

Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2020 Rural Livelihoods Assessment Report



ZimVAC is Coordinated by the Food and Nutrition Council
Housed at SIRDC: 1574 Alpes Road, Hatcliffe, Harare
Tel: +263-242-862586/ +263-242-862025. Website: www.fnc.org.zw. Email:
info@fnc.org.zw.
Twitter: @FNCZimbabwe. Instagram: fnc_zim. Facebook: @FNCZimbabwe



Foreword

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) under the coordination of the Food and Nutrition Council, successfully undertook the 2020 Rural Livelihoods Assessment (RLA), the 20th since its inception. ZimVAC is a technical advisory committee comprised of representatives from Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. In its endeavour to ‘promote and ensure adequate food and nutrition security for all people at all times’, the Government of Zimbabwe has continued to exhibit its commitment for reducing food and nutrition insecurity, poverty and improving livelihoods amongst the vulnerable populations in Zimbabwe through operationalization of Commitment 6 of the Food and Nutrition Security Policy (FNSP).

As the country is grappling with the COVID-19 pandemic, this assessment was undertaken at an opportune time as there was an increasing need to urgently collect up to date food and nutrition security data to effectively support the planning and implementation of actions in a timely and responsive manner. The findings from the RLA will also go a long way in providing local insights into the full impact of the Corona virus on food and nutrition security in this country as the spread of the virus continues to evolve differently by continent and by country. In addition, the data will be of great use to Government, development partners, programme planners and communities in the recovery from the pandemic, providing timely information and helping monitor, prepare for, and respond to COVID-19 and any similar future pandemics. Thematic areas covered in this report include the following: education, food and income sources, income levels, expenditure patterns and food security, COVID-19 and gender based violence, among other issues.

We want to applaud the ZimVAC as well as the food and nutrition security structures at both provincial and district levels for successfully carrying out the survey during this unprecedented time. In spite of the apparent risks, they exhibited great commitment towards ensuring that every Zimbabwean remains free from hunger and malnutrition. We also extend our appreciation to Government and Development Partners for the financial support and technical leadership which made the assessment a resounding success. The collaboration of the rural communities of Zimbabwe as well as the rural local authorities is sincerely appreciated. The leadership, coordination and management of the whole assessment displayed by the staff at the Food and Nutrition Council (FNC) is also greatly appreciated.

We submit this report to you for your use and reference in your invaluable work. We hope it will light your way as you search for lasting measures in addressing priority issues keeping many of our rural households vulnerable to food and nutrition insecurity.



George D. Kembo (DR.)

FNC Director/ ZimVAC Chairperson

Table of Contents

Foreword	2
Acknowledgements	4
Acronyms	6
Background and Introduction	7
Assessment Purpose	11
Assessment Methodology	18
Demographic Description of the Sample	28
Education	36
Chronic Illness.....	38
Social Protection	47
Agricultural Production	52
Incomes and Expenditure	87
Water, Sanitation and Hygiene	93
Access to Services and Infrastructure.....	112
ISALS and Loans.....	120
Food Consumption Patterns.....	125
Livelihoods Based Coping Strategies	135
Complementary Feeding	154
Child Nutrition Status.....	159
Gender Based Violence.....	163
COVID-19 and Livelihoods.....	170
Shocks and Stressors.....	184
Food Security.....	190
Conclusions and Recommendations	206

Acknowledgements

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

- Office of the President and Cabinet
- Food and Nutrition Council
- SIRDC
- Ministry of Finance and Economic Development
- Zimbabwe National Statistics Agency (ZIMSTAT)
- Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement
- Ministry Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government, Public Works and National Housing
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- Ministry of Justice
- United Nations Development Programme (UNDP-ZRBF)
- OXFAM
- UNFPA
- UNWOMEN
- United States Agency for International Development (USAID)
- Food and Agriculture Organization (FAO)
- United Nations Children's Fund (UNICEF)
- World Food Programme (WFP)
- Famine Early Warning System Network (FEWSNET)
- Livelihoods and Food Security Programme (LFSP)
- Adventist Relief Agency (ADRA)
- Rural District Councils
- MAVAMBO Trust
- Child Care Ministries
- Hwedza Residents Development Initiative Trust
- Cheziya High School
- National AIDS Council (NAC)
- World Vision
- Welthungerhilfe (WHH)
- SIZIMELE
- Local Initiatives and Development Agency (LID)
- Renewed Efforts Against Child Hunger (REACH)
- CARE International
- CARITAS
- Plan International
- Tsuro Trust
- Sustainable Agricultural Technology (SAT)
- Mwenezi Development Training Centre (MDTC)
- Centre for Conflict Management and Transformation (CCMT)
- CAAP Trust
- Jointed Hands Welfare Organisation
- Institute of Food and Nutrition and Family Sciences (IFNFS, UZ)
- Practical Action
- REDCROSS
- ENTERPRIZE

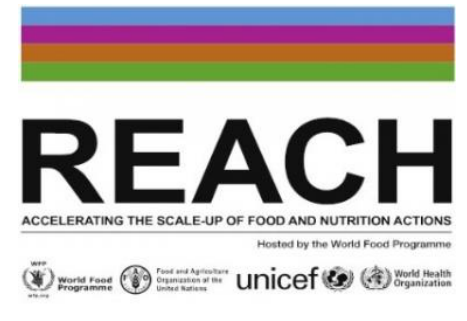
Acknowledgement of Support



ZIMBABWE



World Health
Organization



Acronyms

EA	Enumeration Area
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
FNSIS	Food and Nutrition Security Information System
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Score
NNS	National Nutrition Survey
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
TSP	Transitional Stabilisation Programme
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Background and Introduction

Introduction

- ZimVAC 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. To date, 20 rural and 6 urban livelihoods updates have been produced.
- ZimVAC plays a significant role in fulfilling Commitment Six, of the Food and Nutrition Security Policy (FNSP) (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”.
- It has become mandatory for FNC to coordinate annual livelihood updates with the technical support of ZimVAC.

Zimbabwe Vulnerability Assessment Committee (ZimVAC)

ZimVAC is a consortium of Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. It 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 malnutrition.

ZimVAC 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 supporting 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 2020 RLA was undertaken to guide the following:

- Evidence based planning and programming.
- Early warning for early action.
- Evaluation of the socio-economic impact of the COVID-19 pandemic.
- Monitoring and reporting towards commitments made within the guiding frameworks of existing national food and nutrition policies and strategies (TSP, FNSP, Zero Hunger strategy and the SDGs.
- Development of the National Development strategy and the Food and Nutrition Security Strategy, for the next five years.
- The rapidly evolving food and nutrition security situation which was feared to be further deteriorating since the beginning of the COVID-19 crisis in Zimbabwe in April 2020 called for collection of additional and up to date FNS data.
- The current seasonal analysis could not rely on data collected in February 2020 prior to the COVID-19 crisis.
- The survey was envisioned to support the setting-up of the food and nutrition security near real time monitoring and capacitation of sub-national Food and Nutrition Security Committees.

Purpose

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

Objectives

The specific objectives of the assessment were:

1. To assess impact and severity of both Drought and COVID 19 on rural livelihoods.
2. To estimate the population that is likely to be food insecure in the 2020/21 consumption year, their geographic distribution and the severity of their food insecurity
3. To assess the nutrition status of children of 6 – 59 months.
4. To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health services, protection services and water and sanitation facilities), assets, income sources, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.
5. To determine the coverage (accessibility, availability and quality) of humanitarian and developmental interventions in the country.
6. To determine the effects of shocks experienced by communities on food and nutrition security.
7. To measure resilience at all levels and identify constraints to improving their resilience.
8. To identify early recovery needs in order to determine short to long term recovery strategies.
9. To assess the medium and long term (future) sources of vulnerability and risks to food and nutrition security.

Background

- The 2020 RLA was undertaken against a continuously evolving food and nutrition security situation. The performance of the agricultural season negated by the consecutive drought, coupled with the COVID -19 pandemic have affected the livelihoods of the rural and urban population.
- COVID-19, declared a pandemic on 11 March 2020, has literally turned the world ‘upside down’ since it started in Wuhan, China with global reported cases of more than 21 million and more than 760, 000 deaths (14 August 2020).
- The Government of Zimbabwe, responded to the pandemic by gazetting Statutory Instrument 83 of 2020 Public Health (COVID-19 Prevention, Containment and Treatment) Order 2020, on March 27, 2020 declaring the COVID-19 crisis a “national disaster” and introduced a nationwide lockdown with the aim of slowing down the spread of COVID-19.
- The lockdown indicated that essential industries and services needed to remain open to support the health sector and ensure minimal disruption in critical goods and services. During the lockdown the public was strongly encouraged to stay in their homes and to practice social distancing, among other critical preventative measures outlined.
- Prior to the COVID-19 pandemic, food insecurity in the Southern African region was already alarmingly high, with a record 45 million food insecure people across the SADC countries. Key drivers of this food insecurity include climatic shocks (drought, flooding) and structural macro-economic and social factors.
- The risks which threaten to exacerbate the precarious food security situation through the following:
 - impacts on exports, imports (supply chain of essential goods such as food, medicine and other essential supplies such as seeds and fertilizers),
 - livelihoods (employment and income reduction) and fiscal pressure on the health sector.
 - the downstream impact of policy interventions and regulations being implemented to control the spread of COVID-19 which will be felt at individual, household, community and national levels.
- The COVID-19 outbreak and its debilitating impacts on livelihoods will further exacerbate the situation, eroding community coping capacities and deepening food and nutrition insecurity of vulnerable households and individuals.
- Furthermore, we are likely to see an increase in the number of vulnerable people as those who typically are able to cope may find themselves struggling to meet needs given the unprecedented challenging environment.

Background

- *Impact on Trade*

- Immediate impact of COVID-19 being realized through its impact on trade.
- Zimbabwe being hit by a drop in export revenues due to slow-down in demand and weakening of its currency.
- On the import side, Zimbabwe with high food import burden will be affected.
- The decision for lockdown is needed for reducing infection and “flattening the curve” but has far reaching effects on people and their livelihoods, especially of daily wage earners, small businesses, the informal sector and the large population already at risk because of pre-existing vulnerability conditions.

Background

- ***Impact on Programme and Supply Chain***
 - Requirements to maintain social/physical distancing and travel restrictions are negatively impacting programme delivery and humanitarian and developmental activities, which threatens food and nutrition security.
 - Travel restrictions and border closures are likely to delay the movement of the essential supplies such as seed and fertilizers (for the winter season) which are crucial for the preparation for the 2020/2021 planting season. This could have longer-term implications on the food security of households.
- Programmes will inherently have to depend on reduced information and evidence.

Background

- ***COVID-19 Effect on Populations***

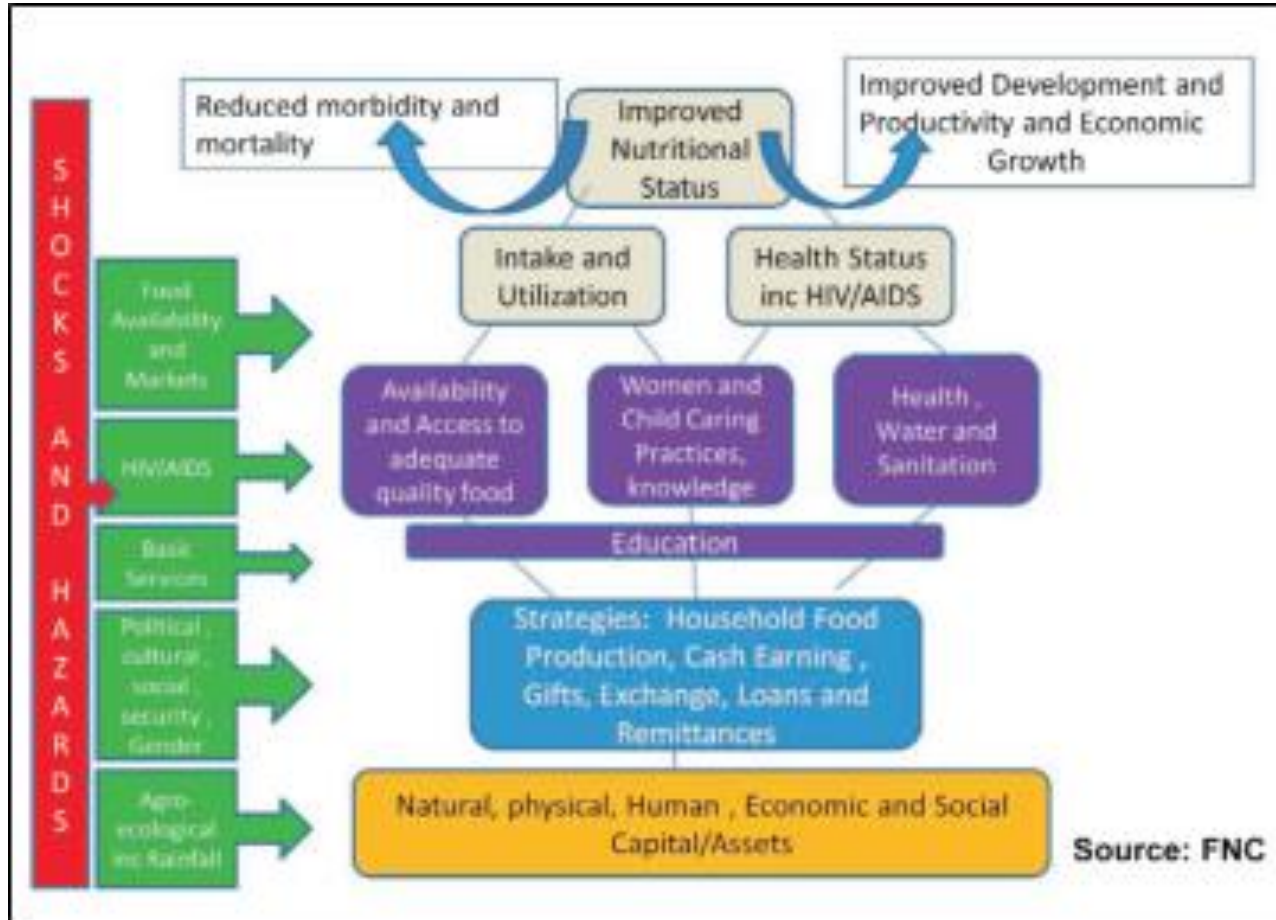
- There is a high likelihood that urban areas are at the highest risk because of high density settlements as they are also the main entry points for international travel. The population group most affected would include the urban poor and the daily wage employees whose livelihoods are curtailed by the lockdown measures.
- The disruption of supplies of agricultural inputs is likely to affect the preparations for the next agricultural season which is very much needed to start the recovery from the back-to-back droughts that have been experienced so far and affect farmers' livelihoods.
- Markets play a major role in enhancing food and nutrition security. However, market dynamics, failures and shortcomings often weaken the desired impacts and long term effects. Furthermore, households with livelihood options such as petty trade, vending, casual labour, skilled trade and own businesses were likely to experience the most impact of no trade during the lockdown period.

Background

- Poverty continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Zimbabwe. According to the ZIMSTAT Poverty, Income, Consumption and Expenditure Survey 2017 Report, 70.5% of the population were poor whilst 29.3% were deemed extremely poor.
- The projected GDP growth rate for 2019 was -6.5% and 3% for 2020.
- Year on year inflation for May 2020 was at 785.55%.
- The Total Consumption Poverty Line (TCPL) for April 2020 was ZWL 7,425.81 which is 703.4% higher compared to the same time last year.
- The impact of poor rainfall distribution was compounded by the unaffordability of key agricultural inputs such as seed, fertilisers and herbicides. Consequently, the area planted to major crops in the 2019/20 season was lower in most areas compared to the same time in the previous season.

Assessment Methodology

Methodology – Assessment Design



- 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 1: Food and Nutrition Conceptual Framework

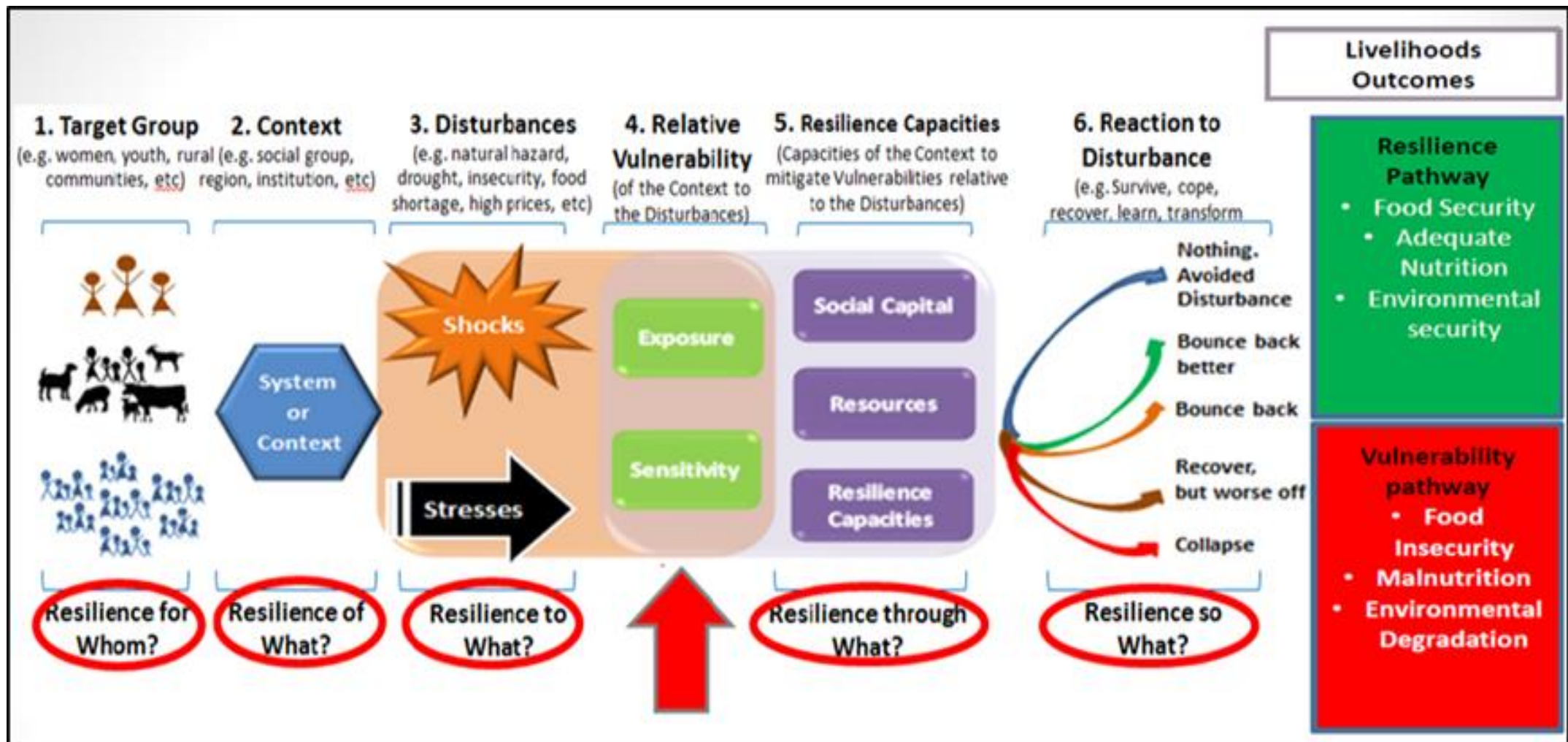


Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

- ZimVAC, 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 tool and the District key informant tool.
- ZimVAC 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. In order to minimise risk of spreading COVID-19, training for both supervisors and enumerators was done virtually.
- The Ministry of Health and Child Care was the lead ministry in the development of the Infection, Prevention and Control (IPC) guidelines for the assessment. These were used to train all enumerators and supervisors on how to practice IPC measures during the whole assessment process.
- The Ministry of Local Government, through the Provincial Development Coordinators' offices coordinated the recruitment of district level enumerators and mobilisation of provincial and district enumeration vehicles. Enumerators for the current assessment were drawn from an already existing database of those who participated in one or two previous ZimVAC assessments. Four enumerators were selected from each district for data collection.

Methodology – Assessment Process

- Primary data collection took place from 11 to 25 July, 2020. In recognising the risk of spreading COVID-19 during data collection, innovative approaches were used to collect vital information without causing any harm. The RLA was guided by global and country specific recommendations and all necessary precautions were taken to avoid potential transmission of COVID-19 between enumerators and community members. In order to reduce exposure to COVID-19 through person to person physical contact, primary caregivers were capacitated to measure their children using Mid-Upper Arm Circumference (MUAC) tapes and assessment of oedema.
- Data analysis and report writing ran from 27 July to 21 August 2020. 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 20 randomly selected EAs that were enumerated in the 2019 RLA.
- A two staged cluster sampling was used and comprised of;
 - Sampling of 20 clusters per each of the 60 rural districts, denoted as EAs in this assessment, from the Zimbabwe Statistics Agency (ZIMSTAT) 2012 master sampling frame using the PPS methodology
- The second stage involved the systematic random sampling of 10 households per EA (village).

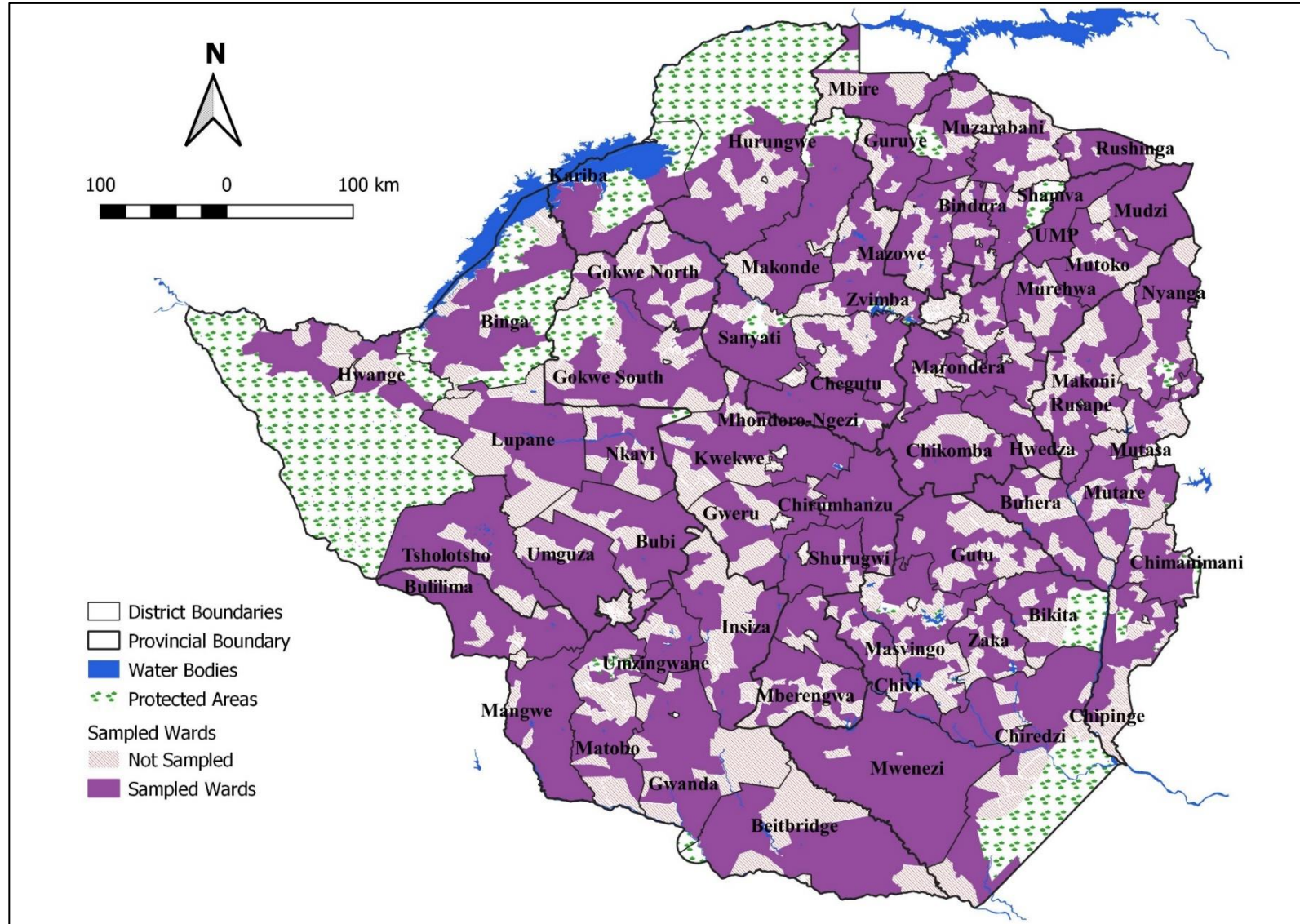
Selection of Households for the “Panel” survey: From a selected village, a list of the households that were interviewed during the 2019 survey was created and 5 households selected using systematic random sampling. Household data interviews were conducted in the sampled households.

Selection of Non-Panel Households: From the same randomly selected village a household list of non-panel households from the village head was generated and the remaining number of households (5) from the sample was identified using systematic random sampling.

- A total of 200 households were interviewed per district, bringing the total sampled households to 11 971.

Province	Number of Sampled Households
Manicaland	1415
Mashonaland Central	1593
Mashonaland East	1793
Mashonaland West	1392
Matabeleland North	1397
Matabeleland South	1386
Midlands	1593
Masvingo	1402
National	11971

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
 - District key informant Focus Group Discussion (transcribed in excel)
- 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 2020 RLA collected and analysed information on the following thematic areas:

- Education
- Health
- WASH
- Nutrition
- Agriculture and other rural livelihoods activities
- Food Security
- Shocks and stressors
- Social Protection
- Markets
- Gender Based Violence
- COVID-19
- Linkages amongst the key sectoral and thematic areas
- Cross-cutting issues such as gender

Assessment Findings

Demographic Description of the Sample

Household Characteristics (Household Size)

Province	Household size			
	Mean	Median	Minimum	Maximum
Manicaland	4.6	4	1	16
Mash Central	5.0	5	1	20
Mash East	4.9	5	1	15
Mash West	4.7	5	1	16
Mat North	5.2	5	1	17
Mat South	5.2	5	1	20
Midlands	5.1	5	1	20
Masvingo	4.8	5	1	15
National	4.9	5	1	20

- Mean household size was 4.9 and maximum was 20.

Household Characteristics (Age)

Province	Household Head Age		Elderly Headed Households (%)	Child Headed Households (%)
	Mean	Median		
Manicaland	50.3	48	31	0.6
Mash Central	48.4	46	28	0.1
Mash East	51.6	49	34	0.1
Mash West	48.3	45	27	0.1
Mat North	53.5	52	37	0.0
Mat South	55.5	56	44	0.3
Midlands	52.6	51	37	0.3
Masvingo	51.8	50	34	0.4
National	51.5	49	34	0.2

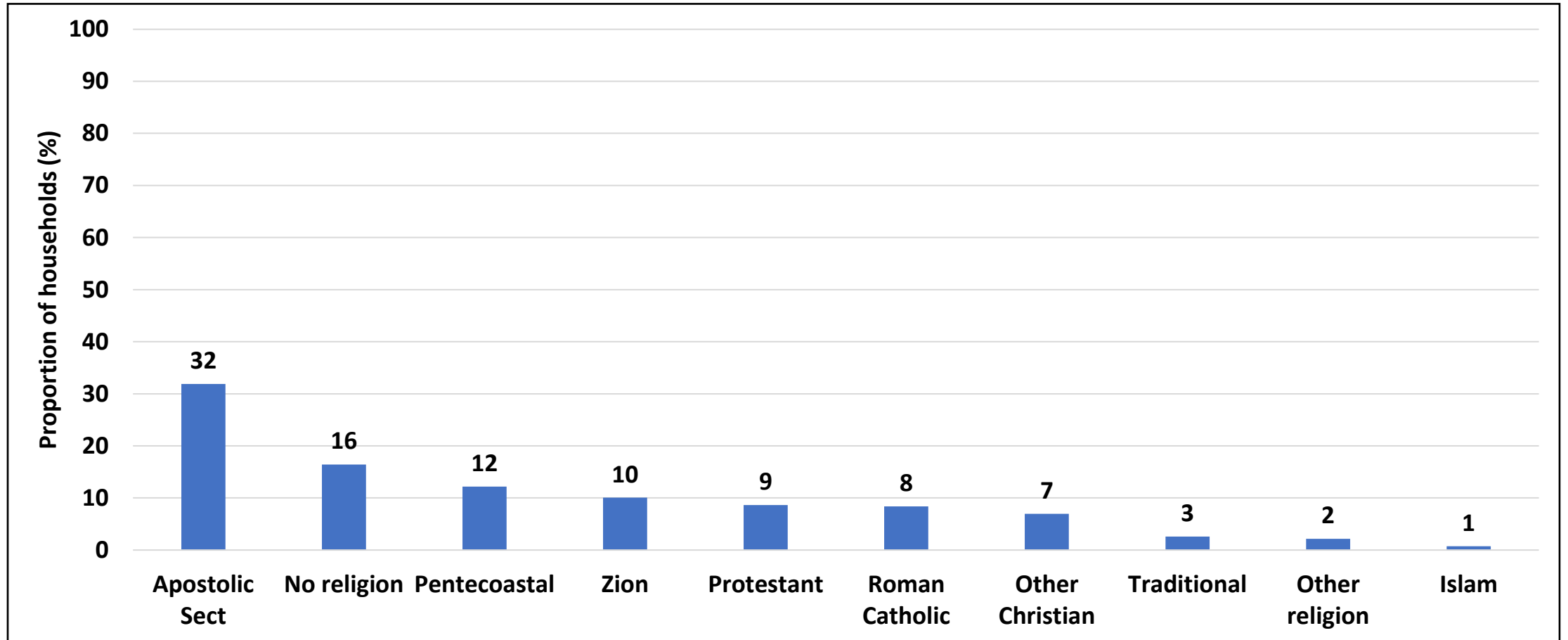
- Nationally, the average age of household head was 51.5 years.
- Matabeleland South had the highest proportion of elderly-headed households (44%) and Mashonaland West had the lowest (27%).
- Manicaland had the highest proportion of child-headed households (0.6%).

Household Characteristics (Sex)

Province	Respondent's Sex (%)		Household Head Sex (%)	
	Male	Female	Male	Female
Manicaland	24.9	75.1	64.9	35.1
Mashonaland Central	29.9	70.1	75.9	24.1
Mash East	30.4	69.6	68.5	31.5
Mash West	33.1	66.9	74.9	25.1
Mat North	25.5	74.5	67.1	32.9
Mat South	29.8	70.2	56.0	44.0
Midlands	31.5	68.5	68.4	31.6
Masvingo	28.2	71.8	65.5	34.5
National	29.3	70.7	67.8	32.2

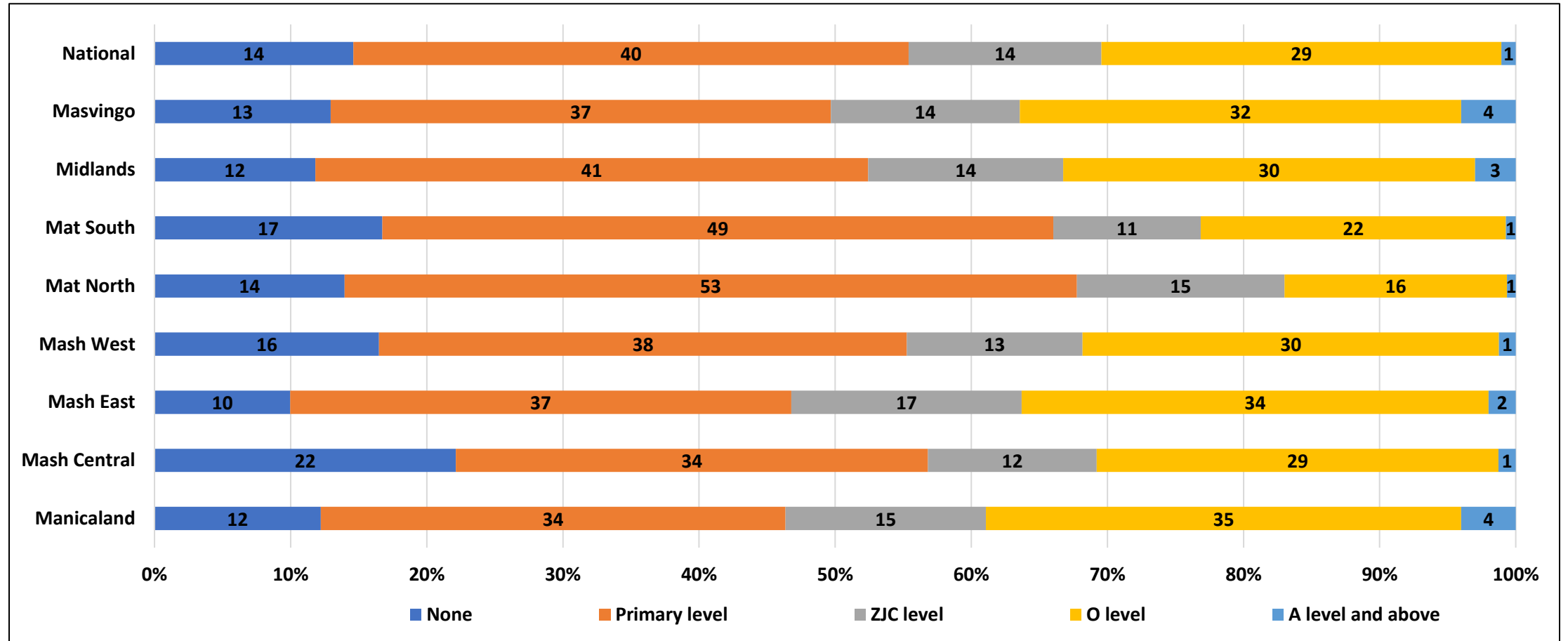
- Nationally, 70.7% of the respondents were female and only 29.3% were male.
- However, 67.8% of the surveyed households were male headed and only 32.2% were female headed.
- Matabeleland South had the highest proportion of female headed households (44%).

Household Head Religion



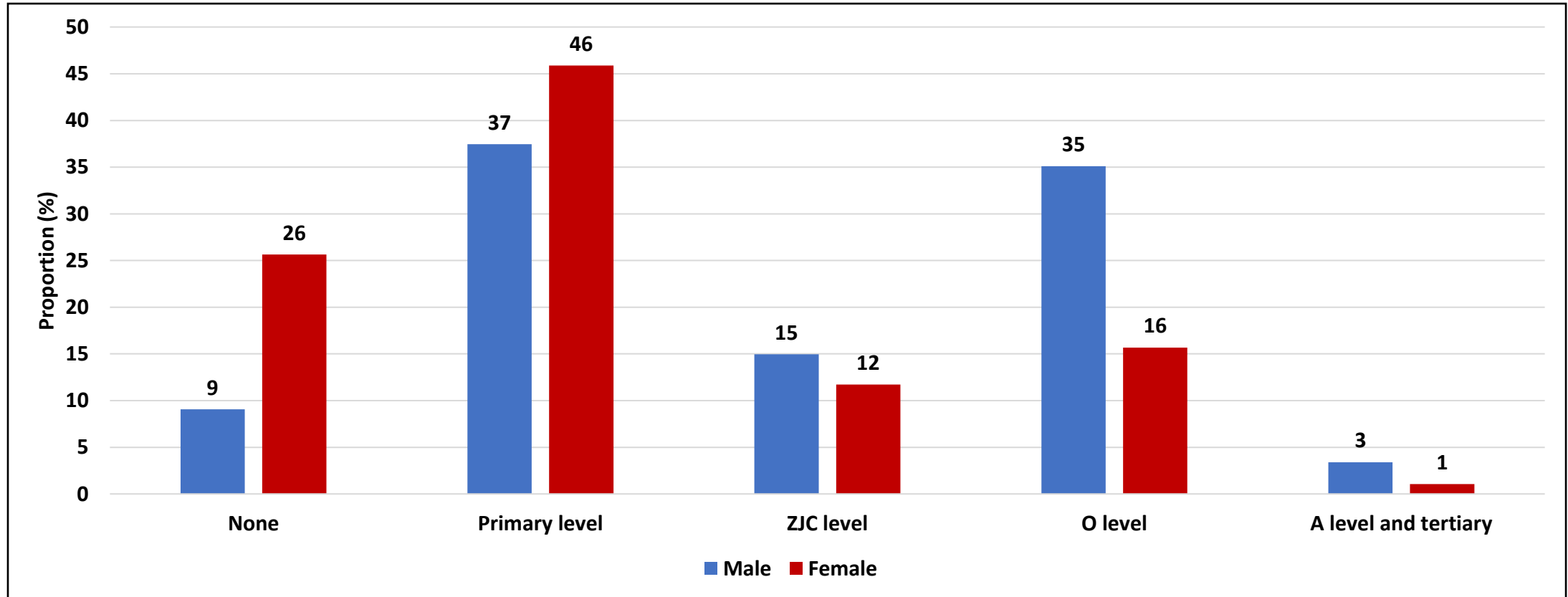
- At least 32% of the household heads were from the Apostolic Sect.

Household Head Education Level



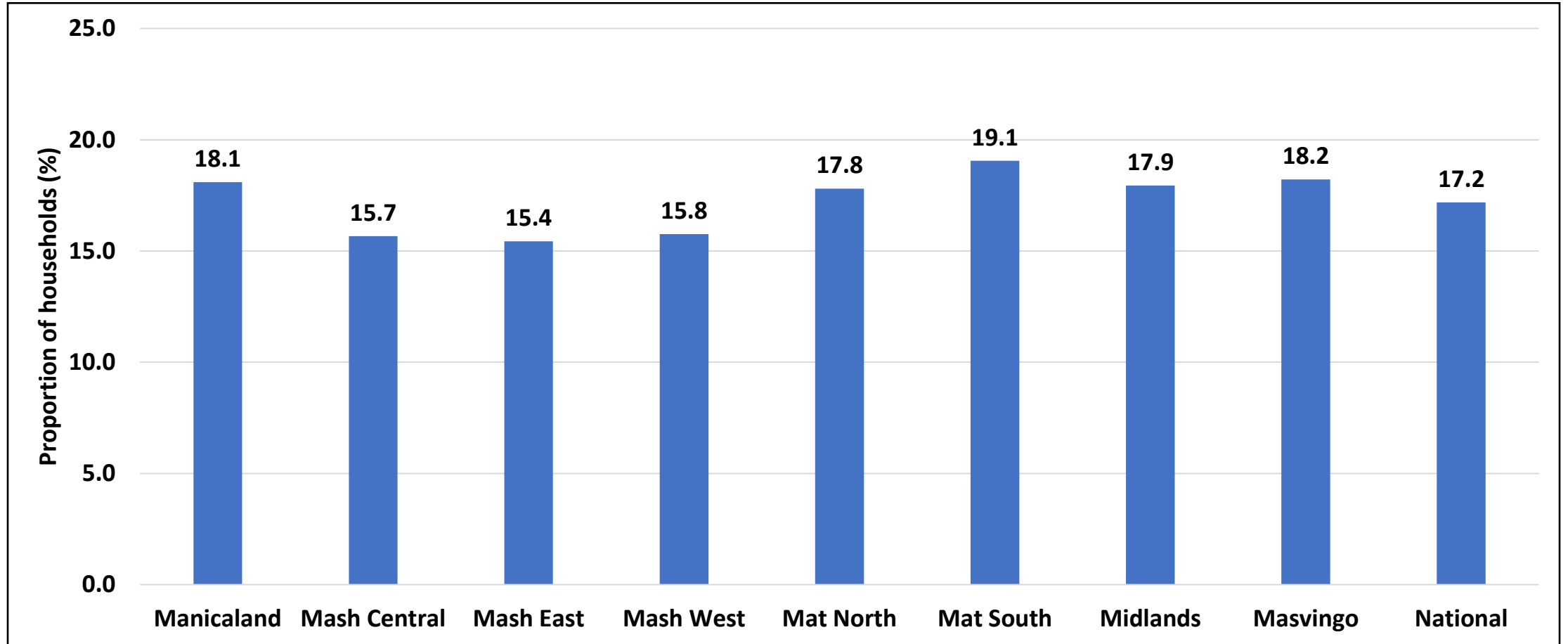
- At least 40% of households were headed by members with primary level education and 29% with O Level. This minimal level of education shows the ability of the respondents to interact with the subject of the research.

Education Level of Household Head by Gender



- Most male and female headed households had a primary level educational qualification.
- Female headed households (72%) were mostly skewed towards primary level to no level of education.
- Male headed households (53%) had a ZJC to A level and above educational qualifications.

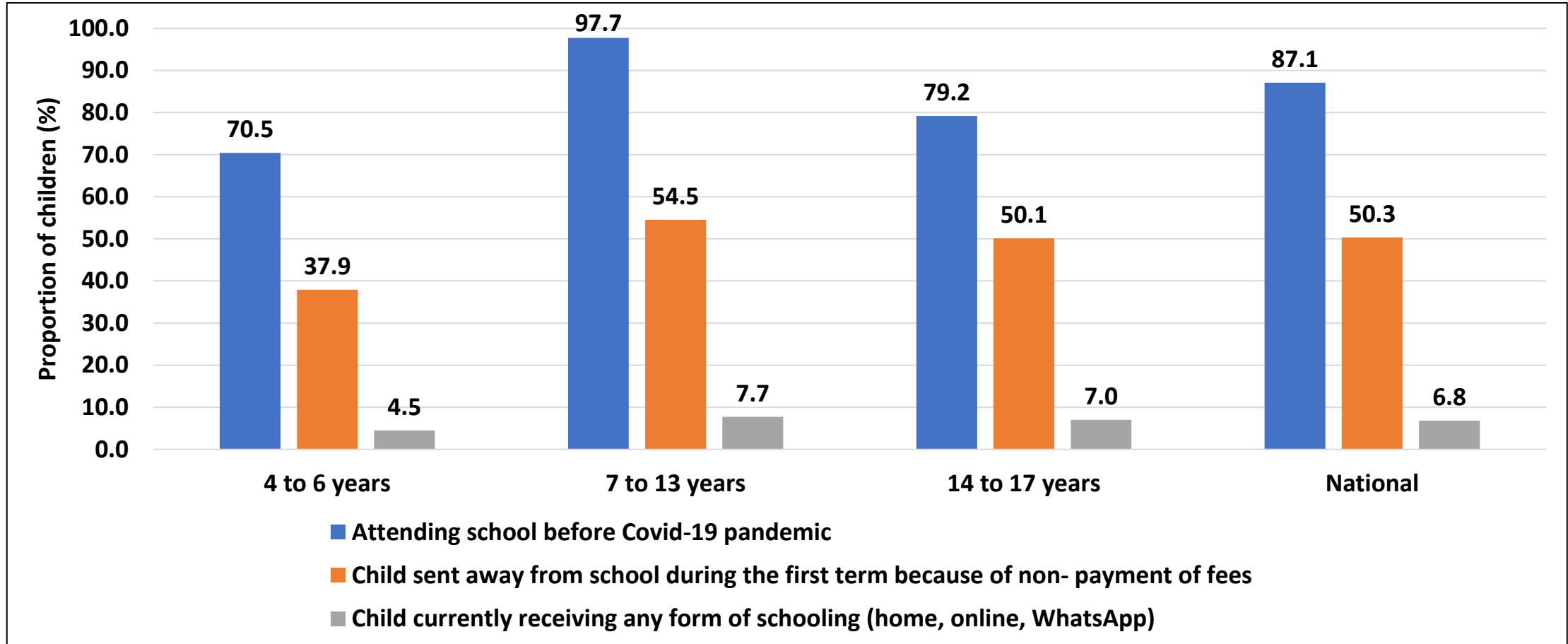
Orphaned Children by Province



- At least 17.2% of households had orphans.
- The highest proportion was in Matabeleland South (19.1%), Masvingo (18.2%) and Manicaland (18.1%).

Education

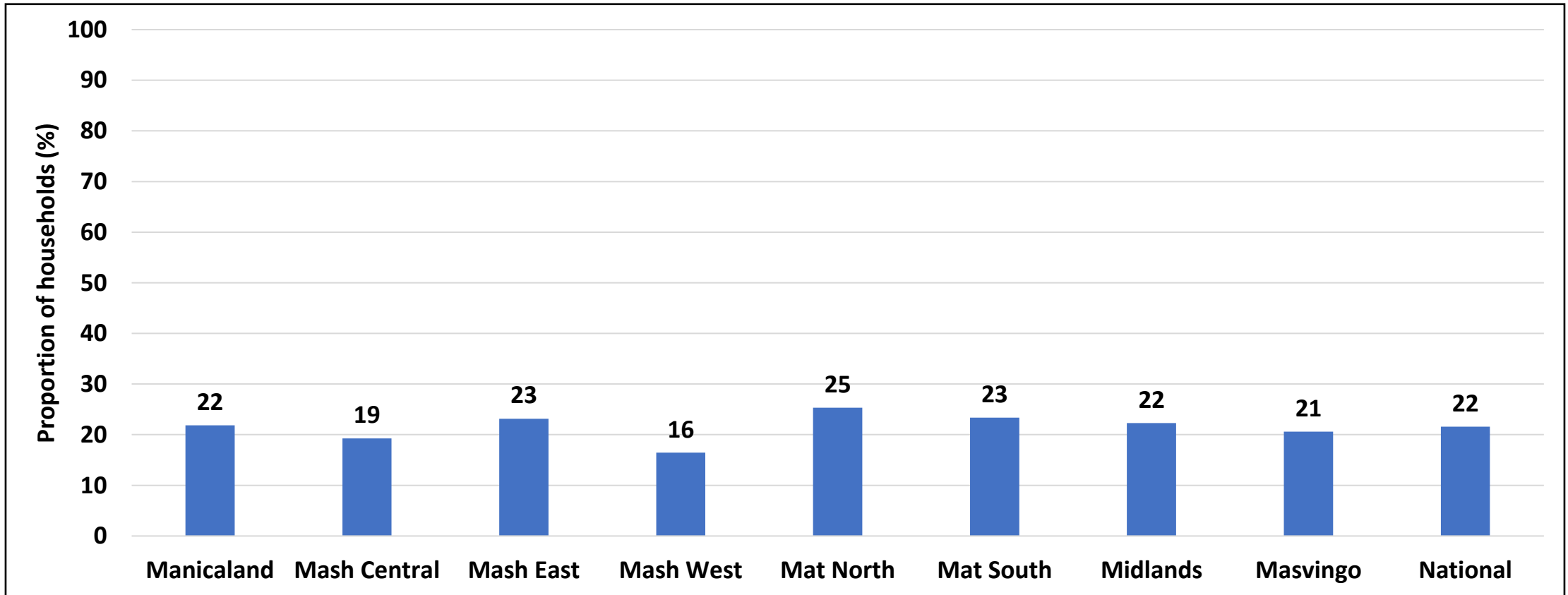
School Attendance



- At least 50.3% of children of school going age were sent away from school during the first term due to non payment of school fees.
- Only 6.8% of rural children were receiving some form of education at the time of the assessment.
- Of these, 4.5% were in the 4-6 age category, 7.7% in the 7-13 years category and 7% in the 14-17 years category.

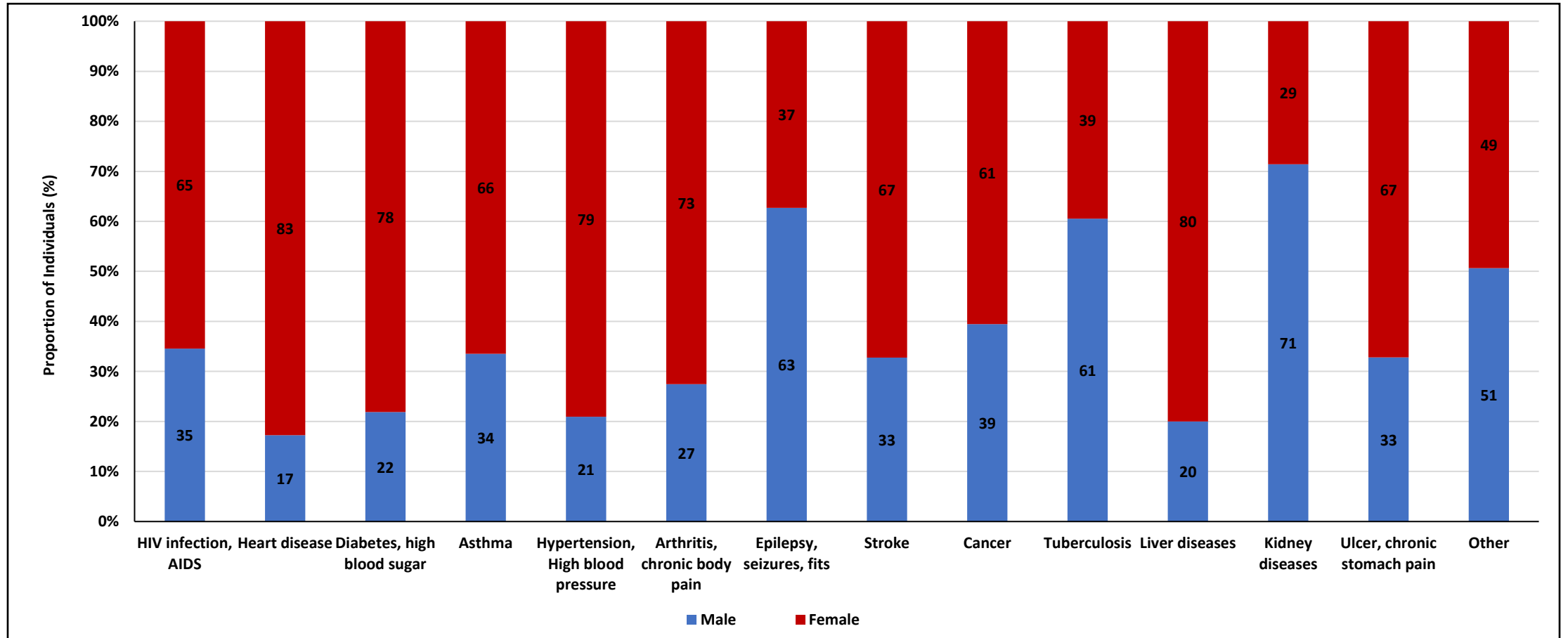
Chronic Illness

Households with Members that had Confirmed Chronic Conditions



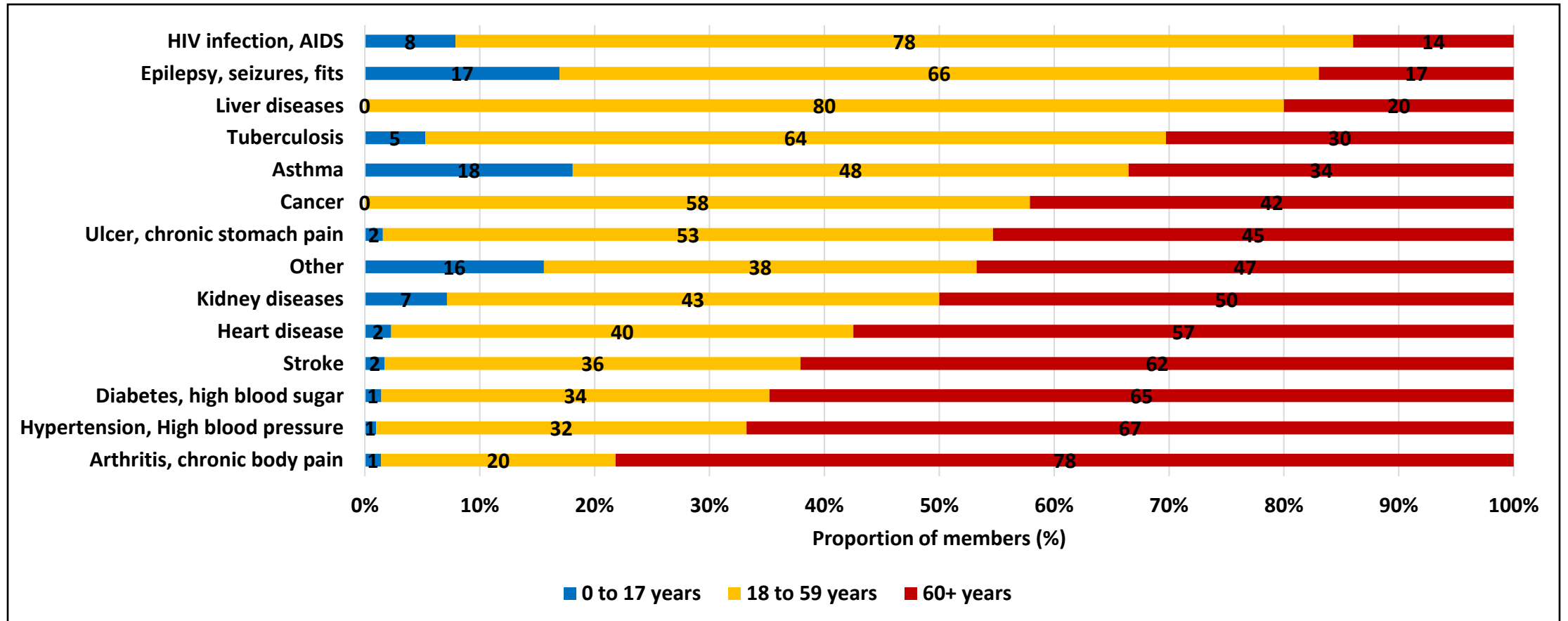
- At least 22% of the households had members living with a chronic condition. Given the current outbreak of the COVID-19 pandemic, such a percentage are susceptible to potential attacks hence the need to ensure abiding by WHO safety regulations.

Chronic Illness by Sex



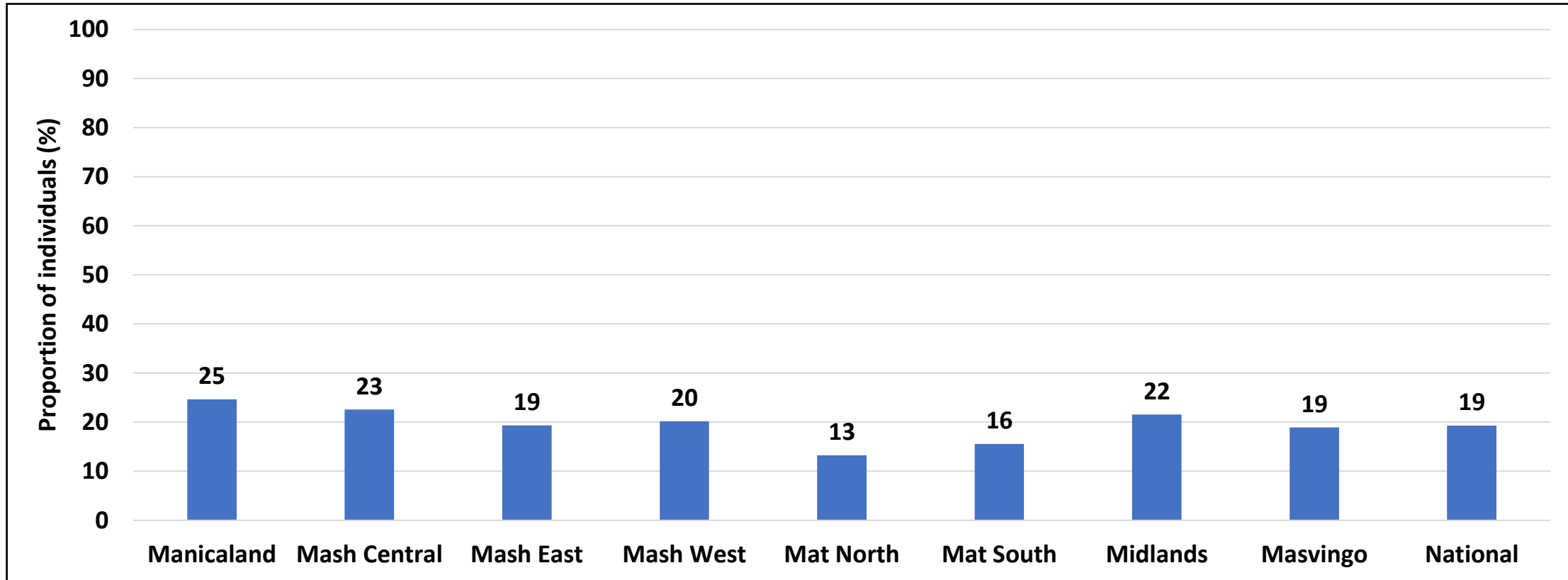
- A high proportion of the chronically ill sampled individuals were women.
- Women made up 83% of the proportion of individuals with heart disease, 80% of those suffering from liver diseases as well as 79% of those suffering from hypertension/high blood pressure.

Chronic Illness by Age Category



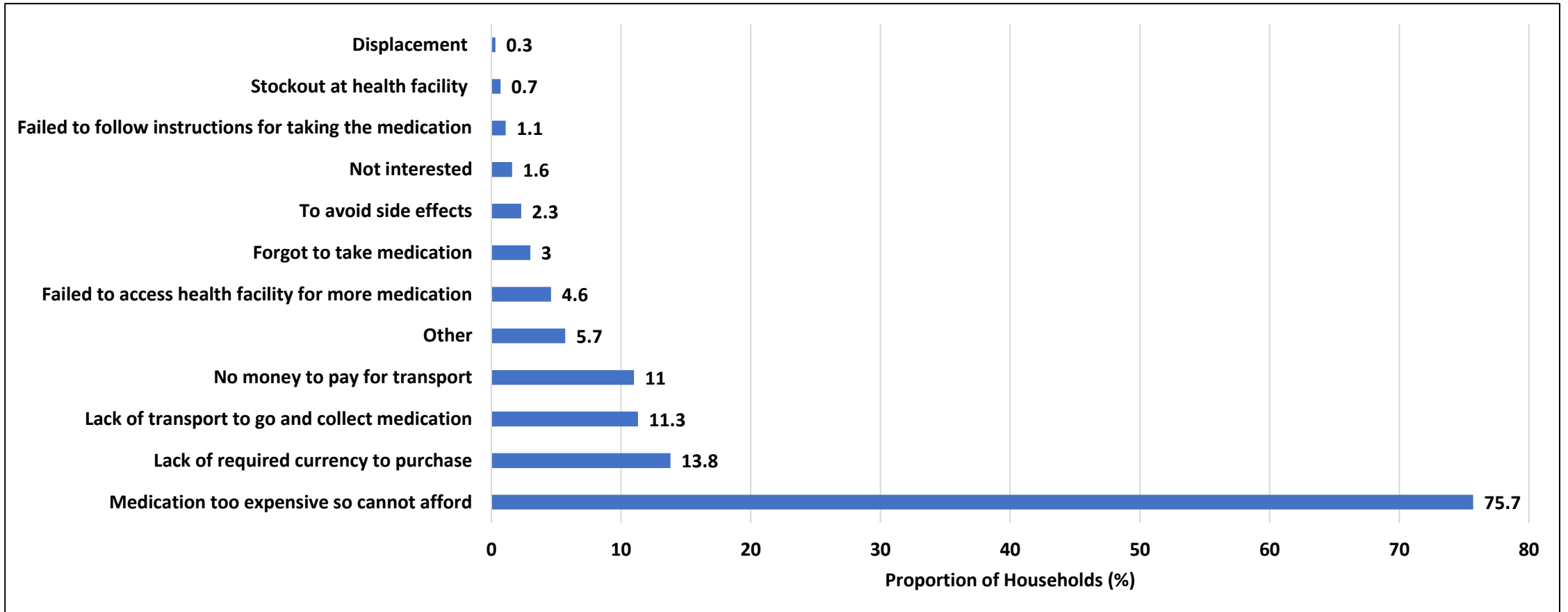
- The most reported chronic illnesses in the 0-17 years category were asthma (18%) and epilepsy/seizures/fits (17%).
- The majority of household members with liver disease (80%), HIV/AIDS (78%) and tuberculosis (64%) were in the 18-59 years category.
- The majority of those in the 60+ years category suffered from arthritis/ chronic body pain (78%), hypertension/high blood pressure (67%), diabetes/high blood sugar (65%) and stroke (62%).

Chronically ill Members who Missed Medication



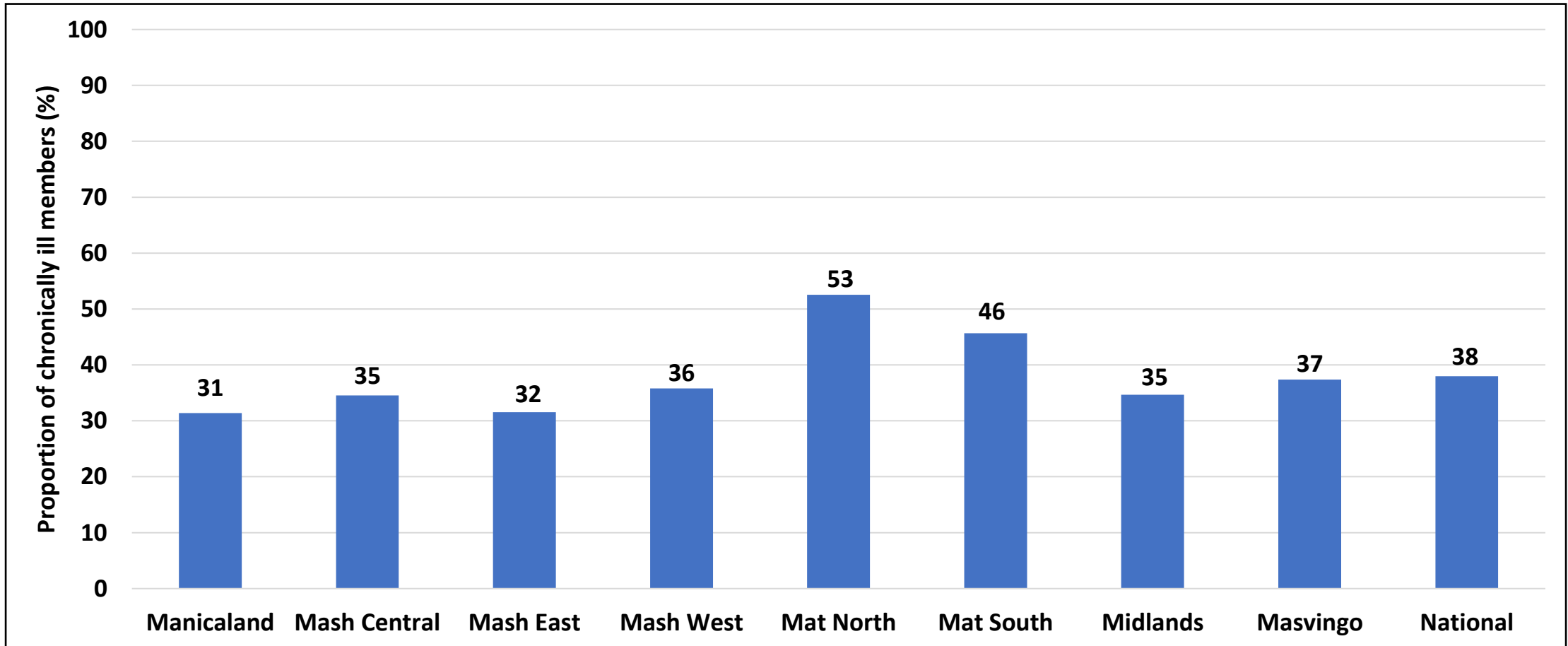
- At least 19% of households with members with chronic illnesses had missed their medication.
- The proportion was highest in Manicaland (25%).

Reasons for Missing Medication



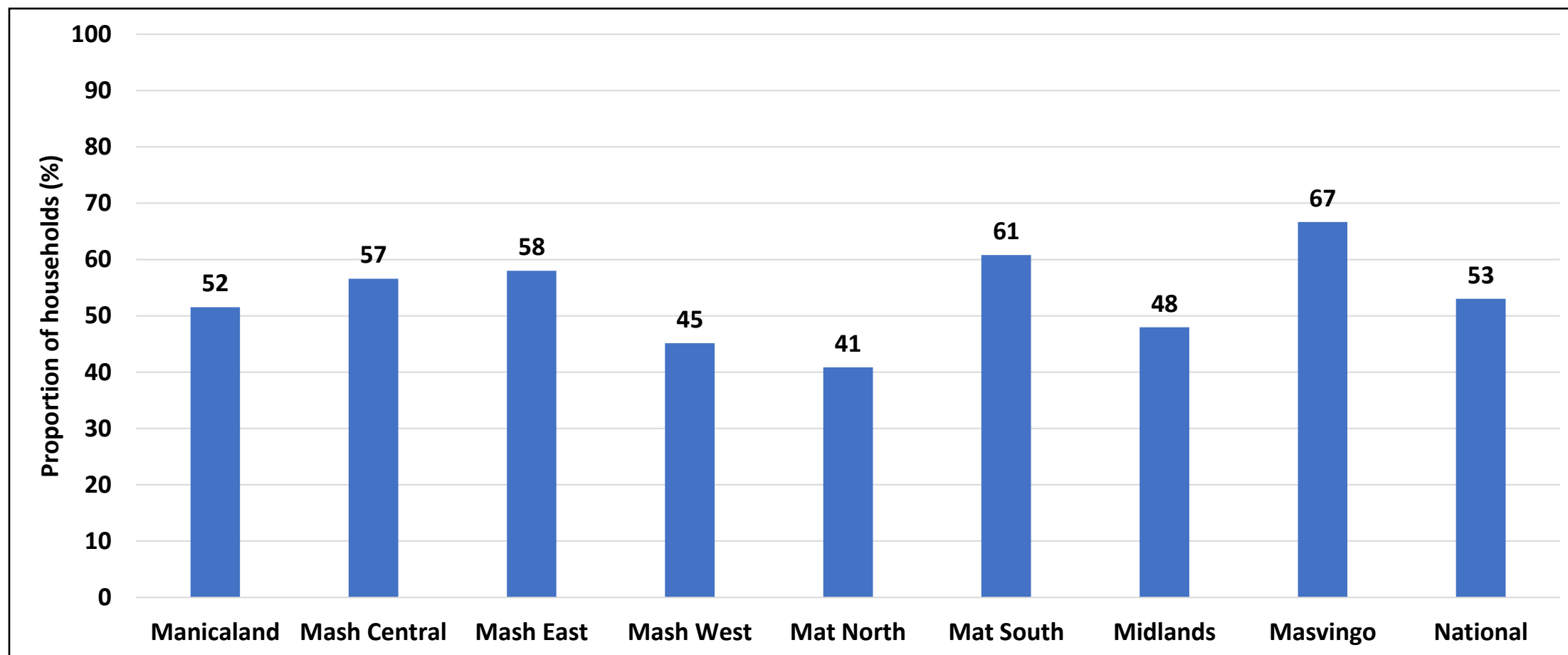
- Of those chronically ill people that missed their medication, the main reasons were medication being too expensive (75.7%), not having the required currency to purchase (13.8%), lack of transport (11.3%) and no money to pay for transport (11%).
- Most of the reasons for missing medication were monetary.

Chronically ill Members who were HIV Positive



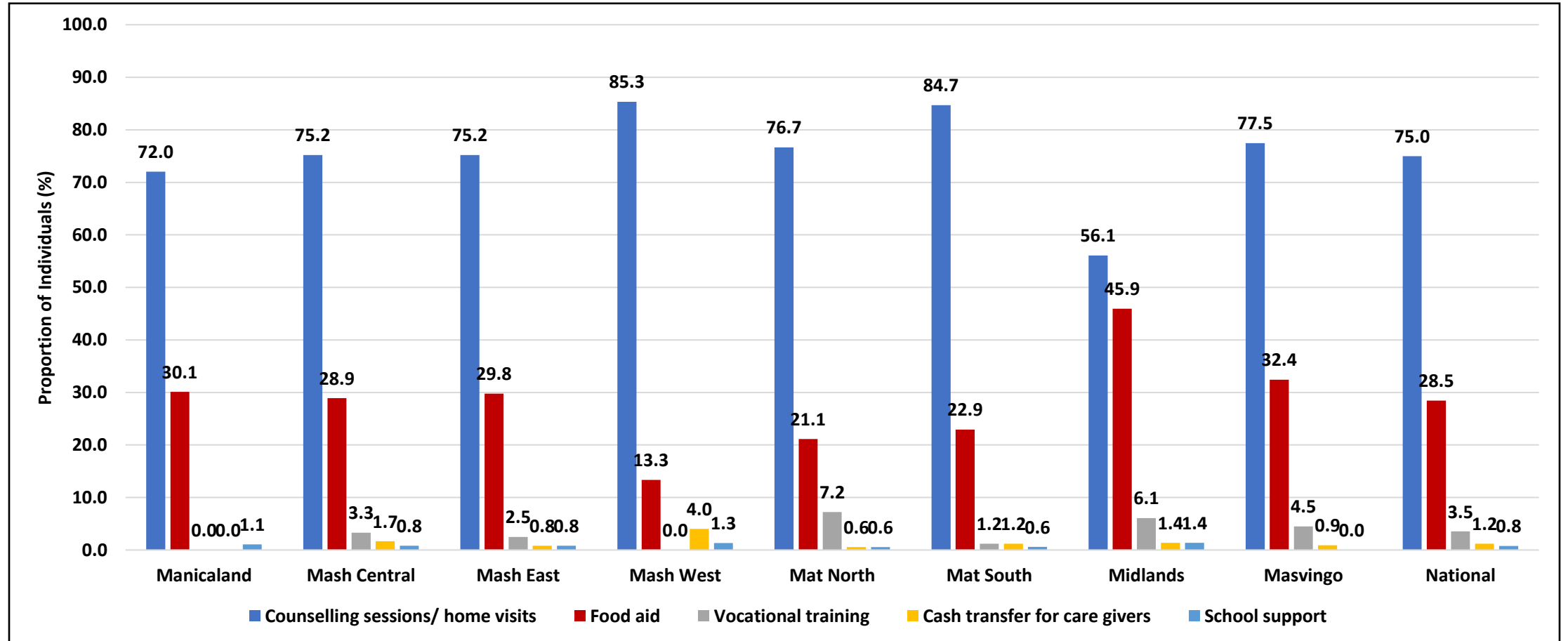
- Thirty eight percent of the chronically ill members were living with HIV/AIDS.
- The proportion was highest in Matabeleland North (53%).

HIV Positive Members who Received Support



- Of the 38% of members who were living with HIV/AIDS, 53% received some form of support.

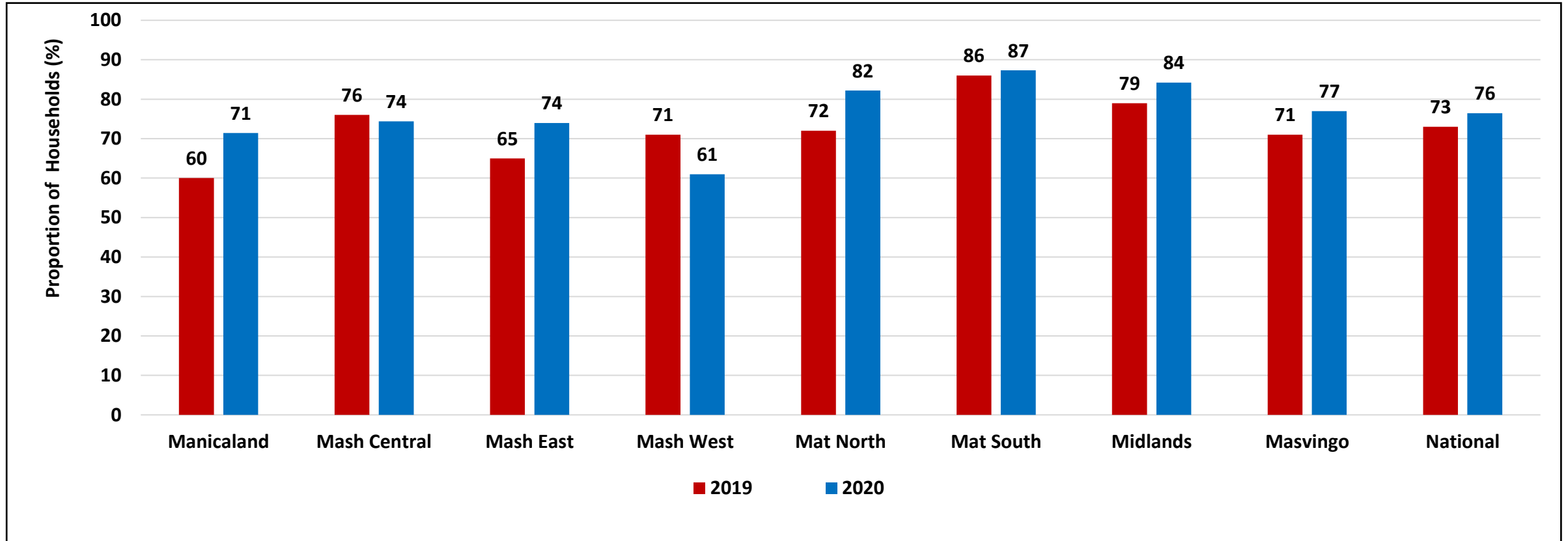
Forms of Support Received by HIV Positive Members



- The majority of members with HIV/AIDS received counselling sessions/home visits (75%).

Social Protection

Households Which Received Any Form of Support



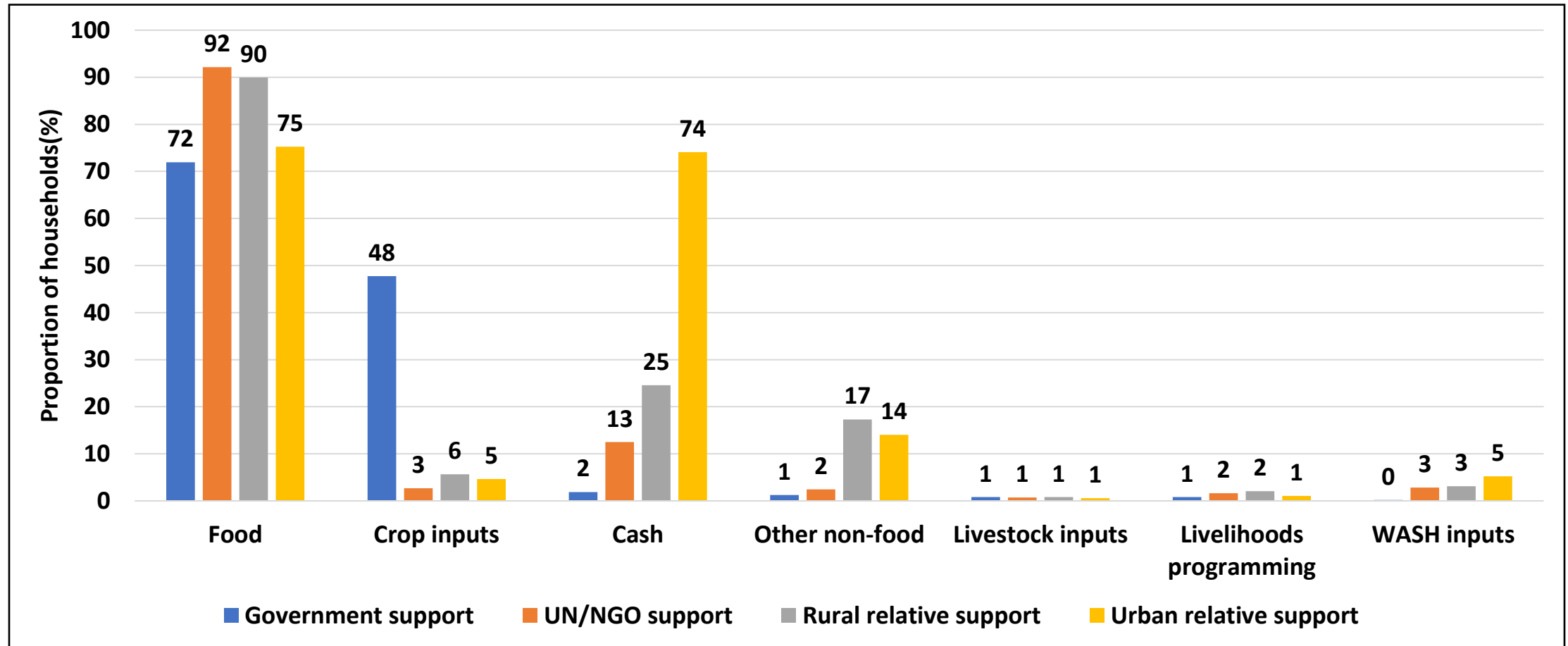
- At national level, there was a slight increase in the proportion of households that received support in 2020 (76%) as compared to 2019 (73%). Manicaland experienced a sharp increase from 60% in 2019 to 71% in 2020.
- There was a decrease in the proportion of households that received support in Mashonaland Central (76% to 74%) and Mashonaland West (71% to 61%).

Sources of Any Form of Support

Province	Government Support (%)		UN/NGO Support (%)		Church Support (%)		Rural Relatives (%)		Urban Relatives (%)		Diaspora Relatives (%)	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Manicaland	47	44	13	36	4	3	10	10	9	15	3	6
Mash Central	64	58	15	35	3	3	17	10	19	13	2	2
Mash East	50	50	7	27	3	3	17	17	20	22	6	7
Mash West	55	44	6	27	4	3	17	6	19	12	7	3
Mat North	48	52	25	41	2	3	12	16	12	13	16	17
Mat South	68	70	26	30	5	2	20	15	17	15	33	33
Midlands	69	69	7	36	4	3	16	13	24	18	11	10
Masvingo	49	54	14	31	3	2	20	16	19	19	9	12
National	56	55	13	33	3	3	16	13	18	16	11	11

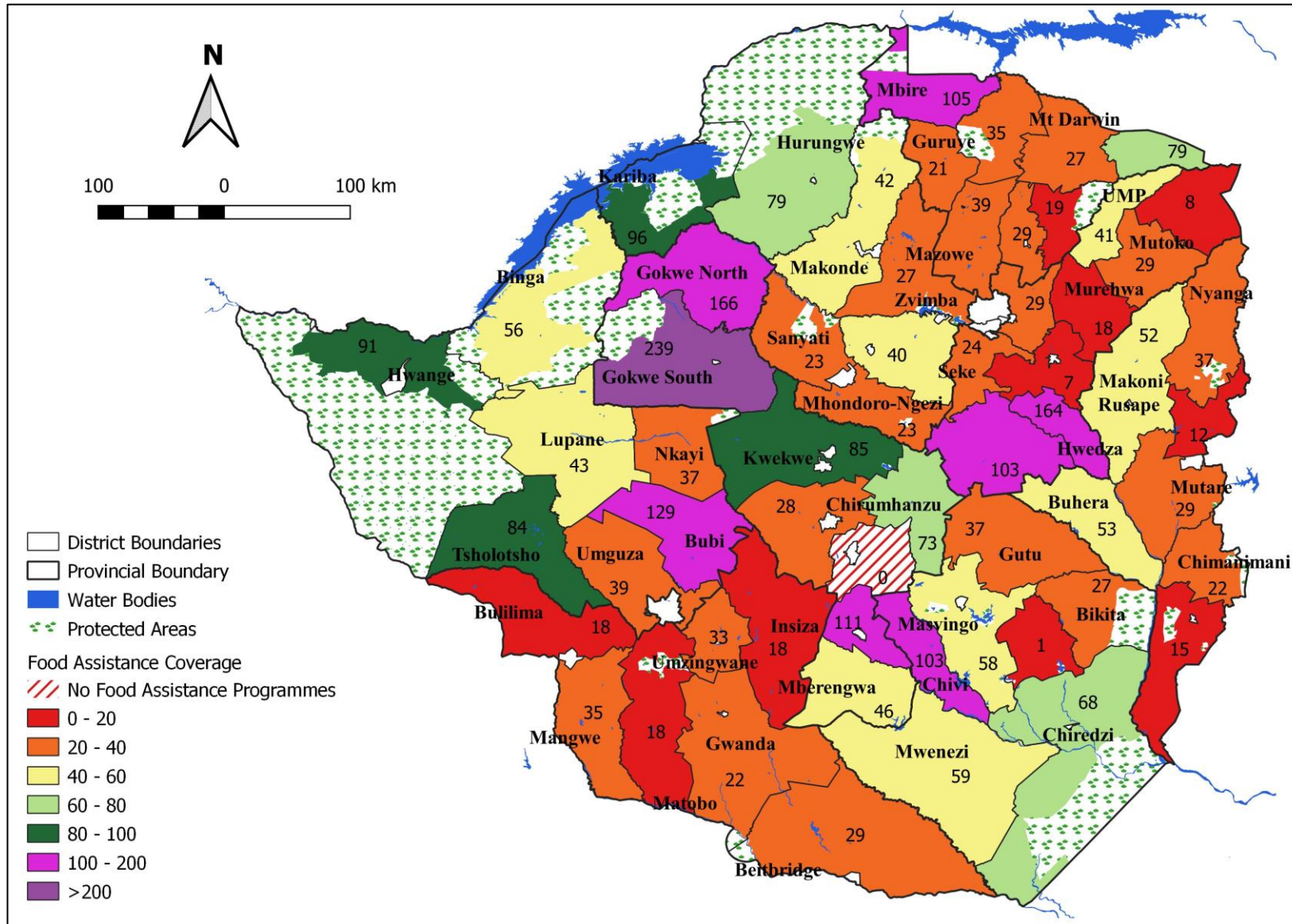
- Nationally, 55% of the surveyed households received Government support, followed by UN/NGO (33%), urban relatives (16%), rural relatives (13%) and then diaspora relatives (11%).
- There was an increase in the proportion of households that received support from UN/NGO from 13% in 2019 to 33% in 2020. However, the proportion of households that received support from rural and urban households slightly decreased.

Breakdown of the Forms of Support



- Of those households which received food support, 92% received it from UN/NGOs and 90% from their relatives in the rural areas. Urban relatives were the major source of cash (74%).
- There is need to address potential double-allocation especially on food support as depicted by the graph.

Food Assistance Programmes Coverage

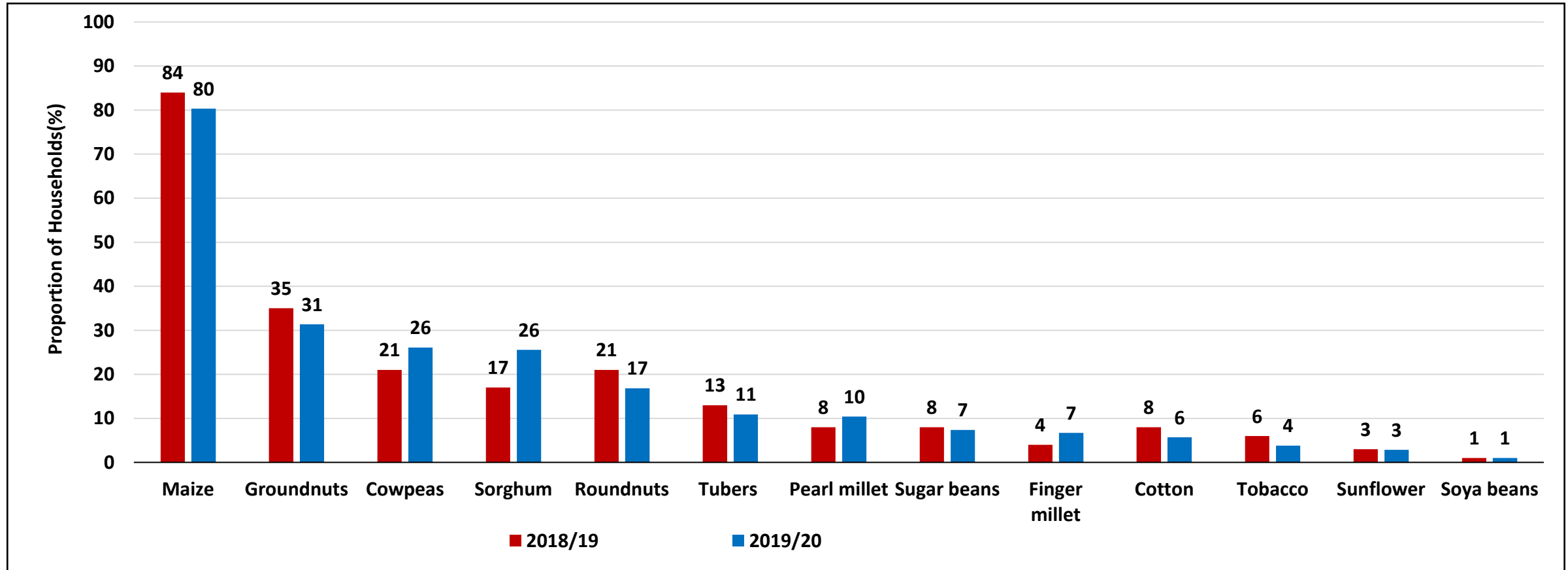


- All districts had food assistance programmes running at the time of the assessment except for Shurugwi.
- Eight of the districts had programmes that were feeding populations above the district projected populations. This could be a sign of double dipping.

Agricultural Production

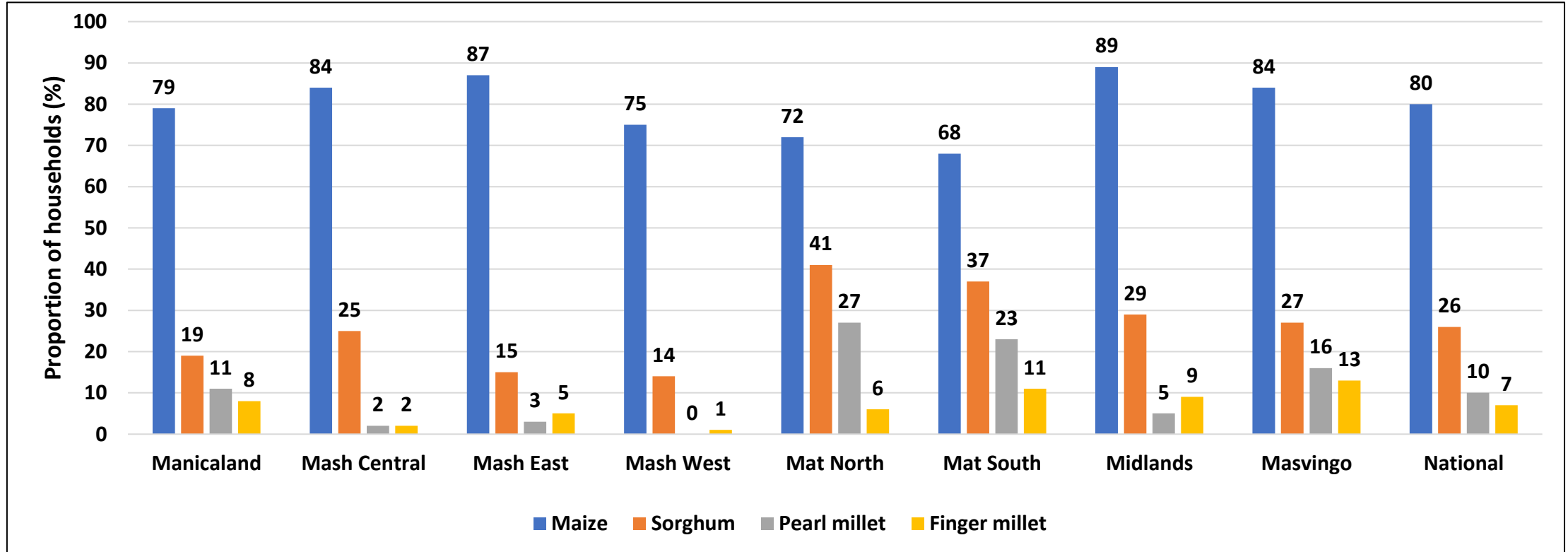
Crop Production

Households which Planted Crops



- Maize remains the crop grown by the majority of households, with over 80% of households having grown it.
- Despite the slight decrease compared to the 2018/19 season, the Second Round Crop and Livestock Assessment Report (2020) noted that there was an increase in maize yield from 0.77t/ha in 2019 to 1.02 t/ha in 2020.
- In comparison to 2018/19, there was a decrease in the proportion of households which grew groundnuts, tubers, sugar beans, cotton, tobacco and soya beans.

Households which Planted Cereals



- Matabeleland South, Matabeleland North and Masvingo had the highest proportions of households growing small grains as in the previous season.
- There was a noticeable increase in the proportion of households growing small grains. The increase can be attributed to increased seed support through the Presidential Input Support Scheme in the 2019/20 season.

Sources of Inputs for Crops

Crop	Maize (%)	Sorghum (%)	Finger Millet (%)	Pearl Millet (%)	Tubers (%)	Cowpeas (%)	Groundnuts (%)	Roundnuts (%)	Sugar Beans (%)	Soya Beans (%)	Tobacco (%)	Cotton (%)
Government	52	33	7	17	0	4	1	1	3	5	1	59
Purchases	31	6	6	5	10	10	14	17	40	45	29	4
Retained	17	32	52	51	53	46	54	48	33	30	1	1
Carryover	9	15	23	20	31	24	25	27	18	10	1	2
Remittances	4	7	8	5	6	8	6	6	6	8	2	1
NGOs	2	6	3	4	0	5	1	0	3	0	0	1
Gifts	2	8	7	8	7	7	5	7	3	2	1	1
Private contractors	0	1	0	0	0	0	0	0	1	0	68	36

- Government support was the common source of seed for the production of main cereal crops [maize (52%) and sorghum (33%)].
- Most households used retained seeds for small grains and tubers.
- The main source for sugar beans (40%) and soya beans (45%) was purchases.

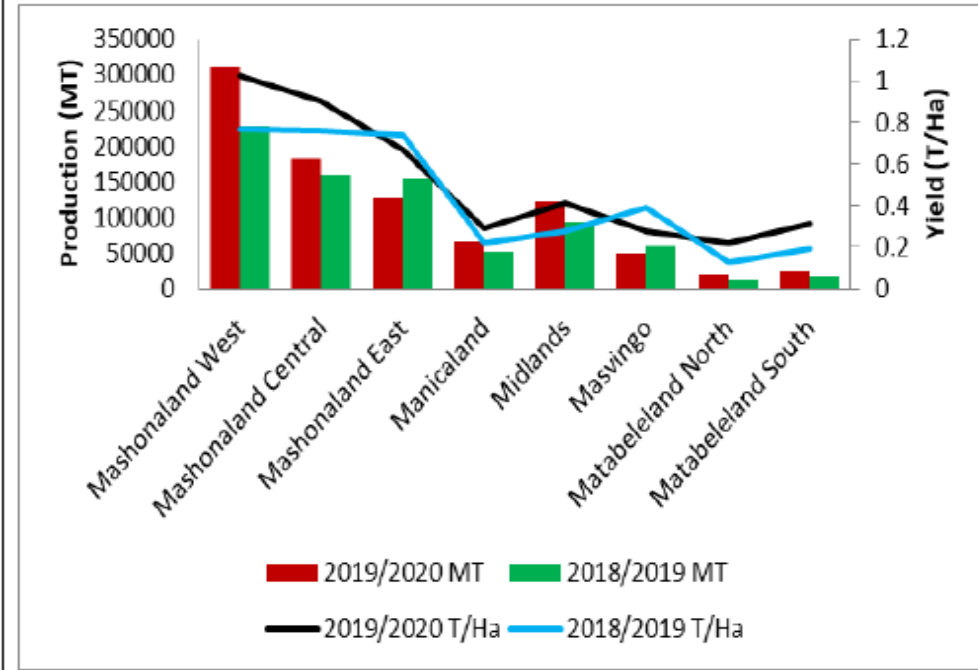
Maize Production by Province

TABLE 6: MAIZE PRODUCTION (MT) BY PROVINCE

PROVINCE	2019/2020			2018/2019		
	Ha	T/Ha	MT	Ha	T/Ha	MT
Mashonaland West	302 611	1.02	309 984	297 360	0.77	228 073
Mashonaland Central	202 361	0.90	182 938	208 699	0.76	159 184
Mashonaland East	193 053	0.67	129 385	206 960	0.74	153 831
Manicaland	229 996	0.29	65 867	233 414	0.22	51 070
Midlands	302 653	0.41	123 162	333 118	0.28	93 703
Masvingo	178 403	0.28	50 458	157 953	0.39	60 962
Matabeleland North	90 321	0.22	20 002	98 736	0.13	13 031
Matabeleland South	83 368	0.31	25 833	87 517	0.19	16 781
Total	1 582 766	0.57	907 628	1 627 57	0.48	776 635

NB: Estimated Yield (T/Ha) has been computed as a function of Total Production/ Total Area. All figures in the tables are rounded off to the nearest whole number

FIGURE 4: MAIZE PRODUCTION (MT) BY PROVINCE



Source: 2020 Second Round Crop and livestock Assessment Report

- According to the 2020 Second Round Crop and Livestock Assessment report, there was an increase in maize production in most provinces except for Mashonaland East and Masvingo compared to the previous season.
- The estimated maize production was 907,628 MT which is a 17% increase from the previous season's maize production.

Average Household Cereal Production

Production	Maize (kgs)		Small Grains (kgs)	
	2018/19	2019/20	2018/19	2019/20
Manicaland	164.6	200.40	11.5	12
Mash Central	351.2	290.90	42.5	11
Mash East	297.1	279.50	16.3	5
Mash West	433.3	314.40	8.6	4
Mat North	91	83.90	39.5	61
Mat South	46.5	73.70	19.7	12
Midlands	261.3	201.90	11.9	12
Masvingo	204.8	142.40	47.8	23
National	233.1	202.70	24.4	17

- Nationally, the average household maize production was 202.7 kgs/ household. This was a 7% decrease from the 2018/19 season.
- The average household small grain production was 17kgs, a 29% decrease from the 2018/19 season.
- Mashonaland West had the highest average harvested maize (314.4 kgs) and Matabeleland South had the lowest (73.7 kgs).
- Matabeleland North (61kgs) had the highest average small grain harvest and Mashonaland West had the lowest (4kgs).

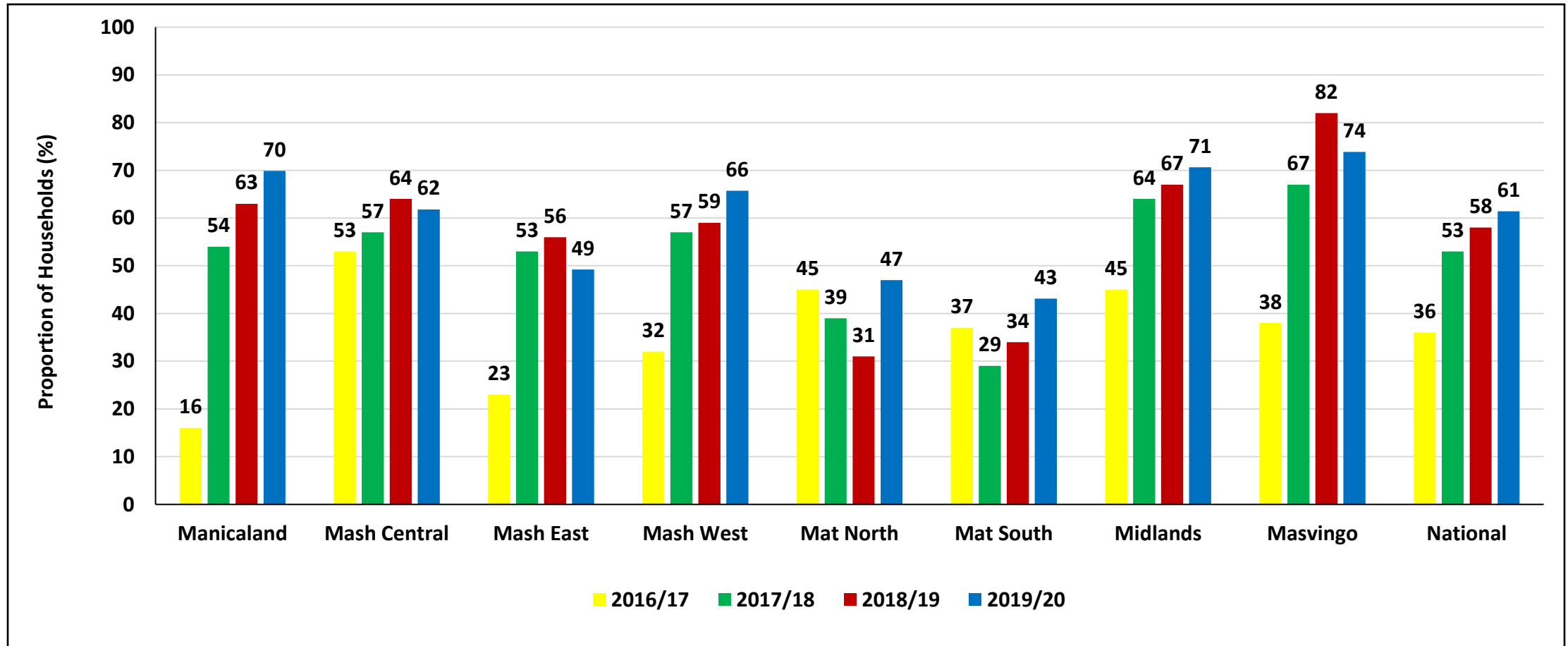
Average Household Cereal Stocks as at 1 April 2020

Province	Cereal Stocks (kgs)	
	2019	2020
Manicaland	33.1	52.4
Mashonaland Central	42.2	53
Mashonaland East	34.2	61.1
Mashonaland West	44.9	86.3
Matabeleland North	20.1	39.3
Matabeleland South	26.9	35.9
Midlands	49.1	50.9
Masvingo	49.9	53.8
National	37.5	54.2

- The average national cereal stock was 54.2kgs/household.
- The highest average stocks of cereal were recorded in Mashonaland West (86.3 kgs/household) and was lowest in Matabeleland North (39.3 kgs /household).

Fall Army Worm (FAW)

Households Affected by Fall Army Worm (FAW)



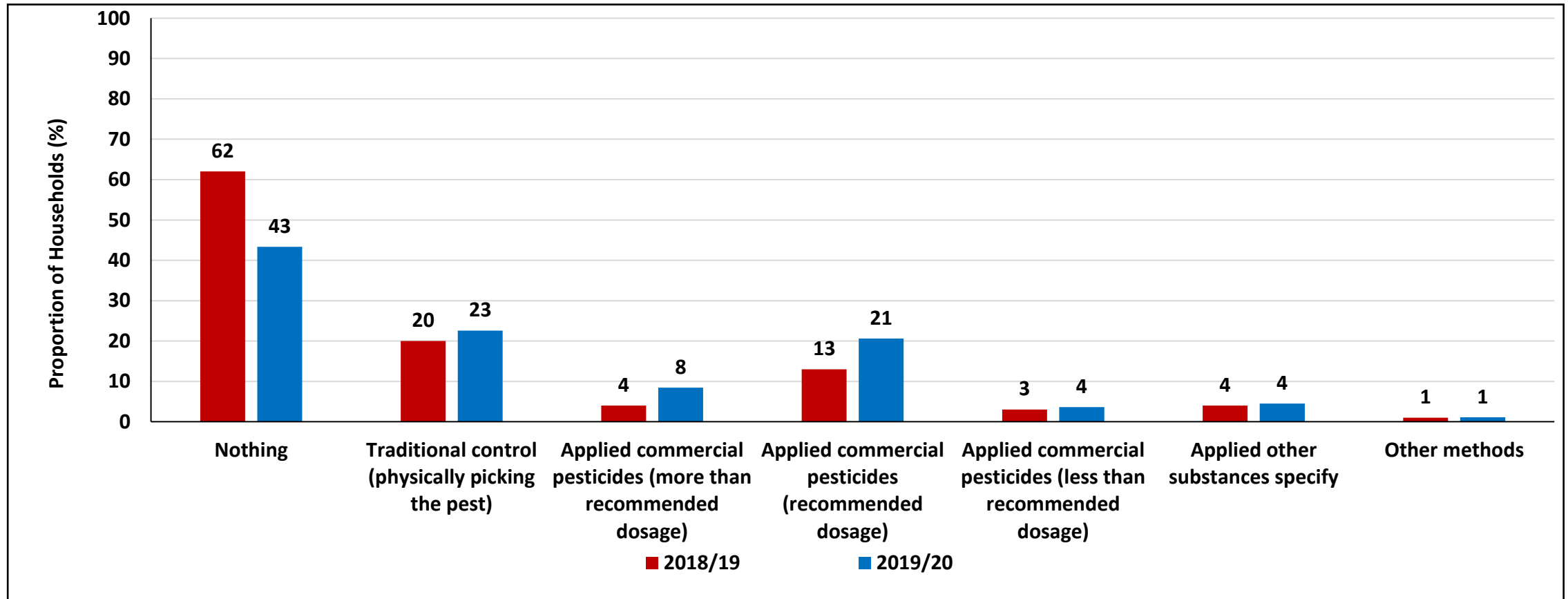
- Nationally, there was an increase in the proportion of households whose crop was affected by FAW from 58% in the 2018/19 to the 2019/20 agricultural season. This shows that the FAW is still a threat to crop production.
- In the 2019/20 season, the highest incidence of FAW were reported in Masvingo (74%) and the lowest in Matabeleland South (43%).

Households Affected by Fall Army Worm by Crop Type

Crop	Manicaland (%)	Mash Central (%)	Mash East (%)	Mash West (%)	Mat North (%)	Mat South (%)	Midlands (%)	Masvingo (%)	National (%)
Maize	70	62	49	66	47	43	71	74	61
Cotton	14	17	0	32	0	33	33	20	23
Sorghum	9	37	17	41	18	6	22	19	21
Finger millet	13	13	0	0	13	5	15	4	8
Cowpeas	8	8	3	11	8	3	9	6	7
Pearl millet	7	4	7	67	8	2	11	8	7
Soya beans	0	4	0	10	0	0	0	0	6
Sugar beans	8	6	1	8	0	9	11	5	6
Tubers	4	5	8	6	13	0	3	5	6
Tobacco	9	5	4	7	0	0	0	0	5
Roundnuts	5	6	1	7	4	4	7	2	3
Groundnuts	0	4	1	3	3	2	5	2	2

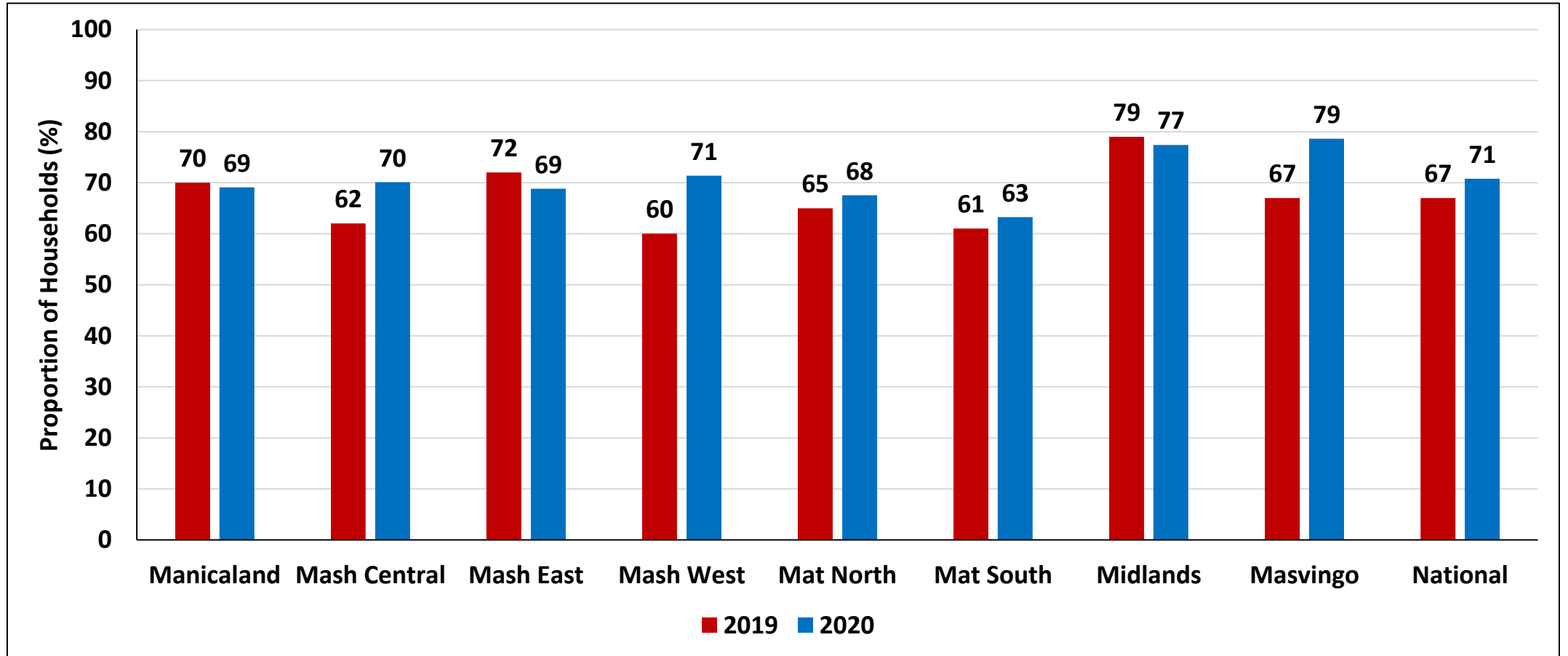
- Nationally, Maize (61%) was the main crop affected by FAW, followed by cotton (23%) and sorghum (21%).

Measures Taken to Control FAW



- The proportion of households which did not implement any control measures against FAW decreased from 62% in 2019 to 43% in 2020.
- Traditional control (23%) and application of commercial pesticides (21%) were the most commonly used control measures.

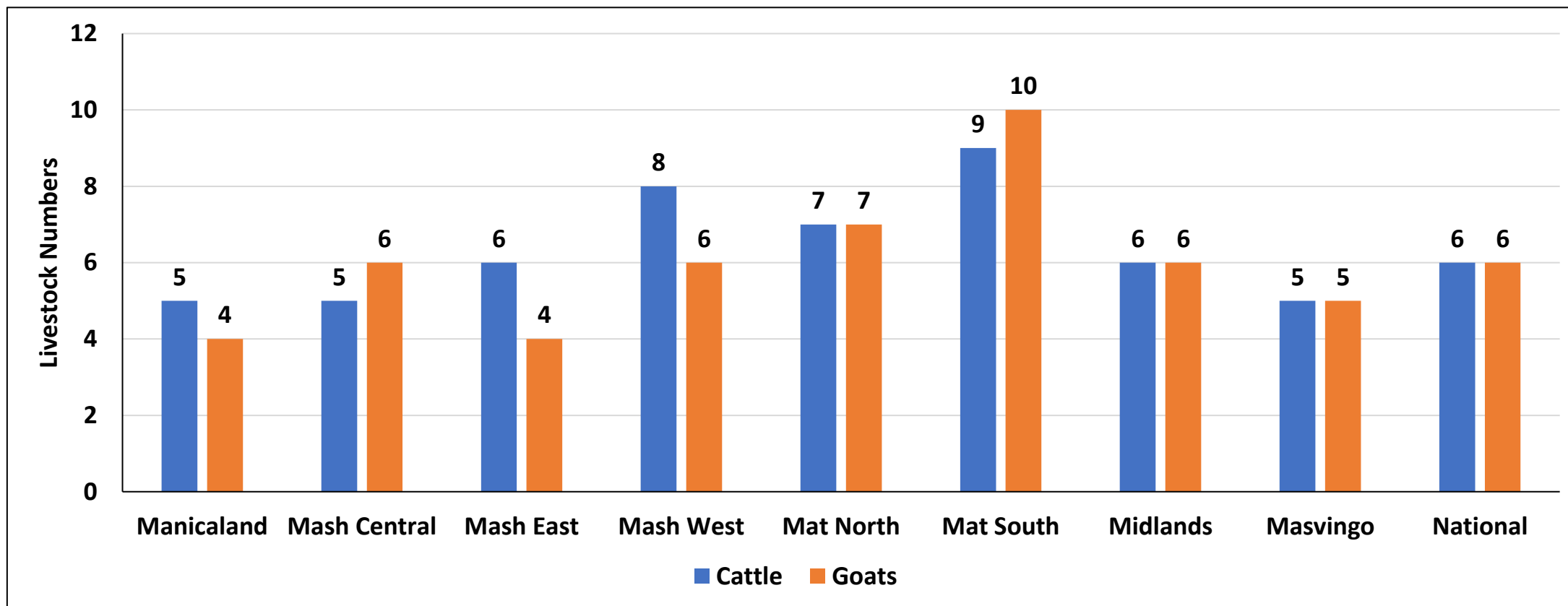
Households which Accessed Extension Service on Fall Army Worm



- Nationally, the proportion of households that were reached with extension support towards FAW was 71%.
- Masvingo (79%) and Midlands (77%) had the highest proportion reached as these were the most affected areas.

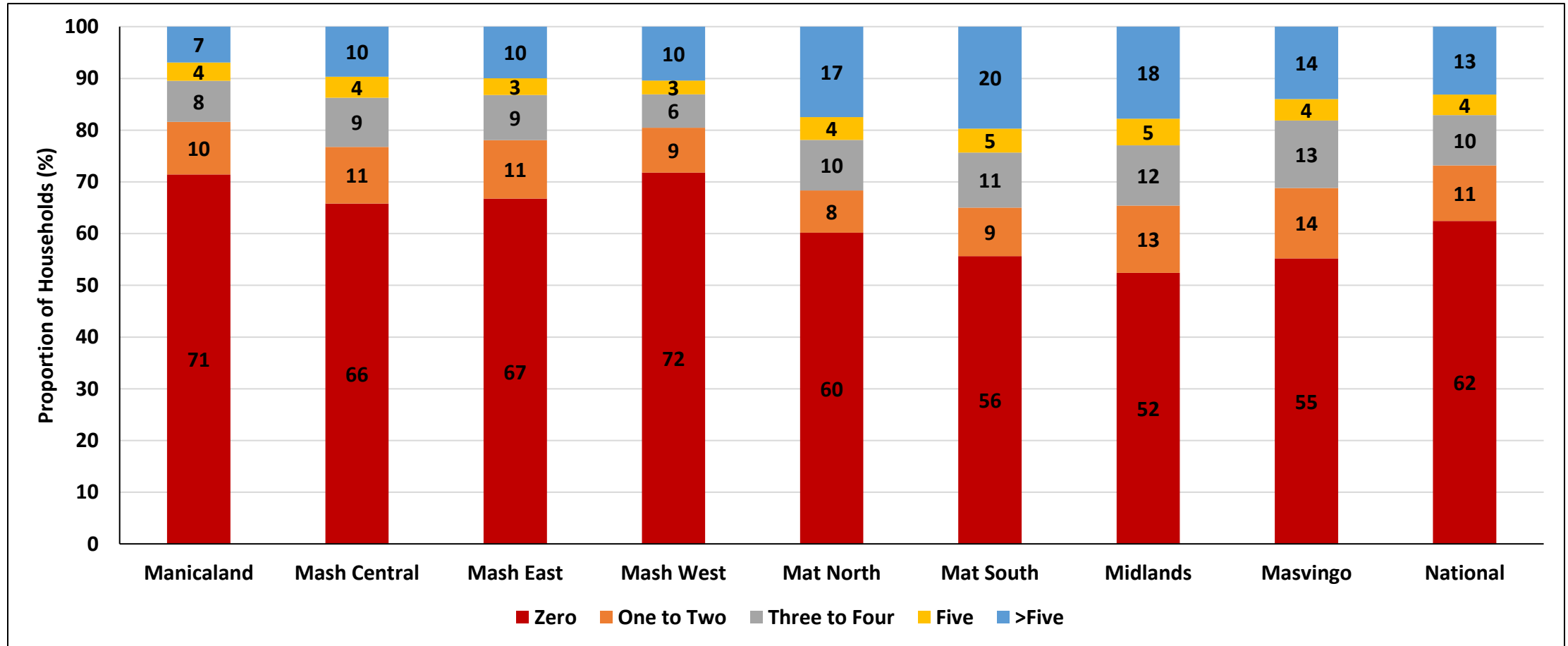
Livestock Production

Average Livestock Numbers per Household



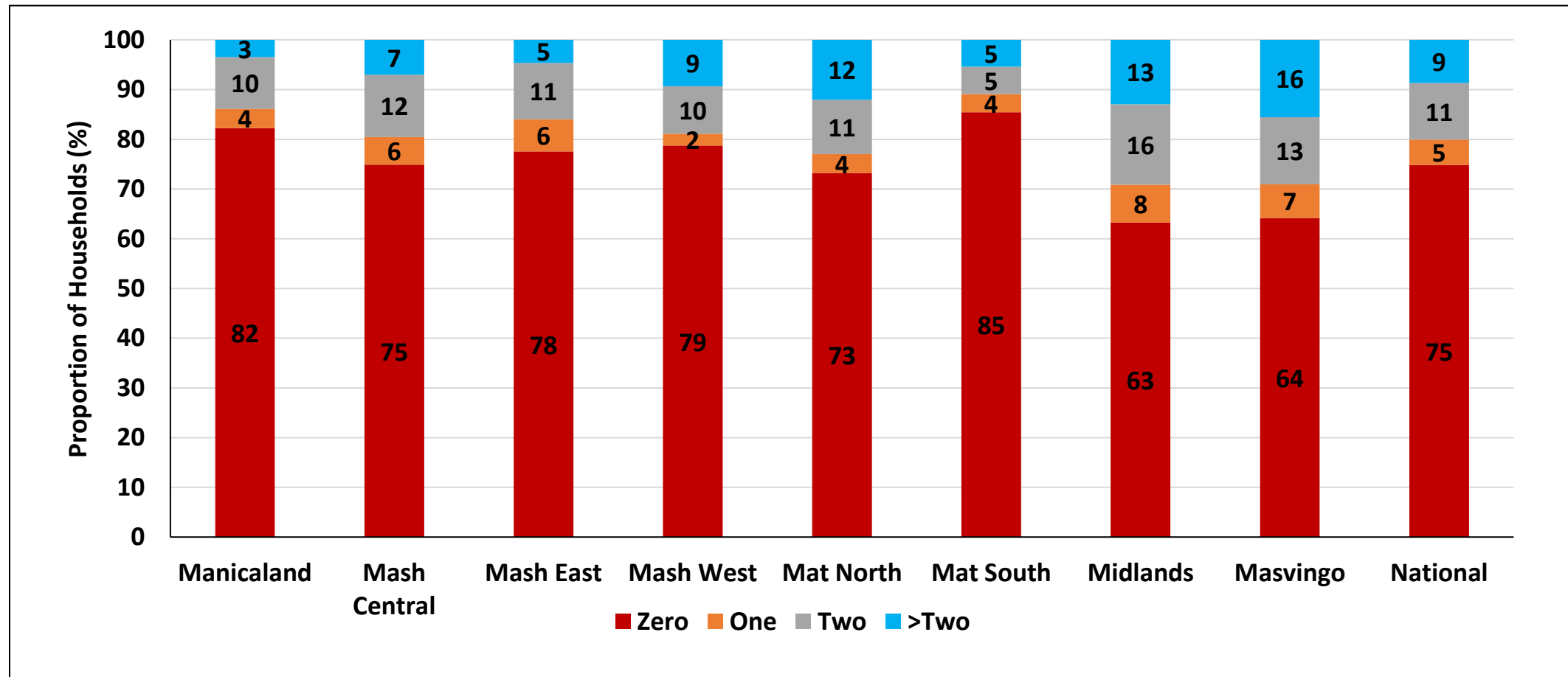
- Nationally, the average cattle herd size per household was 6, whilst the average goat flock size per household was 6.
- Matabeleland South had the highest average holding of cattle and goats per household at 9 and 10 respectively.
- Manicaland, Mashonaland Central and Masvingo had the lowest average of cattle per household (5).
- Mashonaland East and Manicaland had the lowest for goats (4).

Households which Owned Cattle



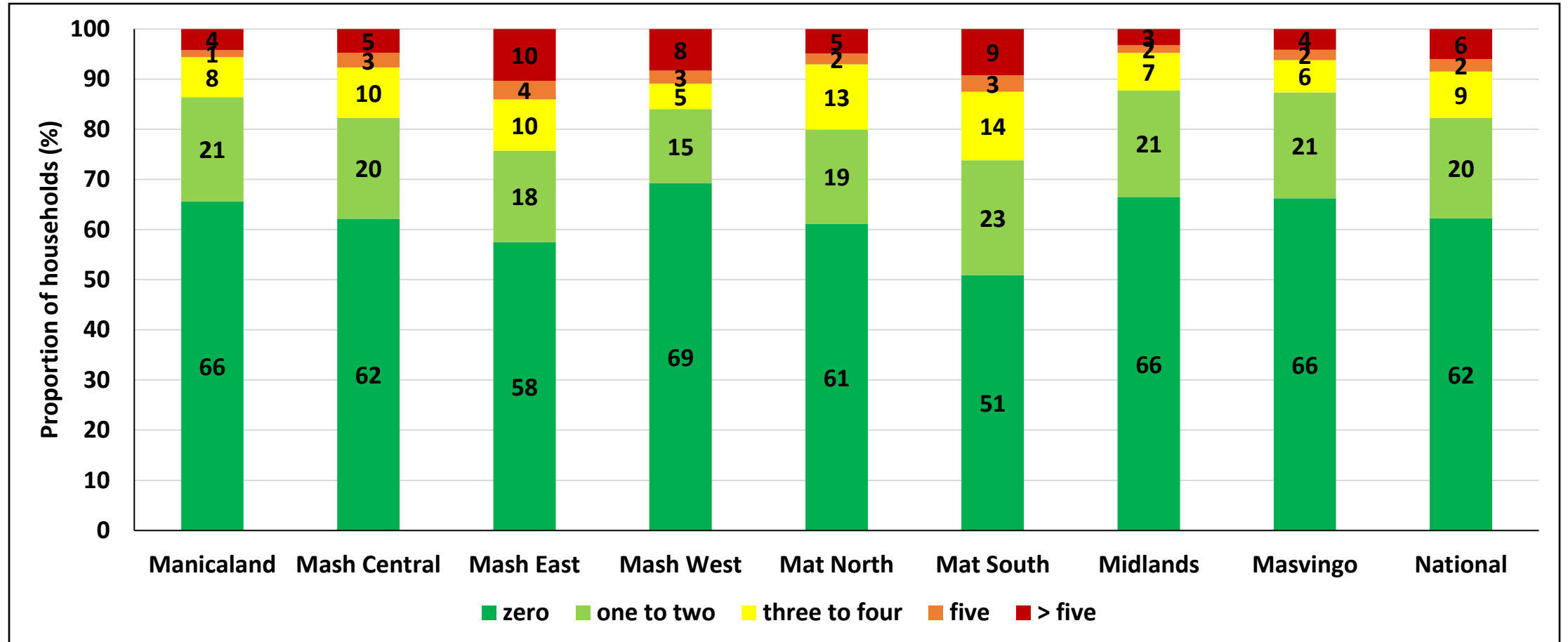
- Nationally, the proportion of households that did not own cattle remained high (62%).
- The highest proportion of households that owned more than five (5) cattle was in Matabeleland South (20%) and the lowest was in Manicaland (7%).

Households which Owned Draught Cattle



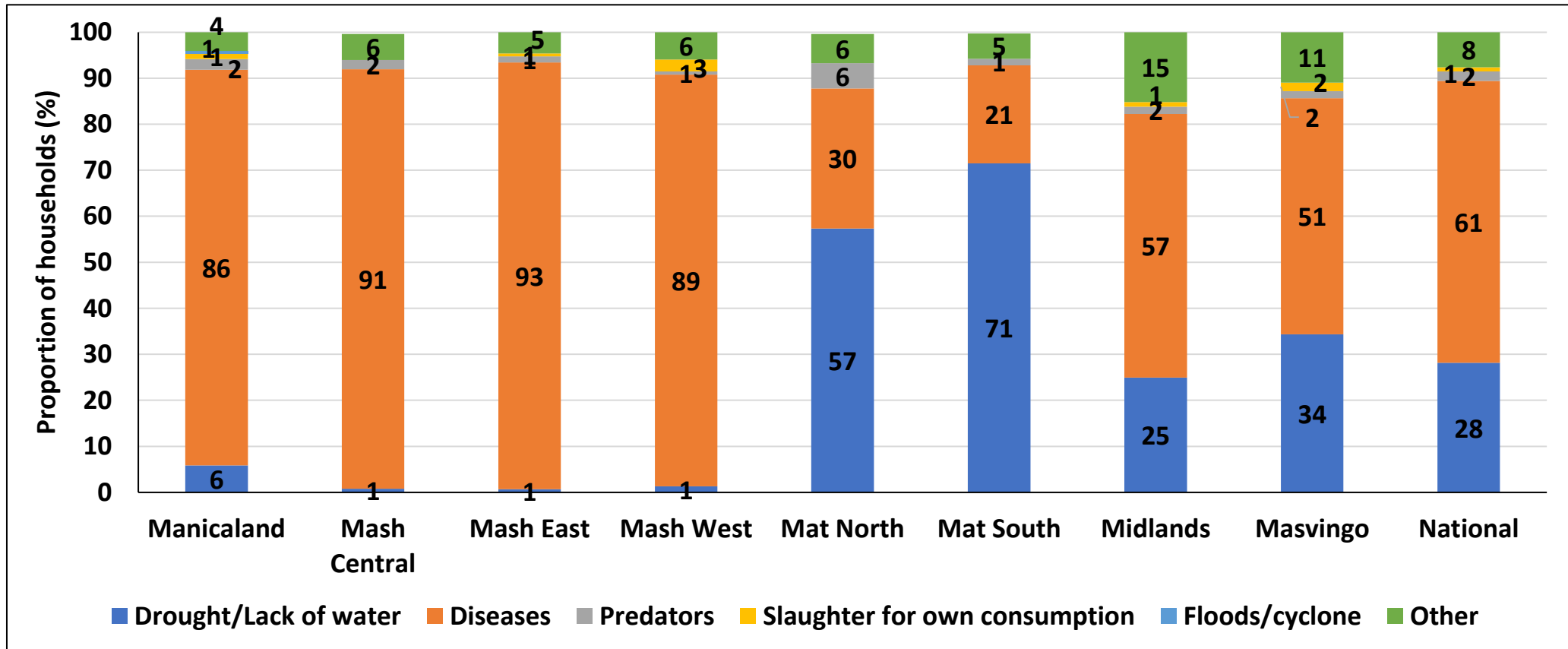
- Nationally, the proportion of households that did not own draught cattle was (75%).
- Matabeleland South (85%) had the highest proportion of households that did not own draught power.
- Masvingo (16%) had the highest proportion of households that owned more than two (2) draught cattle.

Cattle Deaths



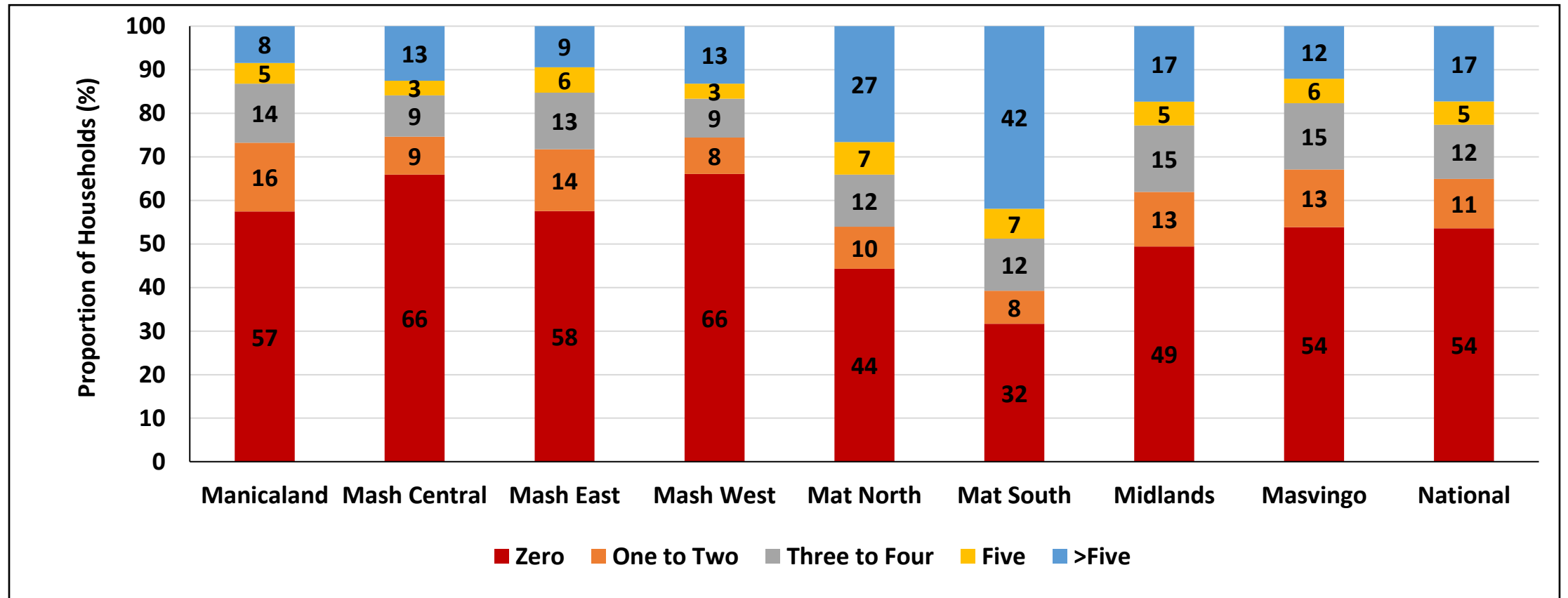
- Nationally, approximately 38% of households experienced cattle deaths.
- Matabeleland South (49%) had the highest proportion of households that experienced cattle deaths while Mashonaland East had the least (31%).

Causes of Cattle Deaths



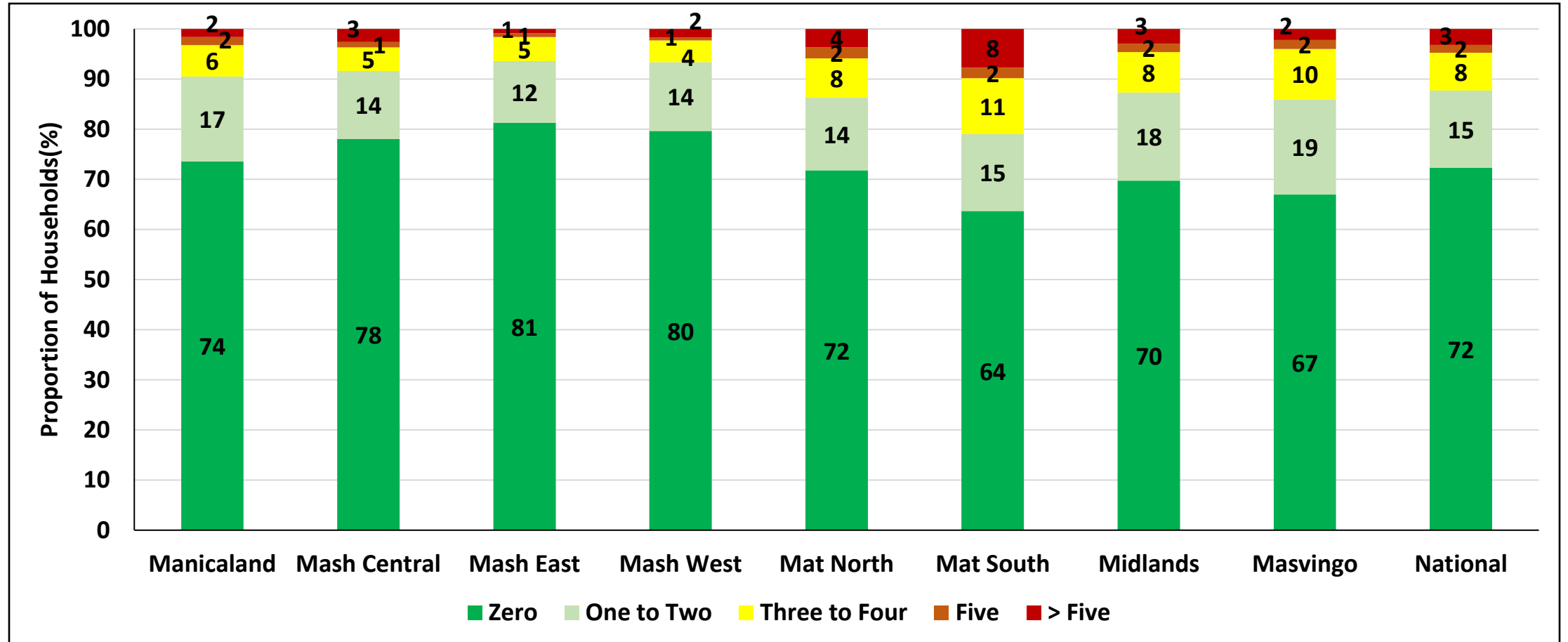
- The major cause of cattle deaths in Matabeleland North (57%) and Matabeleland South (71%) was drought/lack of water.
- In Manicaland (86%), Mashonaland Central (91%), Mashonaland East (93%) and Mashonaland West (89%) the major cause of death was diseases.

Households which Owned Goats



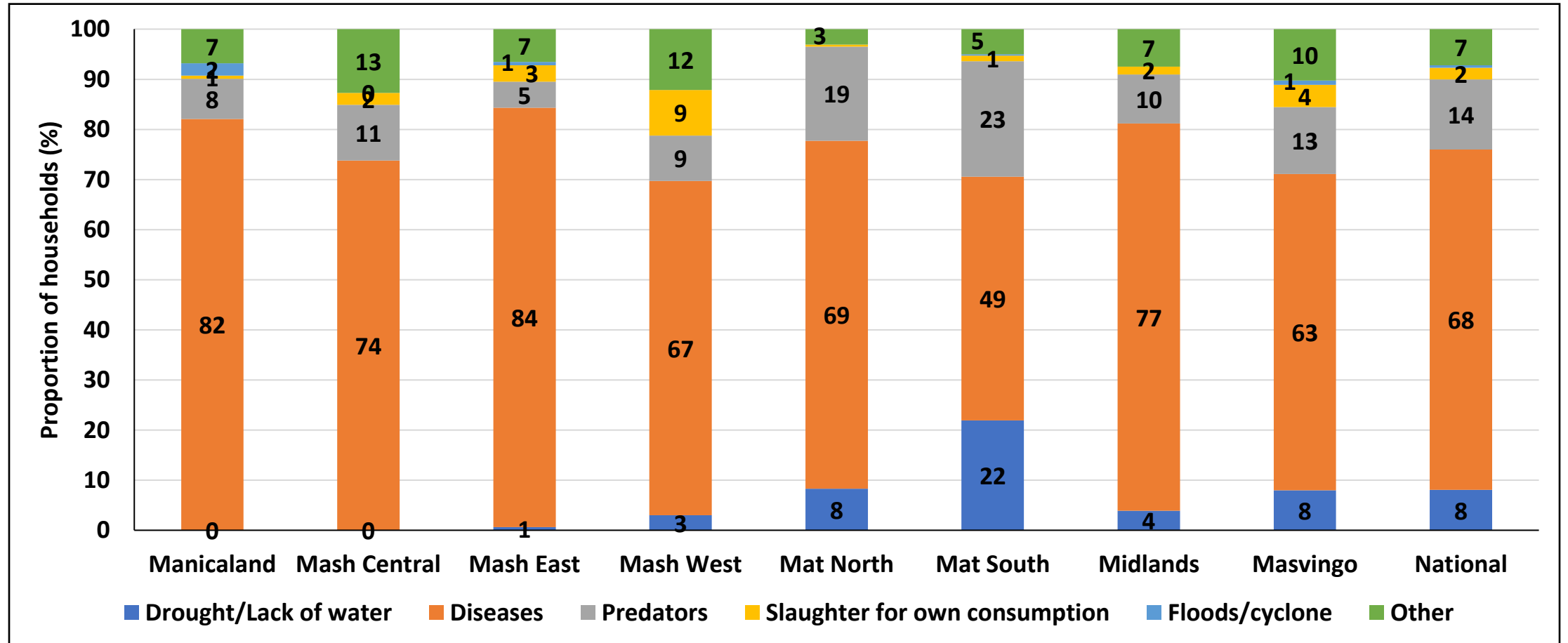
- Nationally, the proportion of households that did not own goats was (54%).
- Mashonaland West (66%) and Mashonaland Central (66%) had the highest proportion of households that did not own goats.
- The highest proportion of households that owned 5 or more goats was in Matabeleland South (42%) and the lowest was in Manicaland (8%).

Goat Deaths



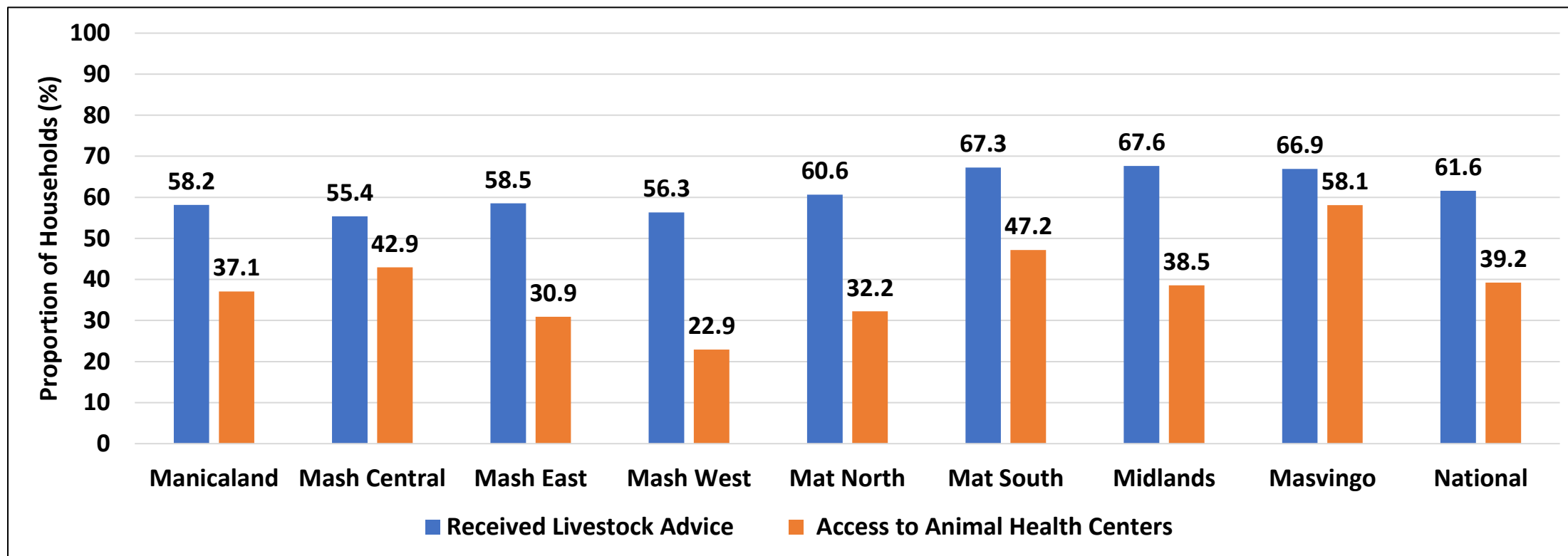
- About 28% of households lost at least one goat due to deaths.
- The highest proportion was in Matabeleland South (36%) and lowest in Mashonaland East (19%).

Causes for Goats Deaths



- Of the households that lost goats, the major cause of death was diseases (68%), predation (14%) and drought (8%).
- Mashonaland East (84%) had the highest proportion of households that experienced goat deaths due to diseases.

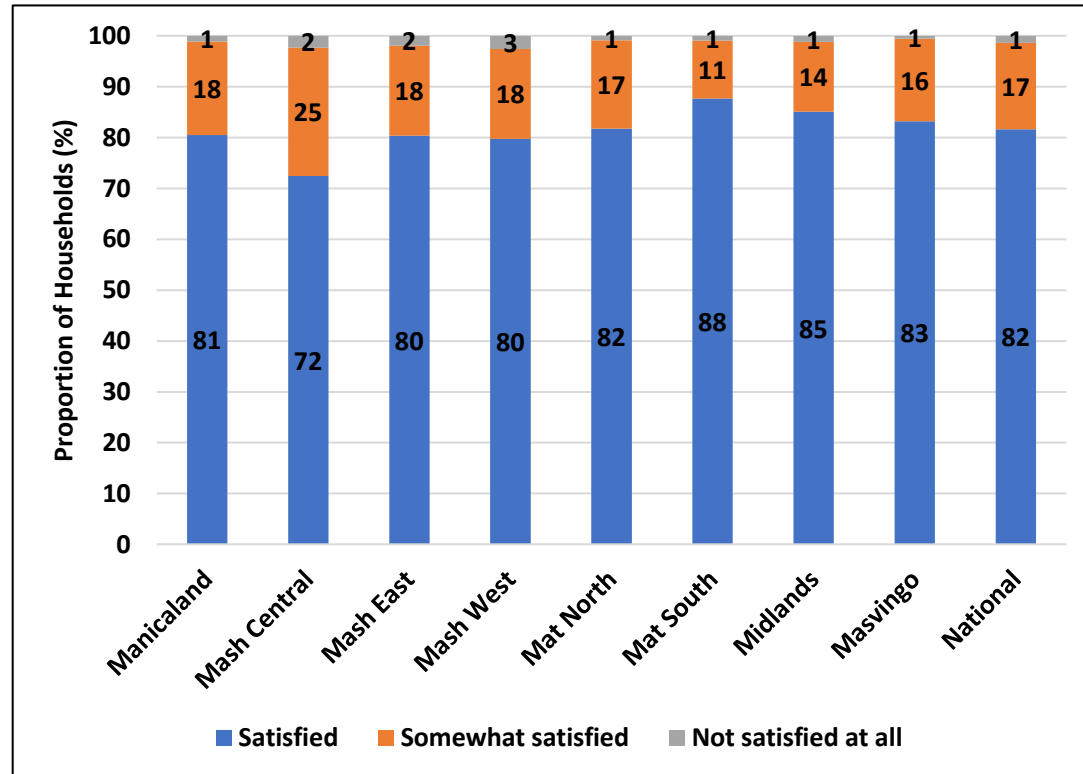
Access to Livestock Advice and Animal Health Centres



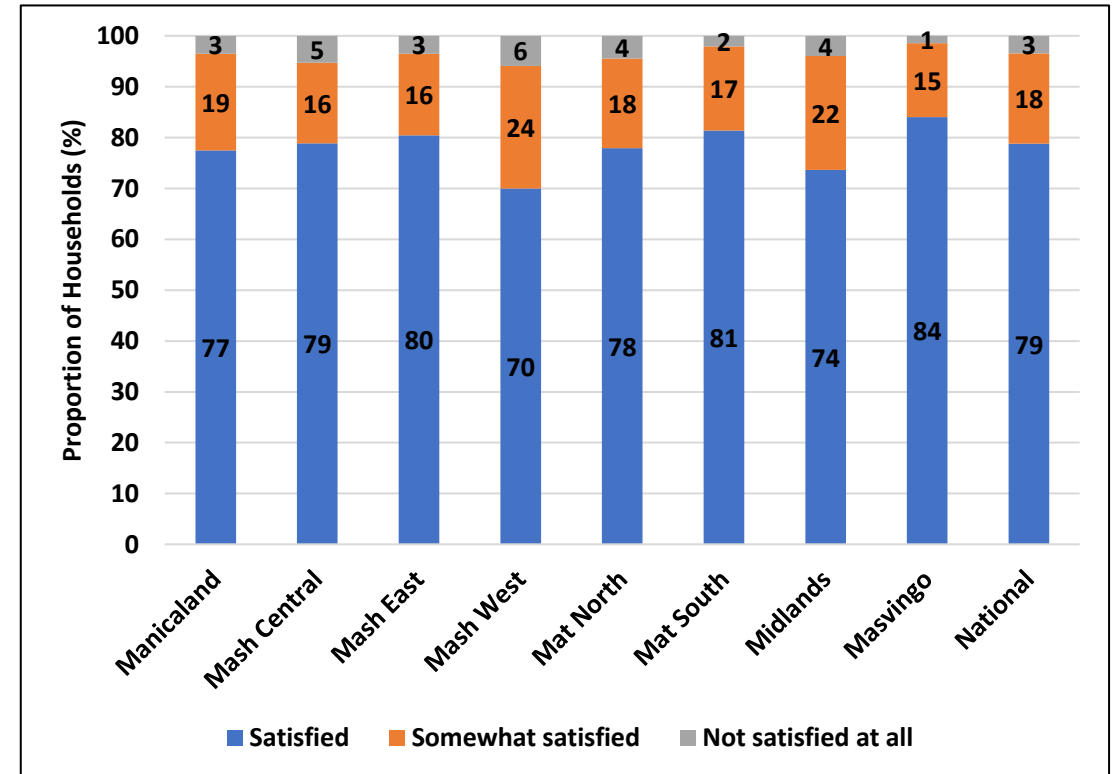
- Nationally 61.6% of households that owned livestock received advice. Livestock advice was highest in Midlands at 67.6% and least in Mashonaland Central at 55.4%.
- Only 39.2% of the households with animals had access to animal health centres.

Household Satisfaction with Livestock Advice and Animal Service *(breakdown of the 61.6%)*

Livestock Advice Satisfaction



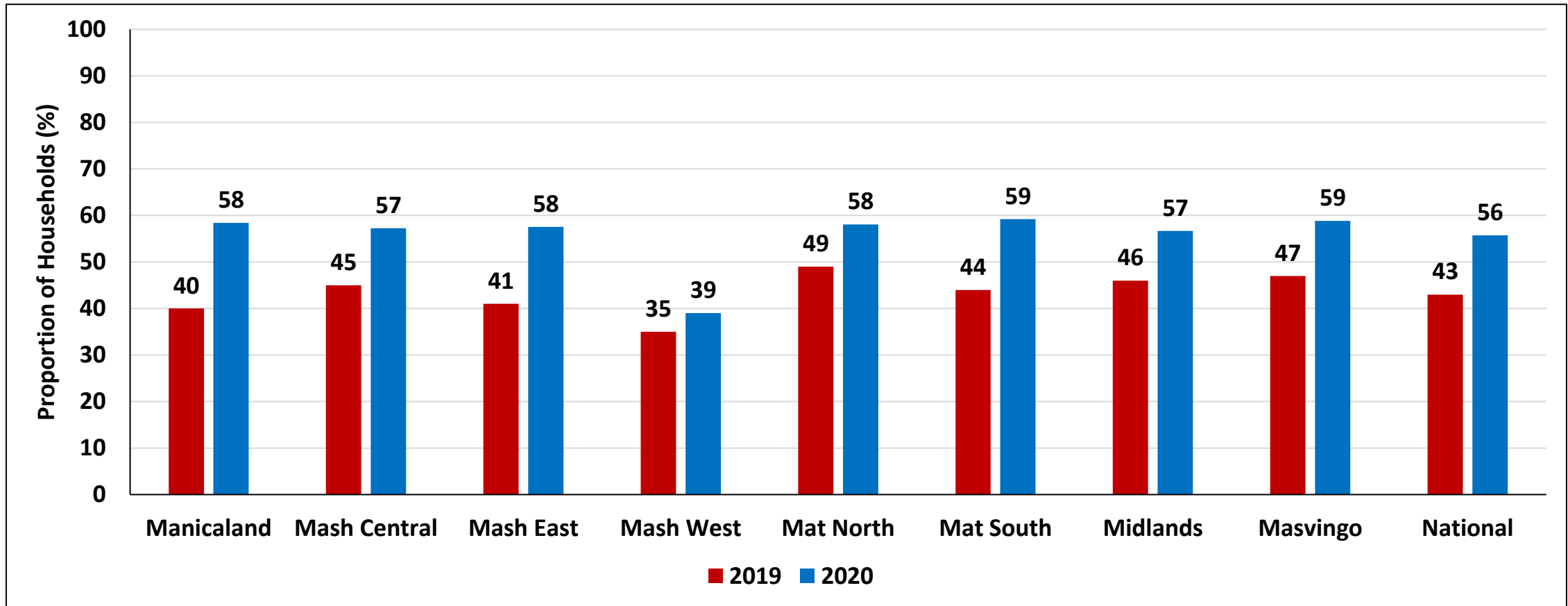
Animal Health Service Satisfaction



- Generally, households were satisfied by the livestock advice (82%) and animal health services (79%) that they received.

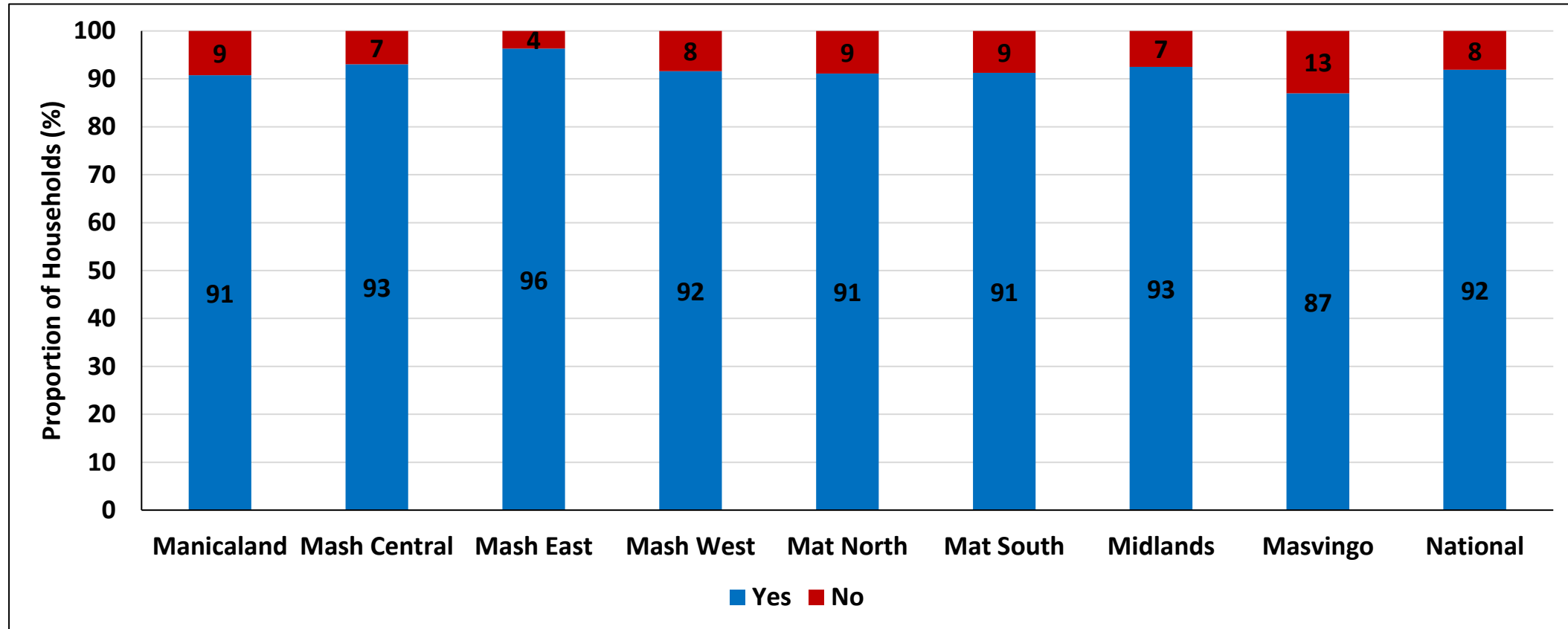
Extension

Access to Agricultural Extension Services



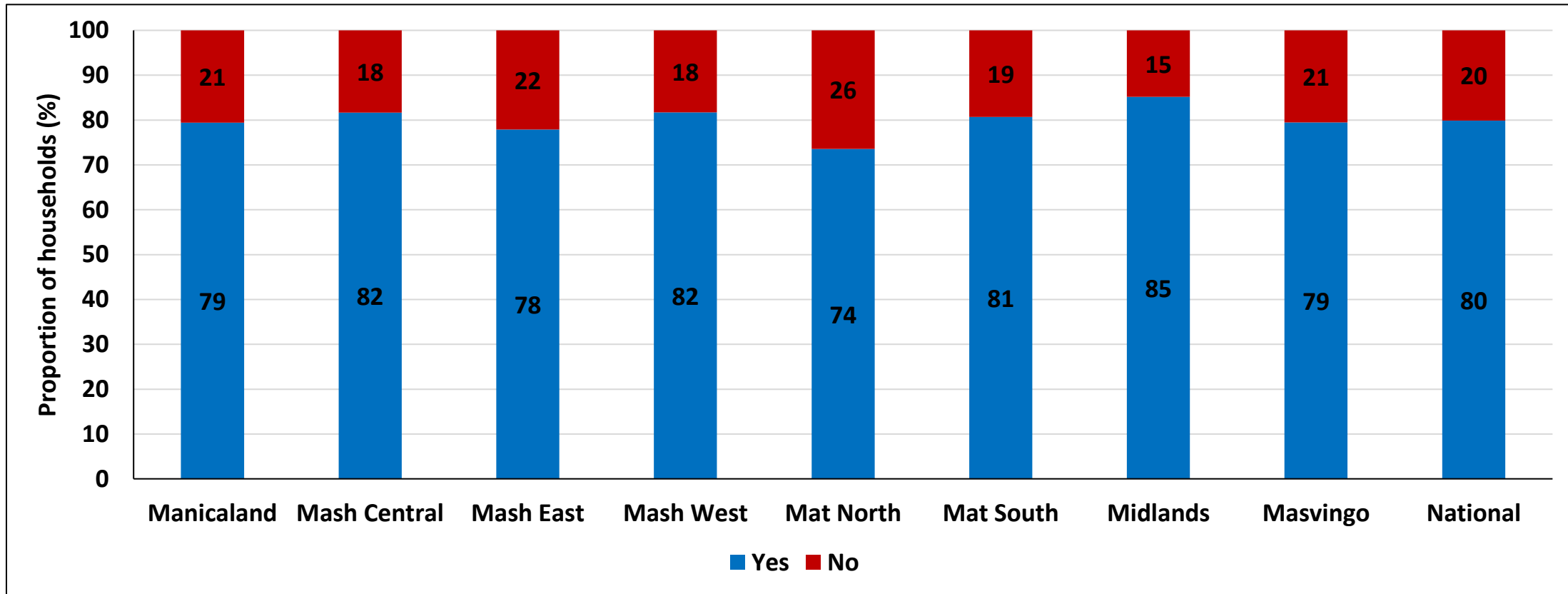
- There was an increase in access to extension services across all provinces as compared to 2019.
- Matabeleland South and Masvingo recorded the highest proportion of households with access to extension services (59%).
- The lowest proportion in was in Mashonaland West at 39%.

Access to Agricultural Training from Extension Officers *(breakdown of the 56%)*



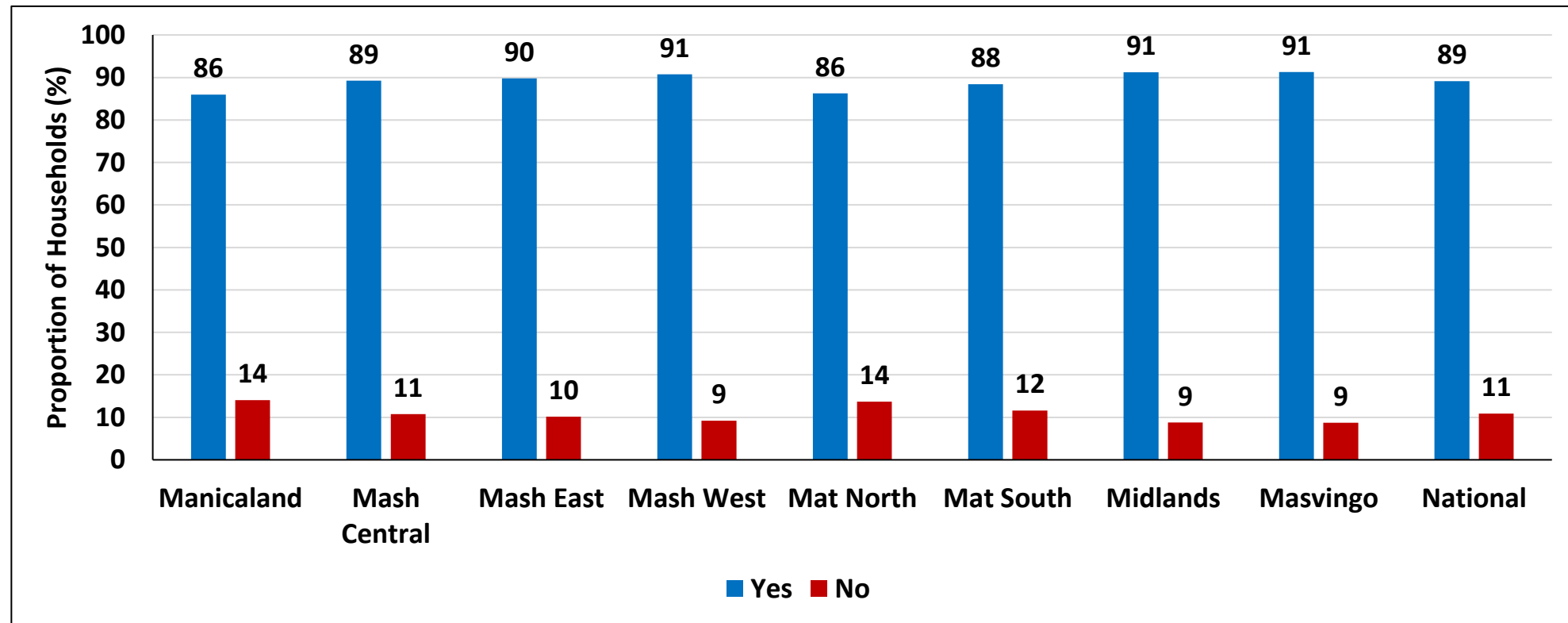
- Approximately 92% of households received agricultural training from Government or other extension agents.
- Of the households that received agriculture training, 82% were satisfied, 16% were somewhat satisfied and 2% were not satisfied with the quality of training.

Households that Received Agriculture Extension Visits from Extension Officers *(breakdown of the 56%)*



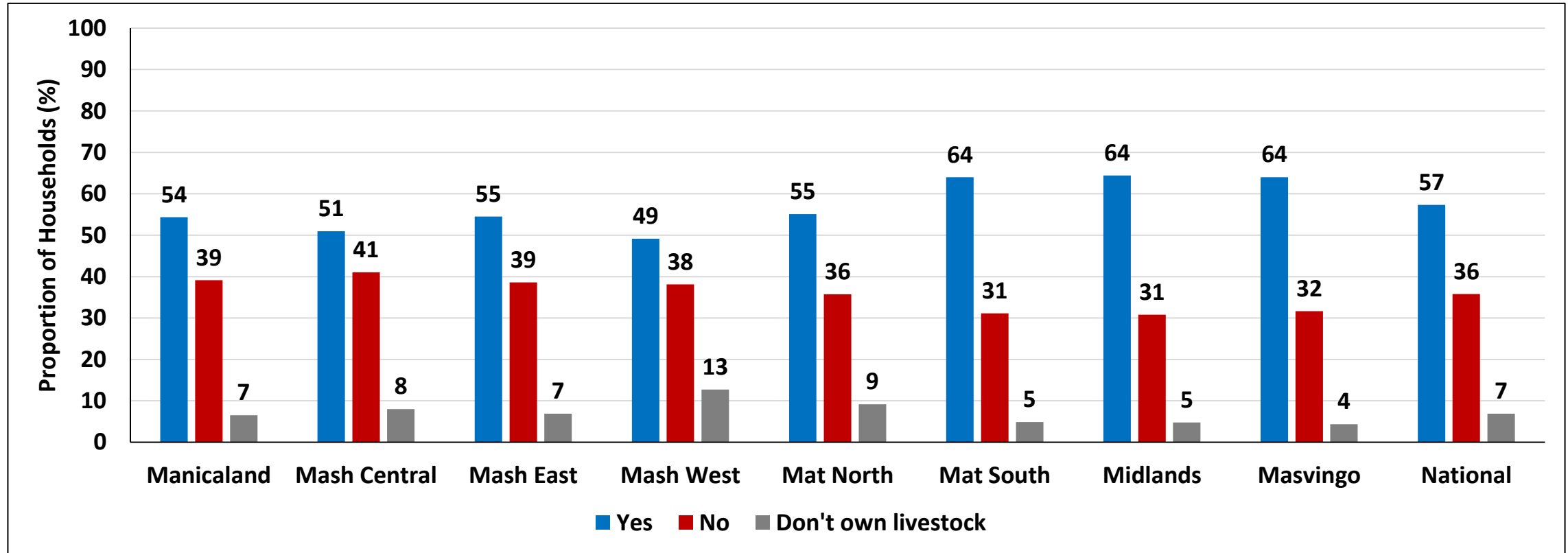
- Approximately 80% of households received an extension visit from extension officers.
- Of the households that received extension visits, 84% were satisfied, 15% were somewhat satisfied and 1% were not satisfied with the services provided during the extension visit.

Households that Received Cropping Advice from Extension Officers *(breakdown of the 56%)*



- Approximately 89% of households received cropping advice from extension officers.
- Of the households that received cropping advice, 85% were satisfied, 14% were somewhat satisfied and 1% were not satisfied with the quality of the service.

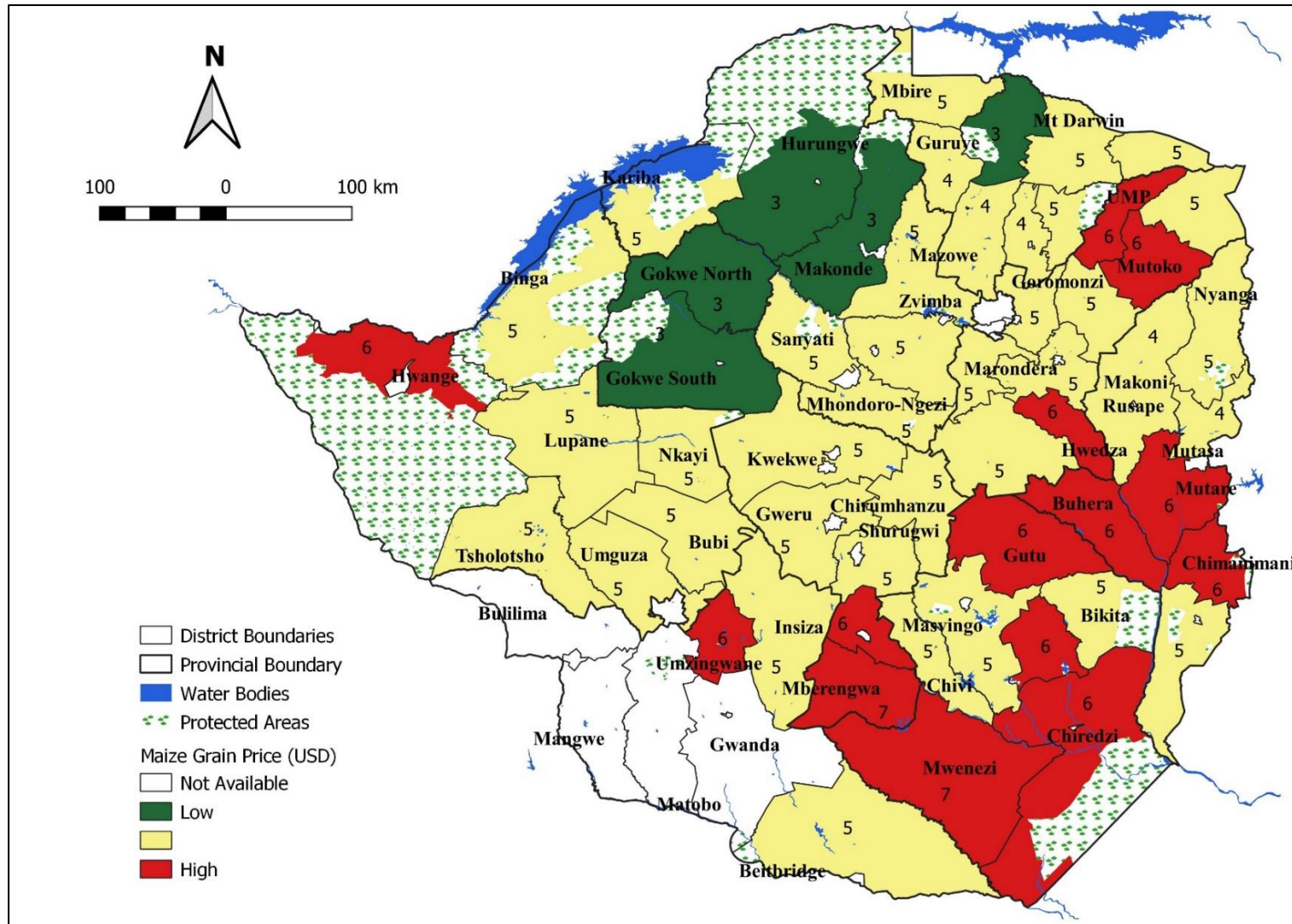
Households that Receive Livestock Advice from Extension Officers *(breakdown of the 56%)*



- Approximately 57% of households received livestock advice from extension officers. The remaining 7% did not own livestock.
- Of the households (57%) that received livestock advice, 82% were satisfied, 17% were somewhat satisfied and 1% were not satisfied with the quality of training.

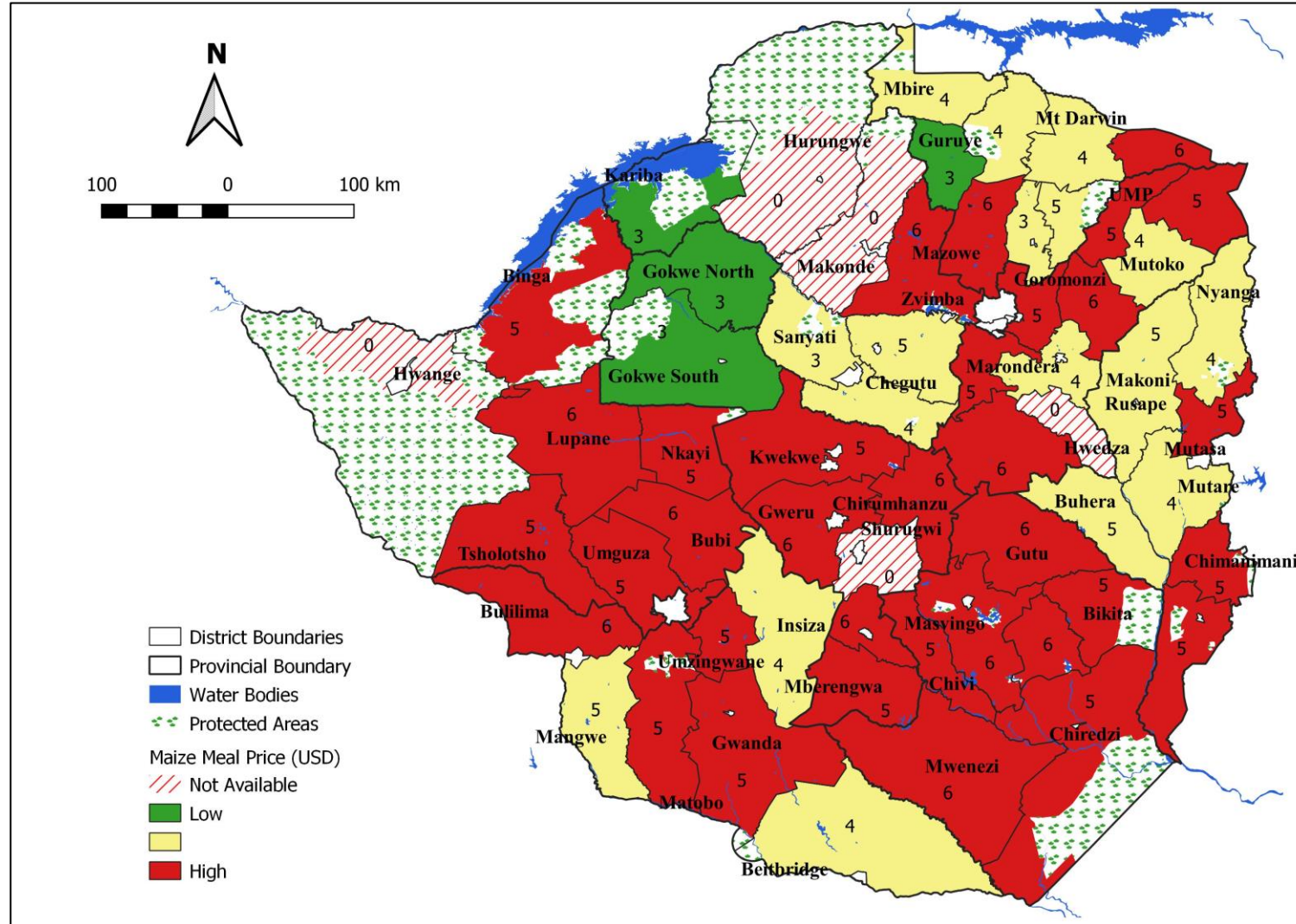
Agricultural Produce Markets

District Average Maize Grain Prices (USD)



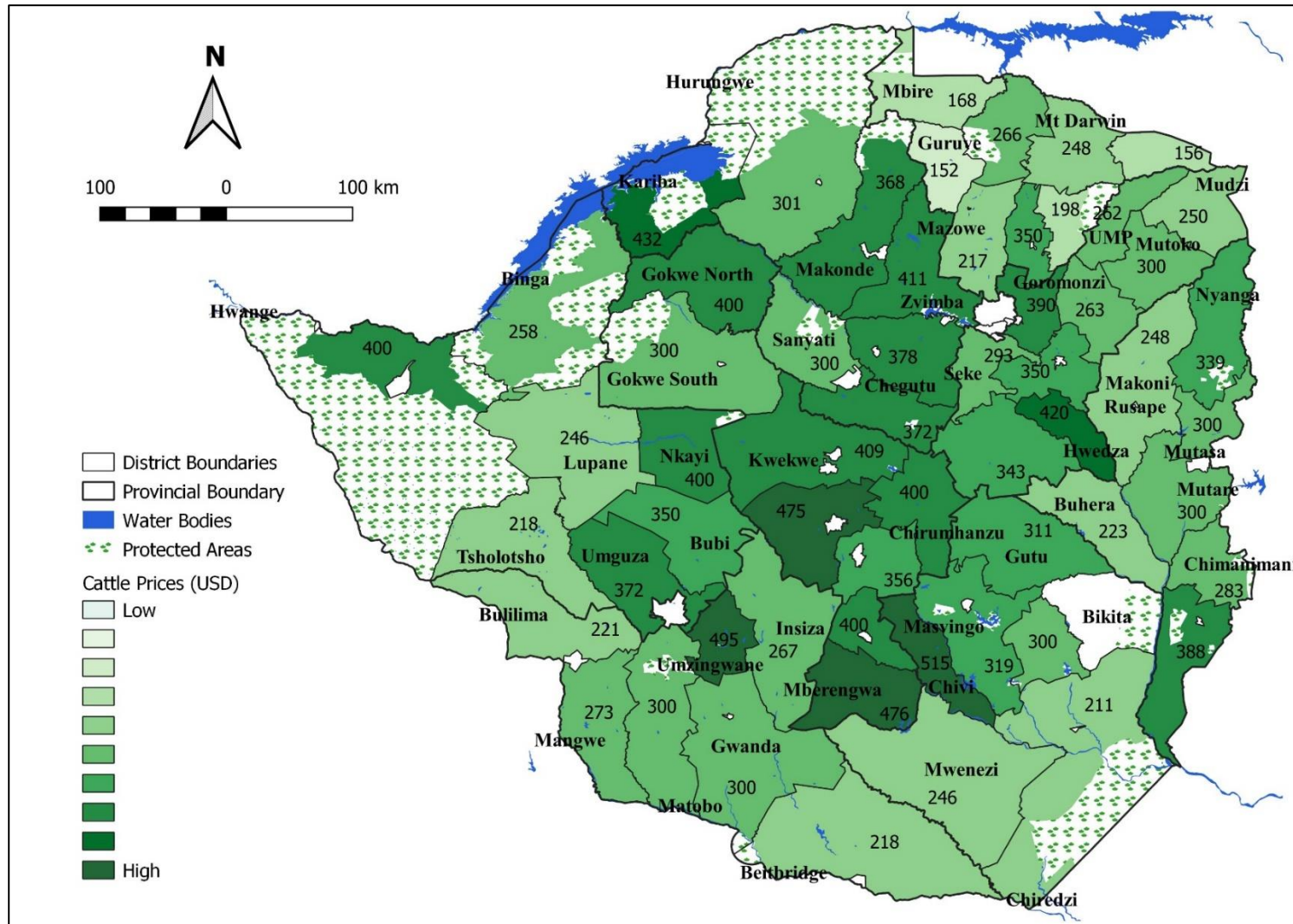
- Maize grain prices ranged from USD 3 to USD 7.3 per 20 litre bucket in April 2019.
- The lowest maize grain prices were reported in Gokwe North, Gokwe South, Makonde and Hurungwe (USD 3/ per 20 litre bucket).
- The highest prices were reported in Mberengwa (USD 7.3 per 20 litre bucket)
- Maize grain was not available at the time of the survey in Bulilima, Mangwe, Matobo, Gwanda and Bikita.

District Average Maize Meal Prices (USD)



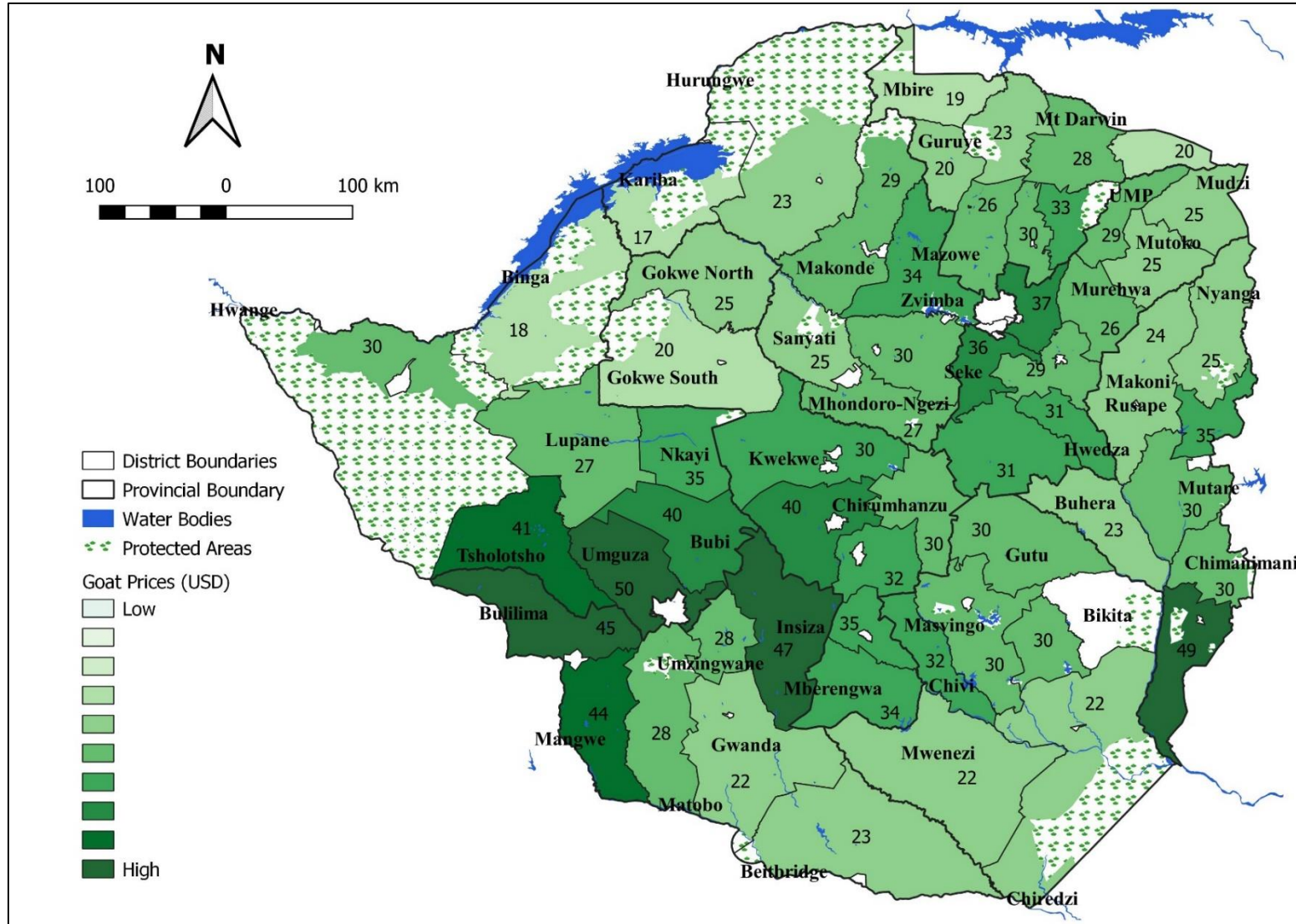
- Maize-meal prices ranged from USD 3 to 6 USD.
- In Makonde, Shurugwi, Hurungwe, Hwange and Hwedza, maize meal was not being sold on the market at the time of the survey.

District Average Cattle Prices (USD)



- The lowest average price for cattle was reported in Guruve (USD 152) while the highest was recorded in Chivi (USD 515).

District Average Goat Prices (USD)



- The lowest average price for goats was reported in Kariba (USD17) while the highest was recorded in Umguza (USD50).

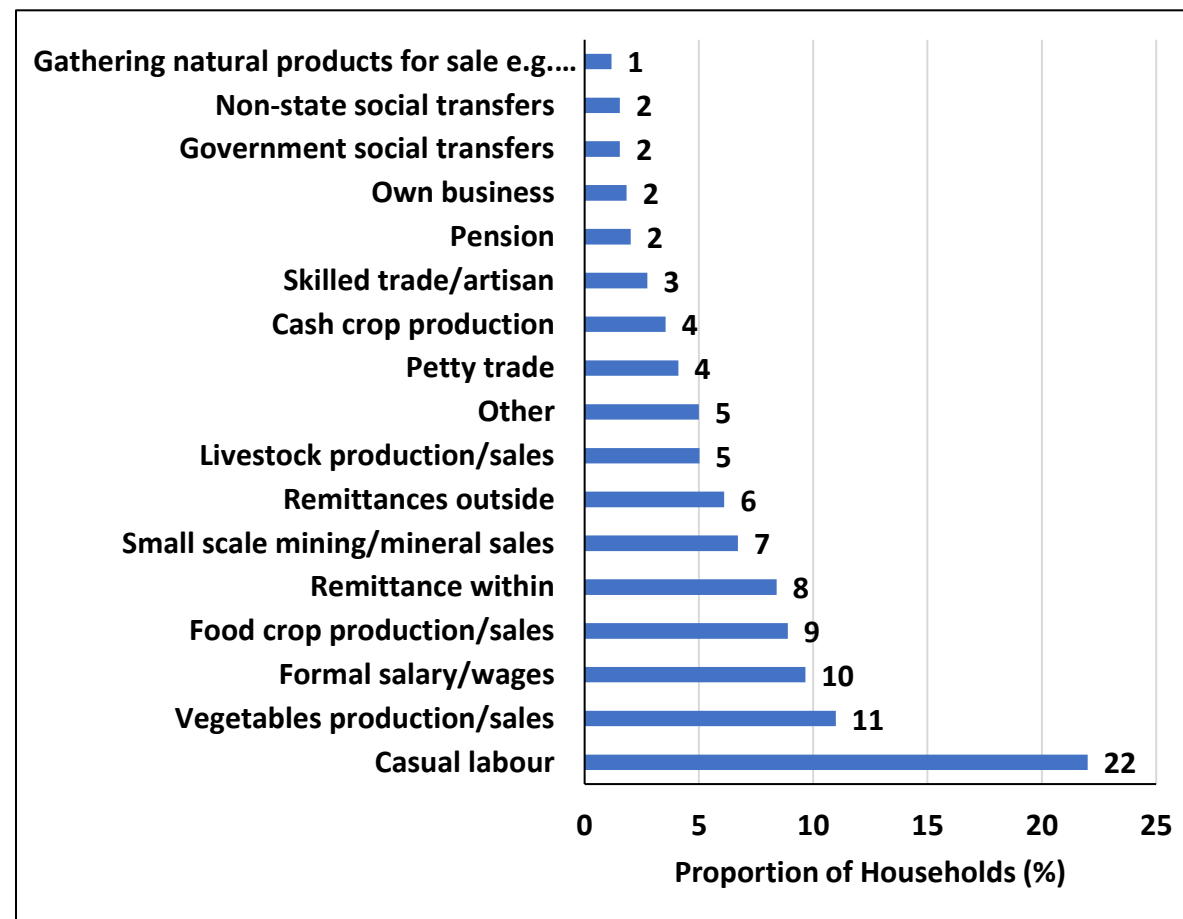
Income and Expenditure

Current Most Important Source of Income

2019

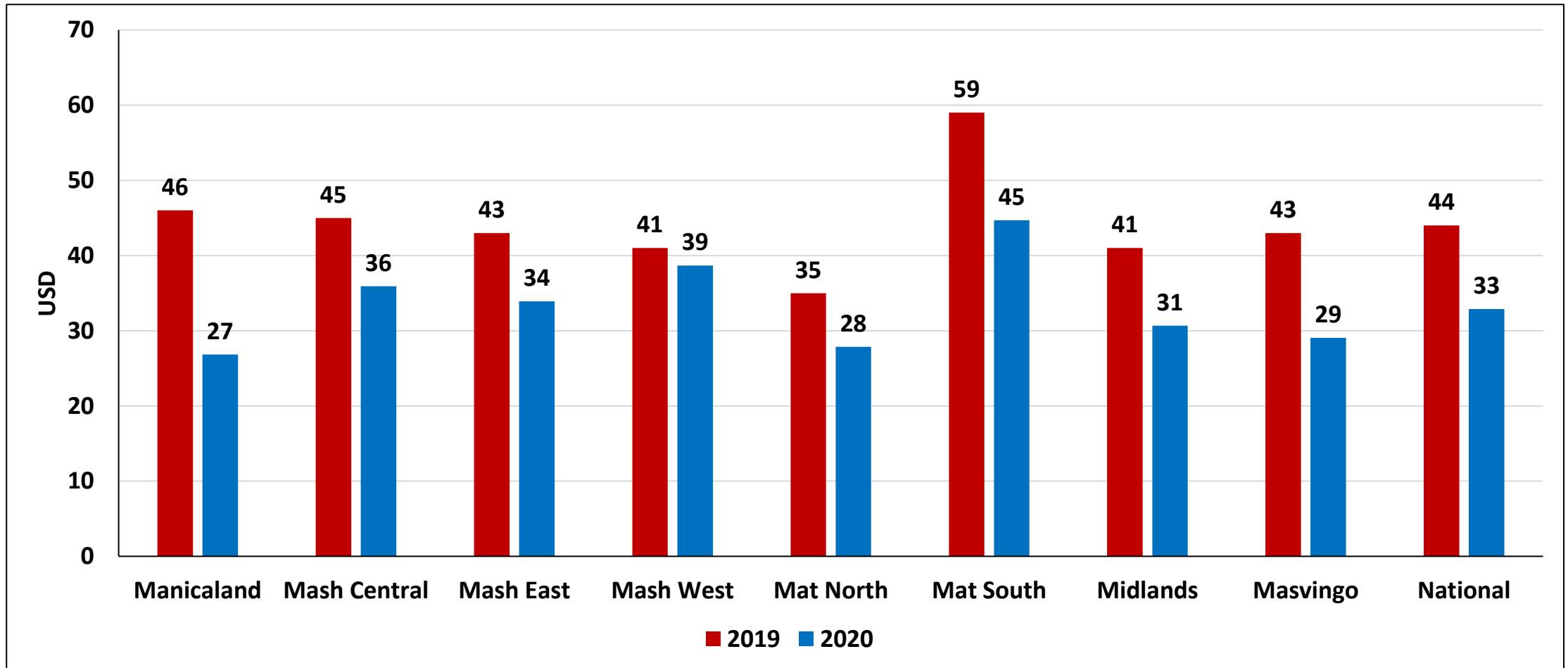


2020



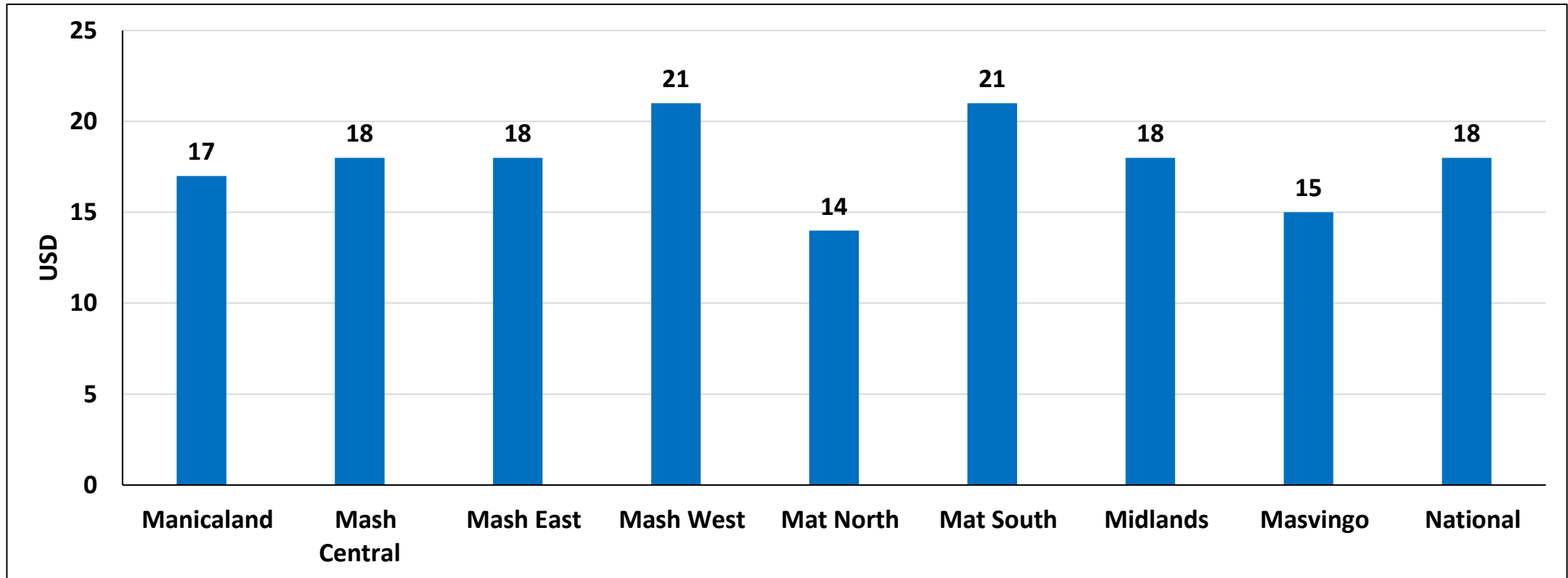
- Most households continue to rely on casual labour (22%) as the most important source of income, followed by vegetables production/sales (11%), formal salary/wages (10%), food crop production/sales (9%) and remittances (8%).

Average Household Monthly Income (USD) for April 2020



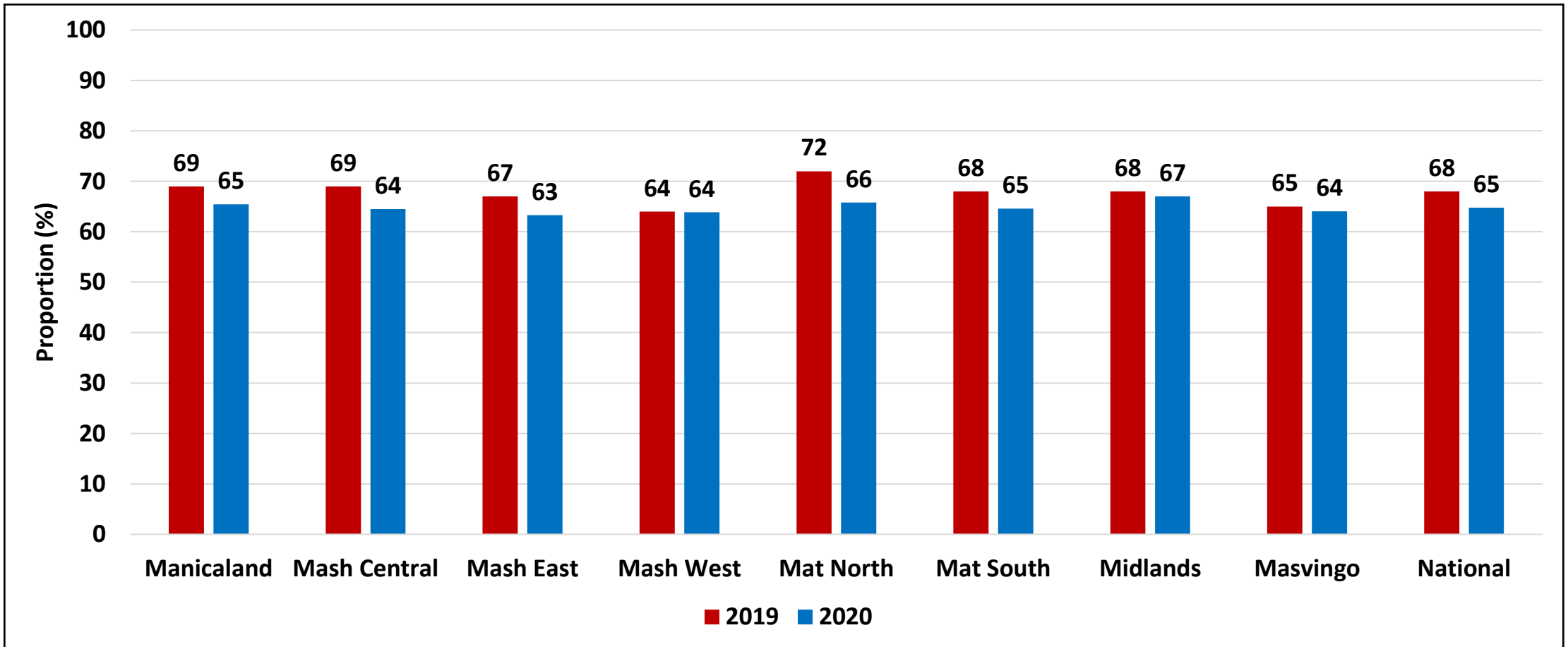
- Nationally, the household average monthly income decreased from USD 44 in 2019 to USD 33 in 2020.
- The lowest household average monthly income was in Manicaland (USD 27) and the highest was in Matabeleland South (USD 45).

Average Household Monthly Expenditure (USD) for April 2020



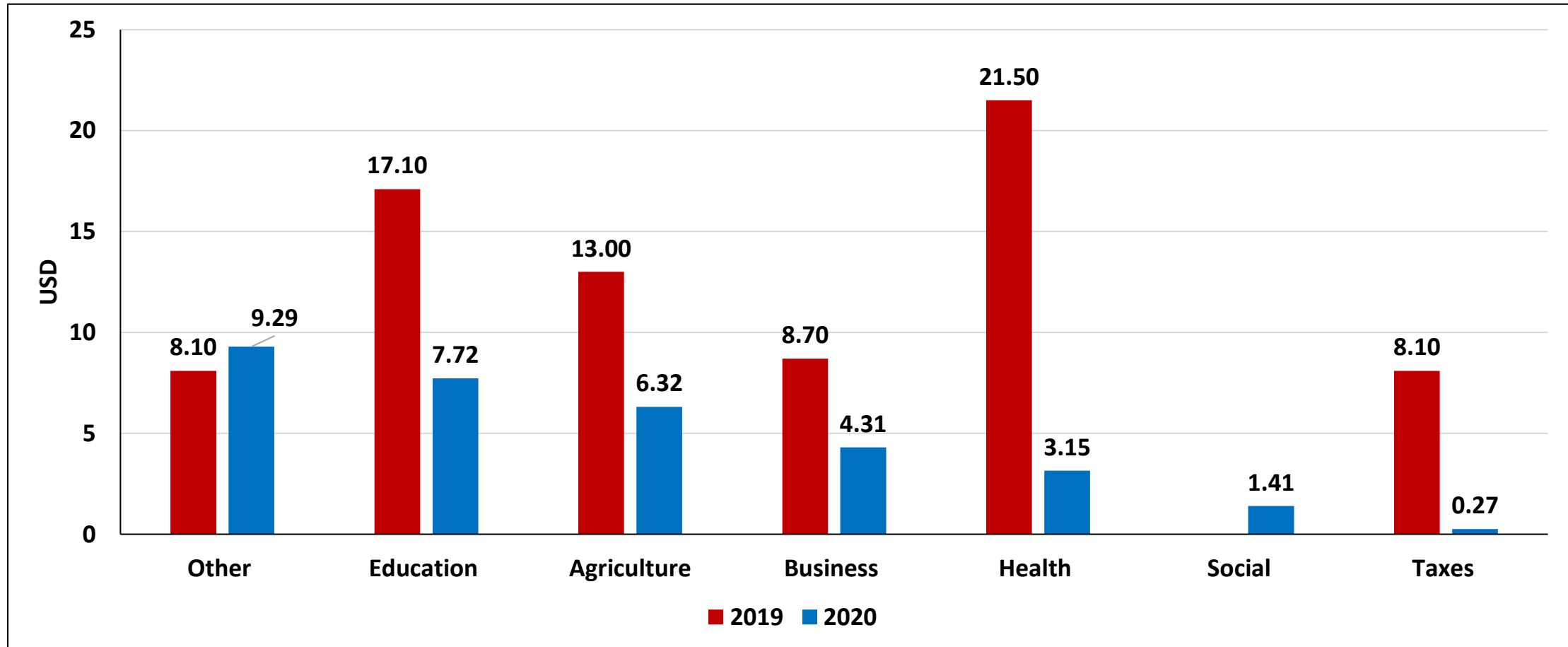
- Average expenditure for the month of April was USD 18.
- Matabeleland North (USD 14) reported the lowest expenditure.

Food Expenditure Ratio



- The proportion of food expenditure decreased from 68% in 2019 to 65% in 2020.
- This means that households have less to spend on other essential services such as health and education.

Average Household 6 Month Expenditure



- The highest expenditure was on education (USD 7.72) and agriculture (USD 6.32).
- Other expenses include funerals, construction costs and loan repayments.

Water, Sanitation and Hygiene (WASH)

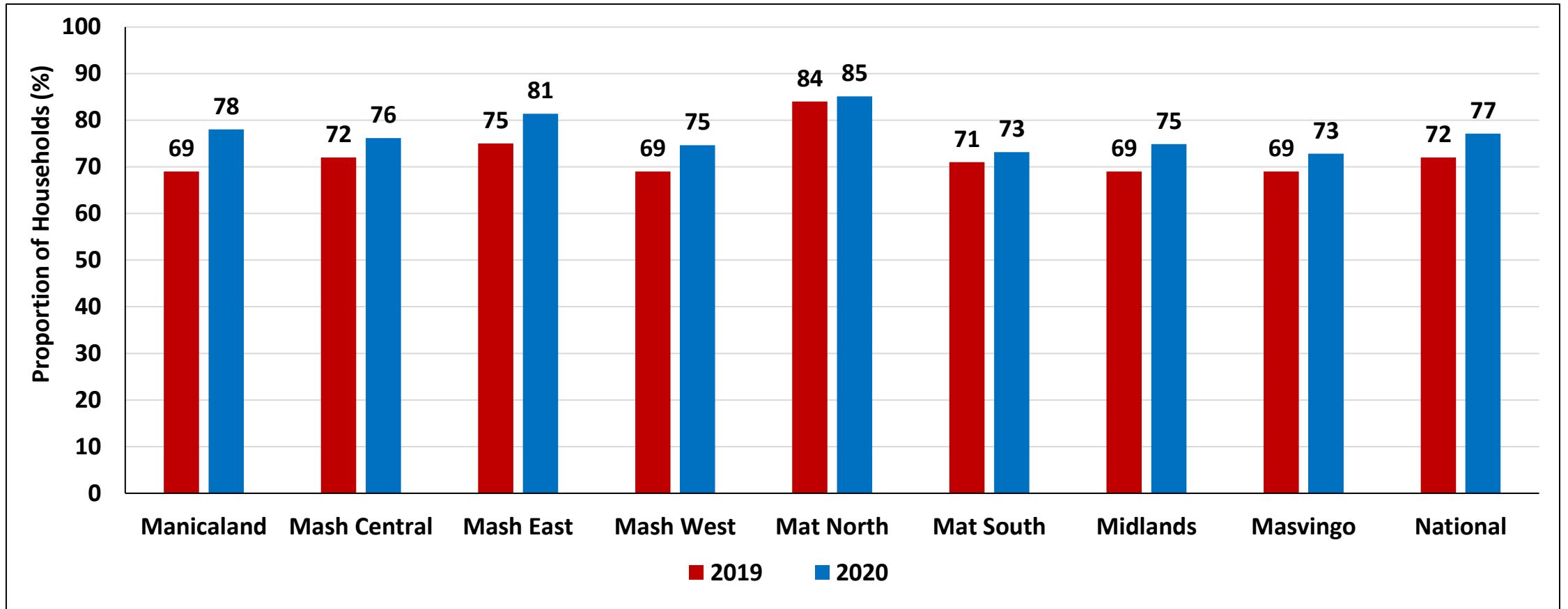
Ladder for Drinking Water Services

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.

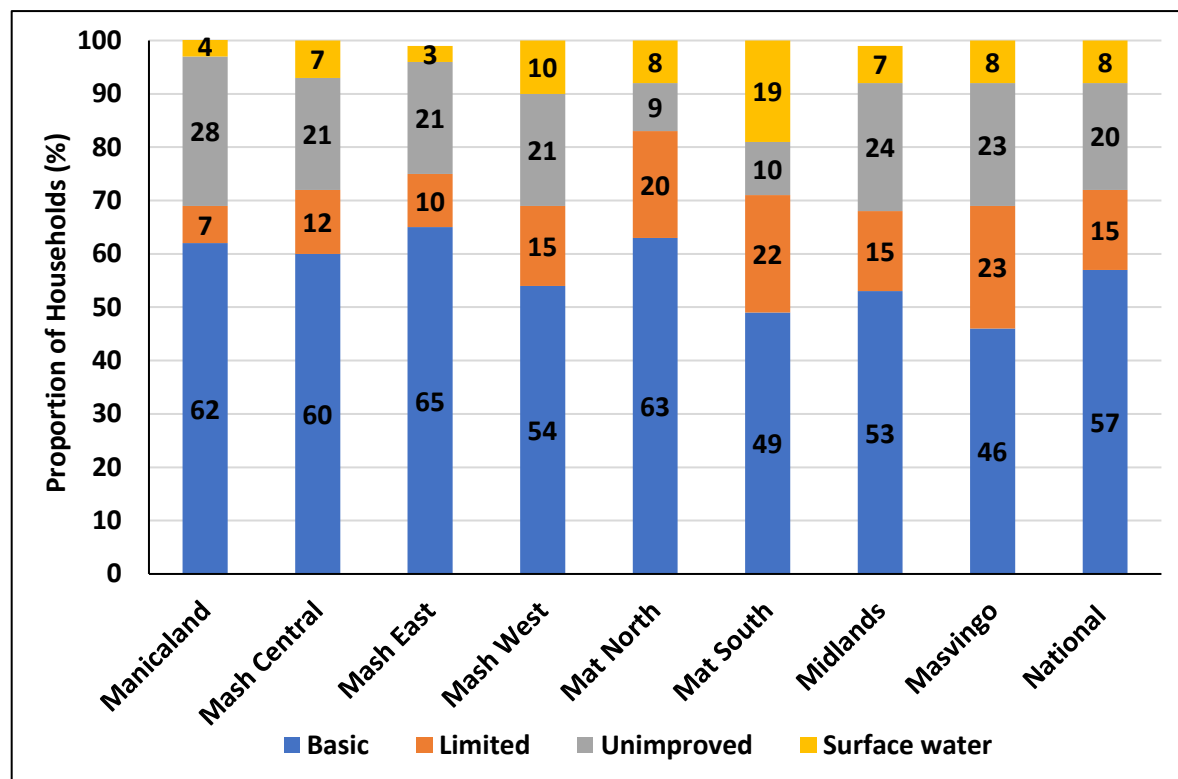
Access to Improved Water



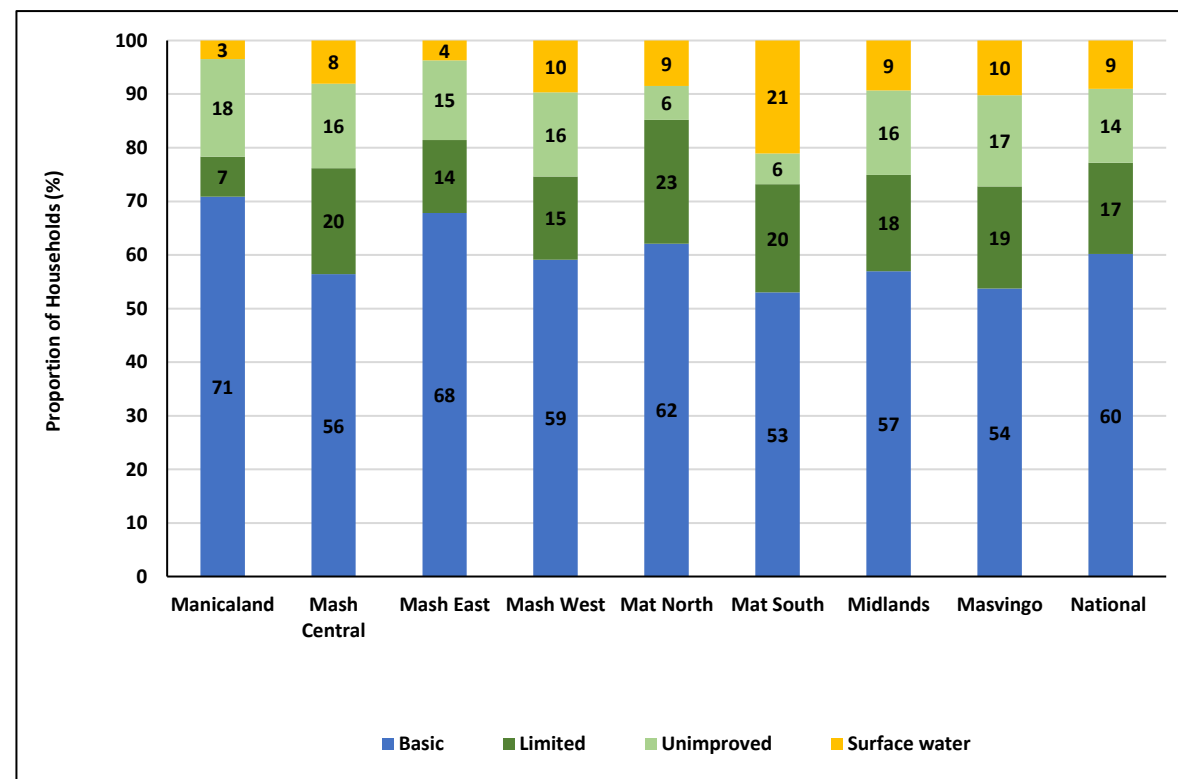
- Nationally, the proportion of households that had access to improved water increased from 72% in 2019 to 77% in 2020.
- Matabeleland North (85%) and Matabeleland South (73%) had the highest proportion of households with access to improved water. Masvingo (73%) had the least access to improved water.

Main Drinking Water Services

2019



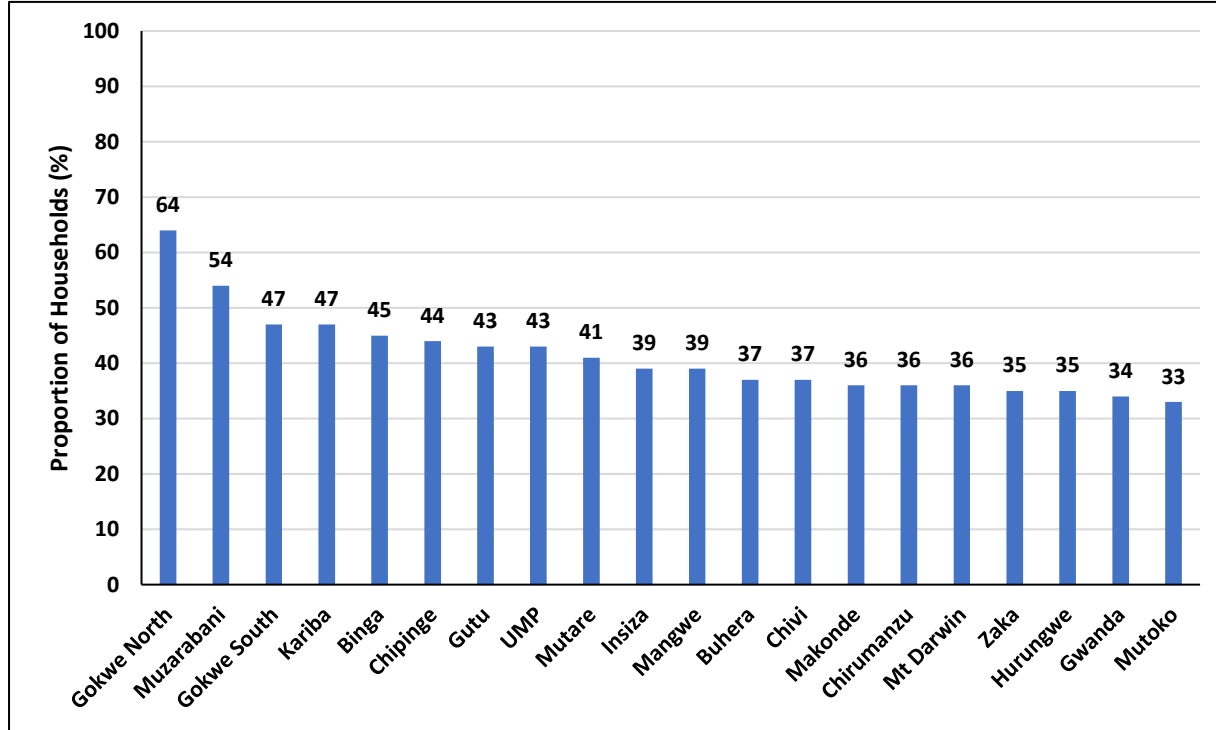
2020



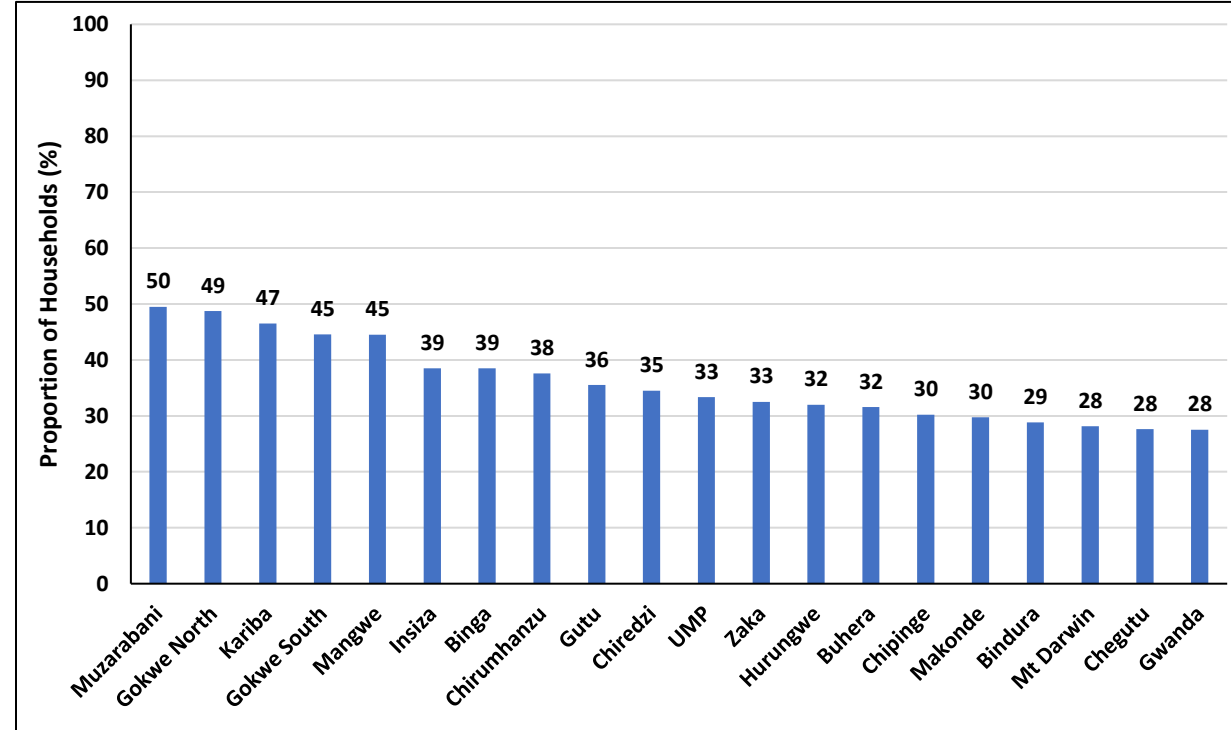
- Nationally, there was an increase in the proportion of households accessing basic drinking water services from 57% in 2019 to 60% in 2020.
- There was a decrease in the proportion of households using unimproved water sources from 20% in 2019 to 14% in 2020.
- Matabeleland South continues to have the highest proportion of households accessing surface water (21%).

Top 20 Districts with Households Using Unimproved Water Sources

2019

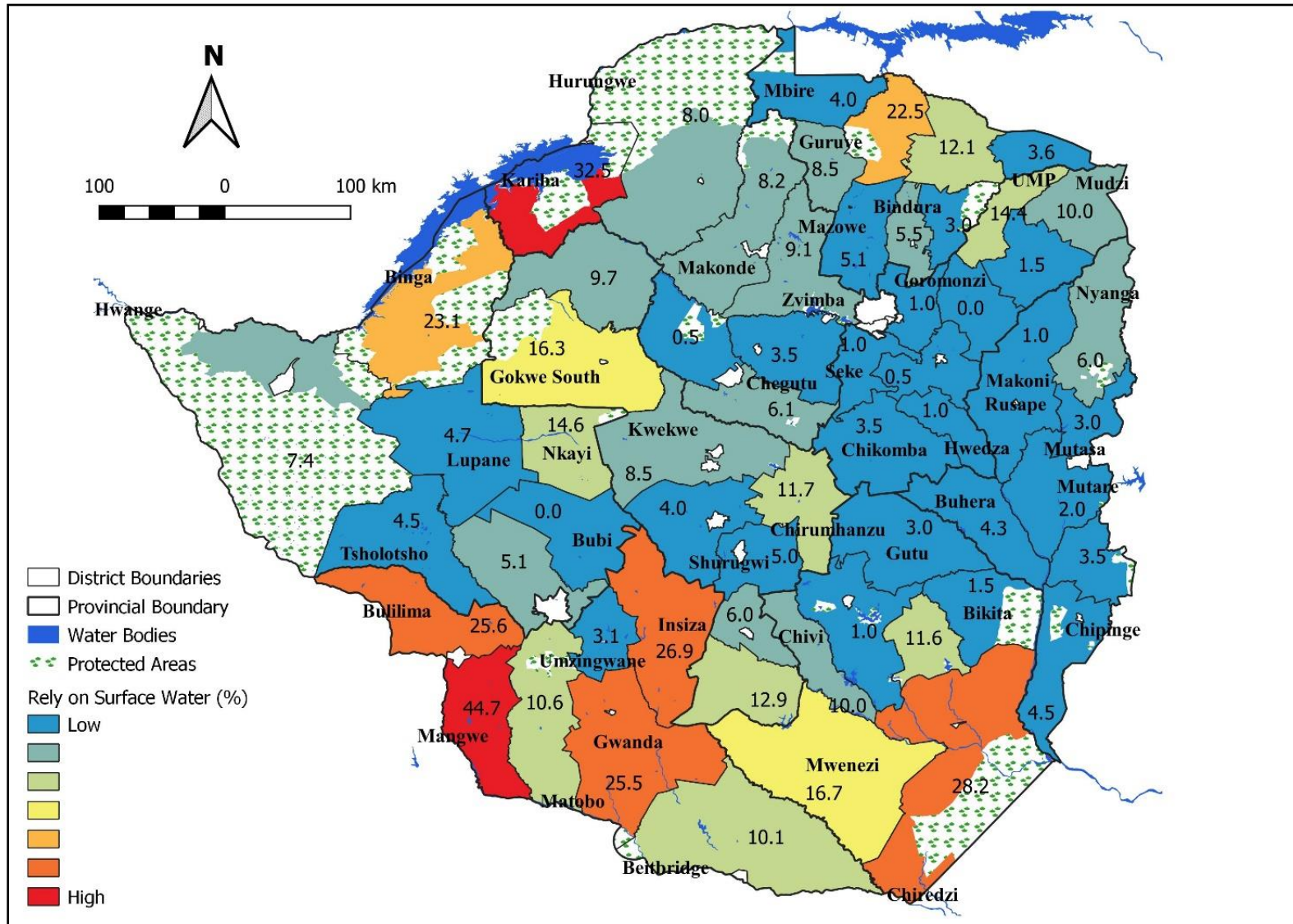


2020



- Except for Bindura and Chegutu, the top 20 districts with households using unimproved water sources in 2020 remained the same as the top 20 districts from the 2019 RLA.
- Muzarabani (50%) and Gokwe North (49%) had the highest proportion of households using unimproved water sources.

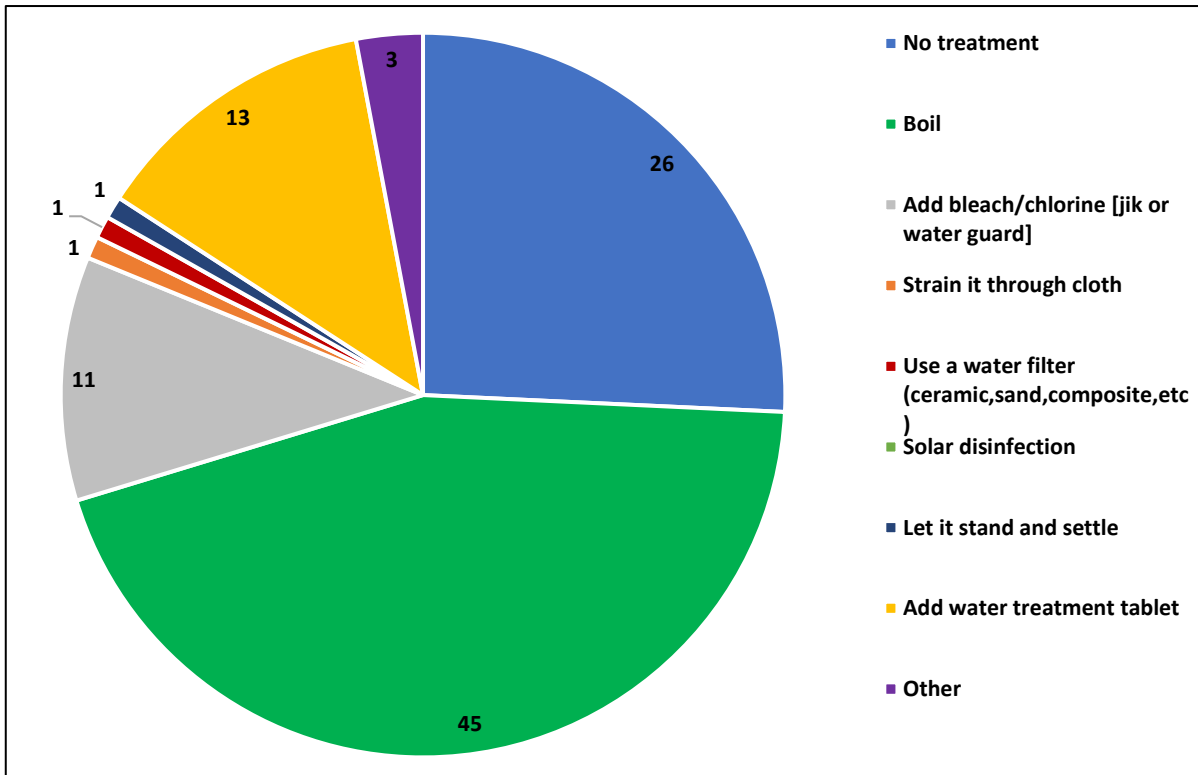
Households Drinking Surface Water By District



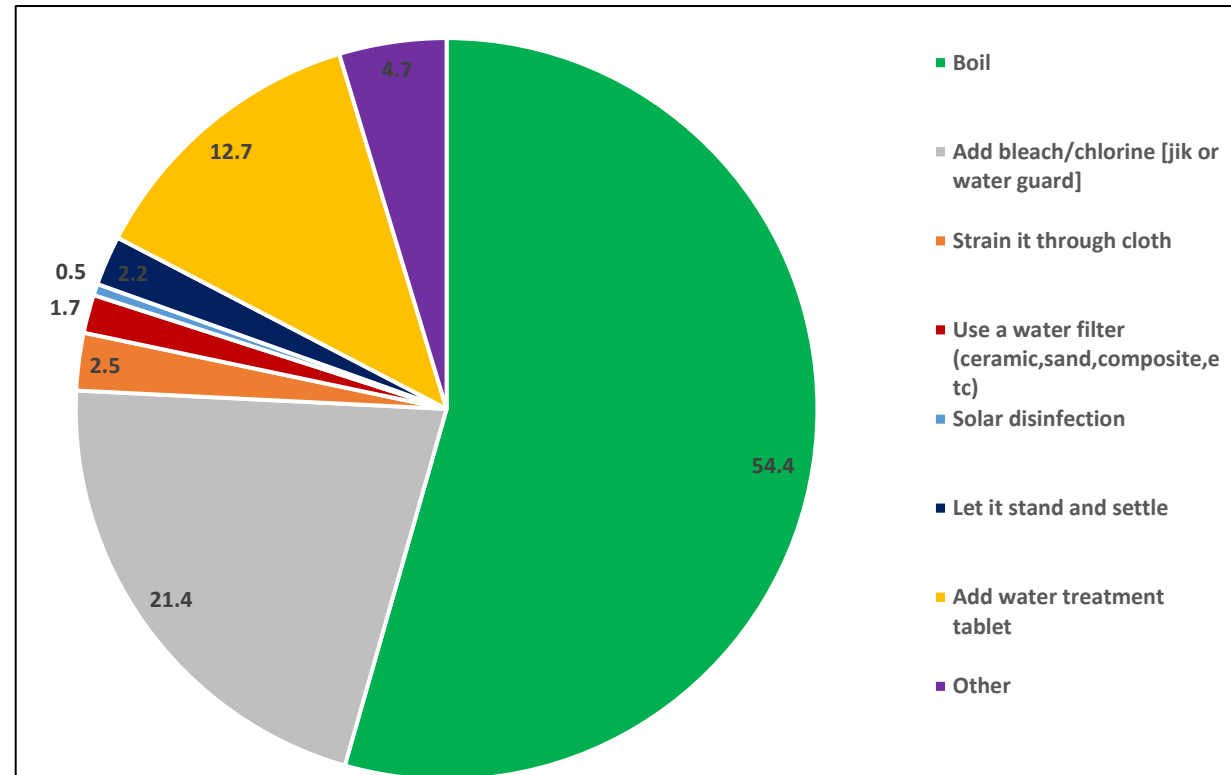
- Mangwe (44.7%) and Kariba (32.5%) had the highest proportions of households drinking surface water.
- This is a cause for concern as surface water is considered unsafe for drinking if it is not treated properly.

Methods for Treating Drinking Water

2019

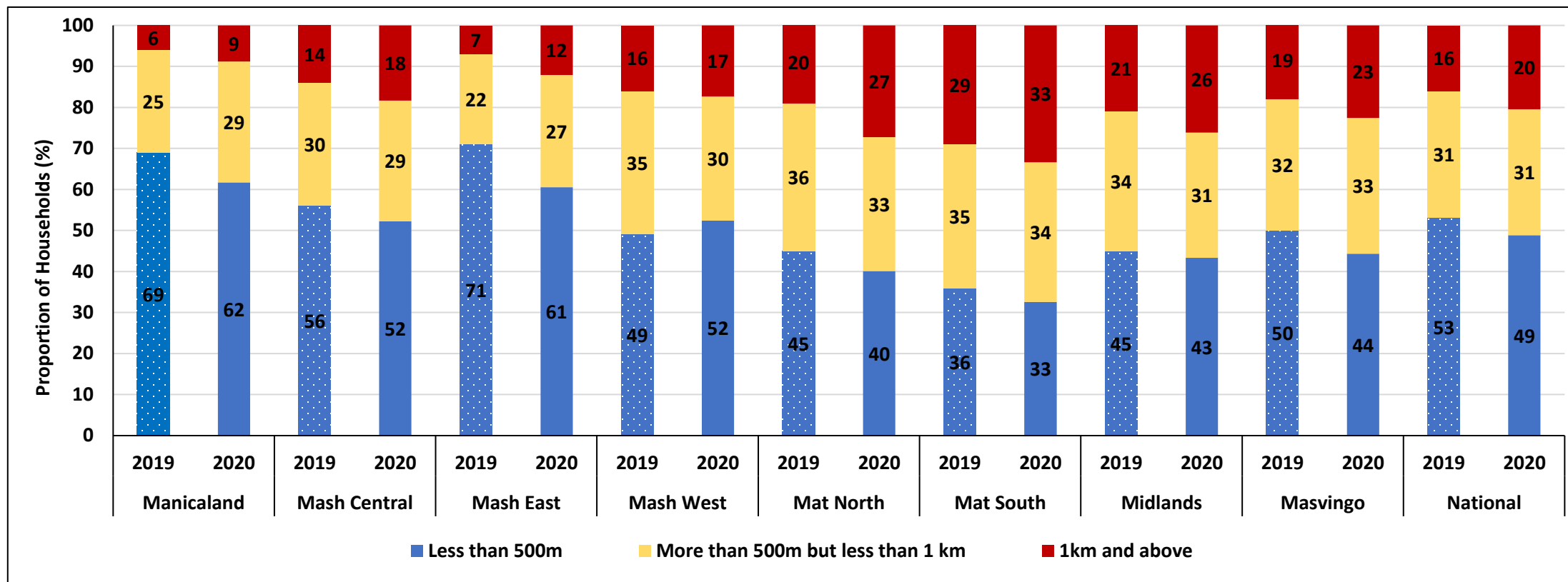


2020



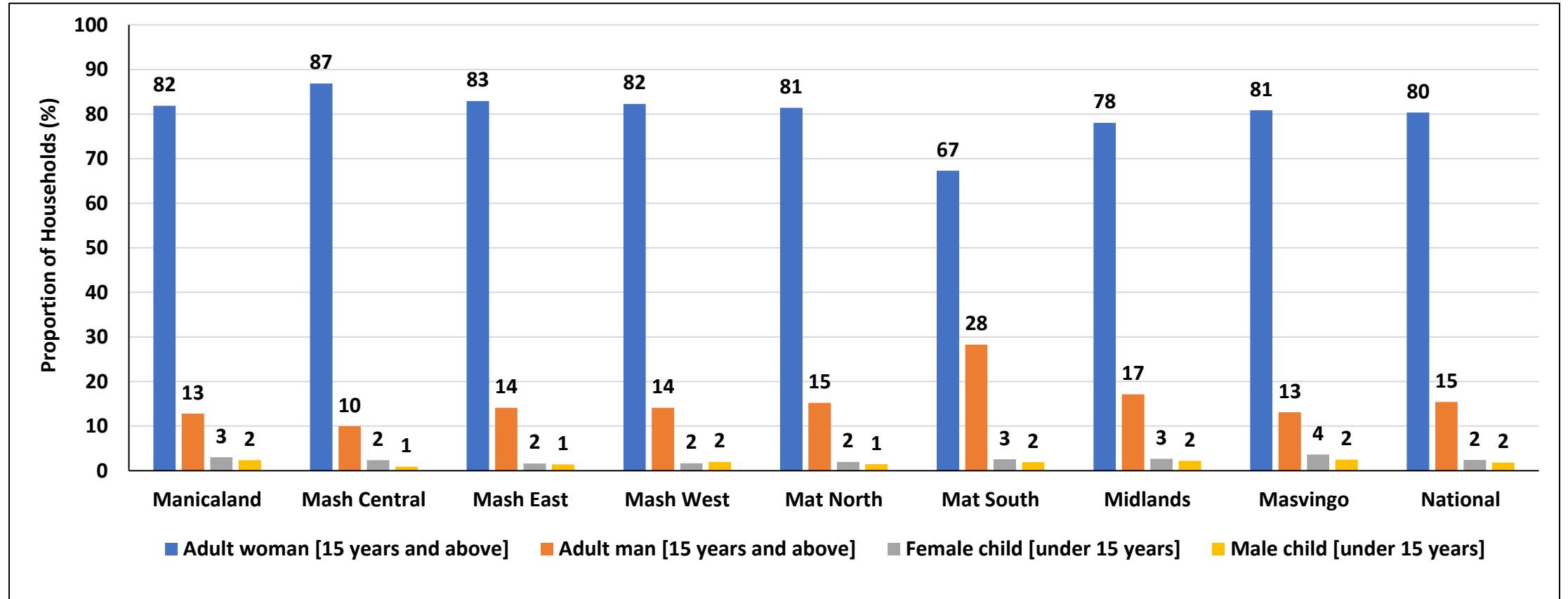
- Boiling of water (54.4%) was the most common water treatment method used. The proportion of households using this method was higher than that of 2019 (45%).
- The proportion of households treating drinking water using bleach/chlorine increased from 11% in 2019 to 21.4% in 2020.
- It is commendable that most of the surveyed households were drinking safe water as compared to 2019.

Distance Travelled to Main Water Source



- Nationally, there was an increase in the proportion of households travelling distances more than 1 km to the main water source; from 16% in 2019 to 20% in 2020.
- The highest proportion of households travelling distances more than 1 km was in Matabeleland South (33%) and lowest in Manicaland (9%).
- The increased distances to the main water source can be attributed to the breaking down of boreholes and drying up of most water sources in the rural areas, e.g. rivers, wells and boreholes due to poor rains experienced in 2019/2020 rain season.

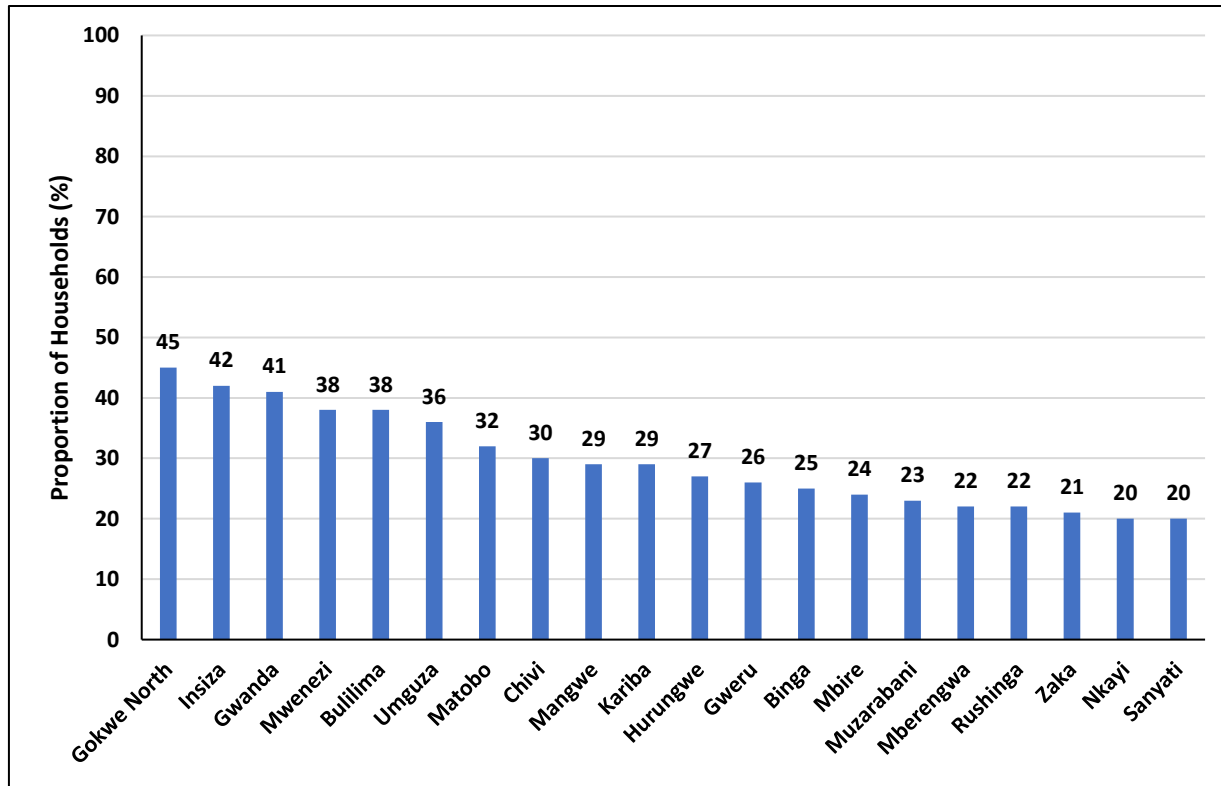
Fetching of Water for Cooking and Drinking



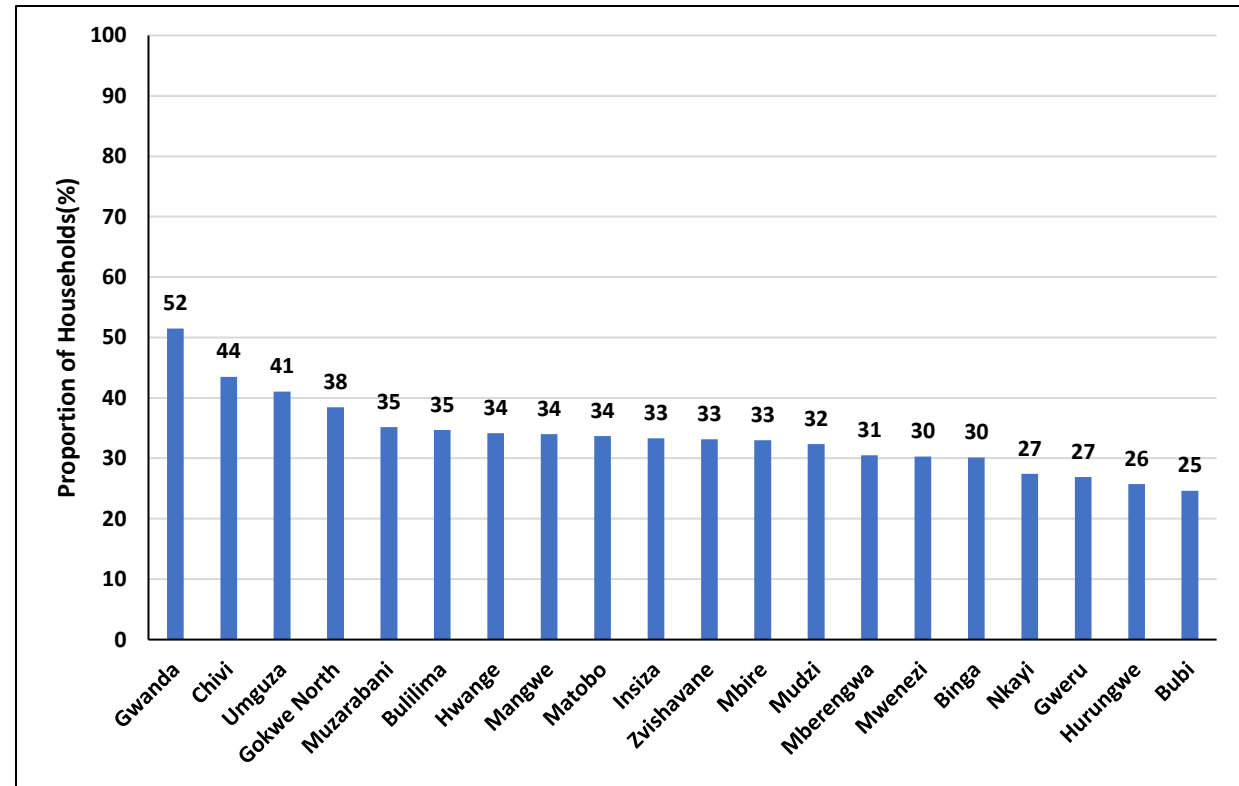
- Nationally, the role of fetching water for drinking and cooking was performed mostly by women (80%).
- Matabeleland South (28%) had the highest proportion of households in which cooking and drinking water is fetched by men. This can be attributed to Matabeleland South having the highest proportion of households that travelled distances more than 1 km (33%) to the water source as previously observed.

Top 20 Districts Travelling More than 1km to Water Points

2019



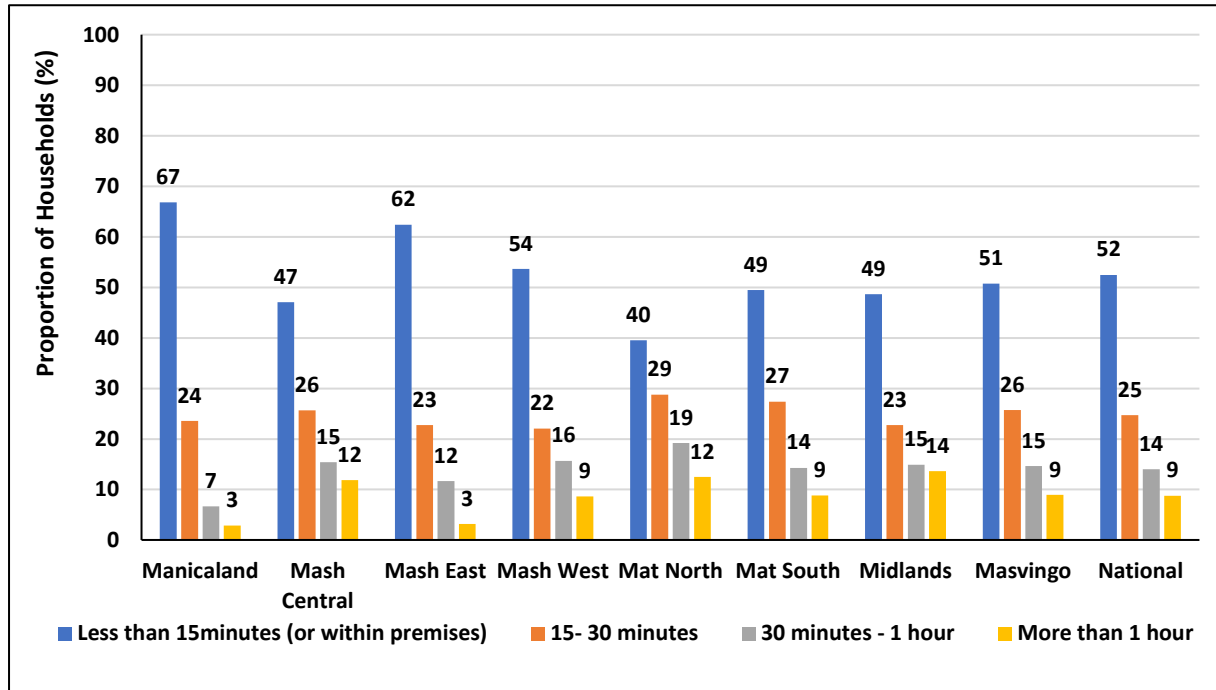
2020



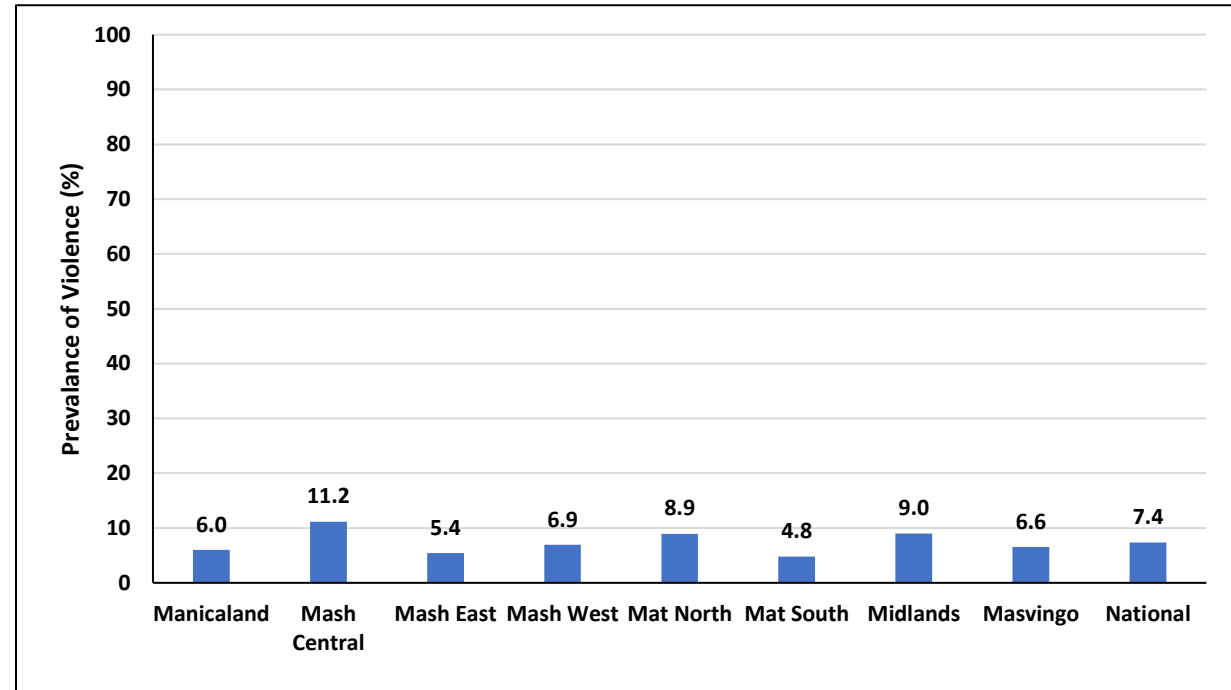
- Gwanda (52%) and Chivi (44%) had the highest proportion of households travelling more than 1 km to water points and Bubi district (25%) had the least proportion among the top 20 districts.

Time Spent Queuing at Water Source and Prevalence of Violence

Time Spent Queuing At Water Source

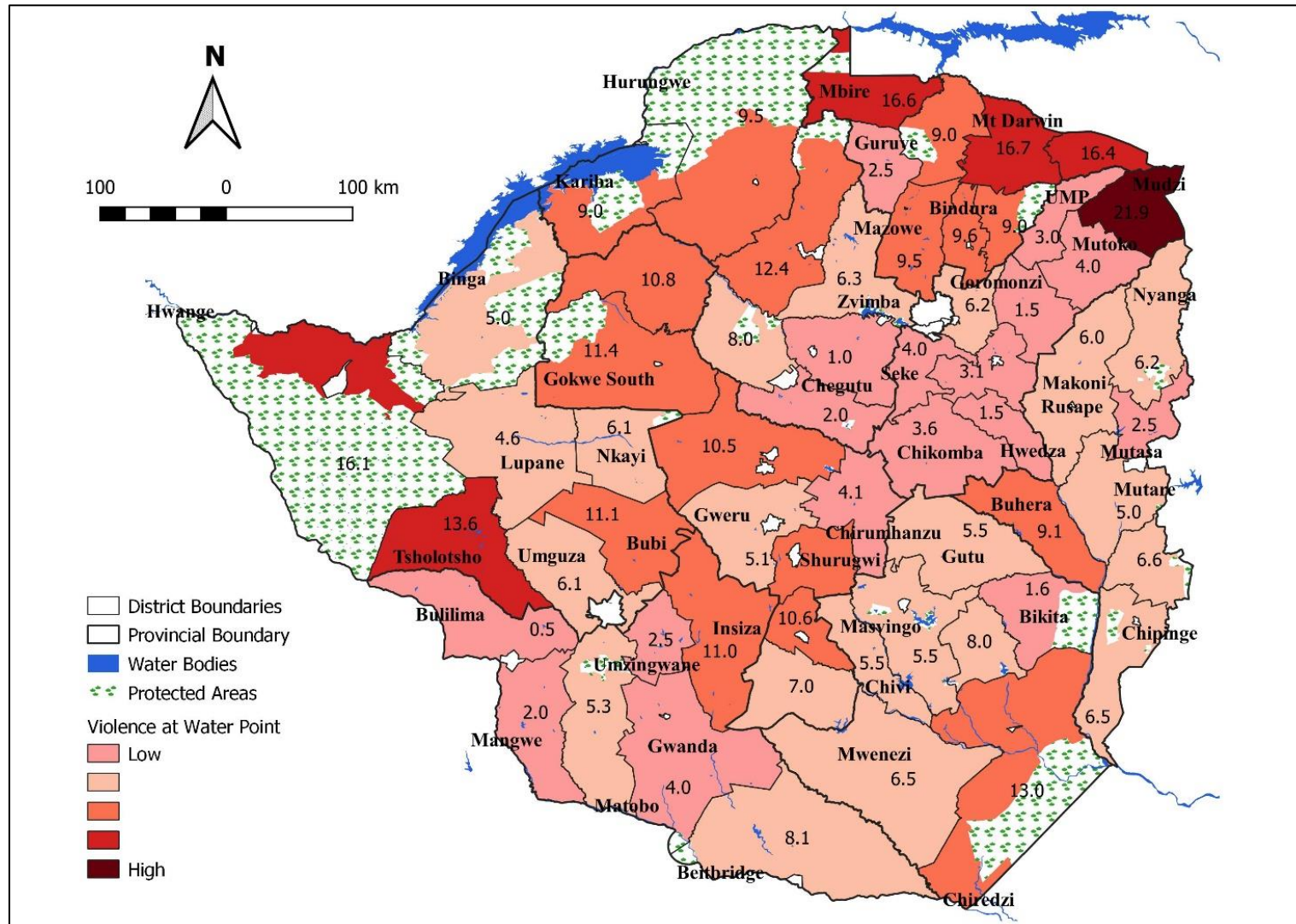


Prevalence of Violence at Water Source



- Nationally, 9% of the surveyed households spent more than an hour queuing at a water source.
- Midlands (14%) had the highest proportion of households that spent more than an hour queuing at a water source and Manicaland (3%) and Mashonaland East (3%) had the lowest.
- Mashonaland Central (11.2%) had the highest prevalence of violence at water sources and Matabeleland South had the least (4.8%).
- The majority of provinces where most households spent more than 1 hour queuing for water also reported higher prevalence of violence at water sources.

Prevalence of Violence at Water Points by District

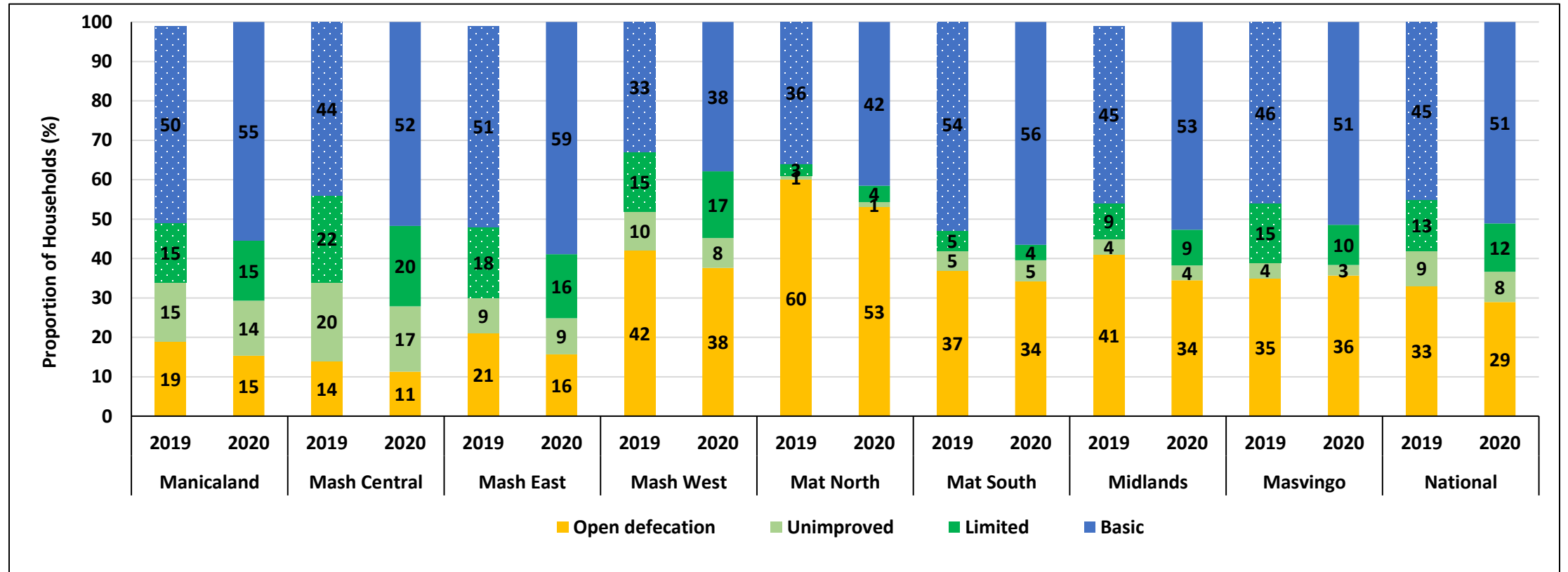


- Mudzi (21.9%), Mt Darwin (16.7%) and Mbire (16.6%) had the highest proportion of households that had experienced some form of violence at a water point.

Ladder for Sanitation

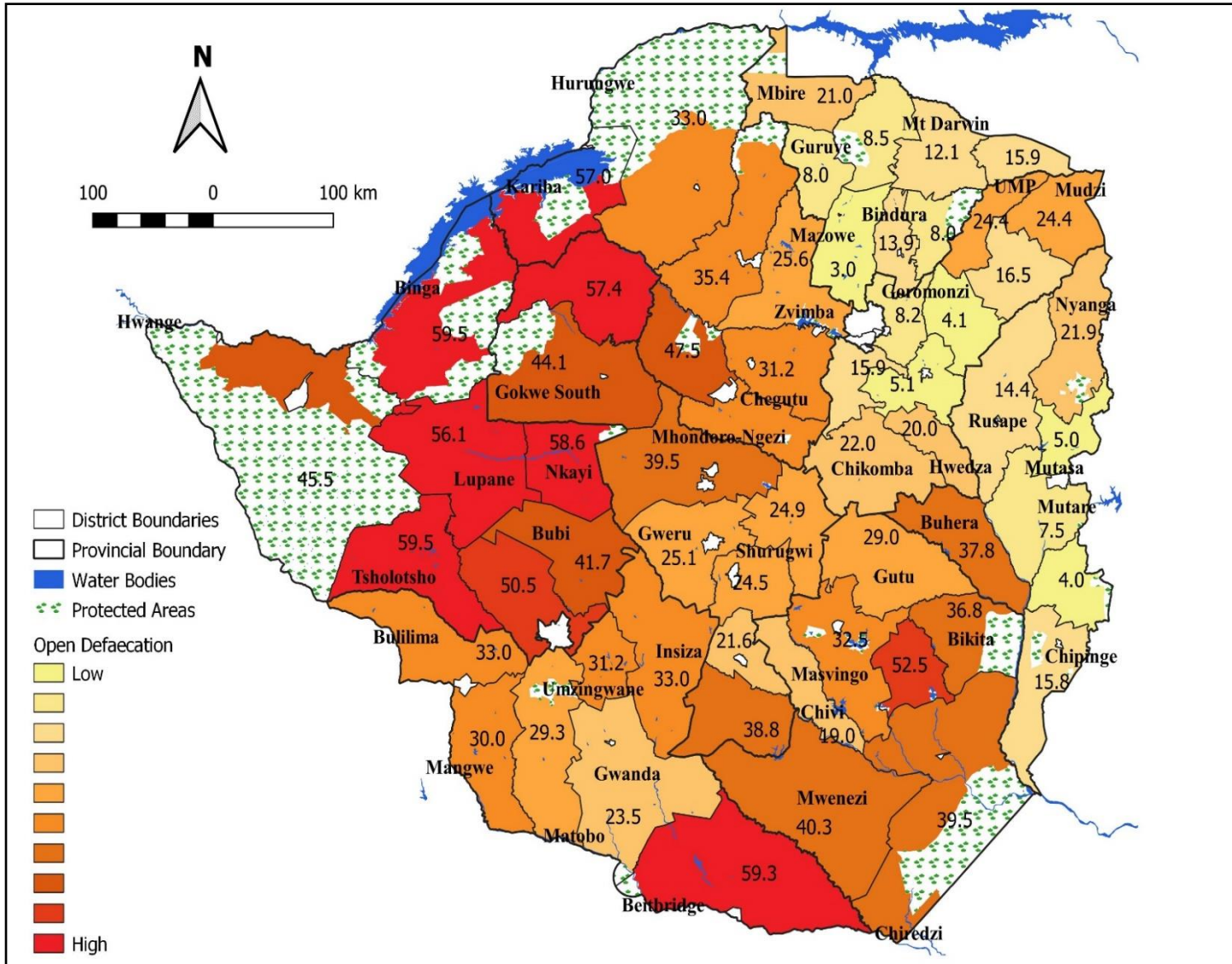
Service level	Definition
Safely Managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite.
Basic Sanitation Facilities	Use of improved facilities which are not shared with other households.
Limited 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



- Nationally, the proportion of households practising open defecation decreased from 33% in 2019 to 29% in 2020.
- Matabeleland North (53%) had the highest proportion of households practising open defecation and Mashonaland Central (11)% had the lowest.
- The proportion of households with basic sanitation services increased from 45% in 2019 to 51% in 2020.
- Mashonaland East (59%) had the highest proportion of households with basic sanitation services and Mashonaland West (38%) had the lowest.

Open Defecation by District



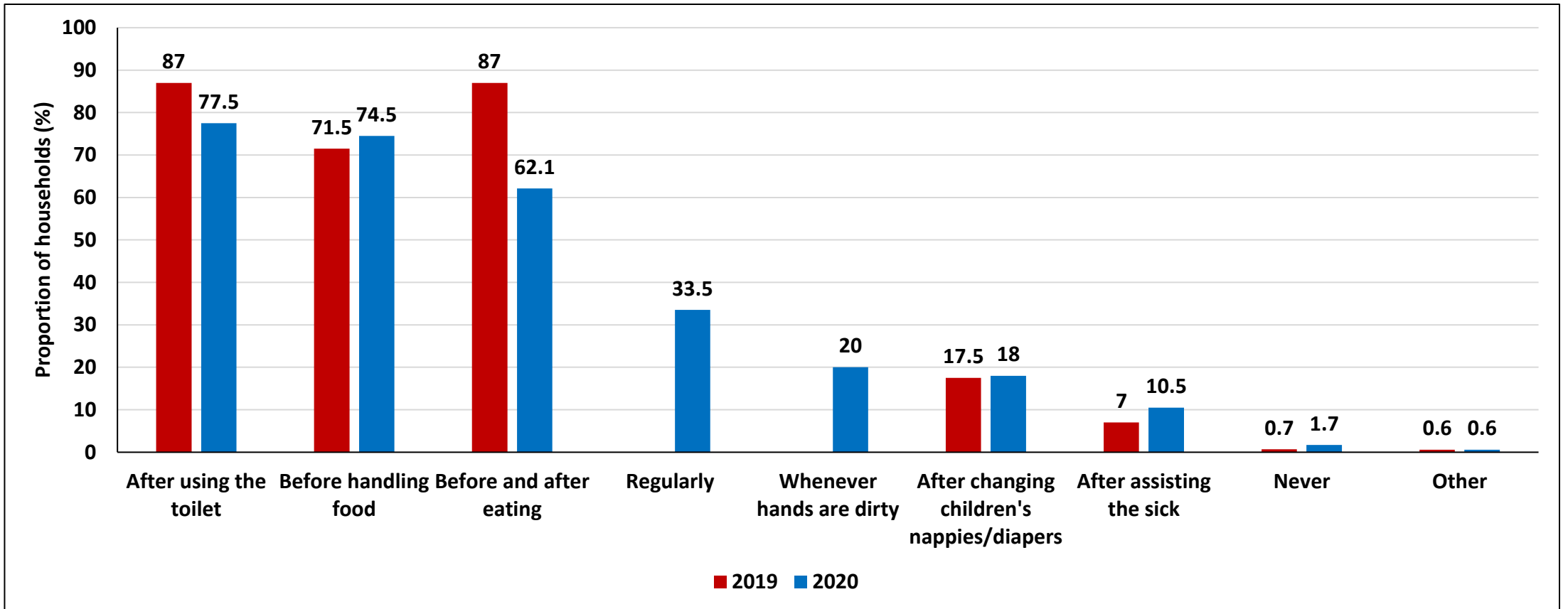
- Binga (59.5%), Tsholotsho (59.5%) and Beitbridge (59.3%) had the highest proportion of households practicing open defecation.
- All districts in Matabeleland North had over 40% of the households practicing open defecation.
- This picture of high open defecation in Matabeleland North has been consistently high and is worrisome.
- There is need for urgent action to reduce the proportion of households practicing open defecation.

Ladder for Hygiene

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

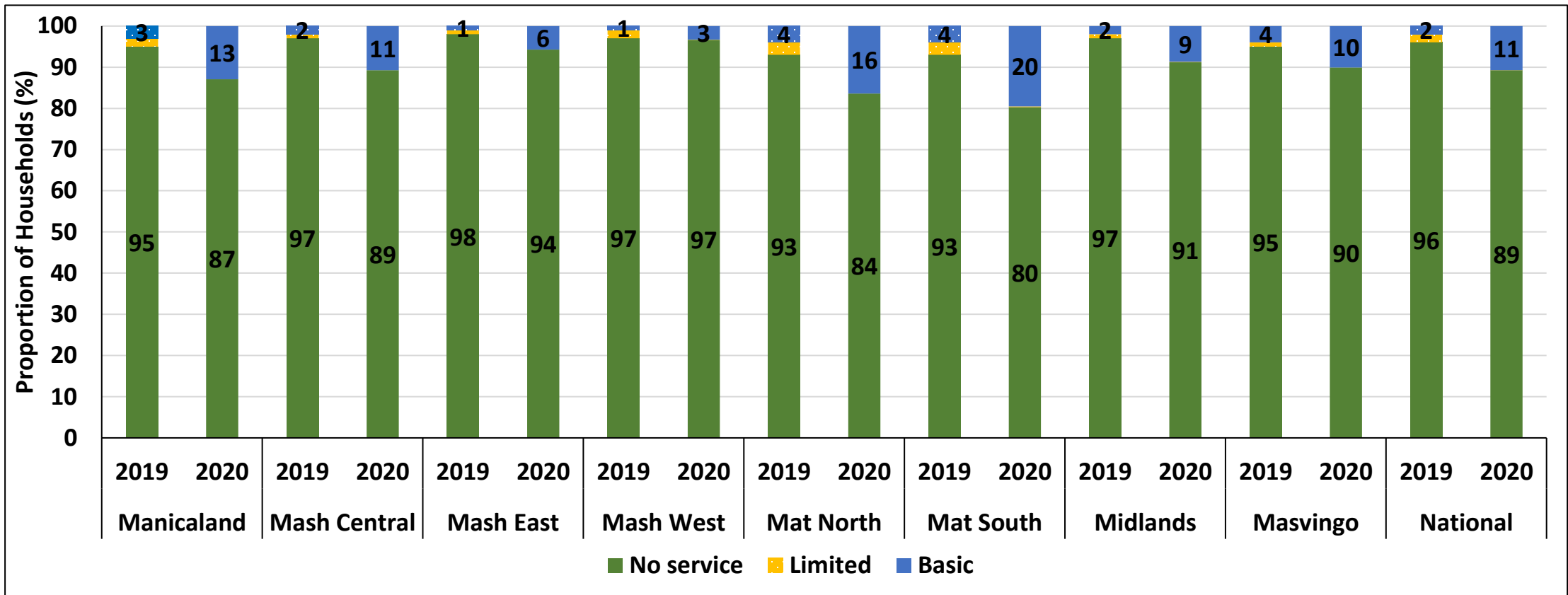
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Handwashing Practices at Critical Times



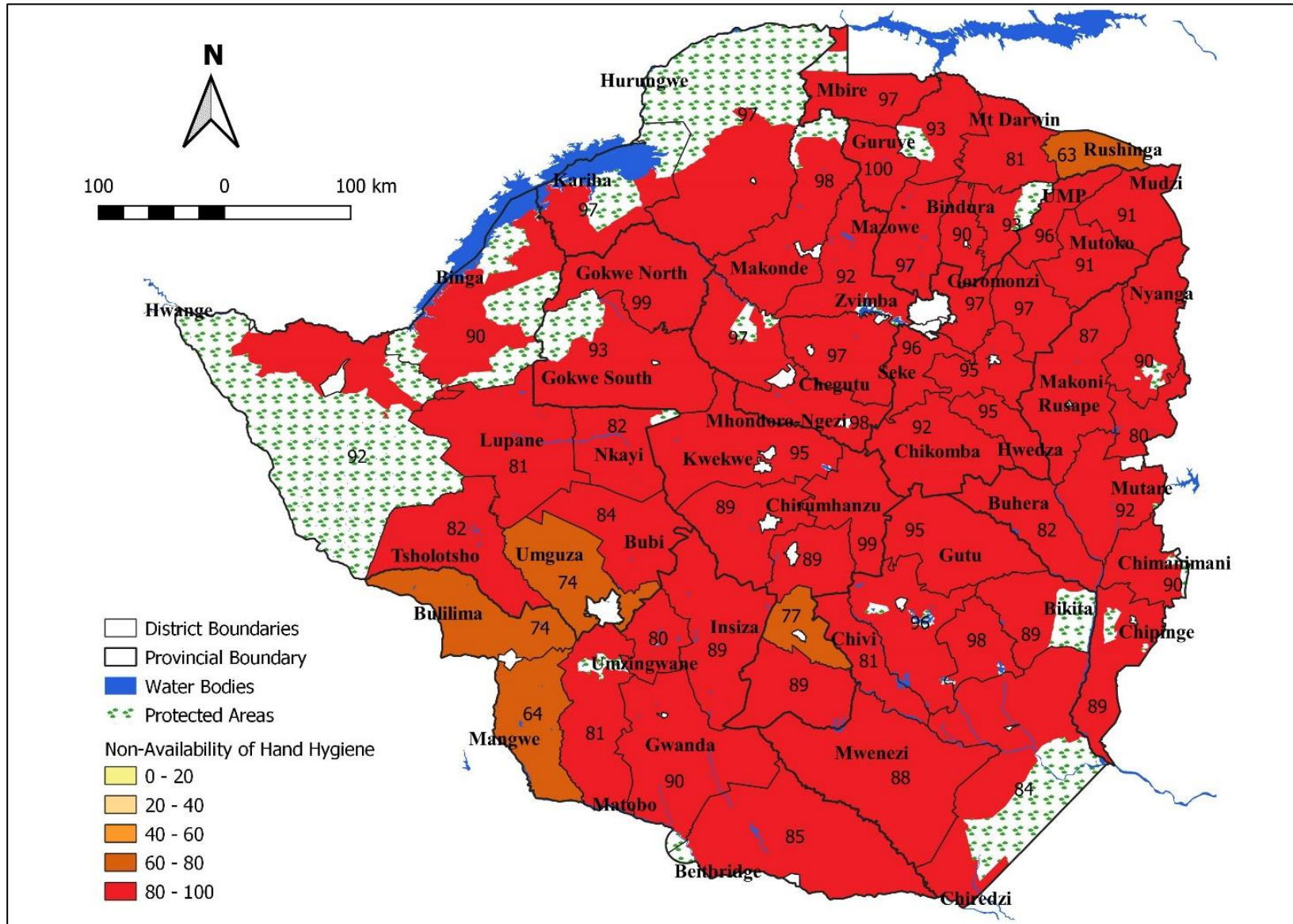
- Handwashing was commonly practised after using the toilet (77.5%), before handling food (74.5%) and before and after eating (62.1%).
- Regular washing of hands (33.5%) was also a common practice and this can be attributed to the households' awareness of COVID-19 preventive measures.

Availability of Hygiene Services



- Nationally, there was a decrease in the proportion of households without hygiene services; from 96% in 2019 to 89% in 2020.
- Mashonaland West (97%) had the highest proportion of households without hygiene services and Matabeleland South (80%) had the lowest.
- The proportion of households with basic hygiene services increased from 2% in 2019 to 11% in 2020.

Non-availability of Hygiene Services by District

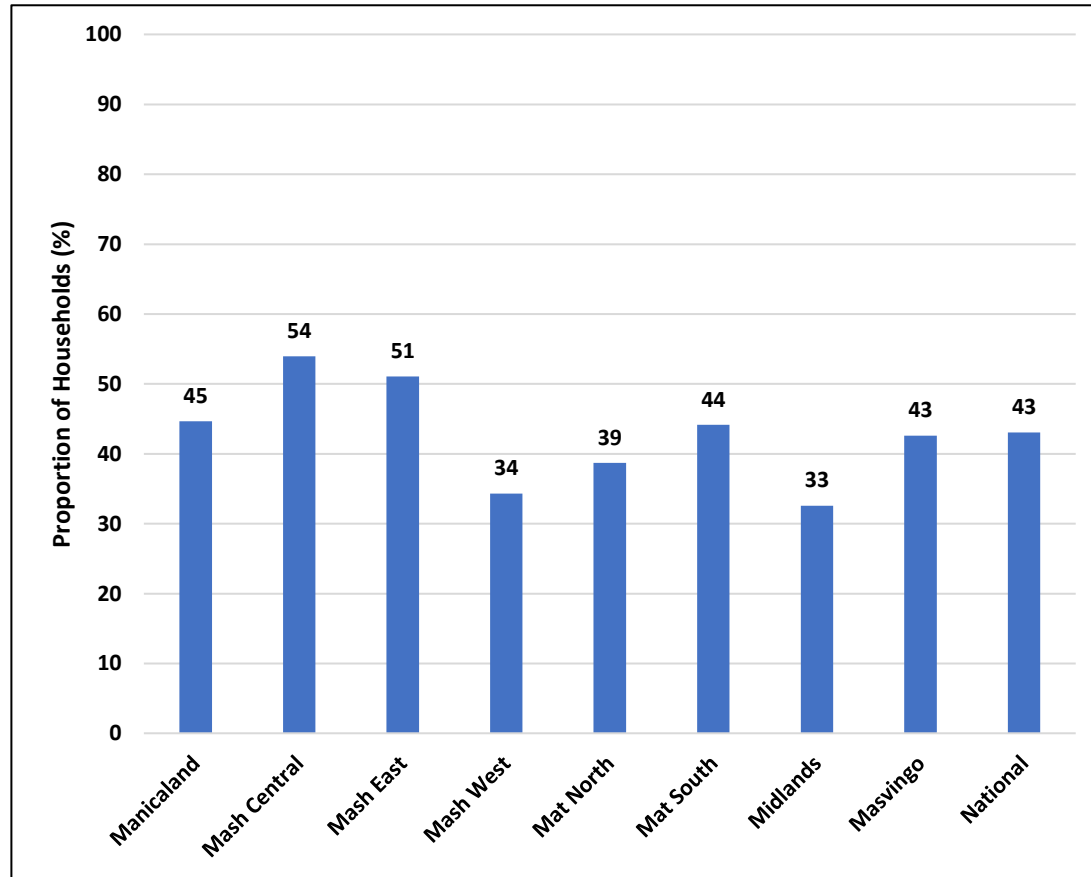


- All districts except for Rushinga (63%), Zvishavane (77%), Umguza (74%), Bulilima (74%) and Mangwe (64%) had over 80% of the households without hygiene services.
- This pattern was worrisome considering the COVID-19 pandemic which calls for strict hygiene practices which include regular handwashing to prevent the spread of the virus.

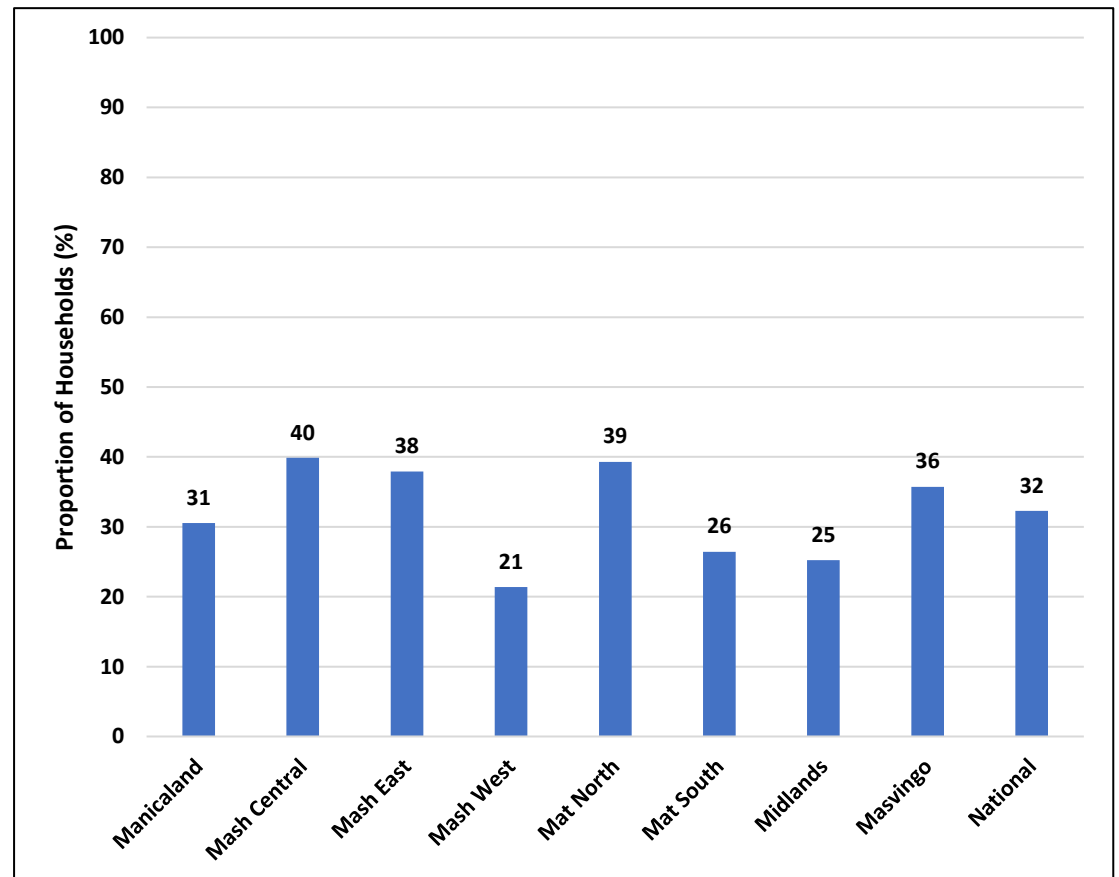
Access to Infrastructure and Services

Access to Police Services and Victim Friendly Units

Police services reachable within one hour



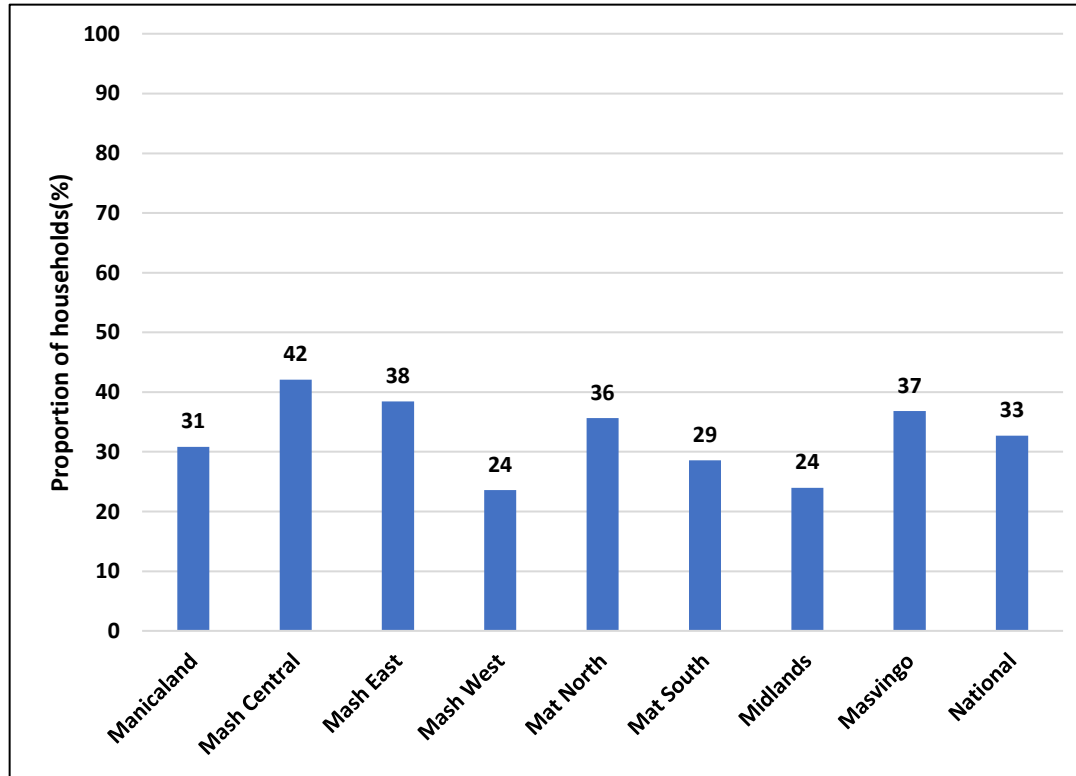
Access to a Victim Friendly Unit



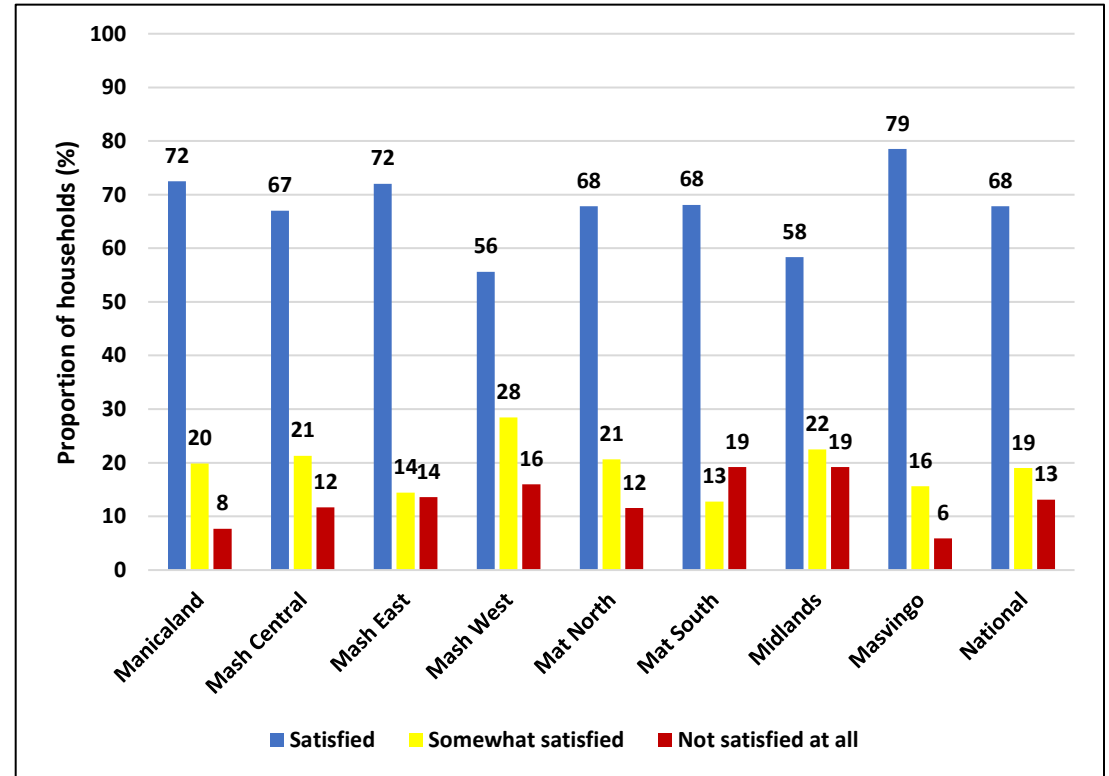
- Only 43% of the households reported that they had police services reachable within one hour.
- Access to a victim friendly unit was reported by 32% of households.

Access to Services for Victims of Physical and Sexual Violence

Access



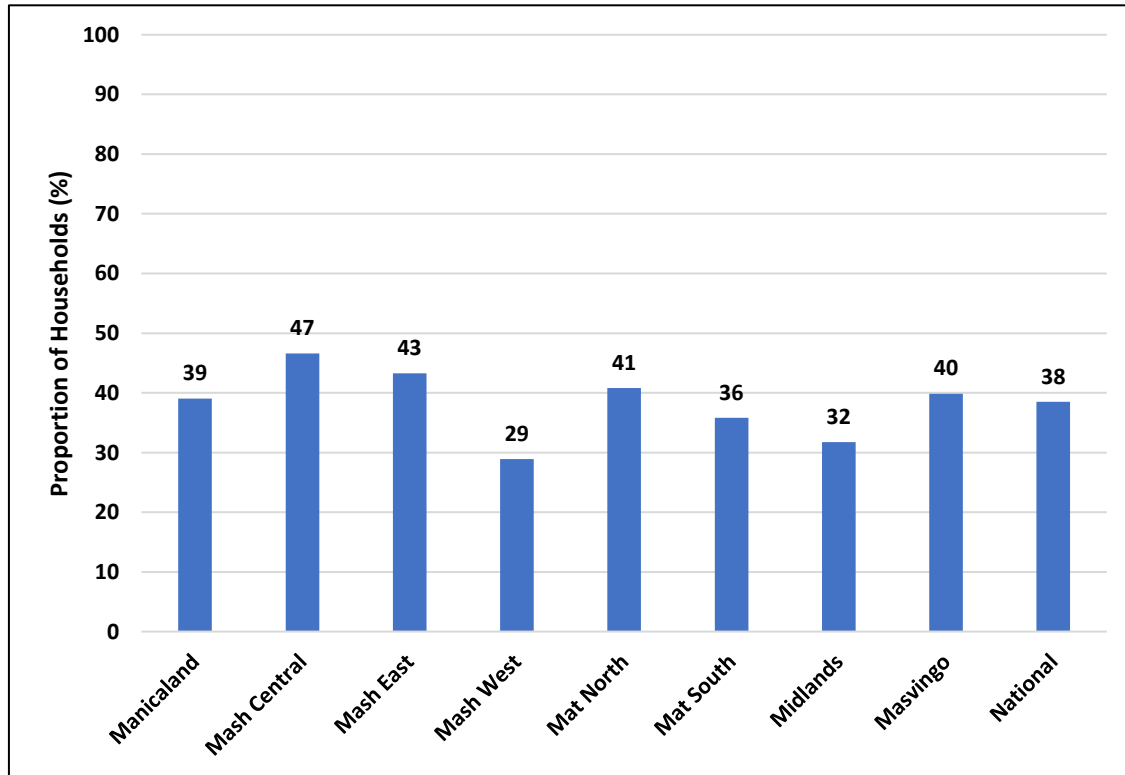
Satisfaction



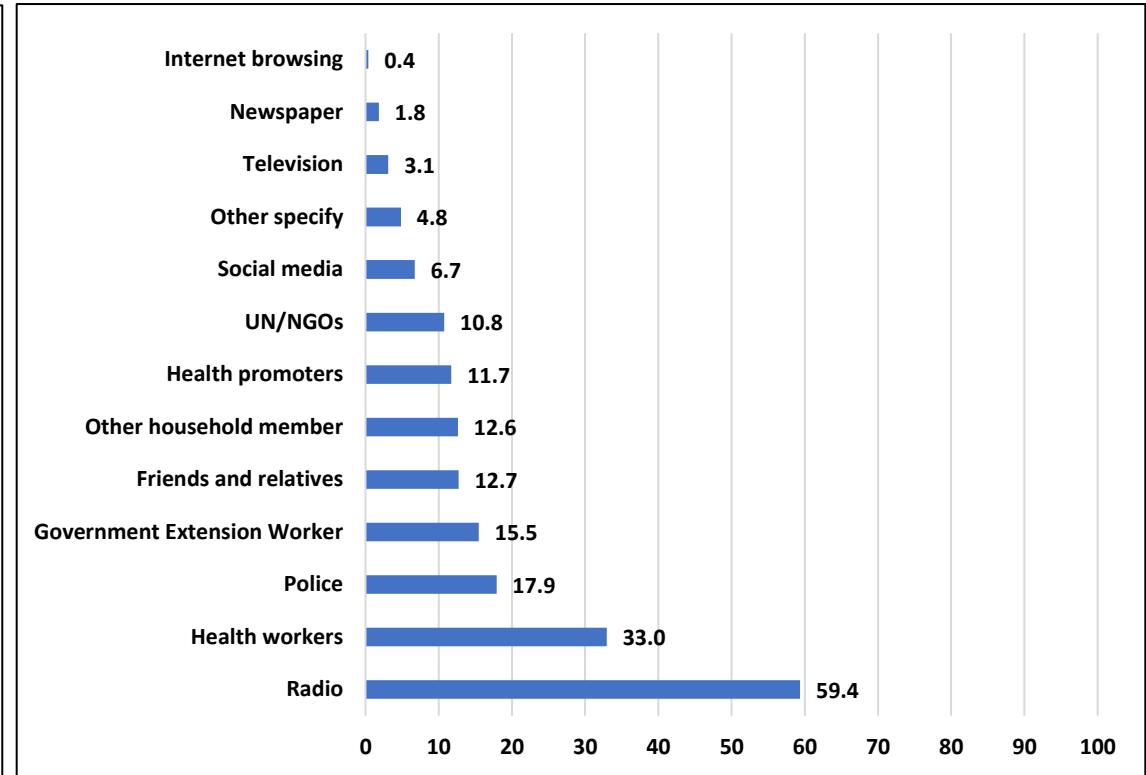
- Only 33% of the households reported having access to services for victims of physical and sexual violence.
- For those that had access to the services for victims of physical and sexual violence, 68% reported the services as satisfactory.

Access to Information on Services for Victims of Physical and Sexual Violence

Access to information and Services

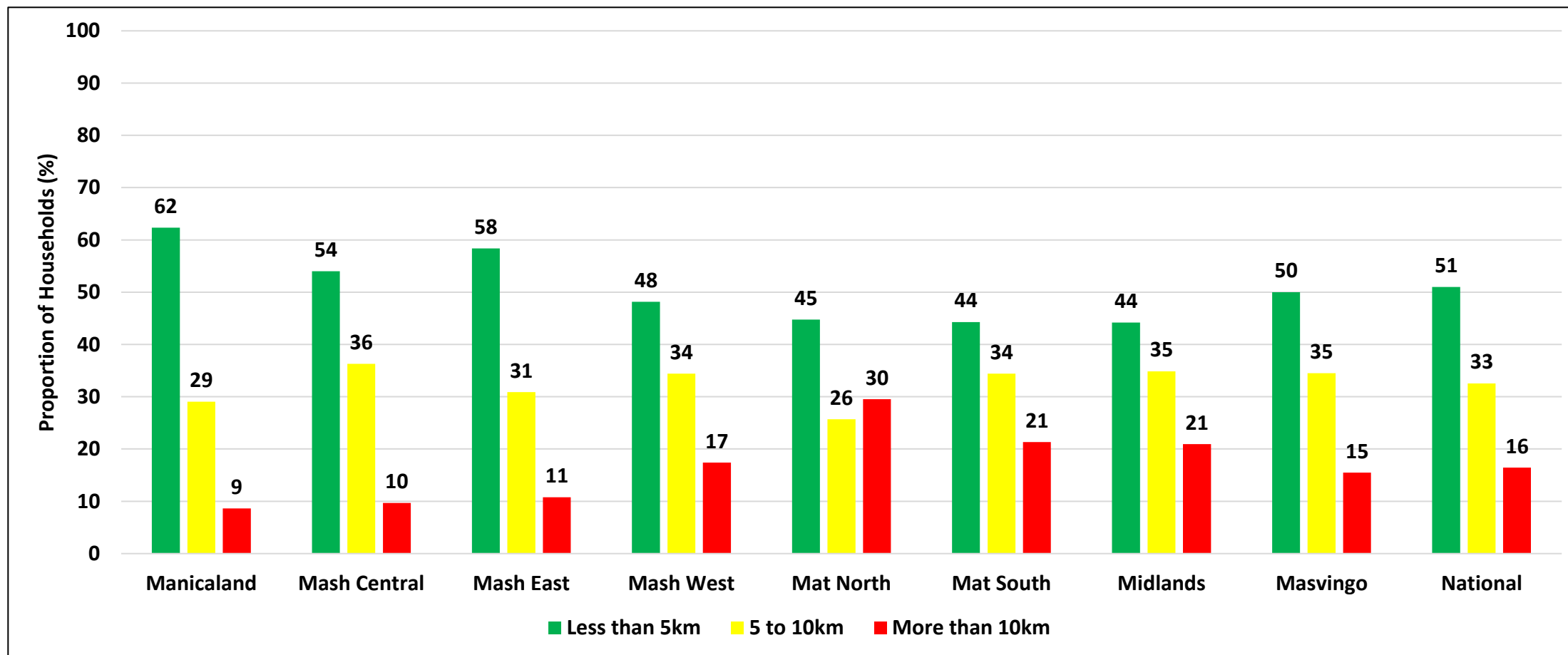


Information Sources



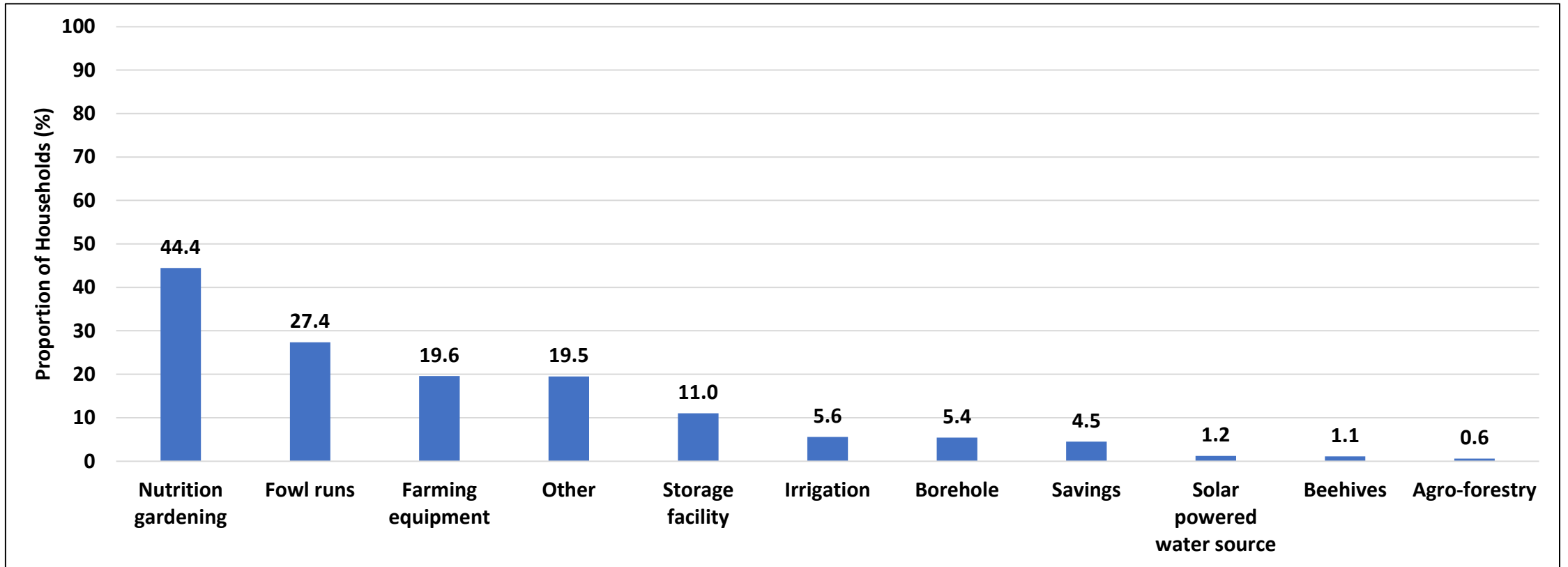
- Access to information on services for victims of physical and sexual violence was reported by 38% of households.
- The most common sources of this information were radio (59.4%), health workers (33%) and Police (17.9%).

Approximate Distance to the Nearest Health Facility



- Fifty one percent of the households reported to have access to a health facility within a distance of less than 5km.
- A total of 16% of the households reported travelling over 10km to access a health facility.

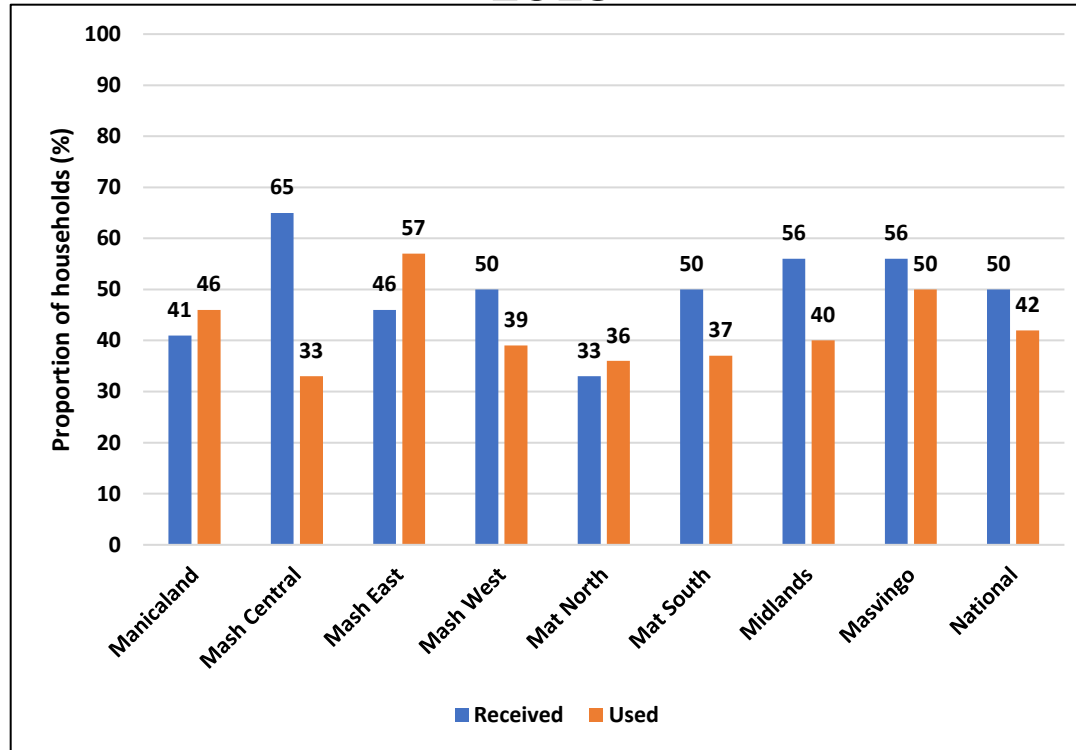
Infrastructure at Household that Assists in Improving Food and Nutrition Security



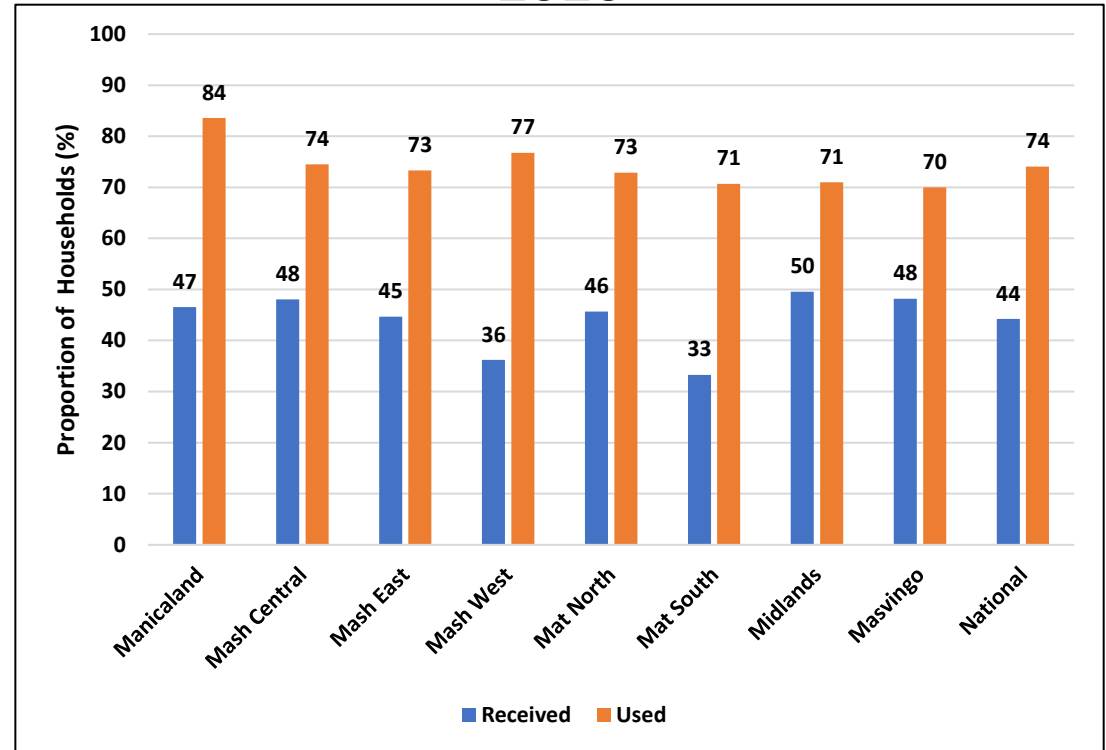
- Households reported to have nutrition gardens (44.4%), fowl runs (27.4%) and farming equipment (19.6%) as infrastructure that assists in improving food and nutrition security.
- Solar powered water sources (1.2%), beehives (1.1%) and agro-forestry (0.6%) were the least reported infrastructure.

Households which Received and Used Early Warning Information for Planning Response Mechanisms

2019

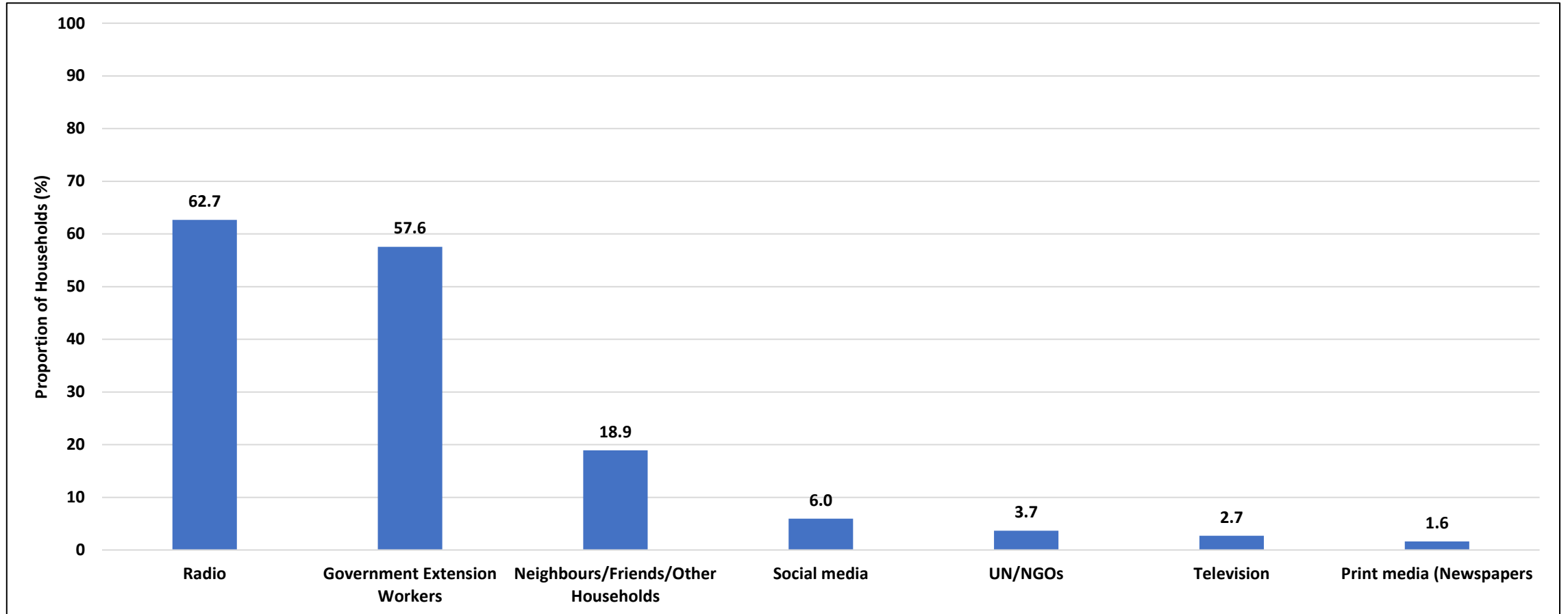


2020



- Nationally, the proportion of households which received information on early warning decreased from 50% recorded in 2019 to 44% in 2020.
- Information use for planning and response amongst those households which received the information increased from 42% recorded in 2019 to 74% in 2020.

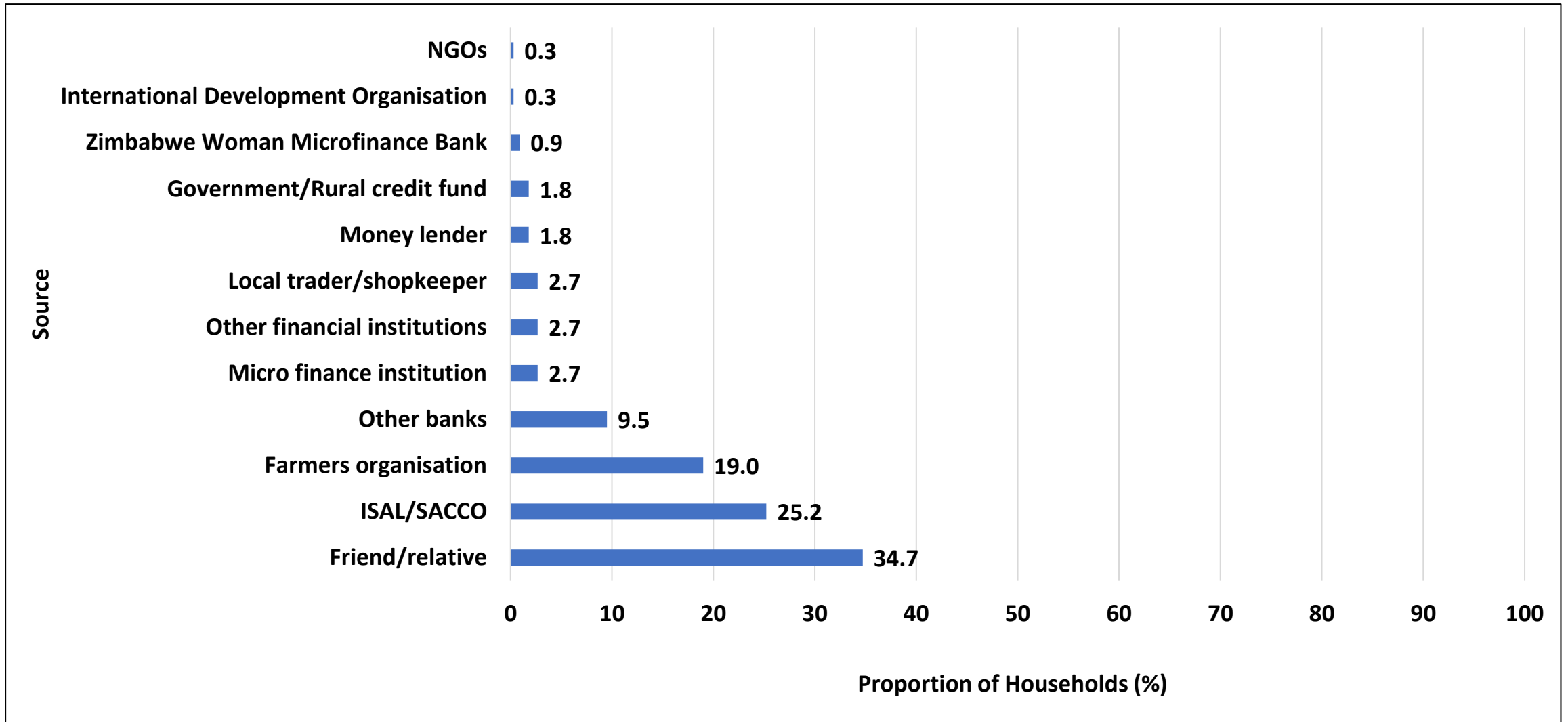
Sources of Information on Early Warning



- The major source of information on early warning was the radio (62.7%) followed by government extension workers (57.6%).

ISALS and Loans

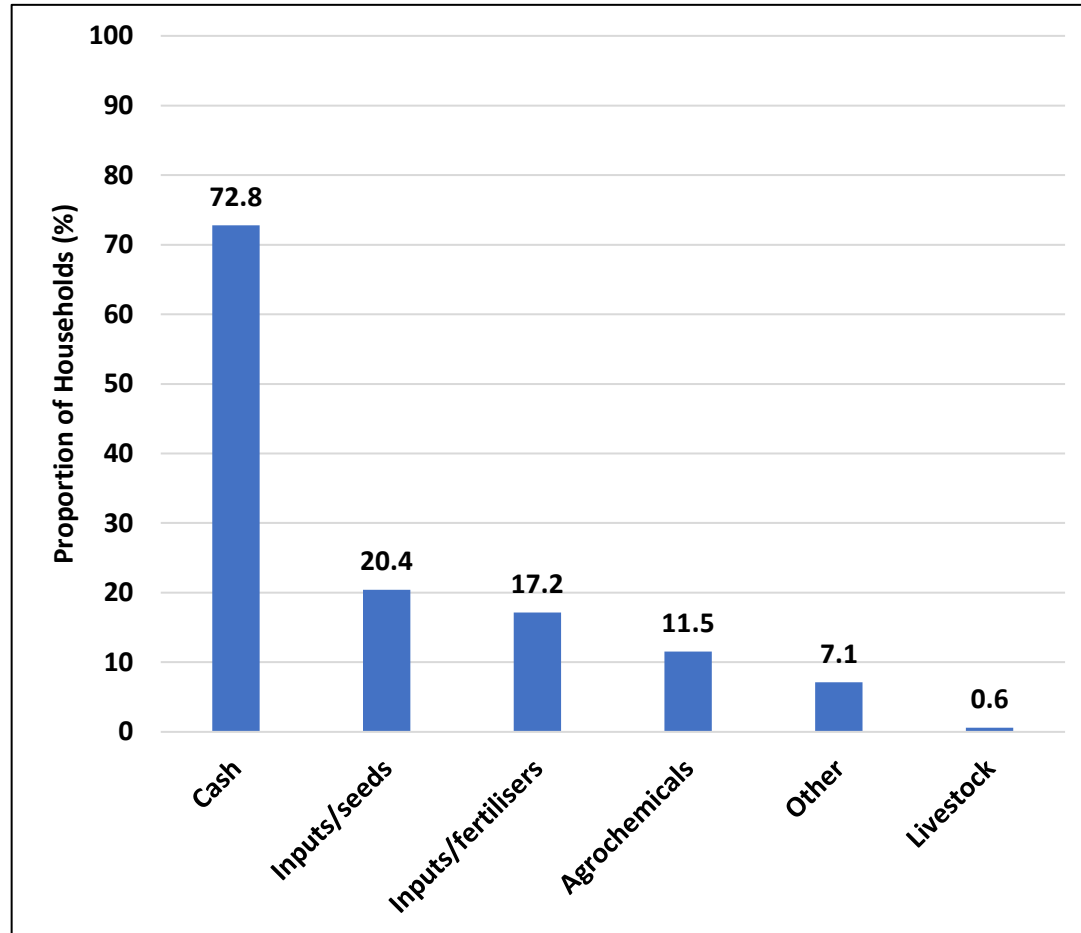
Sources of Loans



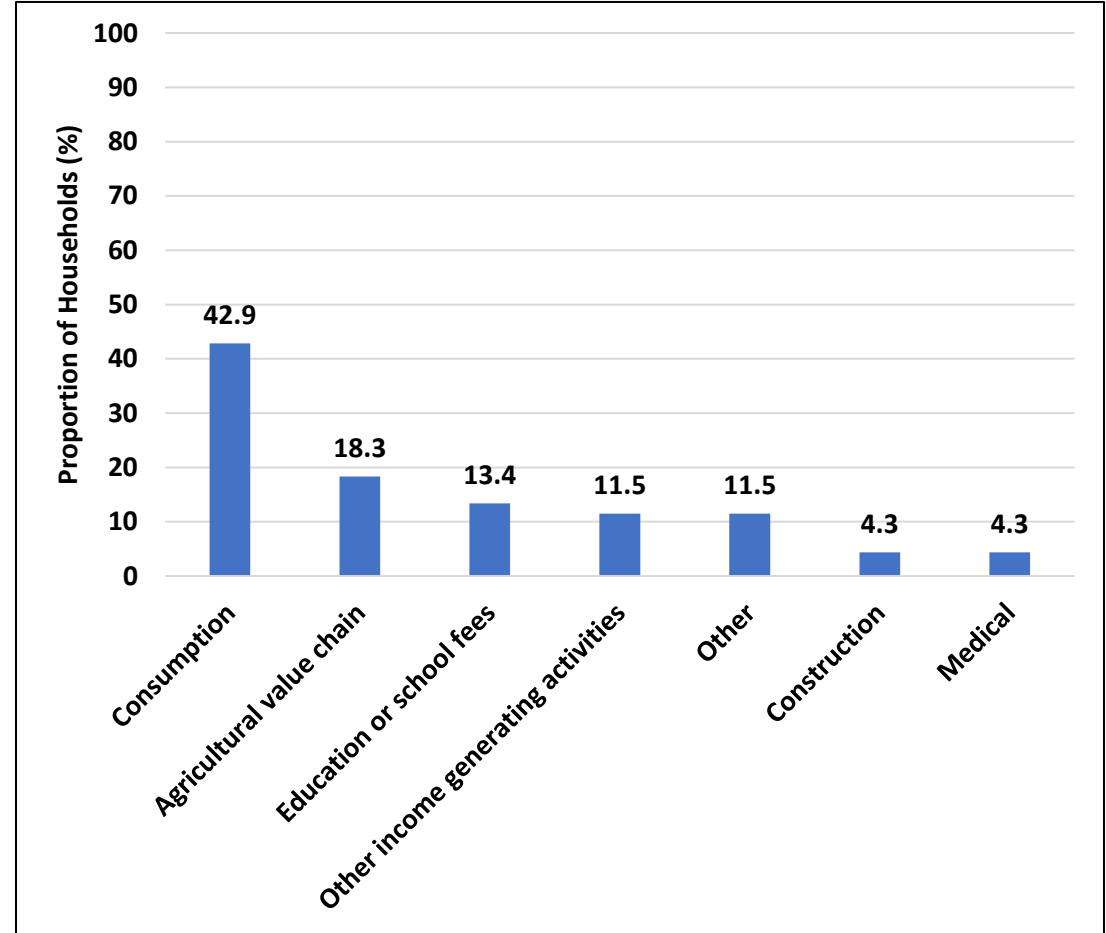
- Of the 2.8% of households which received loans, the major sources were friends and relatives (35%) and ISAL/SACCO (25%).

Types of Loans and Primary Use

Types of Loans

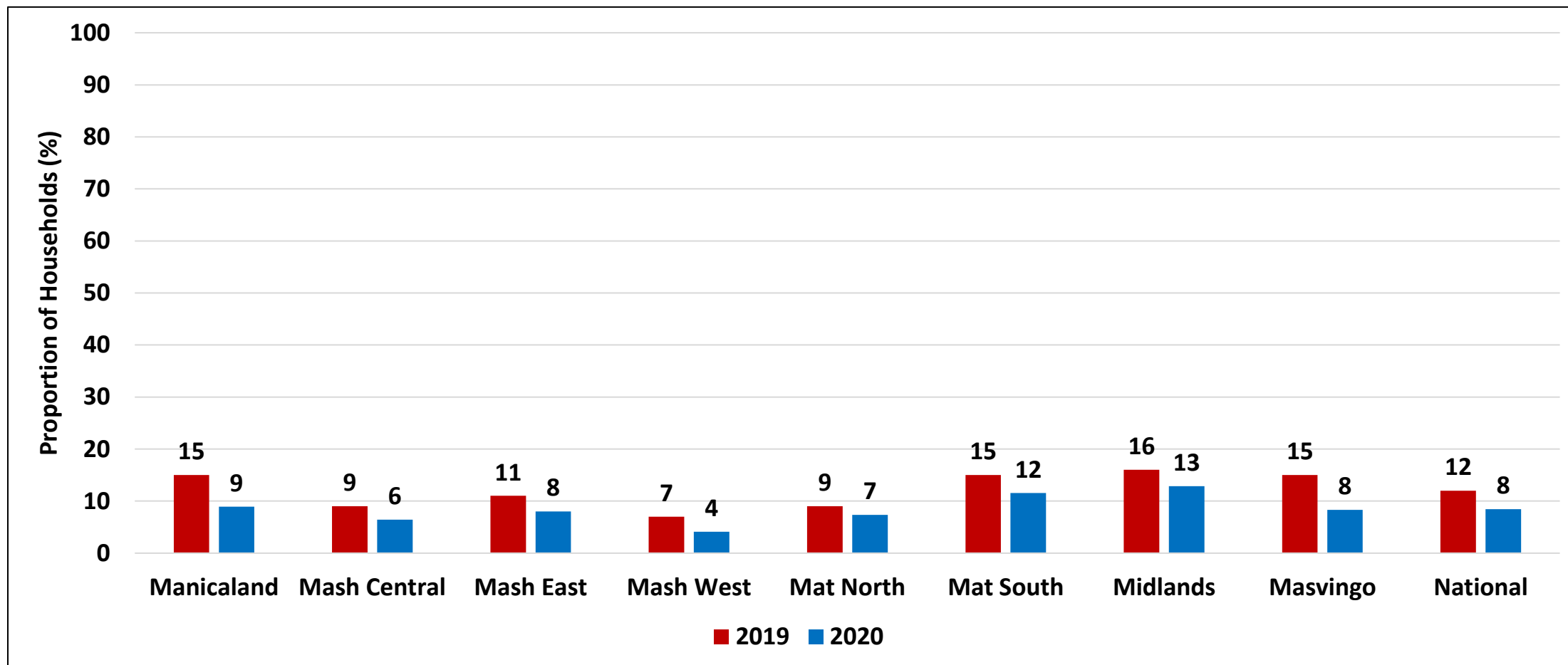


Loan primary use



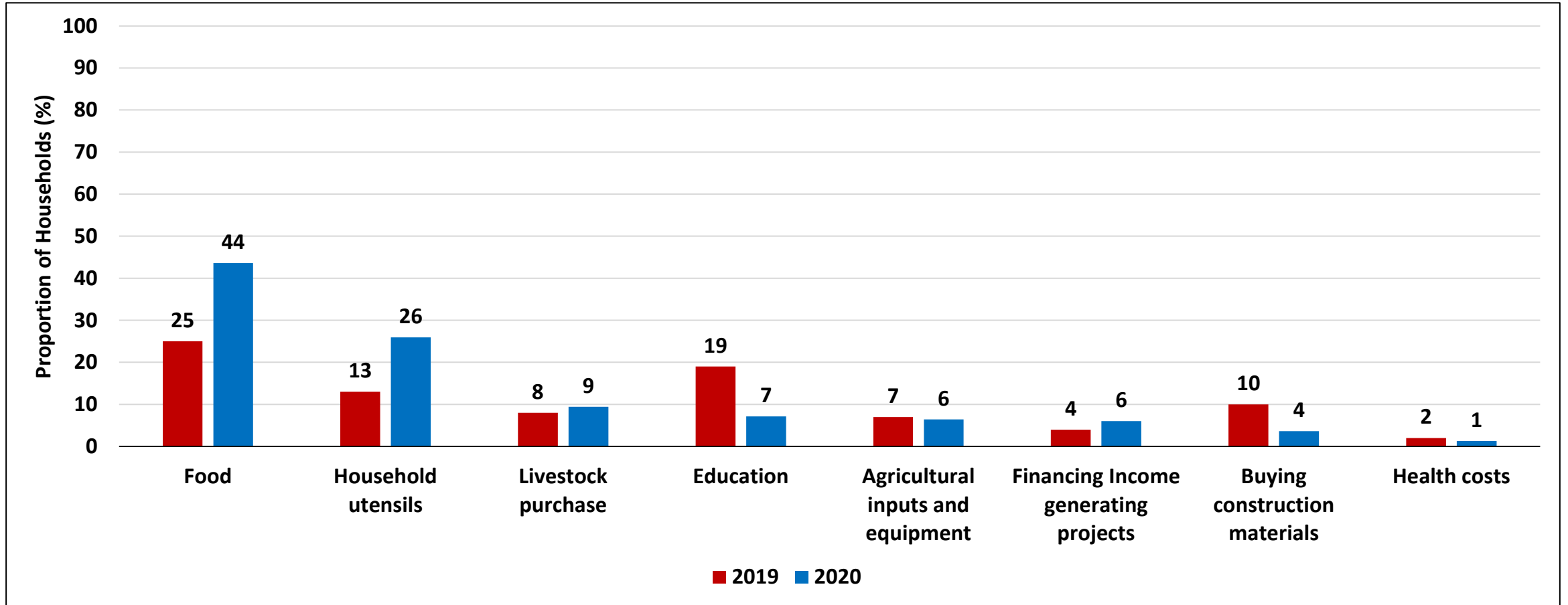
- Most loans were cash (72.8%) and mostly used for consumption (42.9%) and for agricultural value chains (18.3%).

Households with a Member in an ISAL Group



- Only 8% of the households reported to be part of an Income, Savings and Lending (ISAL) group. This was a decrease from 12% reported in 2019.

Use of Share-out from ISAL Group



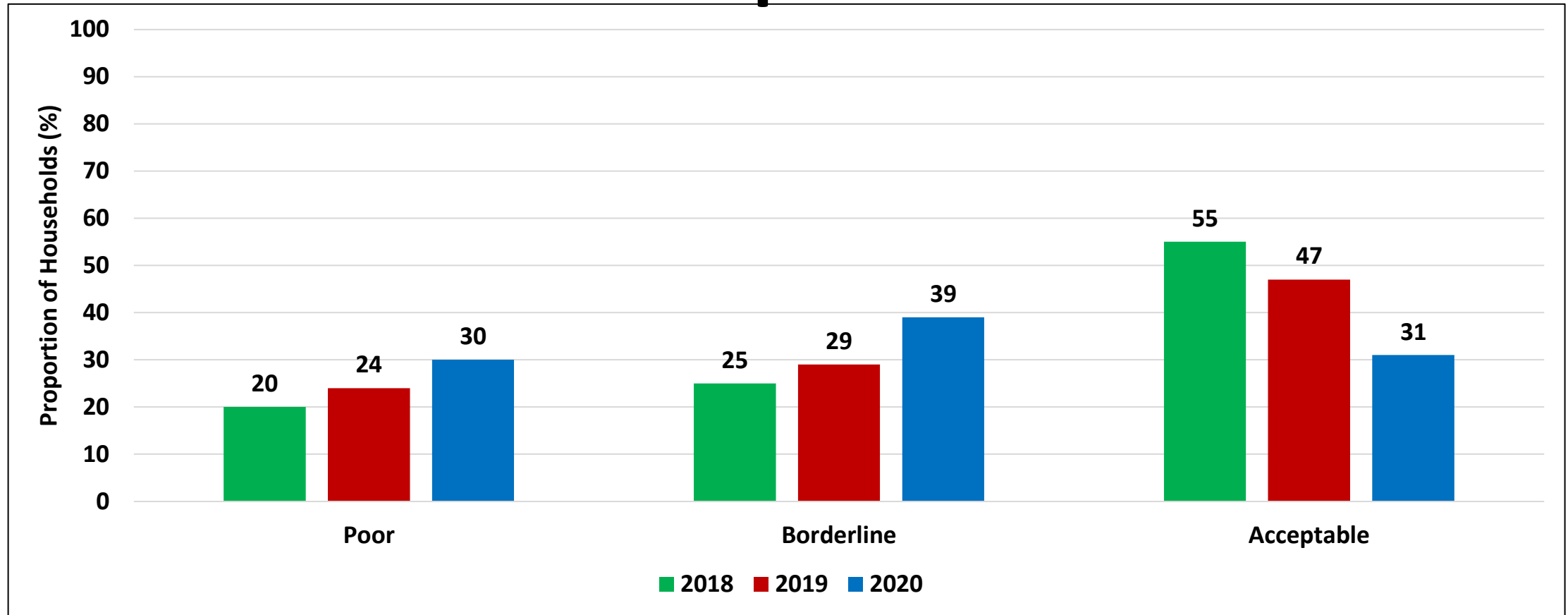
- Food (44%) and household utensils (26%) were the main uses for the share outs from ISAL groups.
- The increase in use of share-out on food is an indication of households coping with food access challenges.

Food Consumption

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

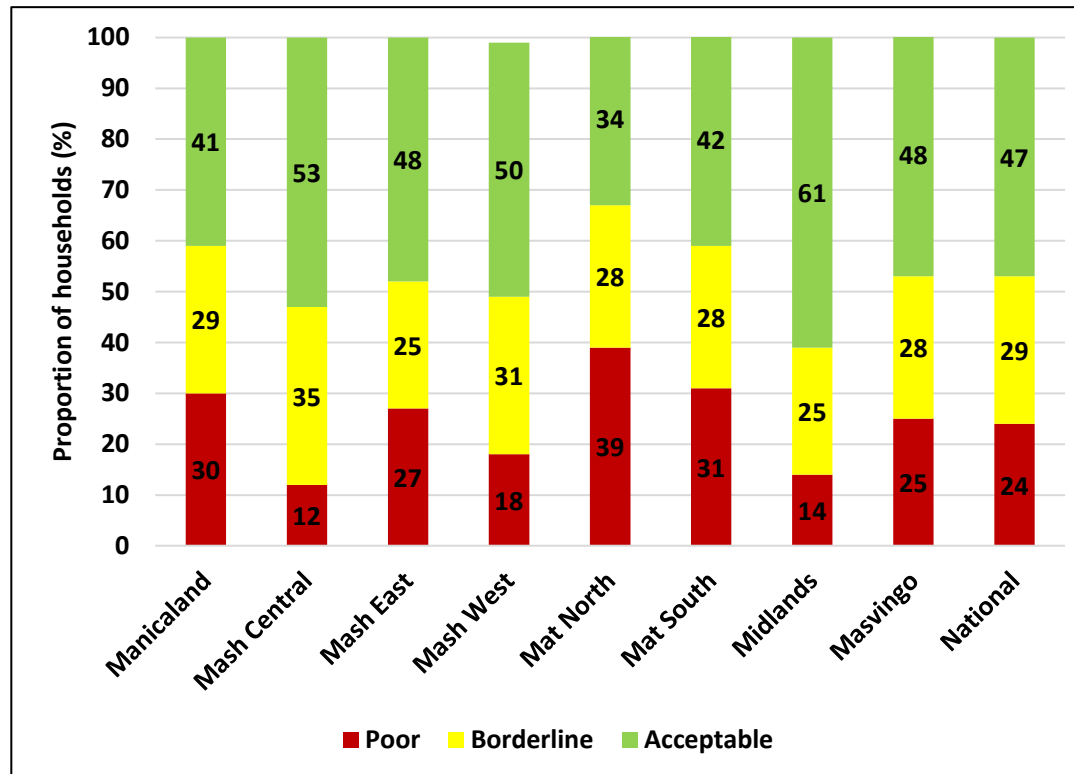
Food Consumption Patterns



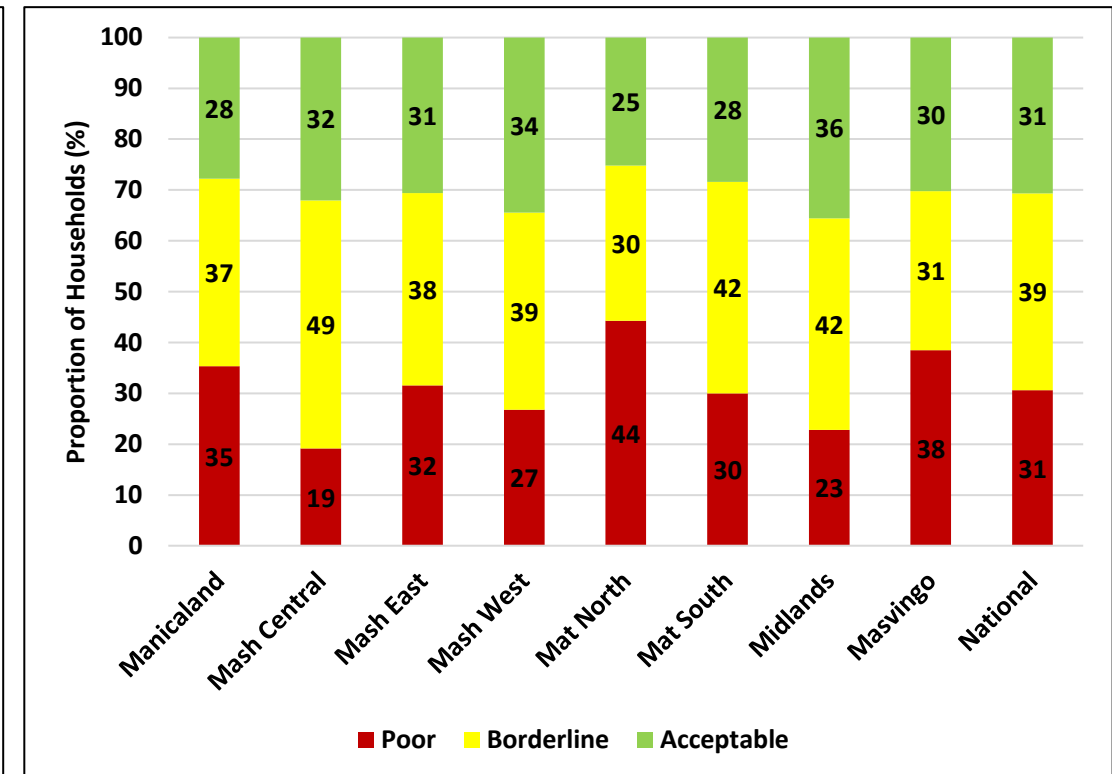
- There was a significant increase in households consuming poor diets (30%) compared to the past two assessments.
- The proportion of households consuming acceptable diets (31%) decreased significantly compared to 2019, indicating challenges with access to diversified foods in rural households.

Food Consumption Patterns by Province

2019

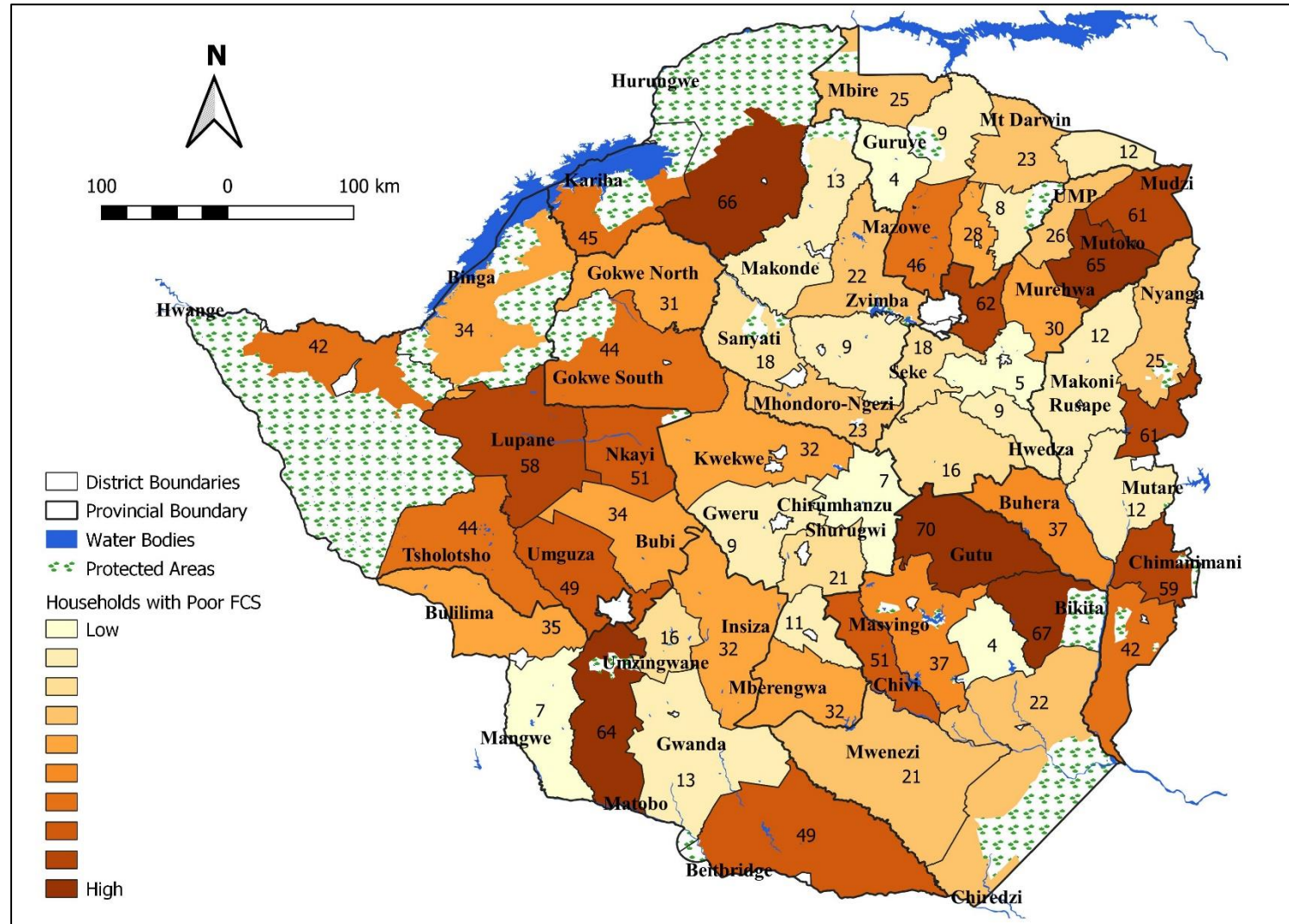


2020



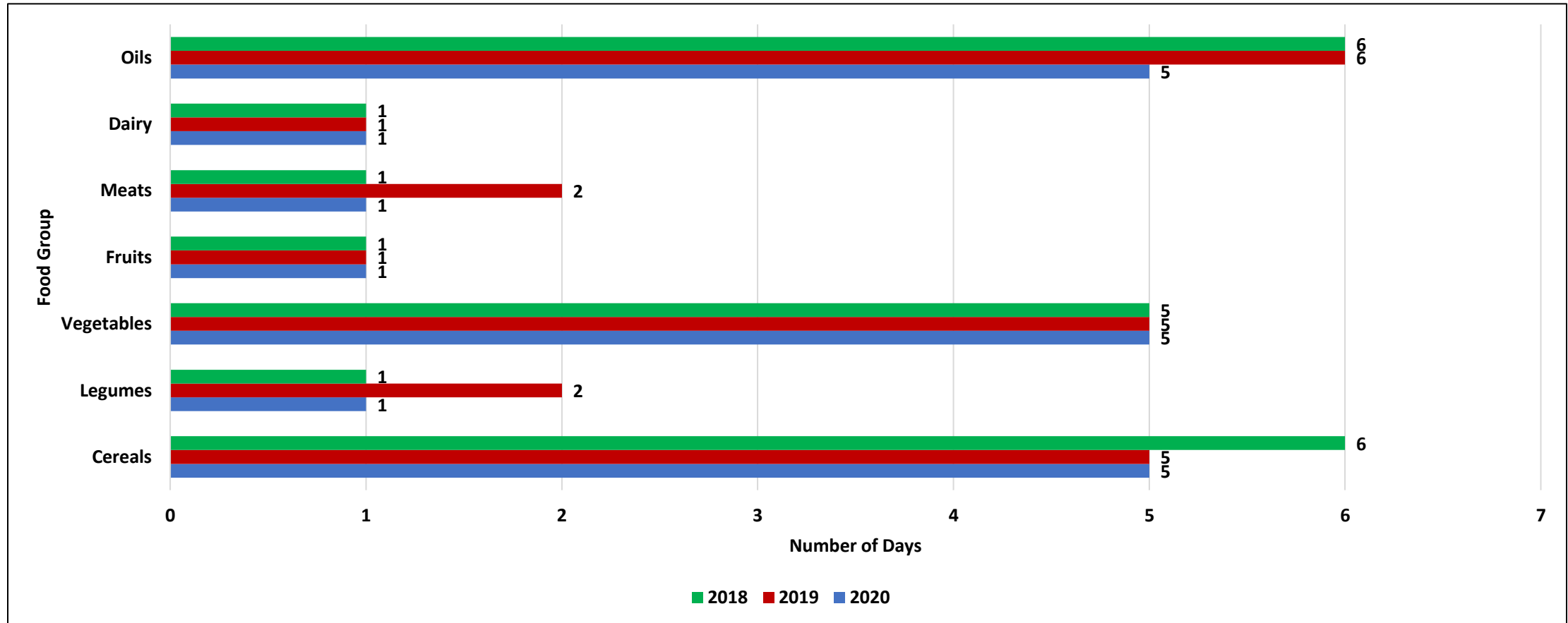
- All provinces had a decrease in the proportion of households consuming acceptable diets and an increase in the proportion of households consuming poor diets.
- Matabeleland North (44%) and Masvingo (38%) had the highest proportion of households consuming poor diets.

Poor Food Consumption Patterns by District



- Gutu (70%) had the highest proportion of households consuming poor diets.
- Gurube (4%) and Masvingo (4%) had the least.

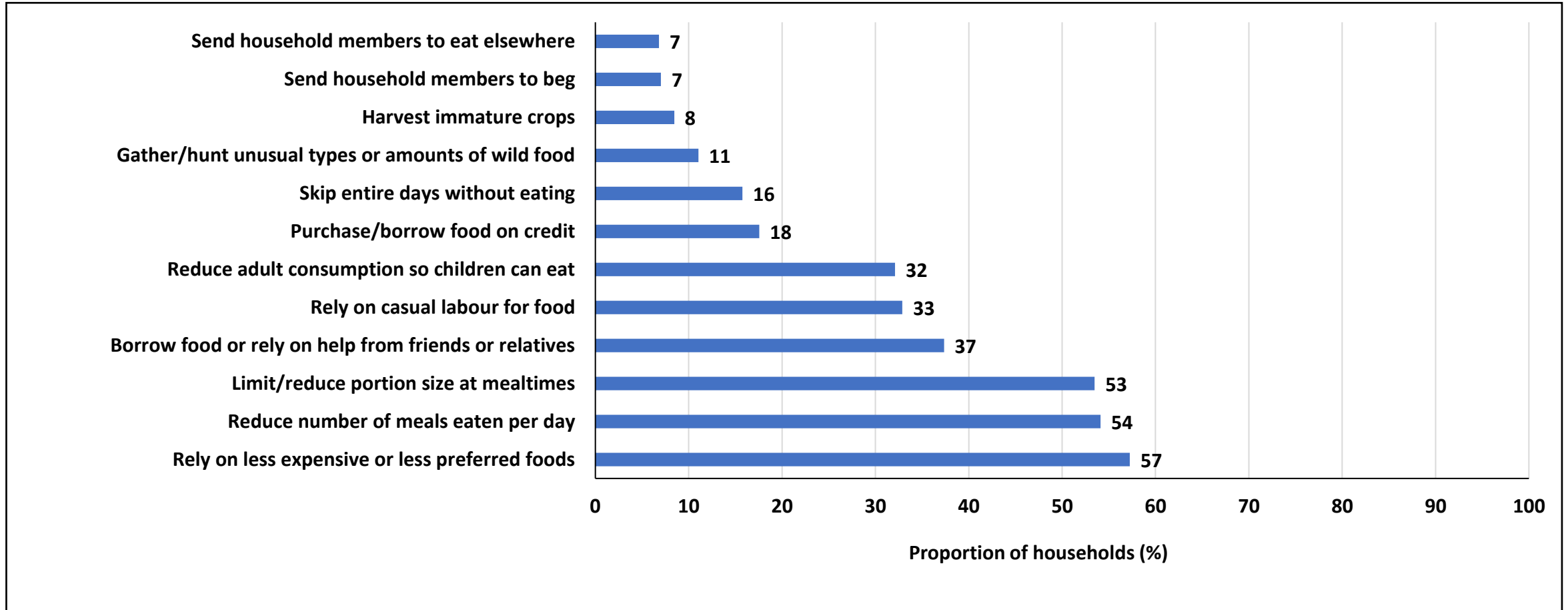
Average Number of Days Households Consumed Food from the Various Food Groups



- Average consumption of oil, meat and legumes decreased compared to 2019. This may have negative implications on nutrition outcomes of vulnerable groups such as children under five and women of child bearing age.
- Cereal, fruits and dairy consumption remained unchanged.

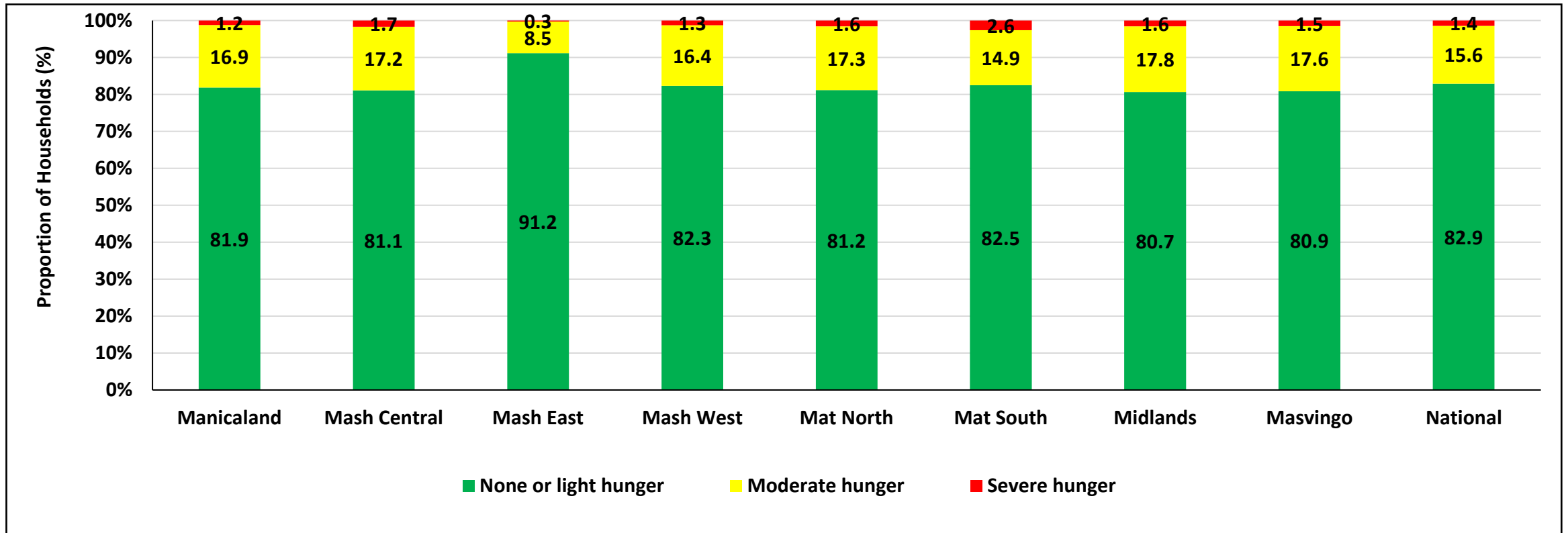
Household Consumption Patterns

Household Consumption Coping Strategies



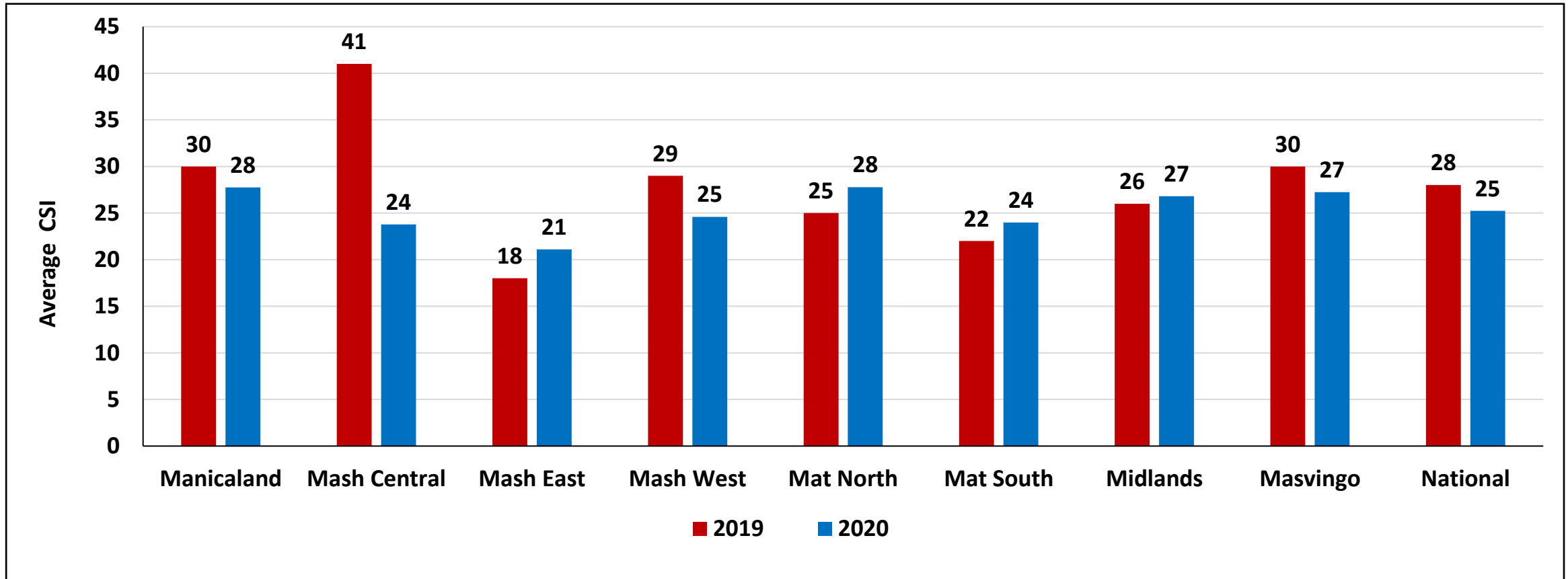
- The top three (3) household consumption coping strategies included: relying on less expensive foods (57%), reducing the number of meals eaten per day (54%) and reducing meal portion size (53%).
- These household consumption coping strategies contribute negatively to nutrition outcomes.

Household Hunger Scale



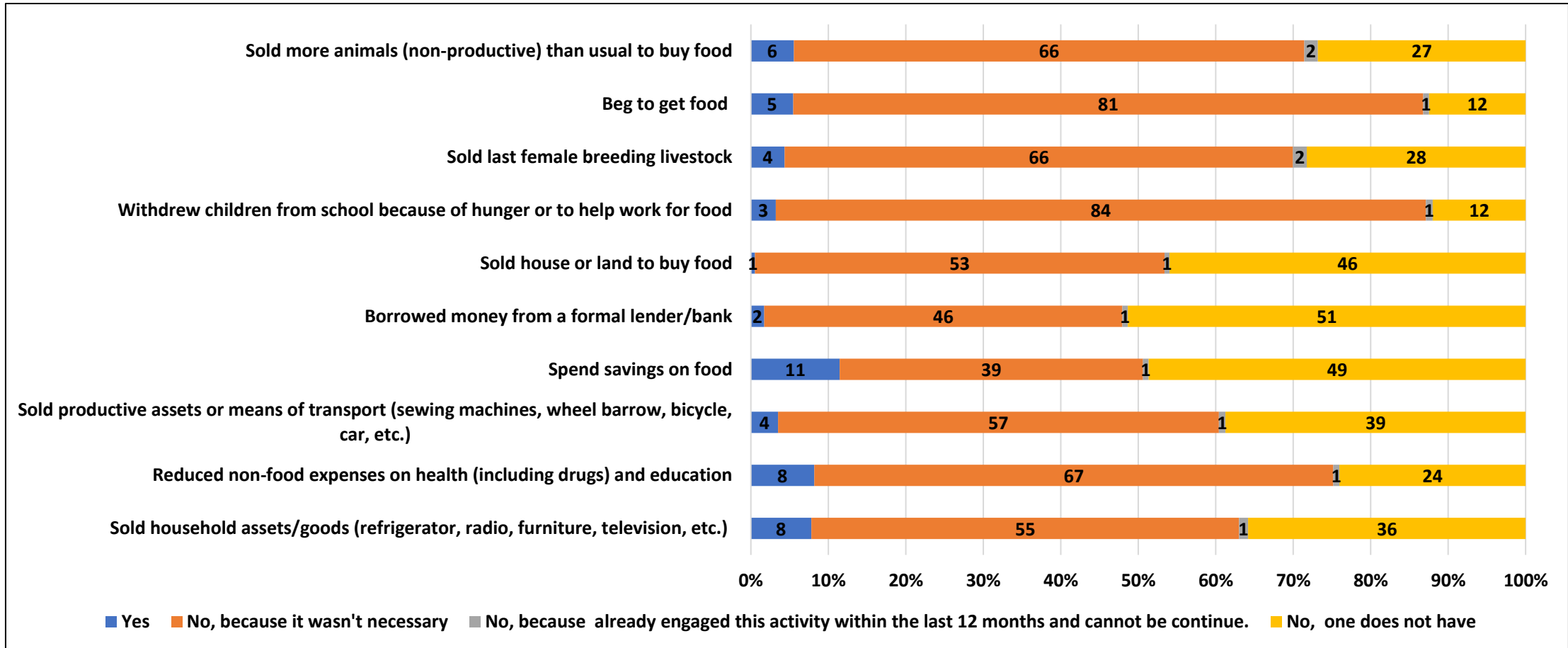
- Nationally, 82.9% of the households were within the none or light hunger category, 15.6% in the moderate hunger and only 1.4% were in the severe hunger category.
- Matabeleland South had the highest proportion (2.6%) of households that were within the severe hunger category and Mashonaland East had the least, 0.3%.

Household Consumption Coping Strategy Index (CSI)



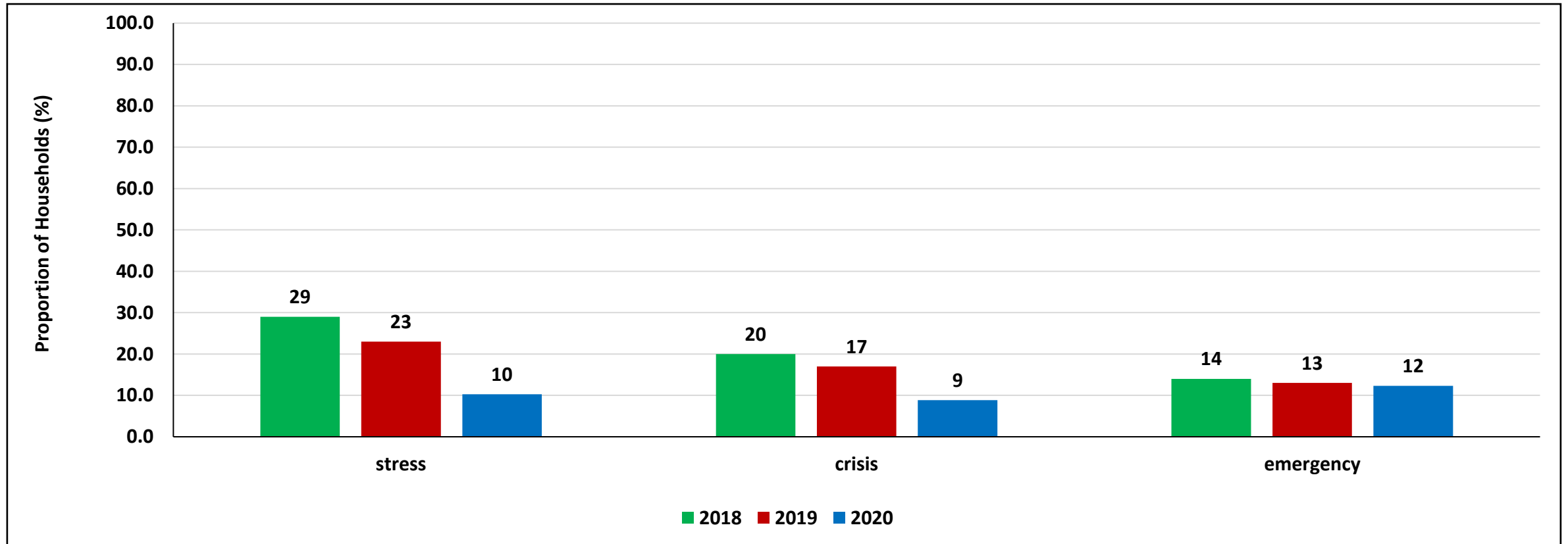
- Nationally, the CSI decreased from 28 in 2019 to 25 in 2020.
- CSI in Mashonaland East, Matabeleland North, Matabeleland South increased.

Households Engaging in Livelihoods Coping Strategies



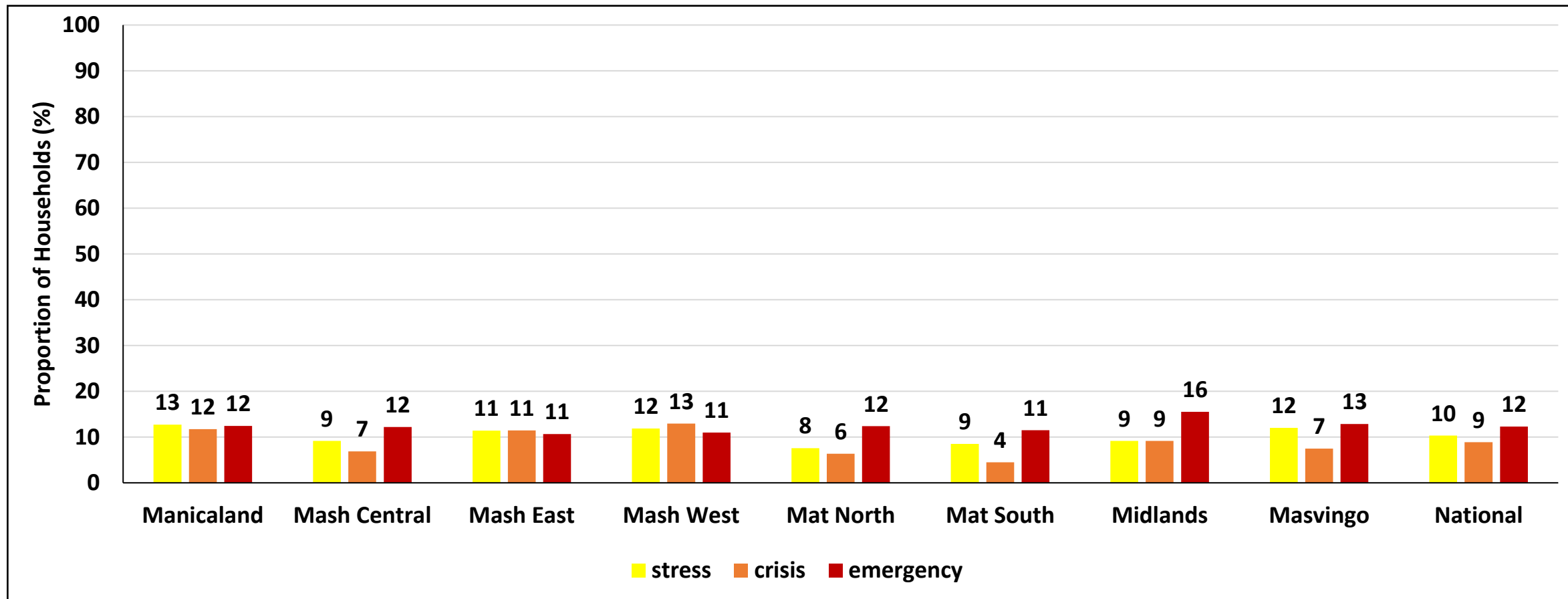
- The top three livelihoods coping strategies engaged by households included: spending savings on food (11%), reducing non-food expenses (8%) and selling of household assets/goods (8%).

Households Engaging in Livelihoods Based Coping Strategies



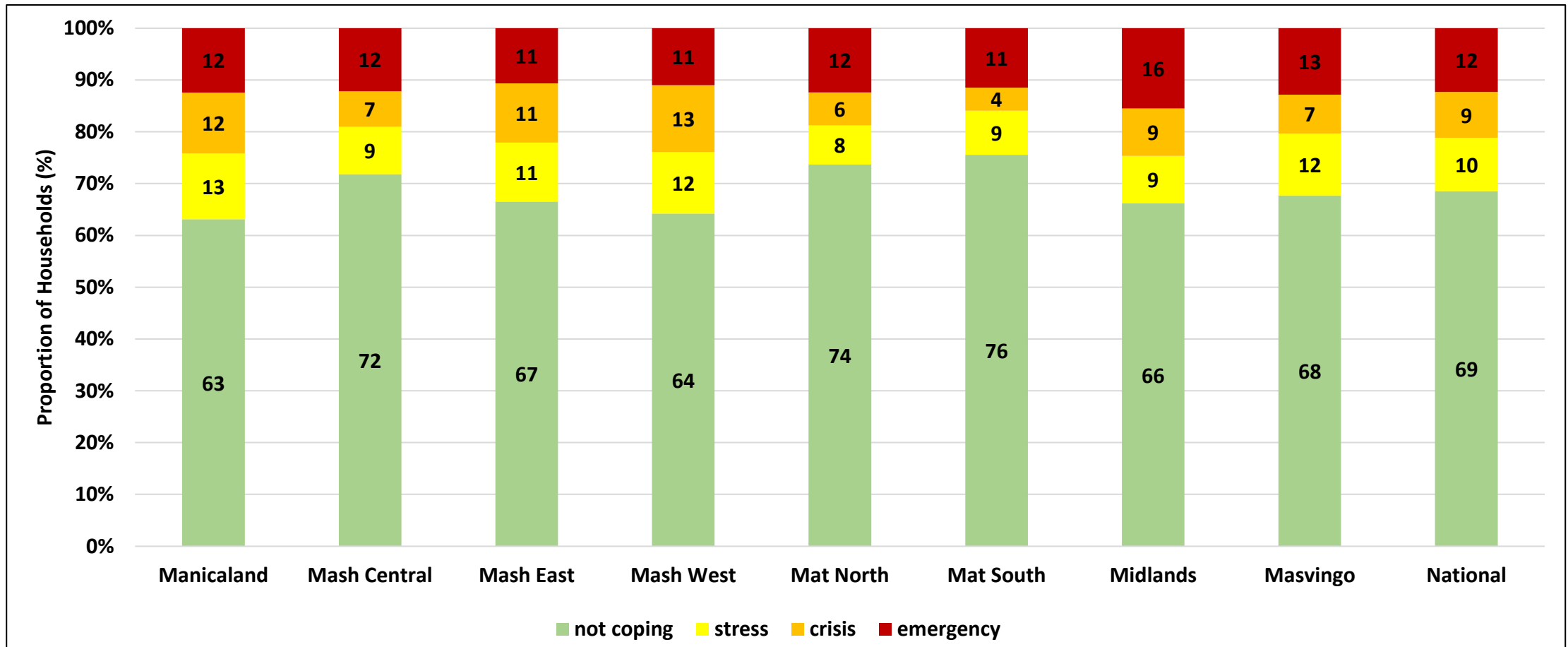
- There was a marked decrease in the proportion of households that adopted stress and crisis livelihood coping strategies in order to meet their basic food needs as compared to 2019.
- However, the proportion of households that resorted to emergency coping strategies (12%) is still worrisome.

Households Engaging in Livelihoods Coping Strategies



- Nationally, 12% of the surveyed households resorted to emergency coping strategies.
- The proportion of households that resorted to emergency coping strategies was highest in Midlands (16%) followed by Masvingo (13%).

Households' Maximum Livelihoods Coping Strategies



- Nationally, 69% of the households did not use any coping strategies in order to maintain their access to food and other basic goods and services.
- However, the severity of coping strategies used is a cause for concern as emergency coping strategies are the most extreme strategies used in all provinces. For example, 16% of the households in Midlands resorted to emergency coping strategies.

Household Dietary Diversity Score

Household Dietary Diversity Score (HDDS)

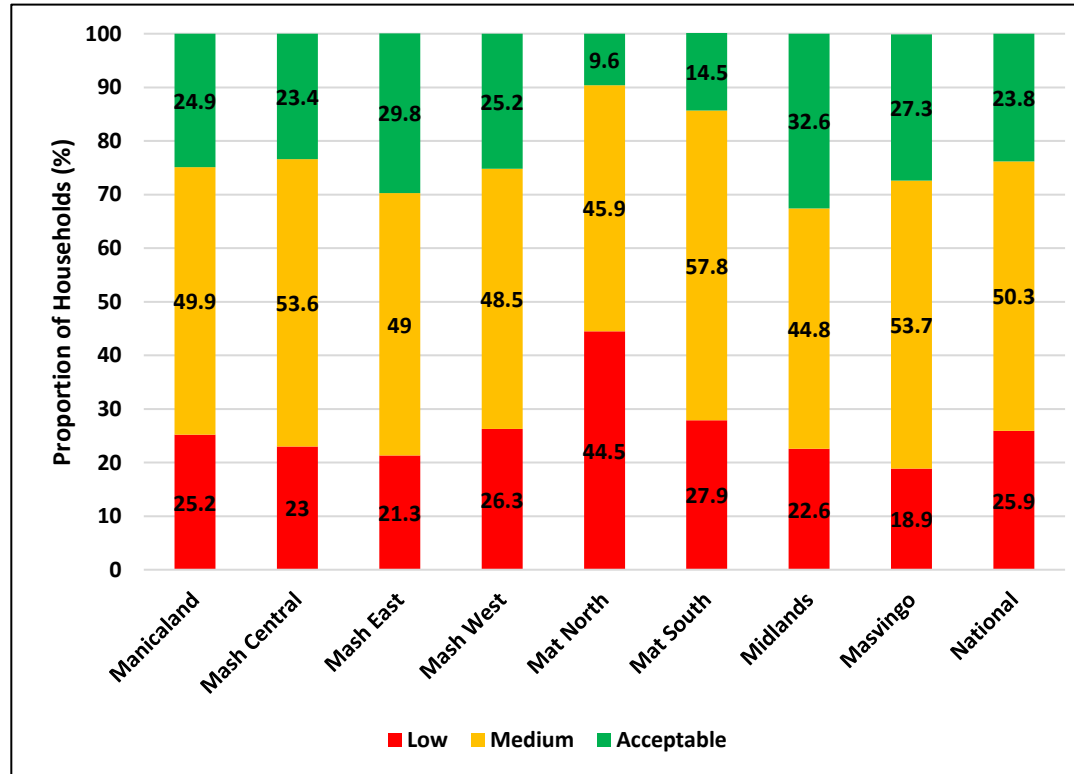
- The household dietary diversity score (HDDS) is used as a qualitative measure of food consumption that reflects household access to a variety of foods over a given period.
- Household dietary diversity is defined as the number of unique foods consumed by household members over a given period but does not indicate the quantity of food consumed.
- Based on the HDDS, a household may be classified as follows:

HDDS	Classification
<4	Low
4-5	Medium
>5	Acceptable

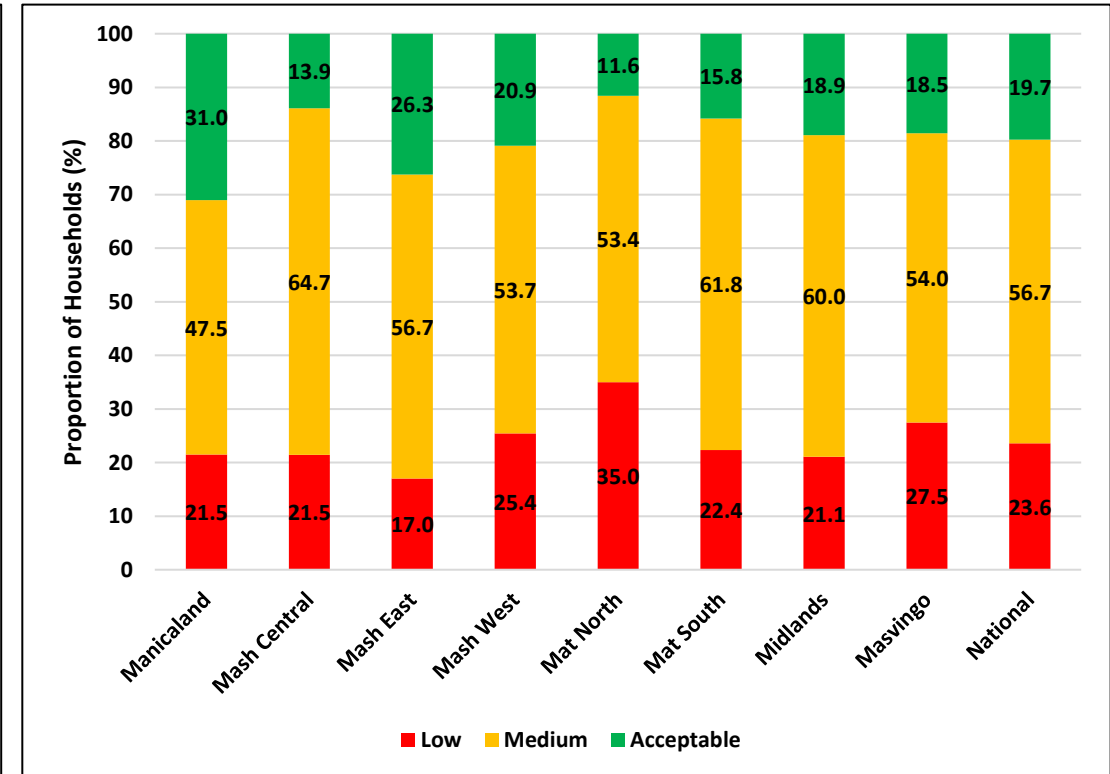
FAO, 2006

Household Dietary Diversity Score

2019

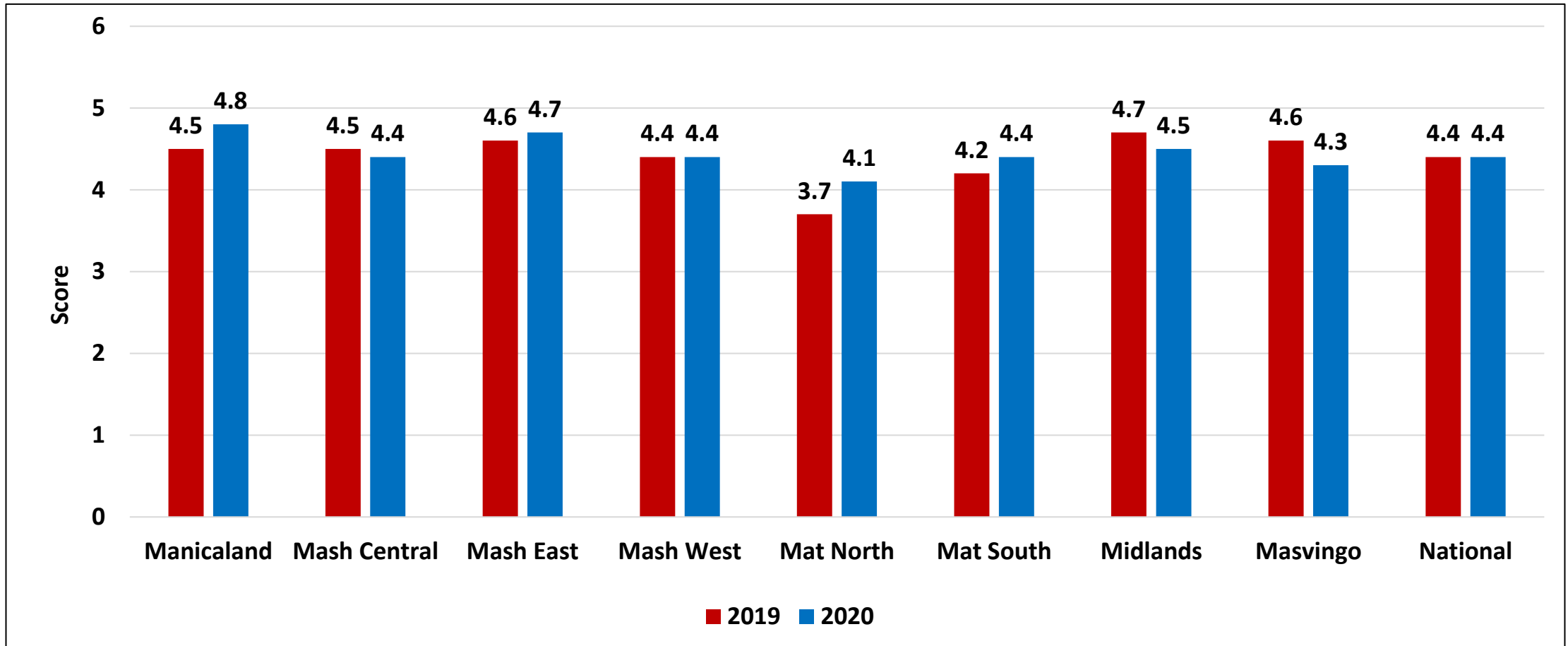


2020



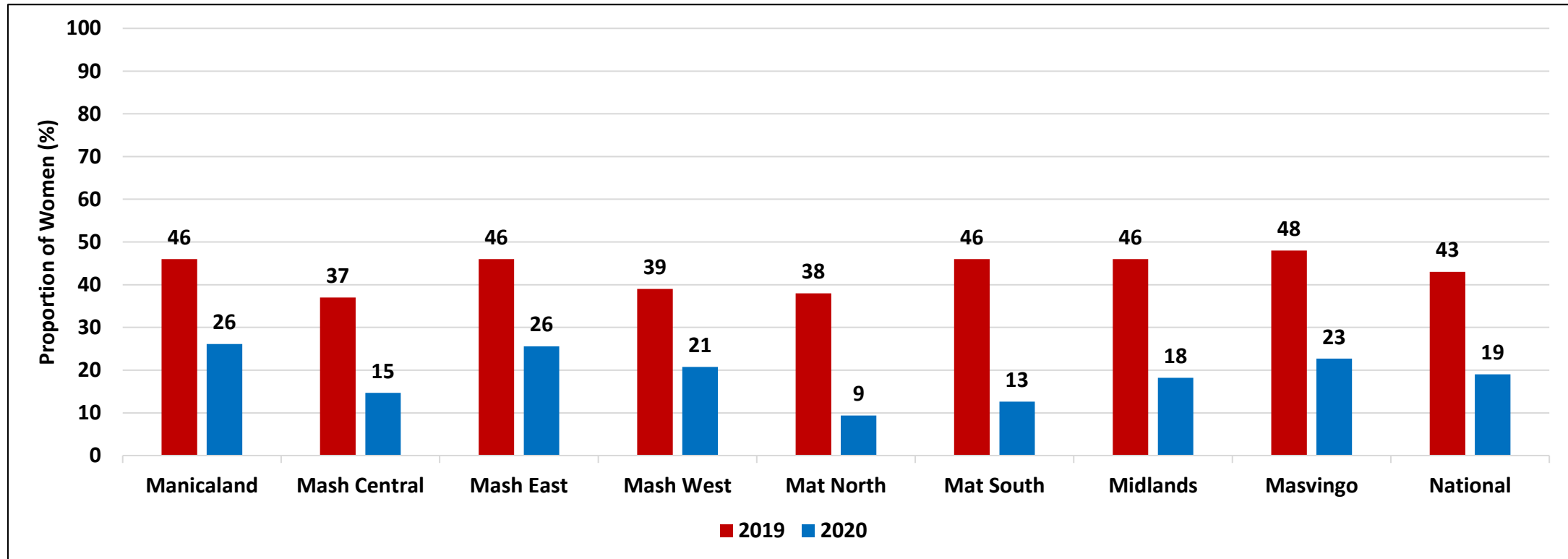
- Nationally there was a decrease in the proportion of households consuming diets with acceptable dietary diversity.
- Matabeleland North (35%) and Masvingo (27.5%) had the highest proportion of households that were consuming diets with low dietary diversity.

Average Household Dietary Diversity Score



- On average, all provinces were consuming four food groups out of a possible 12 food groups at the time of the assessment.
- This indicates that households are consuming poor diets which may translate to poor nutrition outcomes.

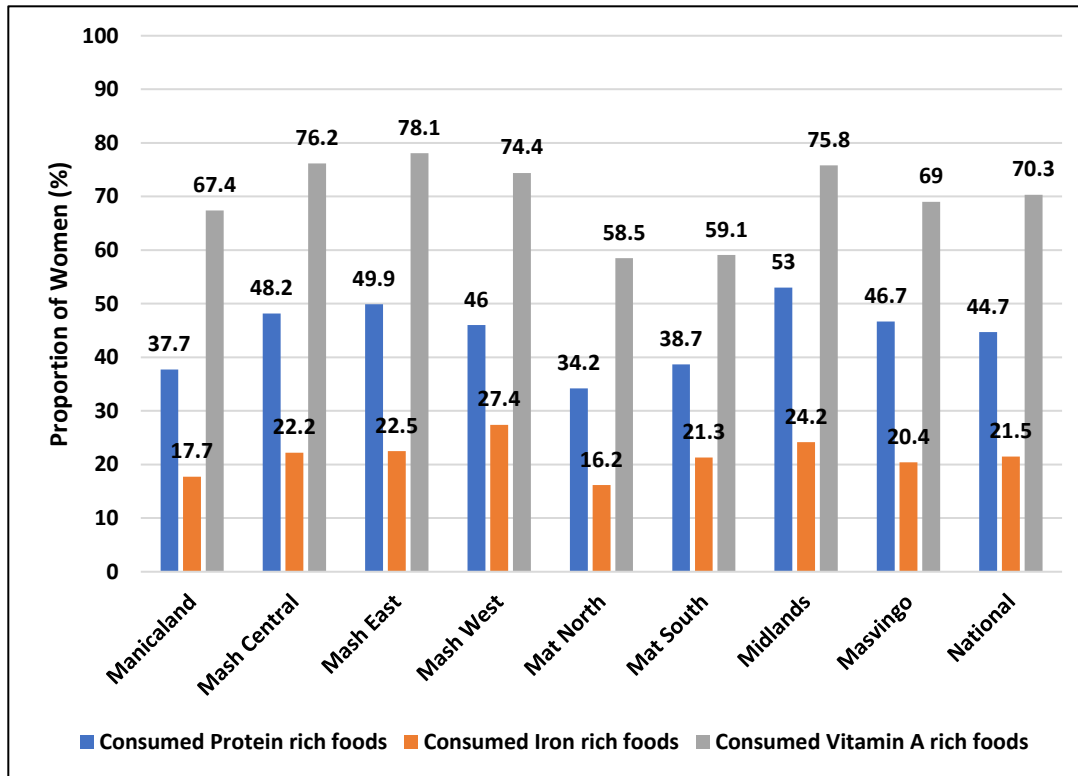
Minimum Dietary Diversity for Women of Child Bearing Age



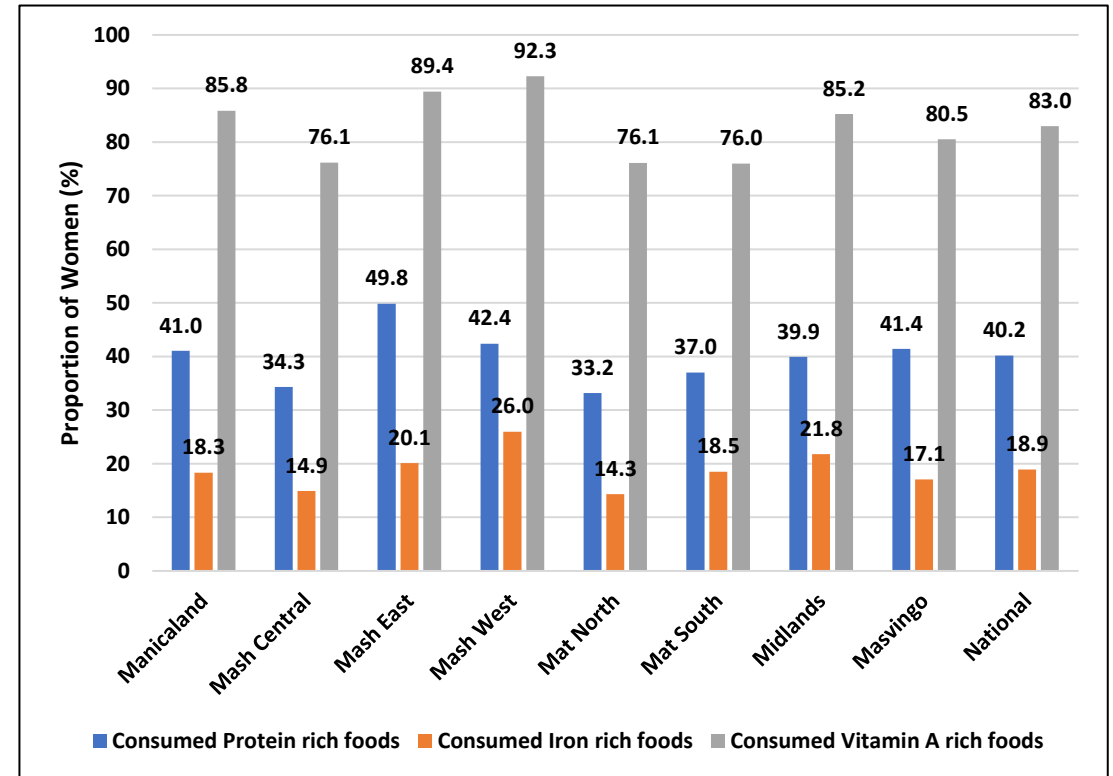
- There was a significant drop in the proportion of Women of Child Bearing Age (WCBA) consuming minimum dietary diversity (43% in 2019 to 19% in 2020) during the 24 hours prior to the survey.
- This deterioration in diet quality has negative implications on their nutrition and health outcomes.

Consumption of Protein, Iron and Vitamin-A Rich Foods by WCBA

2019

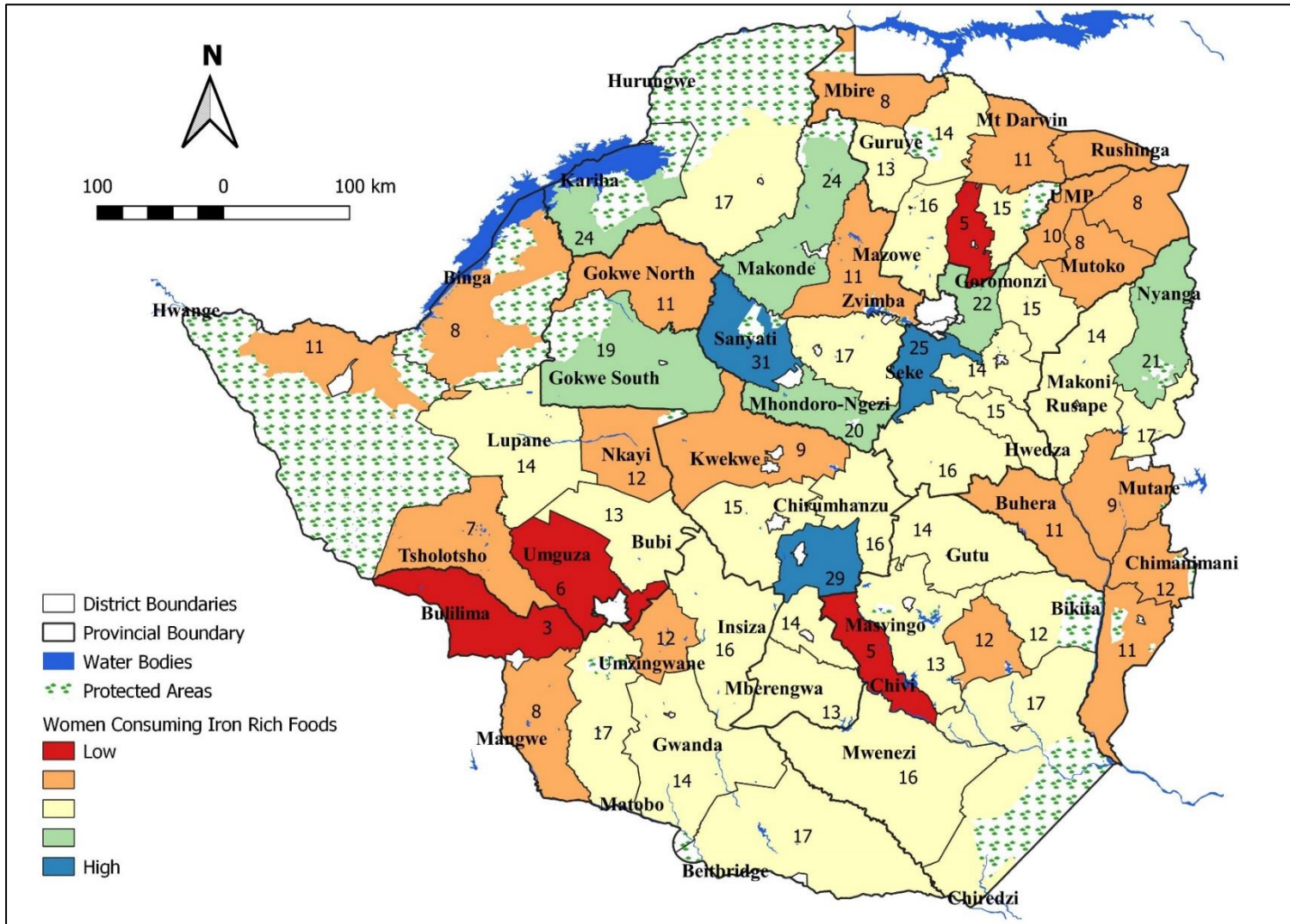


2020



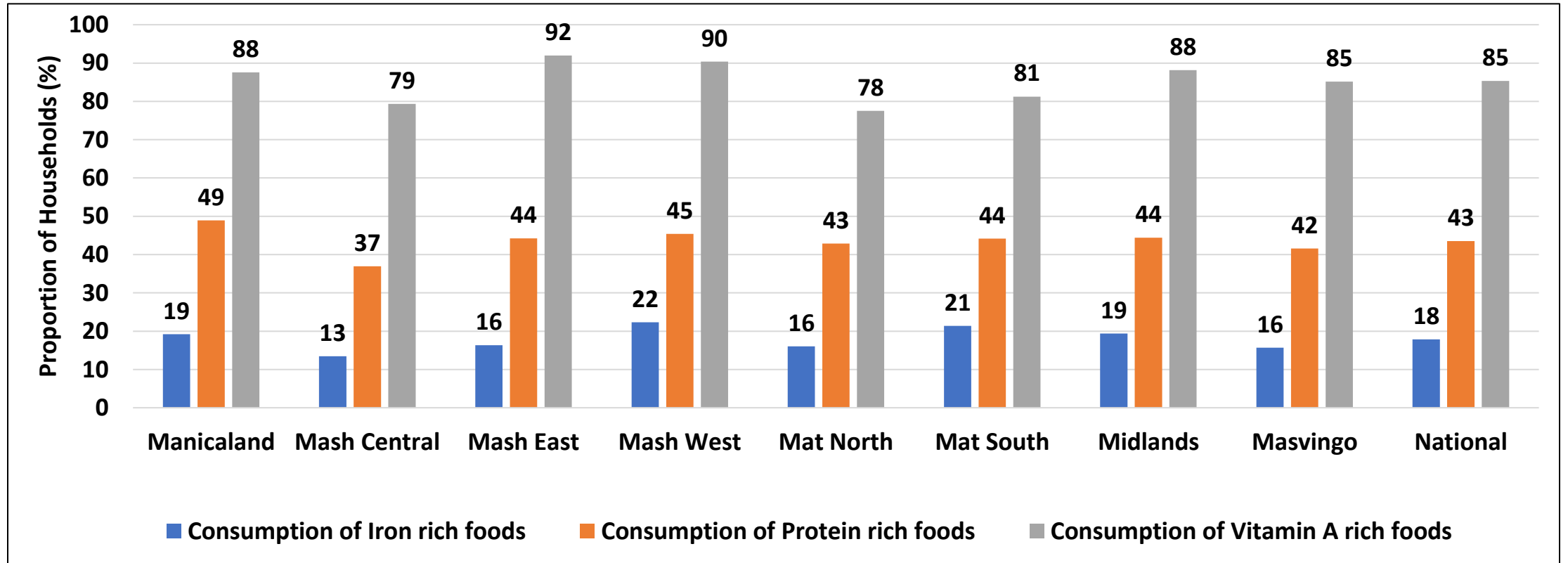
- All provinces reported an increase in the proportion of women consuming Vitamin-A rich foods.
- Nationally, there was a decrease in women consuming protein and iron rich foods.
- The reduction in the proportion of women of child bearing age consuming iron rich foods could have negative effects on their health and nutrition outcomes including increasing risks of anemia.

WCBA Consumption of Iron Rich Foods by District



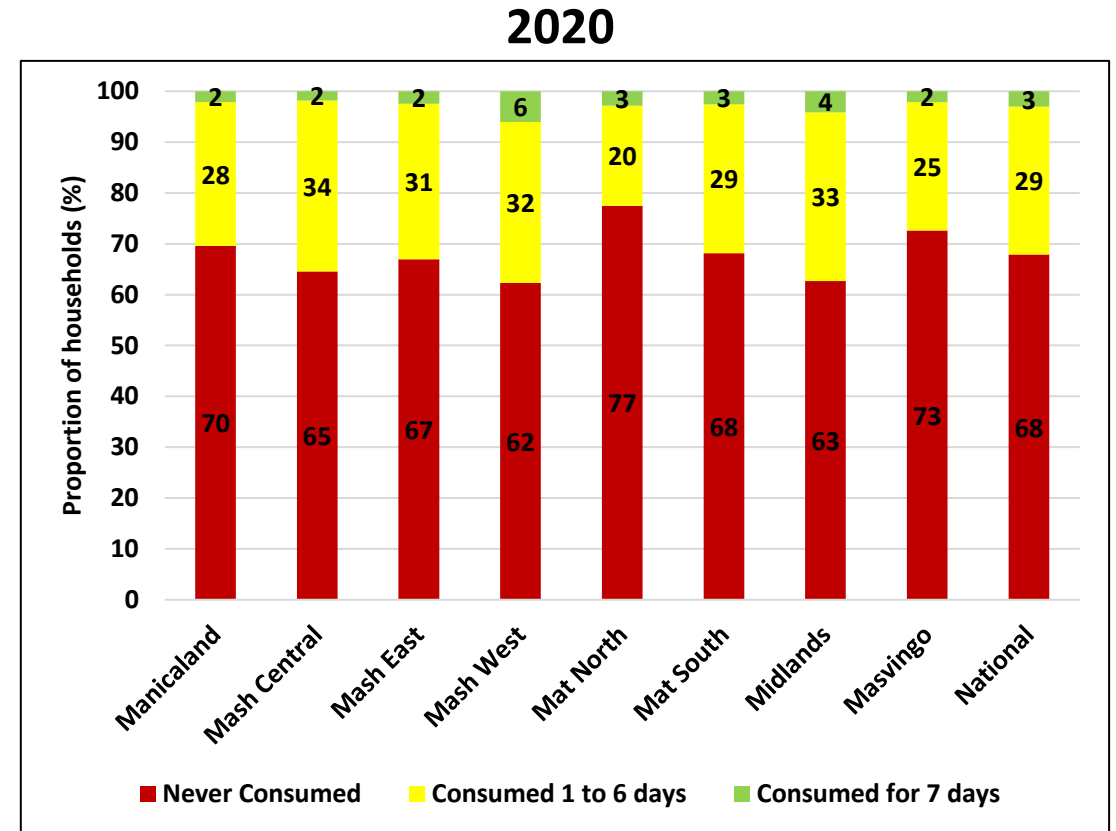
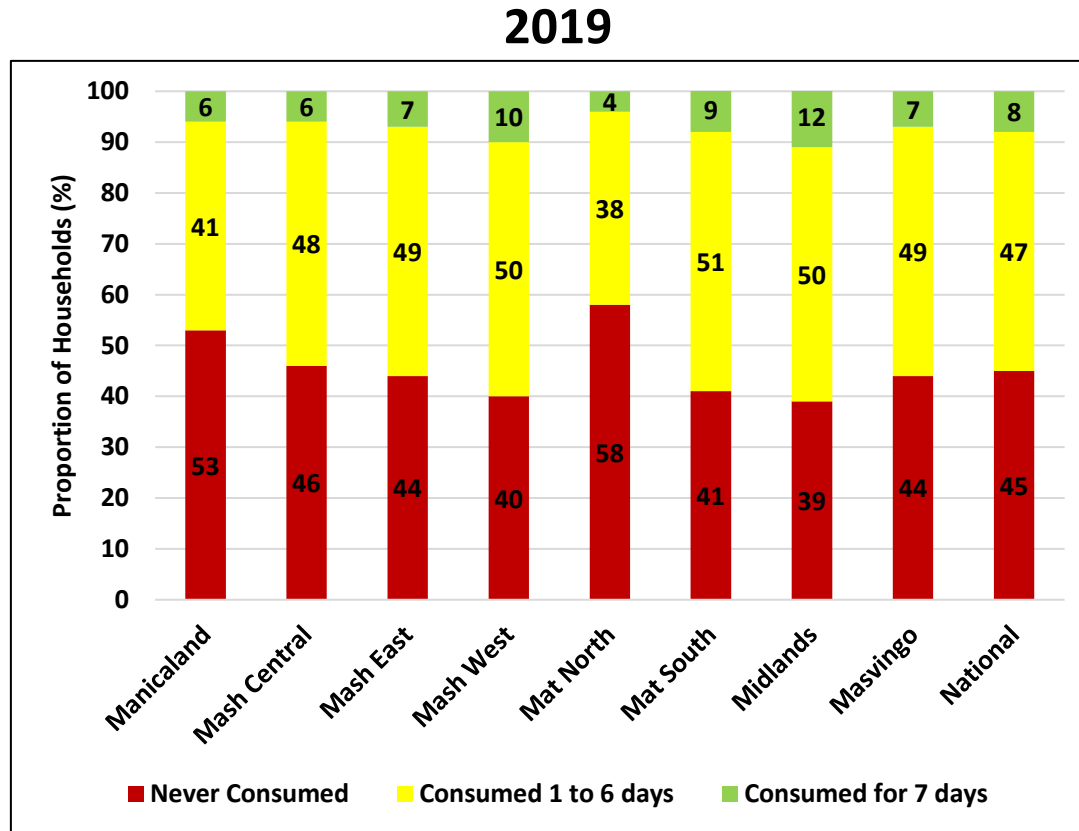
- All districts had low proportions of women of child bearing age consuming iron rich food.
- Bulilima (3%), Masvingo (5%) and Bindura (5%) had the least proportion of women consuming iron rich foods.
- This has negative implications to the health and wellbeing of women.

Household Consumption of Protein, Iron and Vitamin A Rich Foods



- Nationally, only 18% of the households reported they had consumed iron-rich foods during the 7 days prior to the survey.
- Consumption of protein-rich foods was also low at 43%
- Vitamin A-rich foods at 85% were more consumed by households.

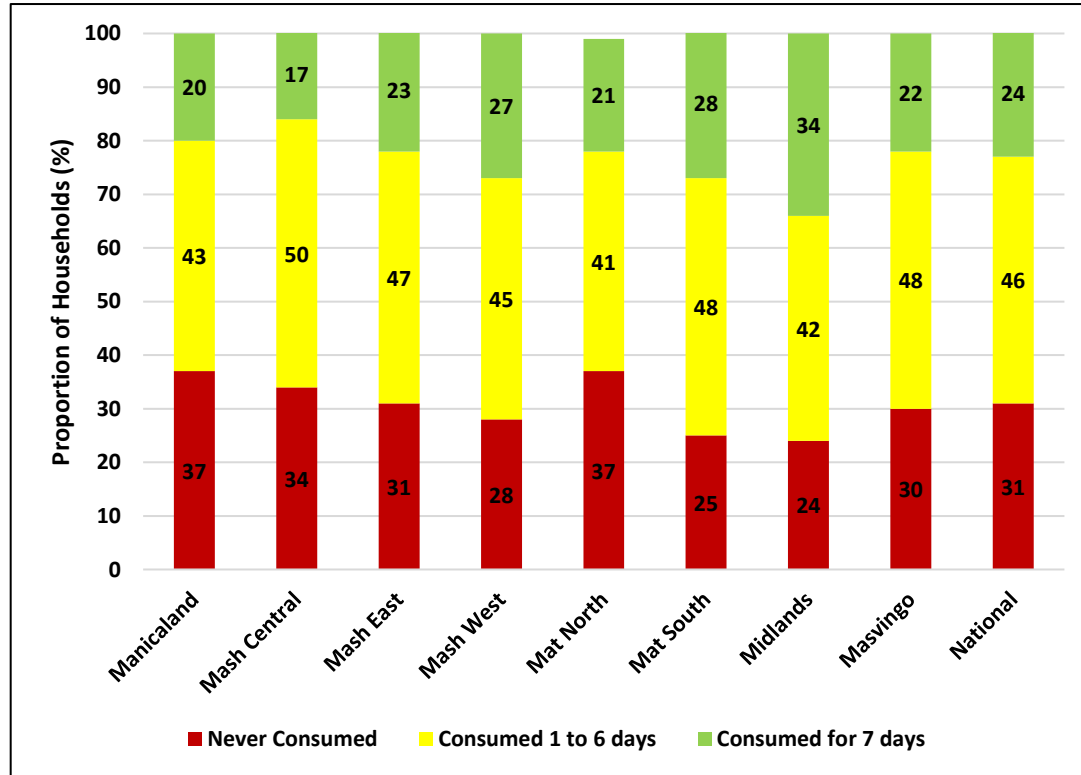
Households Consuming Iron-Rich Foods



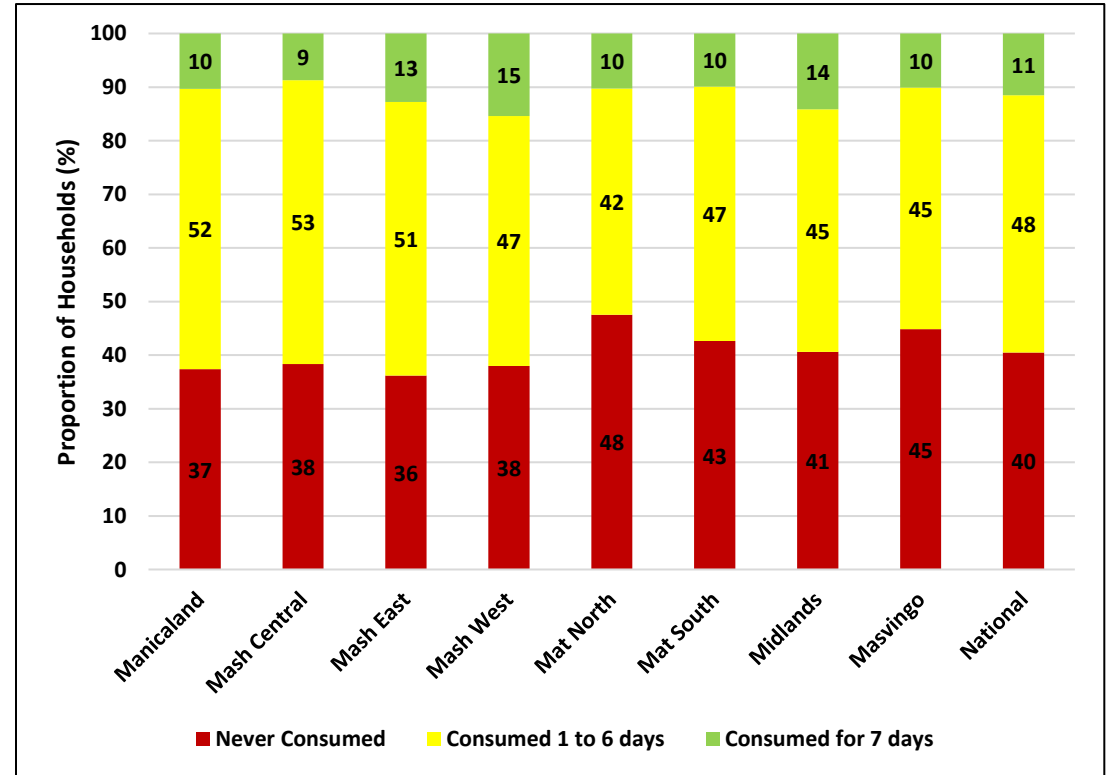
- Only 3% of households were consuming Iron-rich foods daily as compared to 8% in 2019.
- Iron is an essential mineral which is required by the body during the formation of blood cells. Iron deficiency can lead to tiredness and reduced ability by the body to fight infections.

Households Consuming Protein-Rich Foods

2019

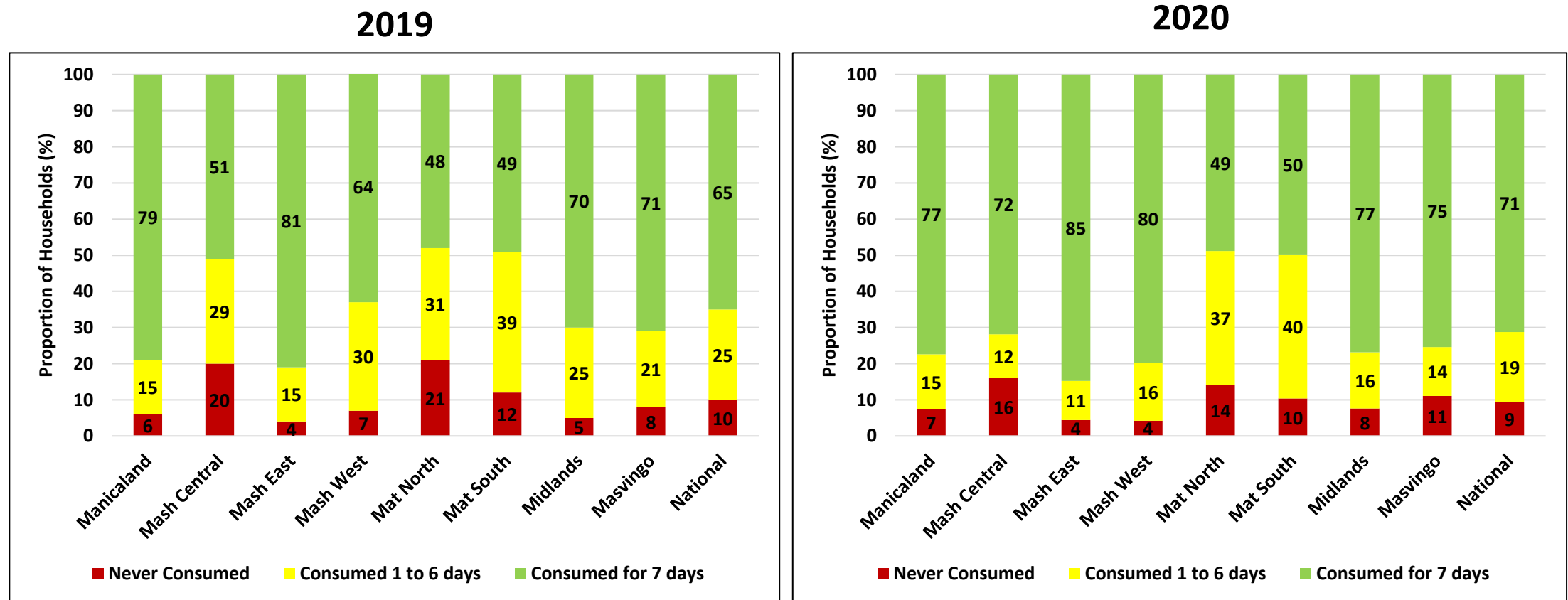


2020



- Inadequate protein intake compromises the body's ability to build, repair worn-out tissues and fight against infections.
- Nationally, there was an increase in the proportion of households that never consumed protein from 31% in 2019 to 40% in 2020.

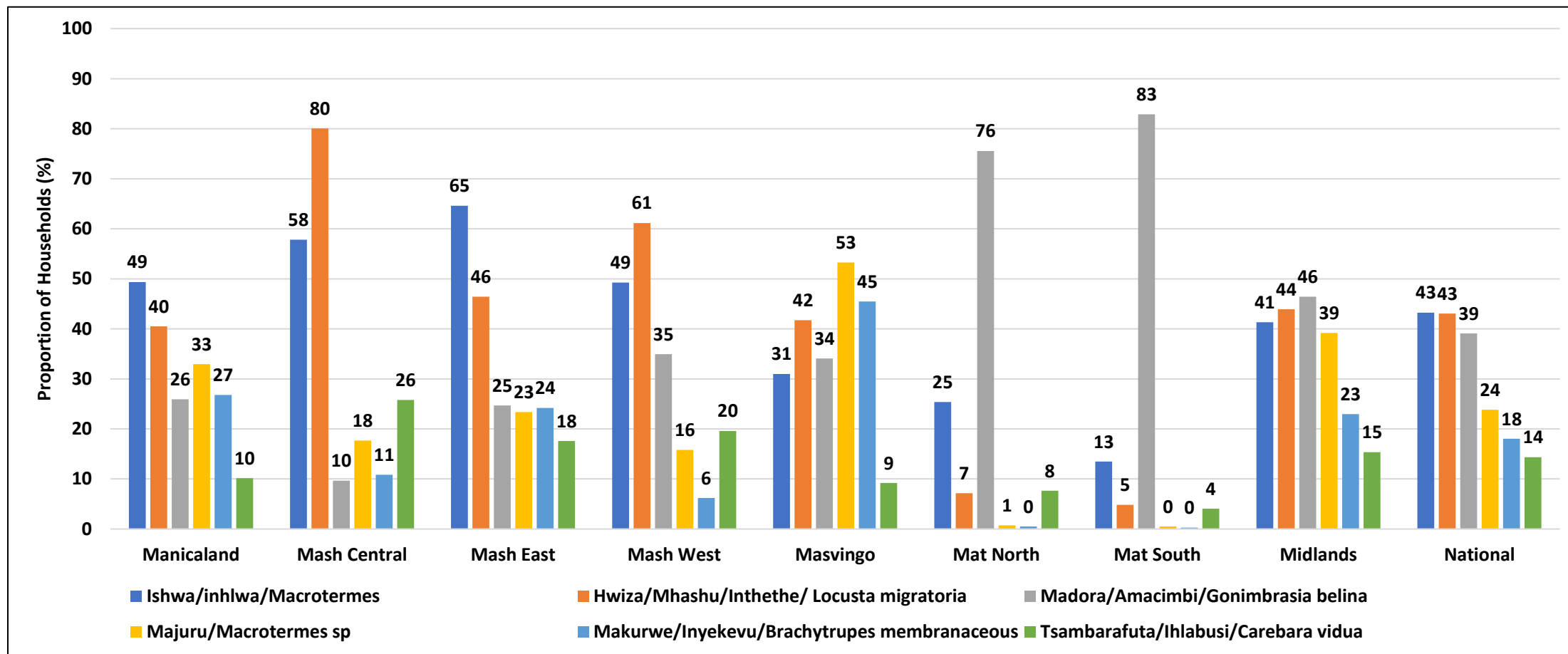
Households Consuming Vitamin A-rich Foods



- Vitamin A is important for normal vision, the immune system functions, and reproduction.
- Vitamin A deficiency causes night blindness, harms the immune system and may contribute to maternal mortality.
- Nationally, the daily consumption of Vitamin-A rich foods was 71% which was an improvement from 65% recorded in 2019.

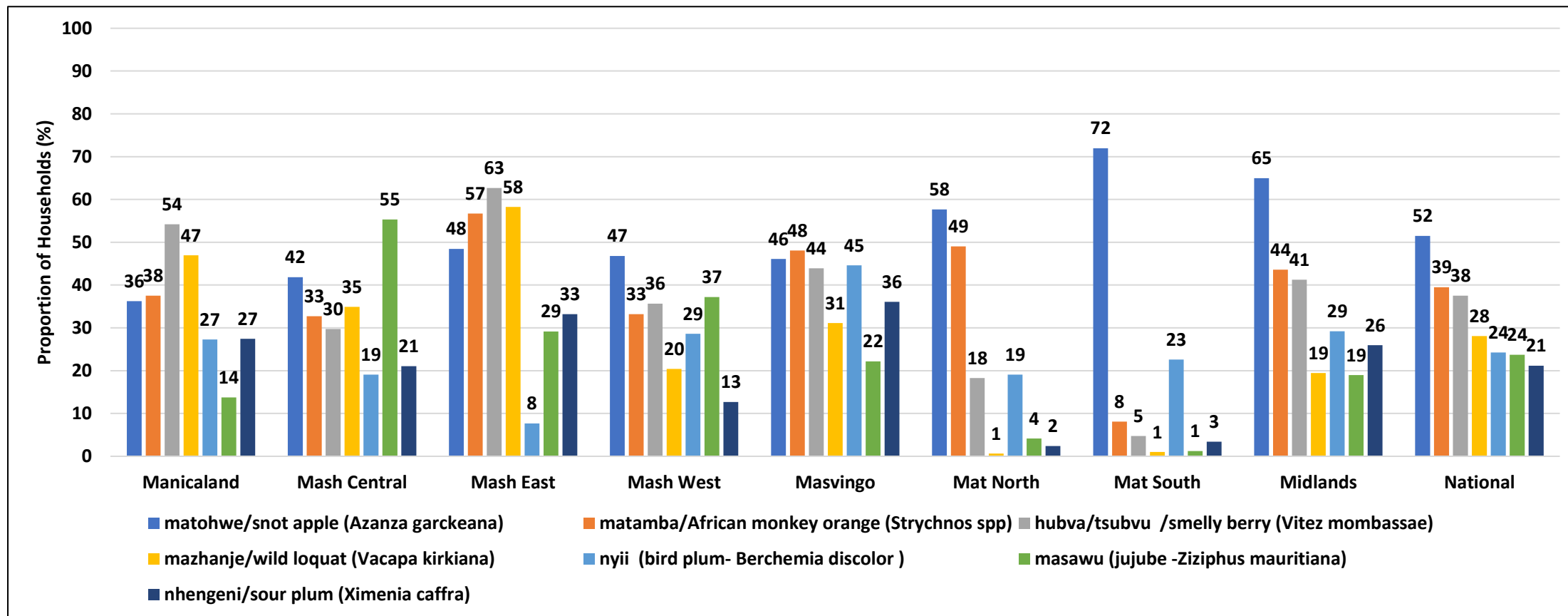
Consumption of Non-Timber Forest Food Products

Top 5 widely Consumed Insects



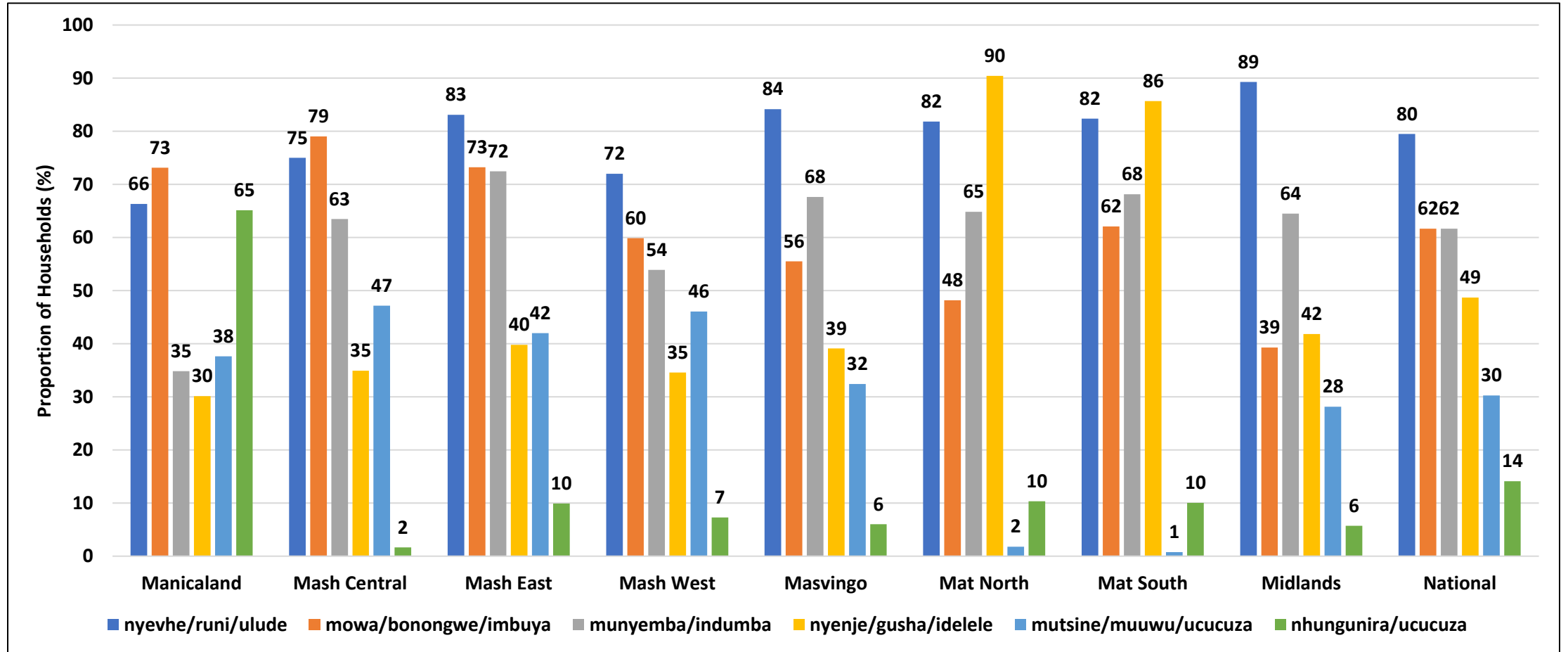
- Nationally Ishwa/Flying termites (43%),Hwiza/Locusts (43%) and Madora/Mopane Worms (39%) were the most consumed indigenous insects. The least was Tsambarafuta (14%).
- Matabeleland North and Matabeleland South had almost no households which reported having consumed Majuru/Soldier Termites and Makurwe/Ground Cricket.

Top 7 widely Consumed Indigenous Fruits



- Nationally, Matchwe/Snot Apple (52%), Matamba/African Monkey Orange (39%) and Hubva/Smelly Berry (38%) were the indigenous fruits most widely consumed by rural households.
- Mazhanje/Wild Loquat, Masawu and Nhengeni/Sour plum were the least consumed indigenous fruits in Matabeleland North and Matabeleland South

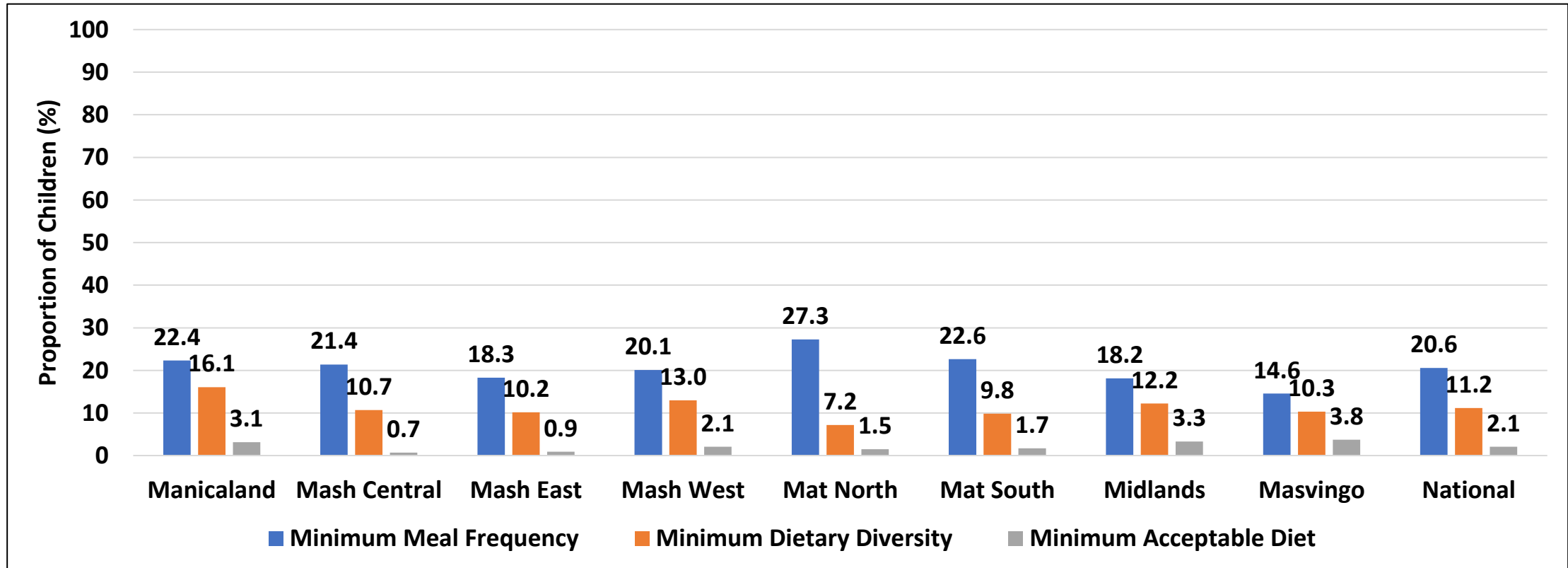
Top 6 Widely Consumed Indigenous Vegetables



- Nyevehe/Ulude (80%), Mowa/imbuya (62%) and Munyemba/indumba (62%) were the most widely consumed indigenous vegetables nationally.
- The least consumed was Nhungumira/ucucuza (14%).

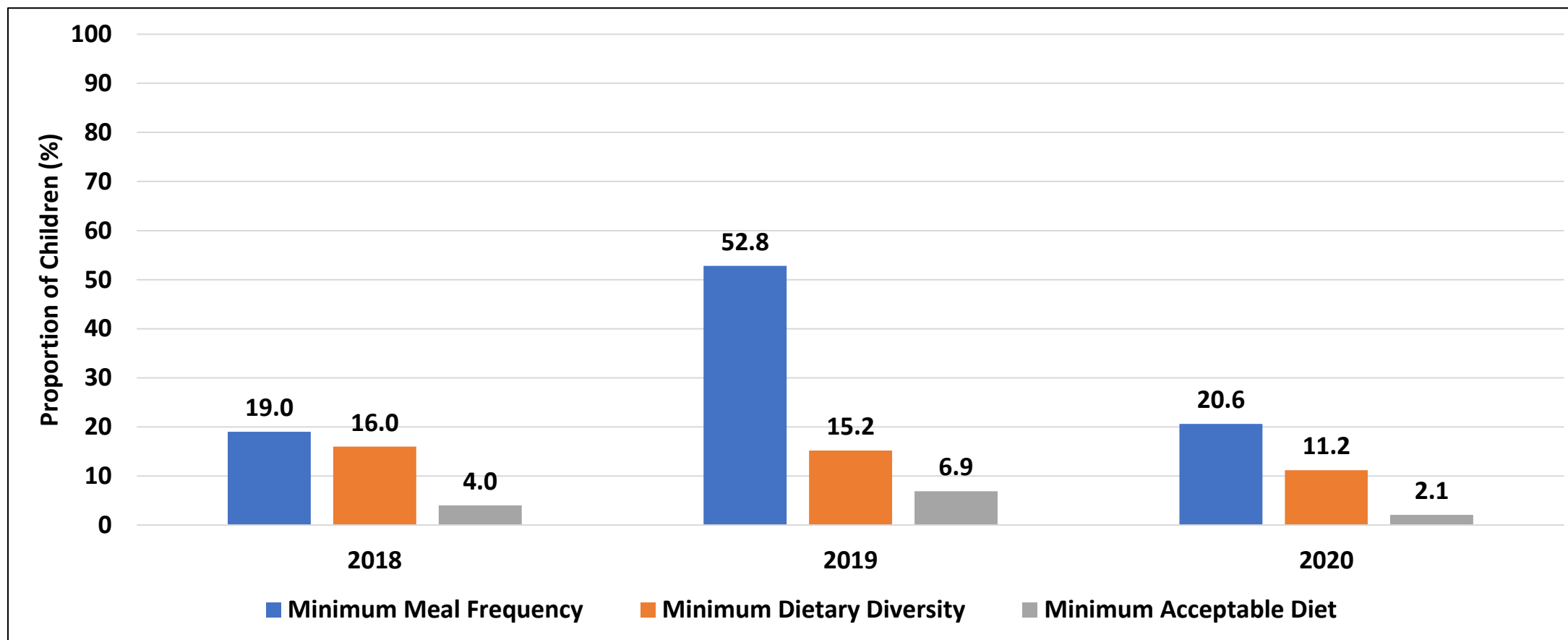
Complementary Feeding

Complementary Feeding Practices Based on Seven Food Groups



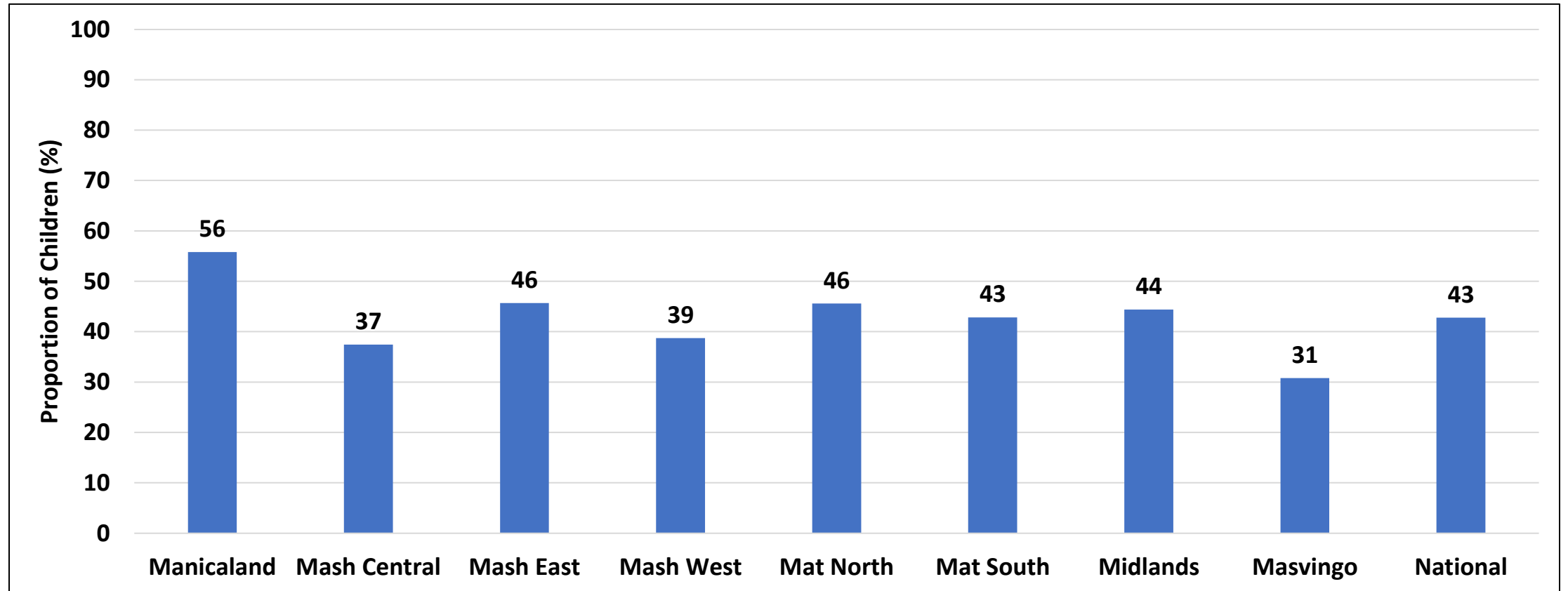
- The proportion of children that received Minimum Acceptable Diet (MAD) was only 2.1%, which was a decline from 6.9% recorded in 2019.
- A minimum acceptable diet is essential to ensure appropriate growth and development for feeding infants and children aged 6–23 months.
- Without adequate diversity and meal frequency, infants and young children are vulnerable to malnutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality.

Trends in Complementary Feeding Practices



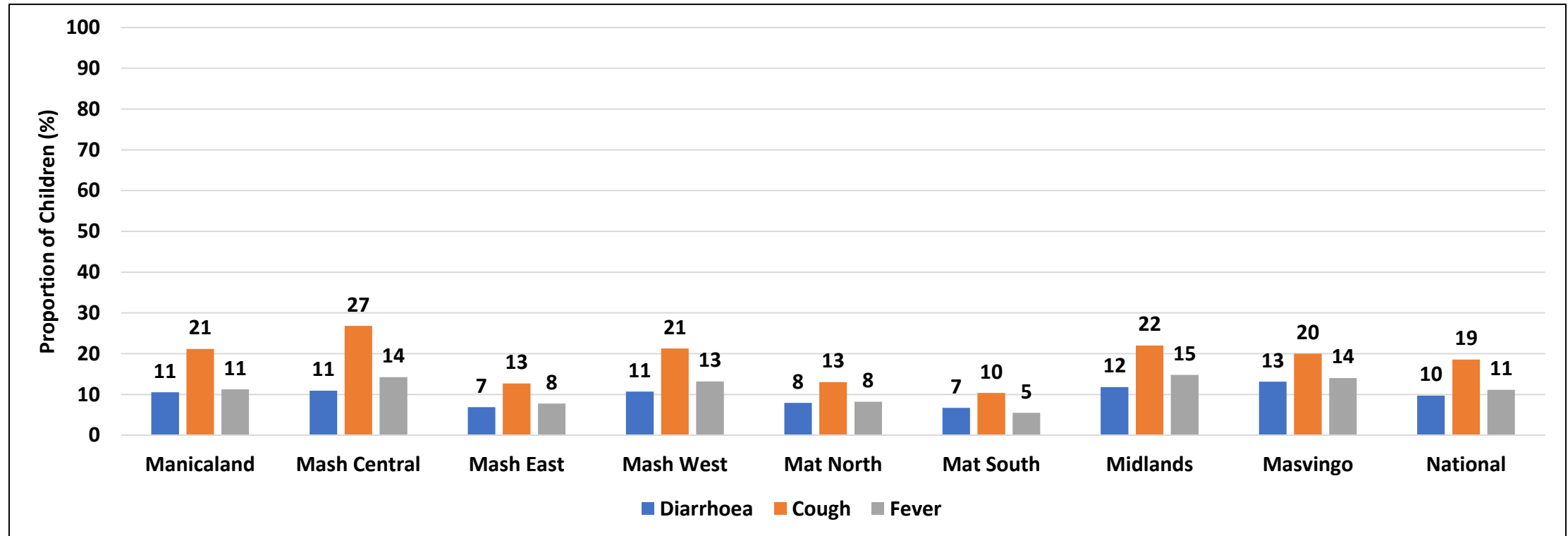
- Nationally the minimum meal frequency, minimum dietary diversity and minimum acceptable diet greatly deteriorated in 2020 as compared to 2019.

Children Aged 6-59 Months who Received Vitamin A at least Twice in the past 12 Months



- Nationally the proportion of children 6-59 months who received vitamin A at least twice in the previous 12 months was 43%.
- The proportion was high in Manicaland 56% and least in Masvingo province at 31%.

Prevalence of Illness for Children Aged 0-59 Months



- Prevalence of child illness was assessed as presence of illness during the two weeks preceding the survey.
- The prevalence of illness among children was cough (19%), fever (11%) and diarrhoea (10%). Cough was highest in Mashonaland Central (27%), diarrhoea was highest in Masvingo (13%) while fever was highest in Midlands (15%).
- Child illness has an impact on dietary intake, nutrient utilisation among children, hence can lead to acute undernutrition.

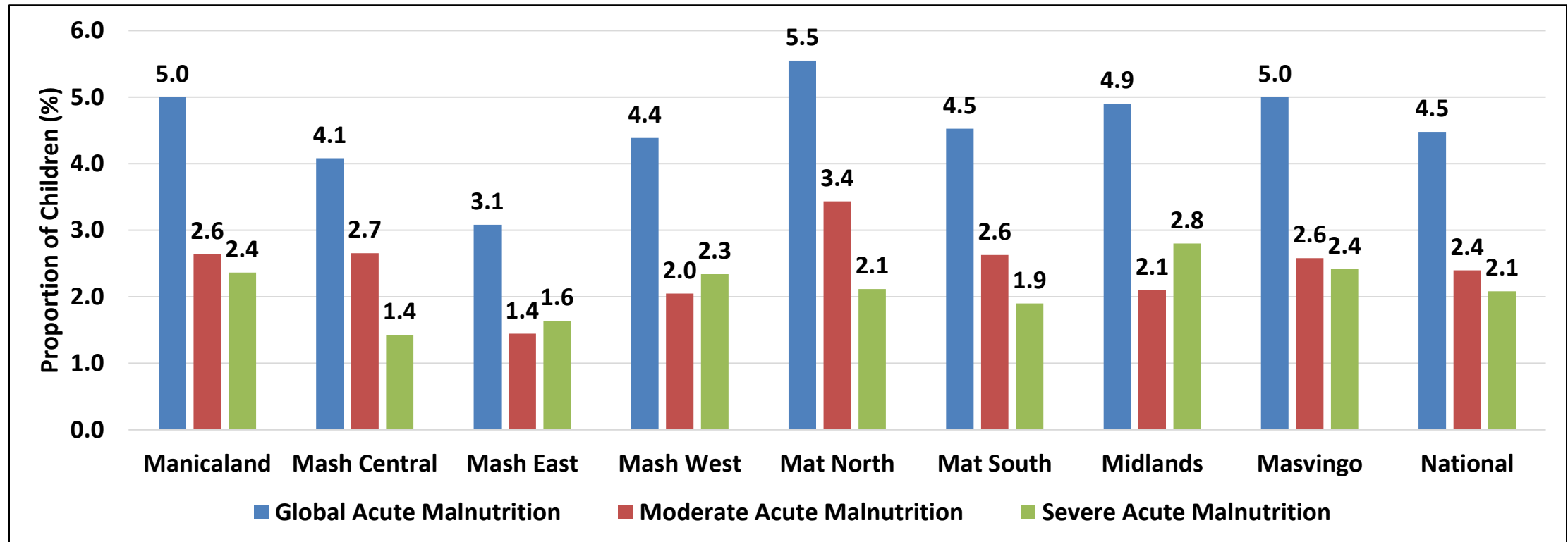
Child Nutrition Status

Child Nutrition Status

Malnutrition Prevalence thresholds for children 6-59 months :

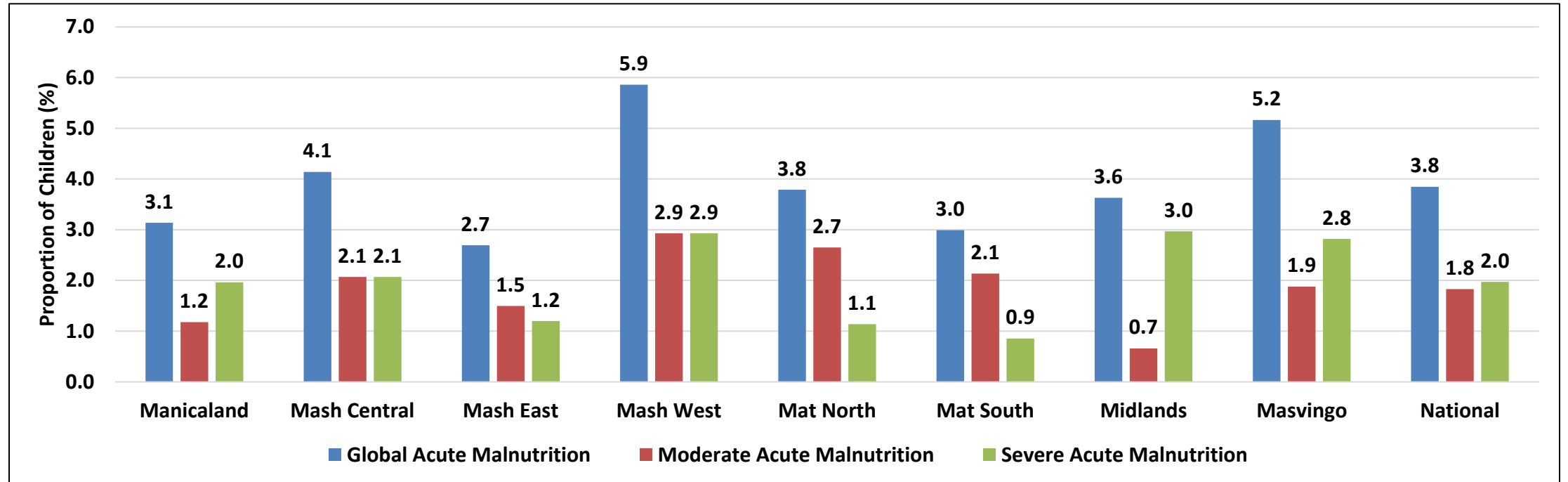
Indicator	Definition	National Prevalence (%)	Prevalence cut-off values for public health significance
Global Acute Malnutrition (GAM)	MUAC for Age <-2SD of the WHO Child Growth Standards median and/or oedema (WHO, 2006)	4.5%	<5% Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critical (WHO, 2000)
Moderate Acute malnutrition (MAM)	MUAC for Age ≥ -3 SD <-2 of the WHO Child Growth Standards median (WHO, 2006)	2.4%	0% = acceptable >0%: Unacceptable
Severe acute malnutrition (SAM)	MUAC for Age < -3 SD or SD ≥ -3 and/or oedema of the WHO Child Growth Standards median (WHO, 2006)	2.1%	0% = acceptable >0%: Unacceptable
Global Acute Malnutrition (GAM)	MUAC < 125mm and/or oedema or MUAC ≥ 125 and/or oedema	3.8%	<5% Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critical (WHO, 2000)
Moderate Acute malnutrition (MAM)	MUAC ≥ 115 mm and <125mm and no bilateral pitting oedema	1.8%	0% = acceptable >0%: Unacceptable
Severe acute malnutrition (SAM)	MUAC < 115mm and/or Bilateral pitting oedema (any grade)	2.0%	0% = acceptable >0%: Unacceptable

Acute Malnutrition by Province Based on MUAC for Age Standards



- Global Acute Malnutrition in Manicaland, Matabeleland North and Masvingo has reached 5% which is a benchmark for public health emergency.
- Nationally, global acute malnutrition in 2020 was 4.5%, an increase from 3.6% in 2019.
- The highest prevalence was in Matabeleland North (5.5%) and lowest in Mashonaland East (3.1%).

Acute Malnutrition by Province Based on MUAC Measurements



- Nationally using MUAC cut-offs only the prevalence of global acute malnutrition was 3.8%.
- Mashonaland West (5.9%) and Masvingo (5.2%) were above 5% the benchmark for public health emergency.

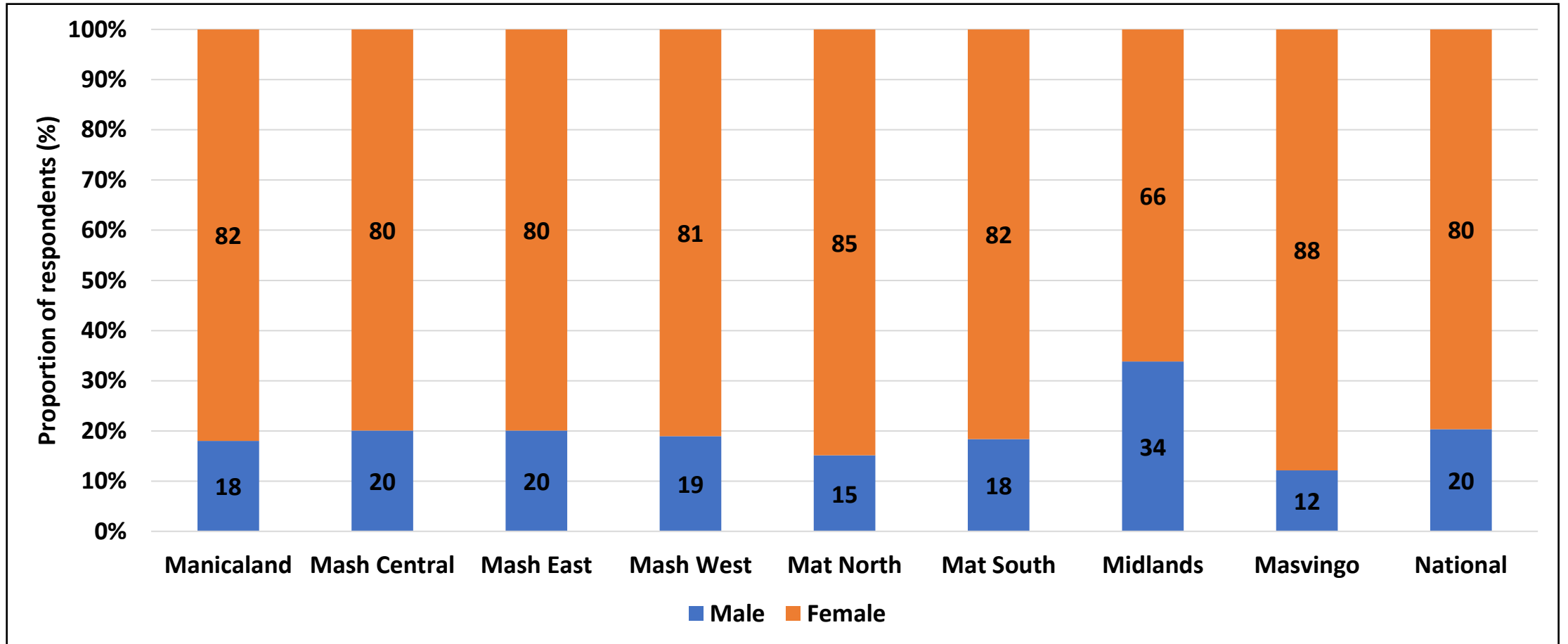
Gender Based Violence (GBV)

Gender-Based Violence

Province	N	Spousal violence (%)	Other forms of GBV (%)
Manicaland	1263	19.3	0.2
Mash Central	1369	15.6	0.7
Mash East	1605	13.8	0.4
Mash West	1214	9.6	0.3
Mat North	1184	10.1	0.0
Mat South	1183	7.4	0.1
Midlands	1347	15.1	0.8
Masvingo	1204	11.6	0.7
National	10369	13.0	0.4

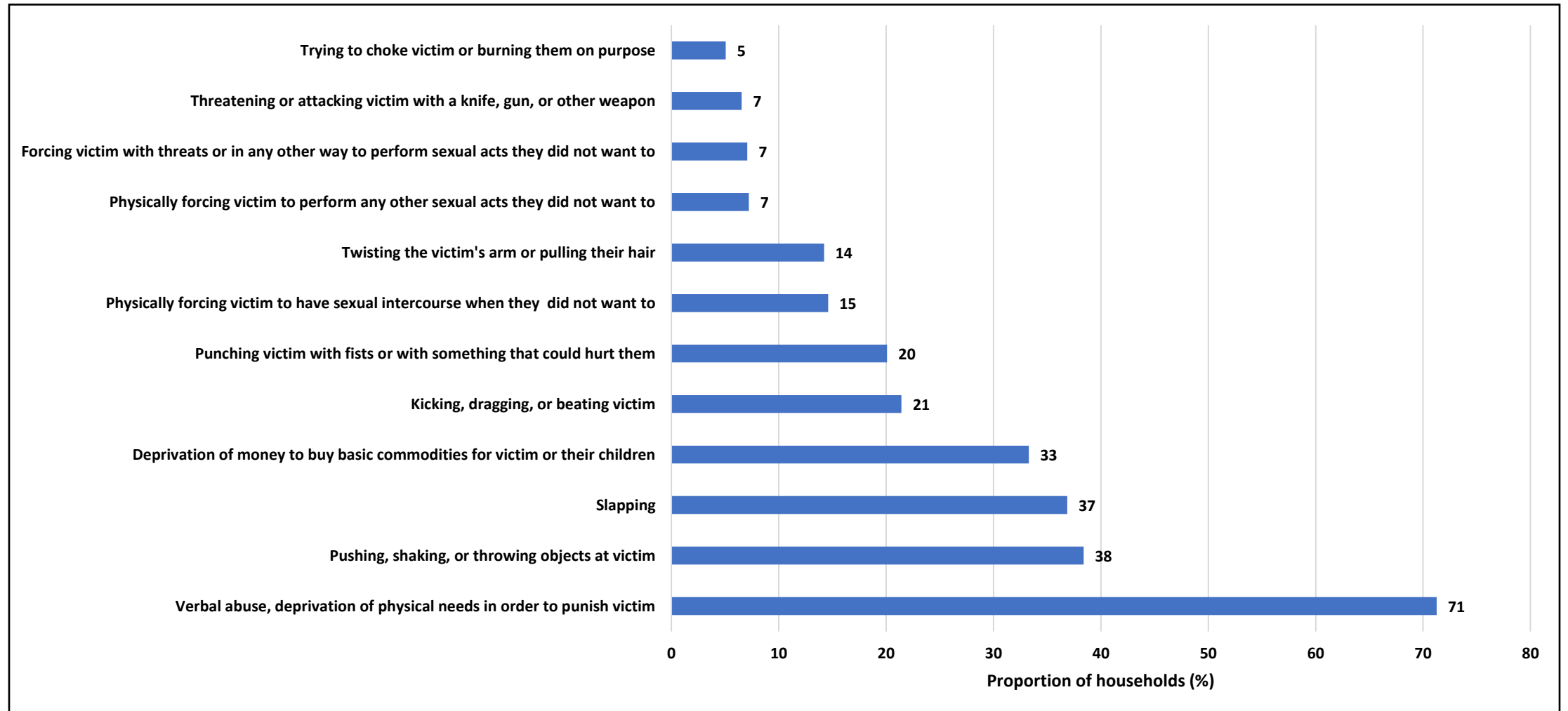
- Nationally, 13% of respondents reported having experienced spousal violence while 0.4% reported experiencing other forms of Gender Based Violence (GBV).
- Spousal violence was highest in Manicaland (19.3%), Mashonaland Central (15.6%) and Midlands (15.1%).
- Other forms of GBV were high in Midlands (0.8%), Mashonaland Central (0.7%) and Masvingo (0.7%)

Respondents to Spousal Violence



- Most of the respondents that were interviewed for spousal violence were females at 80%.

Forms of Spousal Violence

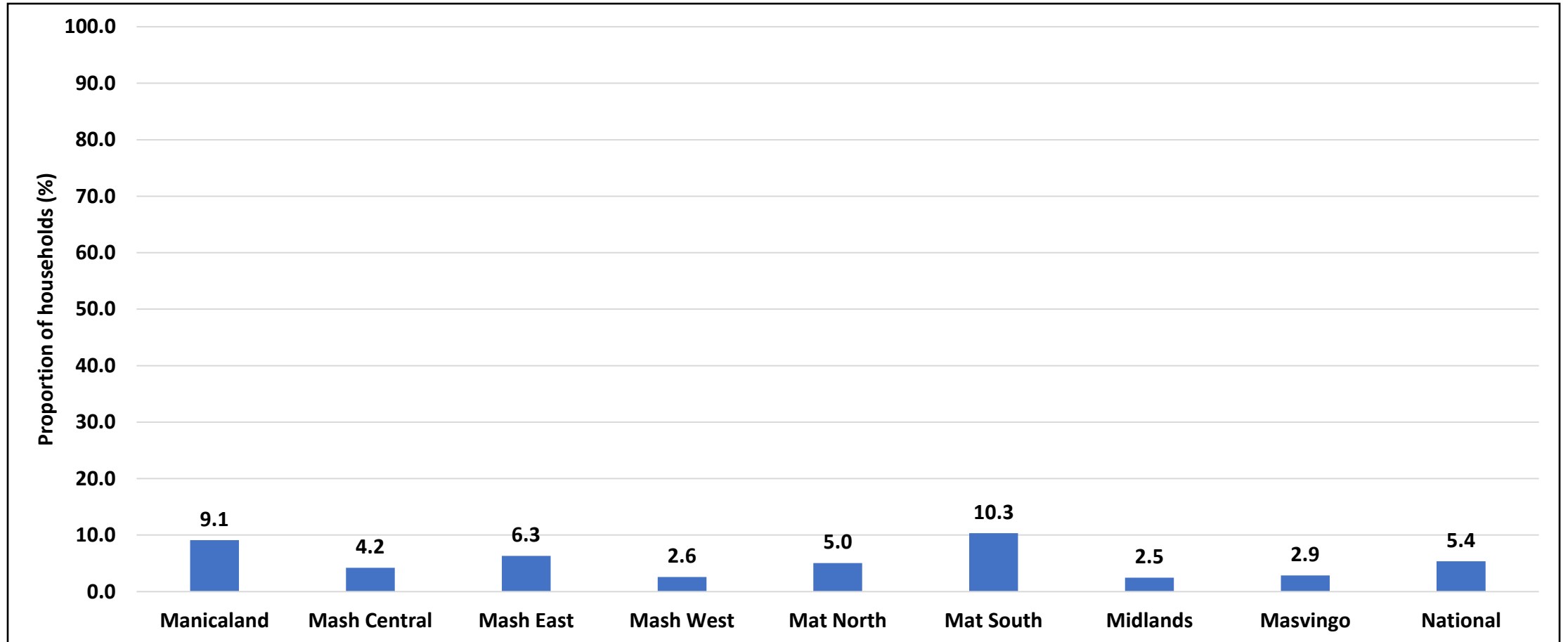


- The most reported form of spousal violence was verbal abuse and deprivation of physical needs in order to punish the victim (71%).

Forms of Spousal Violence by Province

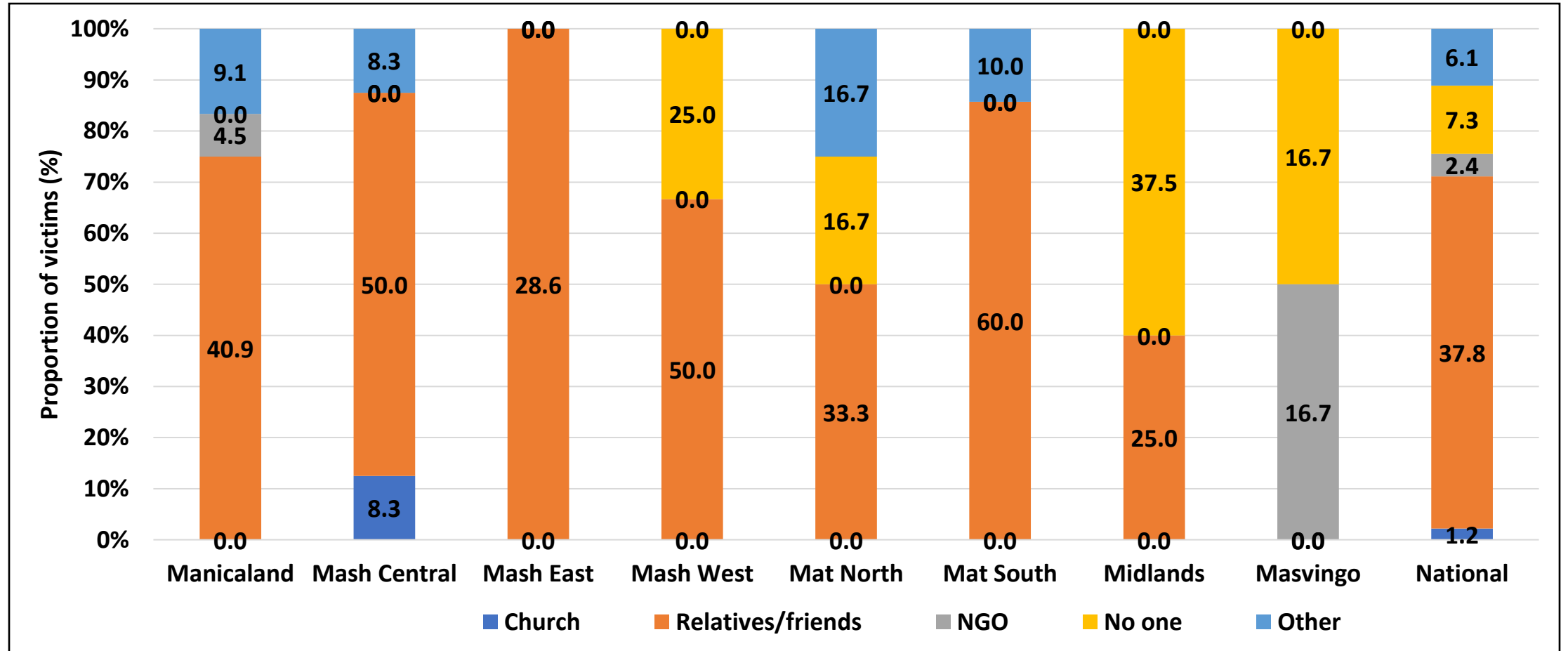
	Verbal abuse and deprivation of physical needs in order to punish victim (%)	Pushing, shaking, or throwing something at victim (%)	Slapping (%)	Deprivation of money to buy basic victim or their children (%)	Kicking, dragging, or beating victim (%)	Punching victim with fists or with something that could hurt them (%)	Physically force victim to have sexual intercourse when they did not want to (%)	Twisting the victim's arm or pull their hair (%)	Physically forcing victim to perform any other sexual acts they did not want to (%)	Forcing victim with threats or in any other way to perform sexual acts they did not want to (%)	Threatening or attacking victim with a knife, gun, or other weapon (%)	Trying to choke victim or burning them on purpose (%)
Manicaland	77	43	47	37	29	26	15	19	8	10	8	10
Mash Central	71	31	33	28	19	19	22	12	6	6	3	2
Mash East	73	35	35	35	20	19	12	12	8	6	2	3
Mash West	72	47	35	38	20	20	13	18	3	2	4	3
Mat North	67	49	42	34	27	24	11	18	7	6	7	6
Mat South	57	39	38	32	23	22	7	15	3	6	17	7
Midlands	71	36	28	30	16	14	16	11	9	9	8	5
Masvingo	71	34	36	33	17	17	13	11	9	9	8	5
National	71	38	37	33	21	20	15	14	7	7	7	5

Victims who Sought Medical Attention as a Result of Spousal Violence



- Of those who experienced spousal violence (13%), 5.4% sought medical attention as a result of the violence.

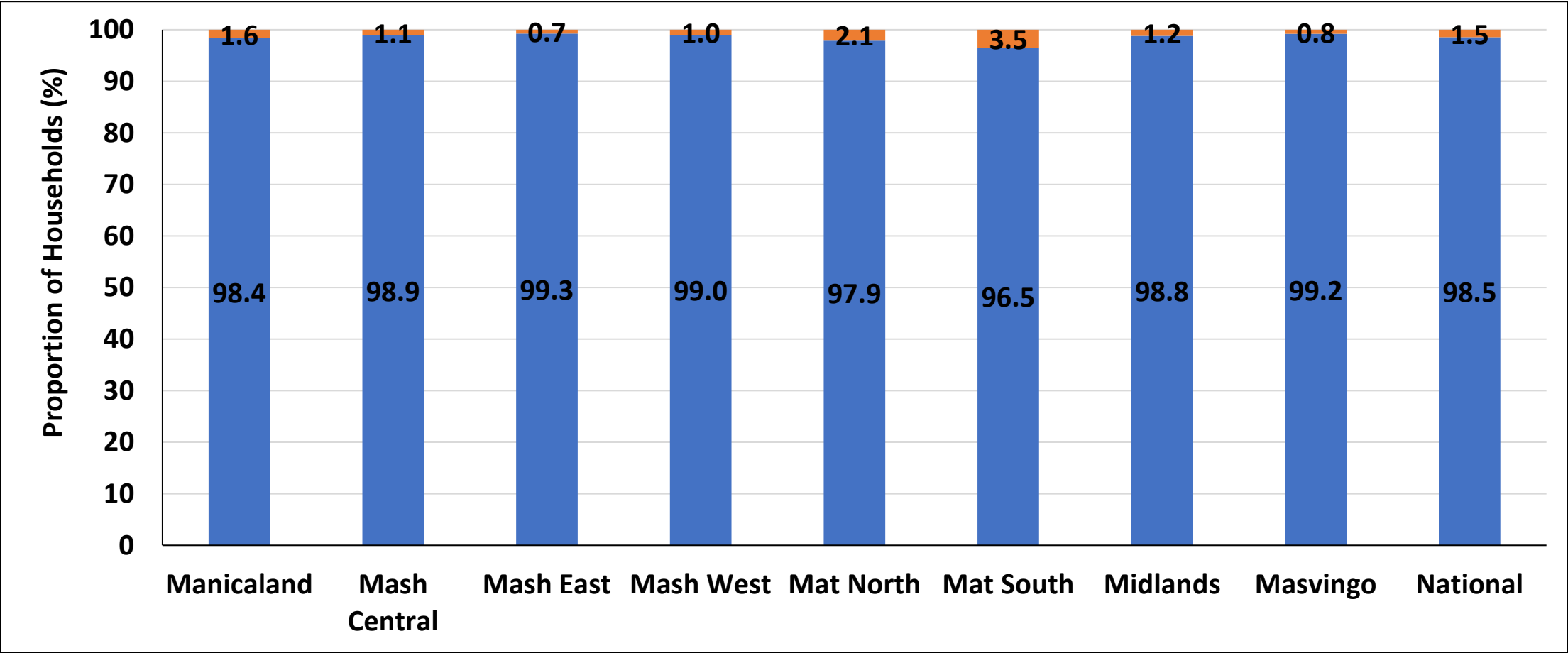
Reported Incident of Spousal Violence



- The majority of those who experienced spousal violence reported to relatives/friends (37.8%).

COVID-19 and Livelihoods

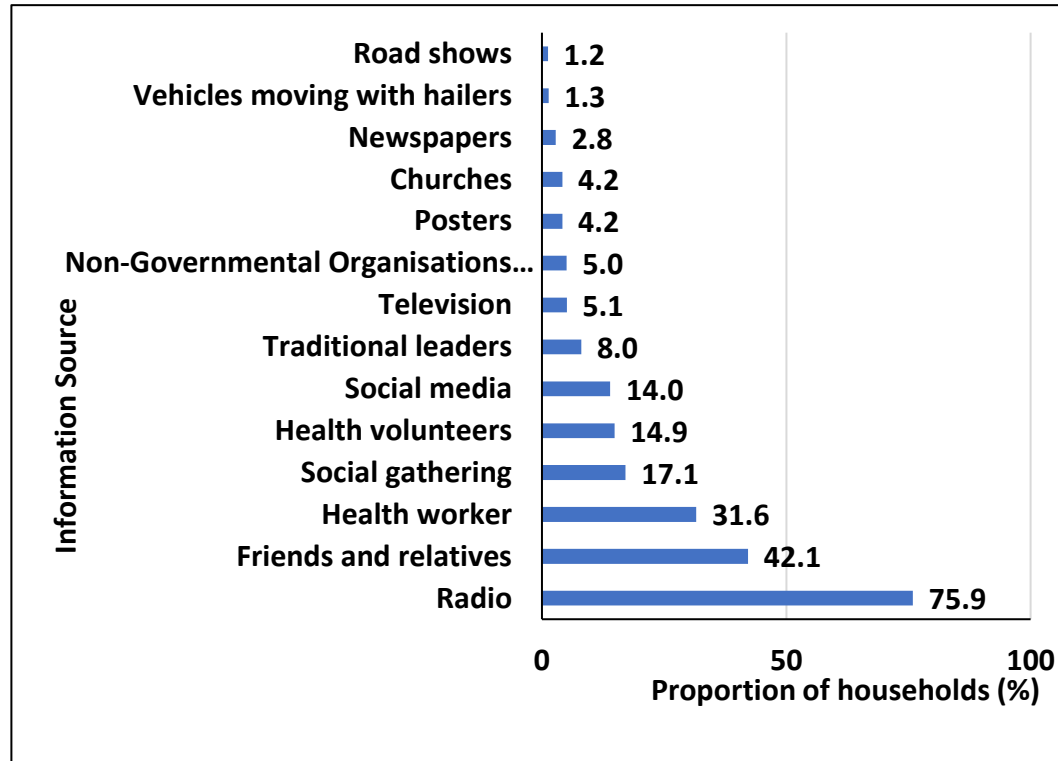
Proportion of Households that Ever Heard About COVID-19



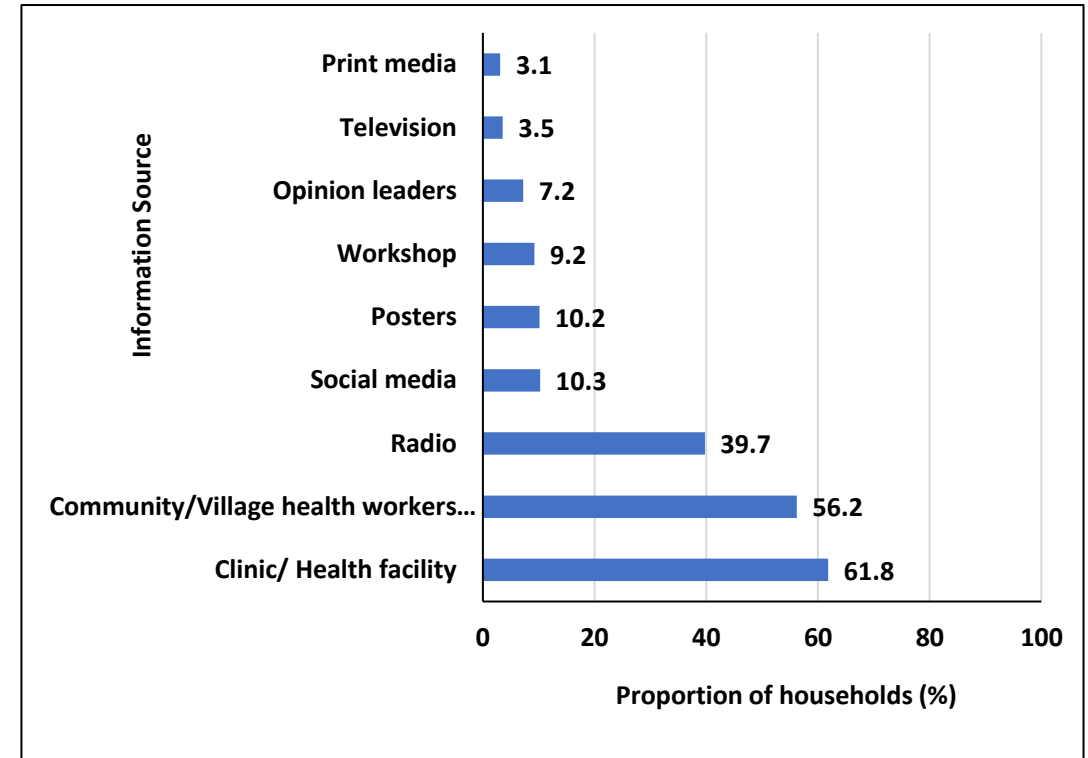
- At least 98.5% of the surveyed households had heard about COVID-19.

Sources of Information About COVID-19

Current Sources of Information about COVID-19

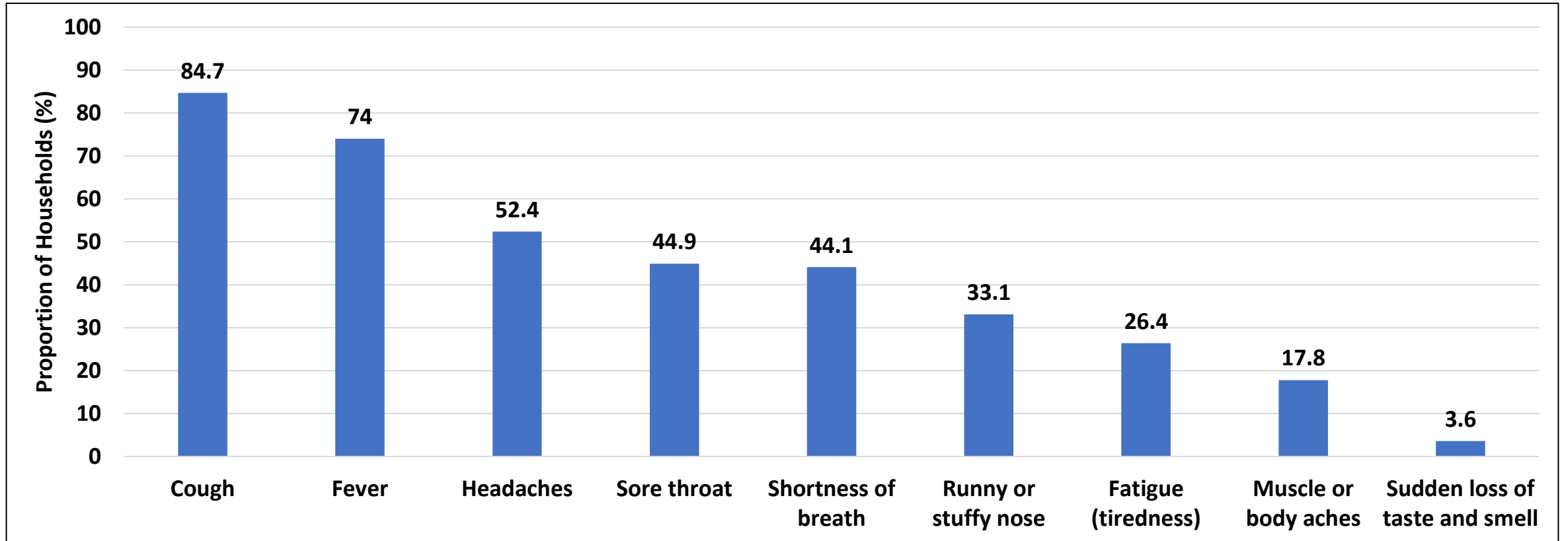


Preferred Future Sources of Information about COVID-19



- The top five (5) sources of information on COVID-19 were: radio (75.9%), friends and relatives (42.1%), health workers (31.6%), social gatherings (17.1%) and health volunteers (14.9%).
- The top five (5) preferred future sources of information on COVID-19 were: clinic/health facility (61.8%), community/village health workers (56.2%), radio (39.7%), social media (10.3%) and posters (10.2%).

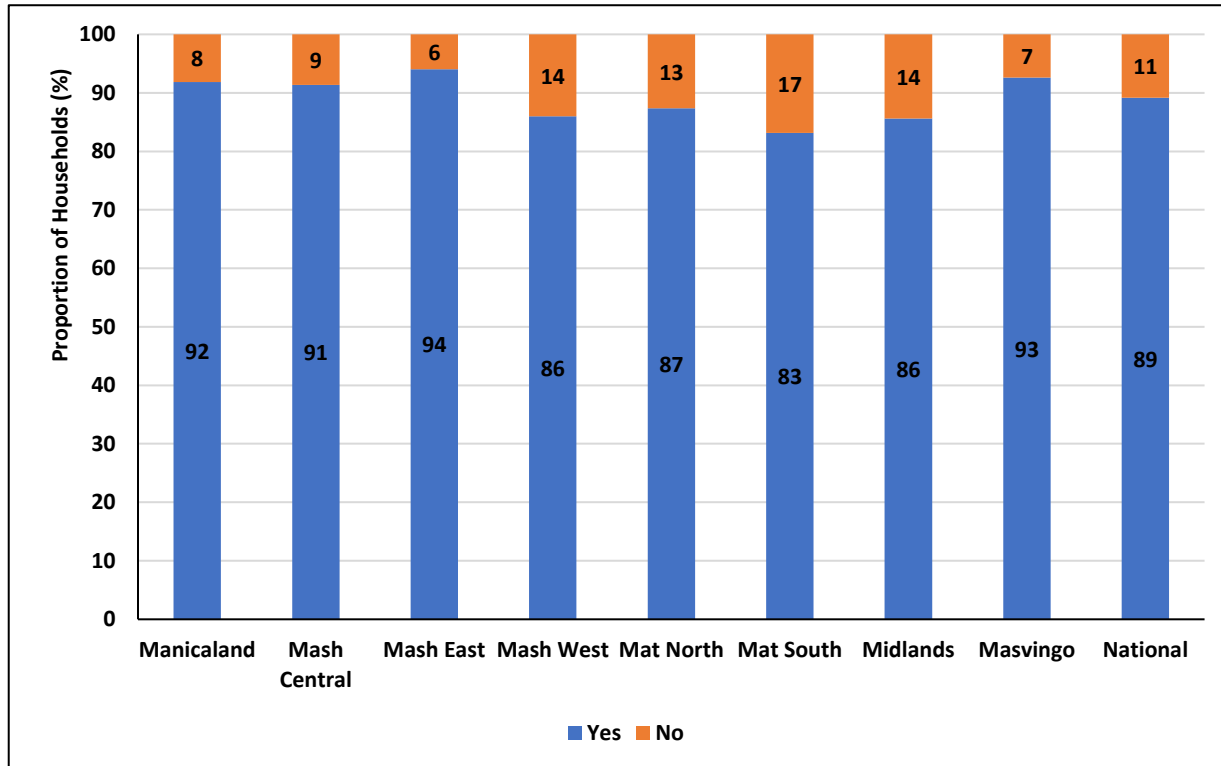
Commonly Known Symptoms of COVID-19



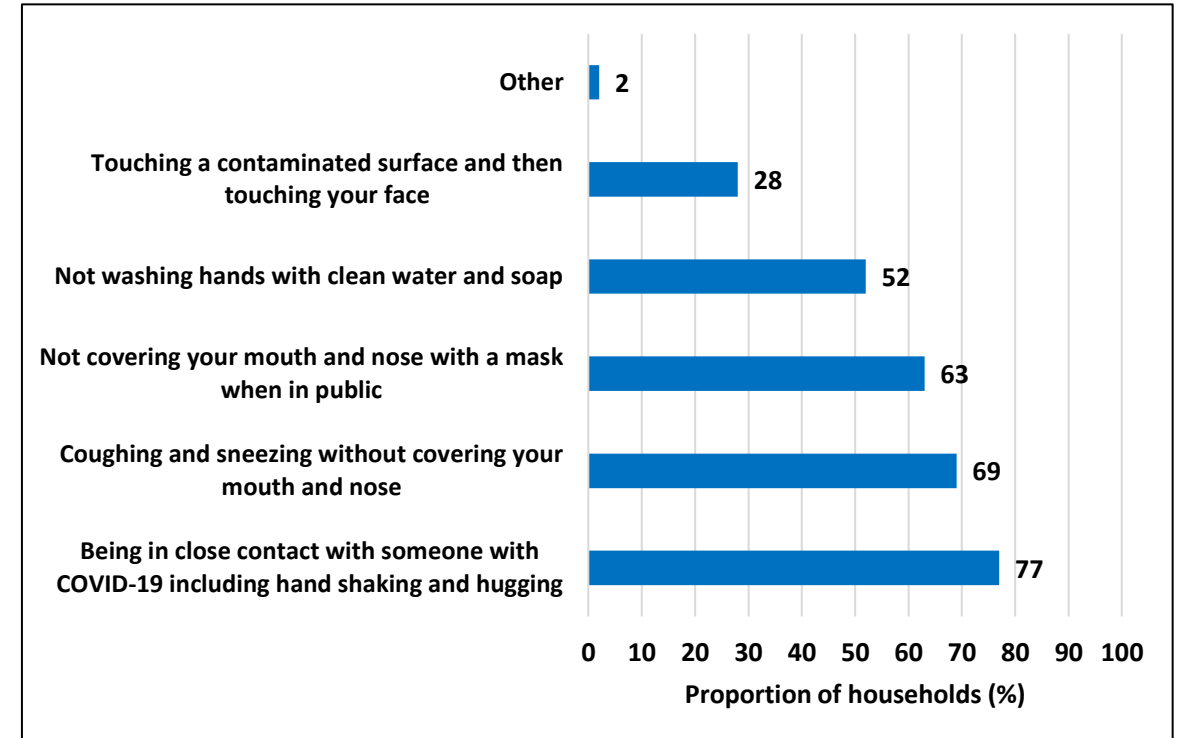
- The top five (5) commonly known symptoms of COVID-19 were cough (84.7%), fever (74%), headaches (52.4%), sore throat (44.9%) and shortness of breath (44.1%).
- This is evidence that people in the rural areas were to some extent aware of COVID-19 and its common symptoms.

Knowledge and Reasons how COVID-19 Spreads

Knowledge on how COVID-19 spreads



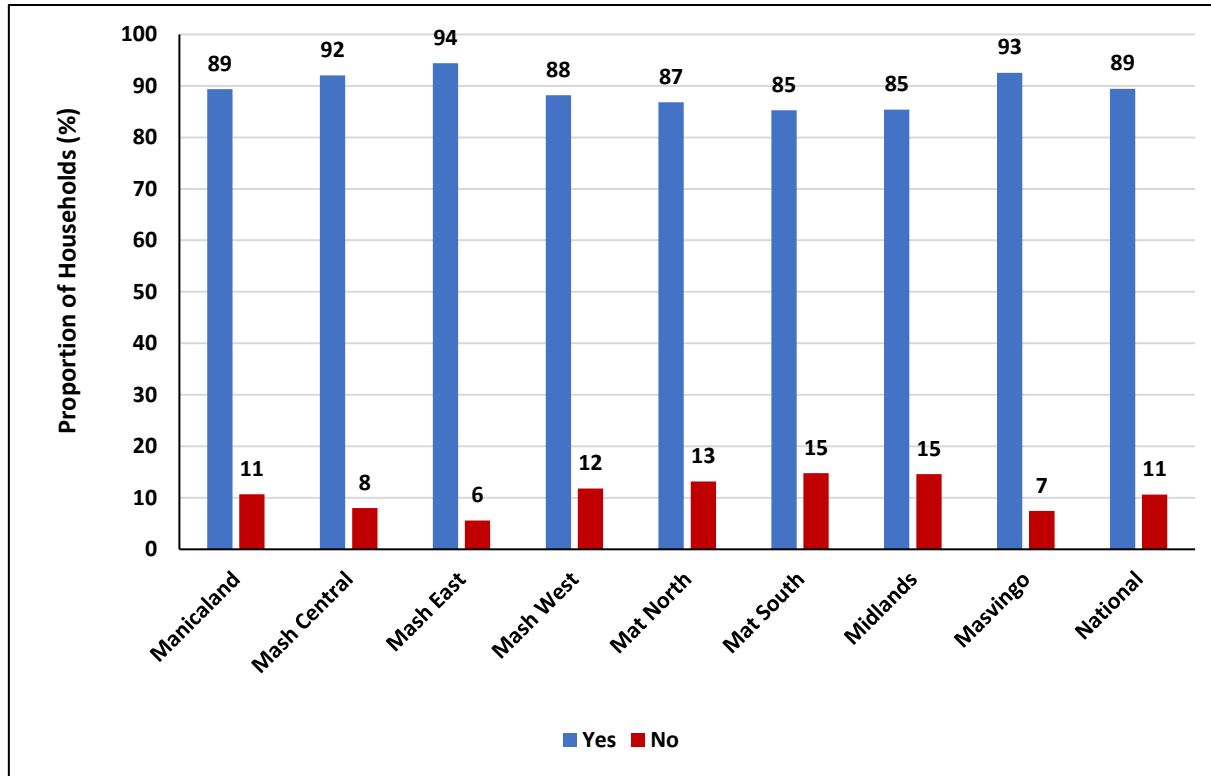
Commonly known methods on how COVID-19 is spread



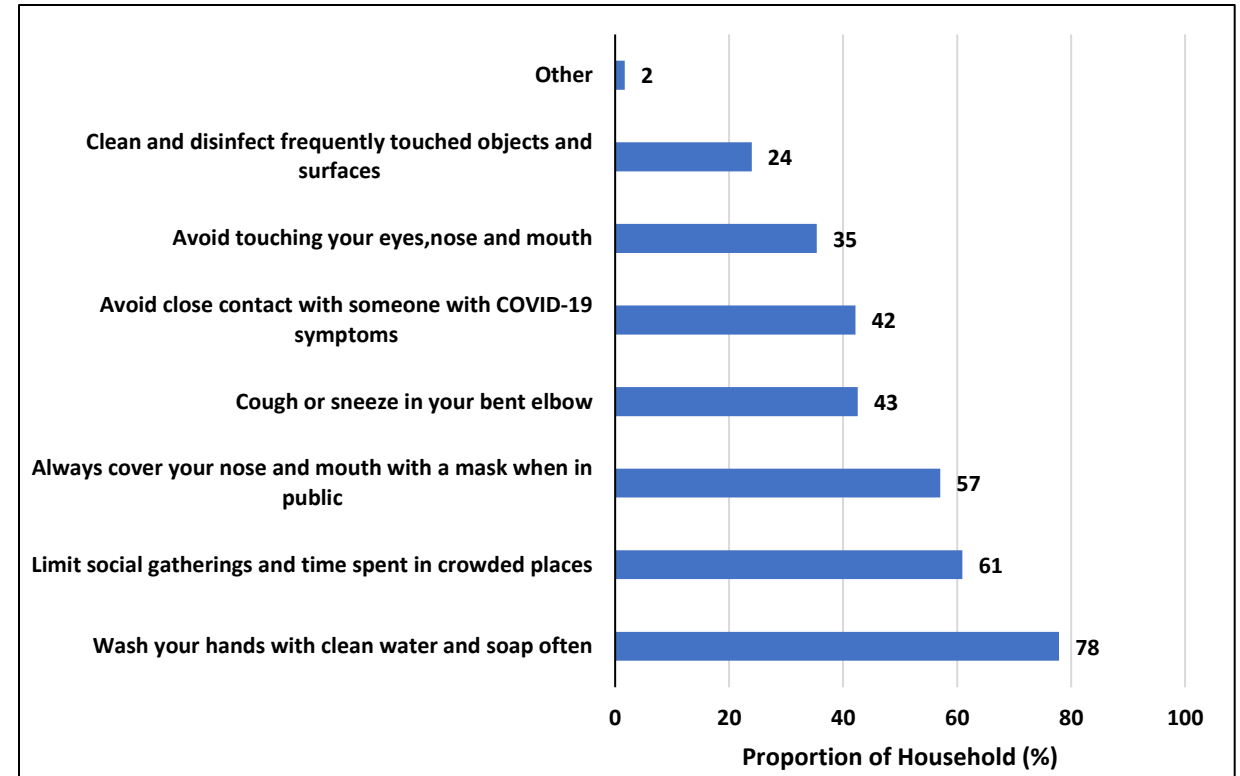
- Nationally, 89% of the households had knowledge on how COVID-19 is spread.
- The top three (3) reasons for the spread of COVID-19 as indicated by the households were: being in close contact with a COVID-19 infected person (77%), coughing and sneezing without covering the mouth and nose (69%) and not wearing a mask when in public (63%).

Knowledge on How to Reduce Spread of COVID-19

Knowledge on how to reduce spread of COVID-19

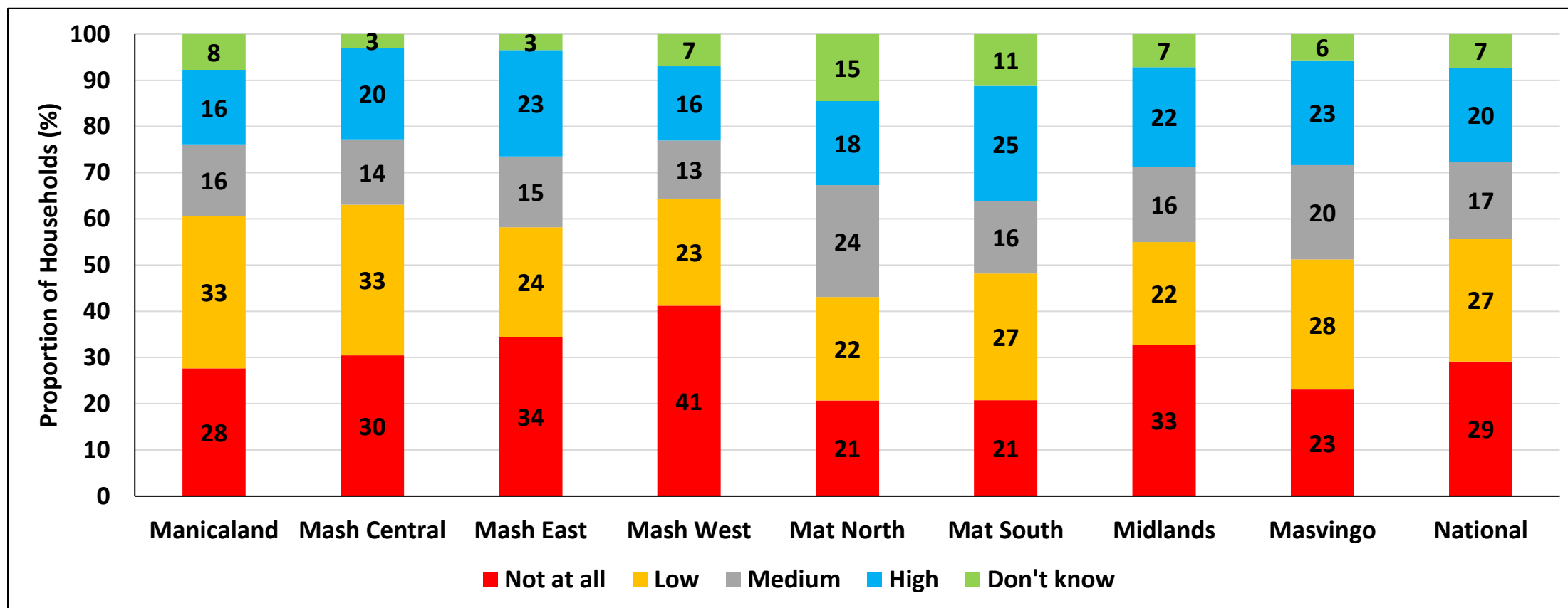


Known methods on ways to reduce COVID-19



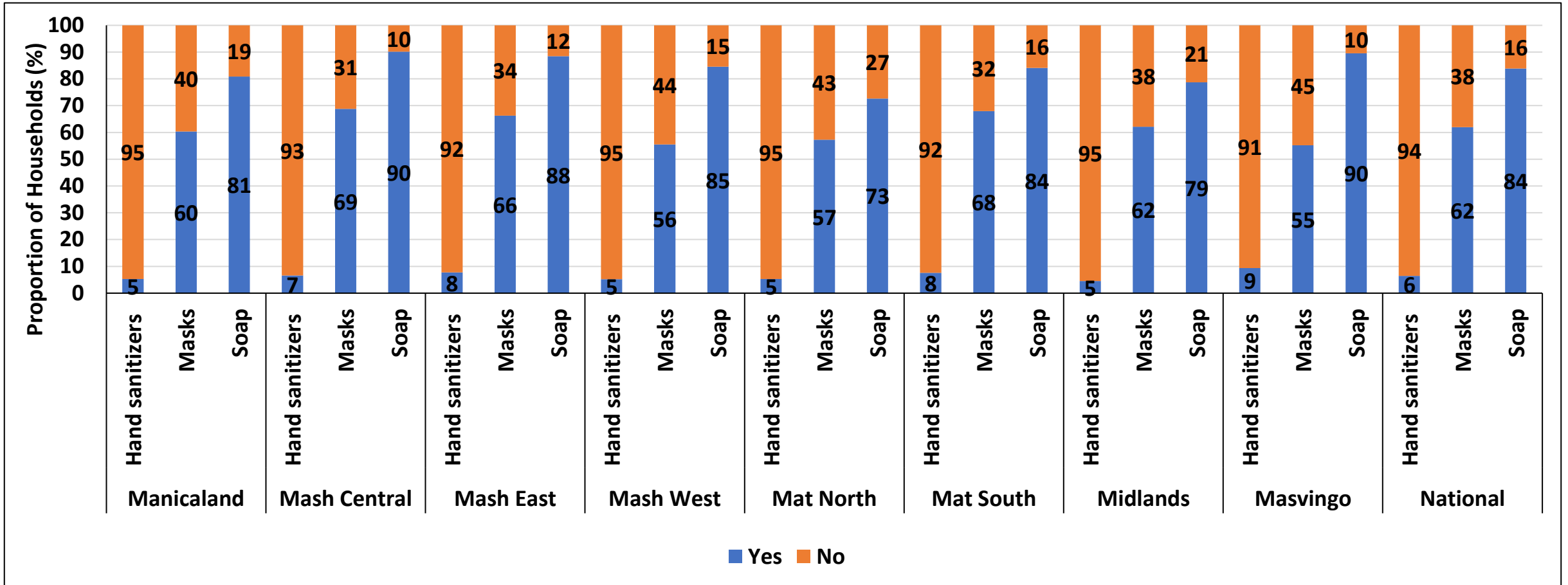
- Knowledge on preventive measures to COVID-19 was high as 89% of the surveyed households had knowledge on the preventive measures.
- The top three (3) preventive measures as indicated by the households were: regular washing of hands with soap and clean water (78%), social distancing (61%), and wearing a mask when in public (57%).

Household Perception on Risk of Contracting COVID-19



- Over 50% of households across all provinces had varying levels of perceived risk of contracting COVID-19.
- Matabeleland South (25%) had the highest proportion of household with a perceived high risk of contracting COVID-19.
- Mashonaland West (41%) had the highest proportion of households that did not perceive as having any risk of contracting COVID-19.

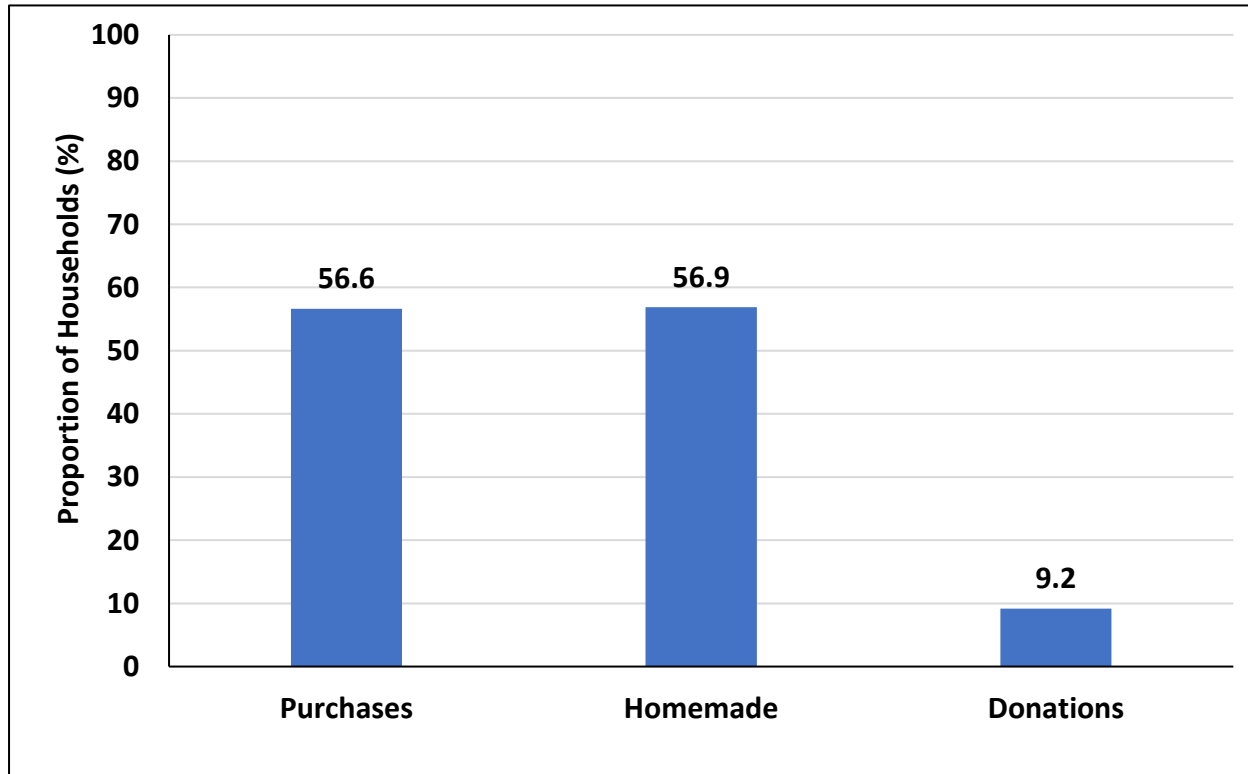
Access to Hand Sanitizers, Masks and Soap



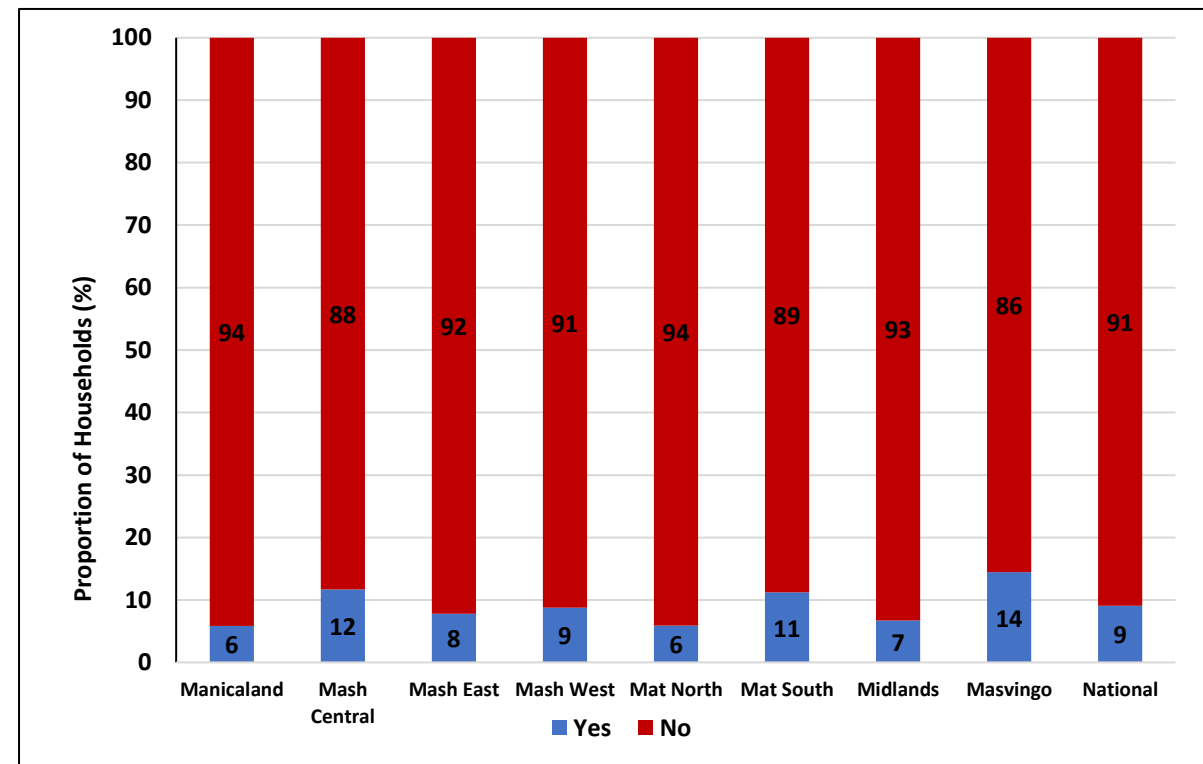
- Nationally, access to handwashing soap (84%) and masks (62%) was high. However, access to sanitisers was very low (6%).
- The trend was similar in all provinces, that is, handwashing soap was readily available while hand sanitizers were not easily accessible.

Common Sources of Accessories and PPE During the COVID-19 Pandemic and Perceptions of their and Affordability

Source of accessories and PPE during the COVID-19 pandemic

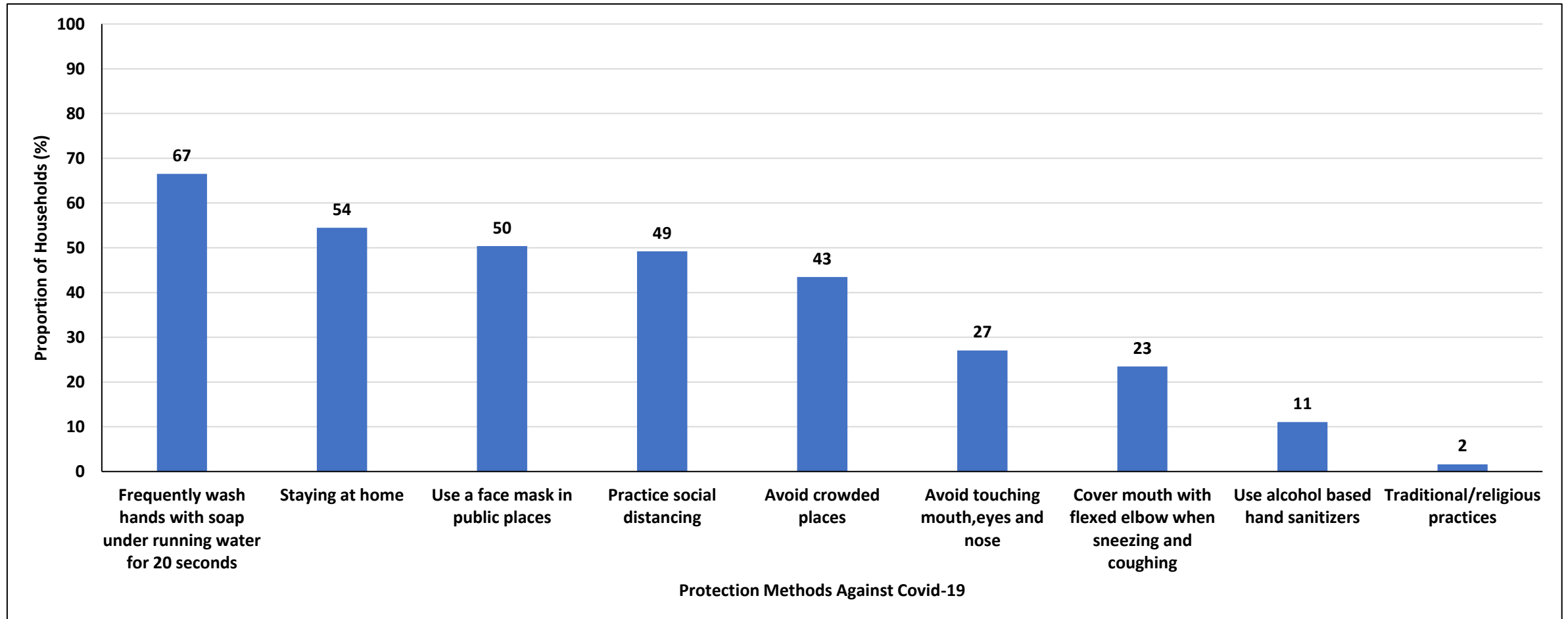


Perceptions on Affordability of COVID-19 PPE and accessories



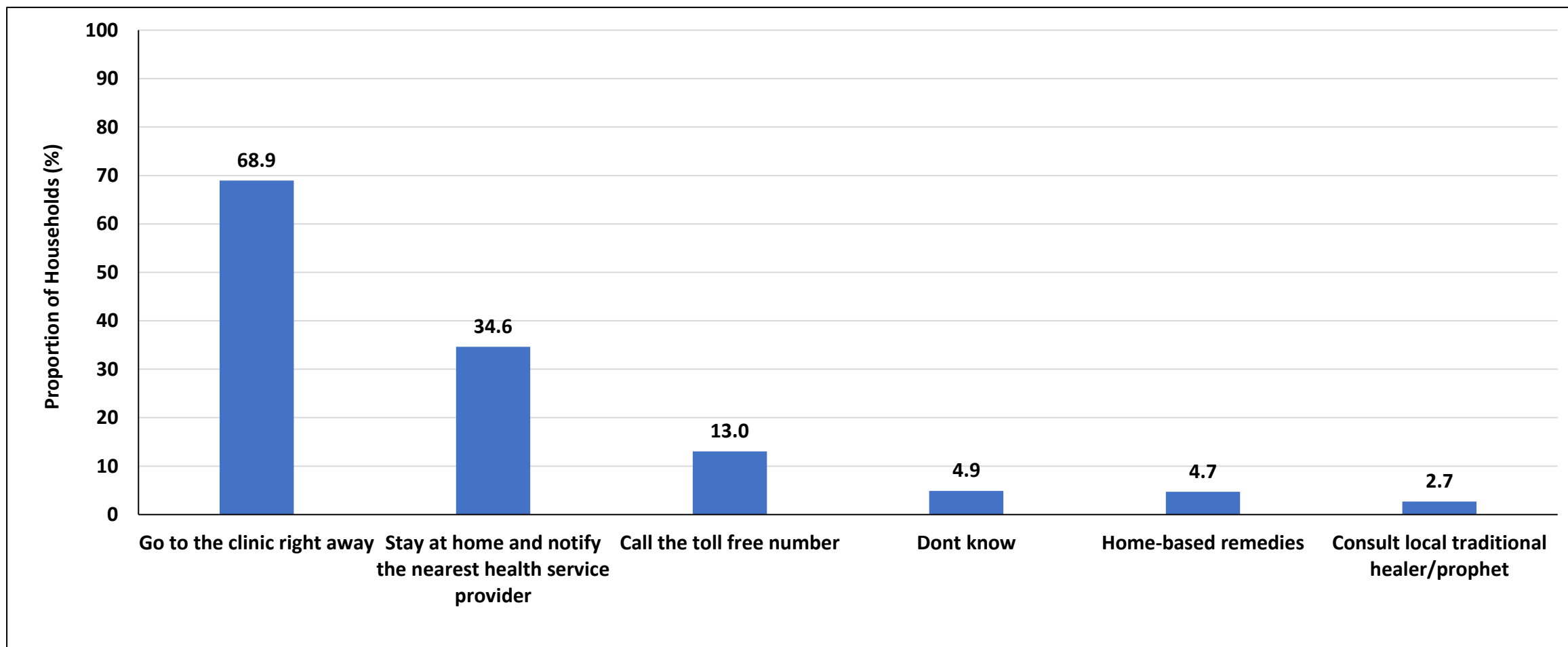
- The PPE used was mostly homemade (56.9%) and also purchased from suppliers (56.6%).
- Nationally, 91% of the surveyed households could not afford COVID-19 PPE and accessories.

How Household Members were Protecting Themselves from COVID-19



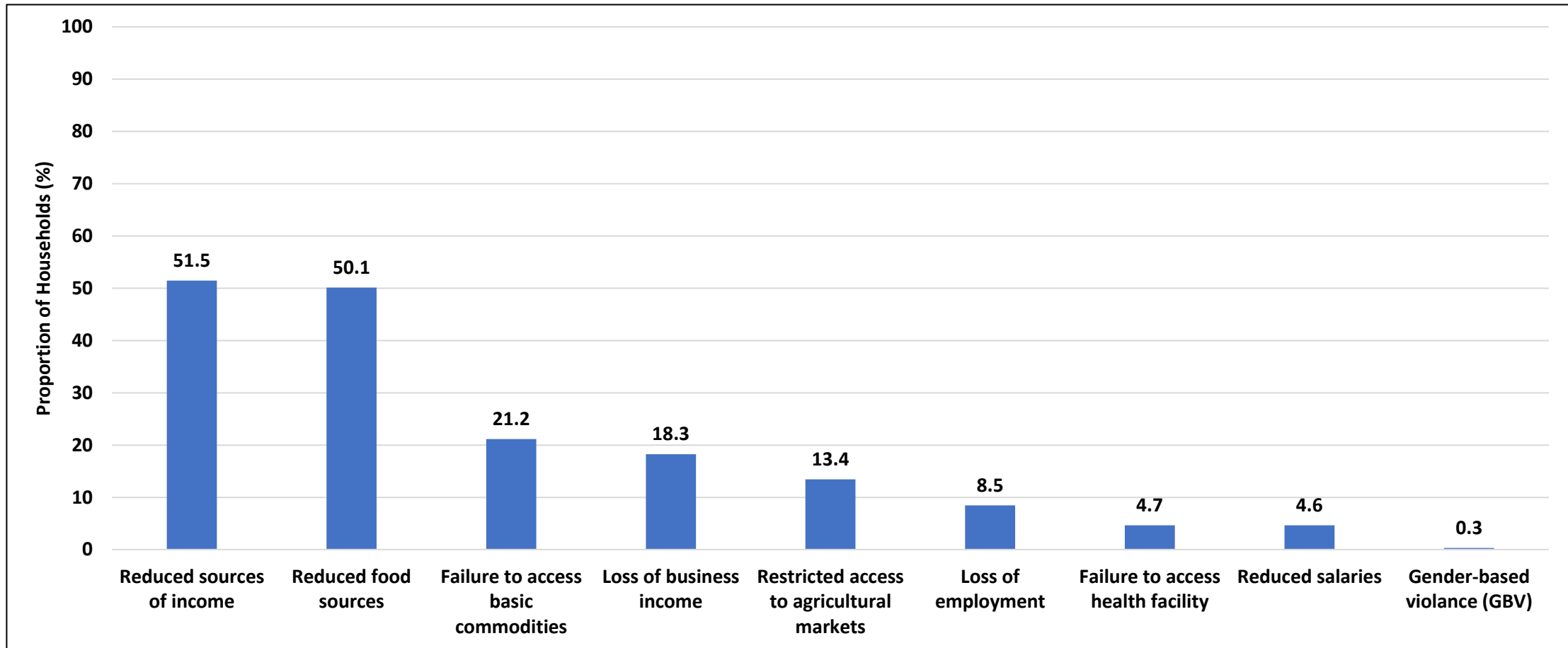
- The most common methods used by households to protect themselves from COVID-19 included frequently washing hands with soap and clean water (67%), staying at home (54%) and wearing a face mask in public places (50%).

Actions Taken if Member Suspects COVID-19 Infection



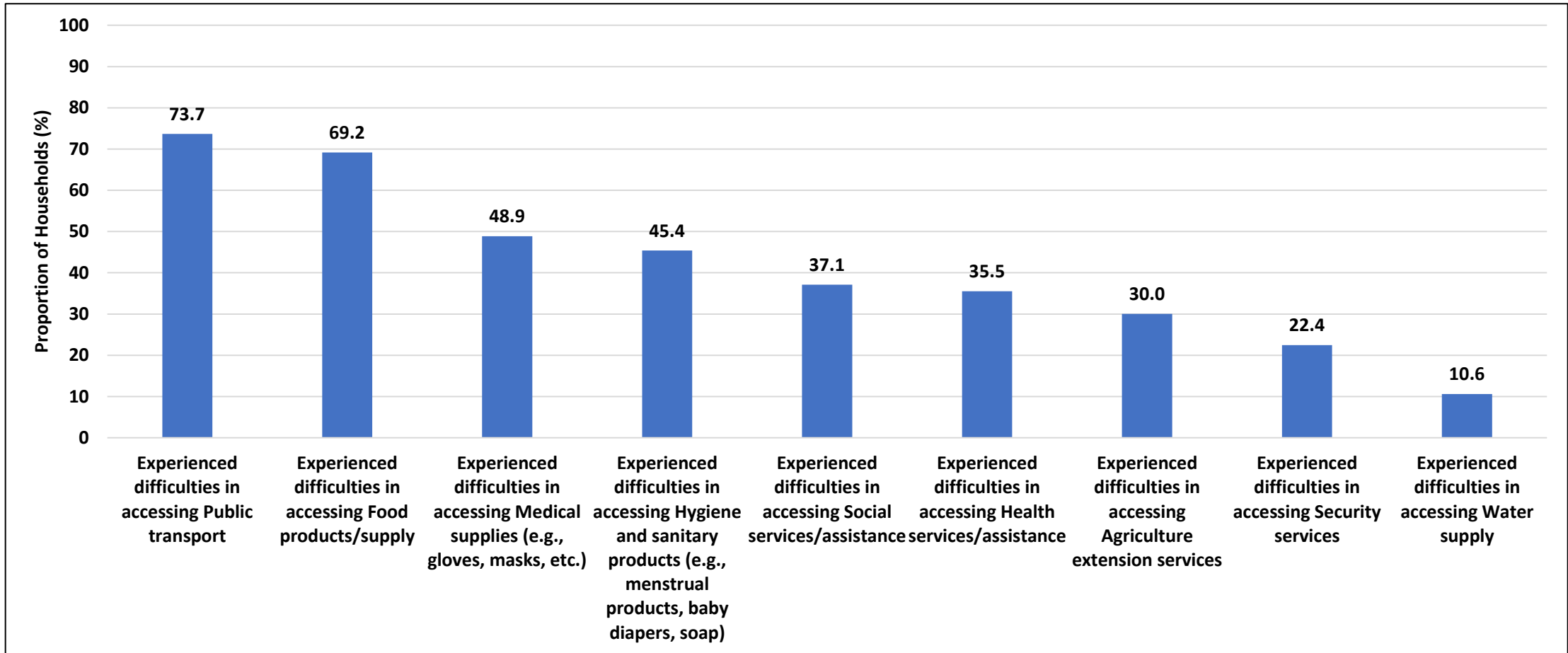
- Going to the clinic right away was the most common (68.9%) reaction by the surveyed households in the event that a household member suspected a COVID-19 infection.

Effects of COVID-19 on Livelihoods



- The top three (3) effects of COVID-19 on livelihoods were; reduced sources of income (51.5%), reduced food sources (50.1%), and failure to access basic commodities (21.2%).
- Most of these effects can be attributed to the containment measures/lockdown; for example, reduced food sources, failure to access basic commodities, restricted access to agricultural markets and failure to access health facilities.

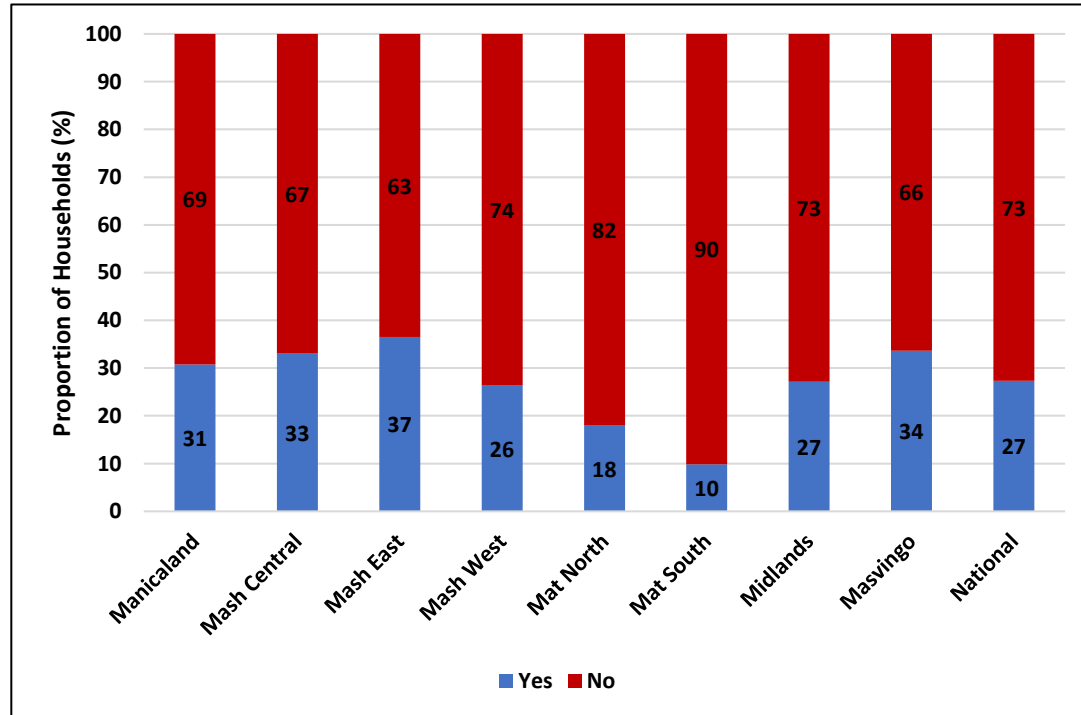
Access to Services During the COVID-19 Pandemic



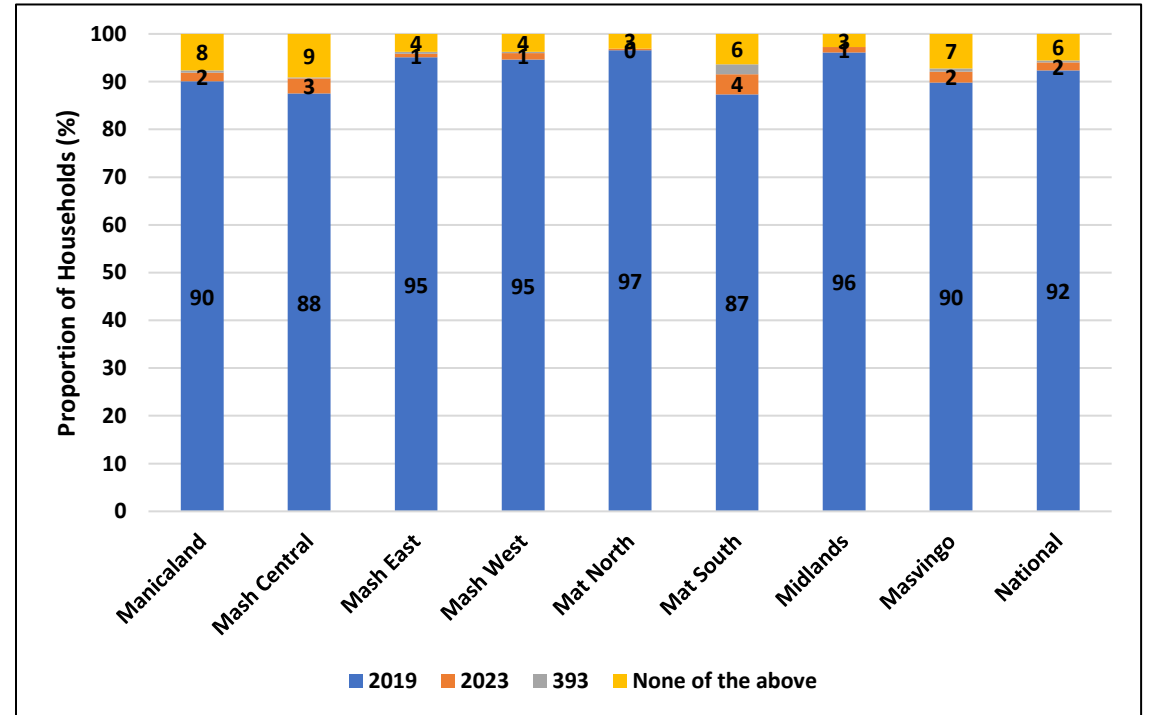
- Most households reported that they faced difficulties in accessing public transport (73.7%), accessing food (69.2%), and medical supplies (48.9%) since the pandemic started in Zimbabwe.
- Access to water (10.6%) and security services (22.4%) were the least affected services by the pandemic.

Awareness of COVID-19 Toll-free Numbers

Proportion Aware of Toll-free Number



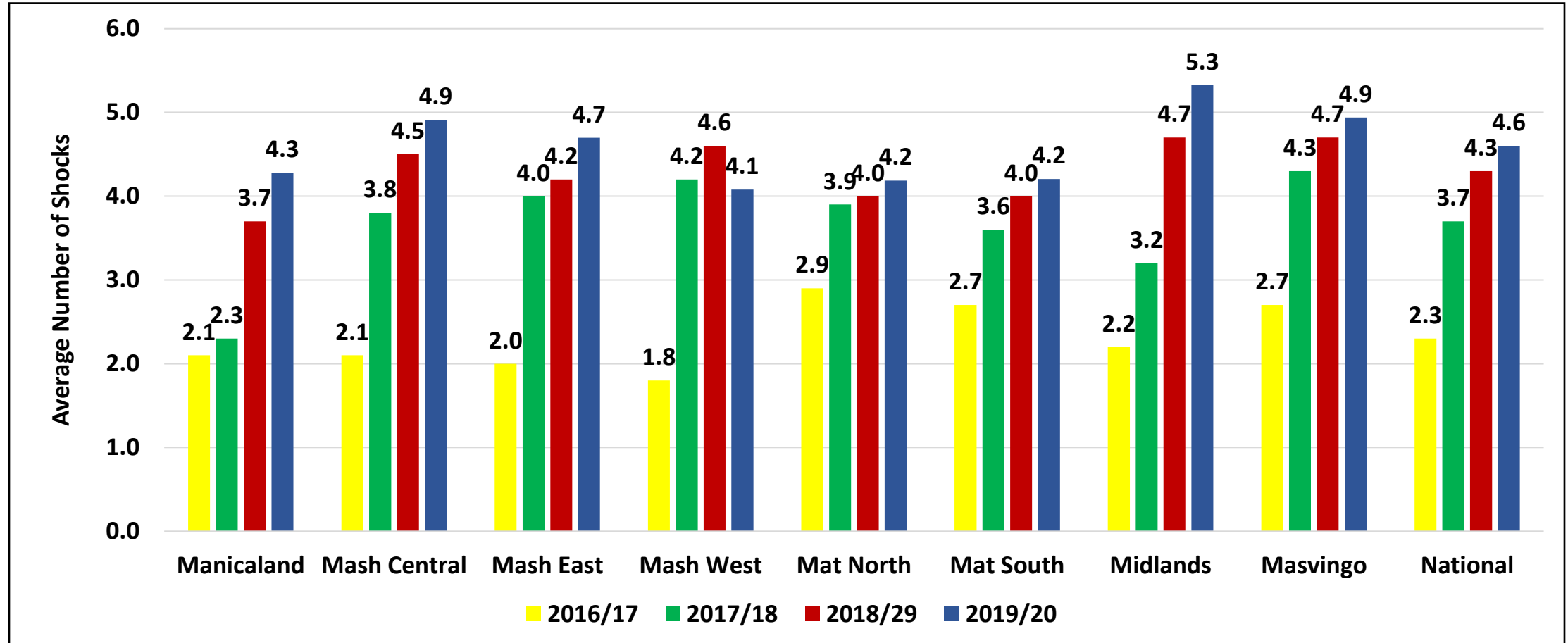
Known Toll-free Numbers



- Only 27% of the households indicated they were are aware of existing toll-free numbers to get information on COVID-19.
- It was worrisome that only 10% of households in Matabeleland South and 18% in Matabeleland North reported to be aware of the toll-free number.
- Of the households that were aware of the toll-free number, 92% of these were familiar with the “2019” toll-free number.

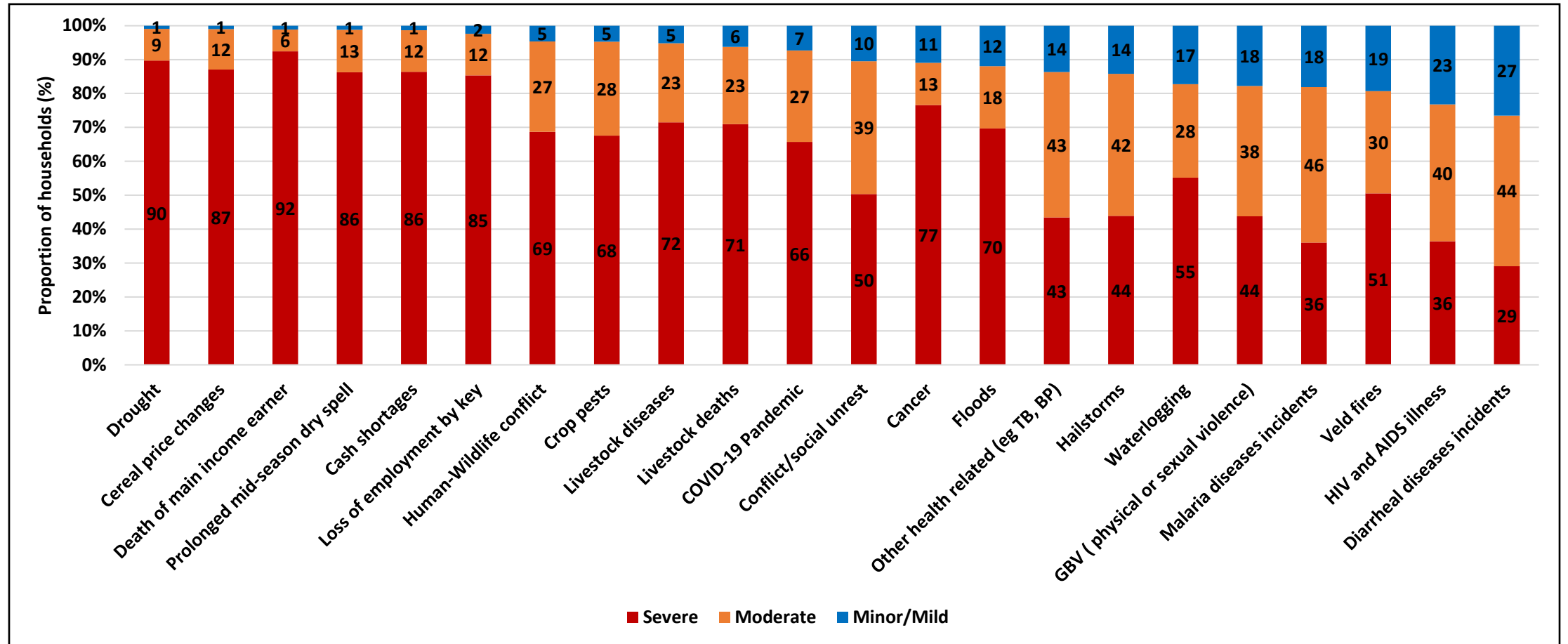
Shocks and Hazards

Number of Shocks/Stressors Experienced by Households



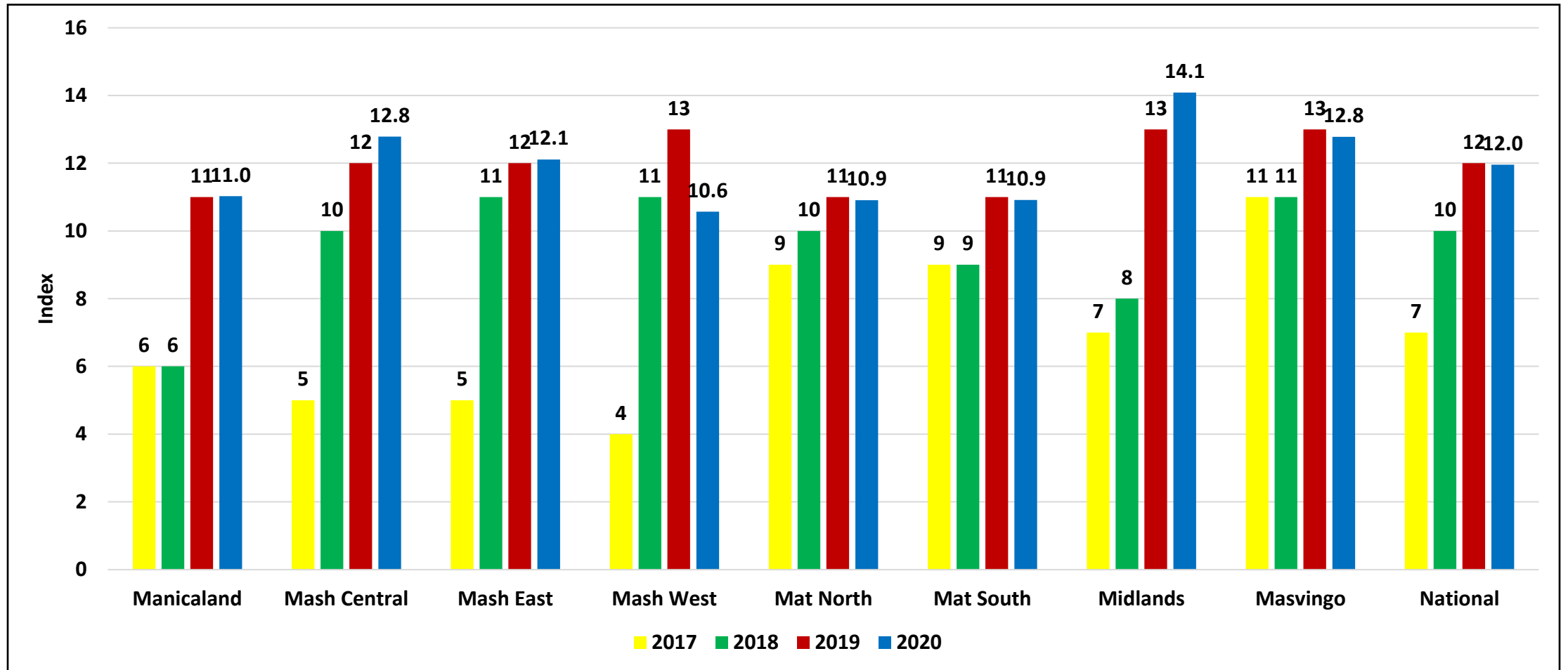
- The number of shocks experienced by households increased across all provinces except for Mashonaland West.
- Midlands (5.3), Masvingo (4.9) and Mashonaland Central (4.9) had the highest average number of shocks.

Severity of Shocks on Households



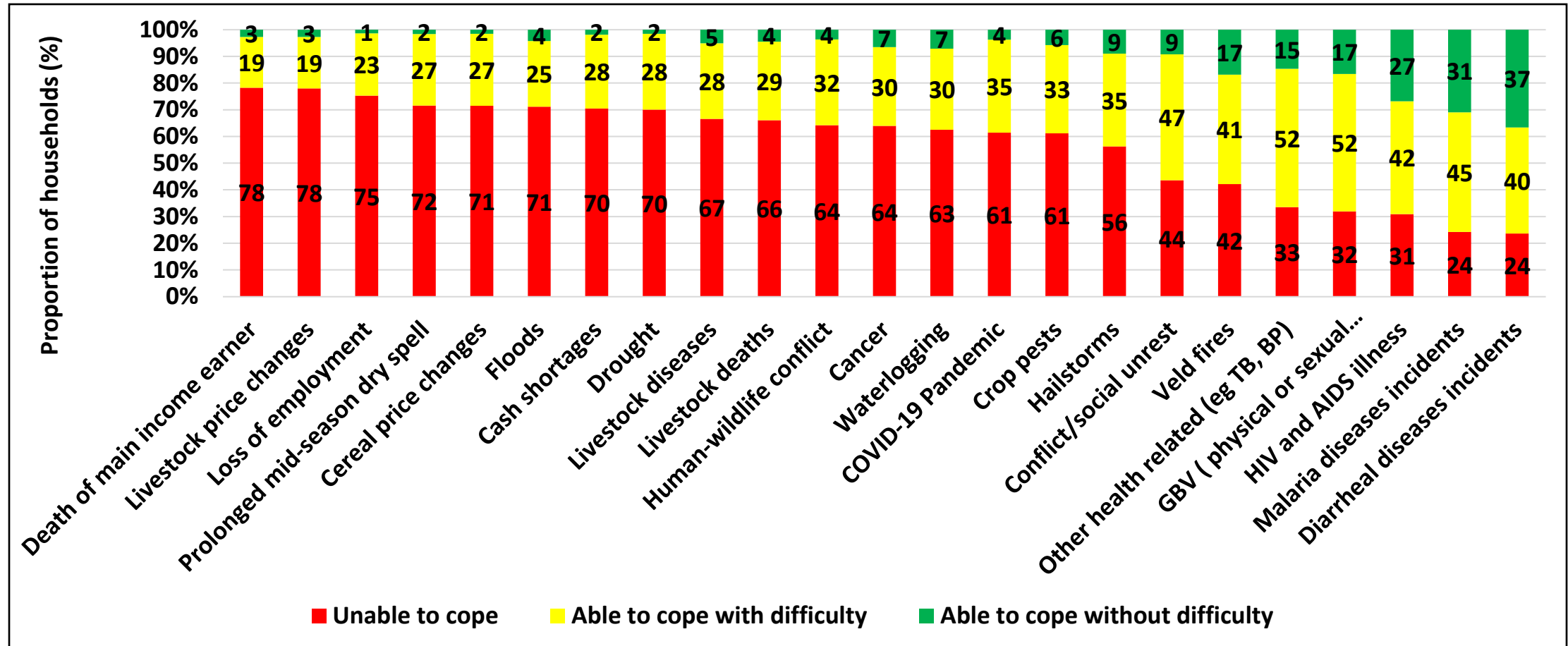
- Drought (90%), cereal price changes (87%), death of main income earner (92%), prolonged mid-season dry spell (86%) and cash shortages (86%) were reported to have had the most severe impact to households.

Average Shock Exposure Index



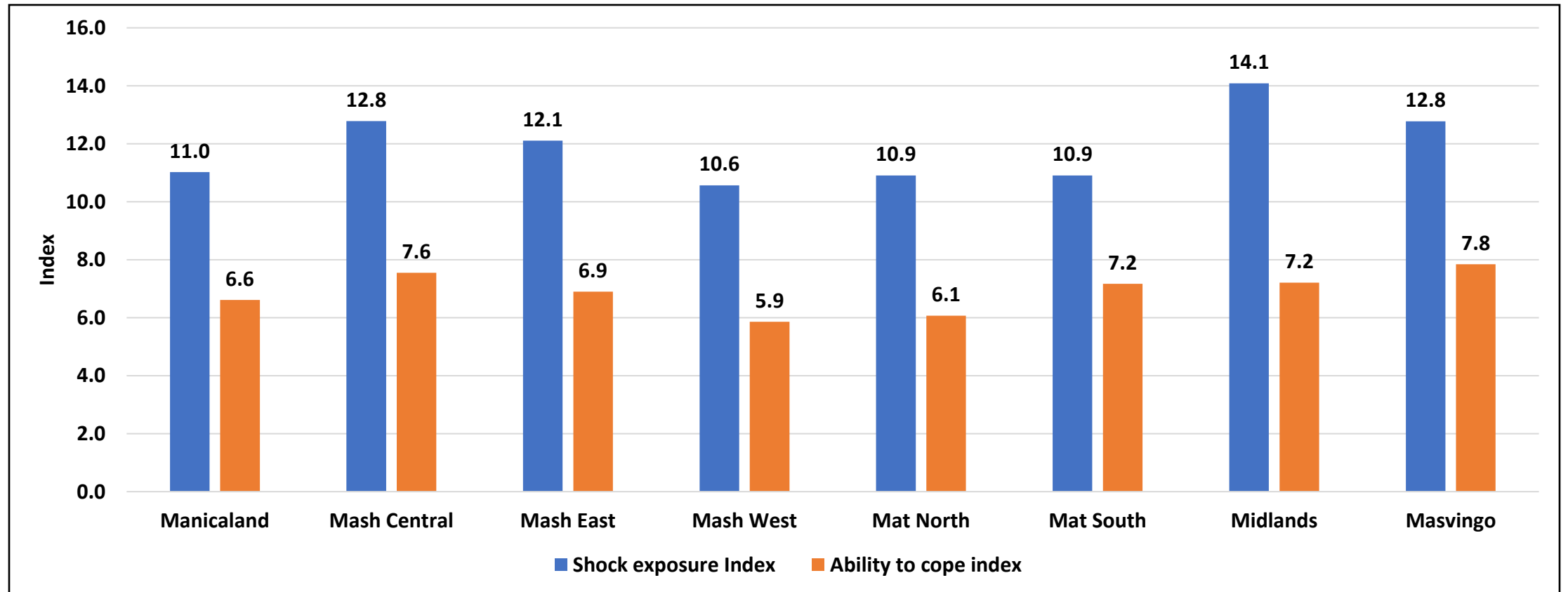
- Shock exposure index was calculated by multiplying number of shocks experienced with impact severity of the shock to the household.
- Midlands (14.1), Mashonaland Central (12.8) and Masvingo (12.8) had the highest shock exposure index.

Households Perception of their Ability to Cope with Future Shocks



- Households perceived inability to cope with economic, livelihoods and weather related shocks.

Comparison Between Shock Exposure and Ability to Cope



- Shock exposure increased and ability to cope decreased across all provinces compared to 2019.
- This means households are slowly becoming more vulnerable to shocks and stressors and will not be able to cope on their own.

Food Security

Food Security Dimensions

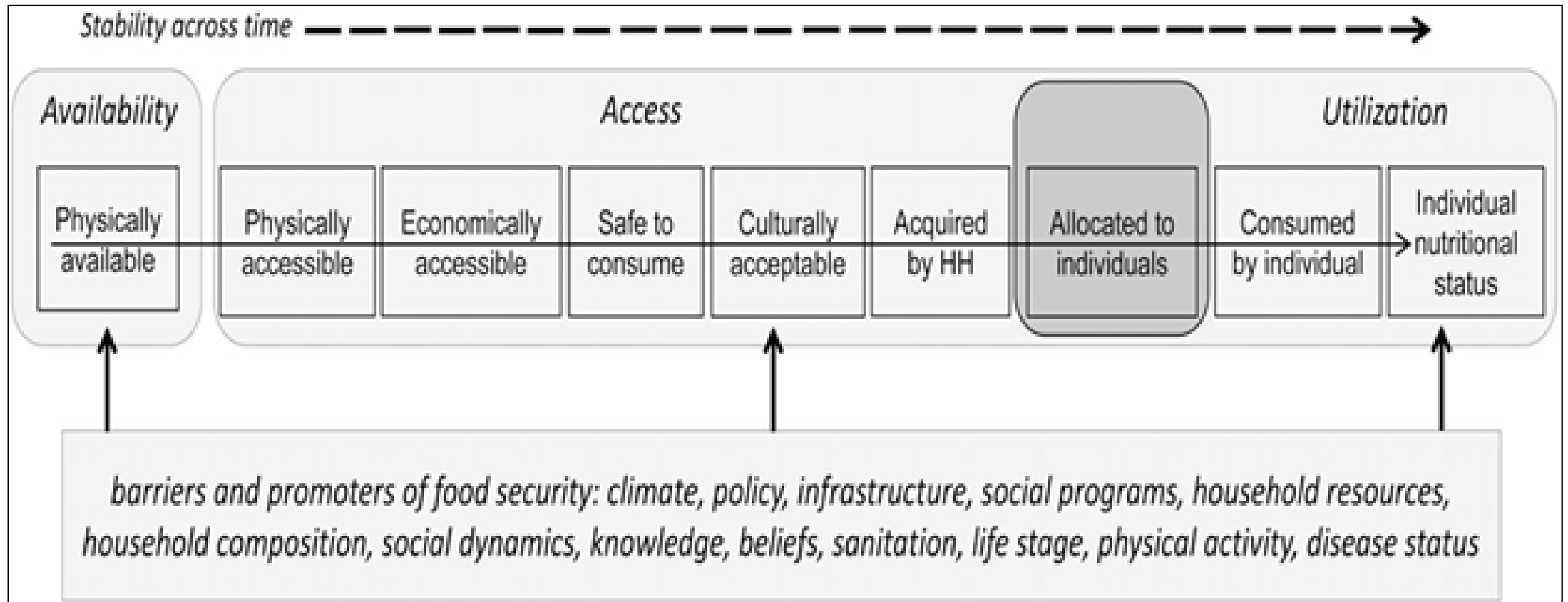


Figure 3: Dimensions of Food Security (Jones et al., 2013)

Food Security Analytical Framework

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

Food Security Analytical Framework

- Each of the surveyed households' minimum expenditure or the emergency nutrition sensitive food basket was computed from the following annual food basket requirement for an individual:

Food Items	Individual Annual Requirement
Maize Grain (Kgs)	148
Rice (Kgs)	15
Ration meat (Kgs)	14.6
Milk (Litres)	36.5
Cooking Oil (Litres)	13.5
Peanuts (Kgs)	0.73
Cabbage (Heads)	15
Beans (Kgs)	7.3
Sugar (Kgs)	12.1

Food Security Analytical Framework

- Each of the surveyed households' potential to acquire minimum expenditure food basket (Figure 3) was computed by estimating the household's likely disposable income (both cash and non cash) in the 2020/21 consumption year from the following possible income sources;
 - Cereal stocks from the previous season;
 - Own food crop production from the 2020/21 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

- **Household Food Security Status**

- The total minimum expenditure food basket that could be acquired by the household from the cheapest available sources using its potential disposable income was then computed and compared to the household's minimum expenditure food basket.
- When the total minimum expenditure food basket that a household could acquire was greater than its minimum expenditure food basket 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 total minimum expenditure food basket requirements.

Food Security Analytical Framework

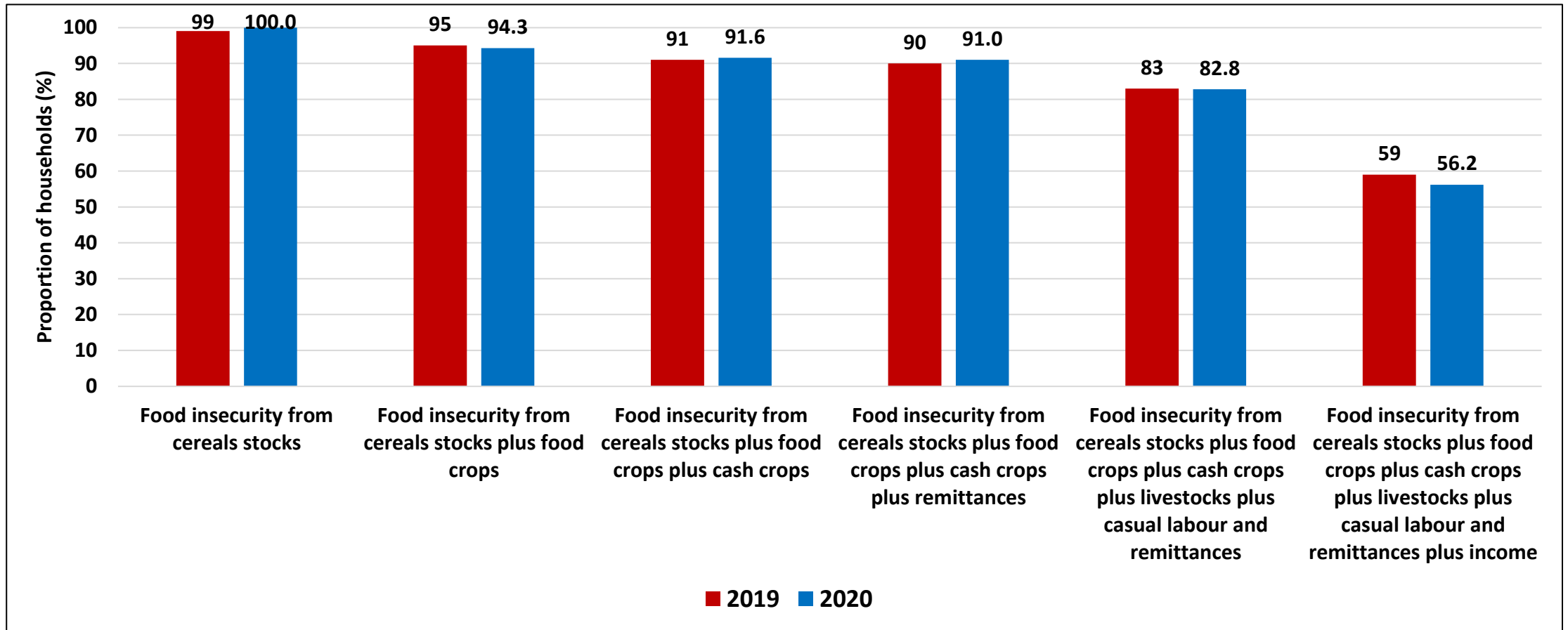
- **Household Cereal Security Status**

- From the total minimum expenditure food basket, the total energy that could be acquired by the household from the cheapest available sources using its potential disposable income was also extracted and compared to the household's minimum energy requirements.
- When the potential energy 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.

Summary of Food Security Status Findings

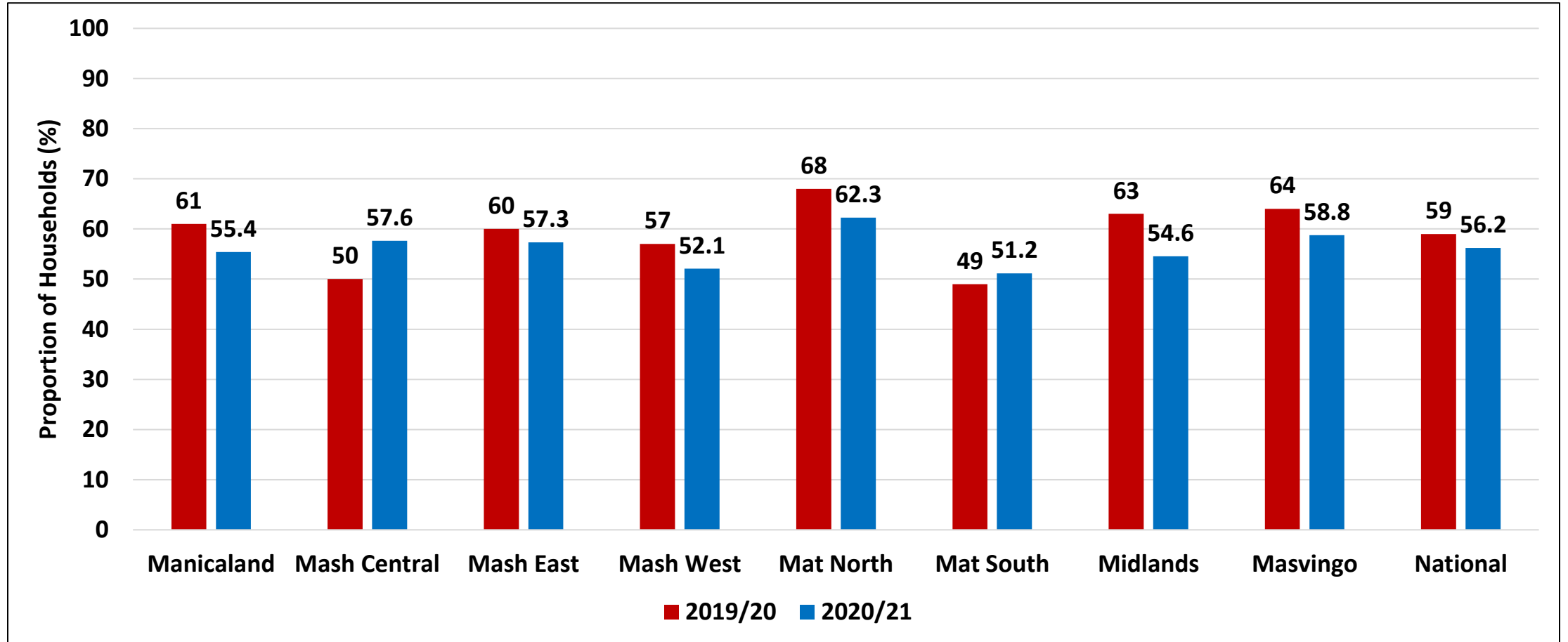
- During the peak hunger period (January to March 2021) it is estimated that approximately **56.2%** of the rural households will be cereal insecure.
- The 56.2% of rural households will translate into approximately **5,454,270** individuals requiring **807,232MT** of cereal (Maize Grain).

Cereal Insecurity Progression by Income Source



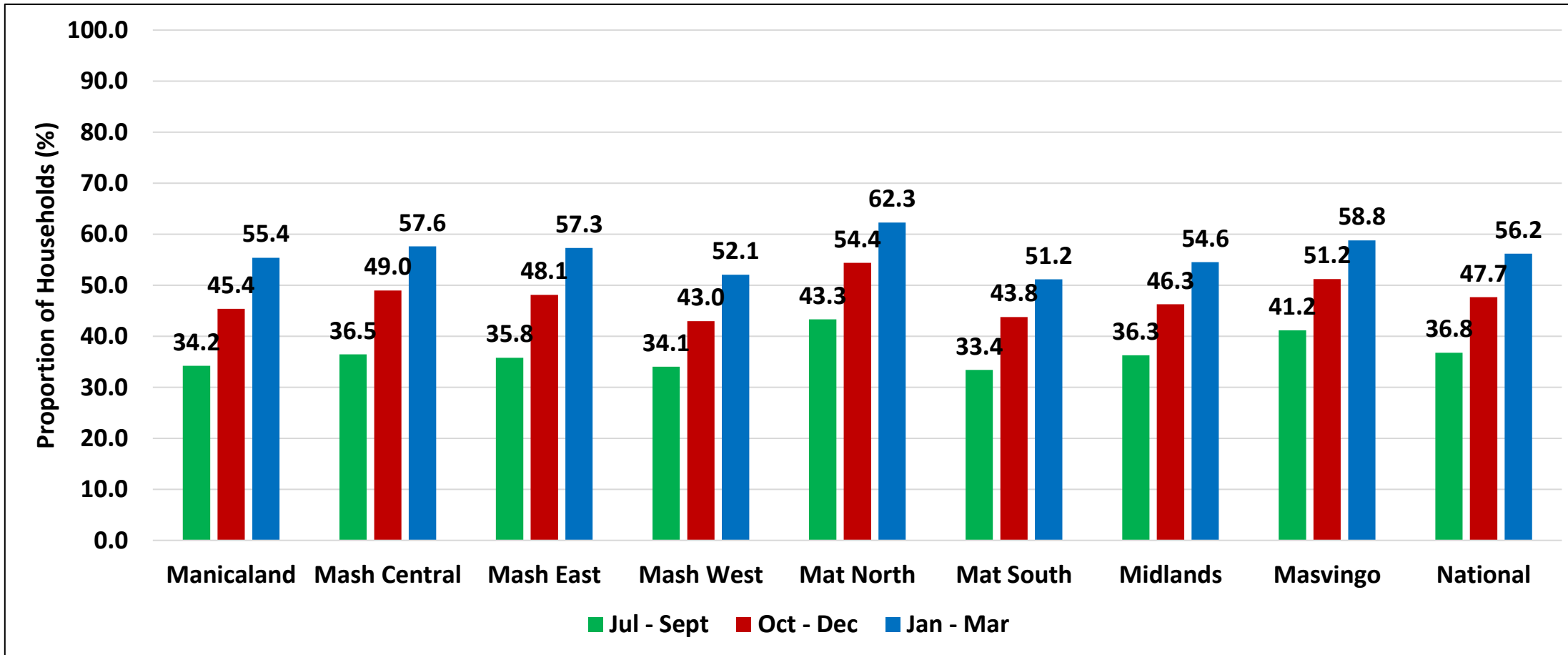
- The cereal insecurity prevalence is projected to be 56.2% during the peak hunger period of 2020/21.
- The combination of the pandemics which are precipitating macro-economic and social challenges contributed to this high prevalence. However, the convergence of Government and Development partners in providing social safety support, coming on the background of increased crop yield, helped enhancing community absorptive capacity thus stagnating the food insecurity prevalence.

Cereal Insecurity by Province



- Matabeleland North (62.3%) and Masvingo (58.8%) are projected to have the highest proportion of households facing cereal insecurity during the peak hunger season of 2020/21.
- Matabeleland South (51.2%) and Mashonaland West (52.1%) are projected to have the least prevalence of cereal insecurity at peak.

Cereal Insecurity Progression by Quarter



- The second quarter of the 2020/21 season is projected to have 36.8% of the households to be cereal insecure.
- Matabeleland North (54.4%), and Masvingo (51.2%) are projected to have over half of their households cereal insecure during the third quarter.

Cereal Insecure Population by Province by Quarter

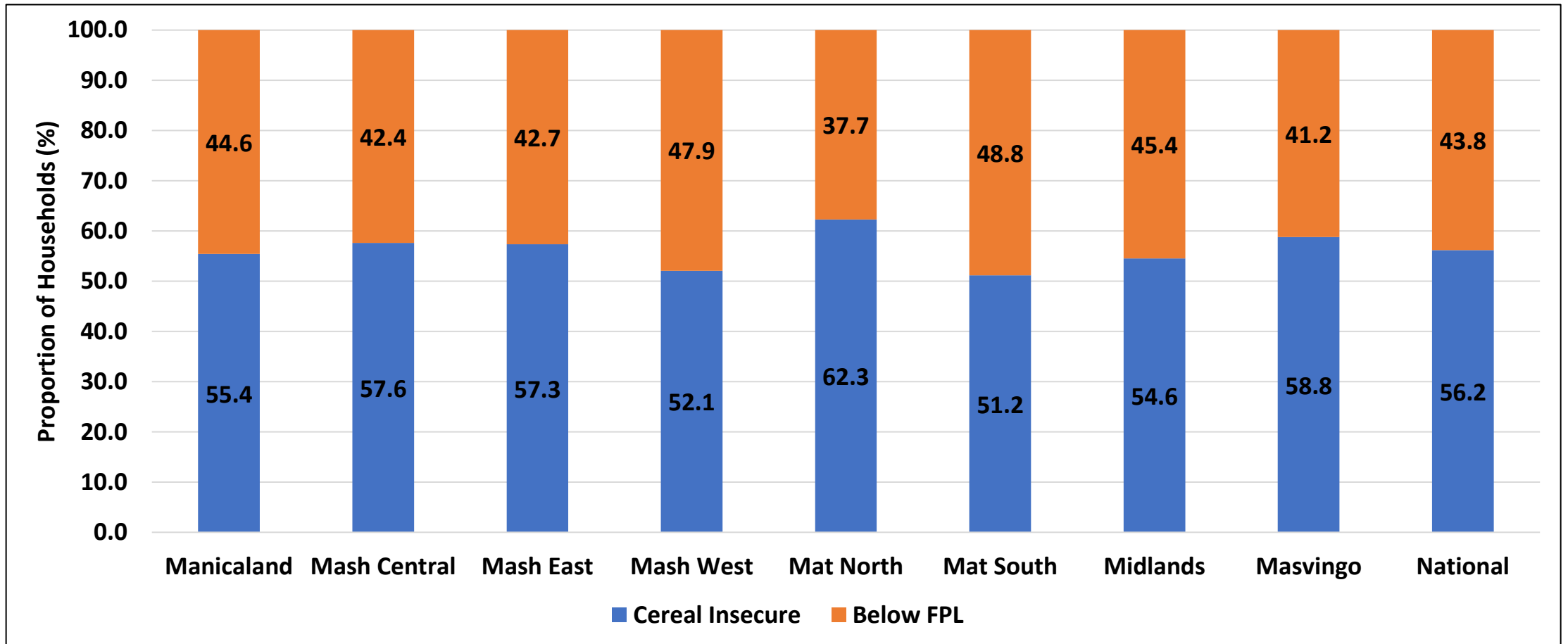
Province	Jul - Sept	Oct - Dec	Jan - Mar
Manicaland	564,684	749,023	914,695
Mashonaland Central	438,099	588,153	692,211
Mashonaland East	479,888	645,083	768,419
Mashonaland West	431,268	544,090	659,640
Matabeleland North	321,010	403,253	461,618
Matabeleland South	222,829	292,132	341,221
Midlands	487,727	621,894	733,278
Masvingo	615,193	765,526	878,542
National	3,570,775	4,625,629	5,454,270

- Manicaland (914,695) and Masvingo (878,542) are projected to have the highest populations of cereal insecure people during the peak hunger period.

Cereal Requirements (MT) by Province by Quarter

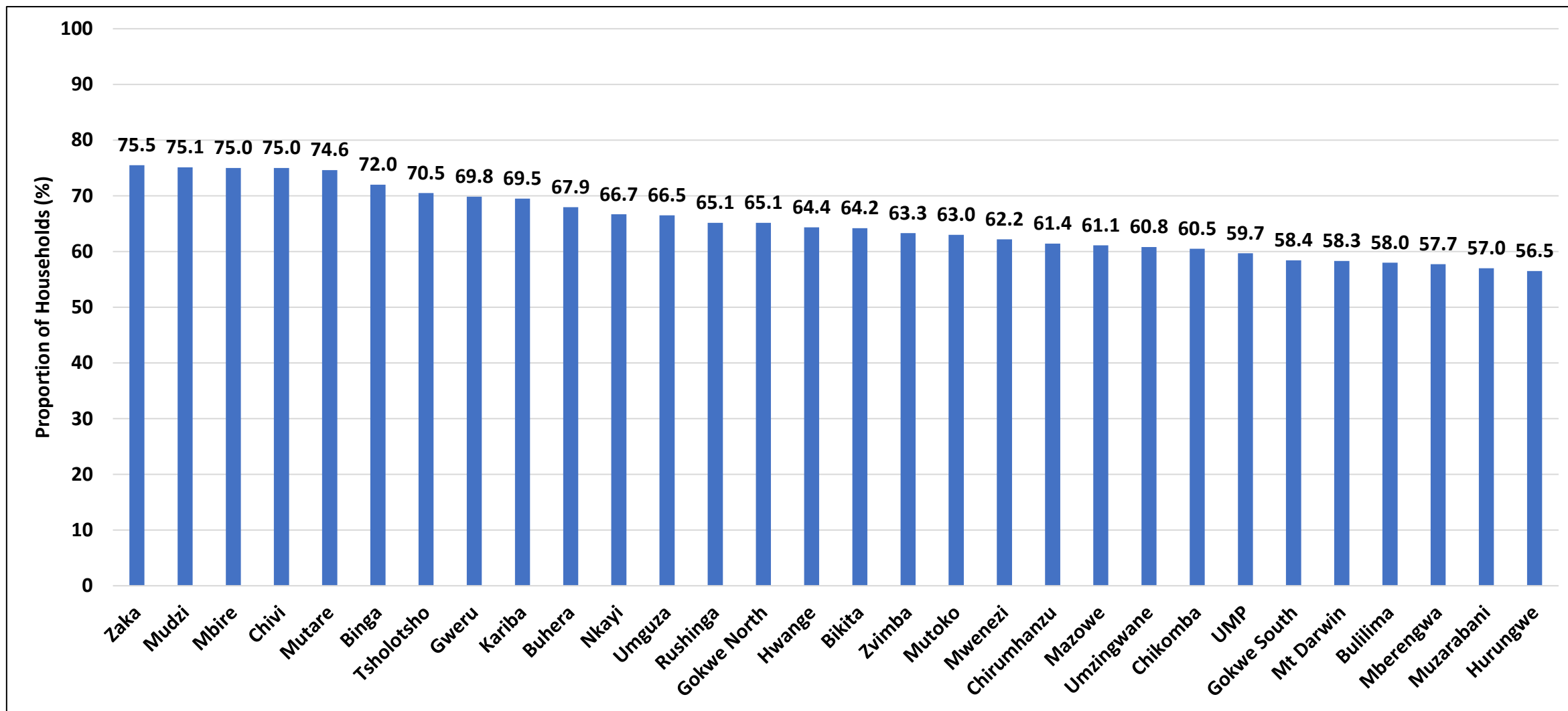
Province	Jul - Sept	Oct - Dec	Jan - Mar
Manicaland	83,573	110,855	135,375
Mashonaland Central	64,839	87,047	102,447
Mashonaland East	71,023	95,472	113,726
Mashonaland West	63,828	80,525	97,627
Matabeleland North	47,510	59,681	68,319
Matabeleland South	32,979	43,235	50,501
Midlands	72,184	92,040	108,525
Masvingo	91,049	113,298	130,024
National	528,475	684,593	807,232

Cereal Insecurity and Poverty Lines

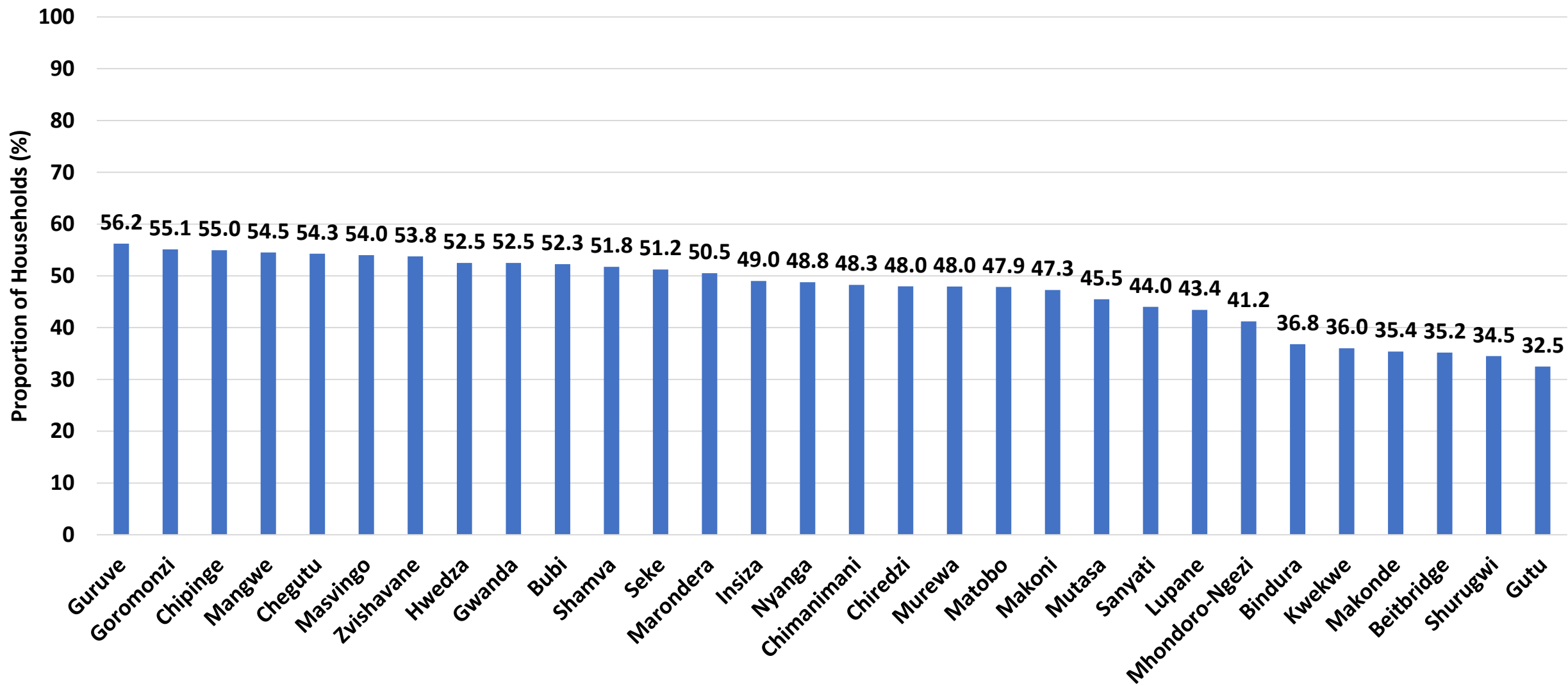


- Even though 43.8% of the households are projected to meet their cereal requirements, they are below the food poverty line.
- This is indicating that almost all rural households will not be able to meet all their food needs to support a healthy life thus assistance should not target the cereal insecure households only.

Cereal Insecurity by District (Top 30)



Cereal Insecurity by District (Bottom 30)



Conclusions and Recommendations

Conclusions and Recommendations

Education

- Financial constraints were the major reason why children were not in school in the last term prior to the lockdown (38.9%). However, the COVID-19 induced lockdown has seen the exclusion of more children from receiving education. As a result of the lockdown, education is being delivered through alternative digital platforms to facilitate continuity, platforms which the majority of rural households have no means to access.
- Only 6.8% of children are receiving education through these platforms and this is worrisome.

Social Protection

- The Government is commended for an active response to the prevailing food and nutrition insecurity. At least 76% of rural households received support, a slight increase from 73% in 2019.
- In addition, development partners (UN/NGOs) are commended for an increase in support from the traditional 13% to 33%.
- The combination of efforts by Government and development partners has seen the majority of districts receiving food aid able to support the ZimVAC projected food insecure population.
- Government remained the major source of crop inputs and food support (48%).

Conclusions and Recommendations

Chronic Illness

- Women constituted a larger proportion of people living with chronic illnesses. They made up 83% of those with heart disease, 80% of those suffering liver diseases as well as 79% of those suffering from hypertension/high blood pressure.
- It is worrisome that people living with chronic illnesses continue to miss their medication. The most reported reasons for missing medication were monetary (too expensive (76%), not having the required currency to purchase (14%), lack of transport (11%) and no money to pay for transport (11%).

Crop and Livestock Production

- Government is commended for its resolute commitment to provide support for rural livelihoods' early recovery. The major sources of maize (52%) and sorghum (33%), cotton (59%) inputs was Government
- A significant number of households used retained seed for crop production (finger millet 52%, pearl millet 51%, tubers 53%, cowpeas 46% and groundnuts 54%) which can potentially reduce plant vigour and results in poor crop establishment and consequently poor yield.
- There was a high proportion of households that reported mortalities for cattle (38%) and goats (28%). The major causes of cattle deaths were diseases (61%) and drought (28%). For goats, the major causes were diseases (68%) and predation (14%).

Conclusions and Recommendations

Income and Expenditure

- Average household income reduced from USD44 to USD33.
- High expenditure on food (65%) and cash shortages continue to be a rising shock in rural areas, compelling the population to use alternative forms of payment which often come with costs.

Consumption Patterns

- Food consumption score and dietary diversity for rural households is on a continuous decline. The consumption of oil, meat and legumes has dropped indicating a worsening food access and food diversity challenge. Iron and protein rich food consumption is also on a decline. The lack of most of the essential food elements can result in negative nutrition and health outcomes.

Water Sanitation and Hygiene (WASH)

- The proportion of households accessing water from improved sources is 77%. However, there are districts such as Mangwe (44.7%) and Kariba (32.5%) with high proportions of households accessing water from surface water sources.
- Matabeleland North has consistently had high proportions of households (over 50%) practicing open defecation. Zimbabwe has aspirations to attain the status of an upper middle income country by 2030 and sanitation is one of the major indicators to measure this attainment.
- Over 80% of rural households did not have hygiene services available.

Conclusions and Recommendations

Child Nutrition

- The Minimum Meal Frequency (MMF), Minimum Dietary Diversity (MDD) and Minimum Acceptable Diet (MAD) for children were reported to be very low. Furthermore consumption of iron rich foods and protein rich foods by households has further deteriorated compared to 2019. This exposes the women and children to poor health and poor nutrition outcomes.
- Acute malnutrition increased from 3.6% 2019 to 4.5% in 2020. This may be explained by a complex combination of factors affecting food availability, access and stability. Global Acute Malnutrition (GAM) in Manicaland, Matabeleland North and Masvingo has reached 5% which is a benchmark for public health emergency.

COVID-19

- Knowledge on COVID-19, its symptoms and practices to avoid getting infected was significant. However, field observations revealed that practices such as social distancing and wearing of masks in public places were not being observed in most rural communities. COVID-19 has several consequences to food and nutrition security. The impact of COVID-19 on Zimbabwe includes negatively affecting trade (export revenues, import challenges, programme implementation and supply chains). More importantly, it affects the general population in terms of their economic activities. These negative effects trickle down to affect the broader Zimbabwean economy which is reeling from persistent droughts, thus creating a double burden for the country.
- In the rural areas, households were negatively affected by COVID-19 resulting in the reduction of incomes, food sources and failure to access basic commodities. In summary, their livelihoods were negatively affected resulting in limited disposable income thereby affecting their food security. Thus, the Government's choice to save human lives (by implementing the lockdown) comes at a price to the economy thereby increasing Government's burden of responsibility, especially on people's food security status. The most reported effects of COVID-19 on families include reduction of income sources (51.5%), reduction of food sources (50.1%) and failure to access basic commodities (21.2%).

Conclusions and Recommendations

Food Security

- Food insecurity remains high above 50%, with more households facing food access challenges.
- The cereal insecurity prevalence is projected to be 56.2% during the peak hunger period of 2020/21. The effects of the poor rainfall season, COVID-19 pandemic and macro-economic fundamentals have contributed significantly to the food insecurity projections.
- A total of **5,454,270MT** is required to meet the needs of the food insecure, at peak.
- Forty-three districts are projected to have more than 50% of their households having inadequate means to meet their food needs without resorting to severe livelihoods and consumption coping strategies.
- Manicaland (914,695) and Masvingo (878,542) are projected to have the highest number of food insecure people during the peak period.

Shocks and Hazards

- The most experienced shocks were cash shortages (74%) and drought (73%).
- The COVID-19 pandemic affected at least 24% of the households.

Conclusions and Recommendations

- **Education** – The COVID-19 pandemic has further disadvantaged children of school going age in the rural areas, with only a small proportion being able to access education through digital platforms. There is need for the ministry responsible for education to develop more context-specific alternative education platforms to ensure that no child is excluded from learning as the lockdown continues indefinitely.
- **Social Protection:** In light of the vulnerability across the country due to a combination of persistent droughts and COVID-19 which has resulted in negative effects on the broader micro-economic environment, Government and its development partners are called upon to work together to mobilise resources to support the vulnerable. There is need to scale-up emergency support and resilience building to households.
- **Crop input support** –Crop input supports needs to be scaled up to include all farming households in Zimbabwe in order to cushion them against the losses incurred during the past consecutive droughts and the increasing costs of key agricultural inputs such as seed, fertilisers and herbicides.
- **Management of Food Aid** – The unprecedented COVID-19 pandemic calls for innovative approaches in both the mobilisation of resources and distribution of food assistance. Currently, there is very high competition for resources and there are potential constraints in the movement of commodities.
- **Income and Expenditure** – The combination of climate related shocks, the COVID-19 pandemic and the economic circumstances (including impact of the lockdown) has affected rural livelihoods, thereby reducing disposable income available to the households for food and nutrition security. The use of alternative forms of payment has been necessitated by the prevailing cash challenges. There is need to raise the 2% transaction tax above the current level in line with inflation to cushion the vulnerable. Interventions that strengthen households' economy and resilience are highly recommended to ensure households remain food and nutrition secure.

Conclusions and Recommendations

- **Water, Sanitation and Hygiene** - The increasing proportions of households accessing water from unimproved sources and surface water sources is worrisome. There is urgent need to mobilise resources to establish improved sources in these areas and to encourage households to treat their drinking water. As sanitation is one of the major indicators used to measure the attainment of Upper Middle Income economy status which the country is aspiring towards, there is need for major investment in sanitation to ensure the country does not lag behind on attaining the status.
- In light of the current COVID-19 pandemic, handwashing practices and general hygiene practices need to be scaled up.
- **Child and Women's Nutrition**– Multisectoral Community based interventions to improve dietary diversity for women and children should be scaled-up as child feeding practices and women's consumption of nutritious diets remains poor. The increase in acute malnutrition also calls for the Government and development partners through the responsible ministry to respond by ensuring the availability of adequate screening and therapeutic commodities. Nutrition is highly susceptible to changes in climate, disease outbreaks and economic shocks; and bears a heavy burden as a result, as seen in the impaired nutrient quality and diversity of foods produced and consumed, the impacts on water and sanitation, and the effects on patterns of health risks and disease, as well as changes in maternal care, child care and breastfeeding.
- There is also need to continue monitoring the nutrition status of children using community initiatives like mother/caregiver Mid-Upper Arm Circumference (MUAC) measurements and other available feasible mechanisms.
- **COVID-19**- In order to ensure households' adherence to recommended measures to mitigate the spread of COVID-19, there is need for urgent interventions that focus on behavior change and awareness of the magnitude of the COVID-19 pandemic among rural households.
- **Impact of COVID-19 on Livelihoods**- Rural households have suffered reduction of income sources, reduction of food sources and failure to access basic commodities as a result of the pandemic. There is need for the development of a holistic and multi-sectoral response to the pandemic to ensure that policies being implemented to mitigate the spread of the disease, such as lockdowns do not inadvertently increase household vulnerability.

Conclusions and Recommendations

- **Food Insecurity** - Zimbabwe's climate variability, extreme droughts and COVID-19 are among the key drivers behind the cereal insecurity from 59% in 2019 to 56.2% in 2020. In light of the projected prevalence of cereal insecurity (56.2%, which translates to **5,454,270** million people), there is need for urgent food distribution or cash based transfers to food insecure households in order to avoid a worsening situation.
- **Enhanced Food Access** - The projected household food security situation is based on a number of assumptions about the most likely out-turn regarding staple cereal prices, cereal deficit households' purchasing power and staple cereal availability. There is need to continuously monitor market access and prices as the volatility presented by the evolving COVID-19 pandemic may impact negatively on food access.
- **Shocks and Hazards** – While cash shortages and drought among others are recurring shocks, the COVID-19 pandemic is an emerging shock which is further compounding households' vulnerability. This calls for the development of holistic strategies to respond to both the existing and emerging shocks.
- **Food and Nutrition Monitoring System** - Given that the food insecurity projections are made on the basis of a number of assumptions, there is need to regularly monitor these and update the food security projections situation accordingly throughout the 2020/21 consumption year.

Conclusions and Recommendations

Zimbabwe's continued exposure to more complex, frequent and intense climate extremes and diseases is threatening to erode and reverse gains made in ending hunger and malnutrition. Given the above, actions need to be accelerated and scaled up to:

- Improve, strengthen resilience and adaptive capacity of food systems,
- Improve people's livelihoods, and promote livelihoods diversification
- Promote production and consumption of diversified foods to promote dietary diversity.
- Scale-up access of mechanisation to smallholder farmers to raise land and labour productivity.
- Extend and upgrade existing relief and stimulus packages to cushion the most vulnerable against the negative impacts of the COVID-19 pandemic as it continues to wreak havoc on countries.

Supported by



**World Health
Organization**

