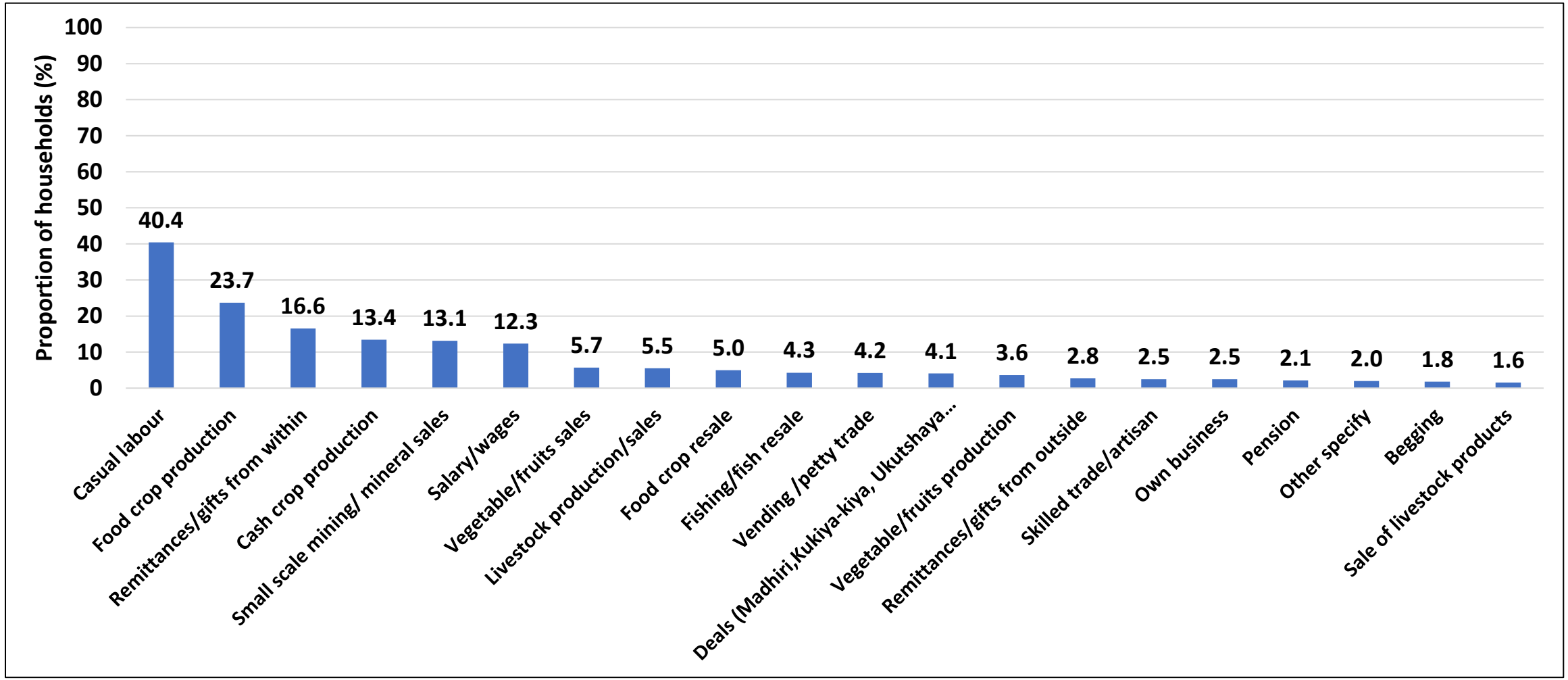
Improved Livestock Shelters



- The proportion of households using improved shelter for livestock was 9.3%.
- Chegutu (15.0%) had the highest proportion of households using improved livestock shelter while Kariba (2.0%) had the lowest.

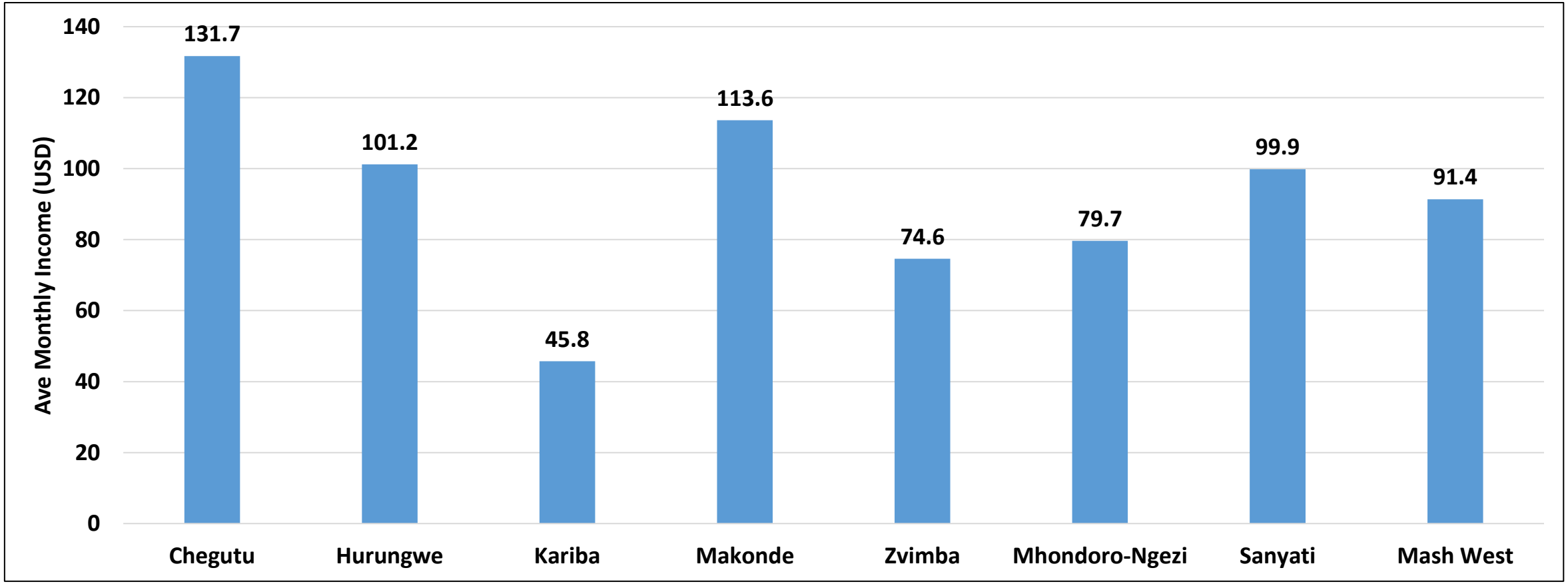
Income and Expenditure

Main Income Sources



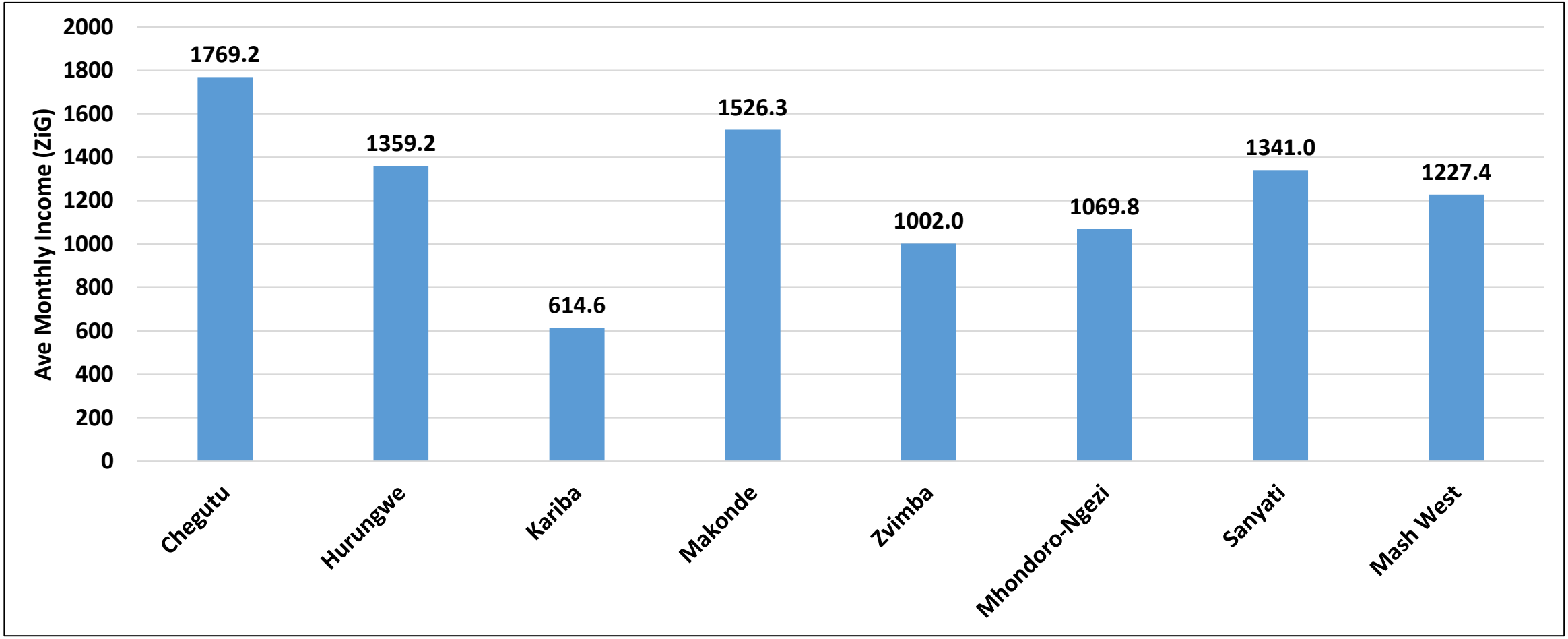
- The main income source for the province was casual labour (40.4%) followed by food crop production (23.7%).

Average Monthly Income (USD) For April 2024



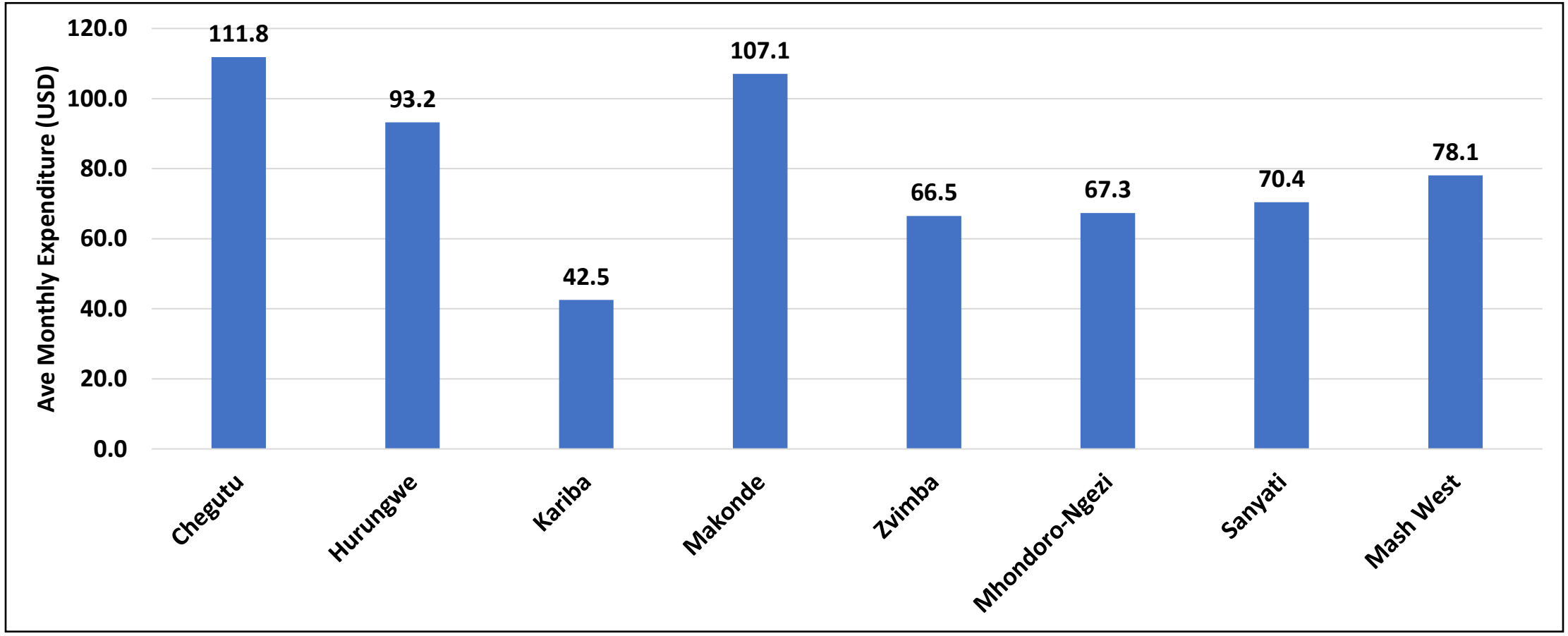
- The average monthly income for Mashonaland West was US$91.4 with Chegutu (US$131.7) and Makonde (US113.6) recording the highest.

Average Monthly Income (ZIG) for April 2024



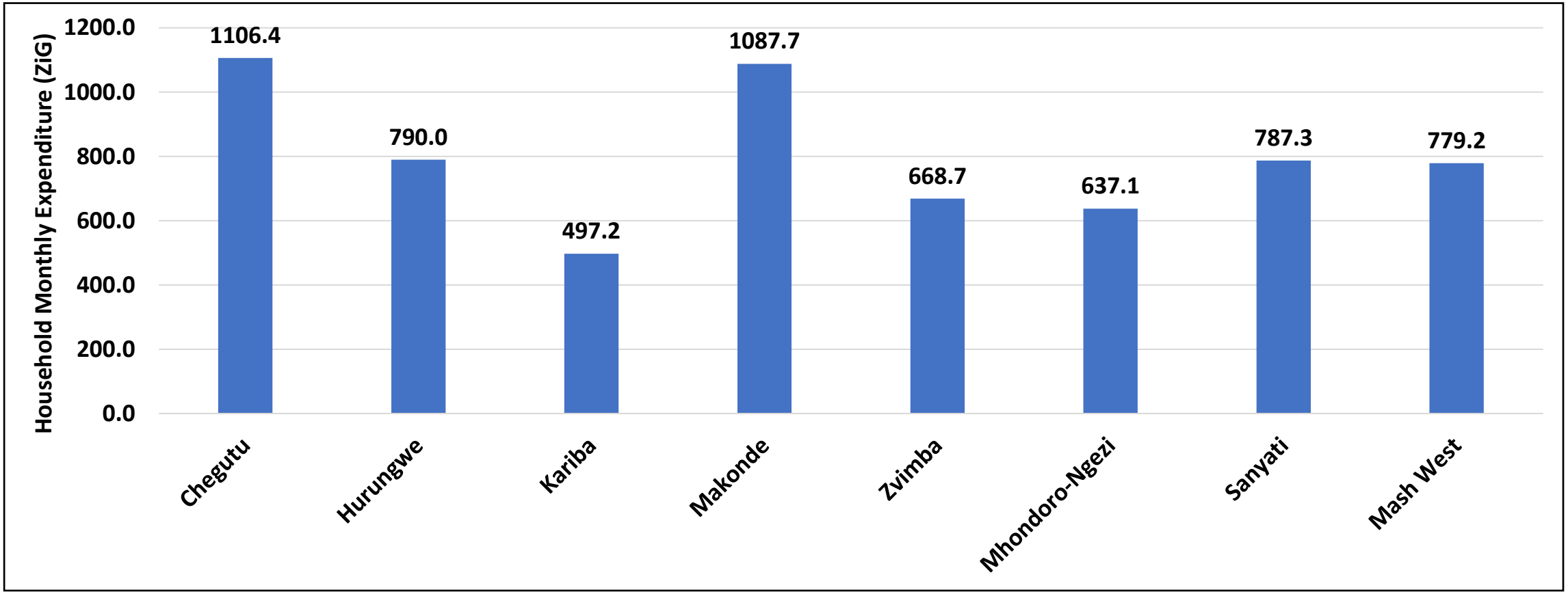
- The average monthly income was ZiG 1227.4 in the province. Chegutu had the highest average income of ZiG 1769.2 and Kariba (ZiG 614.6) had the lowest.

Average Household Monthly Expenditure (USD)



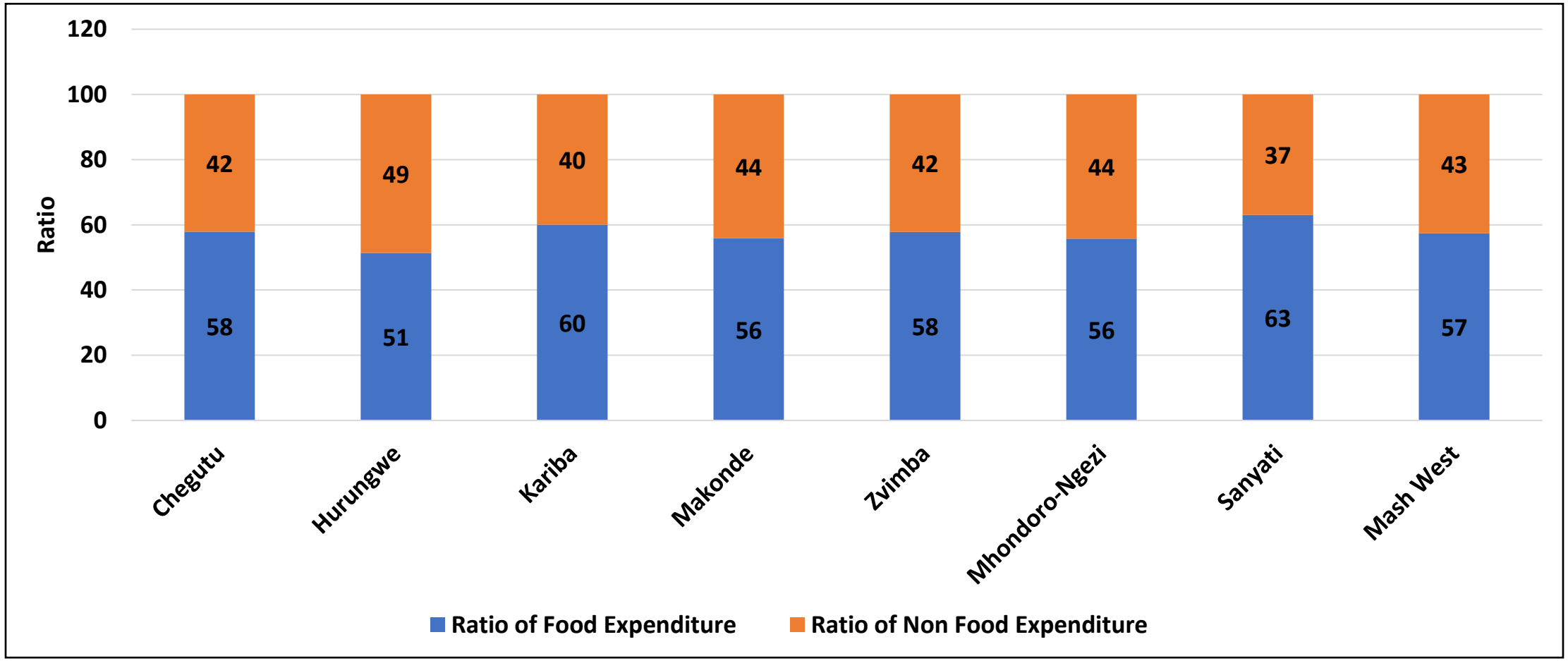
- The average household monthly expenditure for Mashonaland West was USD78.1.

Monthly Household Expenditure (ZIG) for April 2024



- The average monthly household expenditure for the province was ZiG 779.2 with Chegutu (ZiG 1106.4) being the highest.

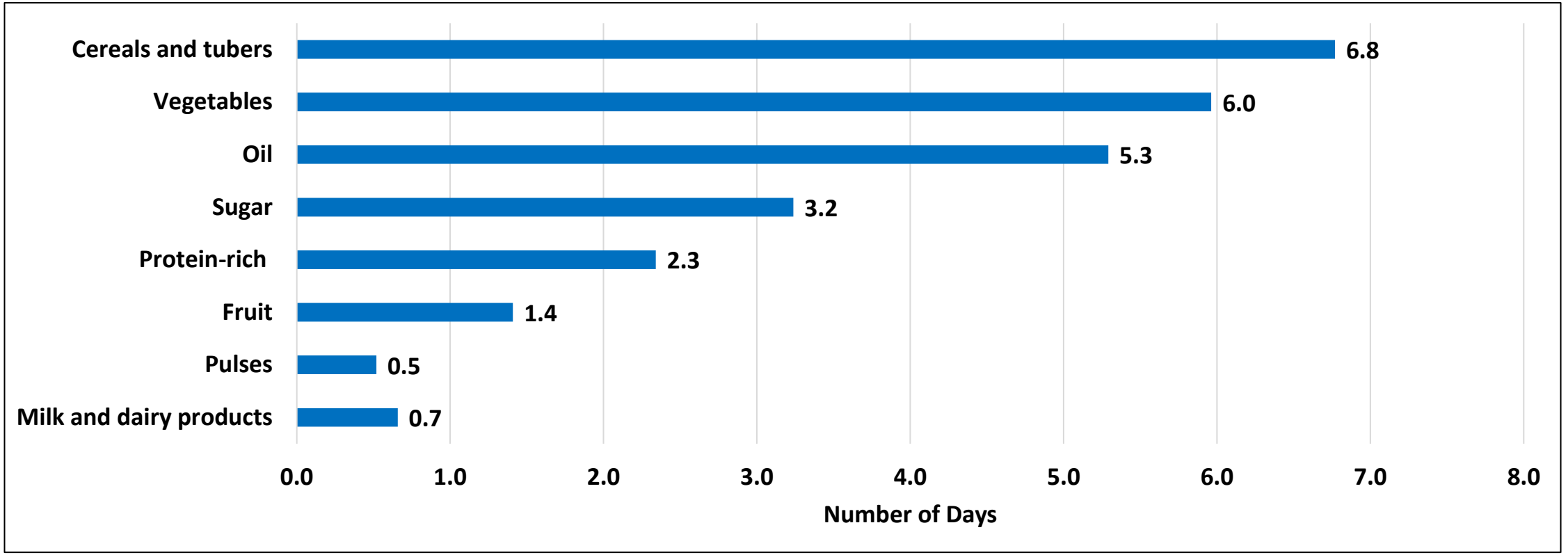
Ratio of Food and Non-Food Expenditure



- The ratio of food expenditure was 57 and 43 for non- food expenditure in Mashonaland West.

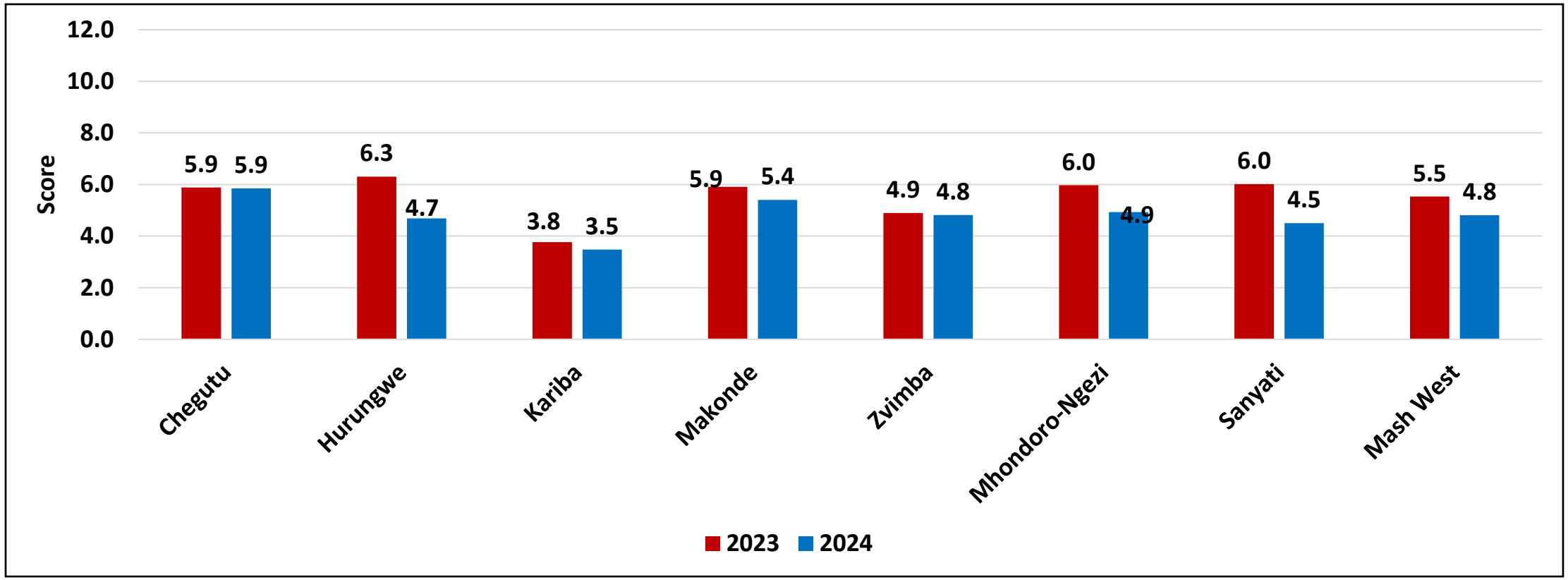
Household Dietary Diversity

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



- The most frequently consumed foods were cereals and tubers (6.8 days).
- Seven days prior the assessment, the consumption of pulses and milk (0.7) and dairy products (0.5) was low.

Average Household Dietary Diversity Score



- The higher the HDDS, the better the quality of household dietary diversity.
- In Mashonaland West, the average Household Dietary Diversity Score reduced from 5.5 in 2023 to 4.8 in 2024.
- There was no change recorded in Chegutu.

Household Dietary Diversity Score by Food Groups

District	Cereals (%)	Tubers (%)	Pulses (%)	Vegetables (%)	Fruits (%)	Meat (%)	Fish (%)	Eggs (%)	Dairy products (%)	Oil (%)	Sugar (%)	Condiments/coffee/tea %
Chegutu	100.0	7.7	7.7	94.0	17.0	30.7	17.3	19.7	21.7	96.3	73.3	99.7
Hurungwe	96.0	8.7	3.7	94.0	15.3	30.3	7.7	8.0	7.7	80.3	40.0	77.0
Kariba	88.0	2.3	4.7	76.7	8.0	8.3	22.7	1.7	6.0	33.7	18.0	78.0
Makonde	97.7	12.3	8.7	83.3	13.3	47.7	16.3	12.3	4.0	93.3	55.3	96.0
Zvimba	95.3	5.0	5.3	89.0	15.3	21.3	9.0	5.3	10.7	83.0	49.3	93.3
Mhondoro-Ngezi	99.3	3.7	7.3	99.0	20.3	12.7	3.0	5.3	9.3	87.0	56.0	90.3
Sanyati	98.7	1.7	2.0	79.4	6.6	18.3	4.3	4.3	12.0	81.4	46.5	95.3
Mash West	**96.4**	**5.9**	**5.6**	**87.9**	**13.7**	**24.2**	**11.5**	**8.1**	**10.2**	**79.3**	**48.4**	**90.0**

- The most frequently consumed foods were cereals (96.4%), condiments (90%), vegetables (87.9%) and oils (79.3%).

Food Consumption Score

Food Consumption Score

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	21.1-35	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

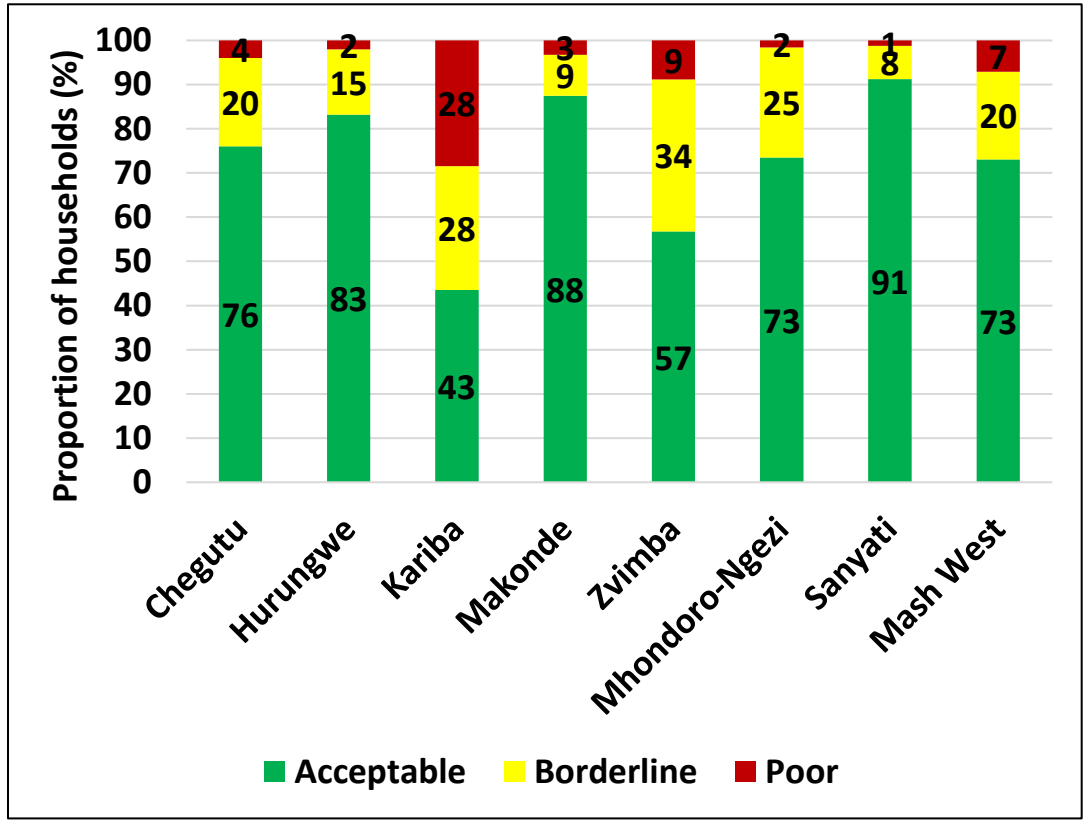
Food Consumption Pattern Trend

District	Acceptable (%)		Borderline (%)		Poor (%)	
	2023	2024	2023	2024	2023	2024
Chegutu	76.0	69.0	20.0	29.3	4.0	1.7
Hurungwe	83.2	56.0	14.8	38.7	2.0	5.3
Kariba	43.5	37.7	28.1	26.0	28.5	36.3
Makonde	87.5	71.0	9.3	25.3	3.2	3.7
Zvimba	56.8	46.3	34.4	44.3	8.8	9.3
Mhondoro-Ngezi	73.5	43.0	24.9	51.7	1.6	5.3
Sanyati	91.3	39.5	7.5	49.8	1.2	10.6
Mash West	**73.1**	**51.8**	**19.9**	**37.9**	**7.1**	**10.3**

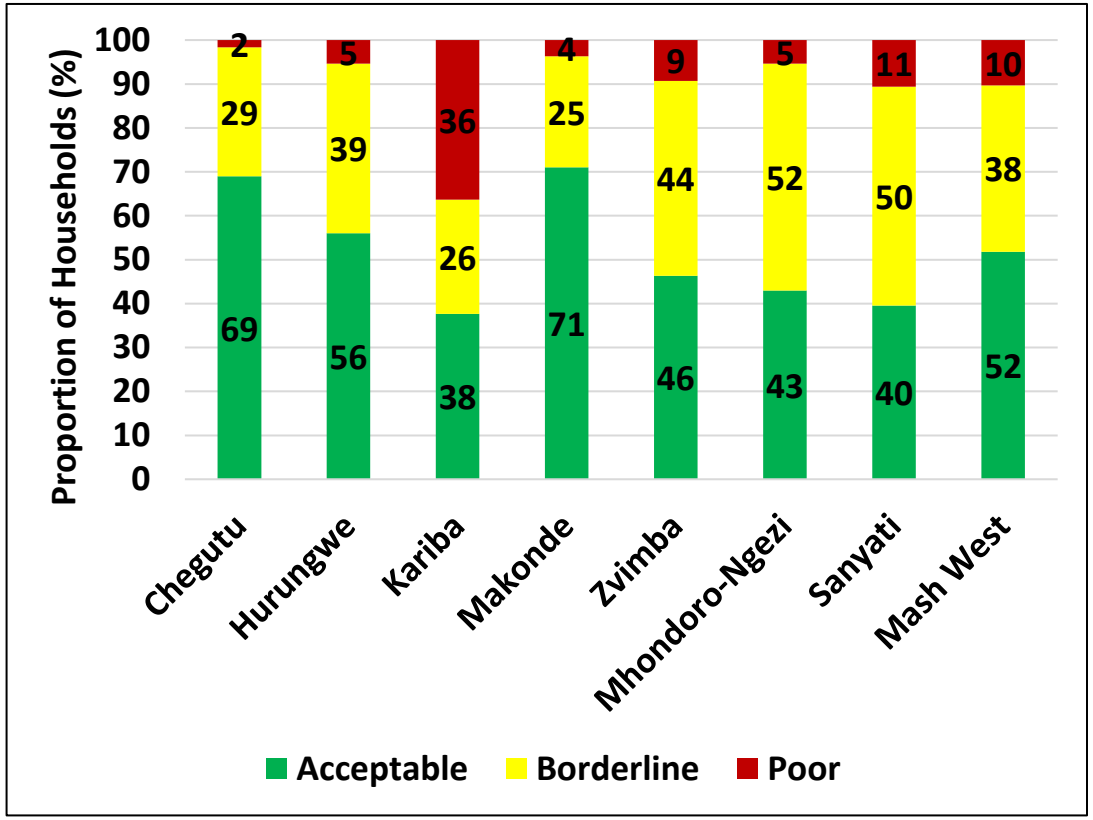
- The proportion of households which consumed acceptable diets decreased from 73.1% to 51.8% whilst those with poor diets increased from 7.1% to 10.3% in 2024.

Food Consumption Pattern

2023

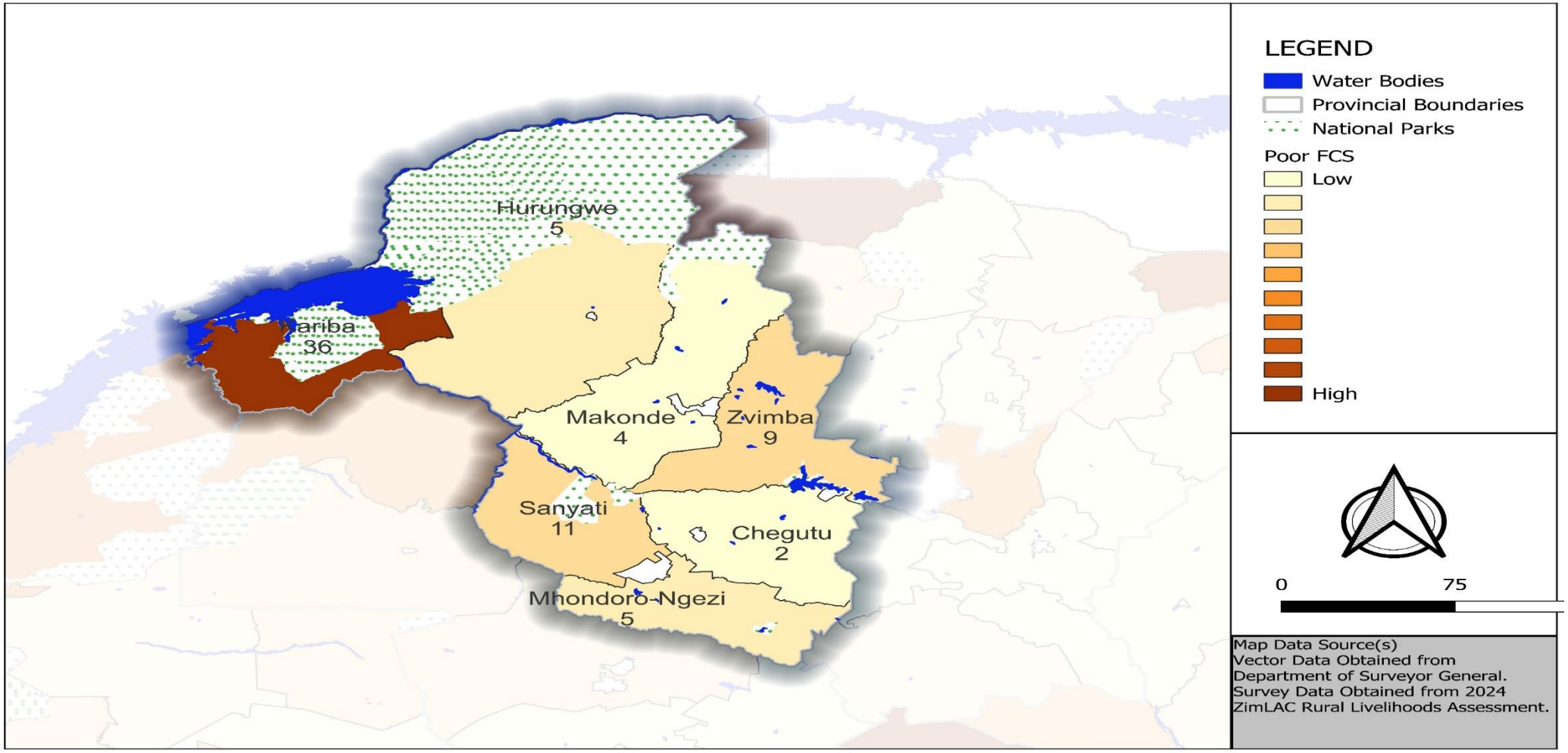


2024



- The proportion of households which consumed acceptable diets decreased from 73% in 2023 to 52% in 2024.

Poor Food Consumption Patterns by District

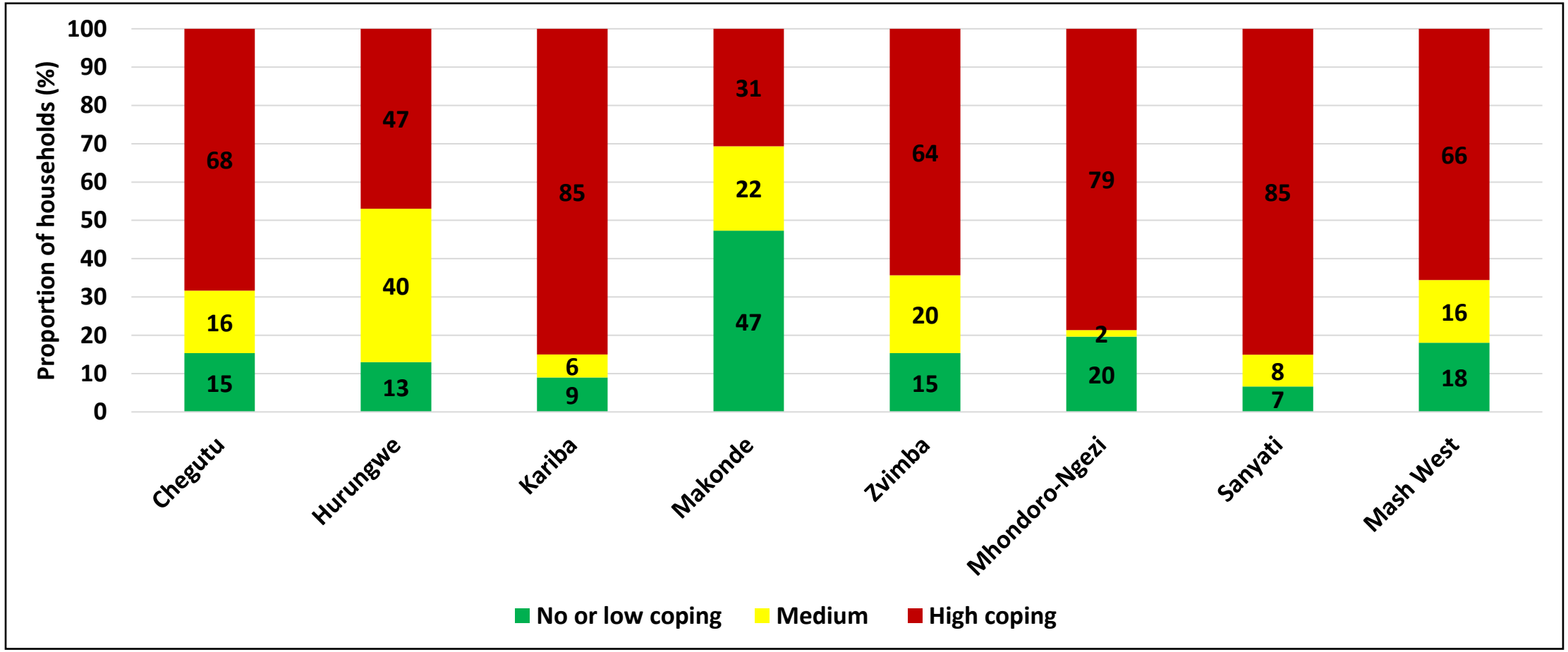


- Kariba (36%) had the highest proportion of households consuming poor diets.

Household Coping

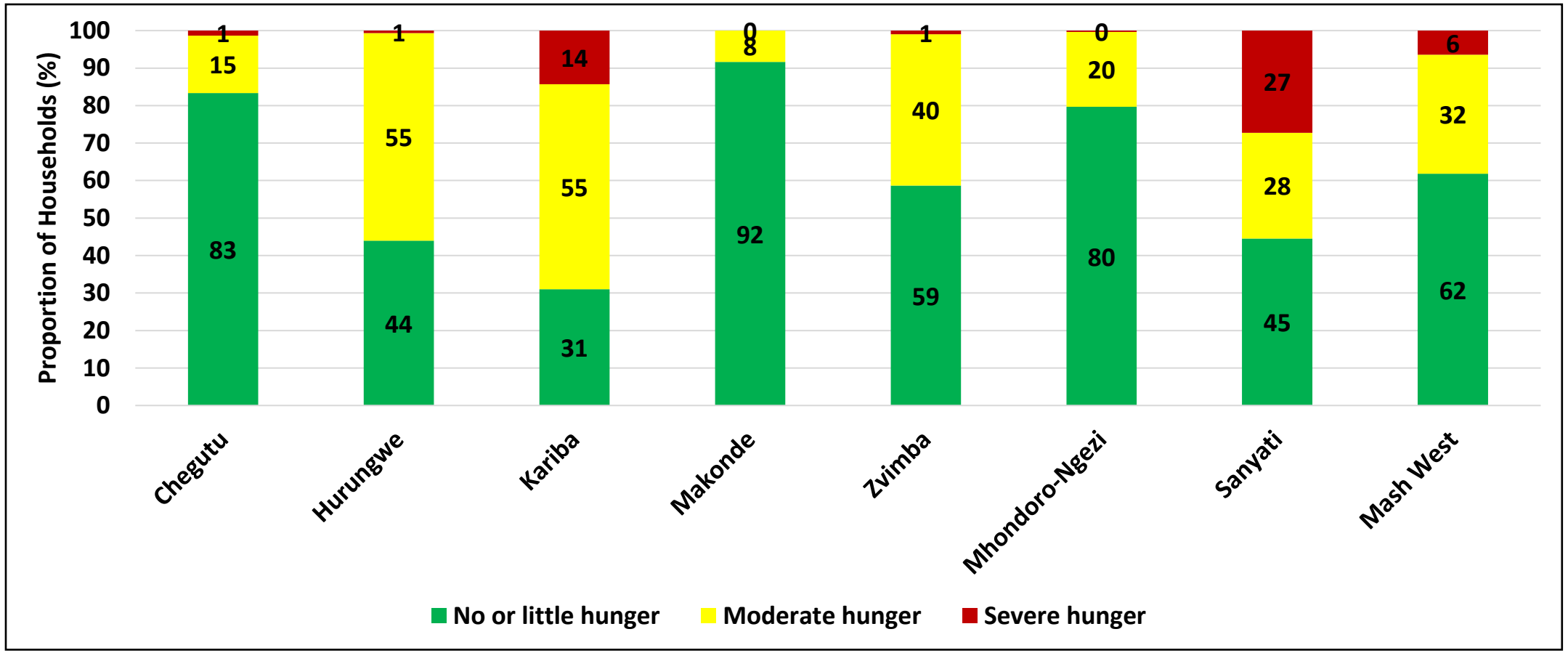
Reduced Consumption Based Coping Strategies (RCSI)

Reduced Consumption Coping Strategy Index



- About 66% of the households in the province engaged in high food consumption coping.

Household Hunger Scale



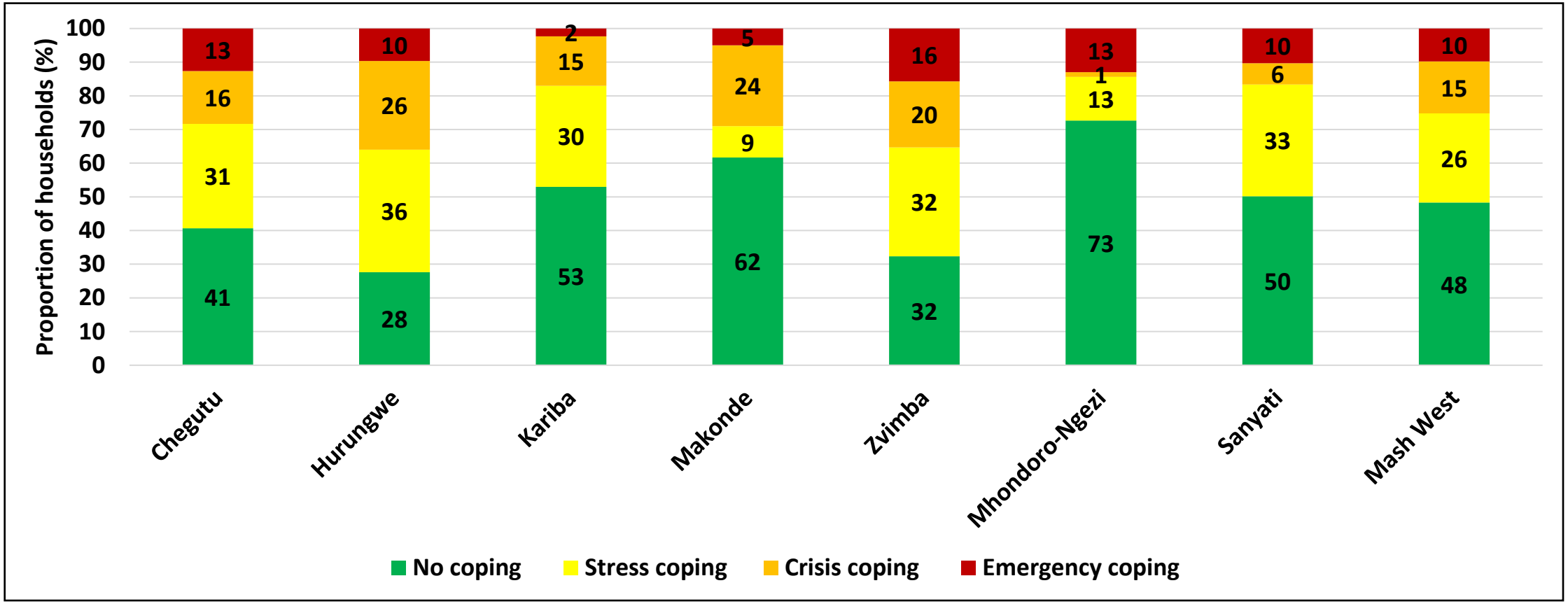
- About 27% of the households in Sanyati experienced severe hunger followed by Kariba (14%).

Livelihoods Coping Strategies

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

Category	Coping Strategy
Stress	• **Selling productive assets, directly reduces future productivity, including human capital formation.** • **Withdrawing children from school** • **Reducing non-food expenditure.**
Crisis	• **Selling productive assets, directly reduces future productivity, including human capital formation.** • **Withdrawing children from school** • **Reducing nonfood expenditure.**
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**

Livelihood Coping Strategy Index



- The Livelihood Coping Strategy Index measures strategies a household employs when it cannot meet basic needs due to inadequate income in times of stress; the Index indicates coping capacity.
- Zvimba (16%), Chegutu and Mhondoro-Ngezi (13%) had the highest proportion of households employing emergency coping.

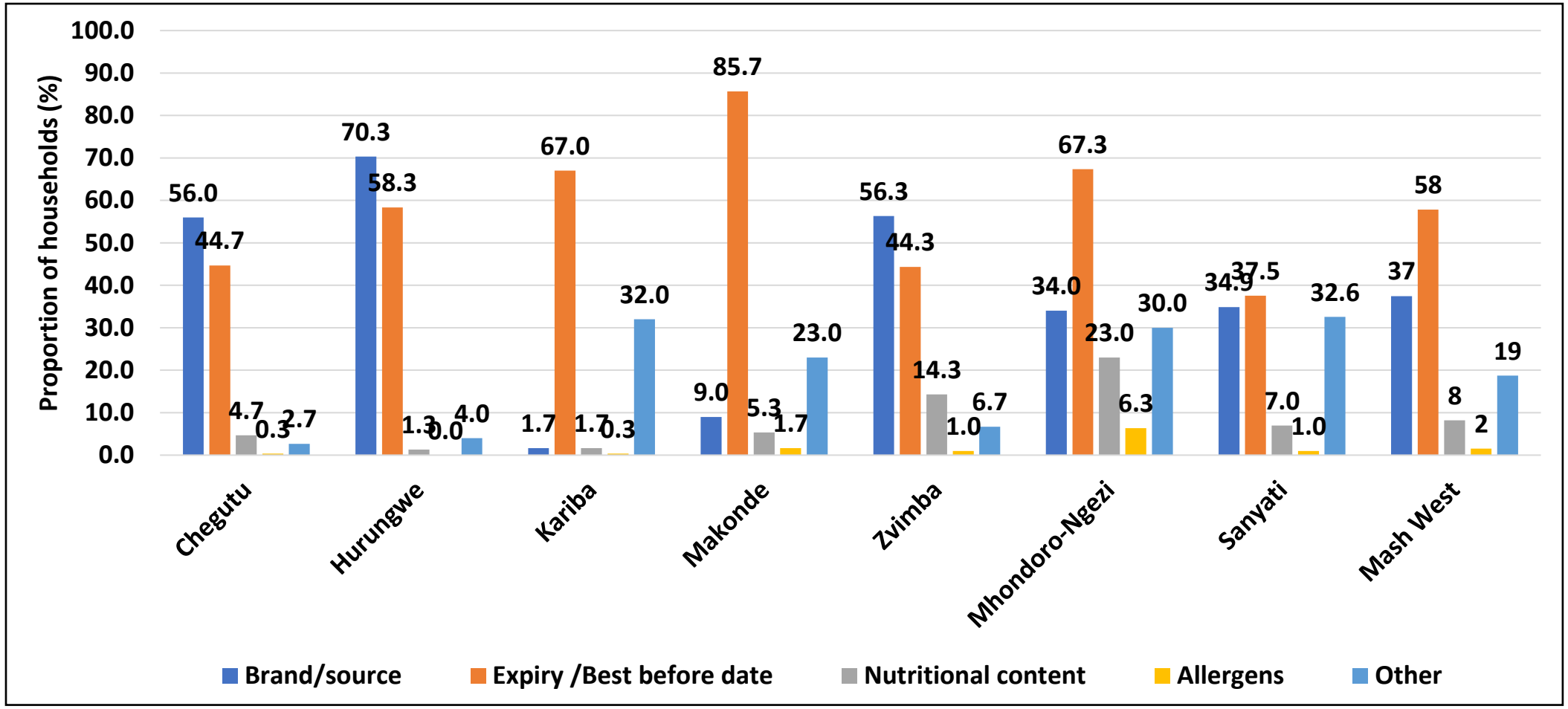
Food Safety

WHO Five Keys to Safer Food

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

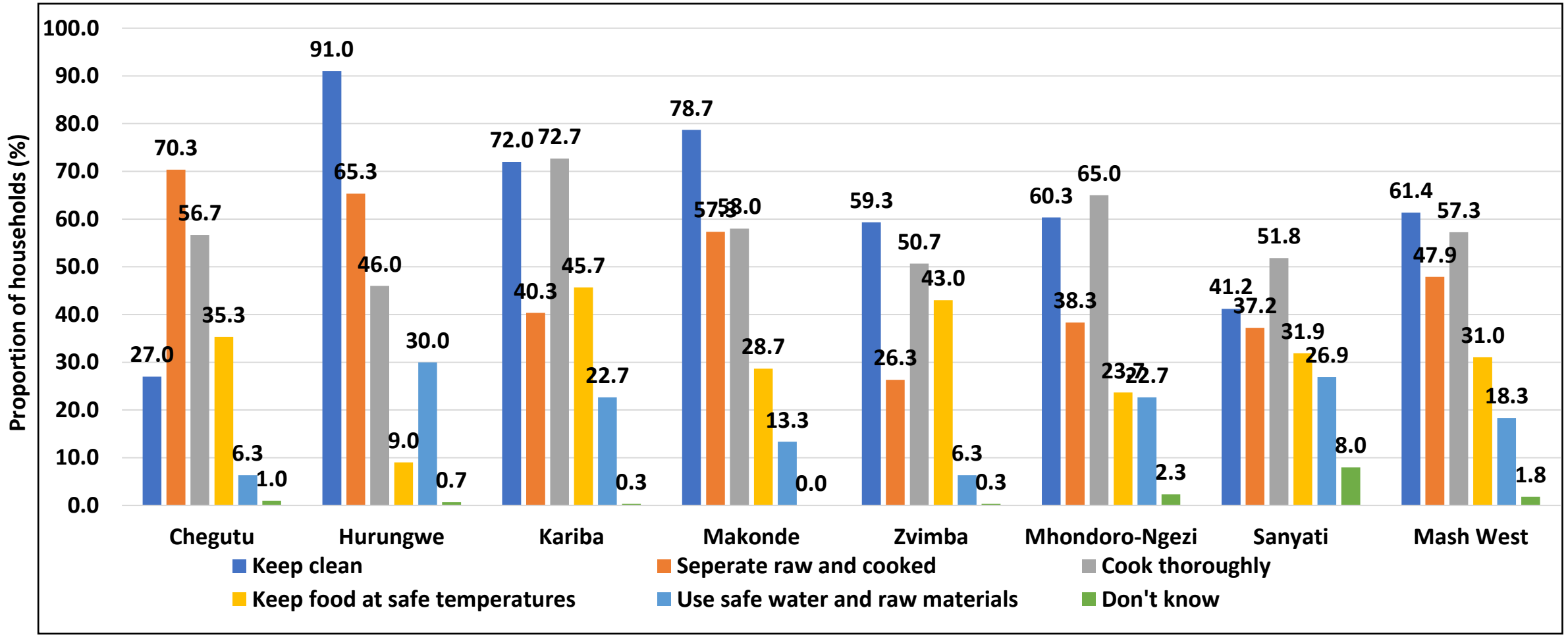
Five Keys	Key Steps
Keep clean	• **Wash hands before handling food** and often during food preparation • **Wash hands after going to the toilet** • Wash and sanitize all surfaces and equipment used for food preparation • Protect kitchen areas and food from insects, pests and other animals
Use safe water 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

Factors that Households Considered When Purchasing Food Items



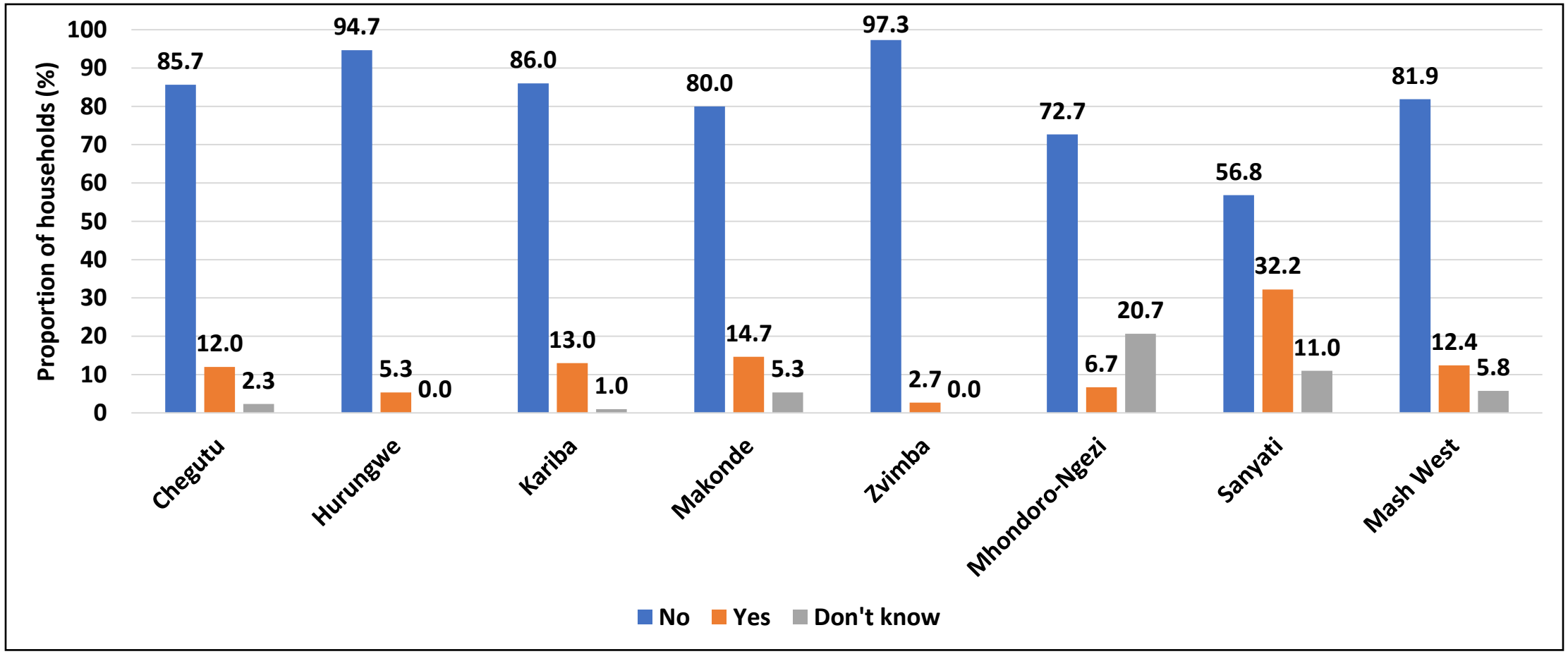
- Holding price constant, about 58% of the households in the province considered the expiry/best before date when purchasing food while 37% considered the brand/source.

Ways to Keep Food Safe



- Almost 1.8% of the households did not know how to keep food clean.

Household Which Received Information on Food Safety



- About 81.9% of the households in the province did not receive information about food safety issues over the past 12 months.

Sources of Food Safety Information

	Radio (%)	Other household member (%)	Television (%)	Newspaper (%)	Internet/Social media (%)	Government Extension Worker (%)	Health workers (%)	Health Promoters (%)	Friends and relatives (%)
Chegutu	1.3	3.0	0.7	0.0	1.7	4.3	5.0	7.3	3.0
Hurungwe	3.0	0.7	0.3	0.0	0.7	0.3	2.3	0.3	0
Kariba	2.0	1.3	0	0.3	4.7	6.7	9.0	5.3	4.7
Makonde	7.7	0	0.3	0	0	1.3	8.3	3.0	2.3
Zvimba	0.3	0	0	0	0.3	0.7	1.7	0.7	0.3
Mhondoro-Ngezi	6.3	1.7	0.3	0	1.3	3.3	0.7	0	0
Sanyati	4.7	5.6	1.0	0	2.0	6.0	17.3	3.3	1.7
Mash West	**3.6**	**1.8**	**0.4**	**0.0**	**1.5**	**3.2**	**6.3**	**2.9**	**1.7**

- About 6.3% of the households in Mashonaland West reported to have received food safety information from health workers while approximately 3.6 % of the households reported to have received it from the radio.

Food Security

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 give in Figure 3:

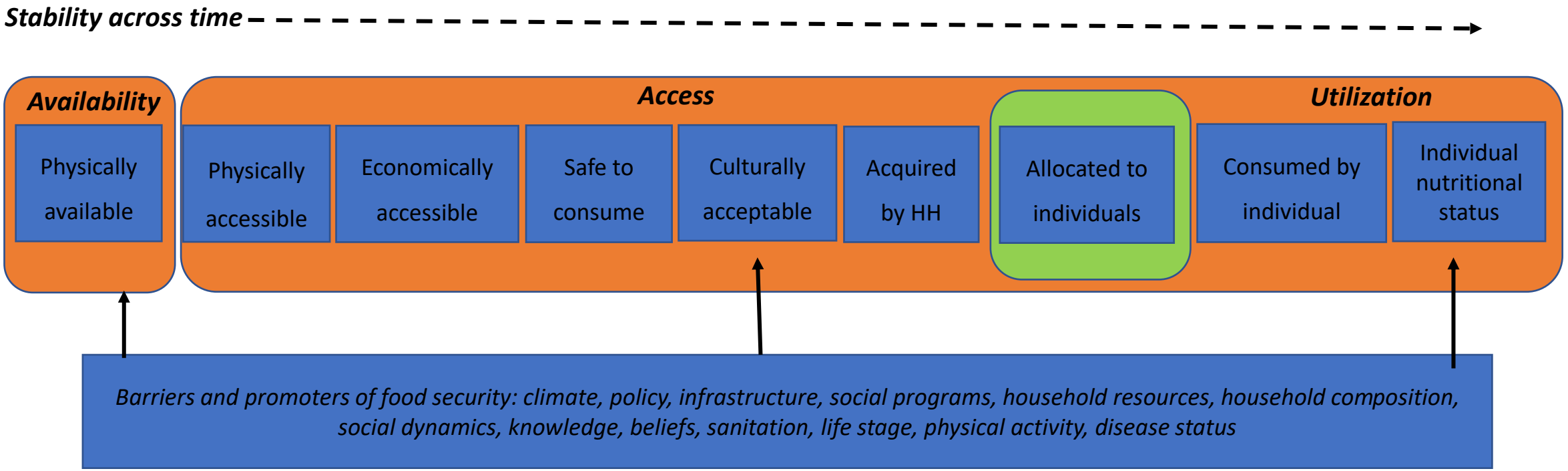


Figure 3: Dimensions of Food Security (Jones et al., 2013)

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

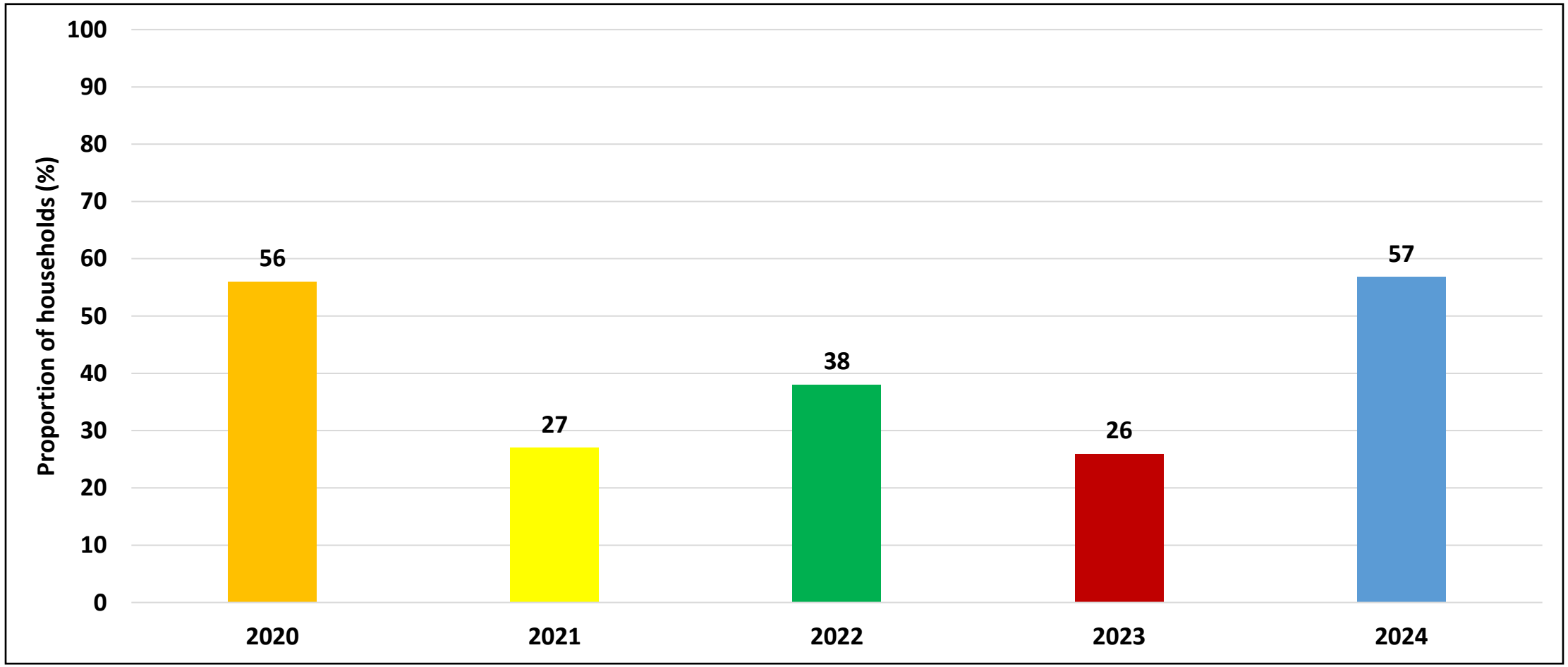
- During the peak hunger period (January to March 2025) it was estimated that approximately **54%** of the rural households in the province will be cereal insecure.
- The 54% of rural households translated into approximately **787,053** individuals requiring a total of **29,121 MT** of cereal (Maize Grain).

Cereal Insecurity by Pillars

District	Food insecure from cereals stocks	Food insecure from cereals stocks plus food crops	cereals stocks plus food crops plus cash crops	Food insecure from cereals stocks plus food crops plus cash crops plus remittances	Food insecure from cereals stocks plus food crops plus cash crops plus livestocks plus casual labour and remittances	Food insecure from cereals stocks plus food crops plus cash crops plus livestocks plus casual labour and remittances plus income
Chegutu	90	89	88	88	86	43
Hurungwe	96	95	77	77	75	58
Kariba	95	94	91	91	86	76
Makonde	80	80	72	72	72	40
Zvimba	87	86	80	80	77	60
Mhondoro-Ngezi	92	92	92	92	89	68
Sanyati	96	95	95	95	87	44
Mash West	91	90	85	85	82	54

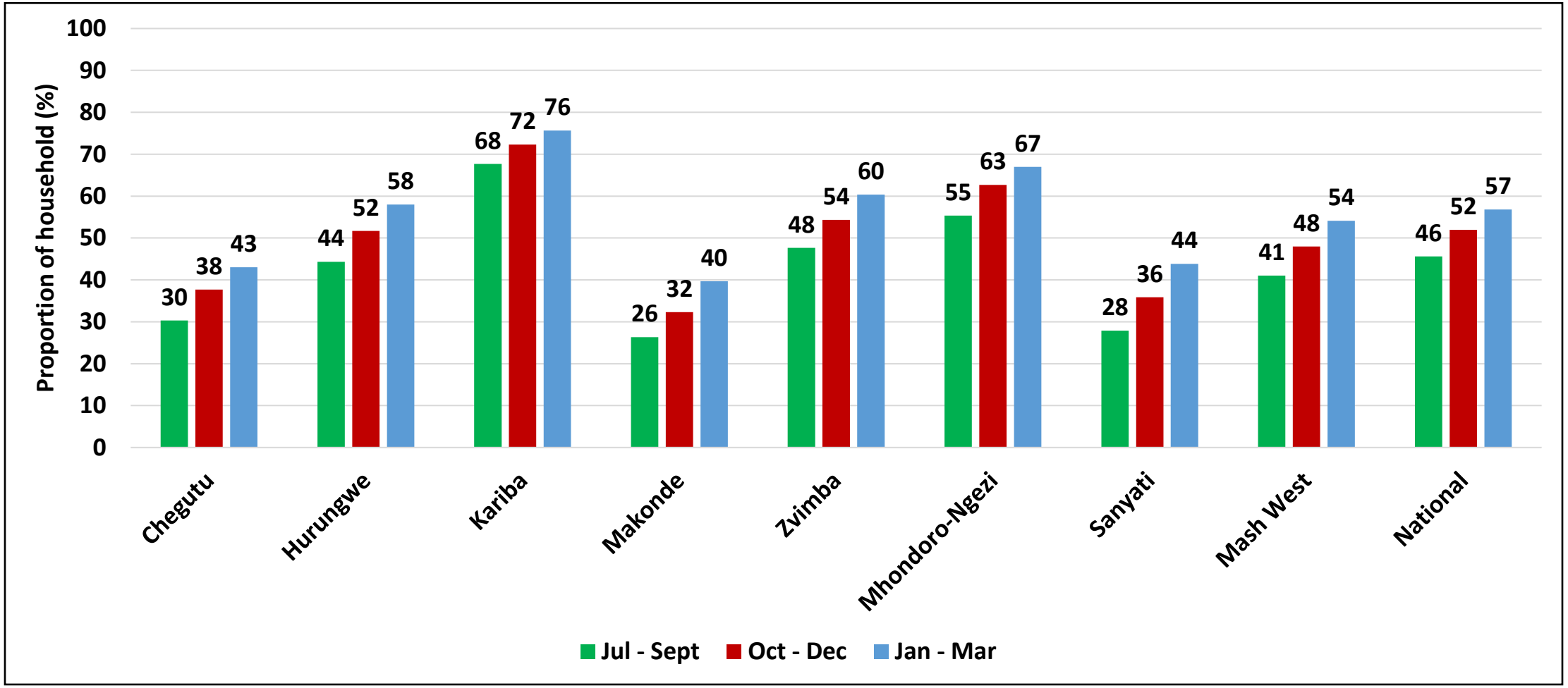
- Considering all sources of potential income, the cereal insecurity prevalence in the province is projected to be 54% during the peak hunger in the 2024/25 consumption year.

National Cereal Insecurity Trends: 2020-2024



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

Cereal Insecurity Progression by Quarter



- About 46% of the rural households were projected to be facing food access challenges in the July to September quarter.

Cereal Insecure Population by Quarter

District	Jul - Sept	Oct - Dec	Jan - Mar
Chegutu	54,268	67,388	76,930
Hurungwe	173,302	201,969	226,726
Kariba	30,974	33,110	34,636
Makonde	55,286	67,883	83,279
Zvimba	165,880	189,080	209,960
Mhondoro-Ngezi	78,015	88,354	94,464
Sanyati	38,856	49,957	61,059
Mashonaland West	596,581	697,741	787,053

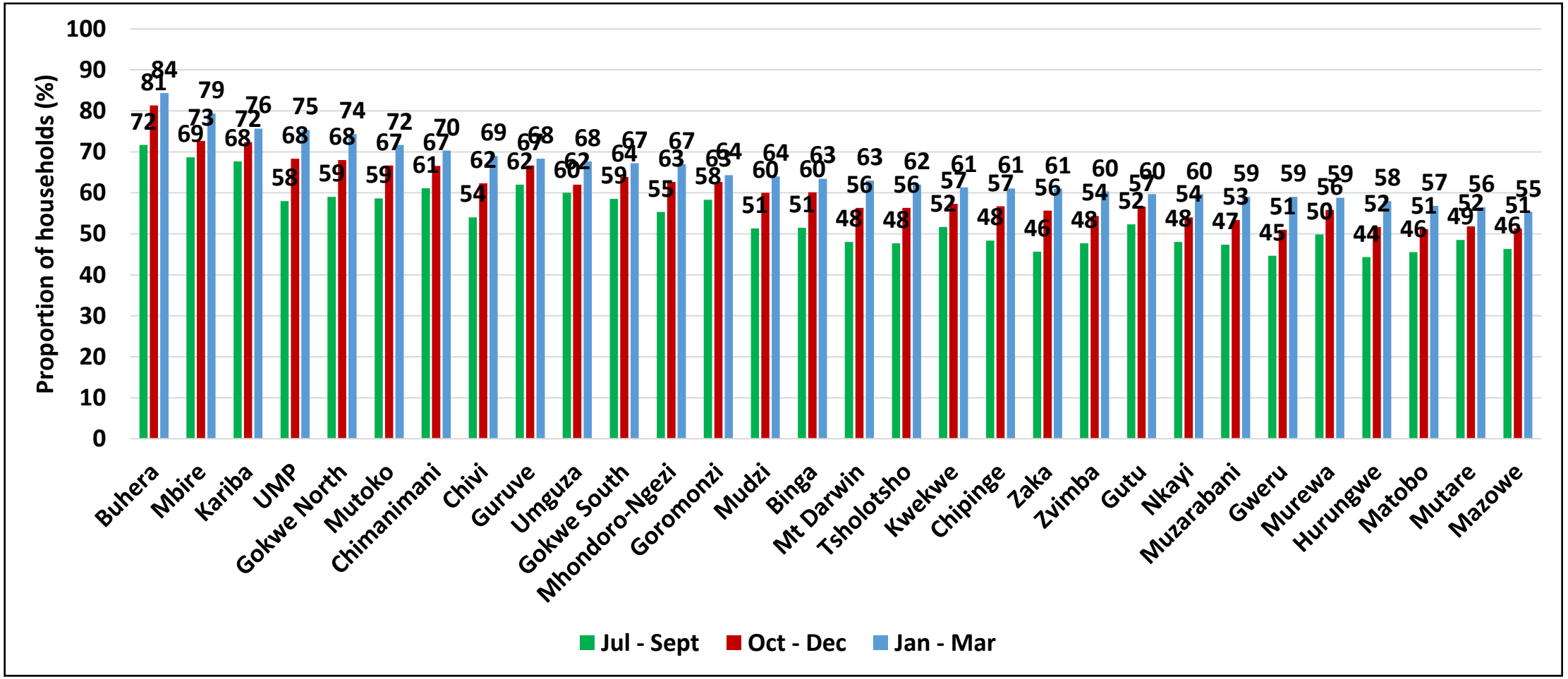
- Hurungwe (226,726) and Zvimba (209,960) were projected to have the highest populations of cereal insecure people during the peak hunger period.

Cereal Requirements (MT) by District by Quarter

District	Jul - Sept	Oct - Dec	Jan - Mar
Chegutu	2,008	2,493	2,846
Hurungwe	6,412	7,473	8,389
Kariba	1,146	1,225	1,282
Makonde	2,046	2,512	3,081
Zvimba	6,138	6,996	7,769
Mhondoro-Ngezi	2,887	3,269	3,495
Sanyati	1,438	1,848	2,259
Mashonaland West	22,073	25,816	29,121

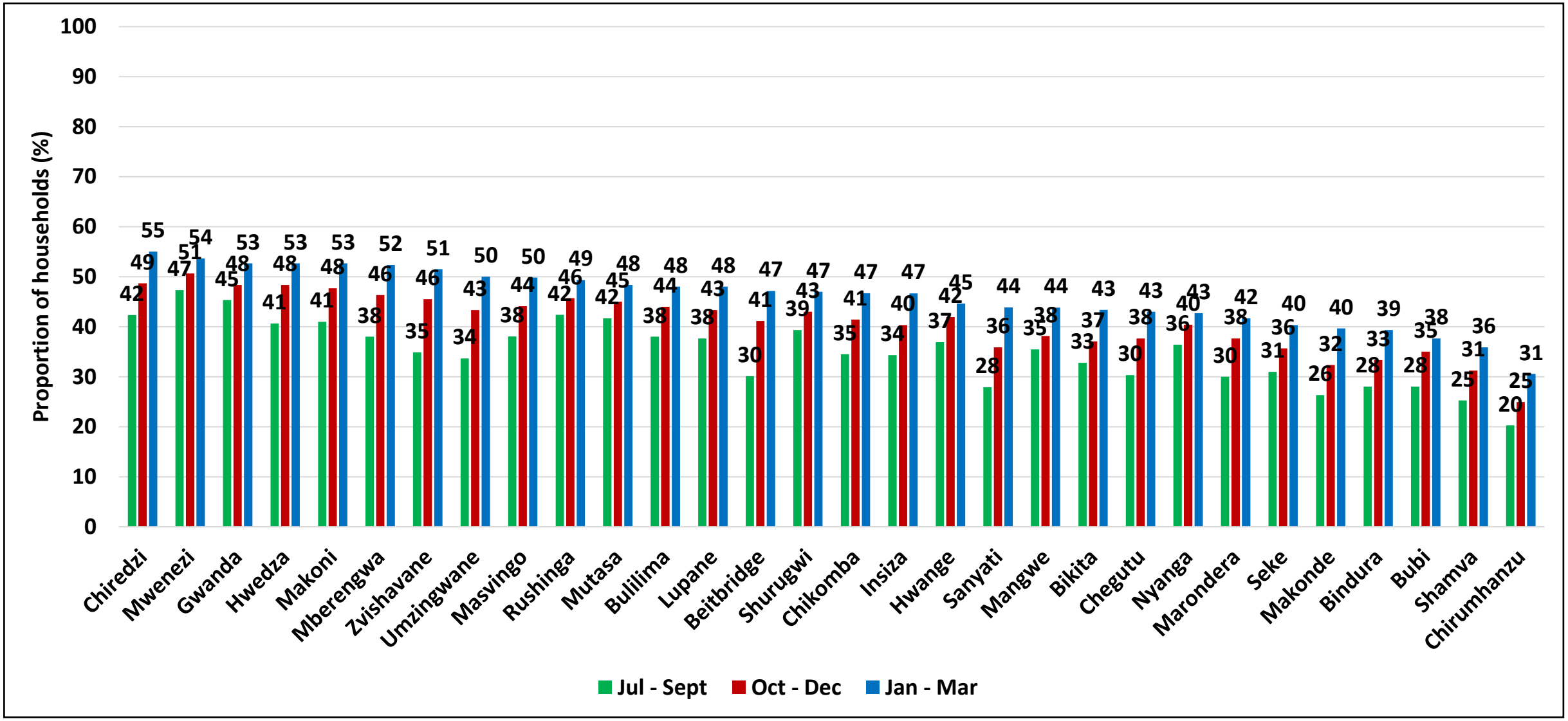
- Hurungwe (8,389 MT) and Zvimba (7,769 MT) were projected to have the highest cereal requirements during the peak hunger period.

Cereal Insecurity by District (Top 30 at Peak)



- Kariba (76%), Mhondoro-Ngezi (67%), Zvimba (60%) and Hurungwe (58%) appeared in the top 30 cereal insecure districts at peak hunger.

Cereal Insecurity by District (Bottom 30 at Peak)



- Makonde (40%), Chegutu (43%) and Sanyati (44%) appeared in the bottom 30 cereal insecure districts at peak.

Measures to Close Cereal Deficit

	Rely on household monthly income to purchase required food (%)	Sell productive assert(s) to purchase the required food (%)	Use savings to buy the required food (%)	Rely on assistance from relatives in towns (%)	Rely on assistance from relatives in diaspora (%)	Rely on assistance from the government (%	Rely on assistance from NGO/ donors (%)	Rely on assistanc e from churches (%)	Rely on assistance from well wishers (%)	Don't know (%)	Don’t have any measure in place (%)
Manicaland	24	3	5	6	2	31	13	1	8	3	56
Mash Central	15	4	4	3	1	29	12	0	4	3	47
Mash East	20	4	6	6	1	31	5	0	4	2	53
Mash West	14	2	3	4	1	26	10	2	10	5	51
Mat North	17	5	5	7	6	35	18	4	11	2	55
Mat South	30	8	6	11	11	24	9	0	5	3	60
Midlands	19	3	6	9	6	39	11	0	2	2	58
Masvingo	18	9	8	7	4	23	8	2	4	2	51
National	20	5	6	7	4	30	11	1	6	3	54

- The majority (54%) of the households did not have any measures in place to close the cereal gap.
- About 30% of the households were relying on government to cover the cereal gap

Child Health

Vitamin A Supplementation for Children 6-59 Months

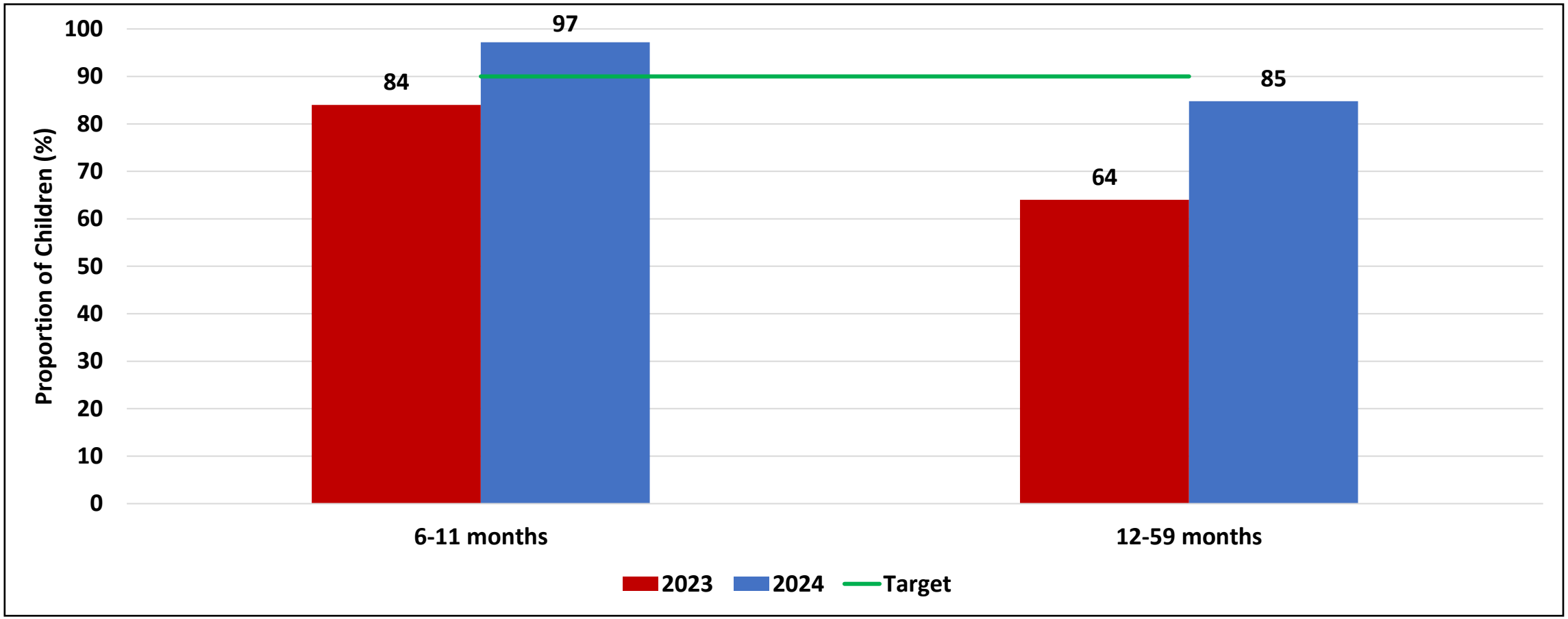
- The World Health Organization recommends Vitamin A Supplementation (VAS) once every six months for children in the age group of 6 59 months.

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

The Zimbabwe VAS Schedule

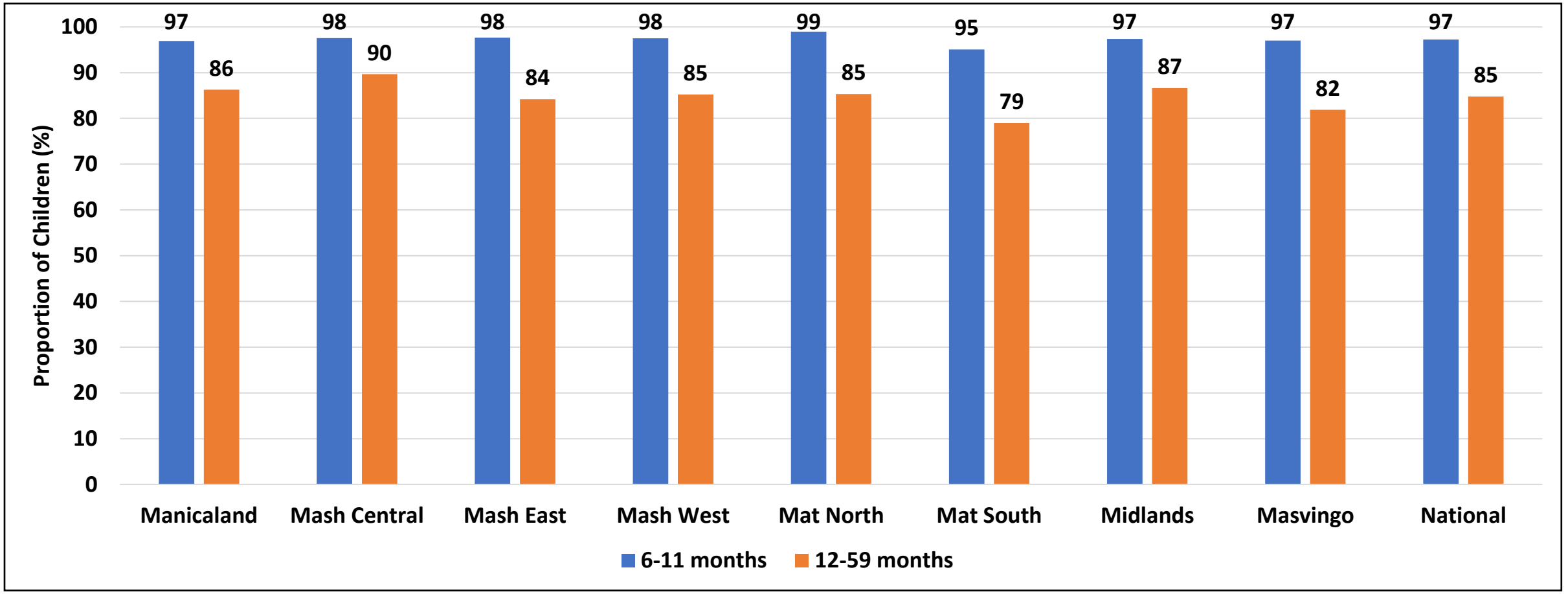
Age Group	Vitamin A Dosage	Timing for Administration
Below 6 months	**Do not give**	**N/A**
6-11 months	**100 000 IU**	**Once at age 6 months**
12-59 months	**200 000 IU**	**Once every 12 months from age 6 months, until child reaches 5 years**

Vitamin A Supplementation for Children 6-59 Months



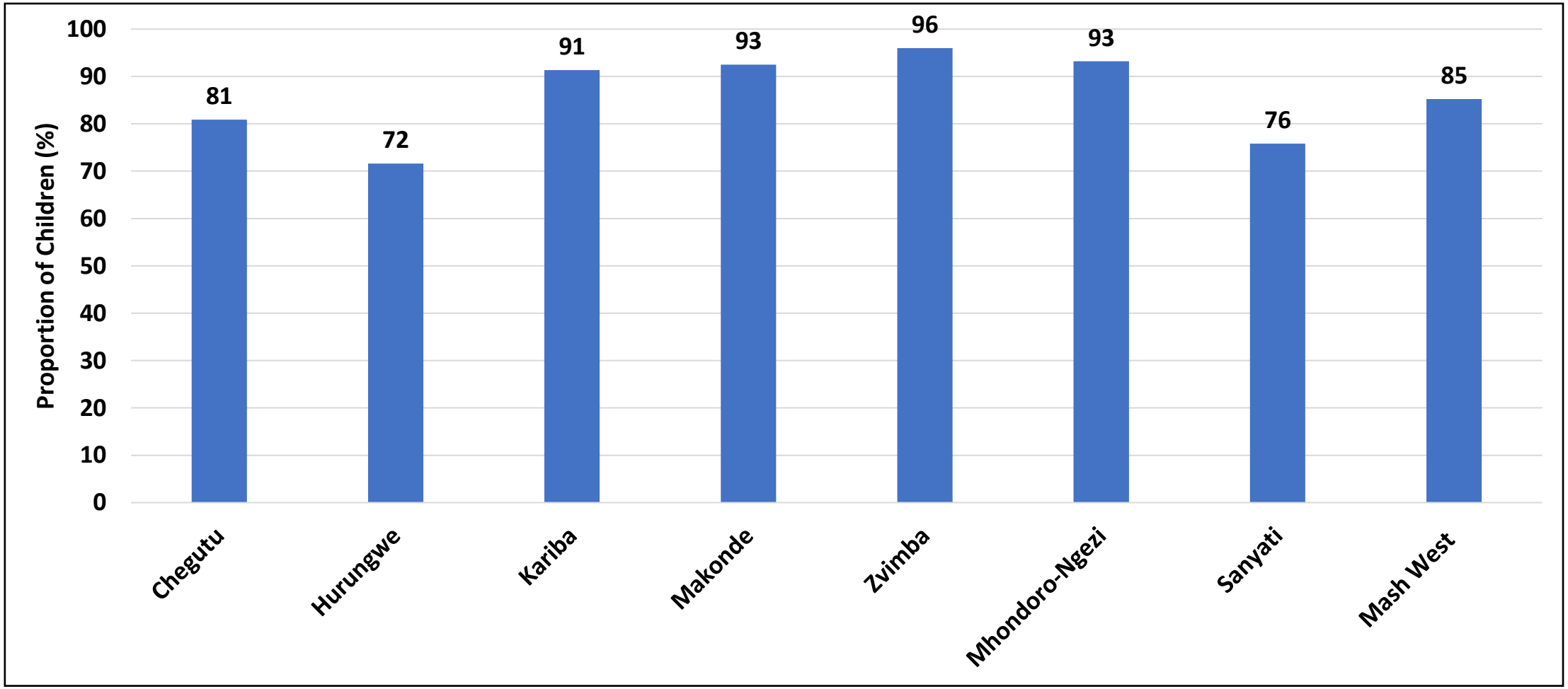
- Overall, Vitamin A supplementation for children increased for the two age categories, however, the 12-59 months category remains a cause for concern since it's below the national target of 90% coverage.

Vitamin A Supplementation by Province



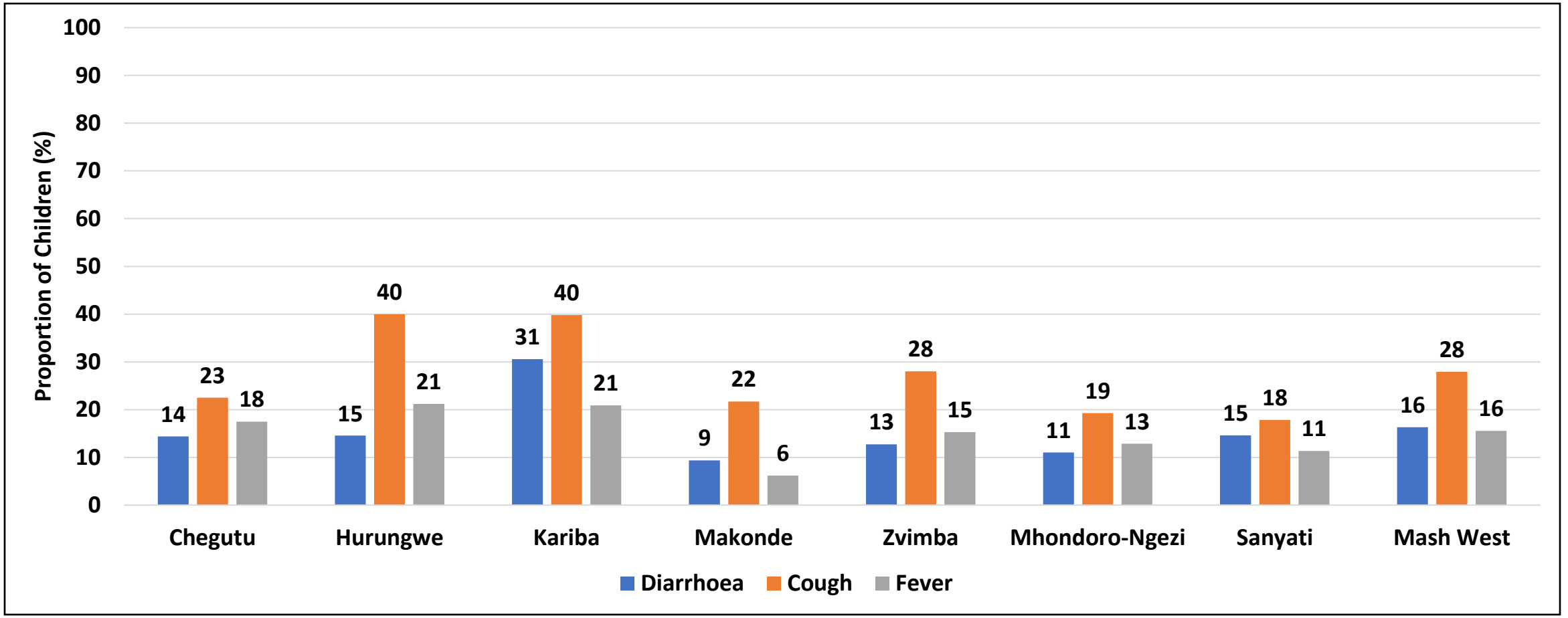
- Nationally, 97% of children 6-11 months and 85% of children 12-59 months received the required one and two doses of Vitamin A.
- Performance for Vitamin A supplementation for Mashonaland West (6-11 months) was in line with the national performance, however, the 12-59 months is below the 90% coverage target for the national intervention.

Vitamin A Supplementation by District



- Hurungwe (72%), Sanyati (76%) and Chegutu (81%) reported the least coverage for vitamin A supplementation for children 12-59 months.

Child Illness (6-59 Months) by District



- Cough (28%) was the most reported illness for children across all the districts, with Hurungwe and Kariba recording the highest.
- Kariba also reported the highest proportions for all the child illnesses (diarrhoea, cough and fever).

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 that 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)

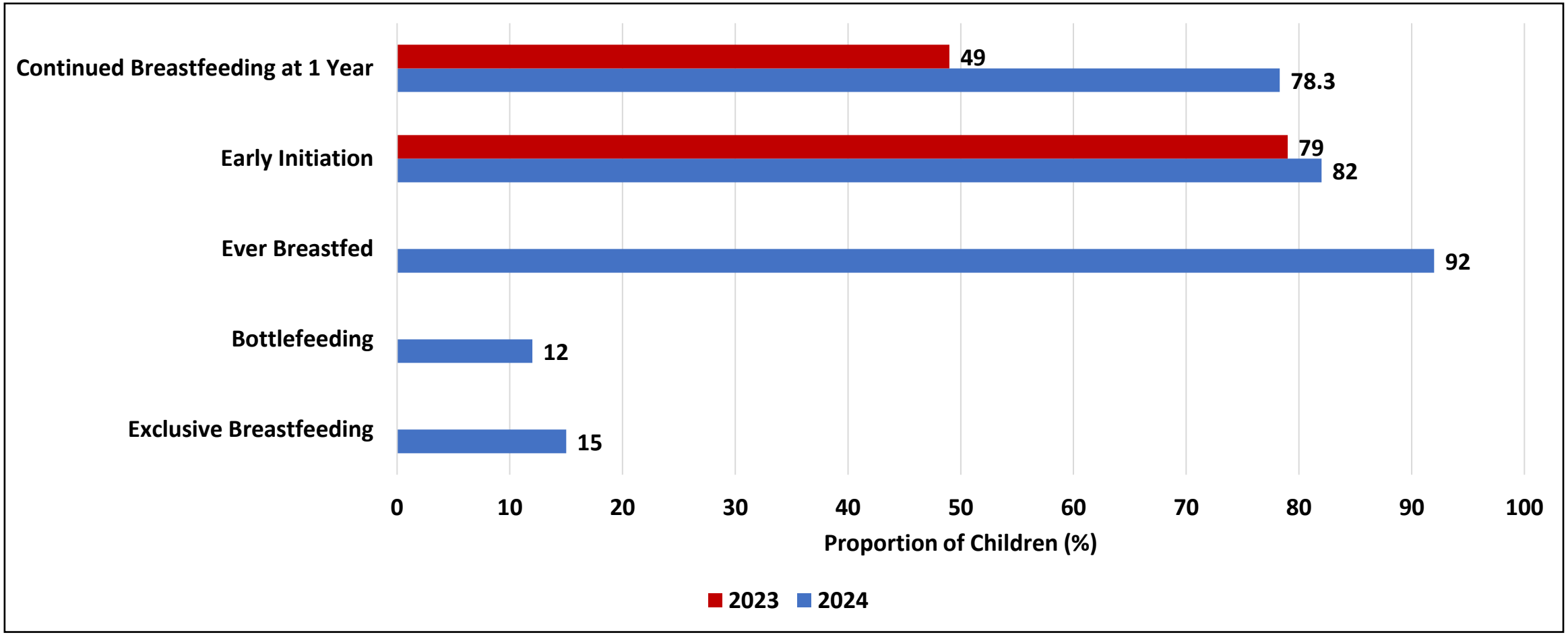
- WHO indicates that low vegetable and fruit consumption is associated with increased risk of noncommunicable diseases (NCDs).
- Non-consumption of vegetables or fruits on the previous day represents an unhealthy practice.
- Indicator definition: percentage of children 6–23 months of age who did not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

Notes

UNHEALTHY FOOD CONSUMPTION 6–23 MONTHS (UFC)

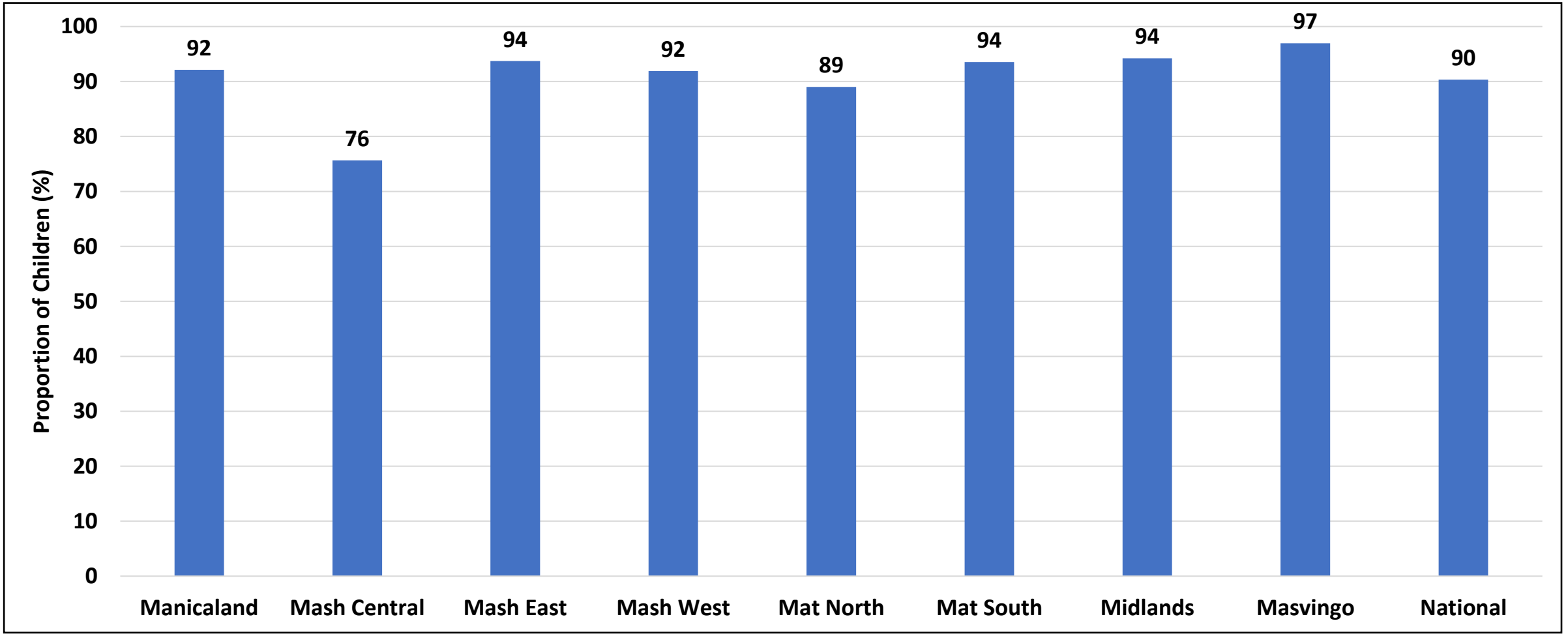
- In many low- and middle-income countries, diet patterns are shifting towards higher intakes of added sugars, unhealthy fats, salt and refined carbohydrates.
- A variety of guidance documents indicate the need to avoid or limit these types of foods when feeding IYC.
- Recent national guidance for feeding 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 – Province



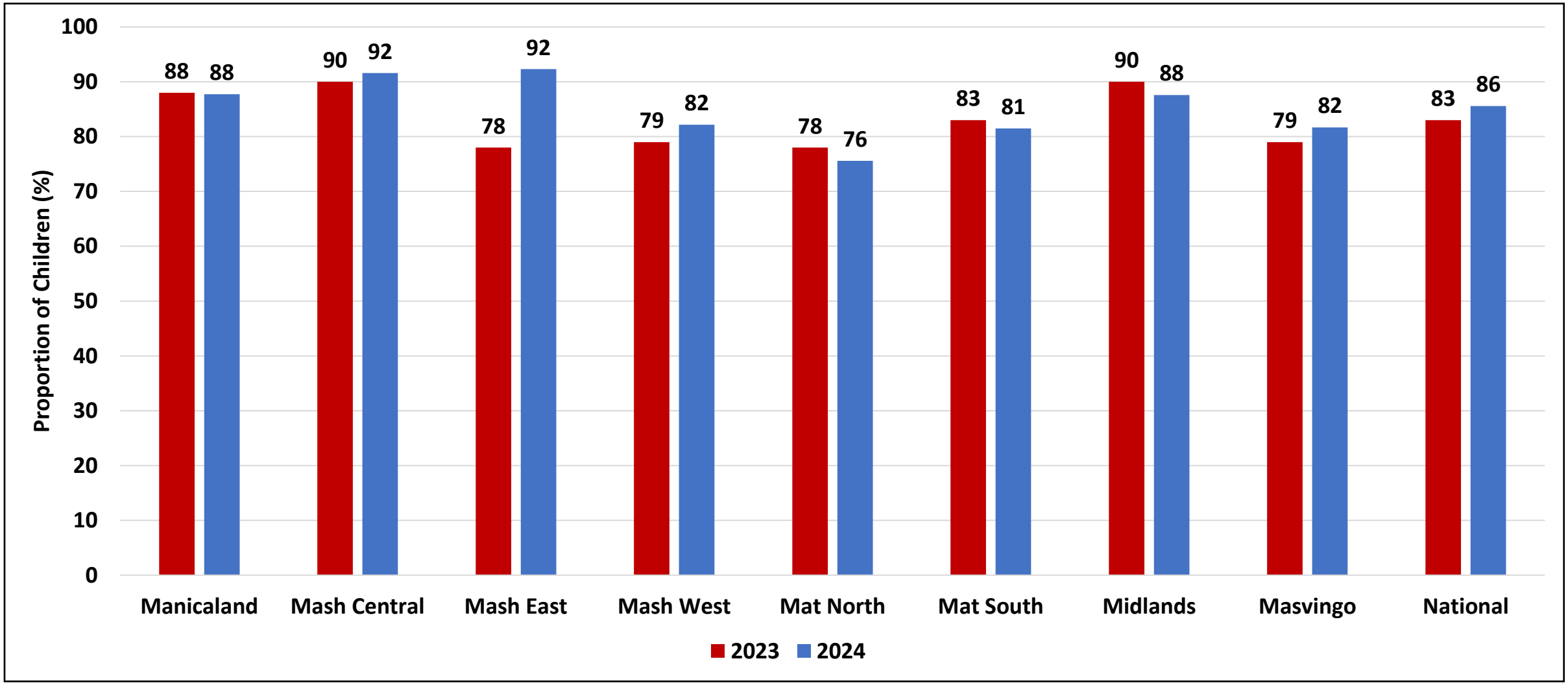
- Exclusive breastfeeding is a low cost, life-saving child survival intervention. The exclusive breastfeeding rate was reported to be 15%. No values were reported for 2023.
- The proportion of children who continued to be breastfed beyond one year increased from 49% to 78.3%.
- At least 92% of the children were ever breastfed.

Children Ever Breastfed



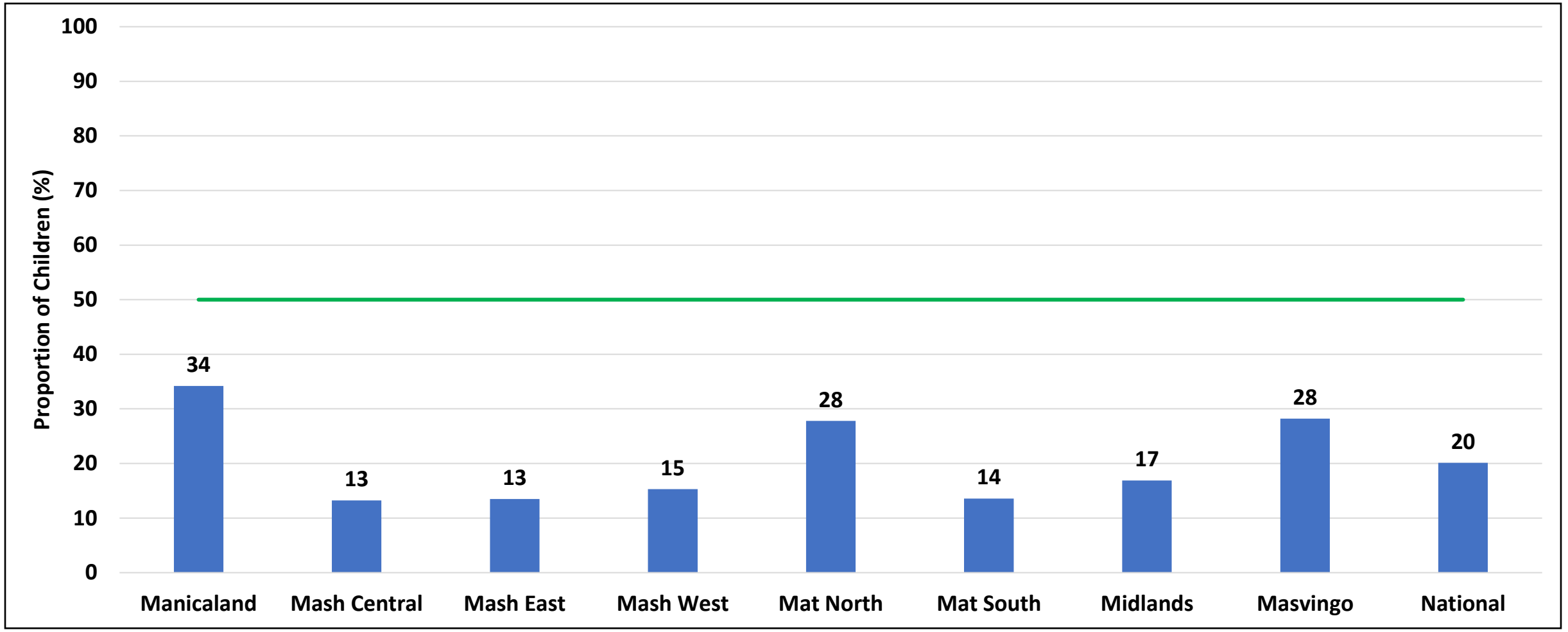
- Nationally, the proportion of children who were ever breastfed was 90%. Mashonaland West province reported (92%) above the national average.
- The recommendation is to have children exclusively breastfed for the first 6 months and continue breastfeeding for at least 2 years.

Early Initiation of Breastfeeding



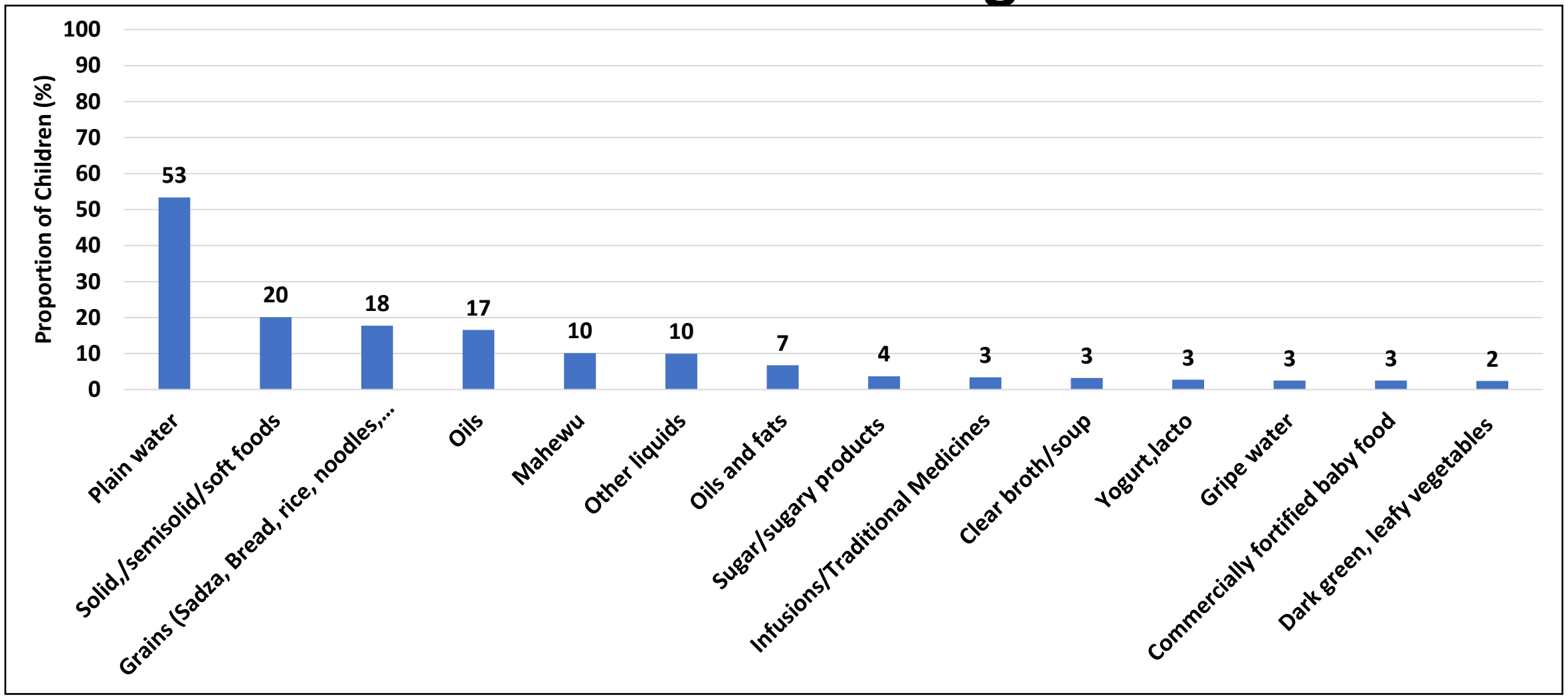
- Nationally, 86% of children who were born were put on the breast within an hour of birth.
- Mashonaland West reported (82%), which was below the national average.

Exclusive Breastfeeding



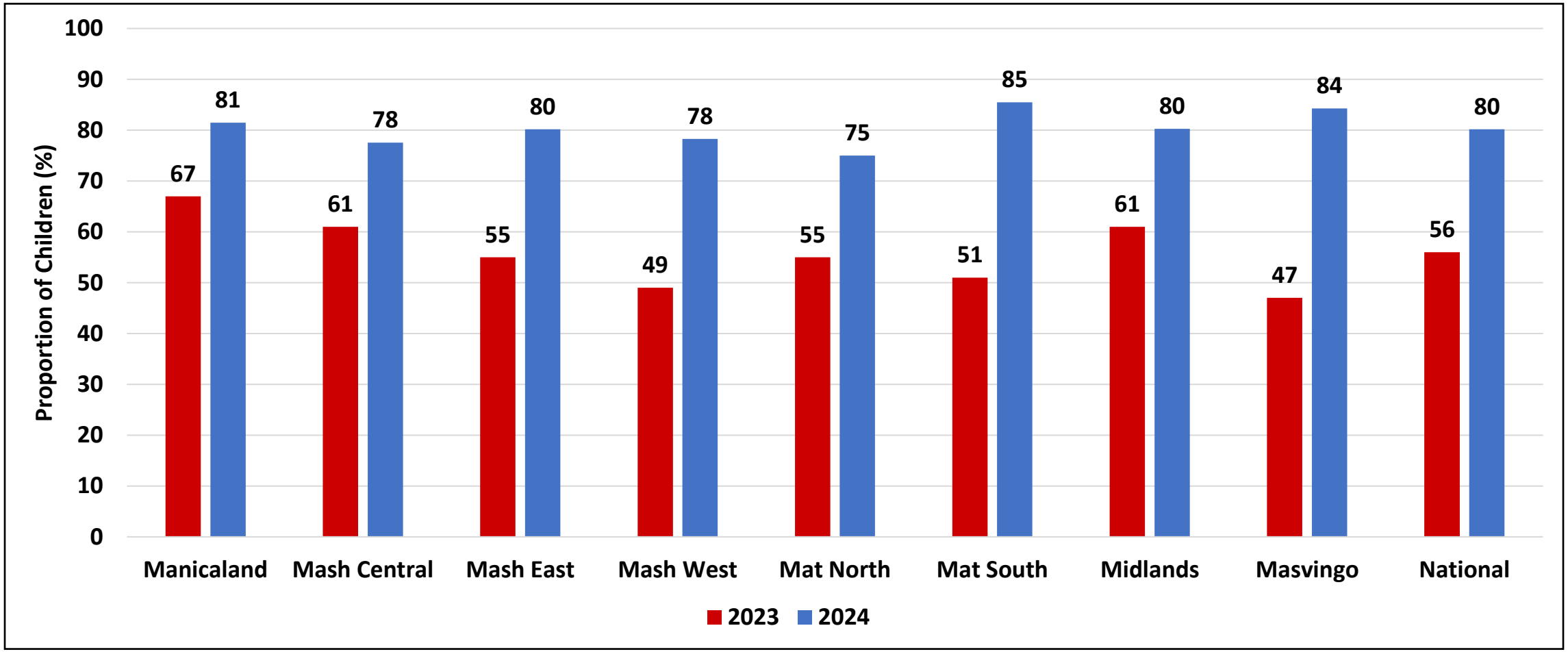
- The proportion of children who were exclusively breastfed in the province was 13%.
- Nationally all provinces were performing below the threshold of at least 50%.

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



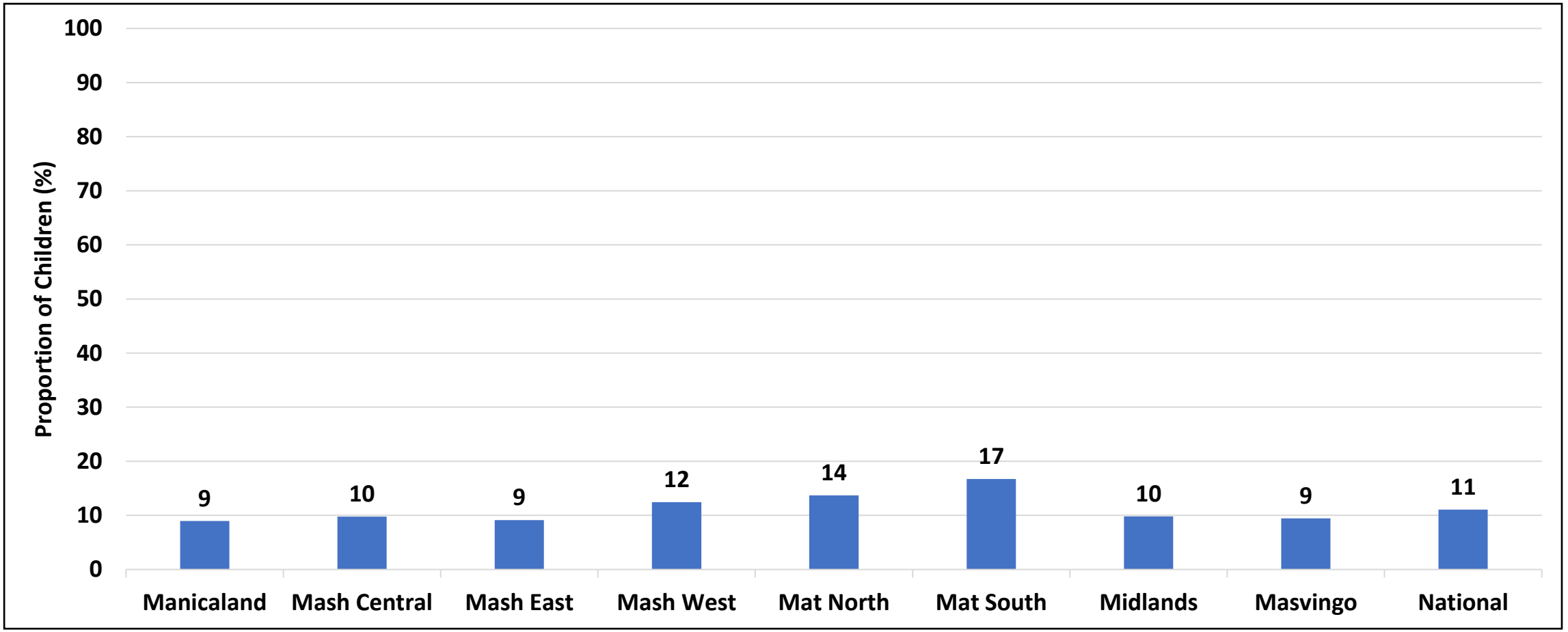
- Nationally, plain water (53%), soft foods (20%), grains (18%) and oils (17%) were the most common foods given to children less than 6 months.

Continued Breastfeeding Beyond 1 year



- Breastfeeding provides one third of energy needs between 12 and 24 months.
- The proportion of children who continued to be breastfed beyond one year increased across all provinces.
- Continued breastfeeding beyond 1 year in Mashonaland West increased from 49% in 2023 to 78% in 2024.

Bottle Feeding

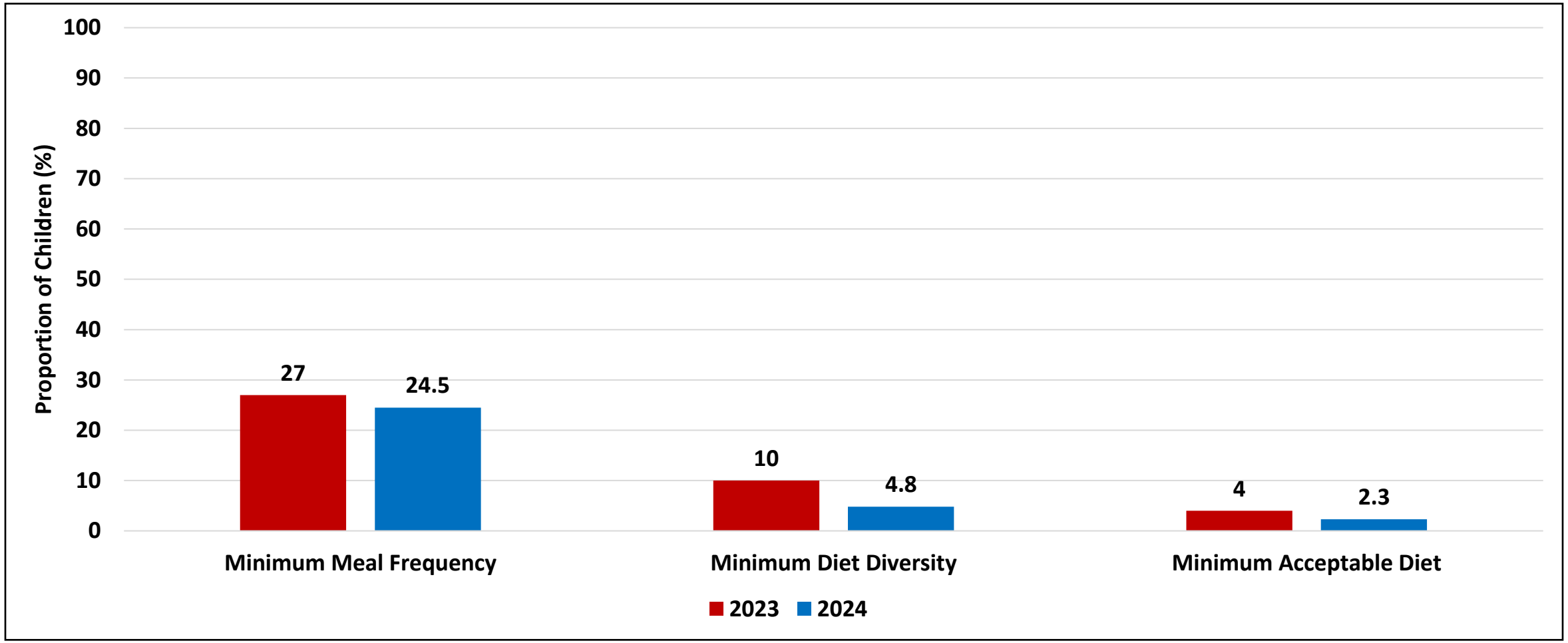


- Bottle feeding interferes with breastfeeding and predisposes infants to diarrheal diseases, especially in an environment with compromised WASH services.
- Mashonaland West reported a bottle feeding rate of 12% which was above the national average of 11%.

Complementary Feeding

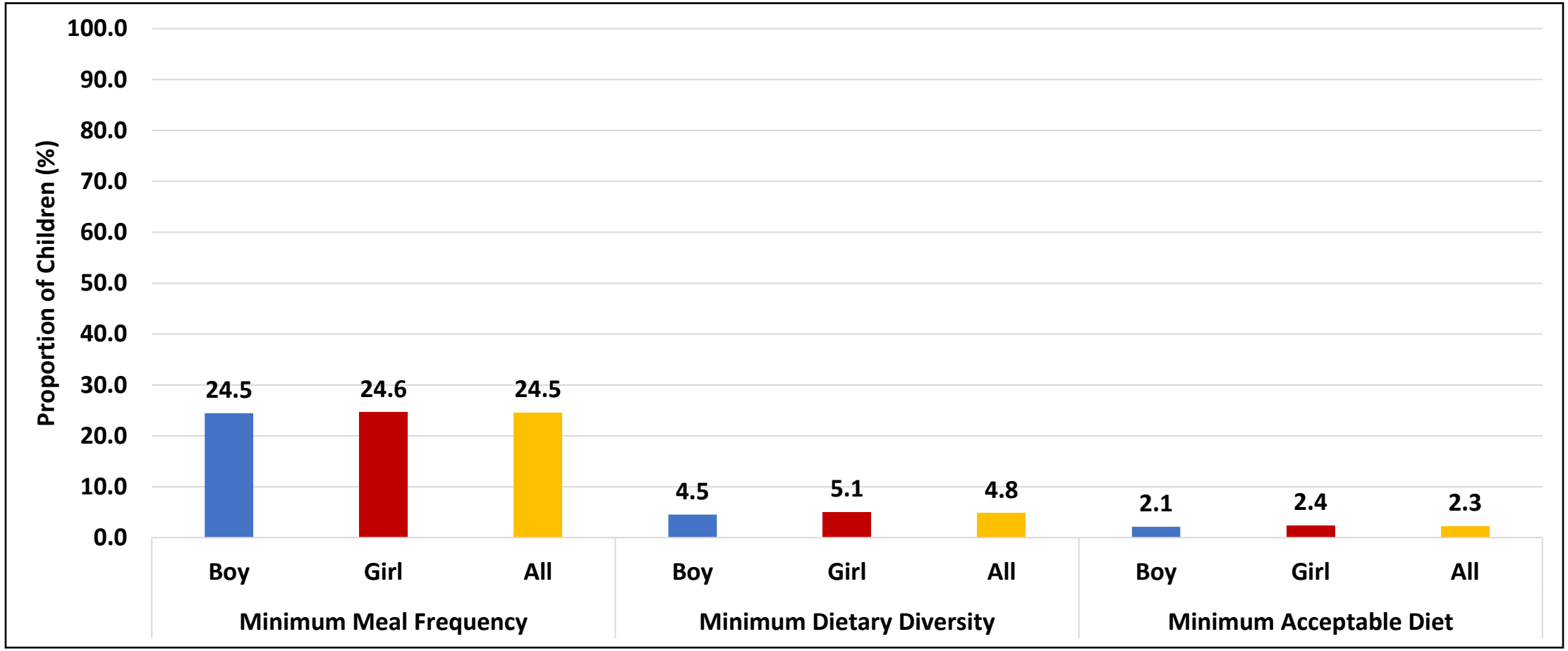
- Minimum Dietary Diversity (MDD) is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least five of the seven food groups that are recommended by the World Health Organisation.
- Minimum Meal Frequency (MMF) is a proxy for a child's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

Infant and Young Child Feeding Diet Quality



- Nationally, about 2.3% of children achieved a minimum acceptable diet, a decrease from 4% in 2023. This remains below the national target of 25%.
- Dietary diversity was also low with only 4.8% of children consuming diversified diets.

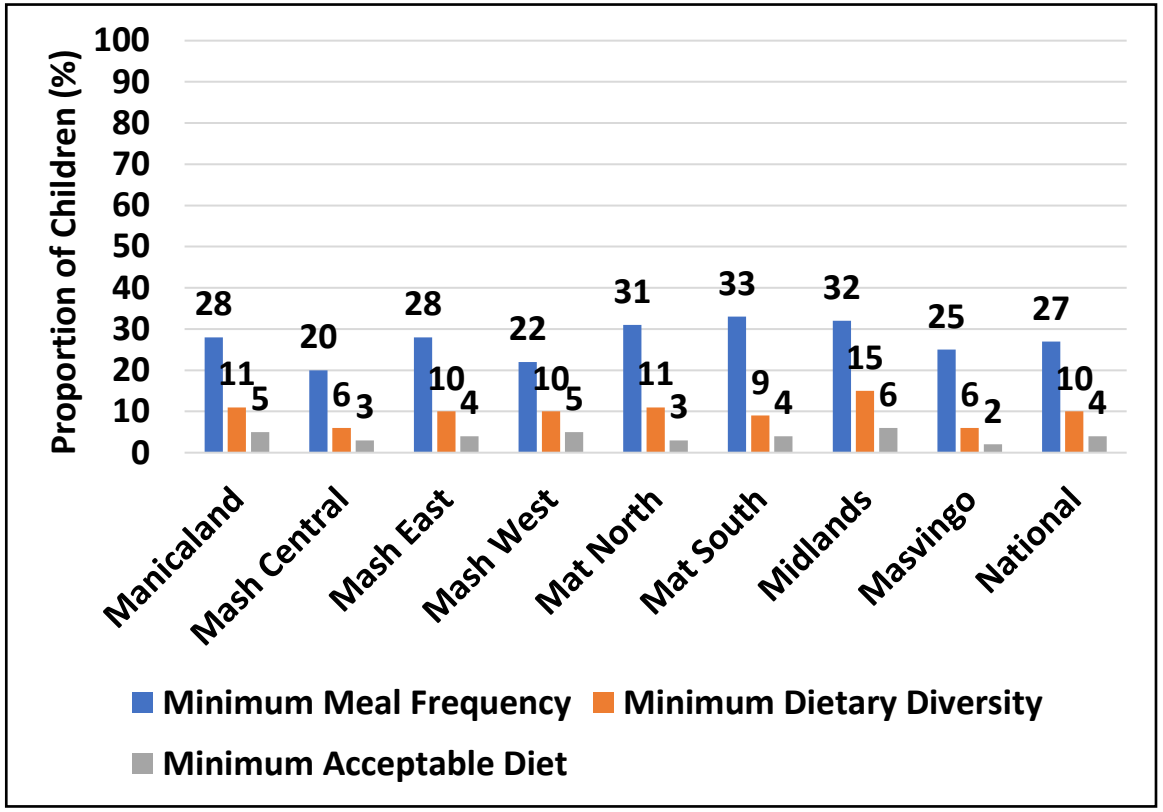
Infant and Young Child Feeding Diet Quality: By Sex



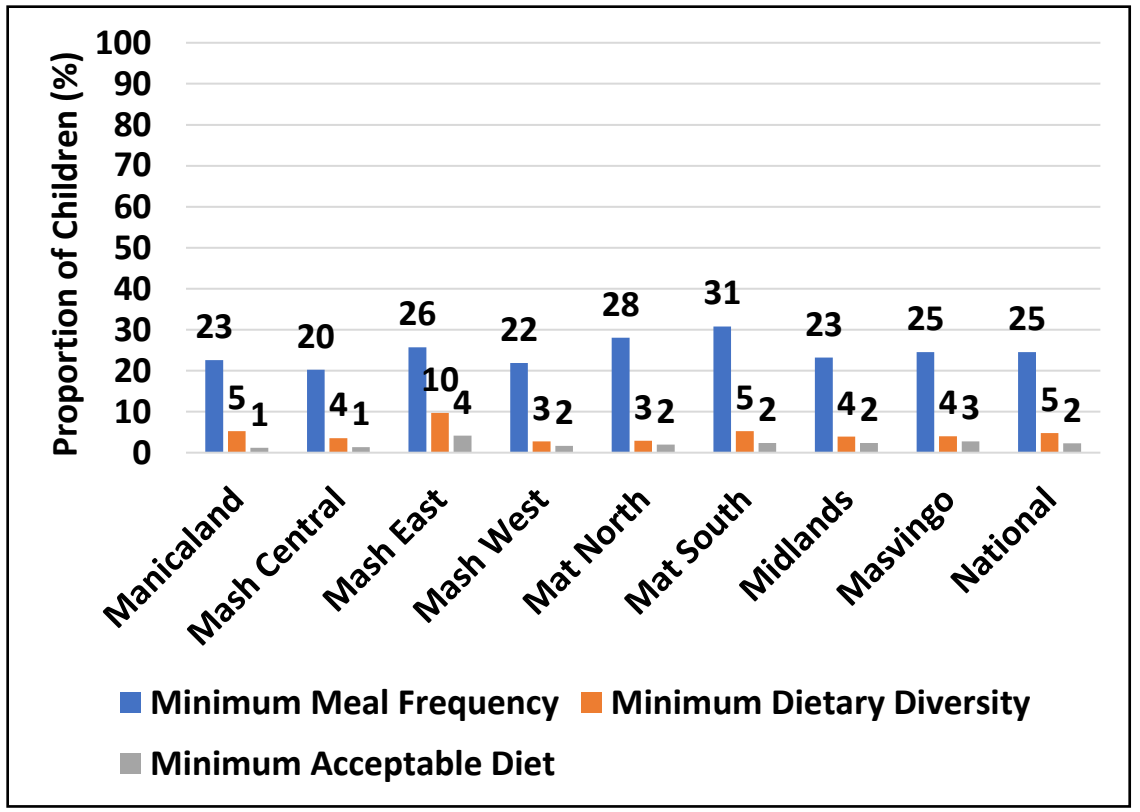
- There was no major difference on diet quality by sex.

Infant and Young Child Feeding Diet Quality

2023



2024



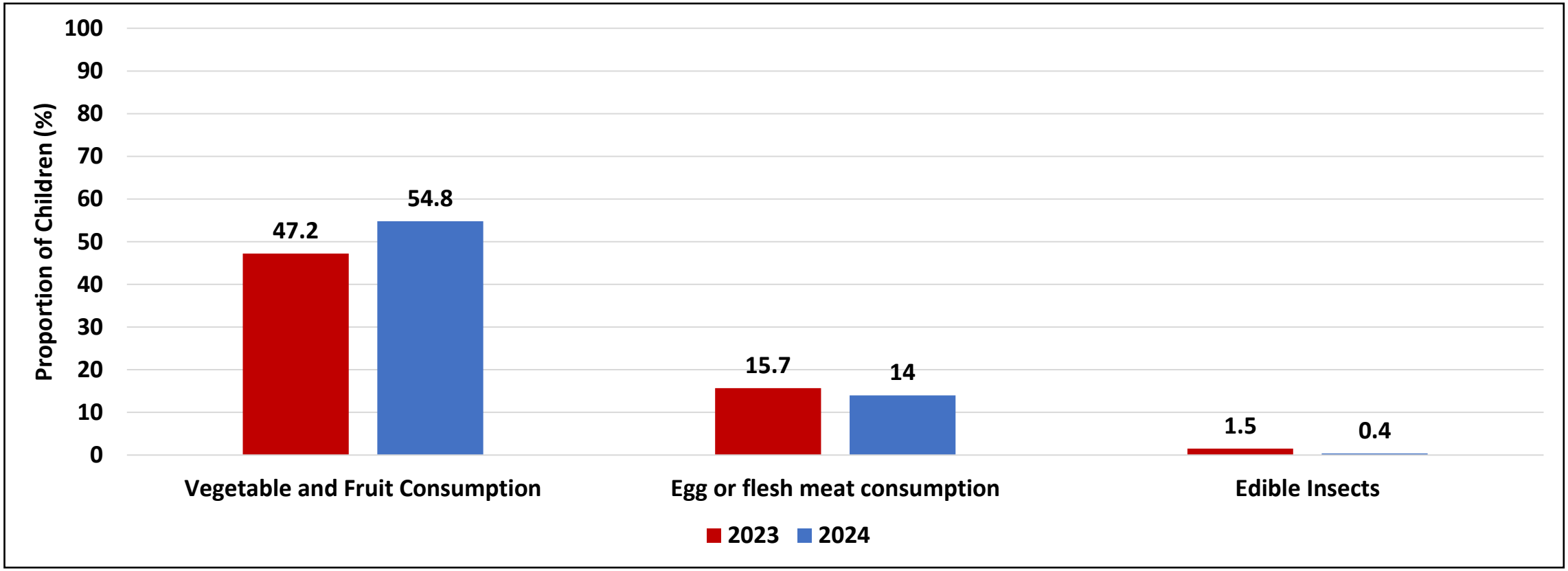
- In Mashonaland West, about 2% of children aged 6-23 months received the Minimum Acceptable Diet, a decrease from 5% recorded in 2023.
- A Minimum Acceptable Diet indicator reflects the proportion of children who receive adequate diverse age-appropriate foods. Adequate nutrition is essential for growth 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

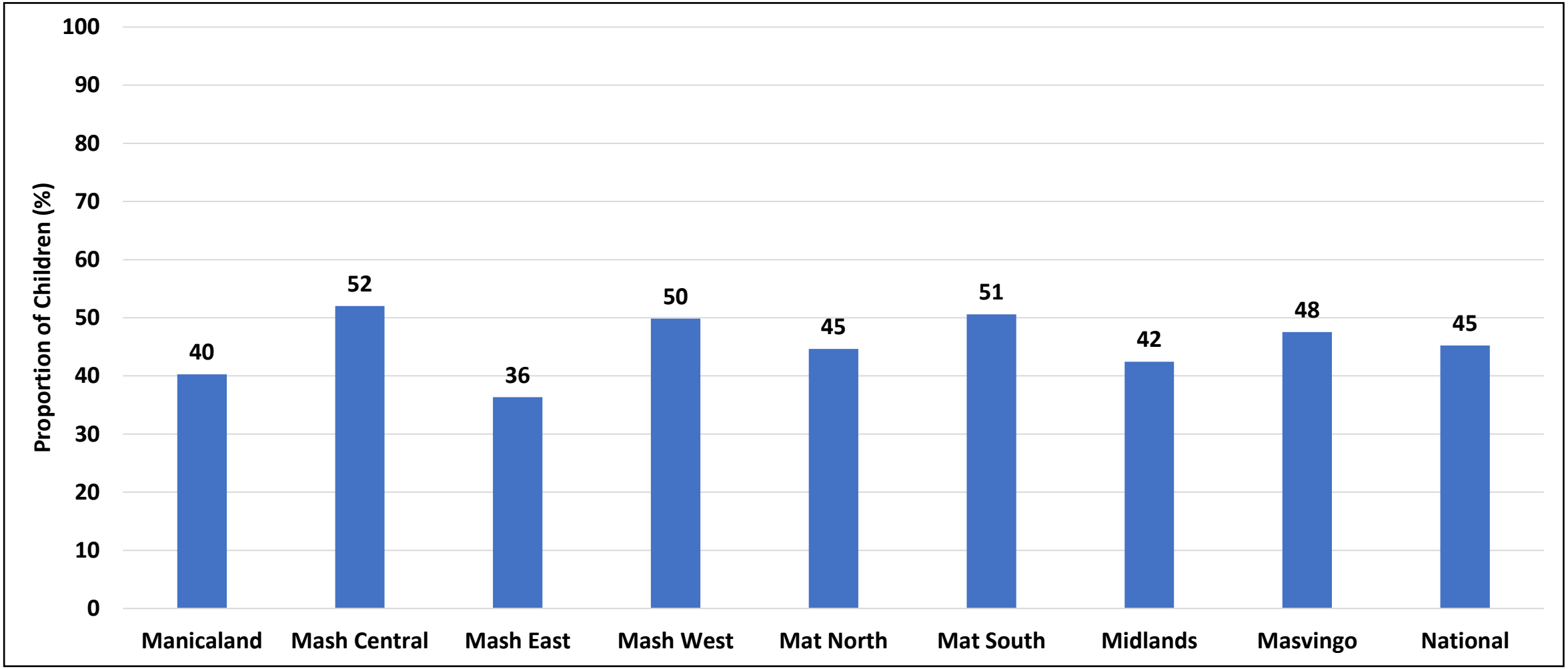
- Most of the children 6-23 months in Mashonaland West consumed grains, roots and tubers (88.2%) followed by breastmilk (41.4%).

Infant and Young Child Feeding Diet Quality Indicators by Year



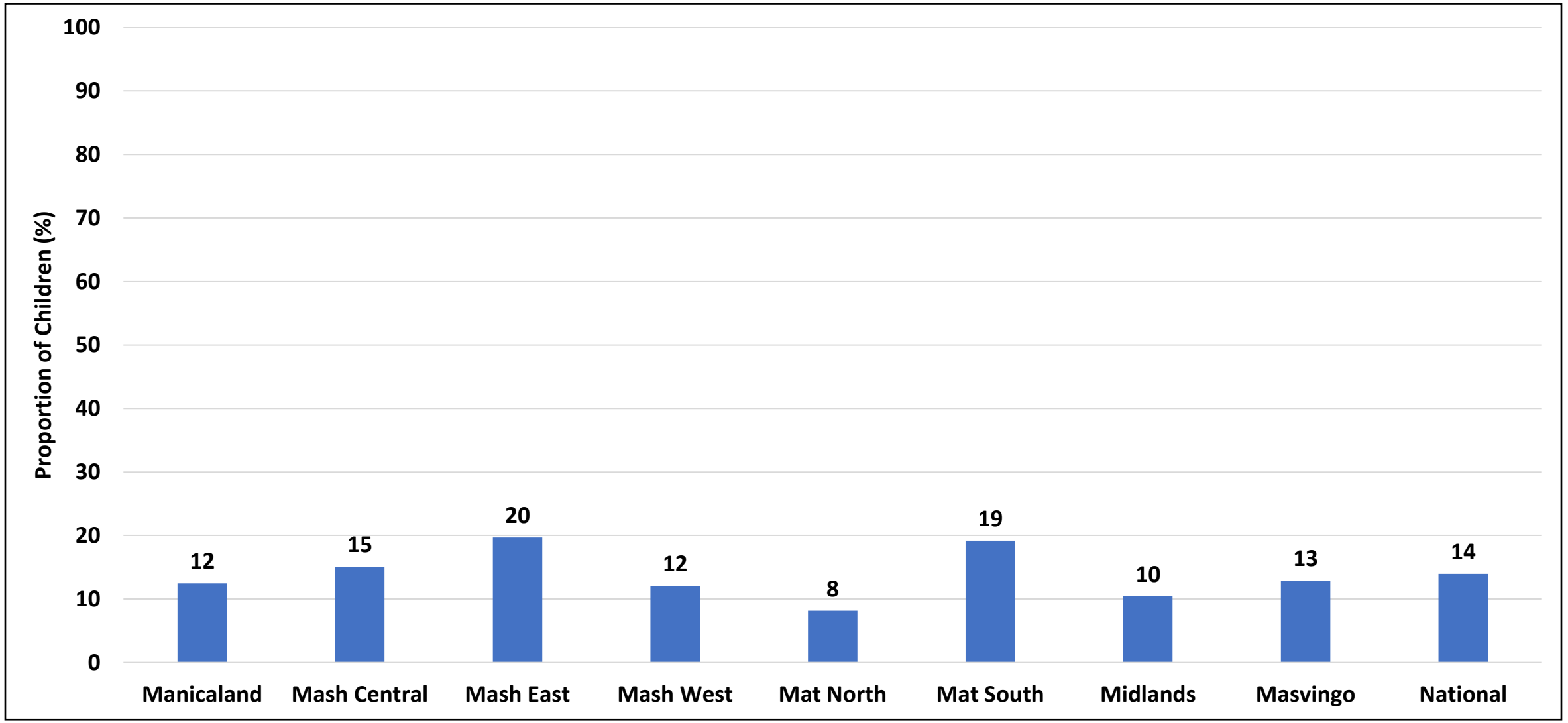
- Vegetable, fruit, egg and flesh meat consumption provides the much-needed nutrients required for optimum growth and development during the window of opportunity (first 1 000 days).
- About 55% of the children 6 to 23 months consumed vegetables and fruits 24 hours preceding the survey.
- Edible insects were not commonly consumed by children 6-23 months.

Non-Vegetable or Fruit Consumption 6–23 Months (ZVF)



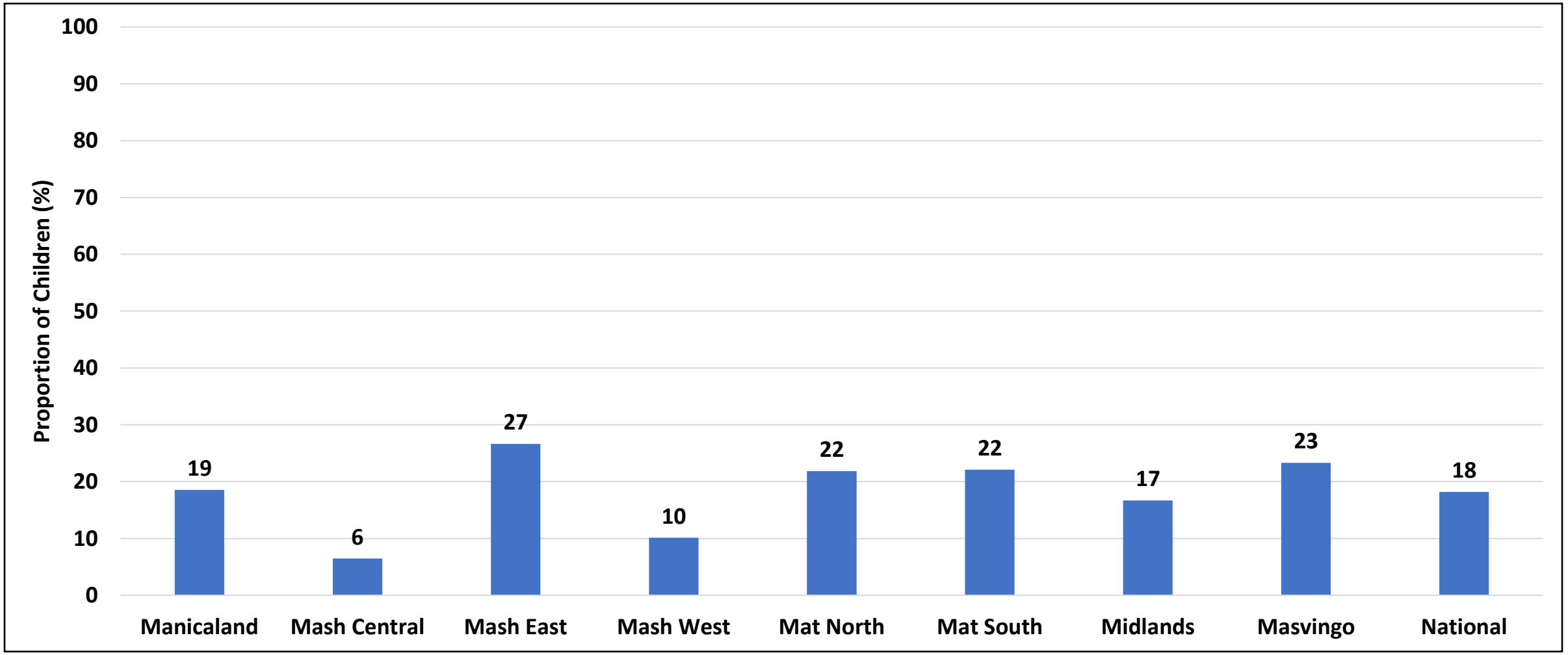
- Nationally, an estimated 45% of children 6-23 months were neither consuming vegetables nor fruits, with Mashonaland West (50%) reporting proportions above the national average.

Egg and/Flesh Meat Consumption 6-23 Months (EFF)



- Nationally, about 14% of children 6-23 months were consuming egg and/ flesh meat with Mashonaland West reporting (12%).

Unhealthy Food Consumption 6–23 Month (UFC)



- Nationally an estimated 18% of children 6-23 months were consuming unhealthy foods, with Mashonaland West recording (10%).

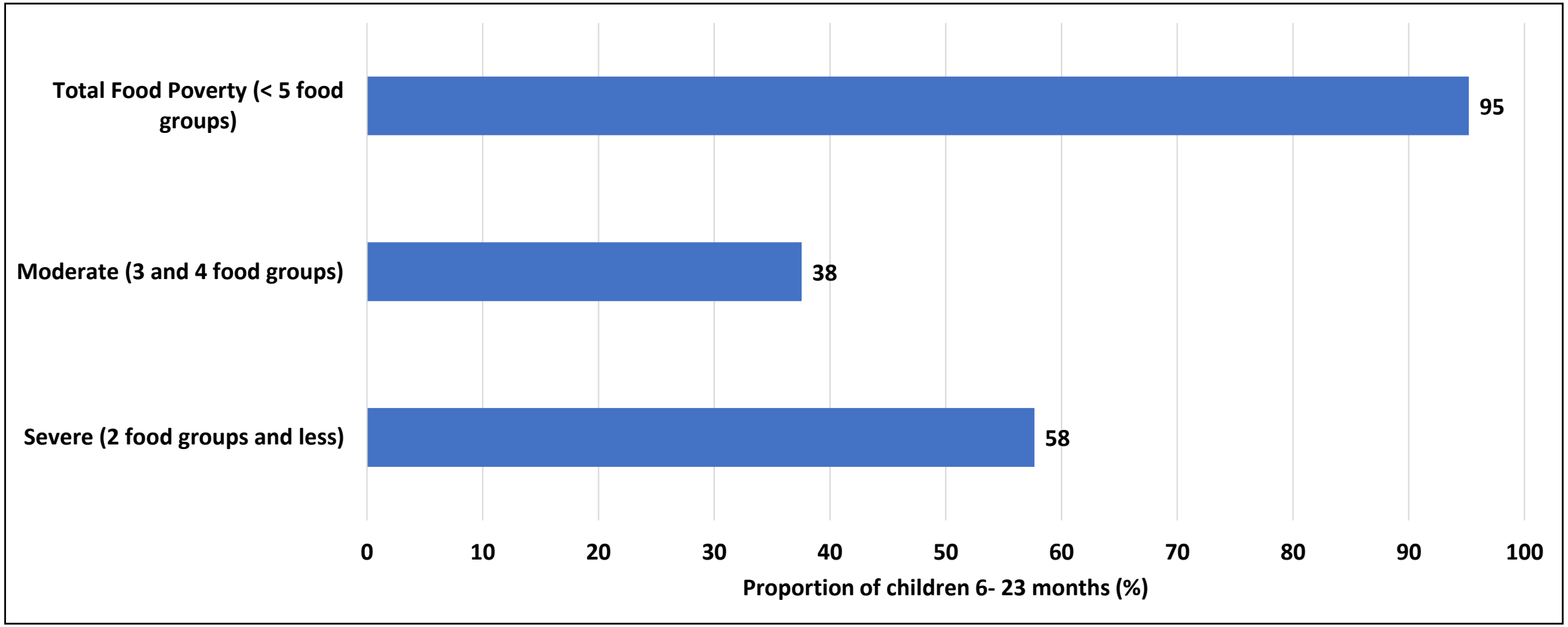
Child Food Poverty

- **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.

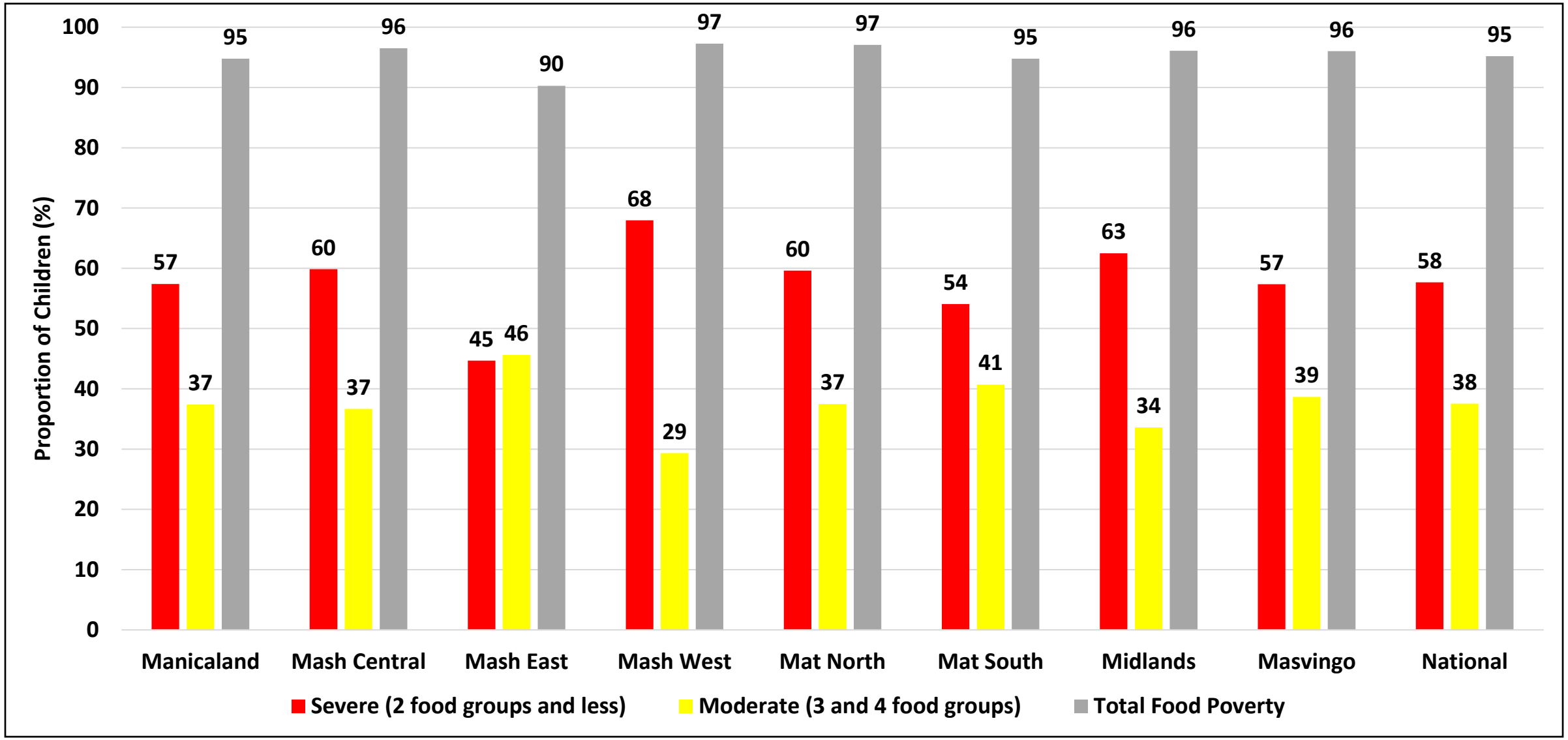
- **Moderate child food poverty** refers to the proportion of children under five 5 consuming foods and beverages from three or four out of eight defined food groups during the previous day.

Child Food Poverty



- Of the children 6 to 23 months, 95% consumed a meal which did not meet minimum dietary diversity in the 24 hours preceding the survey.
- Attention needs to be given to the 58% of children who were in severe food poverty.

Child Food Poverty



- Across all provinces, Mashonaland West reported the highest proportion of children aged 6-23 months experiencing severe food poverty.

Nutrition Status

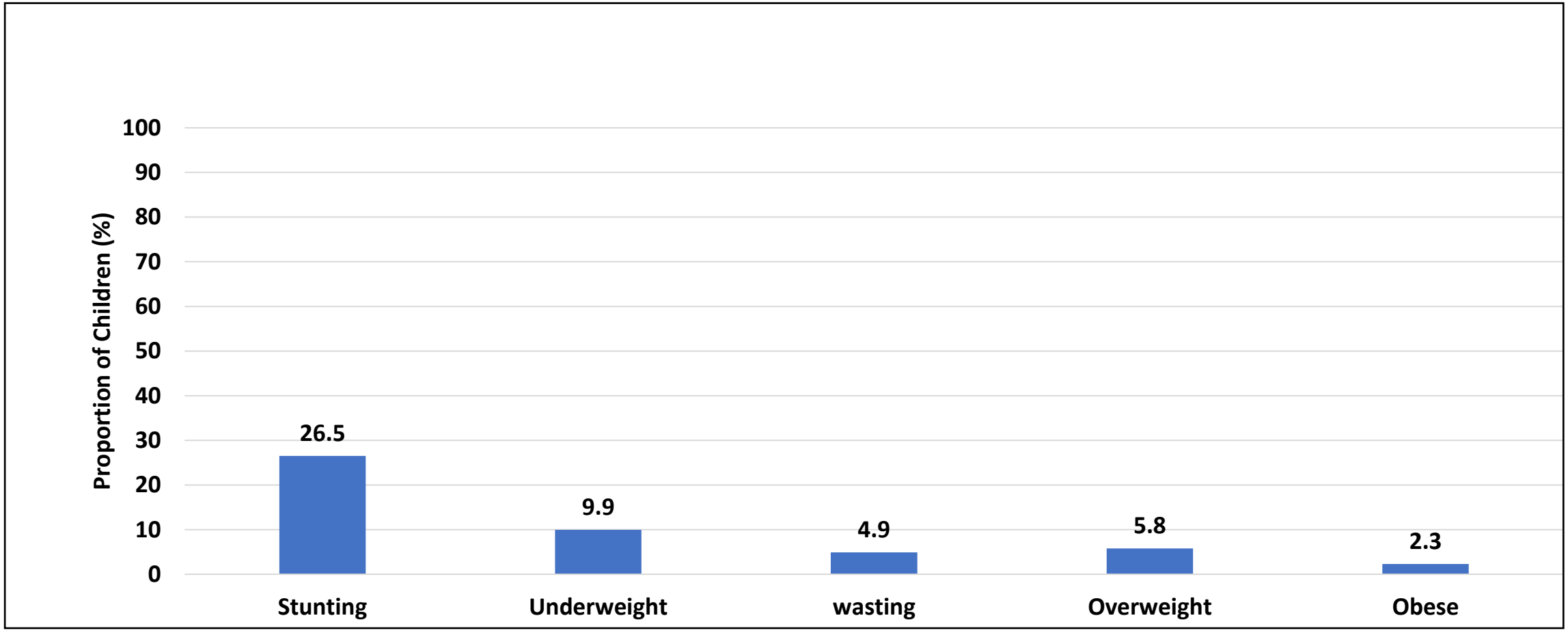
Child Nutrition Status

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).

Child Nutrition Status

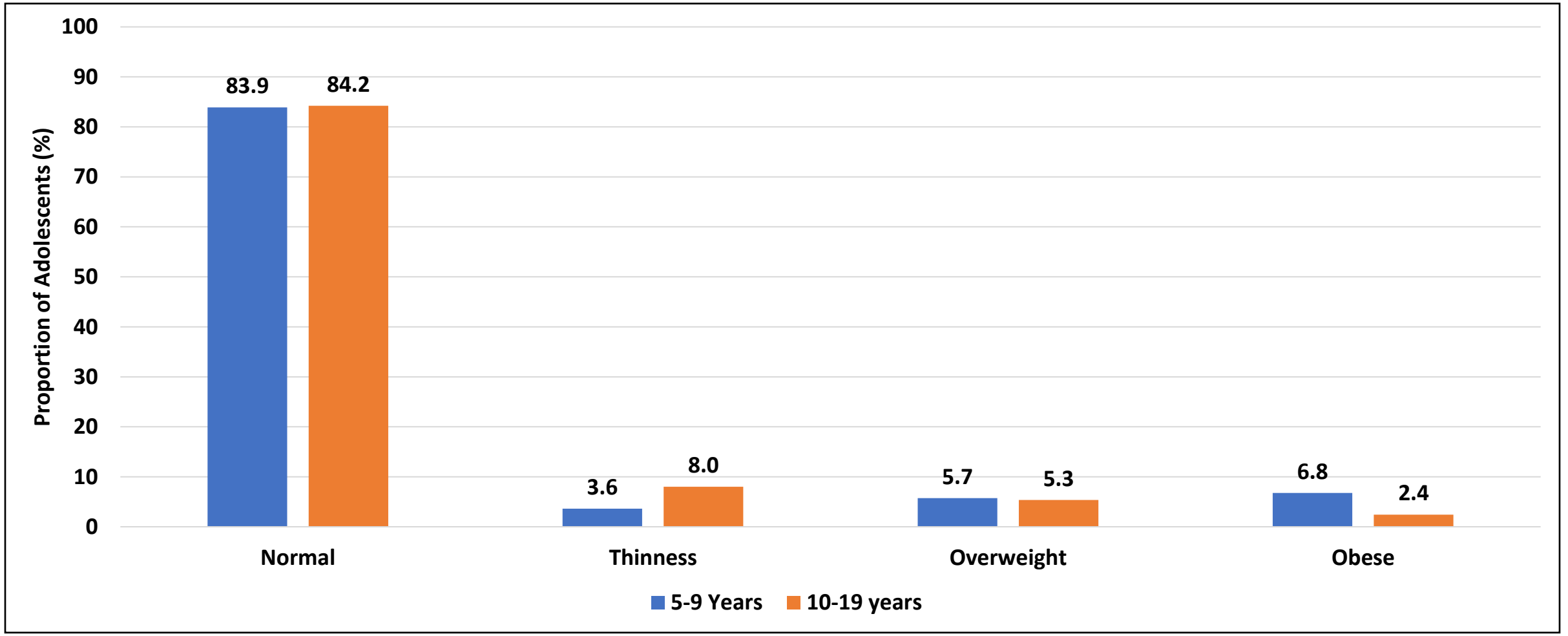
Indicator	Indicator definition (WHO standards, 2006)	Provincial prevalence (%)	Prevalence cut-off values for public health significance
Stunting	Height/Length for age <–2 SD of the WHO Child Growth Standards median	**26.5**	<2.5%: Very Low 2.5-<10%: Low 10-<20%: Medium 20-<30%: High ≥30%: Very High (DeOniset al., 2019)
Global Acute Malnutrition	Weight for height <-2SD of the WHO Child Growth Standards median and/oedema	4.9	<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	1.7	0% = acceptable >0%: Unacceptable
Underweight	Weight for age <-2SD of the WHO Child Growth Standards median and/oedema	9.9	
Overweight	Weight for height >+2 SD of the WHO Child Growth Standards median	5.8	<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	2.3	

Nutrition Status of Children 6- 59 Months



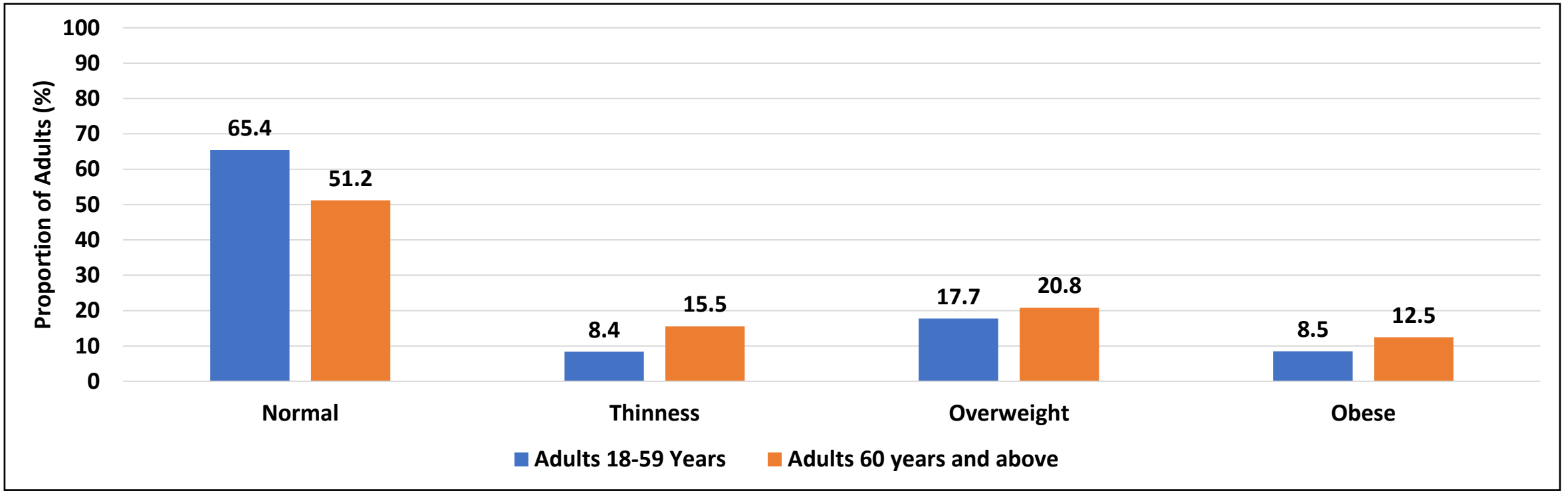
- Stunting prevalence (26.5%) remains high according to the World Health Organization classification.

Nutrition Status of Adolescent 5-9 and 10-19 Years



- An estimated 6.8% of children 5-9 years were obese and 5.7% were overweight. In the 10-19 years age group, 2.4% were obese and 5.3% were overweight.

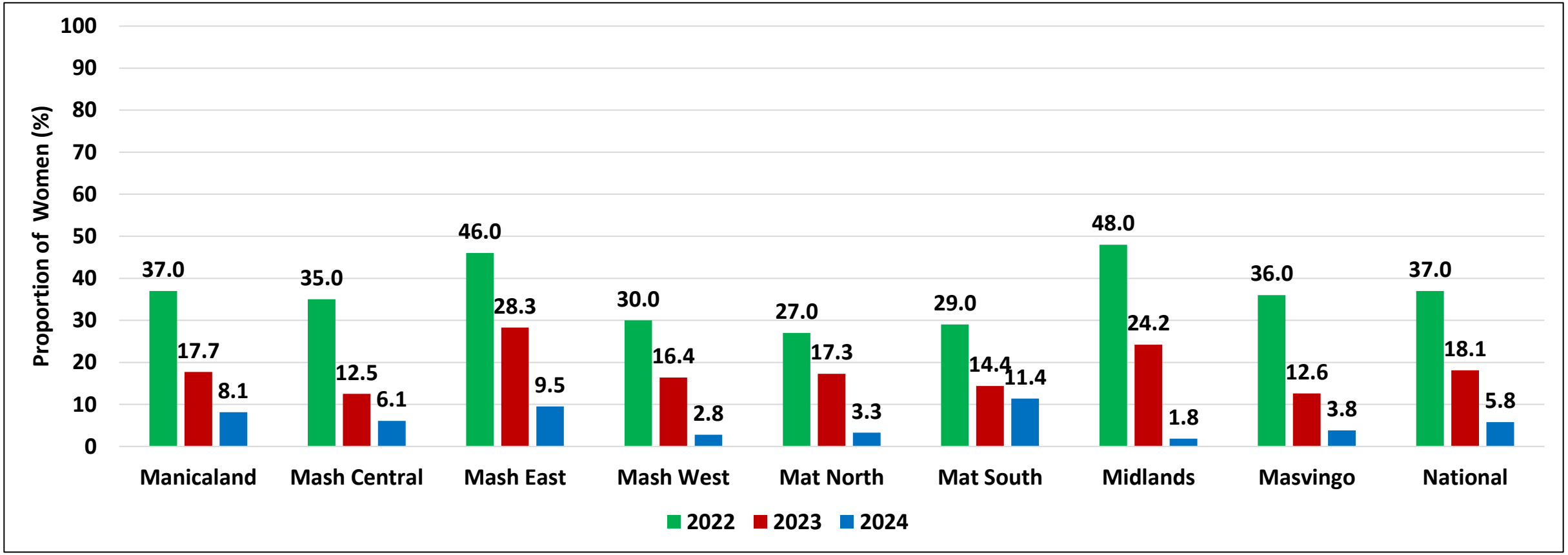
Province Nutrition Status of Adults



- Body mass index was used to classify adults aged 18 years and above. Having excess fat deposits in the body leads 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 Mashonaland West, 20.8% of the adults aged 18-59 years were overweight and 8.8% were obese.
- For adults 60+ years, 20.8% were overweight and 12.5% were obese.

Minimum Dietary Diversity for Women of Child-Bearing Age (WCBA)

Minimum Dietary Diversity for WCBA



- In Mashonaland West province, the proportion of WCBA consuming at least 5 food groups from the possible 10 declined from 16.4% in 2023 to 2.8% in 2024.
- The observed decrease in quality of diets amongst WCBA is reflective of household food access challenges being faced over the past three seasons across all provinces.

Actual Food Groups Consumed by WCBA

Province	Foods made from grains (%)	Orange fleshed Vegetables or root (%)	White roots and tubers s (%)	Dark green leafy vegetables (%)	Fruits that are dark yellow or orange inside (%)	Other fruits like bananas, apples, citrus fruits (%)	Other vegetables like onion, tomato (%)	Meat made from animal organs (%)	Other types of meat or poultry, (%)	Eggs (%)	Fish or seafood, (%)	Beans or peas, (%)	Nuts or seeds, (%)	Milk or milk products, (%)	Oils/fat/ butter (%)	Condiments and seasonings, (%)	Other beverages and foods (%)
Manicaland	98.3	22.0	4.1	62.9	2.8	15.9	28.4	3.1	8.9	5.2	5.0	5.4	1.8	5.5	35.8	16.1	8.3
Mash Central	99.1	19.4	3.3	58.2	3.1	7.8	32.2	3.3	8.5	5.9	8.5	4.1	2.6	4.6	39.4	17.0	5.4
Mash East	95.2	16.3	7.7	57.8	1.0	7.8	46.1	3.9	15.2	7.1	3.8	3.5	2.7	10.1	57.9	27.3	24.4
Mash West	98.8	12.9	1.7	46.4	1.0	2.4	29.4	0.9	5.0	3.8	13.9	3.3	0.3	6.6	39.5	7.5	8.2
Mat North	99.1	9.6	2.4	61.2	0.3	1.5	17.0	4.0	8.9	3.1	2.2	5.0	0.9	6.4	33.0	29.0	21.5
Mat South	97.3	18.1	9.4	50.4	4.0	12.7	32.5	7.9	27.5	5.9	6.4	11.7	2.5	13.2	34.5	13.1	21.4
Midlands	98.0	13.5	4.6	49.1	2.3	4.9	32.3	3.2	11.4	1.5	2.4	4.4	1.4	4.9	29.0	10.3	11.0
Masvingo	96.7	10.5	3.2	50.1	1.0	9.0	30.4	3.8	15.6	1.8	3.7	4.2	3.7	9.2	45.6	9.7	16.0
National	97.7	15.1	4.7	54.3	1.9	7.6	31.4	3.8	12.9	4.2	5.5	5.2	2.0	7.7	39.5	16.3	15.0

- WBCA, because of their physiological requirements of pregnancy and breastfeeding, require a more nutrient-dense diet. Requirements for most nutrients are higher for this group than for adult men.
- In Mashonaland West province, the results indicate that WCBA were mostly consuming foods made from grain (98.8%), dark green leafy vegetables (46.4%) and other vegetables (29.4%).
- Insufficient nutrient intake during the first 1000 days has a bearing on nutrition outcome for the mother baby pair.

Physical Activity and Non-Communicable Diseases

Types of Physical Activity by Children (5-9 Years)

Province	Walking (%)	Dancing (%)	Swimming (%)	Jogging/ Running (%)	Aerobic exercise (%)	Bicycle Riding (%)	Gardening activities (%)	Sporting Activities (Soccer, Volleyball) (%)	None (%)
Manicaland	55.2	12.6	0.8	17.8	0.5	0.7	23.8	17.1	27.5
Mash Central	63.2	21.2	0.6	23.1	1.3	0.4	17	20.8	22.6
Mash East	79.5	21	0.8	27.7	1	0.7	18.5	13.6	14.3
Mash West	65.5	5.8	0.1	31.7	0.2	1.2	21.2	22.7	18.2
Mat North	78.4	11.3	0.4	19.8	0.1	1.3	28	28.4	11.9
Mat South	74.8	20.1	2.8	34.3	0.1	1.9	29.1	21.2	18.9
Midlands	85	20	0.4	33.6	0.5	0.3	31.8	12.4	9.3
Masvingo	82	14.7	0.9	32.2	2.3	3.5	32.1	24.6	8.1
National	73.3	15.9	0.8	27.8	0.7	1.2	25.1	19.9	16.1

- Establishing healthy habits in childhood is crucial for long-term well-being. In Mashonaland West, the main physical activity engaged by children 5-9 years was walking (65.5%) , jogging(31.7%), sporting activities (22.7%) and gardening (21.2%).
- About 18.2% of children aged 5-9 years reported not to be engaging in any physical activity.
- Children who do not engage in regular exercise are more prone to obesity, cardiovascular problems, weakened bones and muscles.

Types of Physical Activity by Adolescents (10-19 Years)

Province	Walking (%)	Dancing (%)	Swimming (%)	Jogging (%)	Aerobic (%)	Bicycle %)	Gardening (%)	Sporting Activities(Soccer, Volleyball) (%)	None (%)
Manicaland	59.4	8.5	1.1	17.5	0.6	1.1	44.7	23.2	17.7
Mash Central	65.6	18.7	0.8	21.6	0.5	2.1	35.1	27.7	13.2
Mash East	78.9	19	0.8	24.9	0.8	2.7	34.4	21.9	11.6
Mash West	67.0	5.8	0.4	27.4	0.4	2.9	37.2	29.7	14.9
Mat North	78.1	12.3	0.7	22.5	0.2	4.8	42.9	28.8	8.1
Mat South	74.6	16.3	2.1	28.9	0.5	7.5	47.3	25.9	14.5
Midlands	85.7	18.7	0.5	31.8	0.3	1.5	41.1	19.2	8.3
Masvingo	81.4	9.9	1.2	30.5	1.6	5.8	56.3	35.8	3.1
National	74.3	13.9	0.9	25.8	0.6	3.5	42.2	27.7	11.3

- Investing in adolescent health and physical wellbeing has been shown to yield a health benefit into adulthood.
- In Mashonaland West province 67% of adolescents engaged in walking, 37.2% participated in gardening activities while 29.7% participated in sporting activities.
- About 14.9% of adolescents in Mashonaland West province did not participate in any physical activity.
- The adolescence period is generally considered a healthy period but many non-communicable diseases (NCDs) that manifest later in life are a result of modifiable risk behaviors established during this time, such as smoking, unhealthy diet patterns and low levels of physical activity.

Types of Physical Activity by Adults (18-59 Years)

Province	Walking (%)	Dancing (%)	Swimming (%)	Jogging (%)	Aerobic Exercise (%)	Bicycle Riding (%)	Gardening Activities (%)	Sporting Activities (%)	None (%)
Manicaland	59.4	8.5	1.1	17.5	0.6	1.1	44.7	34.6	17.7
Mash Central	65.6	18.7	0.8	21.6	0.5	2.1	35.1	38.1	13.2
Mash East	78.9	19	0.8	24.9	0.8	2.7	34.4	31.4	11.6
Mash West	67	5.8	0.4	27.4	0.4	2.9	37.2	41.8	14.9
Mat North	78.1	12.3	0.7	22.5	0.2	4.8	42.9	50.1	8.1
Mat South	74.6	16.3	2.1	28.9	0.5	7.5	47.3	39	14.5
Midlands	85.7	18.7	0.5	31.8	0.3	1.5	41.1	23.7	8.3
Masvingo	81.4	9.9	1.2	30.5	1.6	5.8	56.3	51.3	3.1
National	74.3	13.9	0.9	25.8	0.6	3.5	42.2	39.7	11.3

- For Mashonaland West province, the main physical activity engaged by adults aged 18-59 years was walking (67%), sporting activities (41.8%) and gardening (37.2%).

Types of Physical Activity by the Elderly (60 Years and Above)

Province	Walking (%)	Dancing (%)	Swimming (%)	Jogging Running (%)	Aerobic Exercise (%)	Bicycle Riding (%)	Gardening Activities (%)	Sporting Activities(soccer, volleyball) (%)	None (%)
Manicaland	49.6	1.8	0.1	2.1	0.4	0.2	45	10.2	30.8
Mash Central	60.6	7.3	0	1.9	0	0.9	37	9.4	25.1
Mash East	72.1	5.7	0	3.4	0.7	1.5	41.9	7	18.9
Mash West	64.5	0.9	0	0.8	0	2.2	28.7	8.9	25.3
Mat North	72.6	3.9	0.1	2.7	0	3.1	48	16.7	19.8
Mat South	72.8	5.5	1	4.9	0.1	3.8	47.1	14.3	19.8
Midlands	79	8.9	0	3.8	0.1	0.5	38.5	0.6	14.3
Masvingo	75.8	4.1	0	2.5	0.4	2.3	57.2	13.4	13.2
National	69.6	5	0.2	2.9	0.2	1.8	43.3	9.8	20.2

- Physical activity is a protective factor for non-communicable diseases such as cardiovascular disease, diabetes, and some types of cancer amongst the older age groups.
- In Mashonaland West province, the main physical activity engaged by household members aged above 60 years and above was walking (64.5.%), followed by gardening activities (28.7%).
- About 25.3% of household members above 60 years reported that they were not engaging in any physical activity. Inactivity and aging increase the risk of chronic disease.

Types of Physical Activity by WBCA (15-49 Years)

	Walking (%)	Dancing (%)	Swimming (%)	Running /Jogging (%)	Aerobic exercises (%)	Bicycle Riding (%)	Gardening (%)	Sporting activities (%)	None (%)
Manicaland	59.4	4.7	0.4	7.1	0.2	0.5	55.5	20	16.9
Mash Central	68.6	13.8	0.2	7.8	0.4	0.6	51.8	13	12.4
Mash East	74.7	13	0.2	9.5	0.5	0.5	47.7	11.7	13.2
Mash West	67.3	2.4	0.4	10.1	0	1.1	48.6	16.3	13
Mat North	76.5	11.8	0.3	6.5	0.1	0.7	51.9	20	14.2
Mat South	74.1	12.9	1.8	13.6	0.4	3.9	63.7	17.8	14
Midlands	84.2	15.6	0.3	16.7	0.4	0.5	50.8	1.7	8.9
Masvingo	83.4	9	0.5	13.3	1	3	71.9	20.3	3.2
National	73.6	10.5	0.5	10.6	0.4	1.3	55	14.6	11.9

- In Mashonaland West province, the main physical activity engaged by WCBA was walking (67.3%), followed by gardening activities (48.6%).

Chronic Conditions

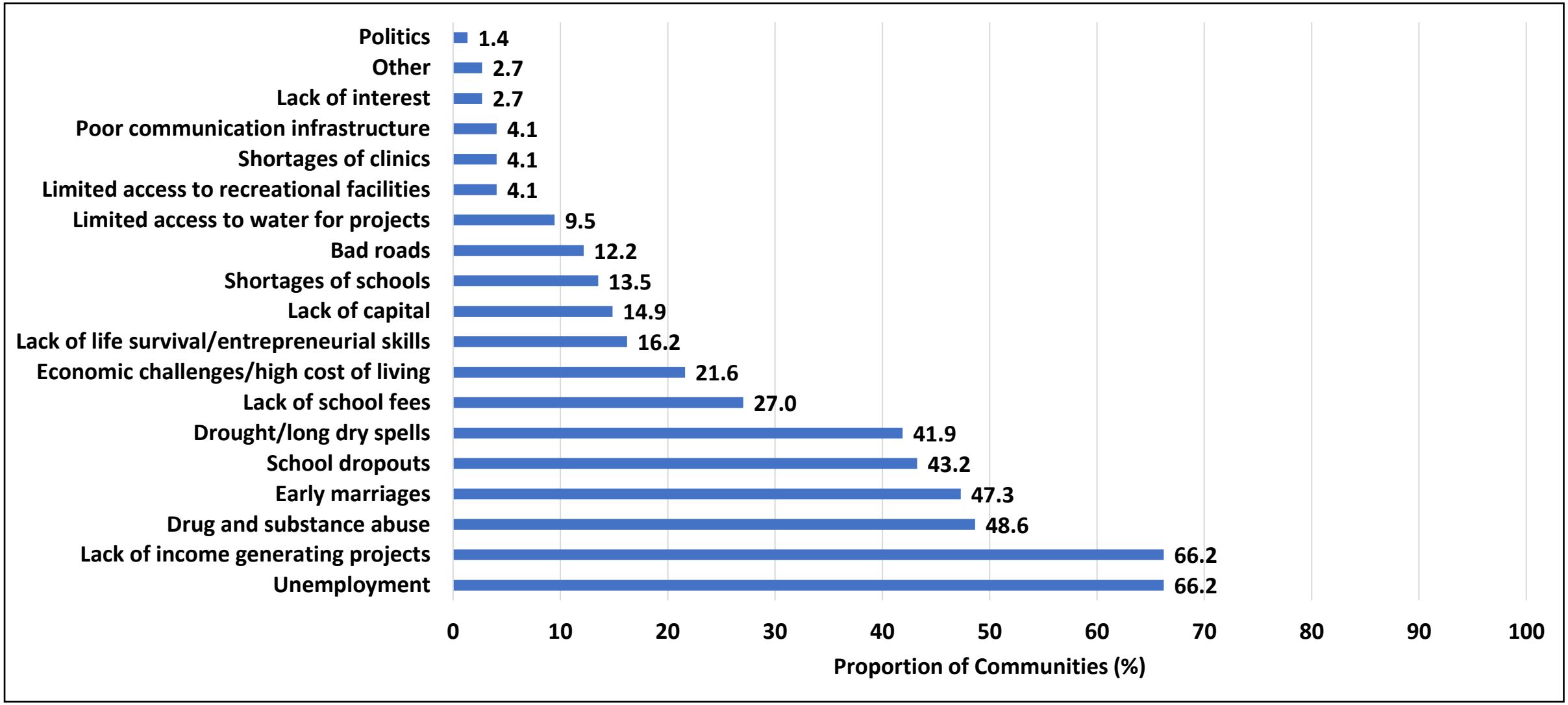
Chronic Conditions by Age

	5 years and above (%)	5-9 years (%)	10-19 years (%)	15-49 WCBA (%)	18-59 years (%)	60 years and above (%)
Arthritis, chronic body pain	0.8	0.0	0.0	0.2	0.4	4.8
Asthma	0.7	0.1	0.3	0.7	0.8	1.9
Cancer	0.1	0.0	0.0	0.1	0.1	0.7
Cerebral palsy	0.1	0.0	0.1	0.1	0.1	0.0
Diabetes, high blood sugar	1.7	0.0	0.1	0.9	1.1	8.4
Epilepsy, seizures, fits	0.2	0.1	0.1	0.2	0.3	0.3
Heart disease	0.4	0.0	0.1	0.3	0.3	1.6
HIV infection AIDS	2.9	0.1	0.5	3.8	4.3	4.2
Hypertension, High blood pressure	3.2	0.0	0.0	1.6	1.9	16.4
Kidney diseases	0.1	0.0	0.0	0.0	0.0	0.2
Liver diseases	0.0	0.0	0.0	0.0	0.0	0.1
Mental illness	0.4	0.1	0.1	0.3	0.6	0.6
Not willing to disclose	0.1	0.0	0.0	0.1	0.1	0.4
Stroke	0.2	0.0	0.0	0.1	0.1	1.2
Tuberculosis	0.1	0.0	0.0	0.1	0.2	0.4
Ulcer, chronic stomach pain	0.3	0.0	0.1	0.3	0.3	0.9

- At individual level, hypertension (16.4%) was reported as a medically confirmed chronic condition amongst the 60 years and above age group.

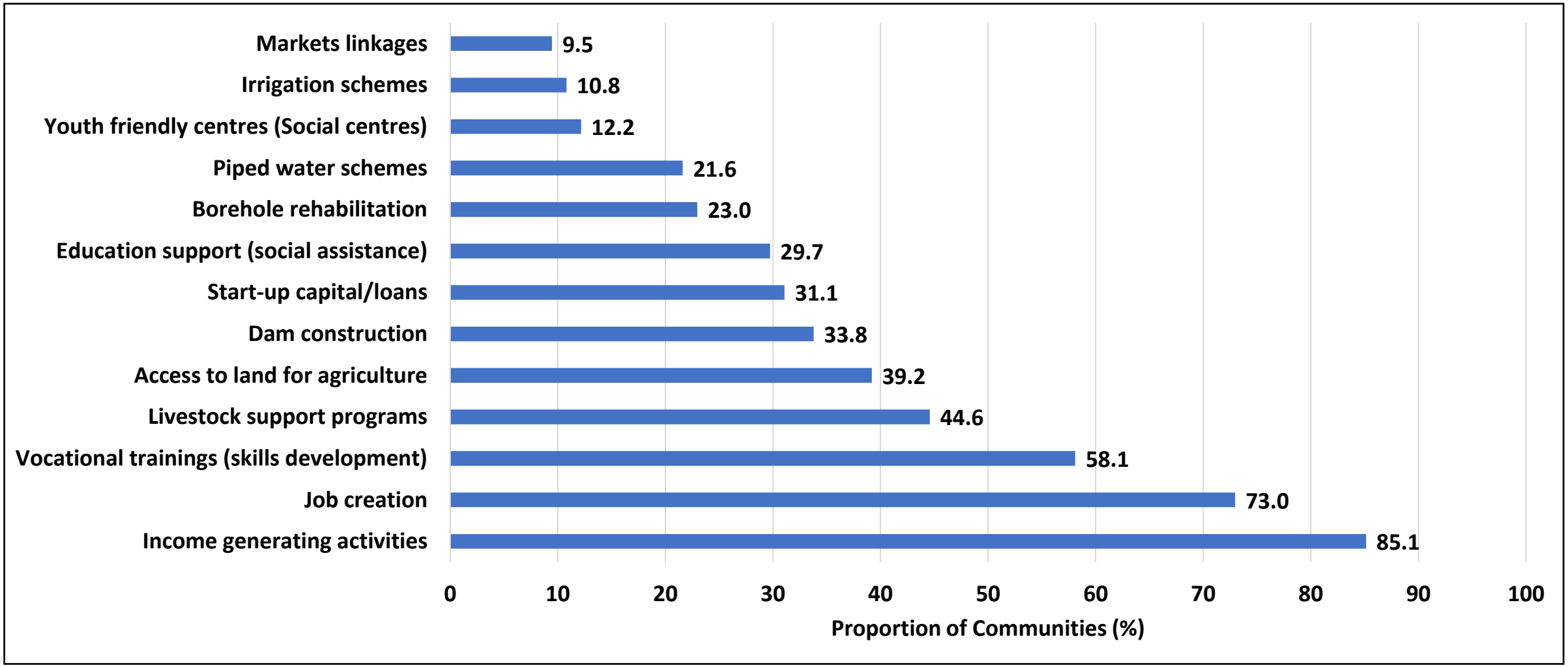
Youth

Youth Challenges



- In Mashonaland West province, unemployment (66.2%), drug and substance abuse (66.2%) were the most reported challenges affecting youth.

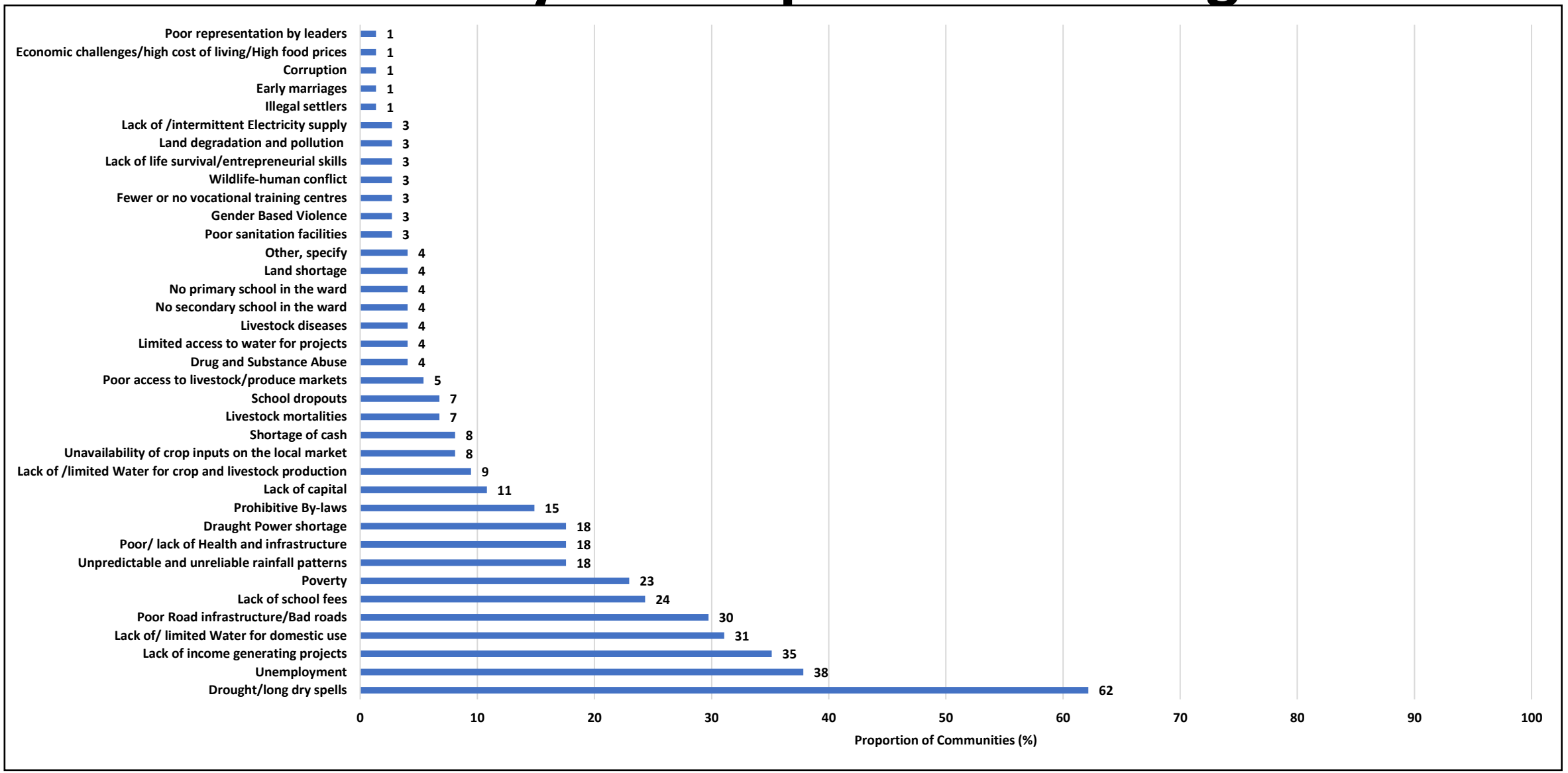
Youth Priorities



- In Mashonaland West, income generating activities (85.1%) and job creation (73%) were reported as the major development priorities for youths.

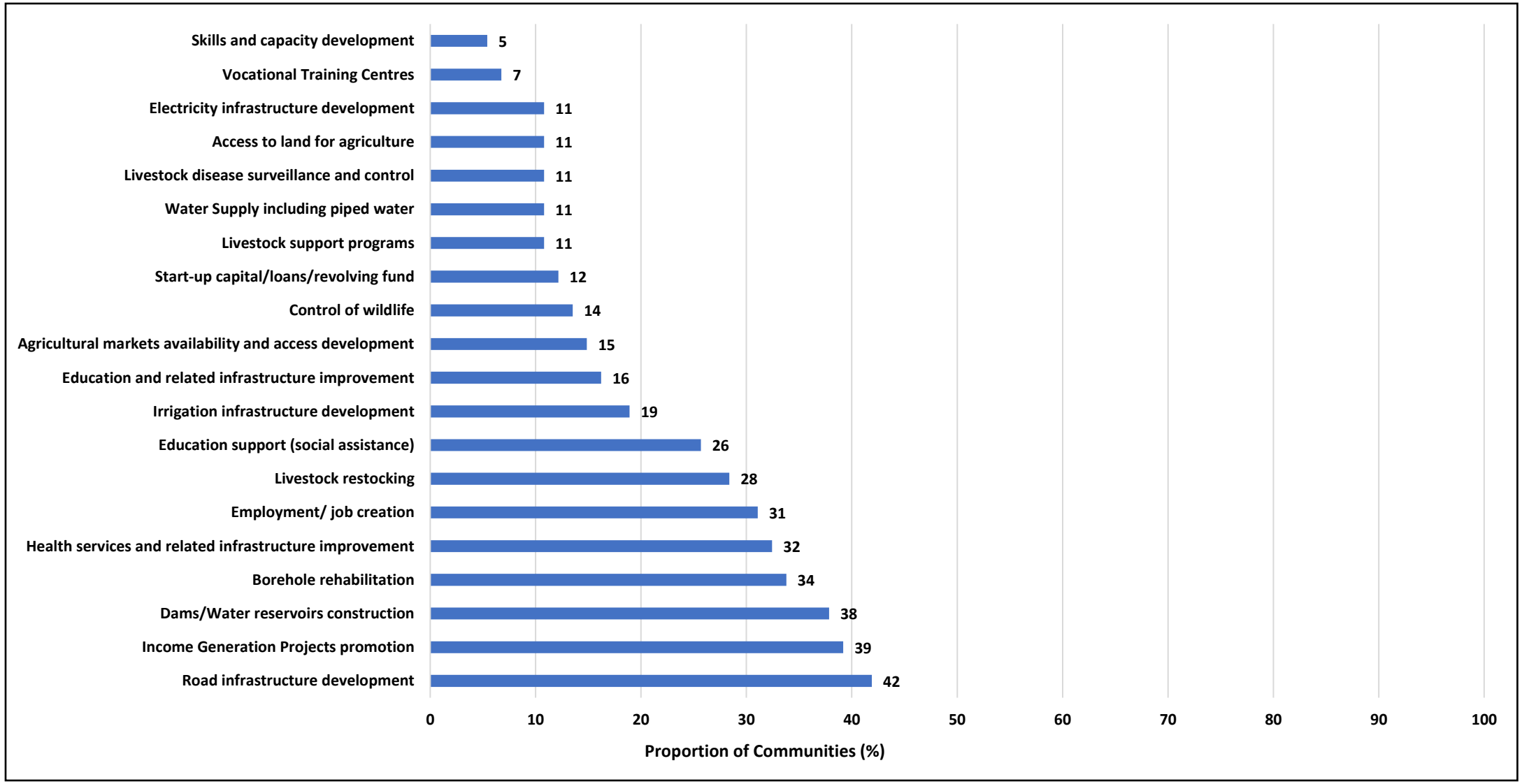
Development Challenges and Priorities

Community Development Challenges



- In Mashonaland West province, prolonged mid-season dry spells (62.2%) followed by unemployment (37.8%) were ranked as the top community development challenges.

Community Development Priorities



- In Mashonaland West, most communities prioritised road infrastructure development (41.9%), income generation projects promotion (39.2%) and dam construction (37.8%).

Conclusions and Recommendations

Conclusions and Recommendations

Nutrition

- Breastfeeding up to two years and beyond is one of the high impact child survival strategies. While a high proportion of children (92%) were ever breastfed, only 15% of infants under six months of age were exclusively breastfed, falling short of the World Health Assembly's target of 50% by 2025. Innovative Baby Friendly Initiatives (community and institution based) 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 ante-natal care sessions initiatives is recommended to ensure continuum of care during the window of opportunity (first 1000 days). Under the technical leadership of Ministry of Health and Child Care, this should be augmented by task-sharing with other relevant Ministries at provincial and district levels 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 2%, below the national target of 25%. Only 3% of children were consuming diversified diets. Additionally, children consuming unhealthy foods (10%) and those not consuming fruits and vegetables (50%) further impacts negatively on children diet quality outcomes. The recommendation is to standardise and co-ordinate dissemination of nutrition messaging using various platforms including the use of existing community structures, community radios, text messages, churches, local gatherings. It is recommended that the Food and Nutrition Security Committees facilitate operationalisation of the Multisectoral Food and Nutrition Security Strategy (MFNSS), holding sectors accountable for their actions at improving the quality of diets of children.

Conclusions and Recommendations

Food Security

- In Mashonaland West, during the peak hunger period (January to March 2025) it was estimated that approximately 54% of the rural households will be cereal insecure. The 54% of rural households translated into approximately 787,053 individuals requiring a total of 77,011 MT of cereal (Maize Grain) from the National Strategic Grain Reserves. It is recommended that Government and its partners provide food assistance to communities to alleviate hunger and consider introducing conditional assistance to households with able-bodied members to avoid creating a dependency syndrome in these vulnerable communities.

Agriculture Production

- About 73.9% of households did not own cattle. Provincially, about 45.7% of the communities indicated that the pastures were inadequate and of poor quality. The most common improved livestock practices were deworming (6.9%) and dipping (26.8%). Given that a significant portion of households lack cattle and goats, and that pastures are often inadequate, the government's ongoing efforts to expand livestock ownership, improve pasture quality, and introduce efficient livestock practices like deworming and dipping must be intensified to mitigate livestock poverty and enhance the overall quality of life in rural communities. It is recommended that the Government, particularly the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development, implement comprehensive strategies and investments to bolster the animal health industry. This should encompass the establishment of robust drought mitigation measures to secure livestock feed and water, thereby curtailing livestock mortality. Additionally, fostering a policy framework that encourages sustainable production, effective livestock risk management, and the adoption of advanced practices through research and technological innovation is crucial.

Supported by