

# Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2016 Urban Livelihoods Assessment *Summary Report*



ZimVAC is coordinated by the Food and Nutrition Council (FNC) at  
SIRDC: 1574 Alpes Road, Hatcliffe, Harare, Tel: 04-860320-9





# Foreword

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2016 Urban Livelihoods Assessment (ULA) is part of a comprehensive information system that informs Government and its Development Partners on programming necessary for saving lives and strengthening urban livelihoods in Zimbabwe. This assessment was carried out by the ZimVAC, a consortium of Government and Development Partners.

The 2016 Urban Livelihoods Assessment covers and provides updates on pertinent urban household livelihoods issues such as demographics, housing, education, hygiene, water and sanitation, energy, social protection, food consumption patterns, food and income sources, income levels, expenditure patterns, debts, urban agriculture, coping strategies, food security, health, child nutrition, shock and challenges as well as gender-based violence. In addition to paying particular focus on and putting households at the centre of its analysis, the Urban Livelihoods Assessment also collected and recorded urban communities' views on their access to social services and livelihoods challenges as well as their development needs. The Urban Livelihoods Assessment recognises and draws from other national contemporary surveys and strategic documents that define the socio economic context of urban livelihoods. Most notable amongst these are the Demographic and Health Surveys, Multiple Indicator Cluster Survey (MICS), the Population Census, the Poverty Assessment Surveys, the Interim Poverty Reduction Strategy, National Budget Statement, ZimASSET and National Economic Performance reviews.

We want to express our profound gratitude to all our Development Partners in the country and beyond for their support throughout the assessment. Financial support and technical leadership were received from the Government of Zimbabwe and its Development Partners. Without this support, the 2016 Urban Livelihoods Assessment would not have been successful. We also want to thank the staff at the Food and Nutrition Council (FNC) for providing leadership, coordination and management to the whole assessment. Last but not least, we would like to thank the urban communities of Zimbabwe as well as the local authorities for cooperating with and supporting this assessment.

We submit this report to you all 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 urban households vulnerable to food and nutrition insecurity.



**George D. Kembo**  
FNC Director/ ZimVAC Chairperson



**Dr. Leonard Madzingaidzo**  
Interim Chief Executive Officer - SIRDC

# Acknowledgements

On behalf of the Government of Zimbabwe, SIRDC and FNC wish to express their sincere gratitude and appreciation to the following ZimVAC members for their technical, financial and material support to the 2016 Urban Livelihoods Assessment :

- Office of the President and Cabinet
- Ministry of Finance
- Zimbabwe National Statistics Agency (ZIMSTAT)
- Ministry of Agriculture, Mechanisation and Irrigation Development
- Ministry of 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, Gender and Community Development
- Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
- Ministry of Primary and Secondary Education
- Ministry of Sport and Recreation
- United Nations Resident Coordinator's Office (UNRCO)
- United Nations Development Programme (UNDP)-ZRBF
- World Food Programme (WFP)
- Food and Agriculture Organization (FAO)
- United States Agency for International Development (USAID)
- United Nations Entity for Gender Equality and Women Empowerment (UN Women)
- United Nations Children's Fund (UNICEF)
- Sustainable Agriculture Technology (SAT)
- The Johanitter
- Tony Waite
- Plan International
- CARITAS
- Red Cross
- Adventist Development and Relief Agency (ADRA)
- AMALIMA
- FACE
- World Vision
- Save the Children
- LESO
- ALCOZ
- S.O.S
- ZIMWANA
- Dabane Water Workshops
- Destiny for Women and Youth Empowerment Trust
- Trinity Project
- All Urban Councils
- Cluster Agricultural Development Services (CADS)
- GOAL
- Famine Early Warning Systems Network (FEWSNET)
- Diocese of Mutare Community Care Programme (DOMCCP)
- Africa Ahead
- CARE International

# Introduction

ZimVAC is a consortium of Government, UN agencies, NGO's and other international organisations established in 2002, led and regulated by Government. It is chaired by the Food and Nutrition Council, 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 to ensure that every Zimbabwean is free from hunger and malnutrition. The information generated is used for policy formulation and programming by Government and its Development Partners.

ZimVAC supports Government, particularly the FNC in:

- Convening and coordinating stakeholders on 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 strategic directions in food and nutrition security
- Undertaking a “watchdog role” and supporting and facilitating action to ensure commitments in food and nutrition are kept on track by different sectors 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.

Since its inception, ZimVAC has conducted fifteen rural livelihoods assessments and five urban livelihoods assessments; the 2016 Urban Livelihoods Assessment being the fifth urban assessment.

# Background

- The 2016 ZimVAC Urban assessment took place at the backdrop of a country economy dealing with the impact of a liquidity crisis.
- Zimbabwe was facing severe cash shortages as manifested in a number of banks running out of cash and imposing stringent daily withdrawal limits in the recent past.
- The GDP growth forecast for 2016 was revised downwards from 2.7 % to 1.2. (MOF, 2016).
- The economy was characterized by low investment, high external debt and constrained employment opportunities thus negatively affecting average household incomes. There has been a growth of informal employment due to closure of companies and laying off of workers mainly by the private sector. Between the 1<sup>st</sup> quarter of 2015 and the 3<sup>rd</sup> quarter of 2016, about 6 800 workers had been retrenched (Ministry of Public Service, Labour and Social Welfare, 2016).
- In addition to the economic challenges bedevilling the country, Zimbabwe was hard hit by an El Nino during the 2015/16 rainfall and agricultural season that has resulted in one of the worst droughts ever experienced by the country.
- This resulted in reduced agriculture production across major crops, thereby negatively affecting the food and nutrition security situation in the country.

# Assessment Purpose

- The ZimVAC 2016 Urban Livelihoods Assessment was guided by the ZimASSET, in particular the food security and nutrition cluster as well as by the Food and Nutrition Security Policy. Among other things, it sought to monitor progress made towards the attainment of ZimASSET set targets for food and nutrition security.
- As the last Urban Livelihoods Assessment was conducted in 2011, this assessment aimed to update information on Zimbabwe's urban livelihoods with a particular focus on urban household's vulnerability to food and nutrition insecurity.
- In the process, the assessment also identified constraints to improving community resilience and urban livelihoods including opportunities and pathways of addressing them.

# Specific Objectives

- To describe the socio-economic profiles of urban households in terms of such characteristics as their demographics, access to basic services (education, health services, water and sanitation facilities, energy and transport), assets, income sources, incomes and expenditure patterns, food consumption patterns, hygiene practices and consumption coping strategies.
- To determine the prevalence of food insecurity and its severity amongst households in the urban areas.
- To identify and describe food insecure households in the urban areas.
- To identify shocks and challenges (including the burden of HIV and AIDS and other chronic diseases) to food security in urban areas
- To assess the nutrition status of children 6-59 months in urban households.
- To describe the ways and means food insecure households are employing to earn a living and how they are coping with the food insecurity they are experiencing.
- To determine the level of contribution of urban agriculture (crops and livestock) to urban households' food and income.
- To determine the prevalence and extent of Gender Based Violence within households in the urban areas.



# Technical Scope

The 2016 Urban Livelihoods Assessment collected and analysed information on the following thematic areas:

- Household demographics and housing characteristics
- Social protection
- Education
- Household assets
- Food consumption patterns and dietary diversity
- Income and expenditure patterns and levels
- Livelihoods coping Strategies
- Urban agriculture
- Loans and debts
- Health and nutrition
- Water, sanitation hygiene and energy
- Food security situation
- Community livelihoods challenges and development priorities.
- Social Behaviours – Gender based violence
- Shocks and challenges

# Assessment Process

- The assessment design was informed by the multi-sectoral objectives generated by a multi-stakeholder consultation process.
- An appropriate survey design and protocol, informed by the survey objectives, was developed.
- The assessment used both a structured household questionnaire and a community focus group discussion questionnaire as the two primary data collection instruments.
- ZimVAC national supervisors and enumerators were recruited from Government Ministries/departments, United Nations and Non-Governmental Organisations and underwent training in all aspects of the assessment.
- The Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage in collaboration with the Ministry of Local Government, Public Works and National Housing coordinated the recruitment of provincial level enumerators and mobilisation of vehicles in each of the 10 provinces.
- Primary data collection took place from the 15<sup>th</sup> of September to the 1<sup>st</sup> of October 2016.
- Data analysis and report writing ran from the 5<sup>th</sup> to the 21<sup>st</sup> of October 2016.
- Various secondary data sources were used to contextualise the analysis and reporting.

# Sampling

- The sample size was determined such that key household food insecurity indicators were statistically representative at domain and provincial levels and minimum sample size determining criteria were:
  - Expected food insecurity prevalence: 50%;
  - Confidence level =95%;
  - Design effect: 2; and
  - Desired precision level (or maximum tolerable error)= 5%.
- The other household sample ensured that the global acute malnutrition rate could be reported at provincial level with 95% confidence level with a precision level (minimum tolerable error) of 2.5%. The minimum sample size (288 children 6-59months in 589 households) for each of the 10 urban provinces of Zimbabwe and Chitungwiza was determined using the Emergency Nutrition Assessment (ENA) sample calculator and the following parameters:
  - Expected GAM prevalence: 2.2% (based on a recent assessment for Harare)
  - Desired precision level:2.5%
  - Average household size:4
  - Proportion of children under 5 years in the population: 14%
  - Design effect: 2
  - Non-response rate:3%

# Sampling

- The assessment covered urban household populations in the 11 strata provinces of Zimbabwe namely Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Midlands, Masvingo, Bulawayo, Harare and Chitungwiza. Data was collected from peri-urban, high and medium density areas.
- Primary data collection was undertaken in 29 domains. In each domain, 30 EAs were selected for enumeration. From these, 8 households were systematically randomly sampled and interviewed.
- The expected number of households to be interviewed was 9 848. A sample size of 260 children aged 6-59 months was calculated for each province.
- One community key informant Focus Group Discussion (FGD) was held in each of the selected domains except for Harare, Chitungwiza, Gweru and Bulawayo where it was held at suburb/location level.
- In addition to the above, field observations also yielded valuable information that was used in the analysis.

# Survey Sample by Province and Urban Areas

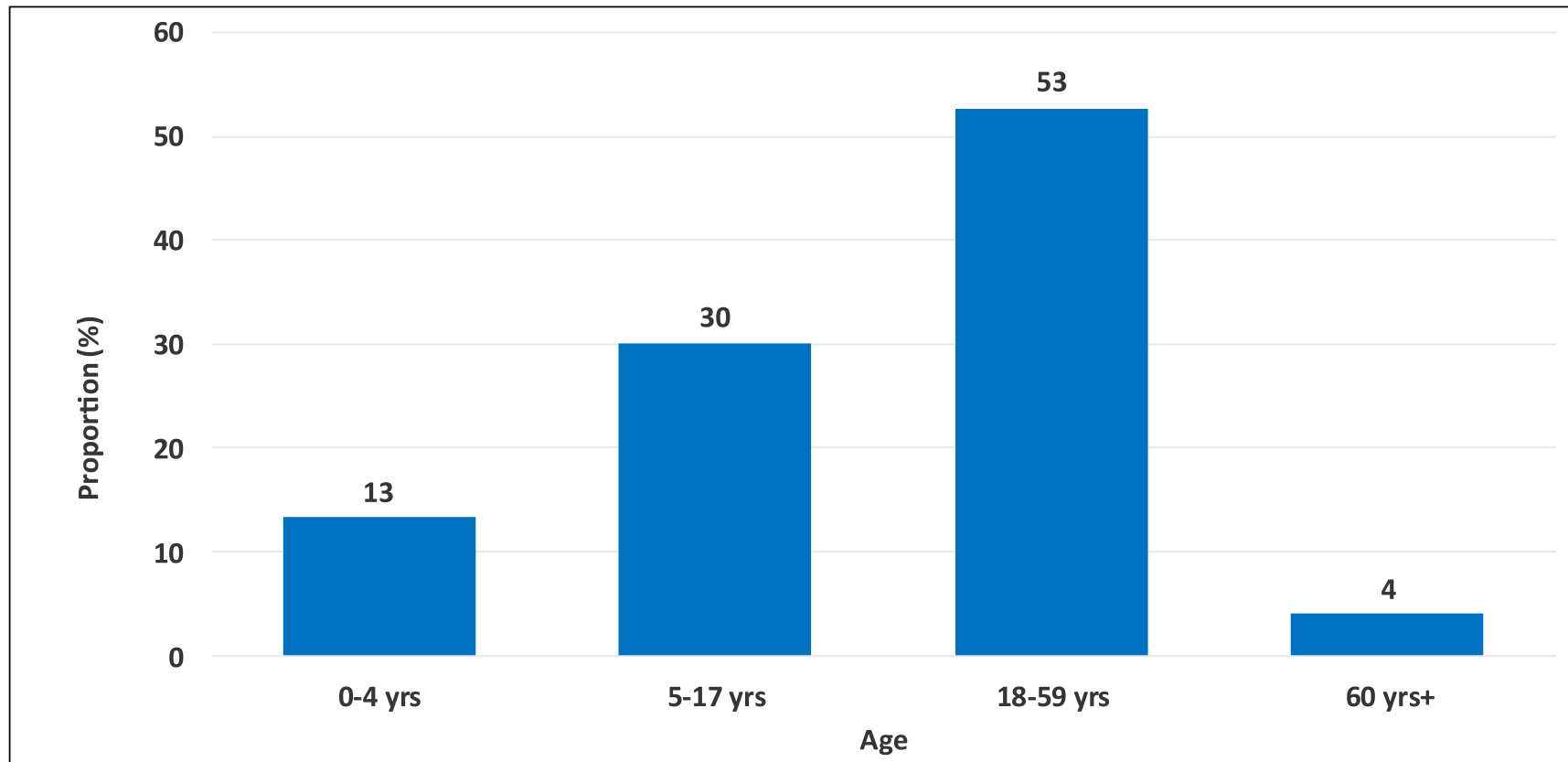
Province	Urban areas	Number of Interviewed Households
<b>Bulawayo</b>	Bulawayo high density, peri-urban	721
<b>Manicaland</b>	Mutare, Rusape, Chipinge, Nyanga, Chimanimani, Mutasa, Makoni	749
<b>Mashonaland Central</b>	Bindura, Mvurwi, Mazowe	648
<b>Mashonaland East</b>	Marondera, Murehwa-Mutoko, Ruwa, Chivhu	954
<b>Mashonaland West</b>	Chinhoyi, Kadoma, Chegutu, Kariba, Norton, Karoi, Zvimba, Mutorashanga, Lions Den	1524
<b>Matabeleland North</b>	Hwange, Victoria Falls, Lupane, Binga, Nkayi, Umguza, Bubi	721
<b>Matabeleland South</b>	Gwanda , Beitbridge, Plumtree	696
<b>Midlands</b>	Gweru, Kwekwe, Redcliff, Zvishavane , Gokwe, Shurugwi, Mberengwa	1444
<b>Masvingo</b>	Masvingo, Chiredzi, Gutu	719
<b>Harare</b>	Harare High density	698
<b>Chitungwiza</b>	Chitungwiza Town	712
<b>Total</b>		<b>9586</b>

# Sample Demographics

<b>Average Age of Household Head</b>	<b>42 years</b>
<b>Average Household Size</b>	<b>4</b>
<b>Average Effective Dependency</b>	<b>1.23</b>
<b>Proportion of Elderly Headed Households</b>	<b>11.9%</b>
<b>Proportion of Child Headed Households</b>	<b>0.2%</b>

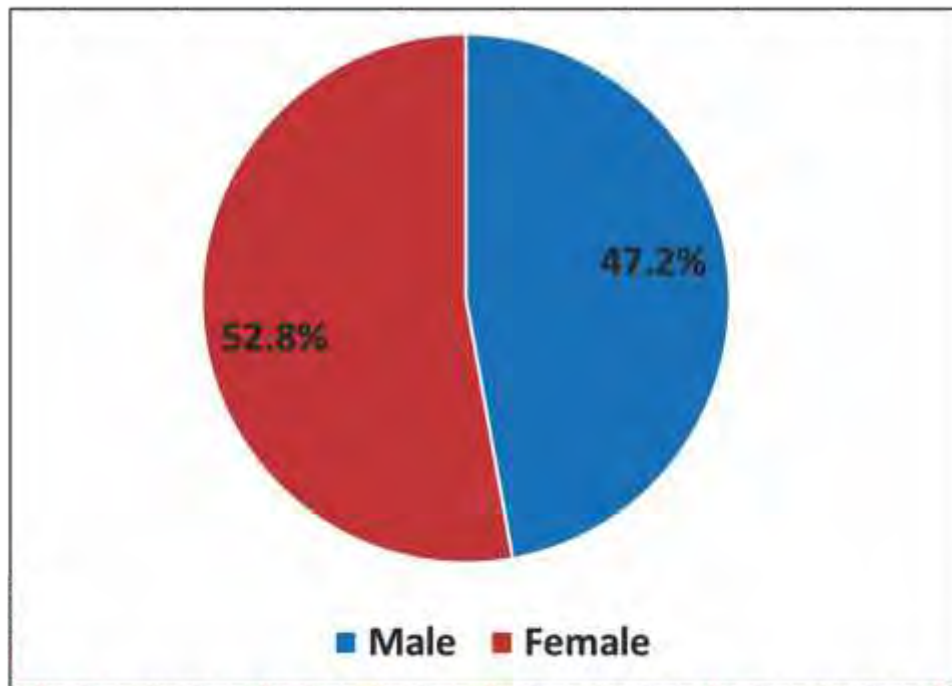
- These demographics are comparable to the 2012 Population Census.

# Population Distribution by Age



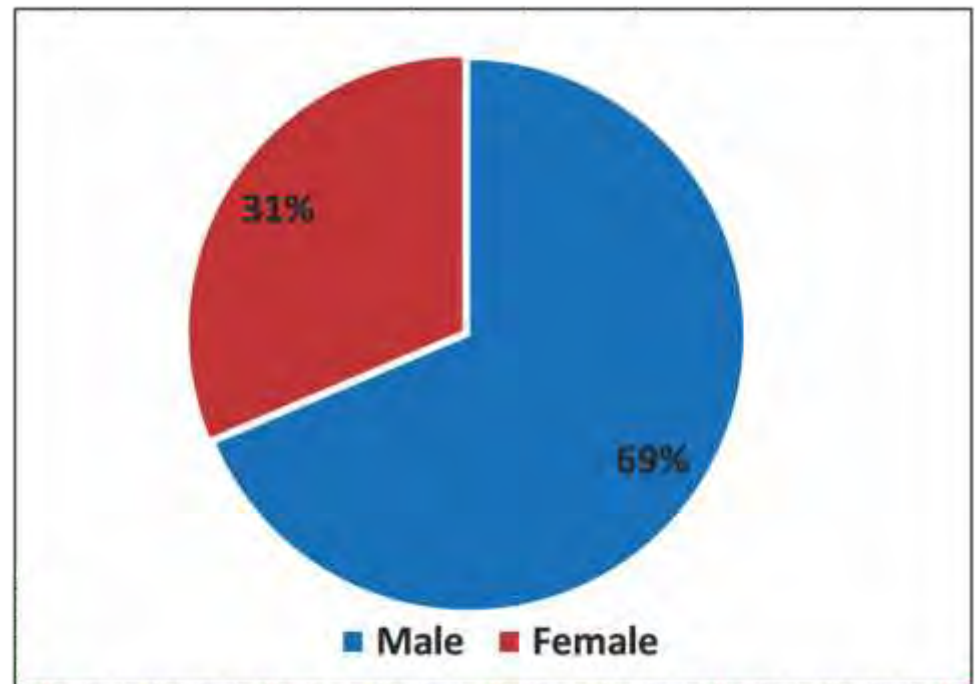
- About 53% of the sampled population were between the ages of 18 to 59 years.
- Thirty percent were in the 5 to 17 years age category.
- These findings are comparable with the 2012 Population Census.

## Population Distribution by Sex



- About 53% of the population were female and 47% were male.

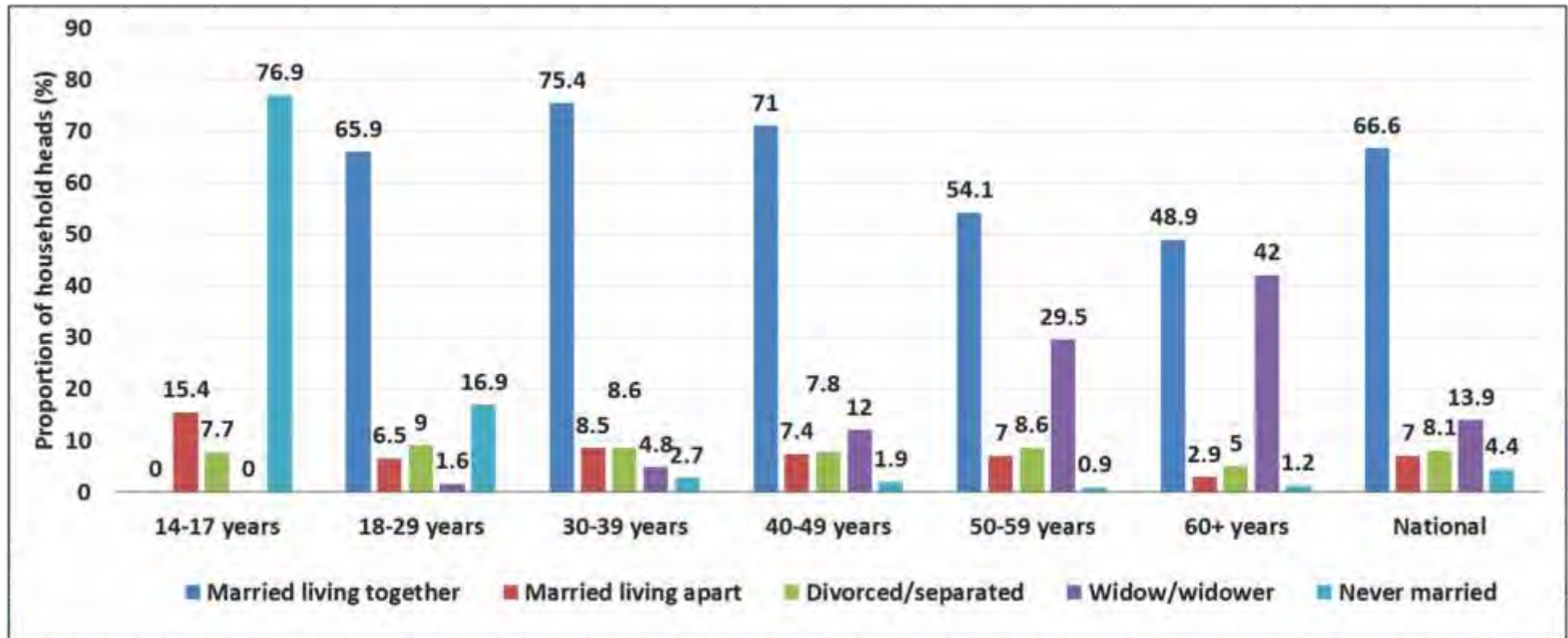
## Sex of Household Head



- The majority of the households were male headed (69%) and only 31% were female headed.

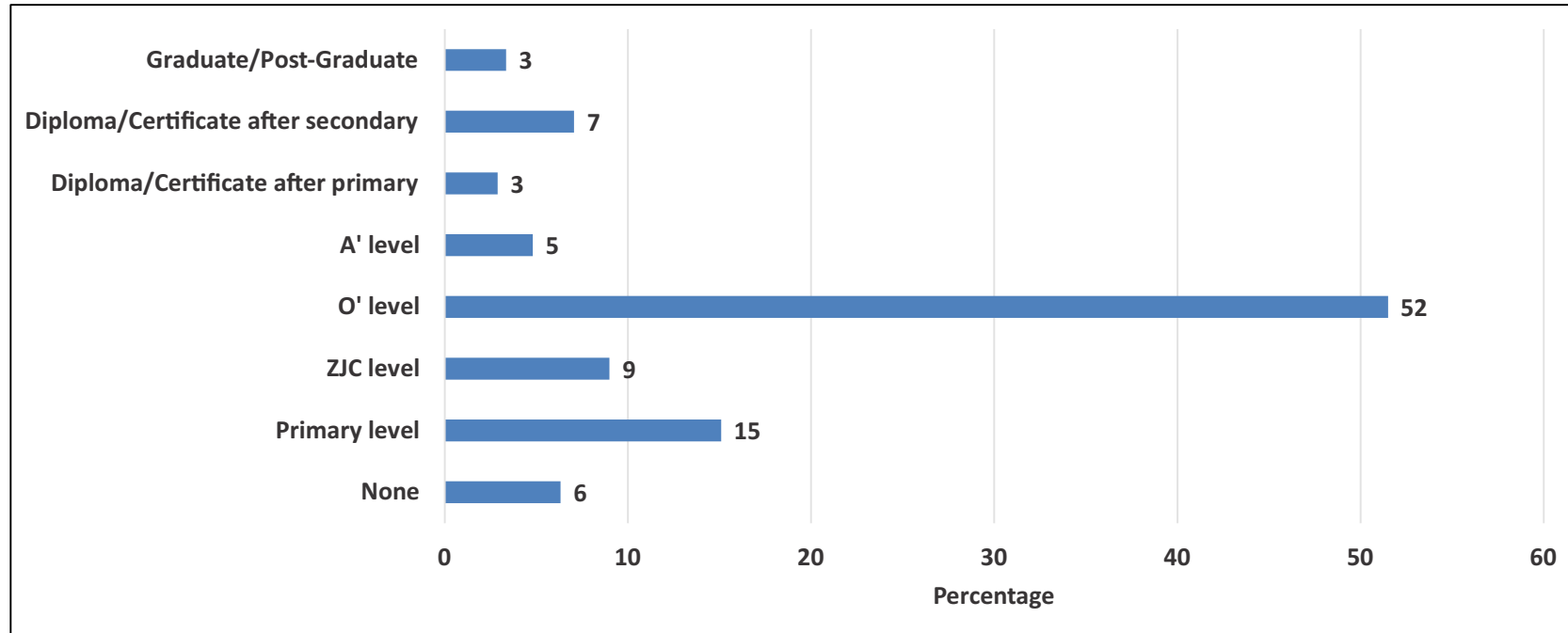


# Marital Status of Household Head



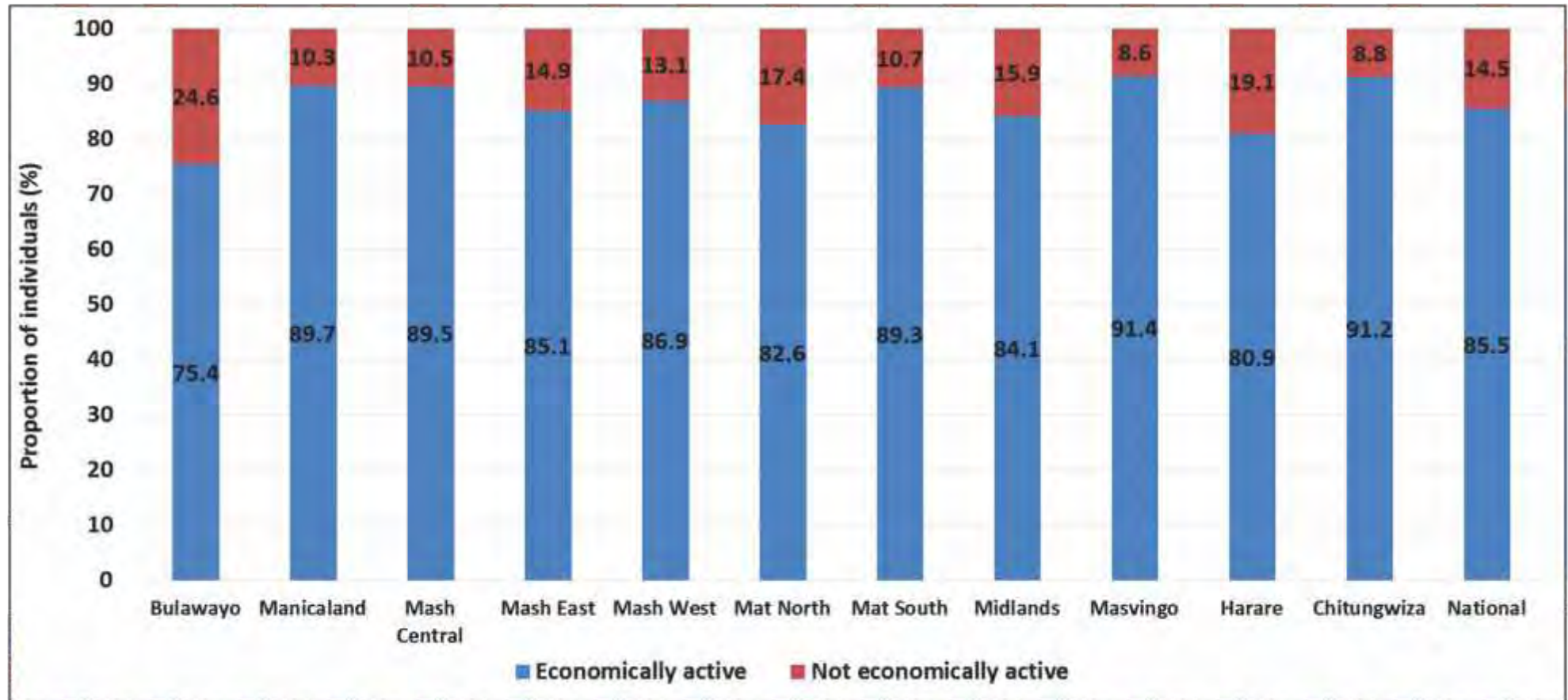
- In the 14 to 17 years age category, 15.4% of the household heads were married and living apart, the youngest being 14 years.
- In the 18 to 29 years age category , 9% were divorced and a significant proportion of household heads in the age category 60 years and above reported that they were widowed (42%).
- The proportion of widows/widowers was highest in the 60 years and above age category.

# Household Head Education Level Attained



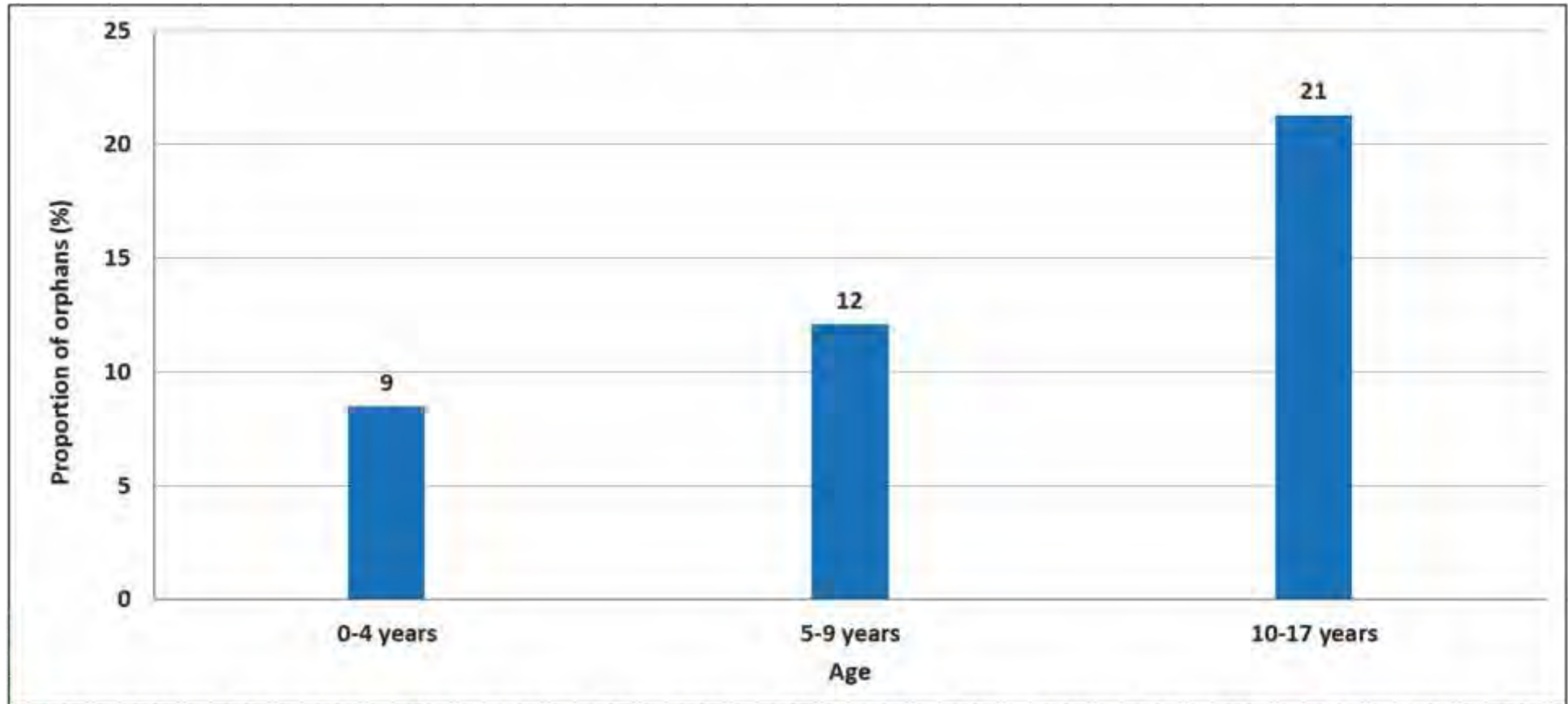
- Approximately 52% of household heads from the sample had attained an O'Level certification.
- Close to 6% of household heads had educational qualifications below grade seven.
- About 15% of the household heads had educational qualifications higher than O'level.
- These findings are comparable with the 2011 results.

# Economic Activity by Province



- Bulawayo reported the highest proportion of individuals who were not economically active (24.6%) followed by Harare (19.1%).
- Masvingo had the least proportion of households with individuals who were not economically active (8.6%).

# Proportion of Orphans by Age Category

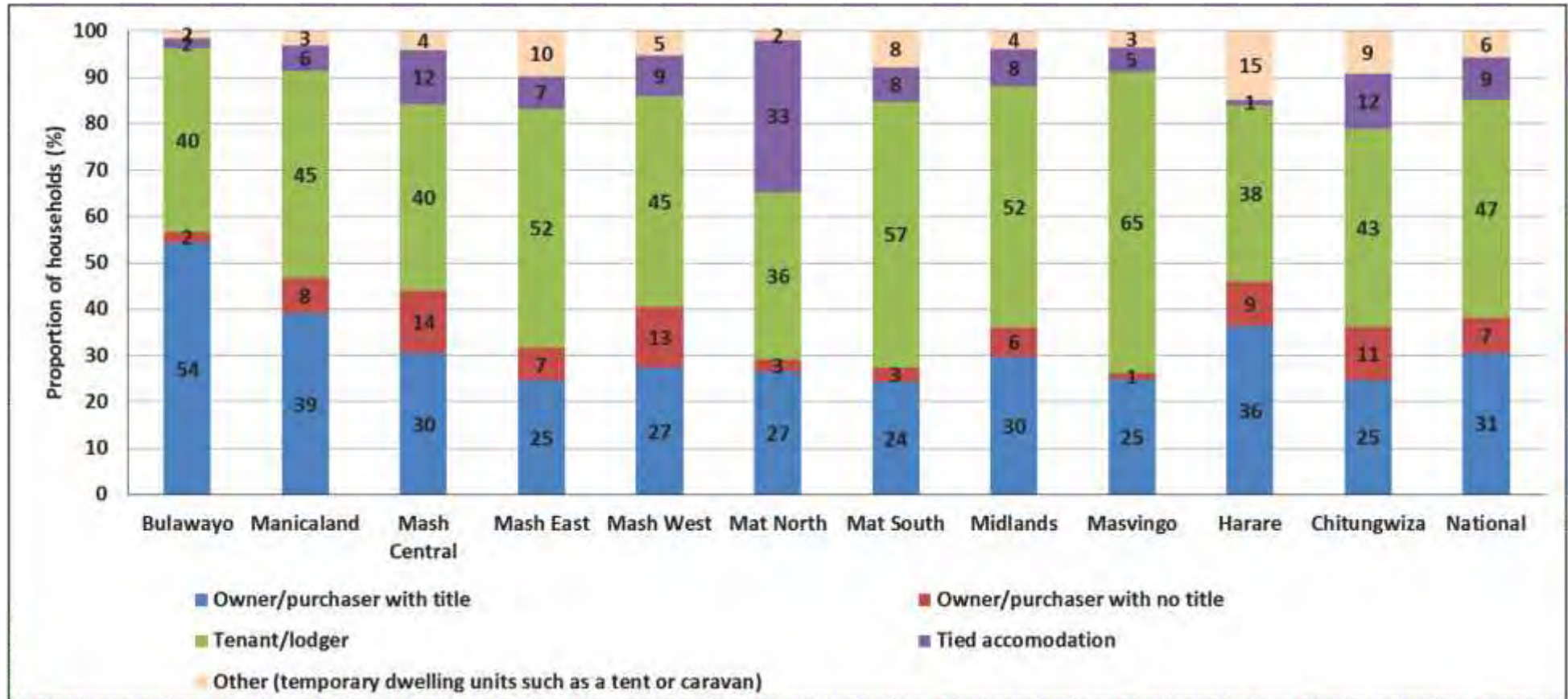


- The highest proportion of orphans was found in the 10-17 years age category (21%).

# Definitions

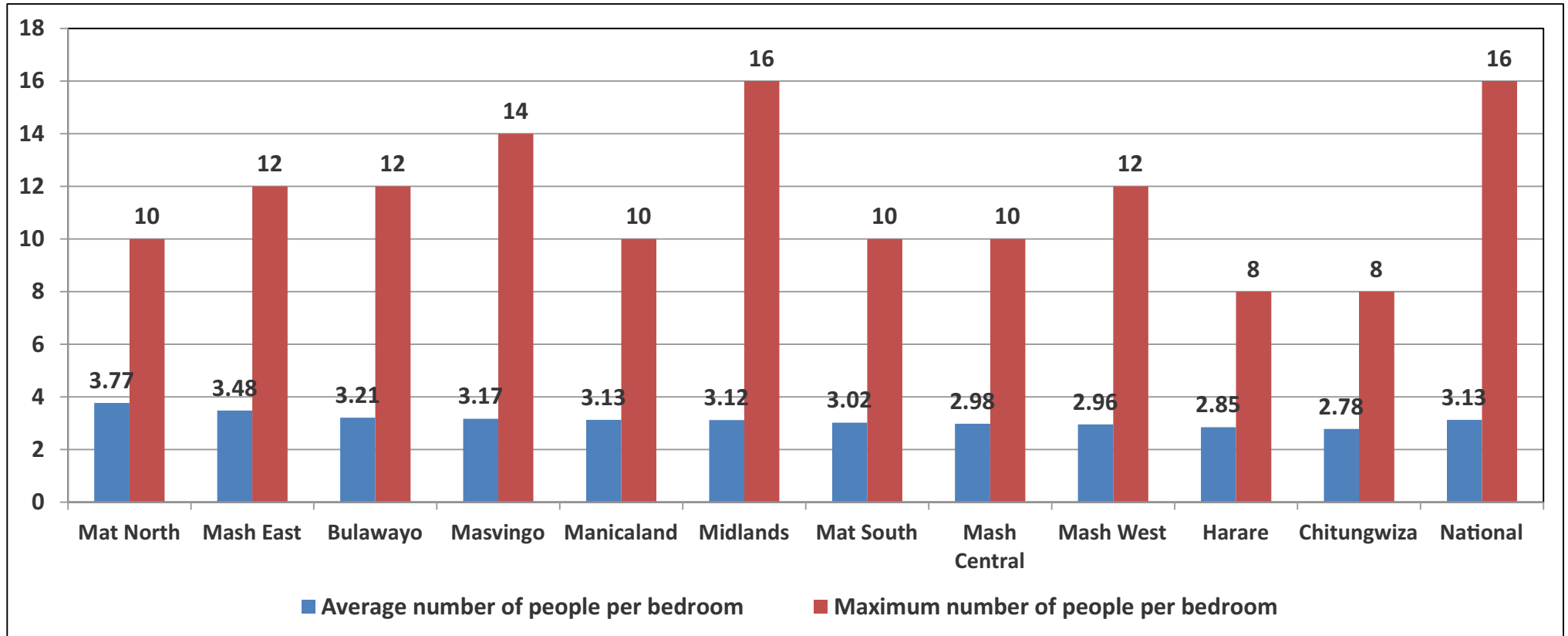
- **Number of persons per room** - Refers to an indicator of the level of crowding in a private dwelling. It is calculated by dividing the number of persons in the household by the number of rooms in the dwelling. This standard conforms to recommendations for censuses contained in the United Nations' Principles and Recommendations for Population and Housing Censuses, Revision 2, 2008. The United Nations recommends tabulations of the number of rooms and the number of occupants in housing units as a measure of crowding. The United Nations considers densities of three or more persons per room to be overcrowded.
- **Dwelling** – a set of living quarters.
- **Rooms occupied** -Refers to enclosed areas within a dwelling which are used by a household for year-round living. The number of rooms occupied for dwelling excludes bathrooms, toilets, vestibules and rooms used solely for business purposes. Partially divided rooms are considered to be separate rooms if they are considered as such by the respondent.
- **Bedrooms** – Refers to rooms in a private dwelling that are used for sleeping purposes. It also includes rooms designed for other uses during the day such as dining rooms and living rooms if they are used for sleeping purposes at night. Also included are rooms used as bedrooms now, even if they were not originally built as bedrooms.

# Tenure Status of Households



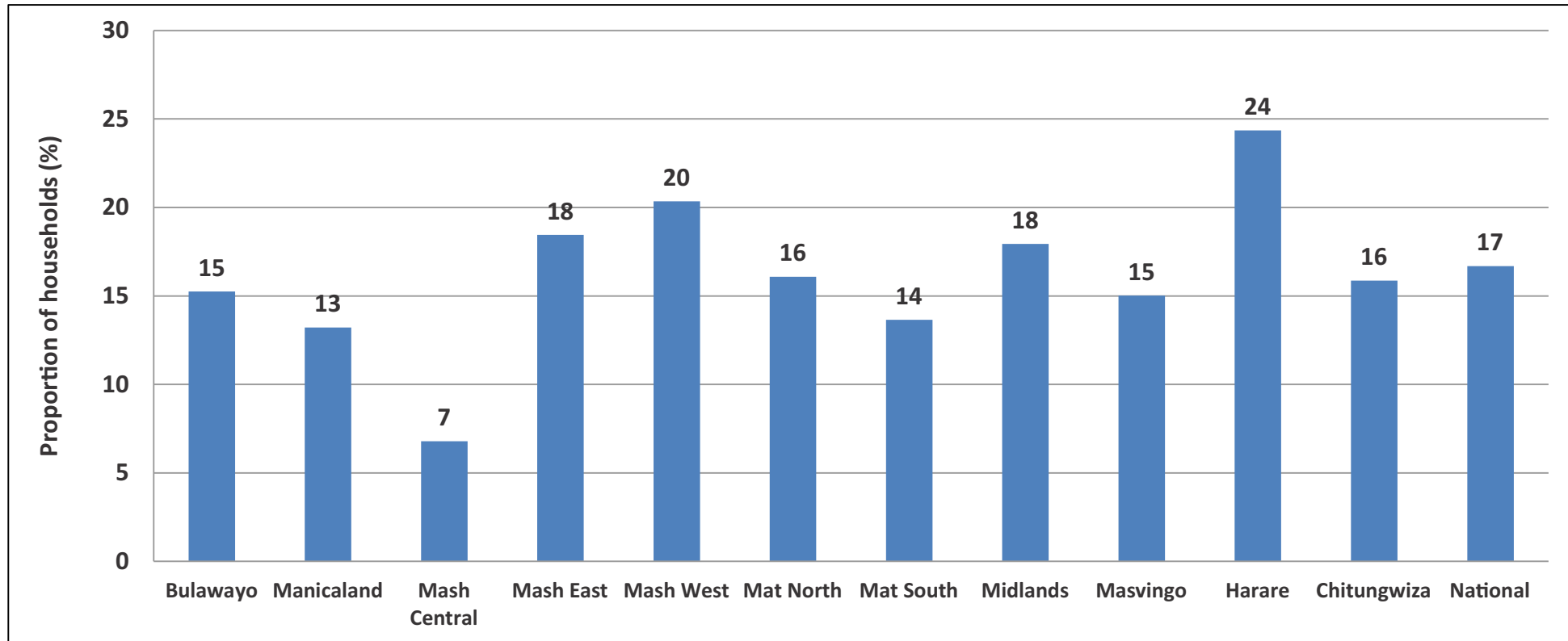
- Nationally 47% of households were tenants/lodgers and 31% were owners or purchasers with title deeds.
- The highest proportion of owners with title deeds were in Bulawayo (54%).
- Masvingo and Matabeleland South had the highest proportion of households who were tenants/lodgers.

# Average Number of People per Bedroom



- Matabeleland North had the highest average number of people per bedroom (4) which is high according to international standards.
- The maximum number of people per bedroom was ranging from 8 to 16 people.

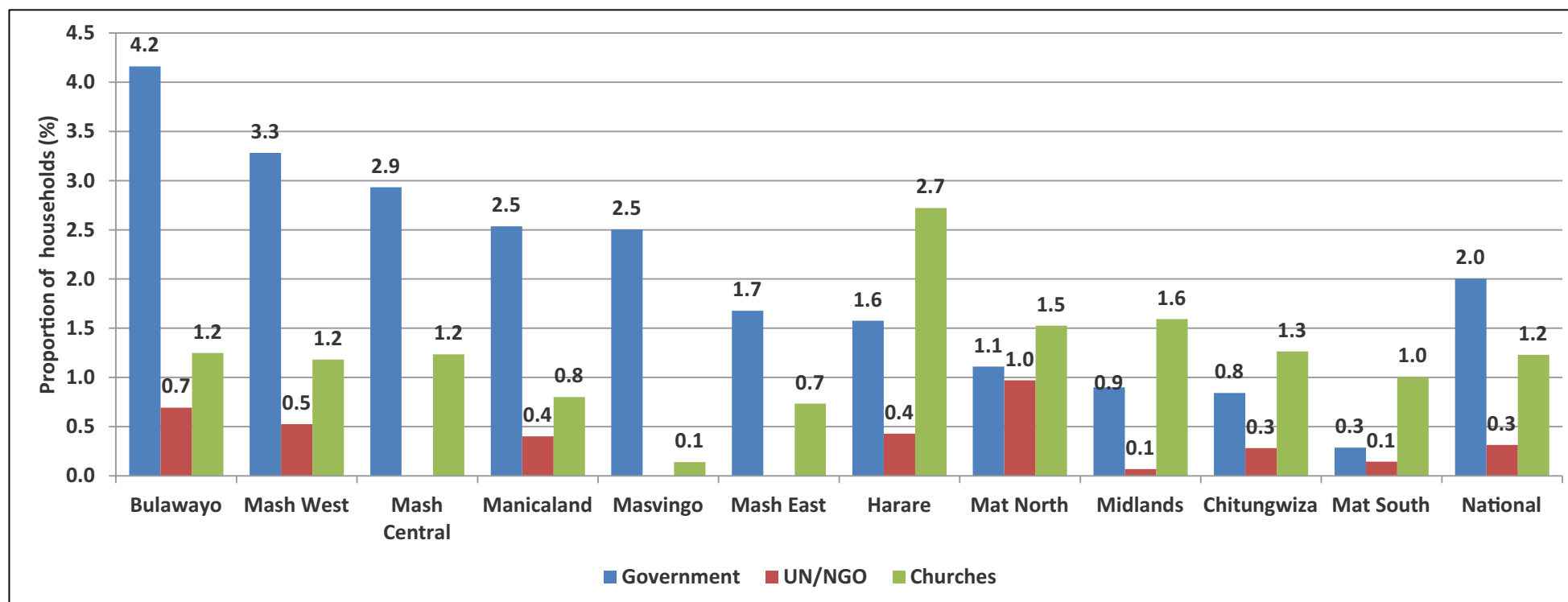
# Households Which Received Support



- At least 17% of the households received some support in the form of either food, cash, crop inputs, livestock inputs or water and sanitation inputs between September 2015 and August 2016.
- Harare (24%) had the highest proportion while Mashonaland Central (7%) had the lowest.

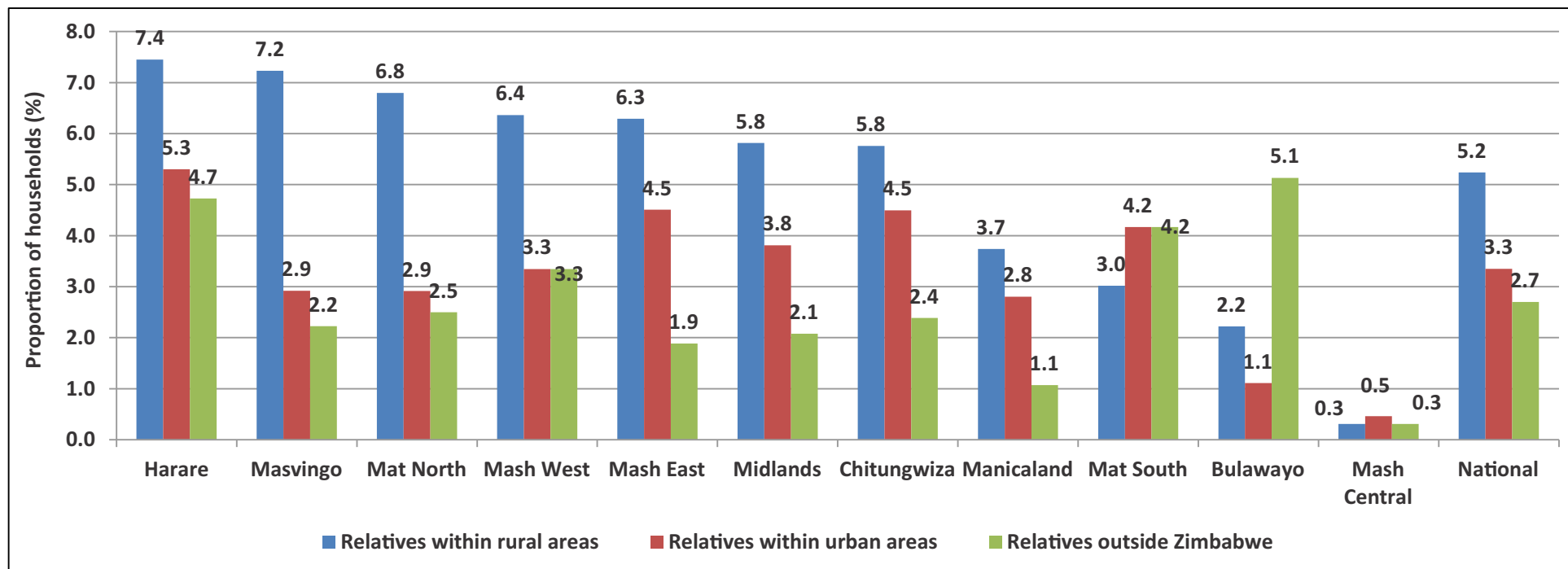


# Food Assistance Received from Institutions by Province



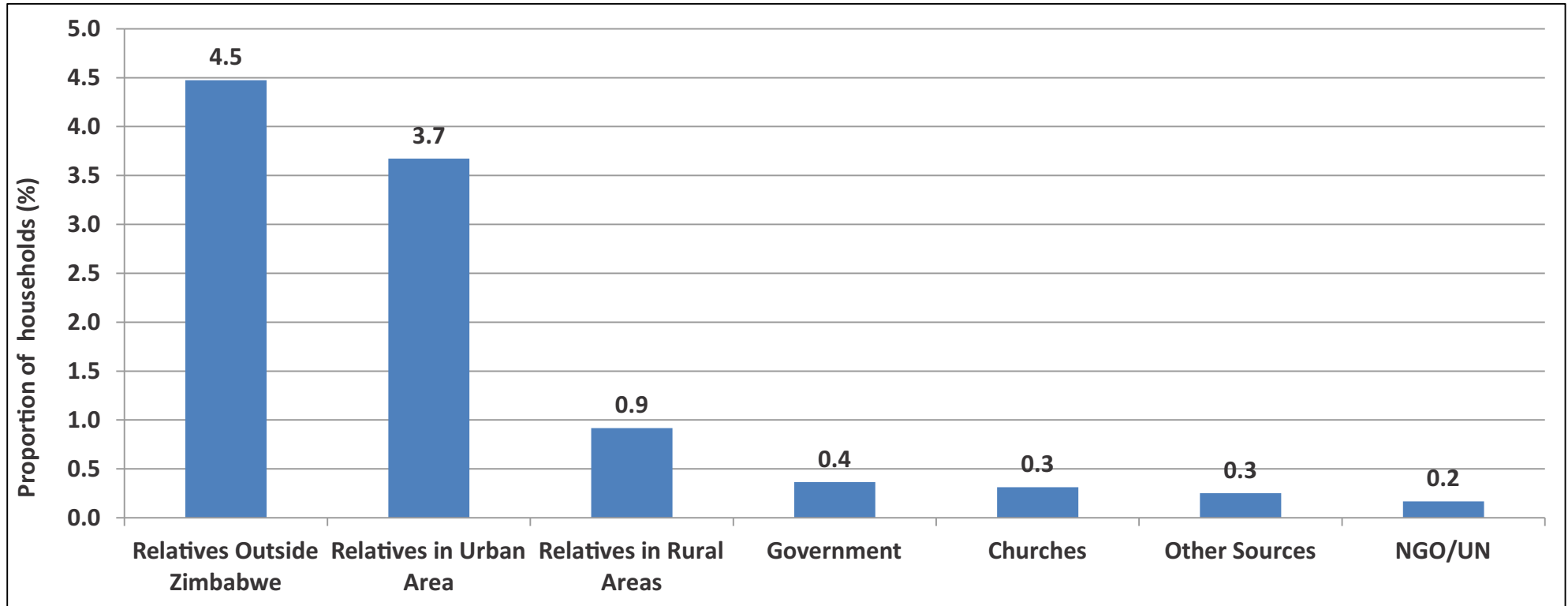
- The proportion of households which received food assistance from Government was highest in Bulawayo (4.2%) followed by Mashonaland West (3.3%) and Mashonaland Central (2.9%).
- Midlands (0.9%), Chitungwiza (0.8%) and Matabeleland South (0.3%) received the least food assistance from Government.
- NGO support in terms of food assistance was generally low across all the provinces with the highest being in Matabeleland North (1.0%).

# Food Assistance Received from Relatives by Province



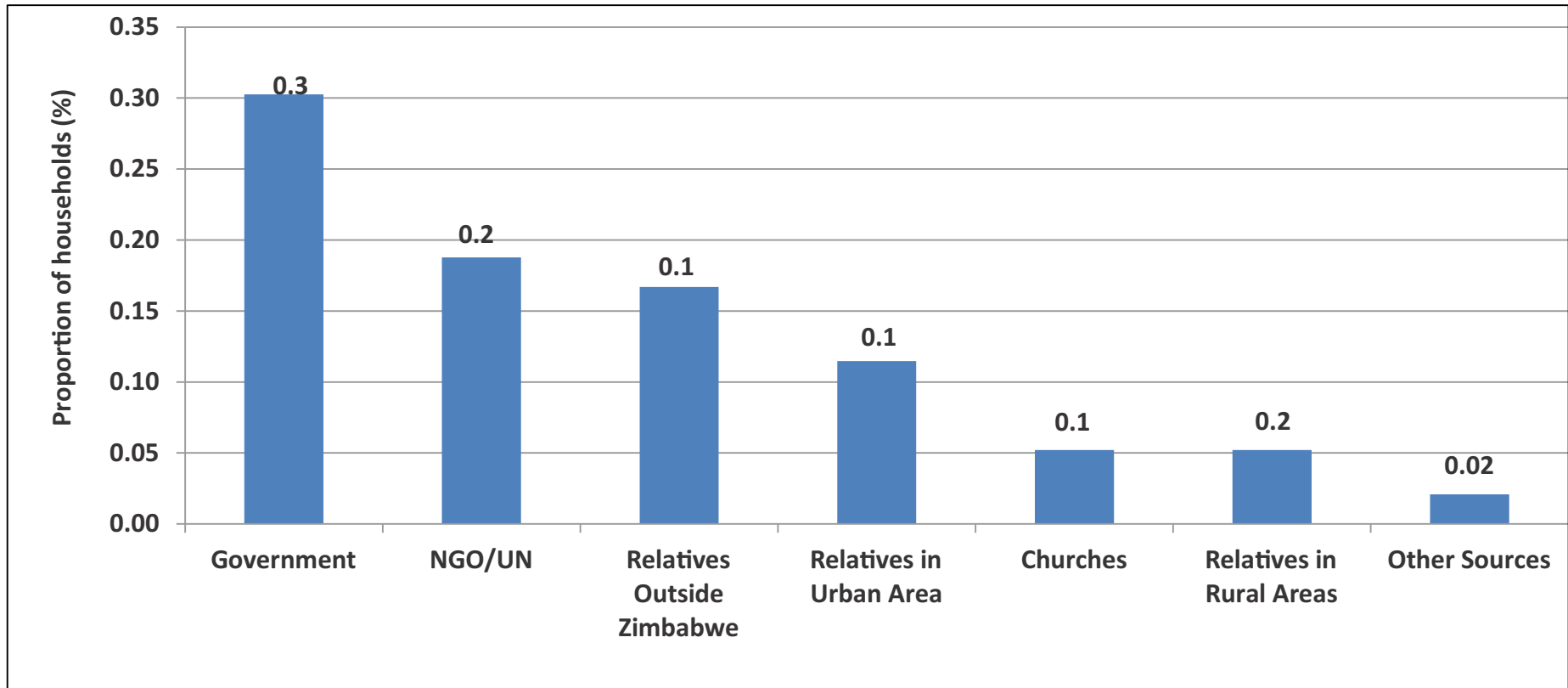
- Nationally, about 5.2% of the households received food assistance from relatives in the rural areas.
- This was followed by 3.3% who received from relatives in urban areas and 2.7% from relatives outside Zimbabwe.
- Support from relatives in the rural areas was highest in Harare (7.4%), Masvingo (7.2%) Matabeleland North (6.8%) and lowest in Mashonaland Central (0.3%).

# Sources of Cash Assistance



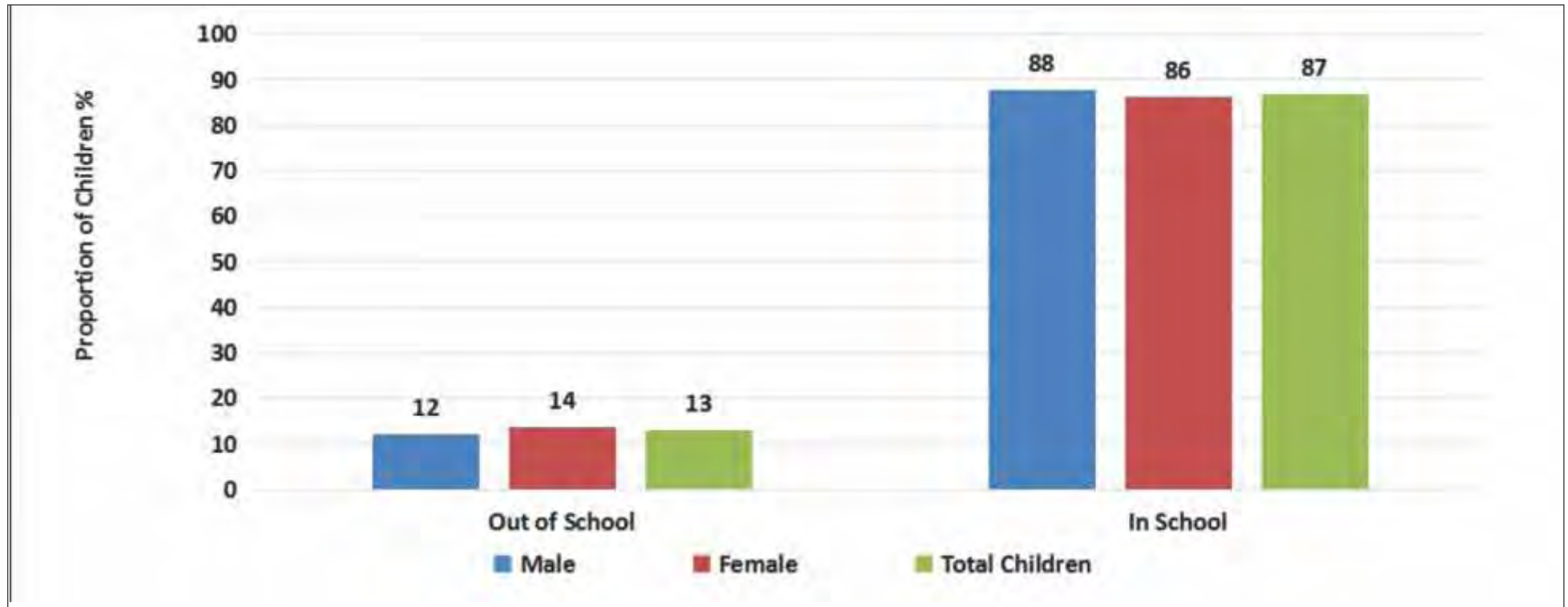
- At least 4.5% of the households received cash assistance from relatives outside Zimbabwe and 3.7% from relatives within urban areas.
- About 0.4% of the households received cash assistance from the Government while 0.2% received cash assistance from NGO's or UN .

# Social Protection WASH Support



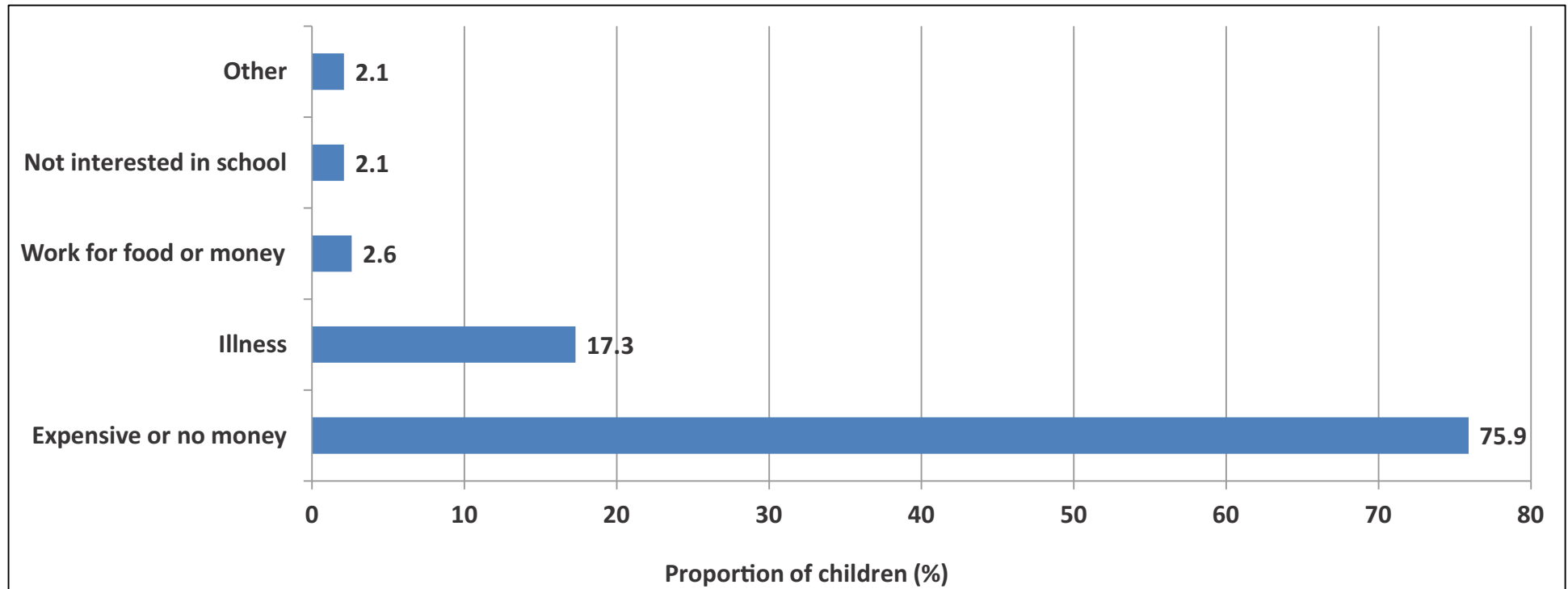
- The proportion of households that received water, sanitation and hygiene (WASH) support was generally very low with contributions falling below 1%.

# Child School Attendance



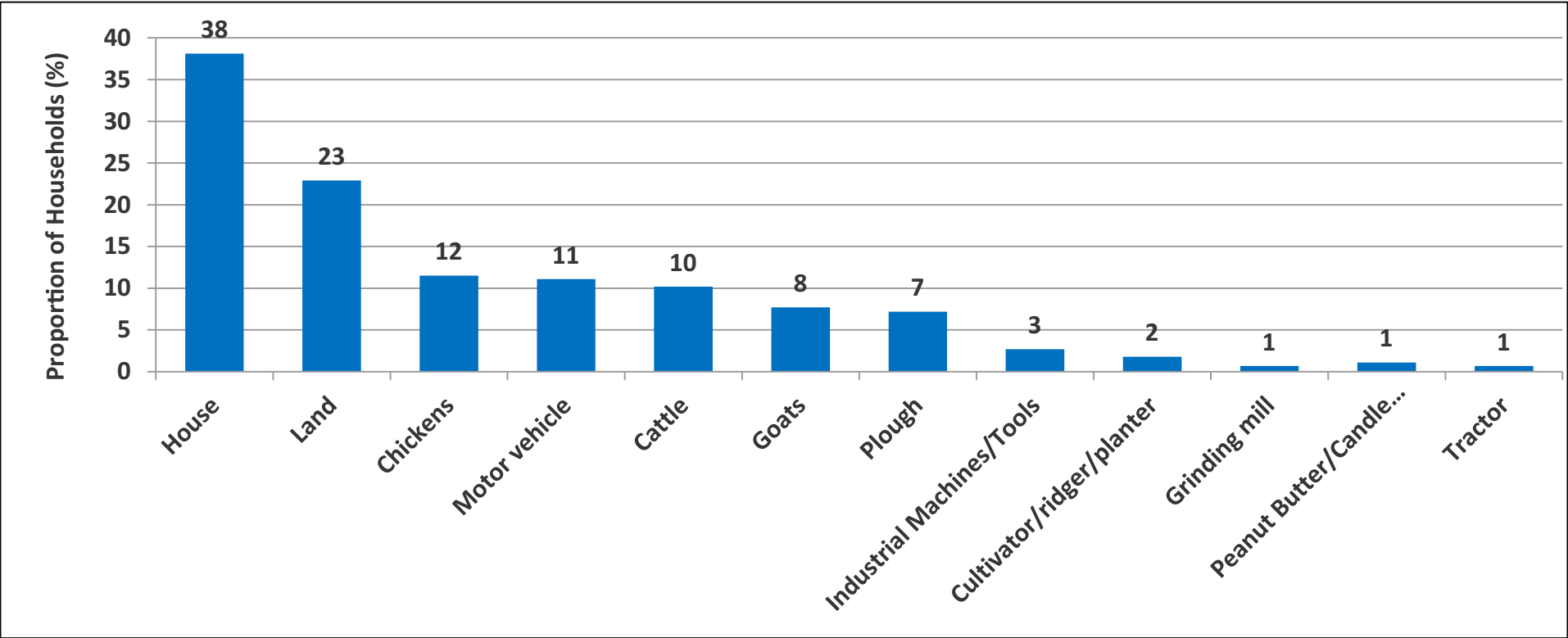
- An average of 13% of the children of school going age (4 -17 years) were not attending school.

# Reasons for not Attending School



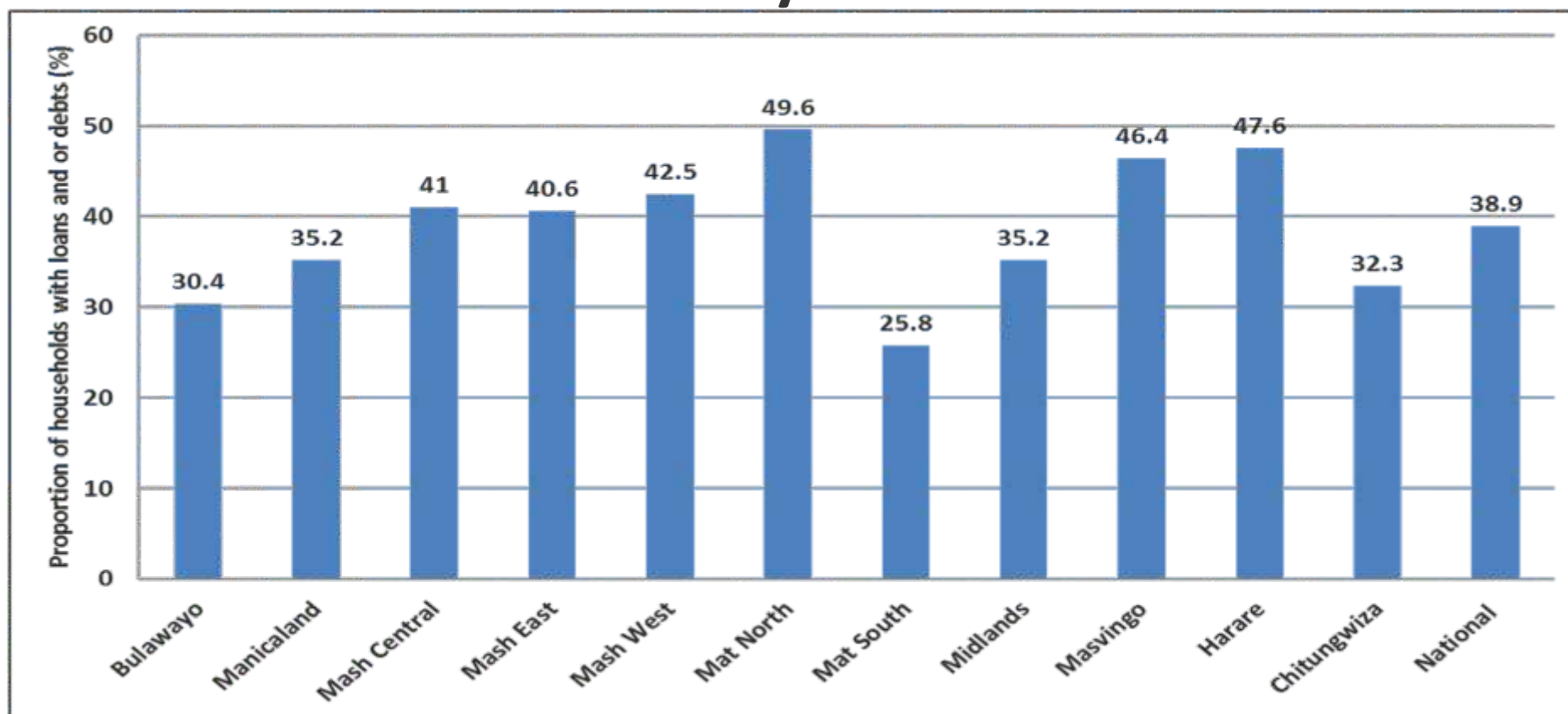
- About 76% of the children were not in school due to financial constraints followed by 17% who were not in school due to illness.
- About 3% of children were not in school because they were working for food or money and about 2% were not interested.

# Proportion of Households Owning Assets



- The most commonly owned productive assets across all provinces were houses (38%) and land (23%), with grinding mills and tractors being the least at 0.7%.

# Households with Outstanding Food/ Money Debts



- Nationally 38.9% of households reported having outstanding debts.
- Matabeleland North had the highest (49.6%) and Matabeleland South had the least (25.8%)



## Households With Arrears by Province

Province	Electricity (%)	Water & rates (%)	Rentals (%)	School fees (%)	Hire purchase (%)	Health institutions (%)
Bulawayo	45.1	64.4	13.6	44.2	7.8	12.8
Manicaland	5.3	64.3	16.1	47.8	9.3	4.8
Mash Central	13.5	65.7	11.9	54.7	7.7	7.0
Mash East	13.2	46.6	16.4	45.6	24.6	3.9
Mash West	21.0	57.4	19.6	54.6	13.0	5.2
Mat North	8.2	40.8	23.5	51.3	13.0	3.7
Mat South	17.9	61.7	17.9	51.0	16.0	2.8
Midlands	10.3	63.2	22.4	56.2	11.1	5.5
Masvingo	1.2	52.4	19.5	49.0	21.0	6.8
Harare	50.8	59.6	14.7	46.3	9.3	11.4
Chitungwiza	46.3	69.0	23.5	42.8	6.5	4.5
<b>National</b>	20.2	<b>58.5</b>	18.6	<b>50.8</b>	12.9	6.0

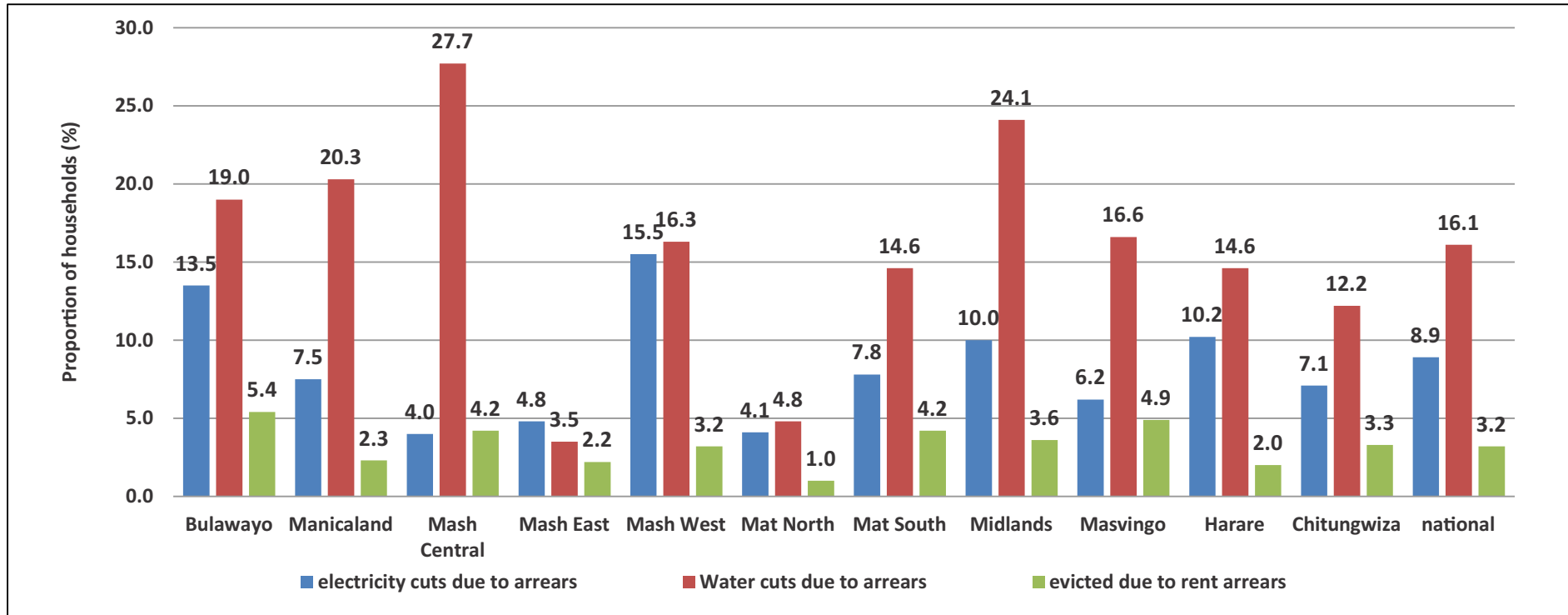
- Most households had water and rates arrears (58.5%), followed by those with school fees arrears (50.8%).
- Harare (50.8%) had the highest proportion of households with electricity arrears while Chitungwiza (69%) had the highest proportion of households with water and rates arrears.

# Average Amount of Arrears per Household

Province	Electricity (USD)	Water & rates (USD)	Rentals (USD)	School fees (USD)	Hire purchase (USD)	Health institutions (USD)
Bulawayo	532.84	382.54	162.06	246.70	341.46	348.00
Manicaland	250.50	239.18	141.88	196.89	753.53	341.74
Mash Central	399.58	483.30	244.68	204.12	413.34	157.00
Mash East	474.58	282.84	93.88	159.90	497.99	305.09
Mash West	400.93	330.42	163.85	183.48	317.99	214.68
Mat North	494.55	467.21	375.13	306.37	350.57	157.30
Mat South	999.40	470.36	127.43	208.14	696.69	240.75
Midlands	392.26	303.67	239.71	208.32	534.51	121.60
Masvingo	68.33	163.08	155.79	193.42	844.53	194.17
Harare	900.63	468.75	194.20	240.44	763.33	331.87
Chitungwiza	791.19	418.49	172.92	185.82	490.96	224.42
<b>National</b>	<b>628.54</b>	353.01	194.30	207.46	<b>533.30</b>	249.36

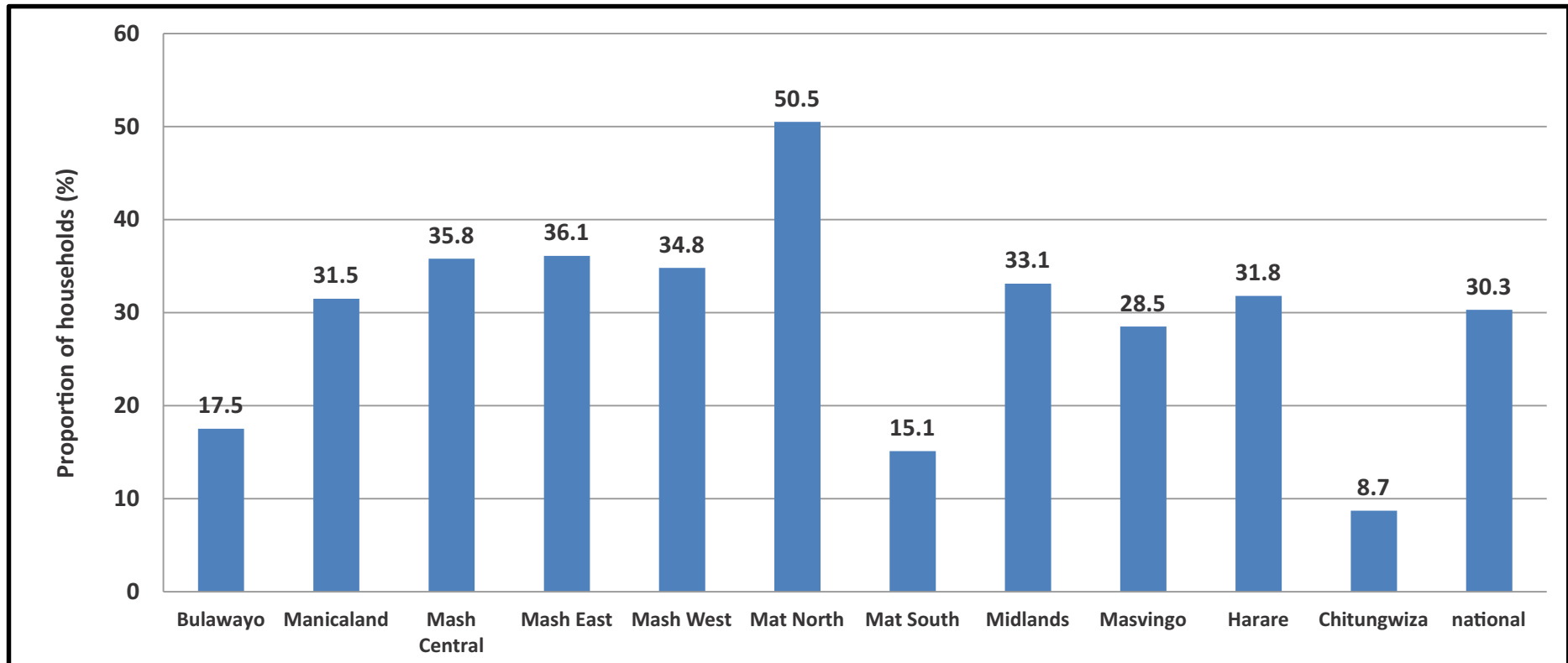
- The highest arrears were recorded for electricity and hire purchase.
- Matabeleland South had the highest average of electricity arrears at USD 999.40 and Mashonaland Central had the highest average water and rates arrears at USD 483.30.

# Disruption of Services Due to Arrears



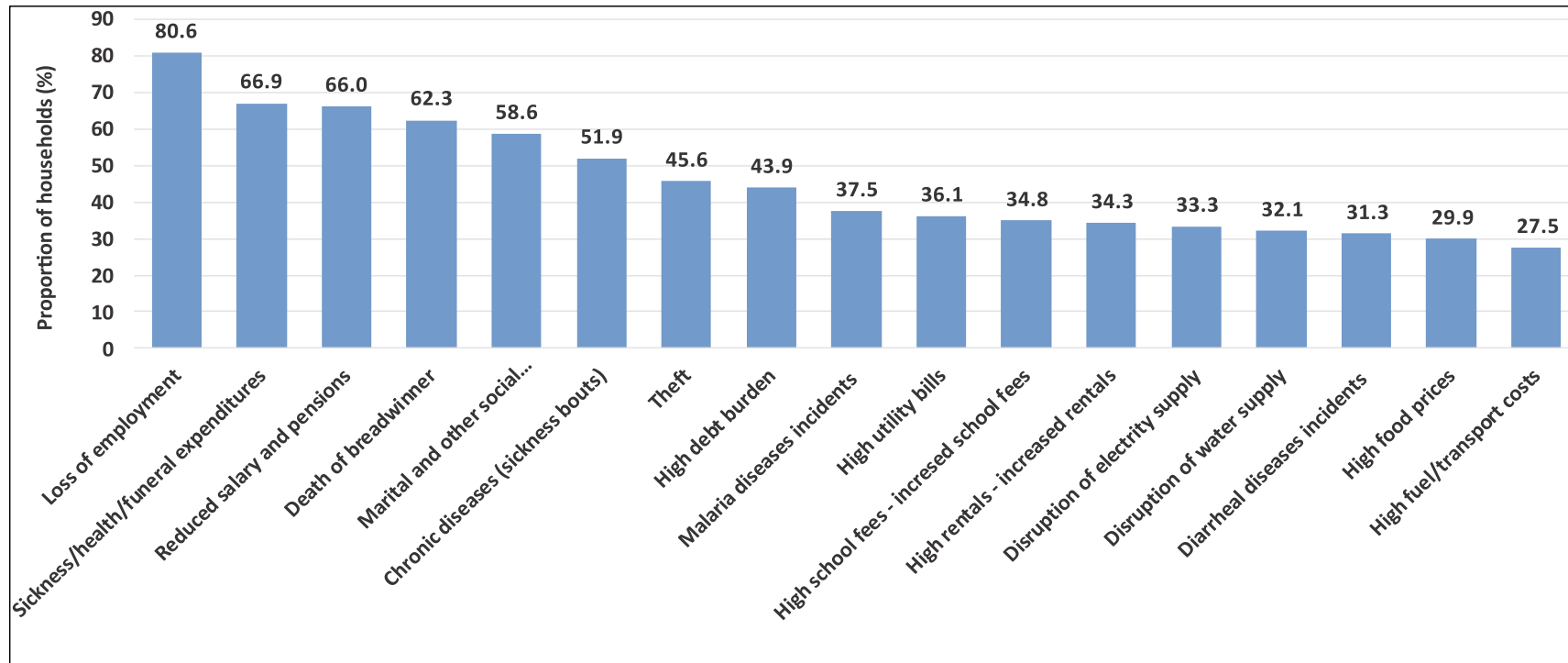
- The highest proportions of households that experienced water cuts due to arrears were reported in Mashonaland Central (27.7%) and Midlands (24.1%).
- The proportion of households evicted due to rent arrears was less than 5% across all provinces.

# Proportion of Households Practicing Urban Agriculture



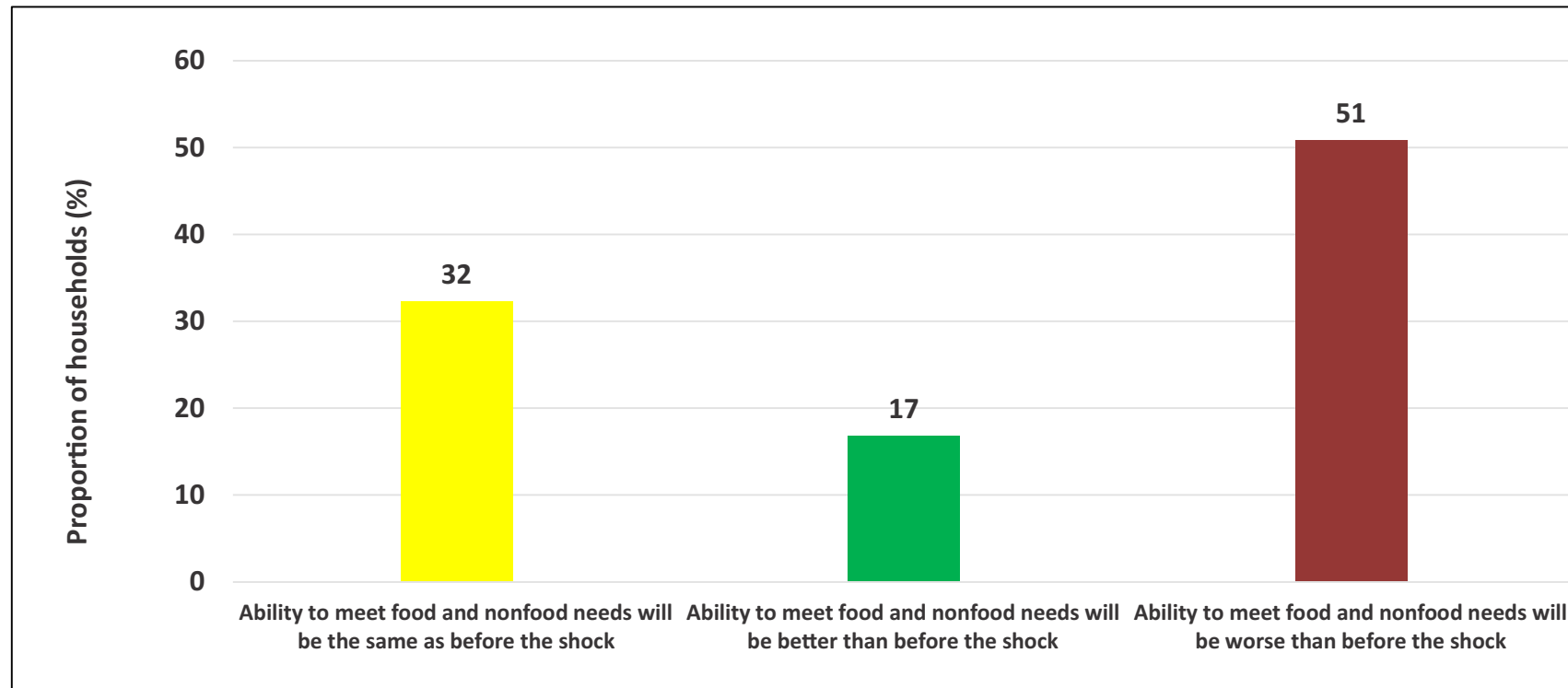
- About 30% of households were practicing urban agriculture.
- The highest proportion was in Matabeleland North (50.5%) and the lowest proportion was in Matabeleland South (15.1%).

# Prevailing Urban Shocks and Challenges



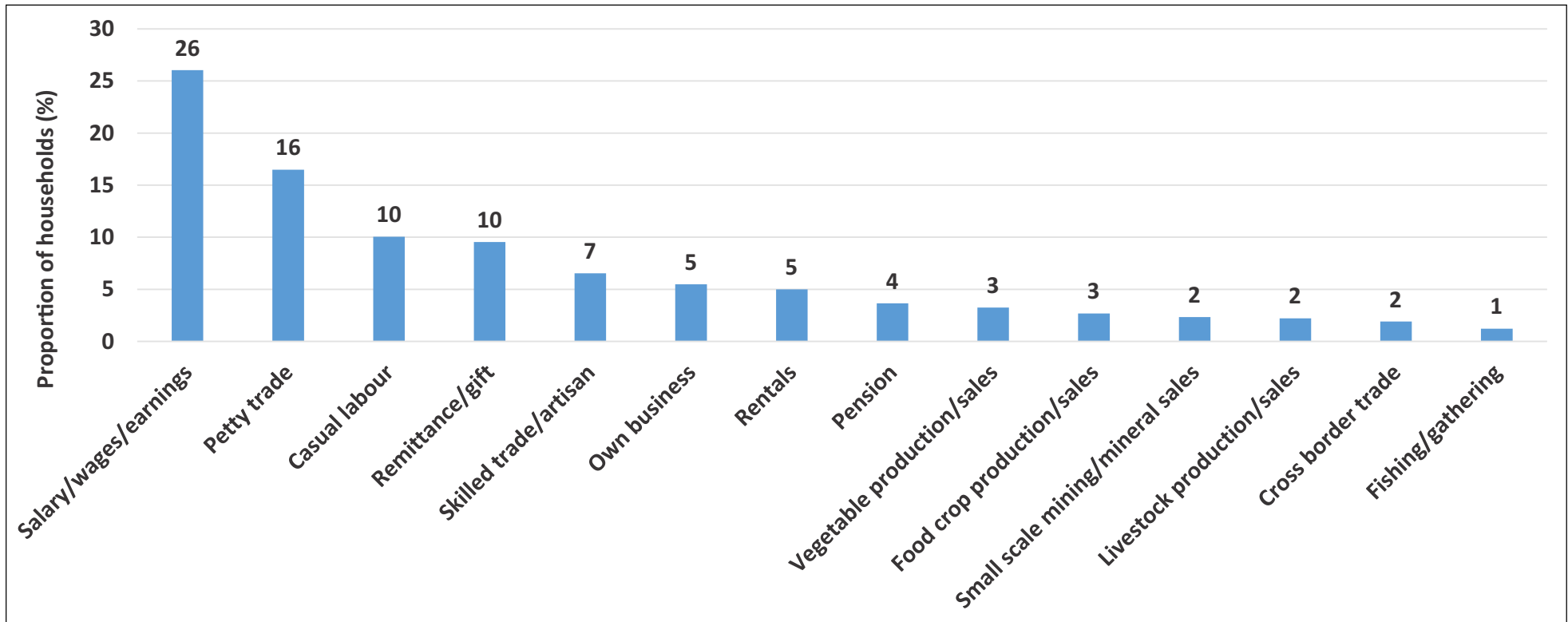
- Economic related shocks and challenges were the major issues experienced by households in the reference period.
- Loss of employment and income source was the major shock experienced by most households (80.6%).

# Ability to Meet Food and non - Food Needs After Exposure to Shocks in the Next 12 Months



- About 51% of the households were not confident that they will be able to meet their food and non food needs in the next 12 months .

# Income Sources (Cash and Food)



- Salaries, wages and earnings were the highest reported income sources for cash and food (26%) while petty trade (16%) was the second most reported source of income .
- Casual labour (10%), remittance or gifts (10%), skilled artisan (7%), own business (5%) and rentals (5%) were also significantly reported as the main sources of household income.

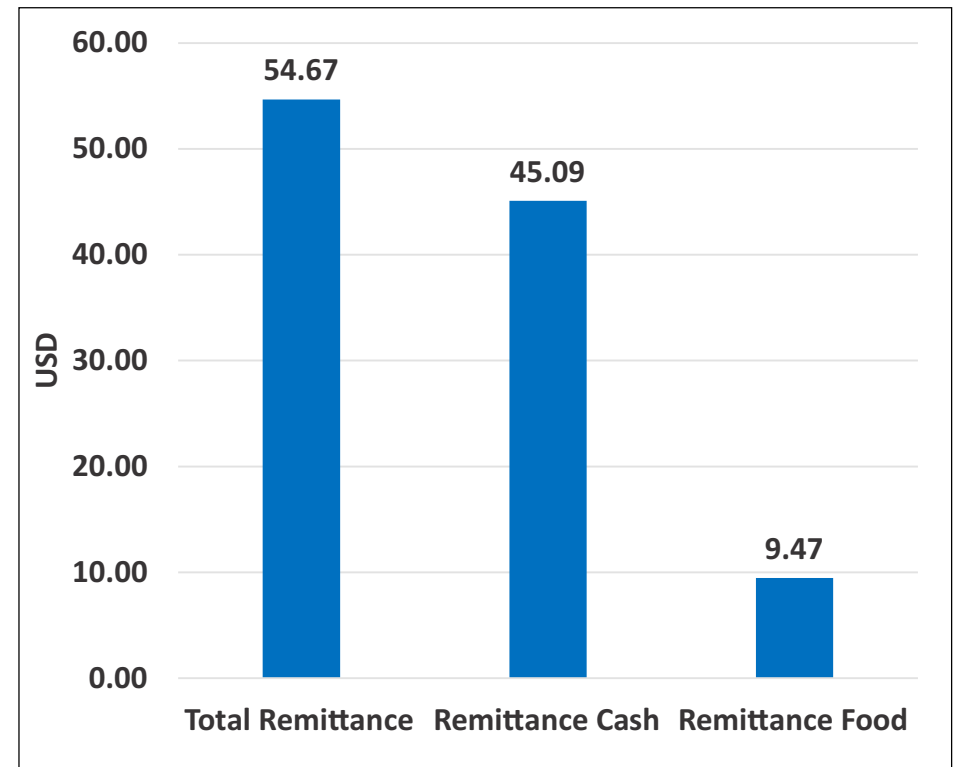
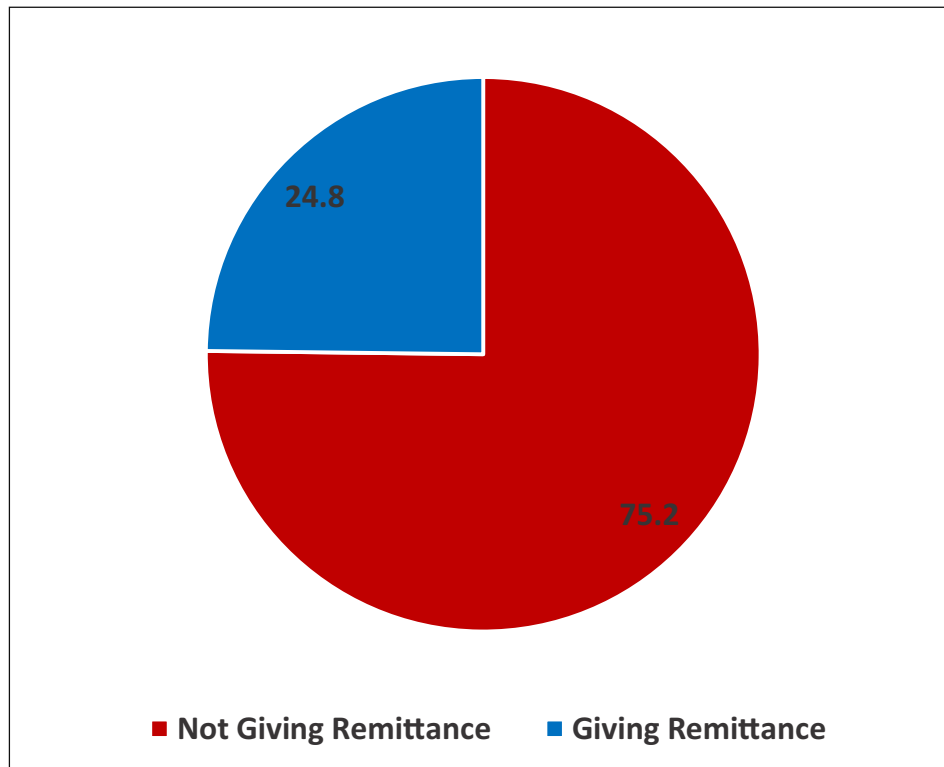
# Average Monthly Household Income by Province

- The average monthly household income for August 2016 was estimated at USD289.51.
- Households in Matabeleland South had the highest average income of USD365.78 .
- Matabeleland North had the lowest income of USD243.63.

Province	Estimated Income (USD)
Matabeleland South	365.78
Masvingo	332.65
Harare	311.13
Mashonaland East	294.58
Bulawayo	290.88
Mashonaland Central	282.53
Mashonaland West	274.27
Chitungwiza	267.02
Manicaland	251.9
Midlands	247.7
Matabeleland North	243.63
<b>National</b>	<b>289.51</b>



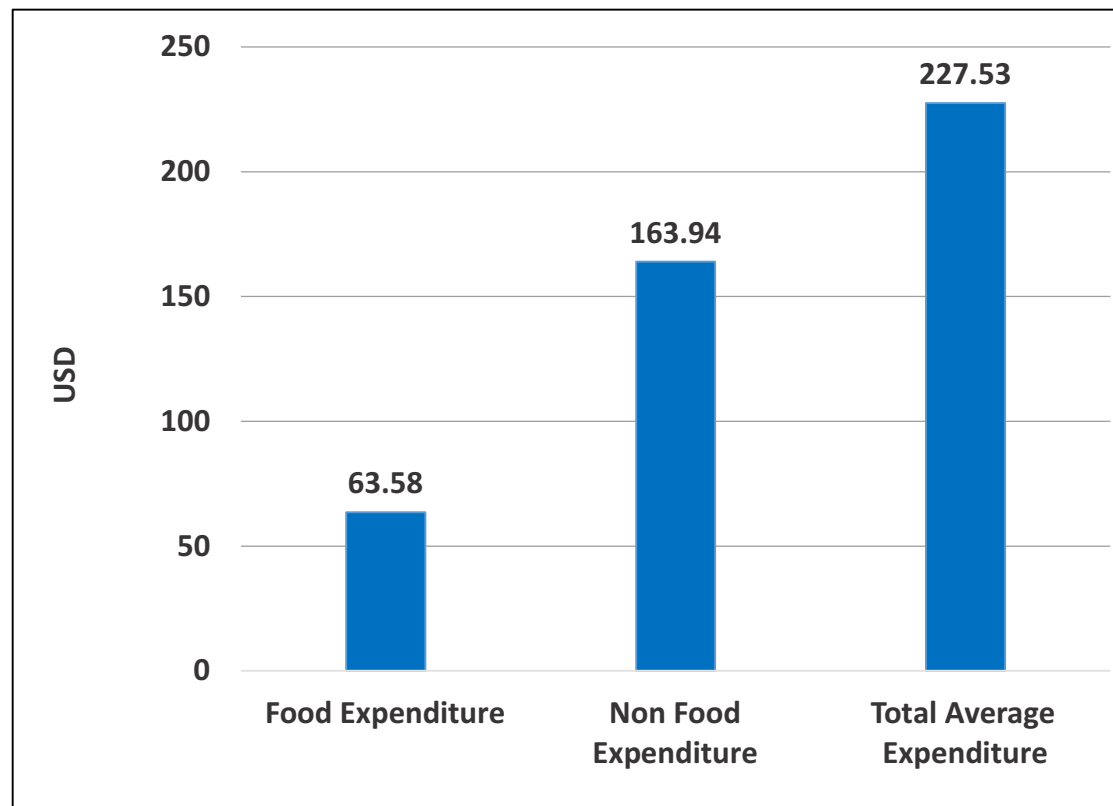
# Proportion of Households Giving Out Remittances



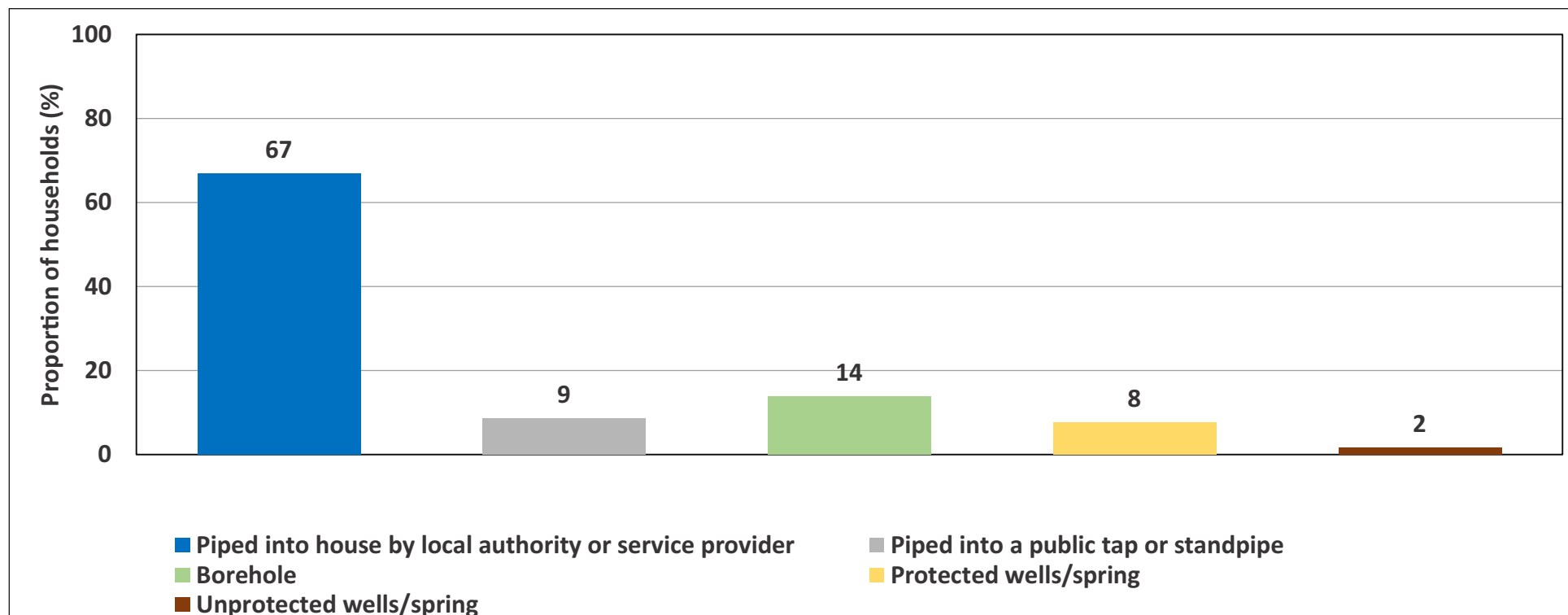
- At national level 24.8% of households were giving out remittances while 75.2% were not giving out remittances.
- The average total remittances for the month of August 2016 were USD54.67. Cash remittances were an average of USD45.09 while food remittances were USD9.47.

# Average Household Monthly Expenditure

- Nationally the household average expenditure for the month of August was USD227.53, which was below the August national Poverty Datum Line of USD477.12.
- The average household food expenditure was USD63.58 and was below the national Food Poverty Line of USD150.66.

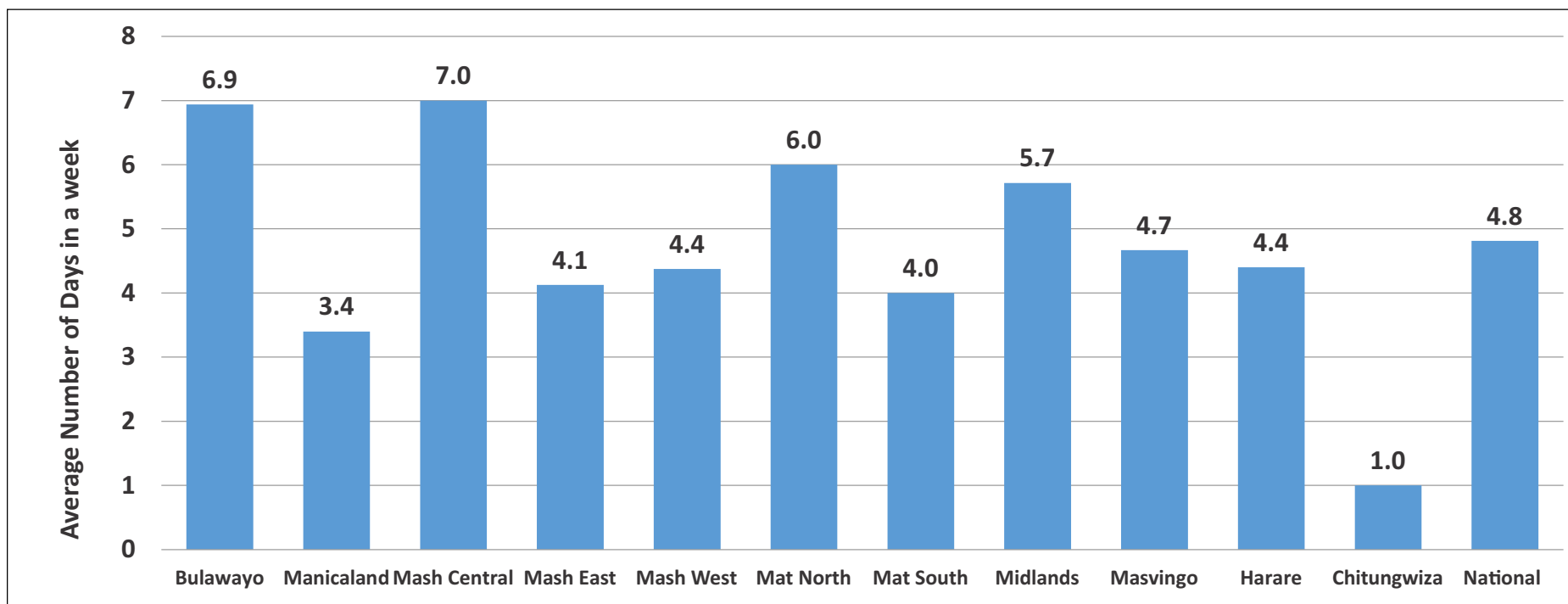


# Main Household Water Sources



- Nationally, 67% of the households had water piped into the house by local authority or service provider as their main source of water.
- Boreholes were the main source for drinking water for 14% of the households.

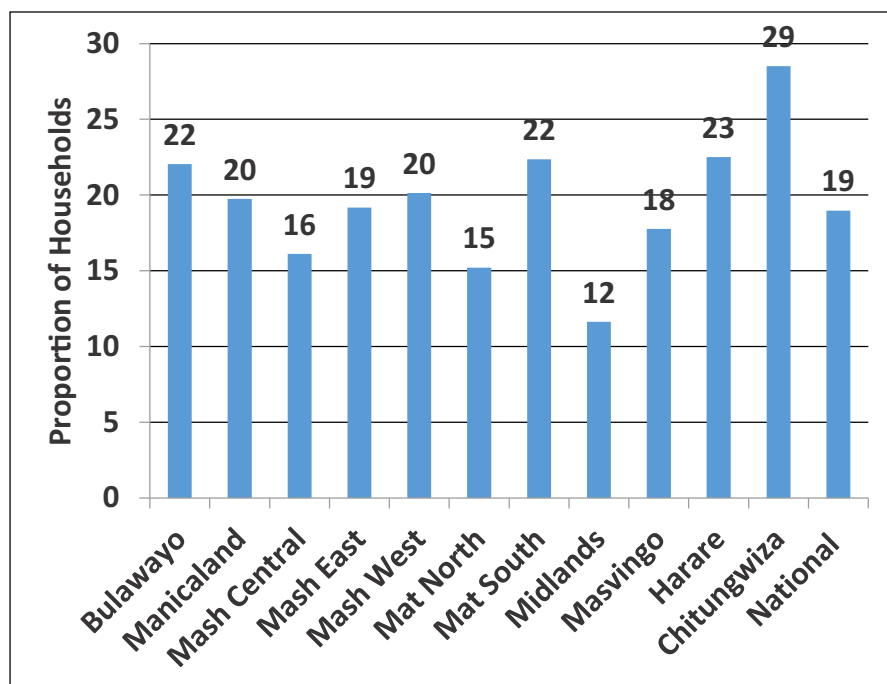
# Average Number of Days Households Received Water from Taps from Local Authority



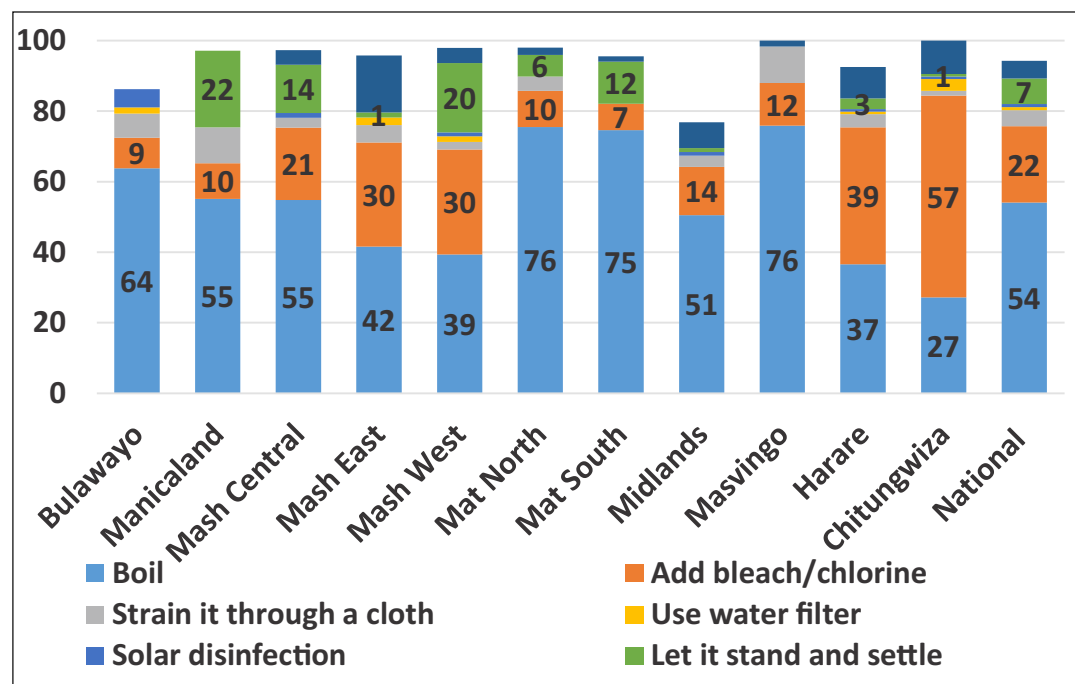
- On average, households received water from household taps for drinking and domestic uses for 4.8 days.
- On average Chitungwiza received water from households taps for drinking and domestic uses 1 day per week.
- Only Mashonaland Central reported receiving water every day of the week from the local authority.

# Water Treatment

## Treatment of Drinking Water from the Main Source



## Drinking Water Treatment Methods

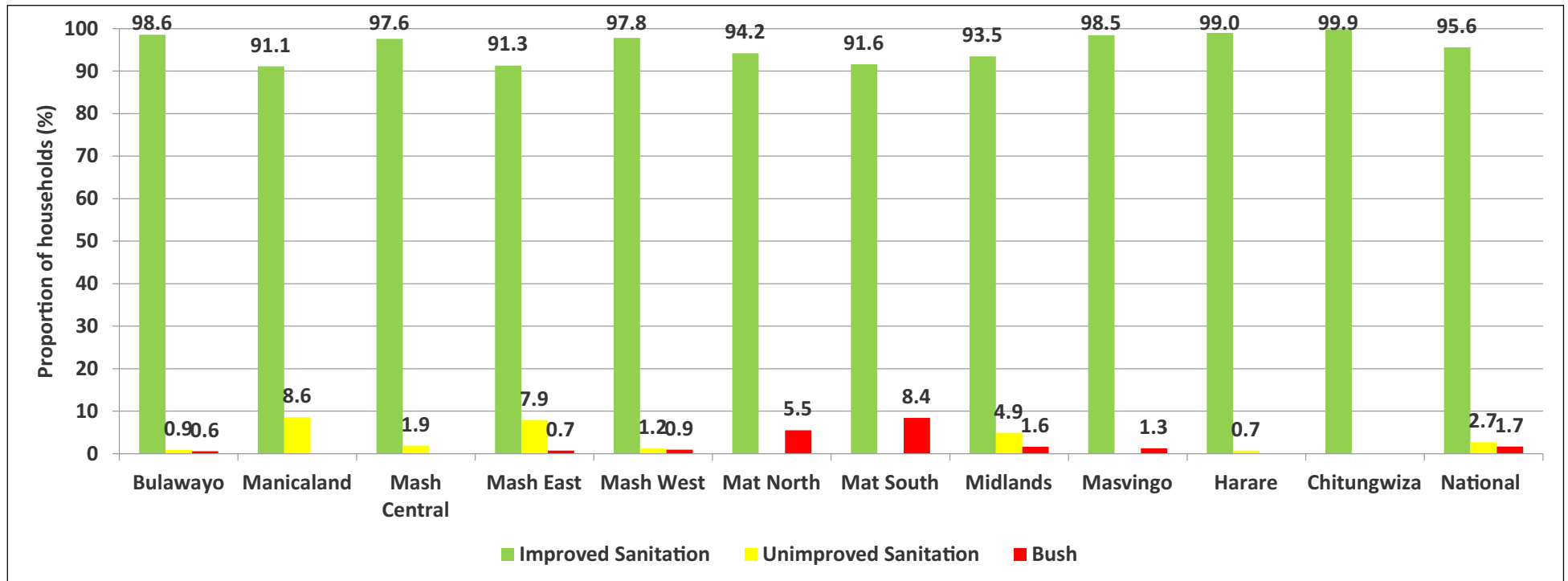


- Nationally, 19% of households were treating water from the main drinking water source and the highest proportion of households was recorded in Chitungwiza (29%) and lowest in Midlands (12%).
- Boiling was the most common treatment method used (54%) followed by adding bleach and/chlorine (22%).

# Sanitation

<b>Open Defecation</b>	<b>Defecation in fields, forests, bushes, bodies of water or other open spaces or disposal of human faeces with solid waste</b>
Unimproved	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.
Improved	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 latrine (BVIP), pit latrine with slab and upgradeable Blair latrine (UBVIP).

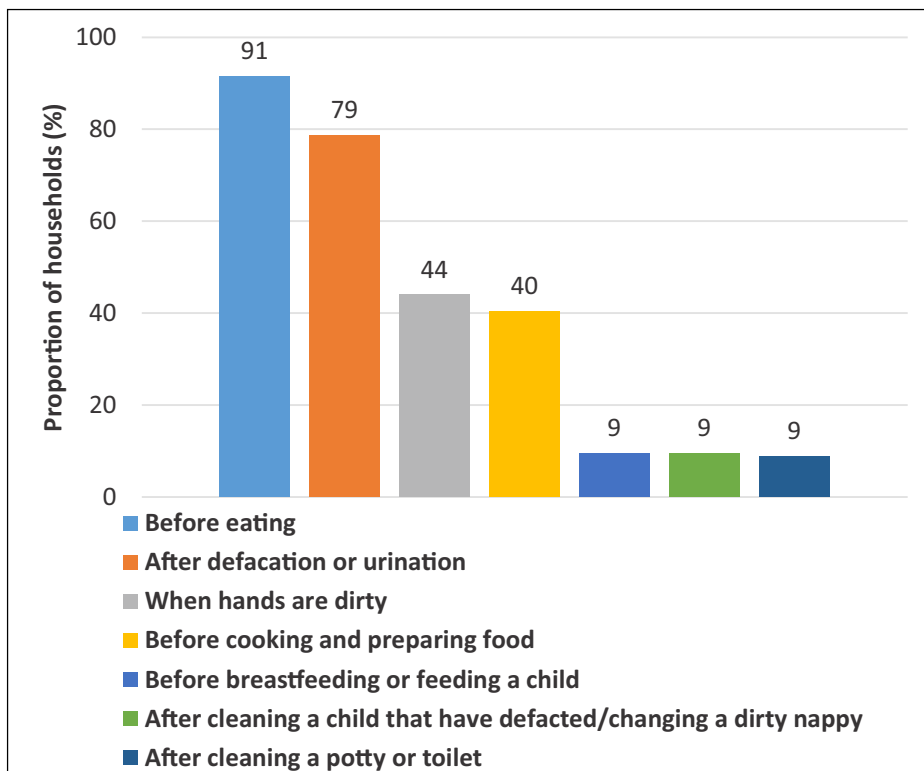
# Access to Improved Sanitation Facilities



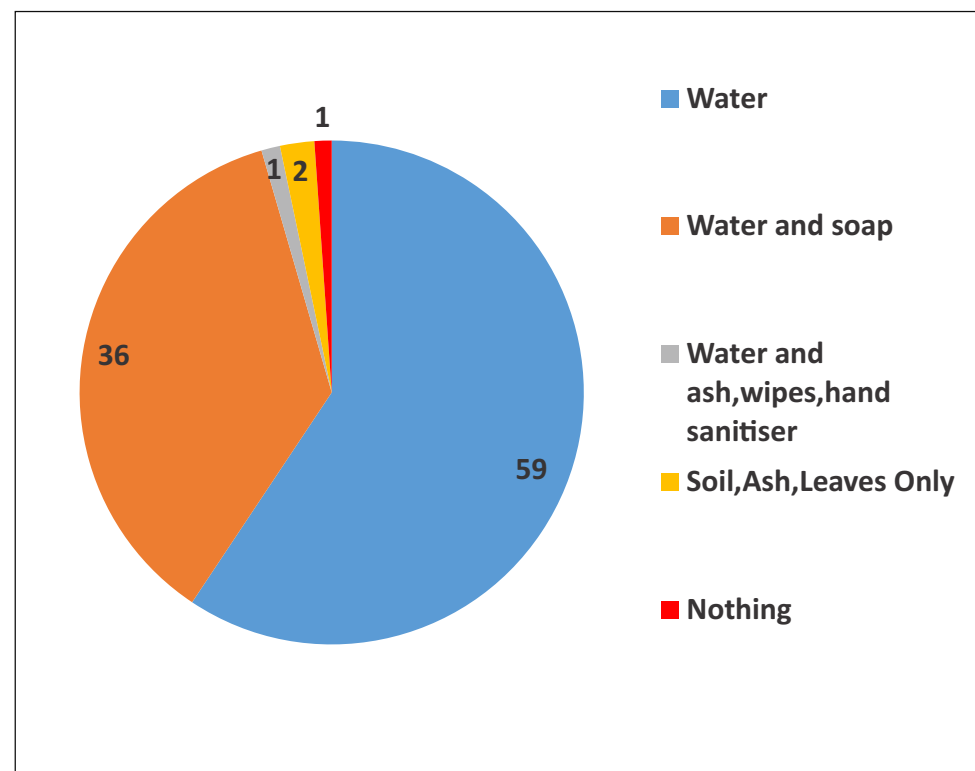
- Nationally, 96% of the households were using improved sanitation facilities.
- Manicaland and Mashonaland East had the highest proportion of households with unimproved sanitation (9% and 8% respectively).
- Open defecation was highest in Matabeleland South (8%) and Matabeleland North (6%).
- The domains that had open defecation were Gwanda, Beitbridge, Bulawayo, Chivhu and Victoria Falls.

# Household Hygiene Practices

## Critical Handwashing Times



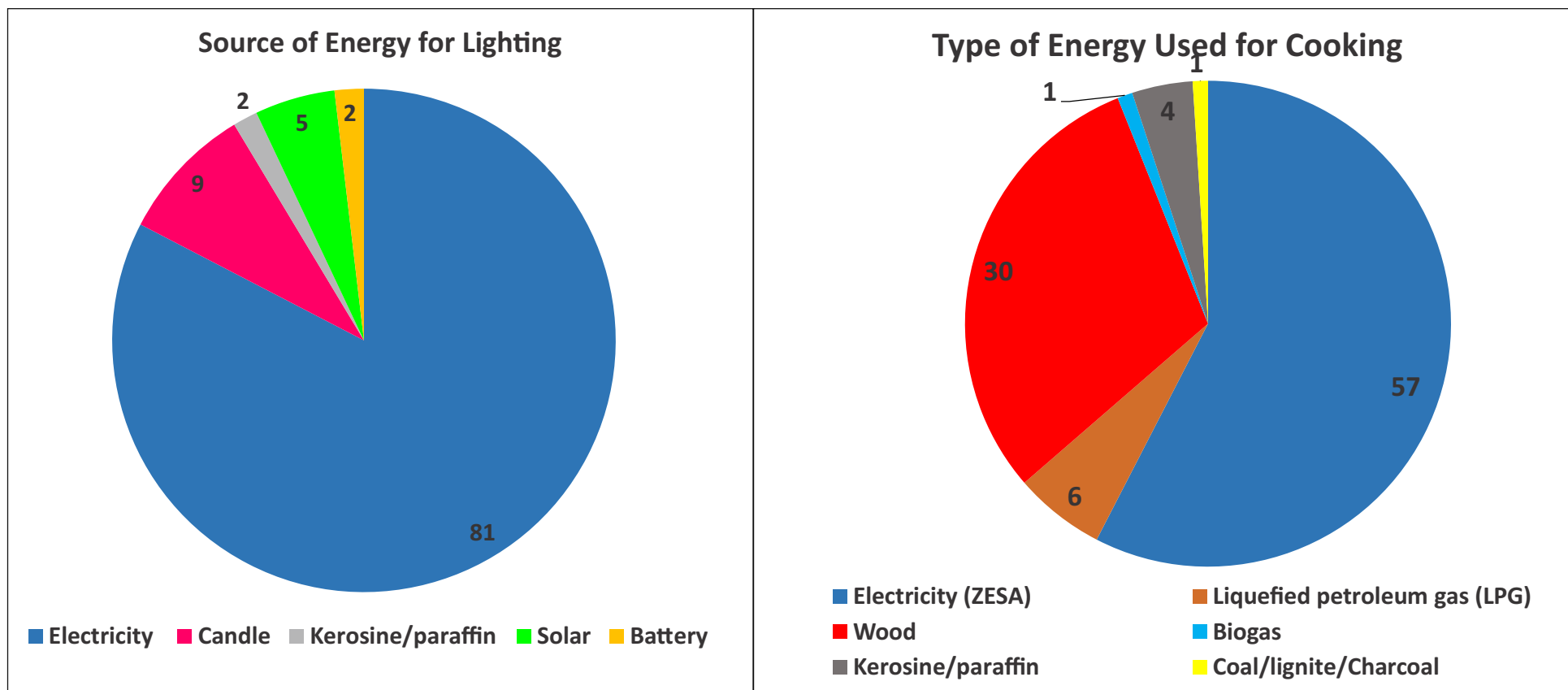
## Agent for Handwashing After using Toilet



- The most critical time observed for hand washing was before eating (91%) followed by after using the toilet (79%) and when hands were dirty (44%).
- Most of the households (59%) reported using water only for handwashing after using the toilet.

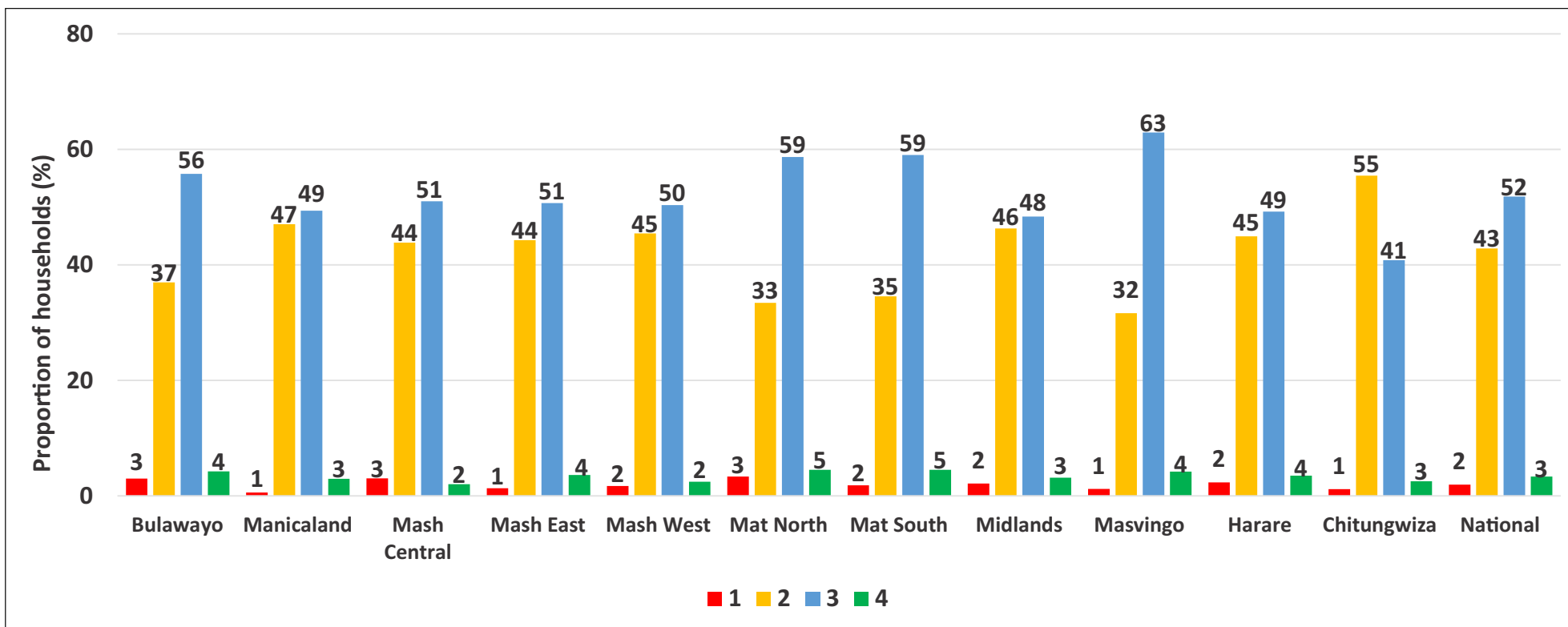


# Energy Sources



- Most households used electricity for lighting (81%) than for cooking (57%).
- Firewood was used for cooking by 30% of the households.
- About 9% of the households used candles as a source of energy for lighting.

# Number of Meals Eaten by Adults Daily by Province



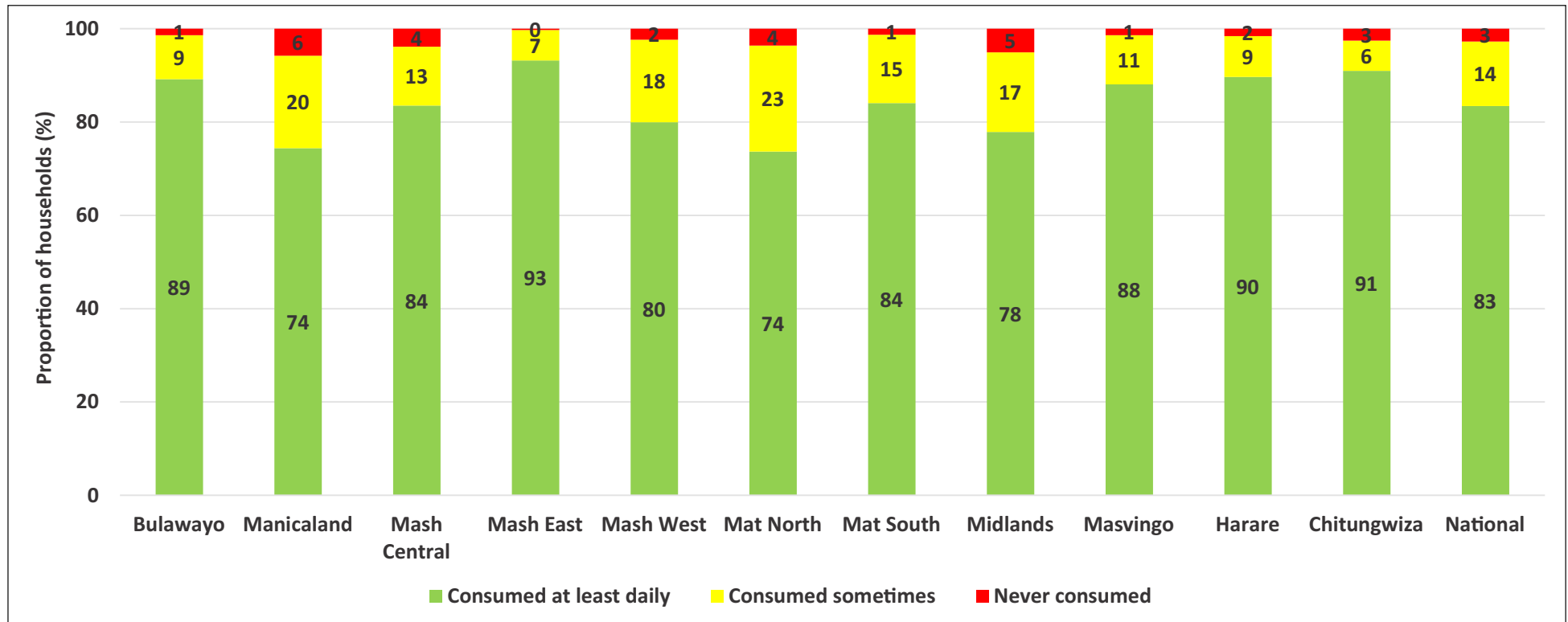
- The majority of adults usually ate an average of three meals daily, very few households were consuming one or four meals.
- There was a large proportion of households (43%) consuming only 2 meals a day.

# Food Consumption Categories by Province



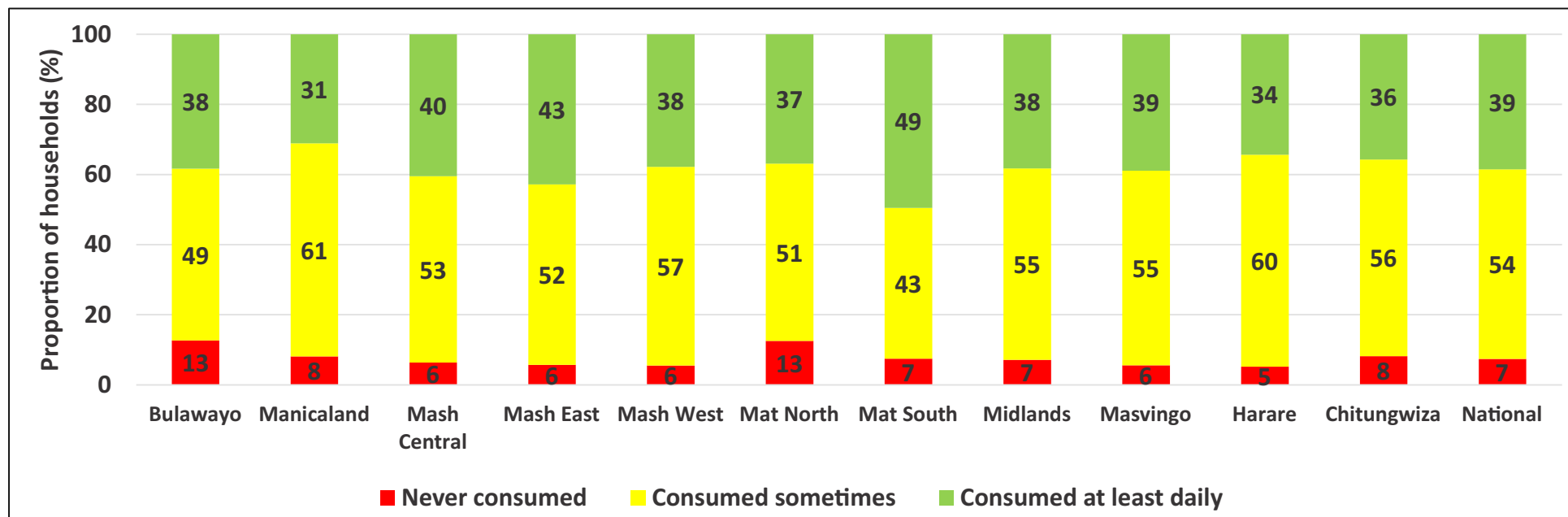
- All provinces had over 80% of their households consuming acceptable diets.
- Matabeleland South had the highest proportion of households (92%) consuming acceptable diets.
- Matabeleland North had the highest proportion of households (16%) consuming borderline diets.

# Proportion of Households consuming Vitamin A Rich Foods by Province



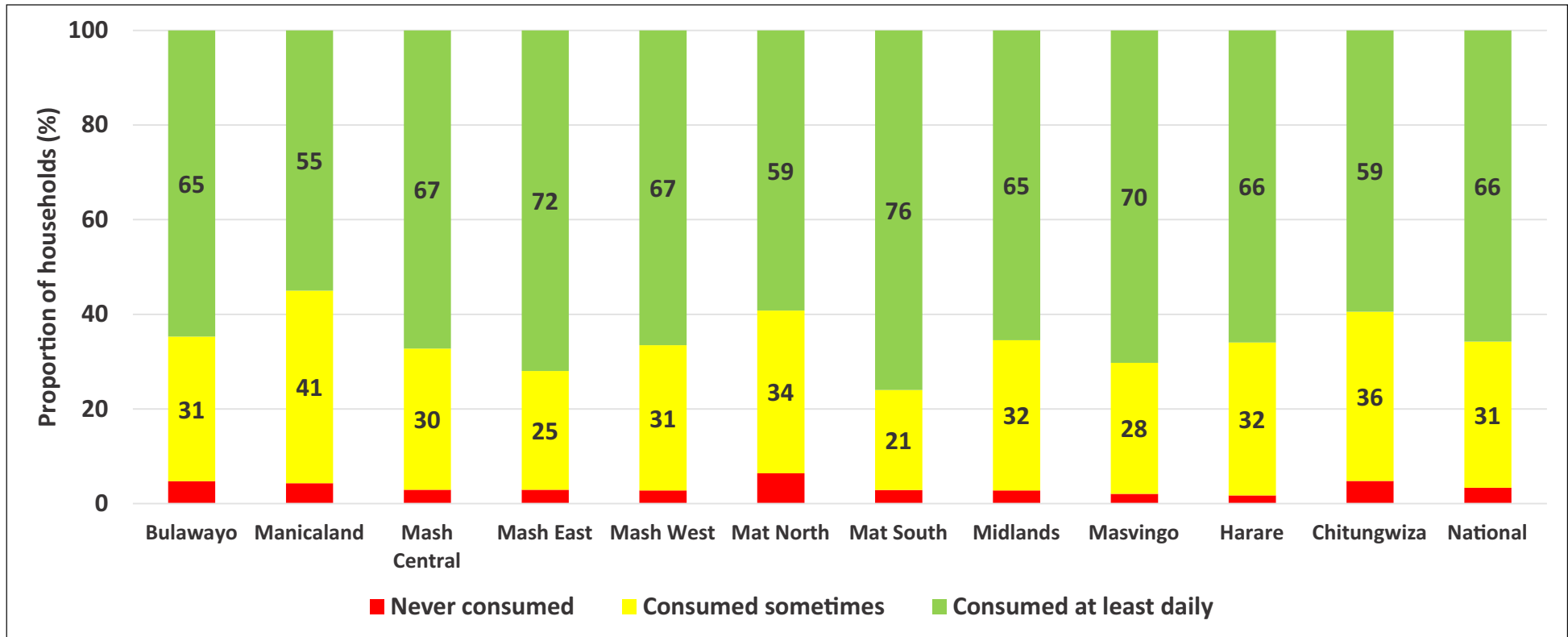
- Households that consumed Vitamin A rich foods at least daily were 83%, 14% reported consuming them sometimes and 3% had not consumed in the 7 days preceding the survey.
- Manicaland (74%) and Matabeleland North (74%) recorded the lowest proportion of households that consumed Vitamin A rich foods daily.
- The highest daily consumption of Vitamin A rich foods was reported in Mashonaland East (93%).

# Proportion of Households Consuming Iron - Rich foods by Province



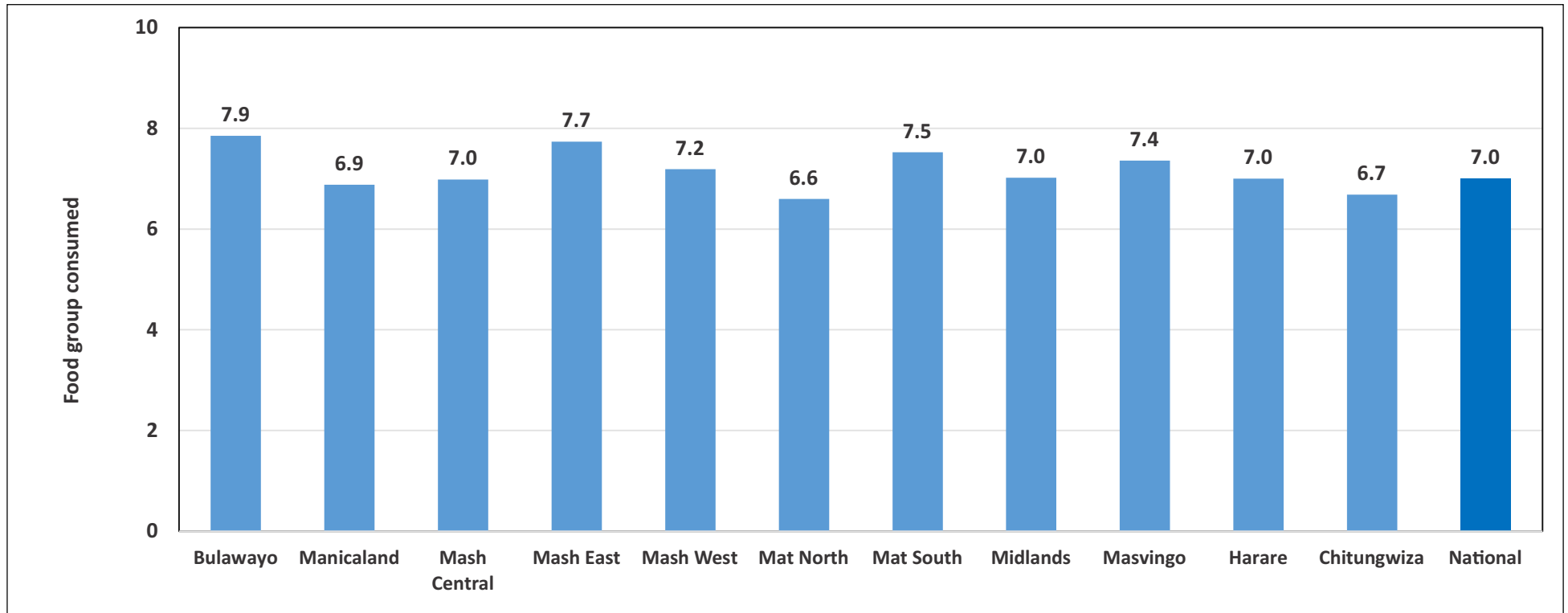
- At national level, 54% of the households in urban areas did not consume iron rich foods daily over the seven day recall period.
- There was a concerning proportion (7%) of households that reported never consuming iron rich foods in the seven day recall period. This indicates risk of micronutrient deficiencies.
- Matabeleland North and Bulawayo had the highest proportion of households that had never consumed iron rich foods a week preceding the assessment.

# Proportion of Households Consuming Protein - Rich Foods by Province



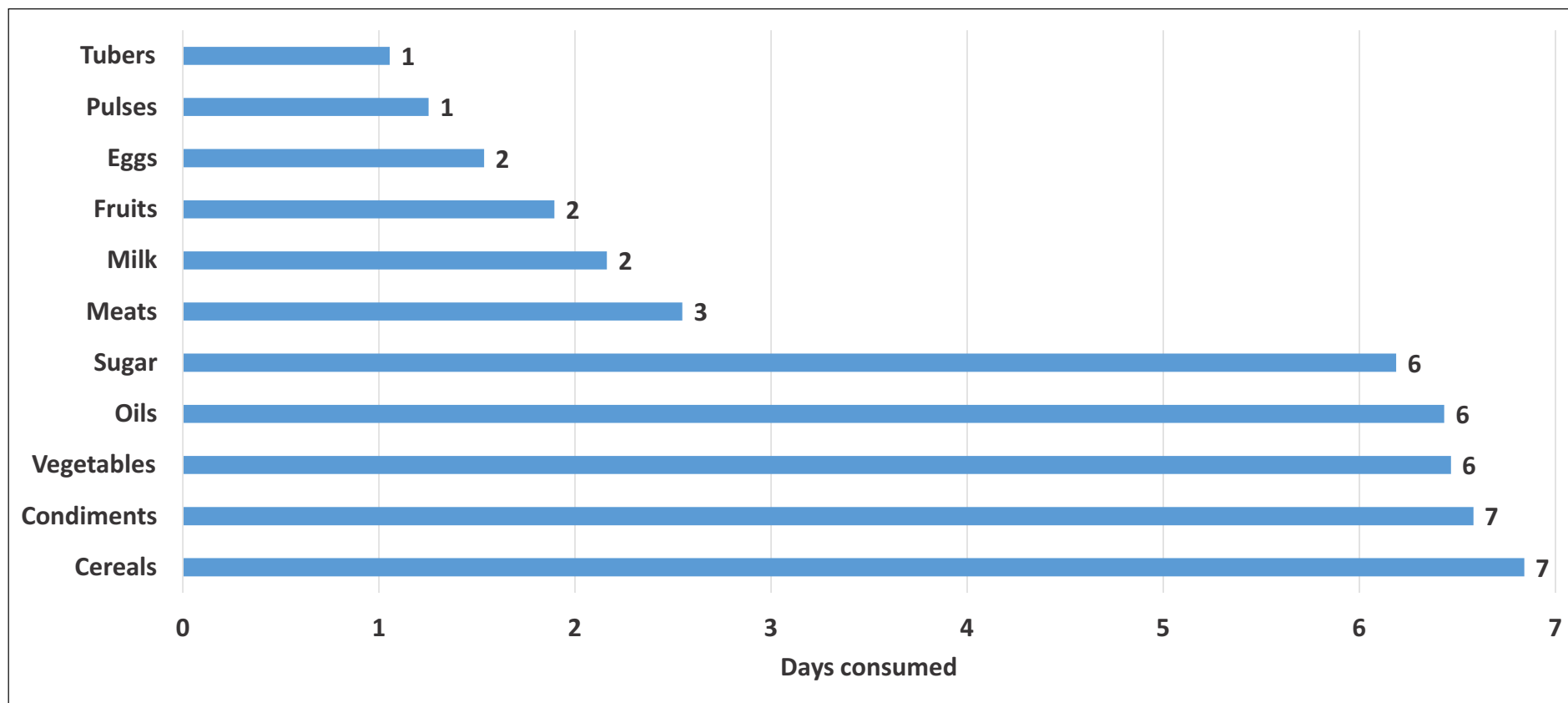
- About 66% of the households reported consuming protein rich foods at least daily in the seven day recall period.

# Household Dietary Diversity Score by Province



- Most households had diverse diets (7) with a higher diversity score being recorded in Bulawayo (7.9) and the least in Matabeleland North (6.6).

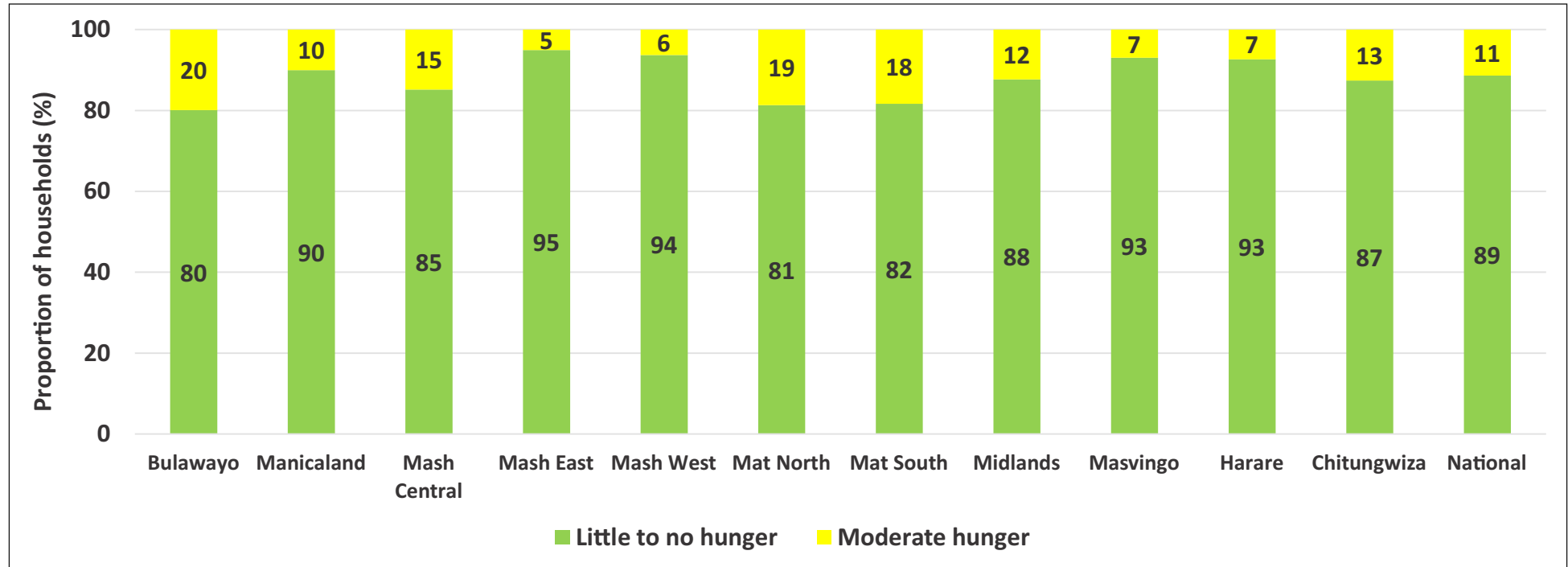
# Average Number of Days Food Groups were Consumed



- Urban households reported consuming condiments and cereals daily. Fruits, pulses, eggs and milk were the least consumed foods.

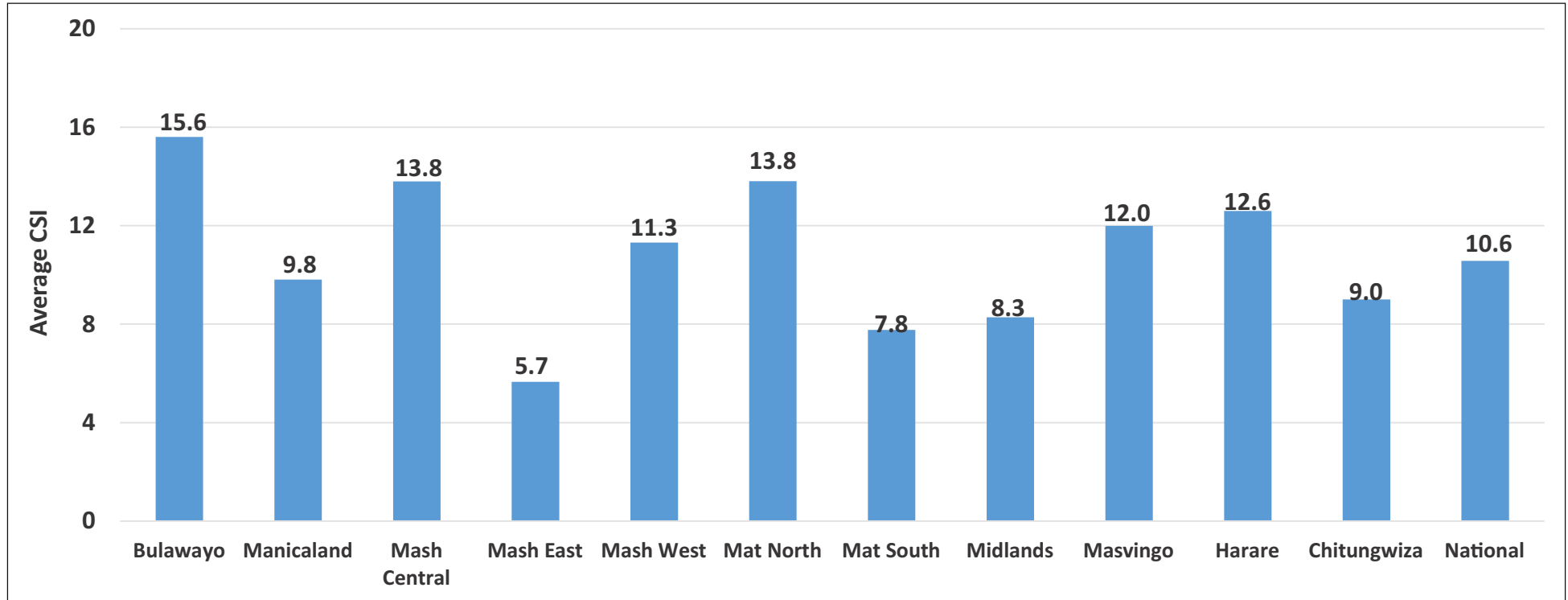


# Household Hunger Scale by Province



- Moderate hunger was recorded by 11% of the households and 89% reported having little to no hunger.
- Bulawayo had the highest proportion of households with moderate hunger (20%) and Mashonaland East had the least (5%).

# Coping Strategy Index by Province

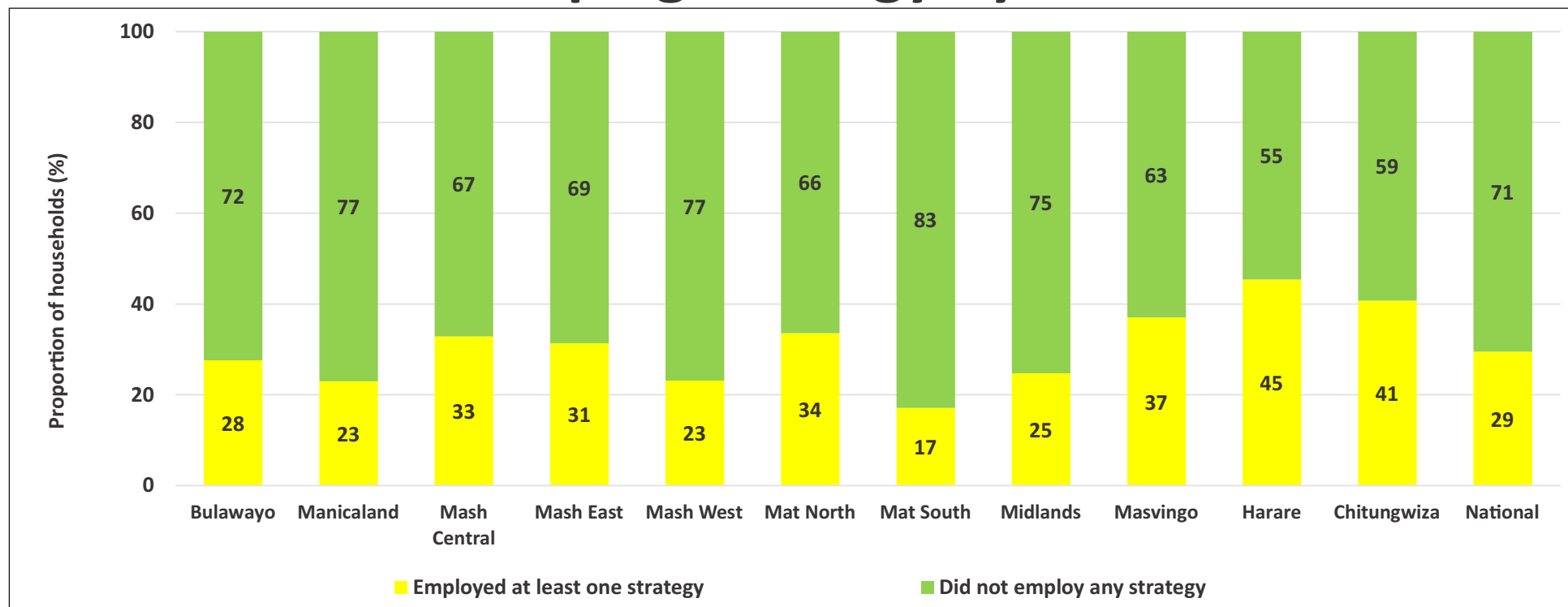


- The highest consumption coping strategy was recorded in Bulawayo (15.6) and the least coping was in Mashonaland East (5.7).

# Categorisation of Livelihoods Coping Strategies

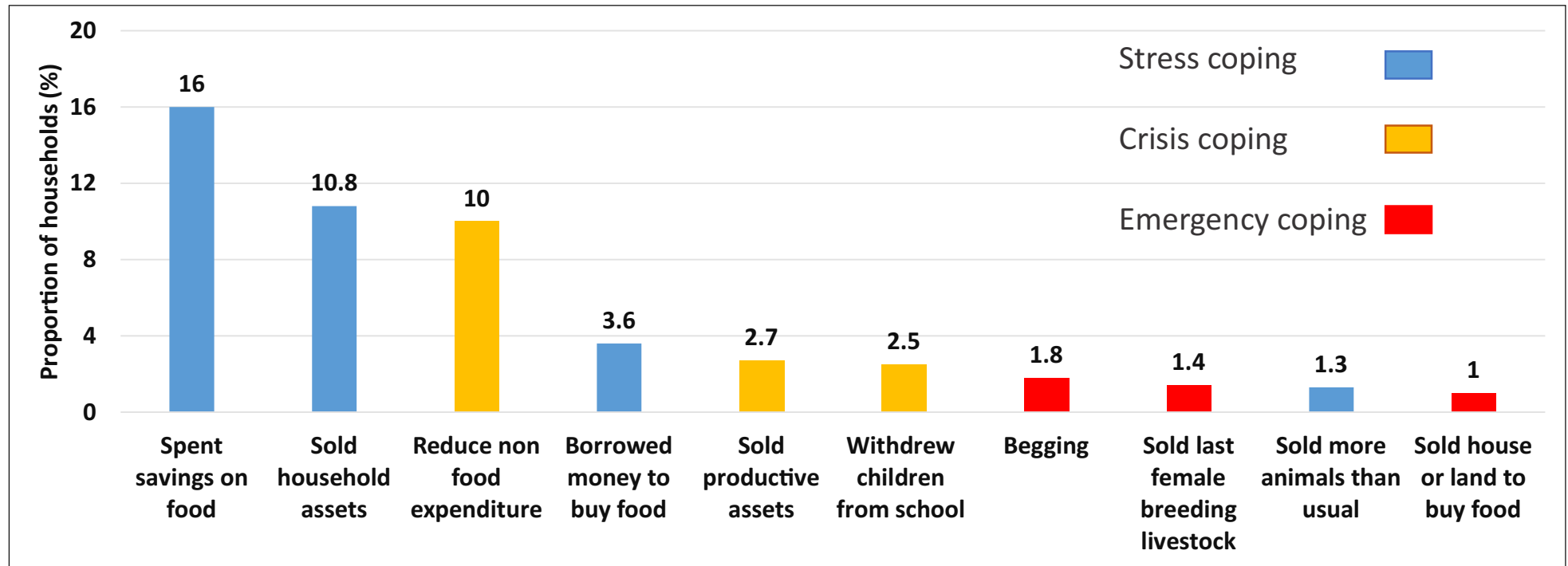
Category	Coping strategy
<b>Stress</b>	<ul style="list-style-type: none"> <li>• Selling household assets to buy food;</li> <li>• Spending savings on food;</li> <li>• Borrowing money from formal lender to buy food; and/or</li> <li>• Selling more livestock than usual to buy food.</li> </ul>
<b>Crisis</b>	<ul style="list-style-type: none"> <li>• Reducing non food expenditure to buy food;</li> <li>• Selling or disposing of productive assets to buy food; and/or</li> <li>• Withdrawing children from school because of hunger.</li> </ul>
<b>Emergency</b>	<ul style="list-style-type: none"> <li>• Selling house or land to buy food;</li> <li>• Selling last breeding livestock to buy food; and/or</li> <li>• Begging to get food.</li> </ul>

# Households Adopting at Least One Livelihoods Based Coping Strategy by Province



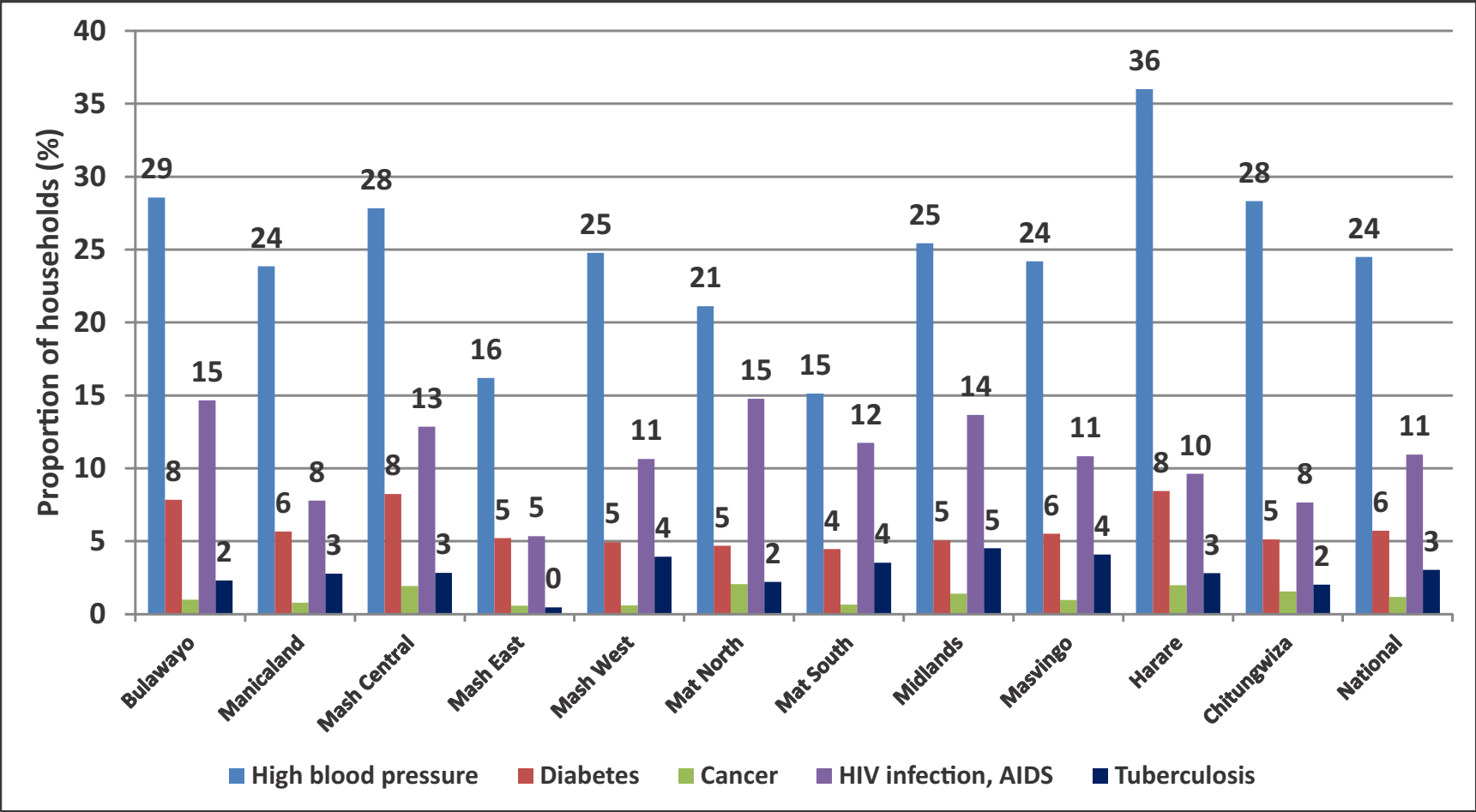
- Nationally, 29% of households were adopting livelihood based coping strategies during the time of the survey with Harare having the highest proportion (45%) while Matabeleland South had the least proportion of households (17%) adopting livelihoods coping strategies.

# Proportion of Households Adopting Different Livelihoods Coping Strategies



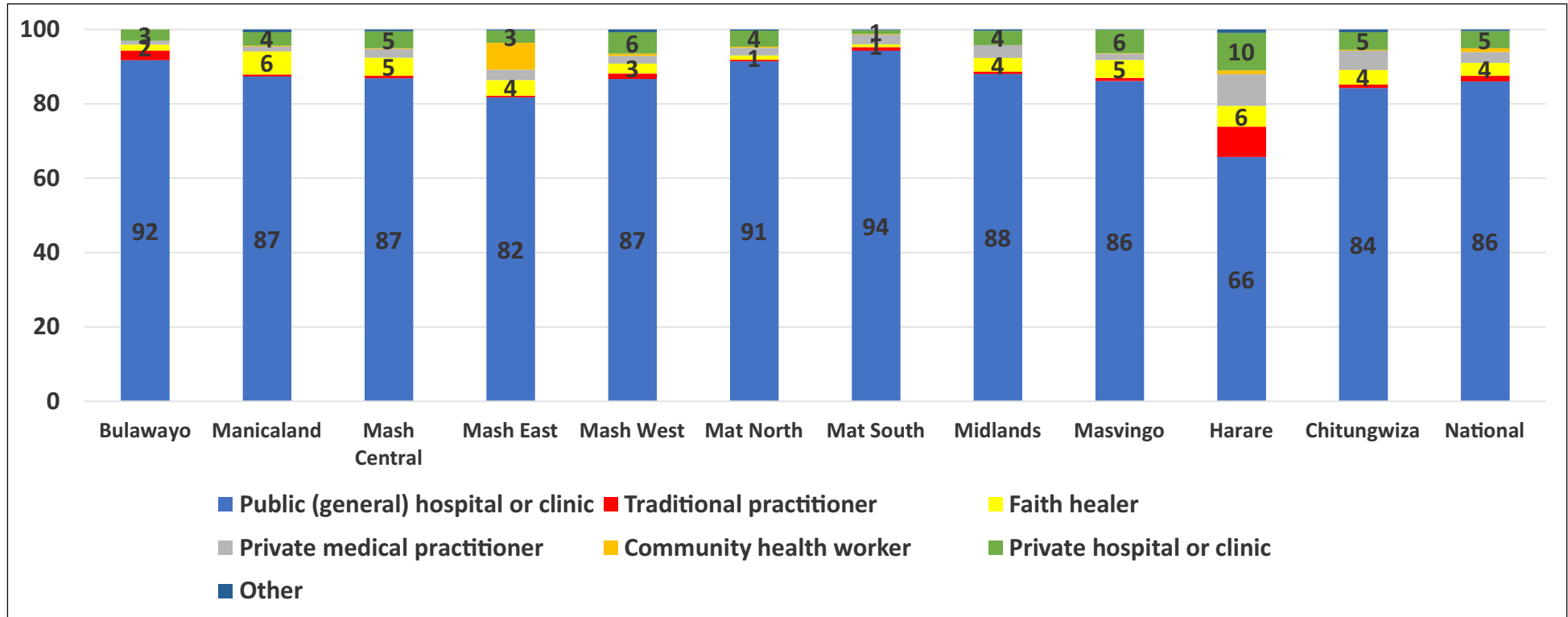
- Spending savings on food was the most common livelihoods coping strategy adopted by households when they faced food challenges followed by selling household assets.
- Only 1% reported selling land or a house to buy food in the thirty day period preceding the survey.

# Chronic Illnesses Reported in Urban Households



- The most reported chronic illnesses were high blood pressure and HIV and AIDS.
- About 3% of the households reported having one or more of their household members suffering from TB.

# Health Seeking Behaviors of Households



- The most frequently visited health service providers reported by households at national level was public hospitals and clinics.
- At national level 4% of households visited faith healers as the first point of call when they fell ill.
- Matabeleland South had the highest proportion of households using public hospitals and clinics (94%) and Harare had the highest proportion of households using private hospitals and clinics.

# Feeding Practices in Children 6-59 Months

- Optimal feeding practices of children are among the most important determinants of their health, growth and development.
- Optimal feeding will prevent malnutrition and early growth retardation.
- At 6 months of age, children should start to receive nutritionally adequate and safe solid, semi-solid and soft foods while breastfeeding continues for up to two years of age or beyond.
- Breastfed children should receive solids and semi-solids at least 2 times per day if 6 to 8 months old and 3 times per day if 9 to 23 months old.
- If for some reason the child aged 6 to 23 months old is not breastfed he/she should receive solids, semi-solids, soft foods at least 4 times per day and milk at least 2 times per day.
- Children 24 to 59 months old should receive solids that include nutritious snacks 3 to 4 times daily.



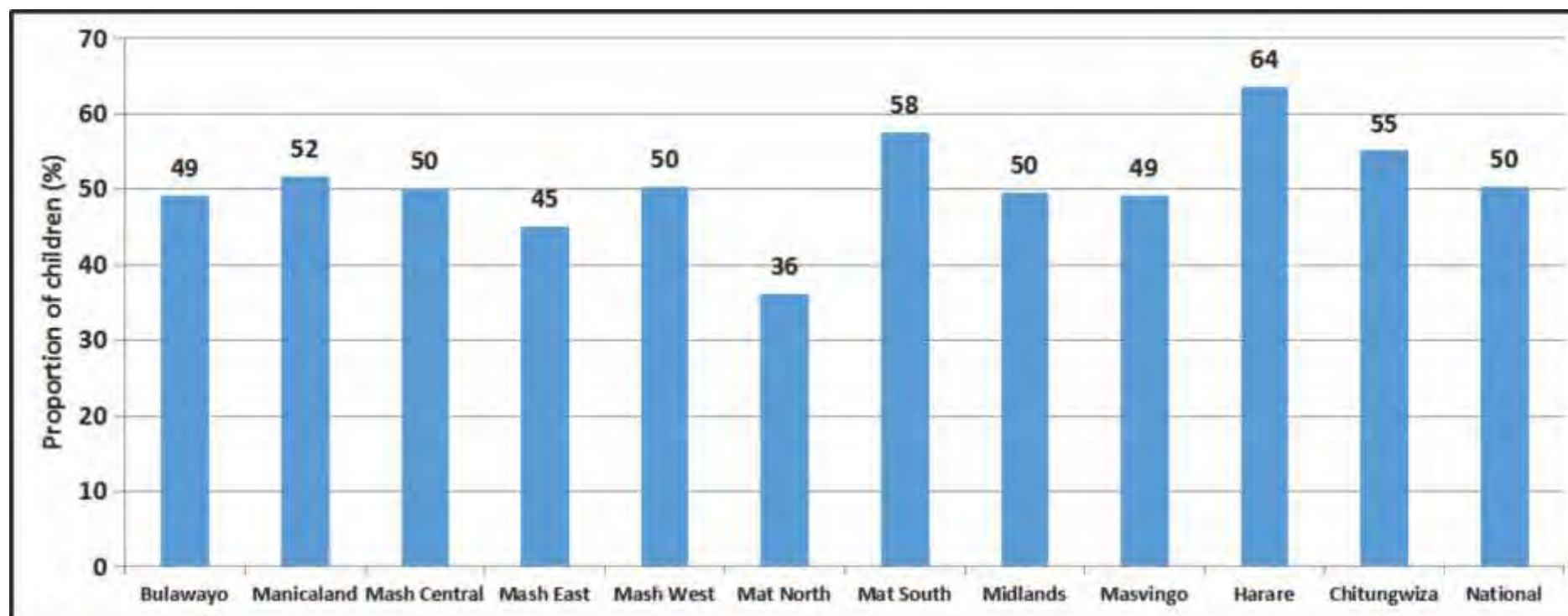
# Feeding Practices in Children 6-59 Months

- The solids, semi solid, soft foods should be from at least 4 out of 7 food groups (*grains, roots and tubers, legumes and nuts, dairy products, meat and fish, eggs, vitamin-A rich fruits and vegetables , other fruits and vegetables*).
- Foods of animal origins such as meat, fish and milk are an important source of Iron and Vitamin A.
- Vegetables and fruits such as pumpkins, carrots, squash, yellow/orange sweet potatoes, dark green leafy vegetables; ripe mangoes, ripe paw-paws are vital sources of vitamin A.
- Iron plays an important role in the prevention of anaemia while vitamin A prevents nutritional blindness, significantly reduces the severity of illnesses and even death from such common childhood infections such as diarrhoeal diseases and measles.

# Definition of Terms

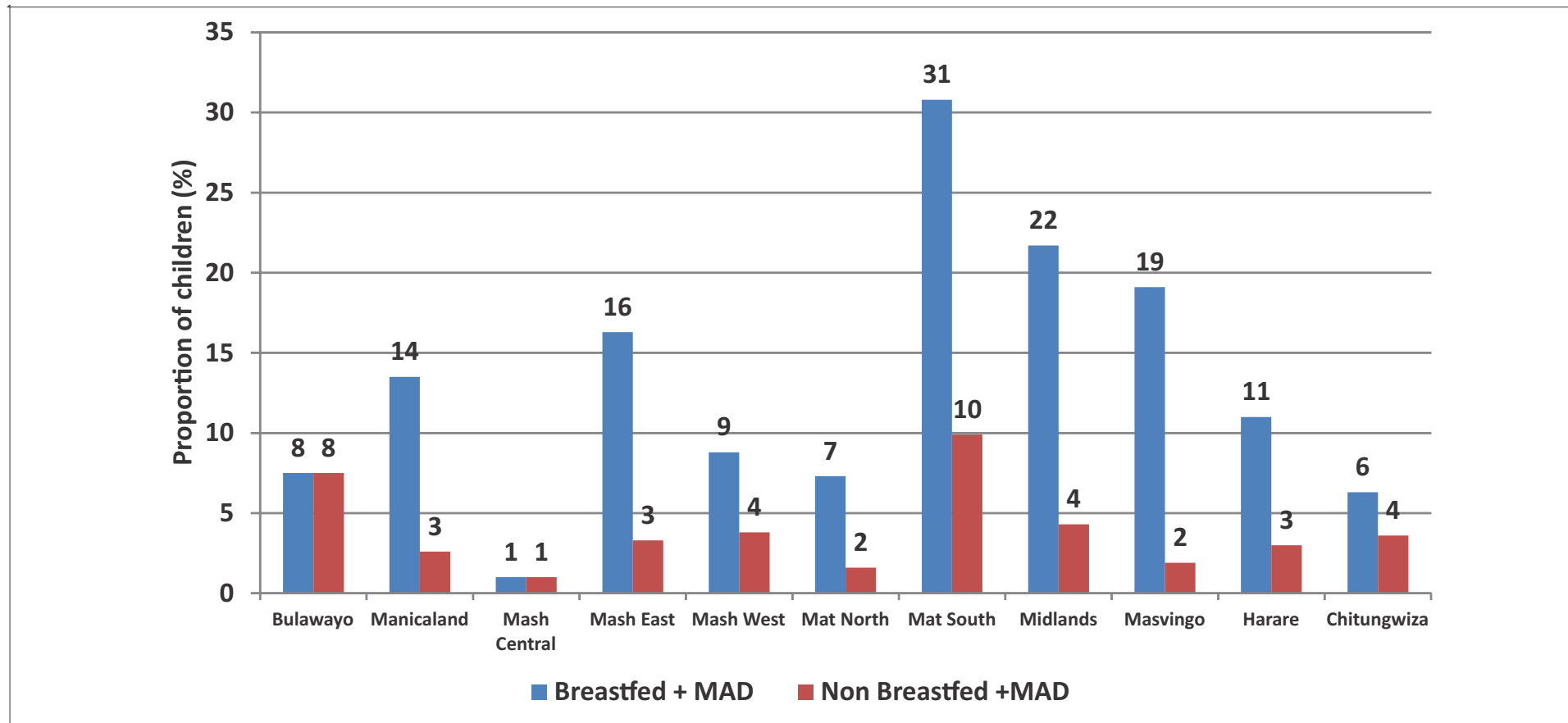
- Measurements of weight, height and age of a child are converted to nutritional indices to indicate the nutrition status of a child.
- Any of the two measurements are combined to form indices as follows: Weight for height, Weight for age, Height for age.
- Weight for height is a measure of thinness or fatness and is sensitive to sudden change in energy balance.
- Weight for height index of between 2 and 3 standard deviation below the mean is called **Moderate Acute Malnutrition (MAM)/ Wasting.**
- A child with weight for height of more than 3 standard deviation below the mean or/and has oedema is classified as **Severe Acute Malnourished (SAM).**
- **MAM** or **SAM** are often due to acute starvation and/or severe disease.
- Global Acute Malnutrition (GAM) is a sum of Moderate Acute Malnutrition and Severe Acute Malnutrition.
- The prevalence of Global Acute Malnutrition is usually below 5 percent in any developing country provided there is no food shortage.
- For nutrition emergencies, children less than 5 years are measured since their measurements are more sensitive to factors that influence nutritional status such as illness or food shortages.

# Proportion of Children Consuming at Least Four Food Groups



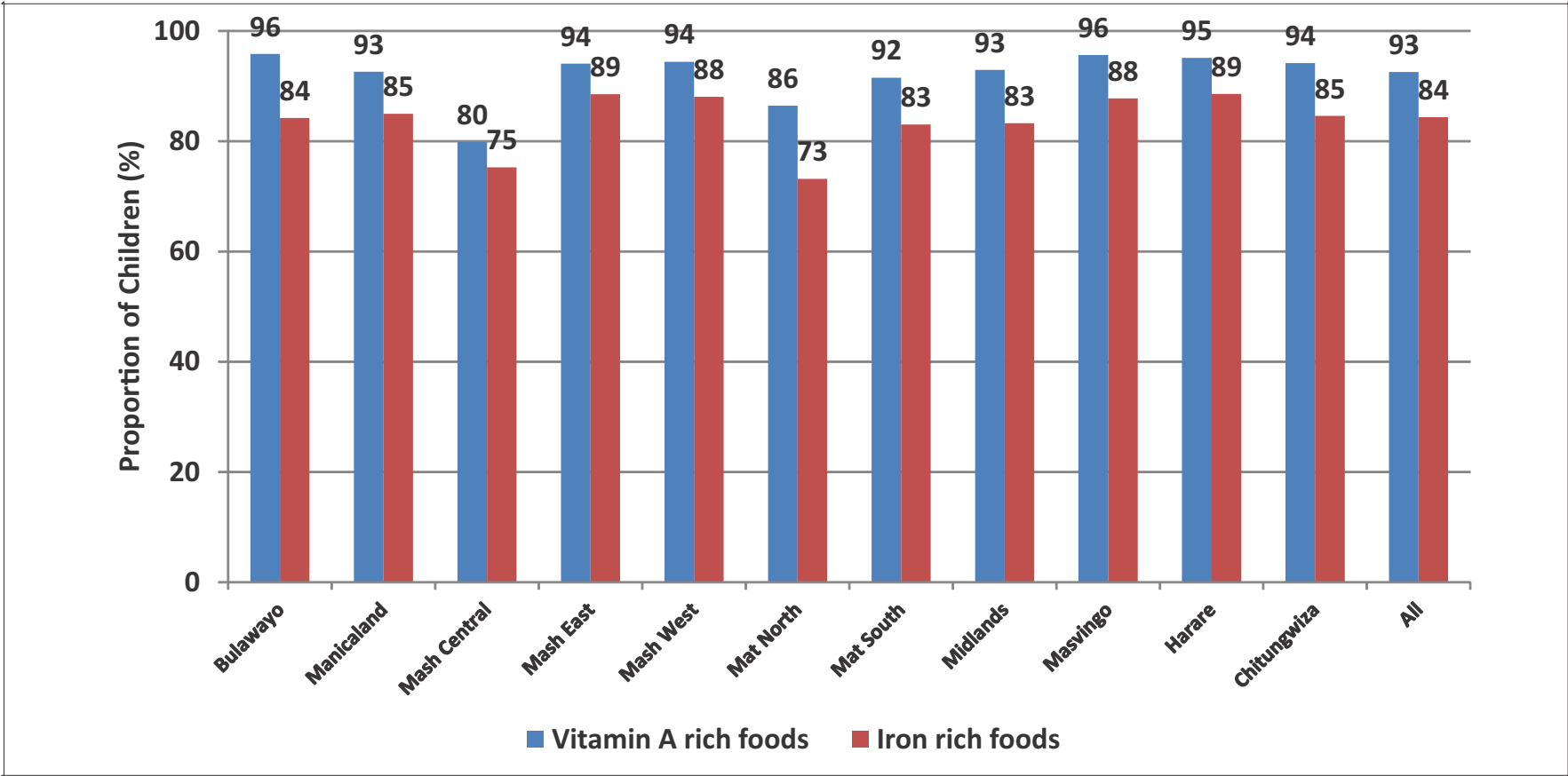
- Nationwide, half of the children consumed foods from at least 4 food groups across most provinces.
- Matabeleland South and Harare had the highest proportion of children that consumed food from at least 4 food groups.
- Matabeleland North had the lowest proportion of children that consumed food from at least 4 food groups.

# Proportion of Children (6 to 23 months) Consuming a Minimum Acceptable Diet (MAD) by Province



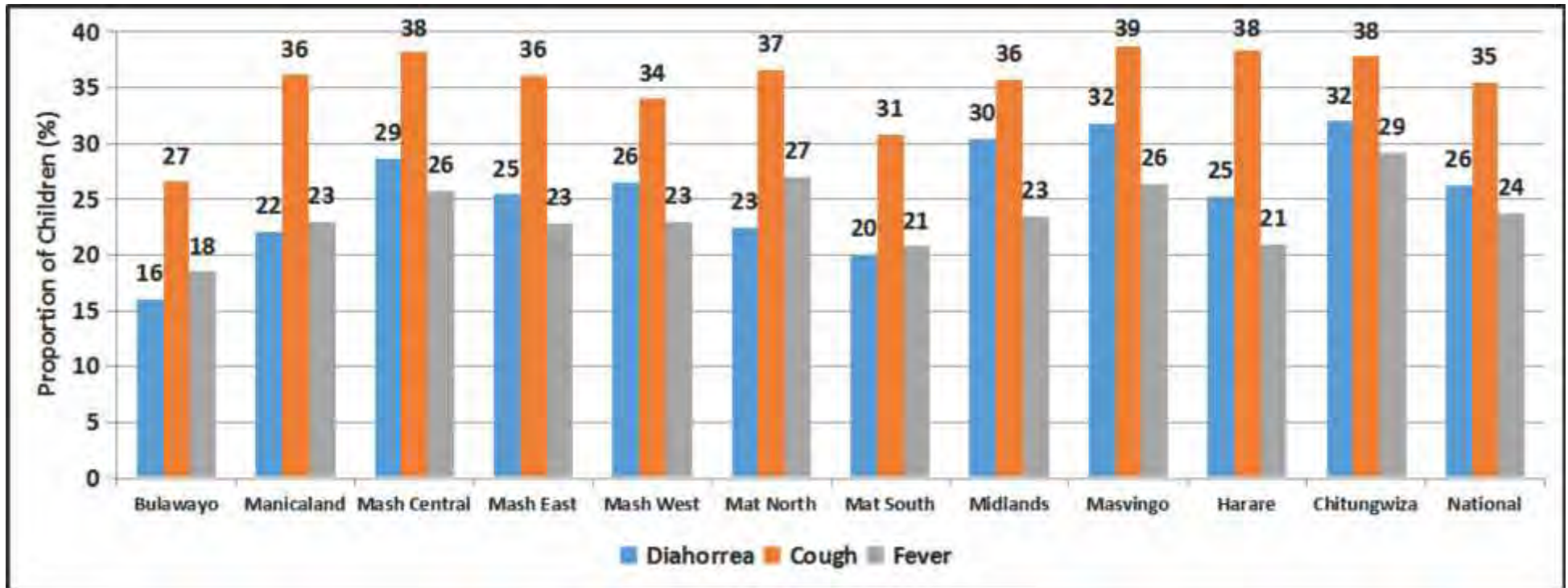
- Non-breastfed children had low minimum acceptable diet compared to breastfed children suggesting poor supplementary feeding.
- Matabeleland South had the highest proportion of non-breastfed children consuming a minimum acceptable diet.
- Masvingo (2%), Matabeleland North (2%) and Mashonaland Central (1%) had the least proportion of non-breastfed children with a minimal acceptable diet.
- Bulawayo and Mashonaland Central had the proportions of breastfed and non-breastfed children at 8% and 1% respectively.

# Proportion of Children consuming Vitamin A rich Foods and Iron Rich Foods



- The proportion of children that consumed food that was rich in iron and Vitamin A a day prior to the survey was high (84% and 93%) at national level.
- The lowest consumption of iron rich foods was in Matabeleland North (73%) and the lowest consumption of Vitamin A was reported in Mashonaland Central (80%).

# Distribution of Children who Suffered Illness by Province in the Two Weeks Preceding the Survey



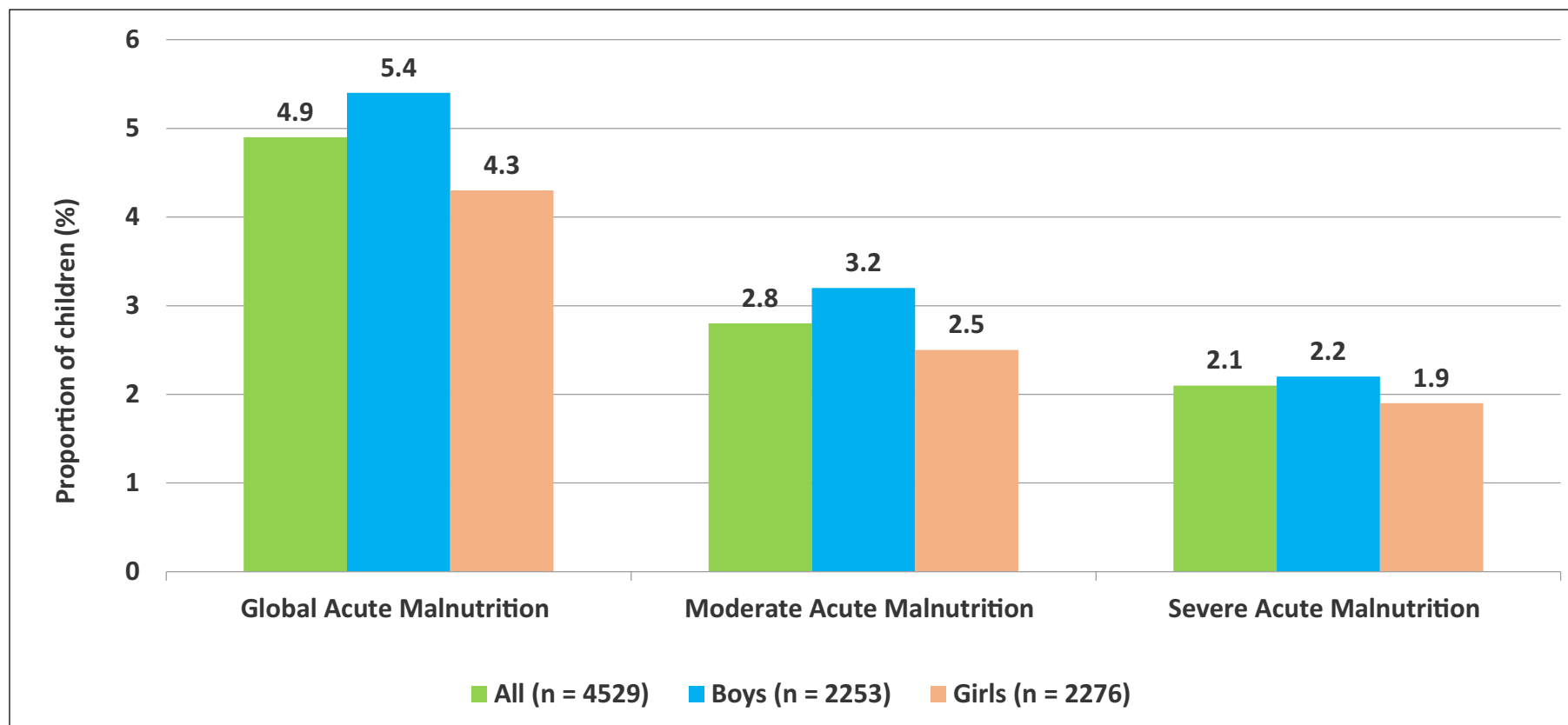
- The most reported illness across all urban areas was cough (35%) followed by diarrhea (26%).
- The lowest prevalence of diarrhea was reported in Bulawayo and Matabeleland South.

## Distribution of Age and Sex of the Children 6 - 59 Months

AGE (months)	Boys		Girls		Total		Ratio
	n	%	n	%	n	%	Boy:girl
<b>6-17</b>	556	52.6	501	47.4	1057	21.7	1.1
<b>18-29</b>	539	47.9	587	52.1	1126	23.1	0.9
<b>30-41</b>	563	49.6	571	50.4	1134	23.3	1.0
<b>42-53</b>	531	49.3	546	50.7	1077	22.1	1.0
<b>54-59</b>	226	47.7	248	52.3	474	9.7	0.9
<b>Total</b>	2415	49.6	2453	50.4	4868	100.0	1.0

- A total of 4868 children aged 6-59 months were measured.
- Boys were 2415 (49.6%) and girls 2453 (50.4%)

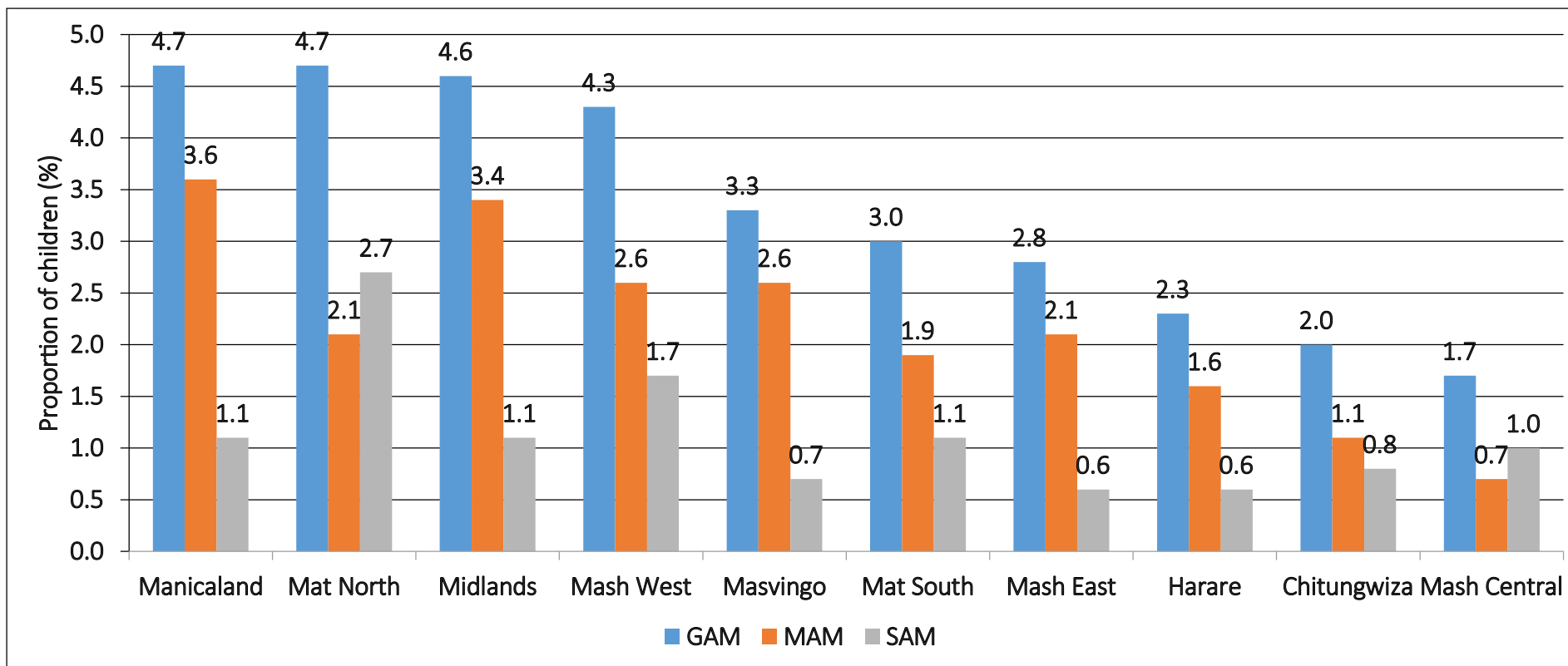
# Prevalence of Acute Malnutrition by Sex



- About 5% of the children were affected by acute malnutrition across the urban areas.
- Boys were more affected by global, moderate and severe acute malnutrition than girls.

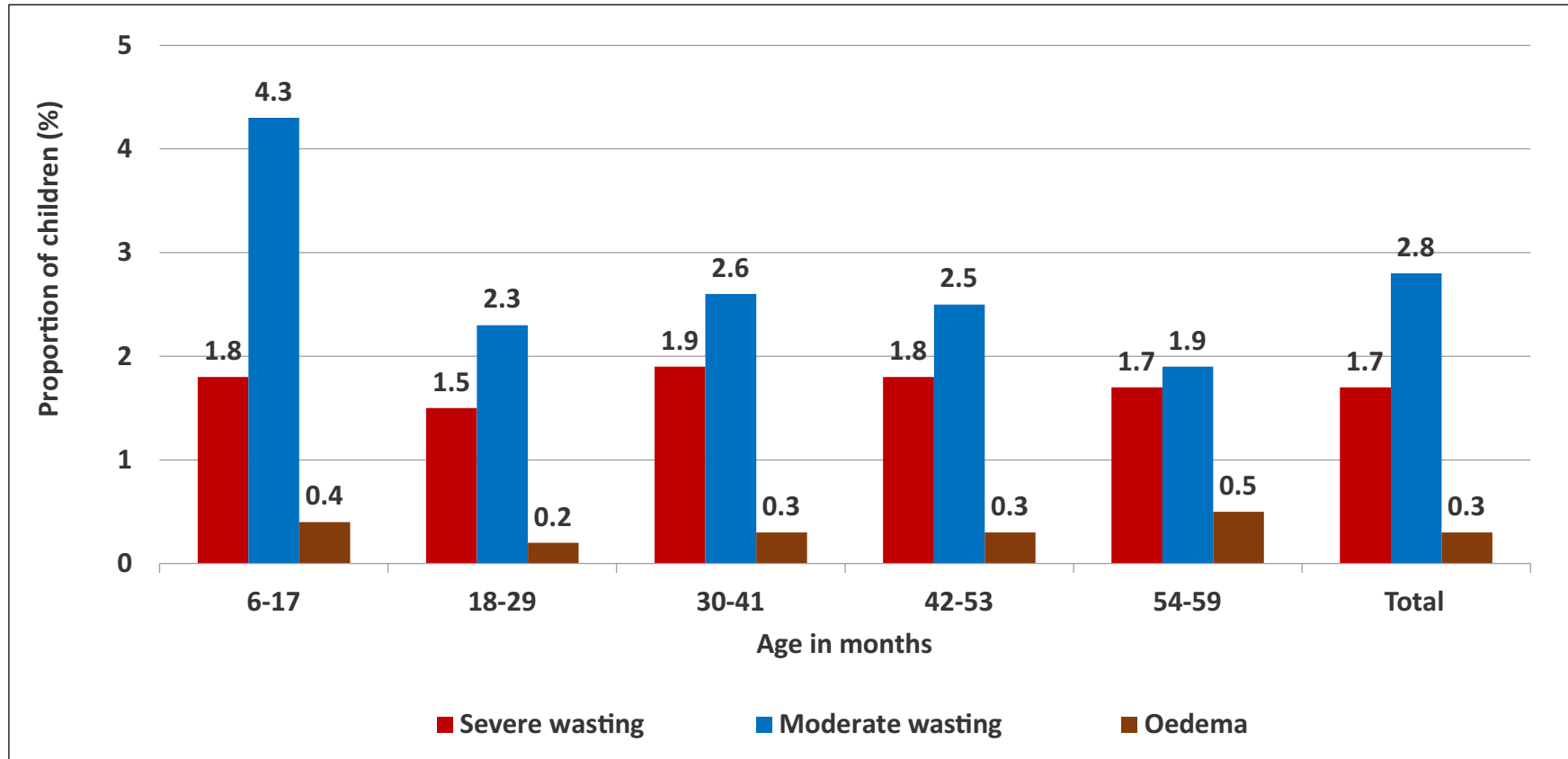


# Prevalence of Acute Malnutrition by Province



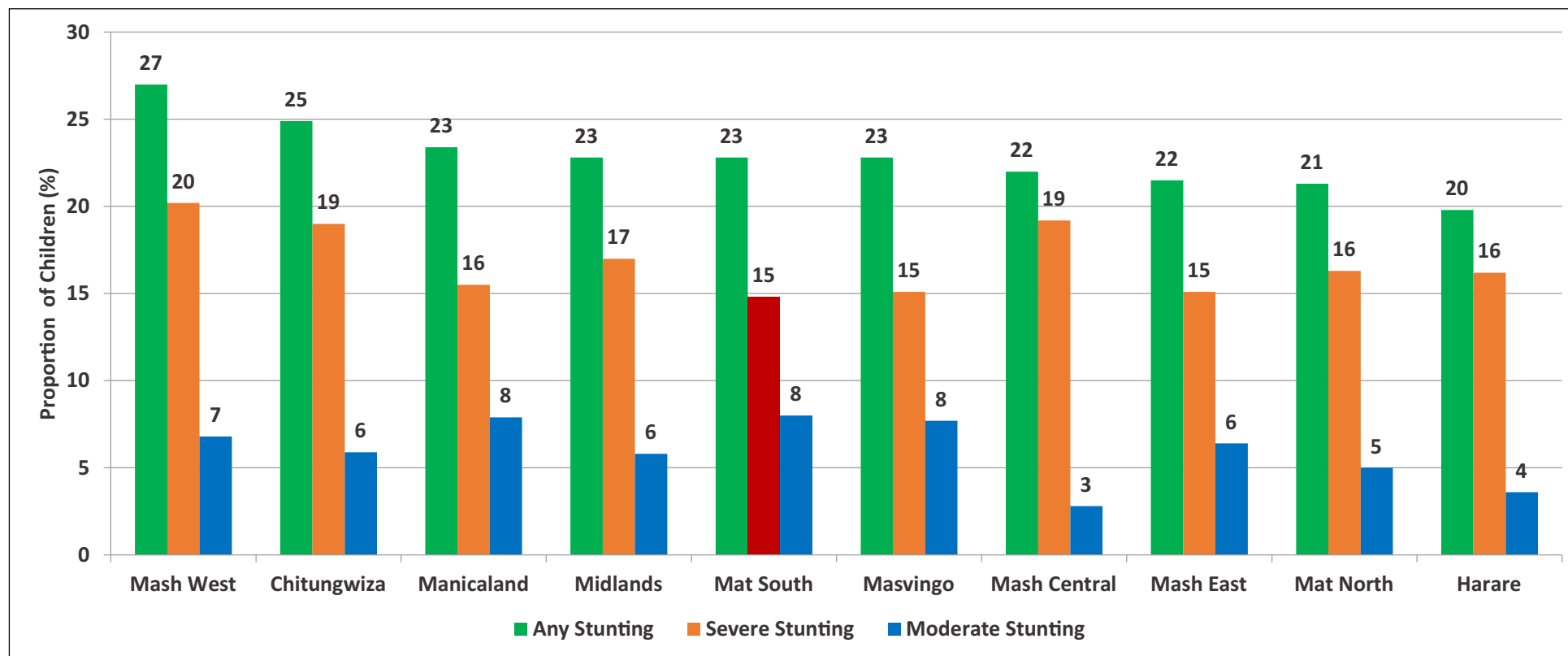
- Manicaland, Matabeleland North, Midlands and Mashonaland West had acute malnutrition above 4%.
- The highest rates of SAM were reported in Matabeleland North and the least in Harare and Mashonaland East.

# Prevalence of Acute Malnutrition by Age



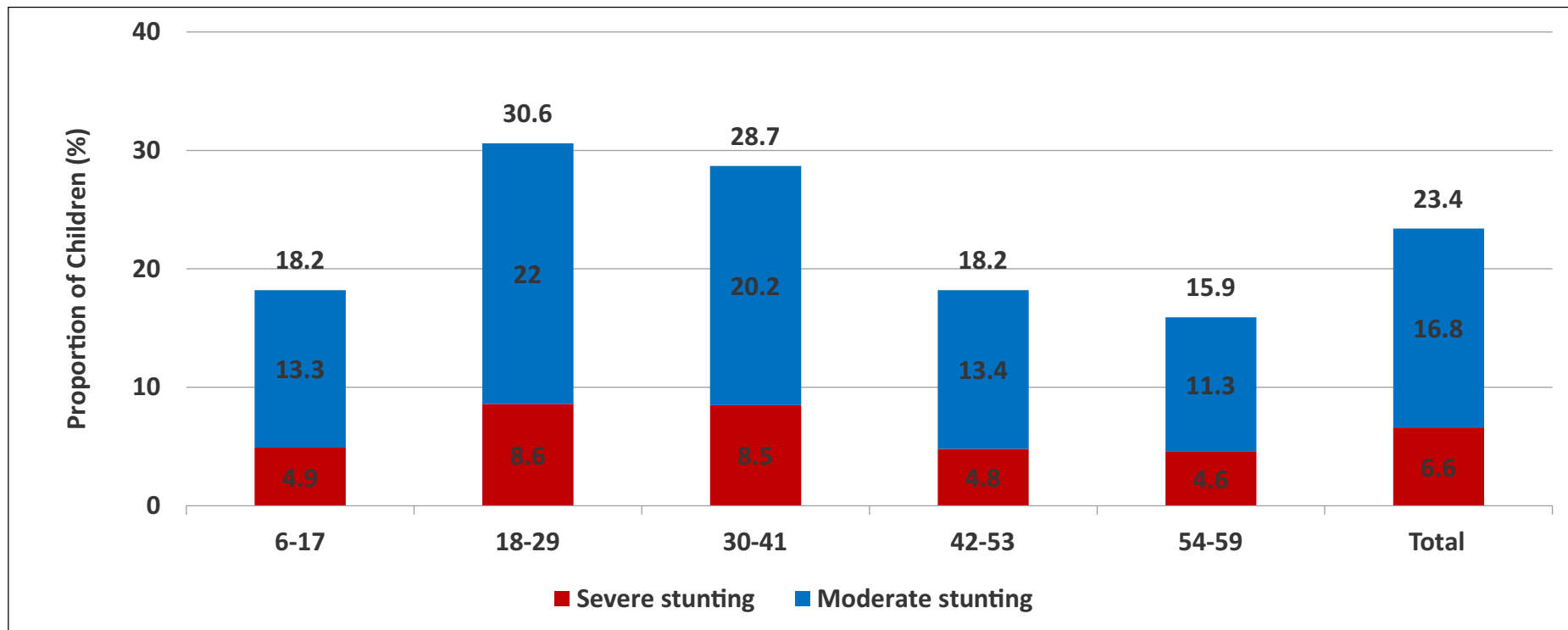
- Severe acute malnutrition was a challenge across all the age groups in urban areas.
- Moderate wasting affected children aged 6 to 17 months more than other age groups.

# Prevalence of Stunting by Province



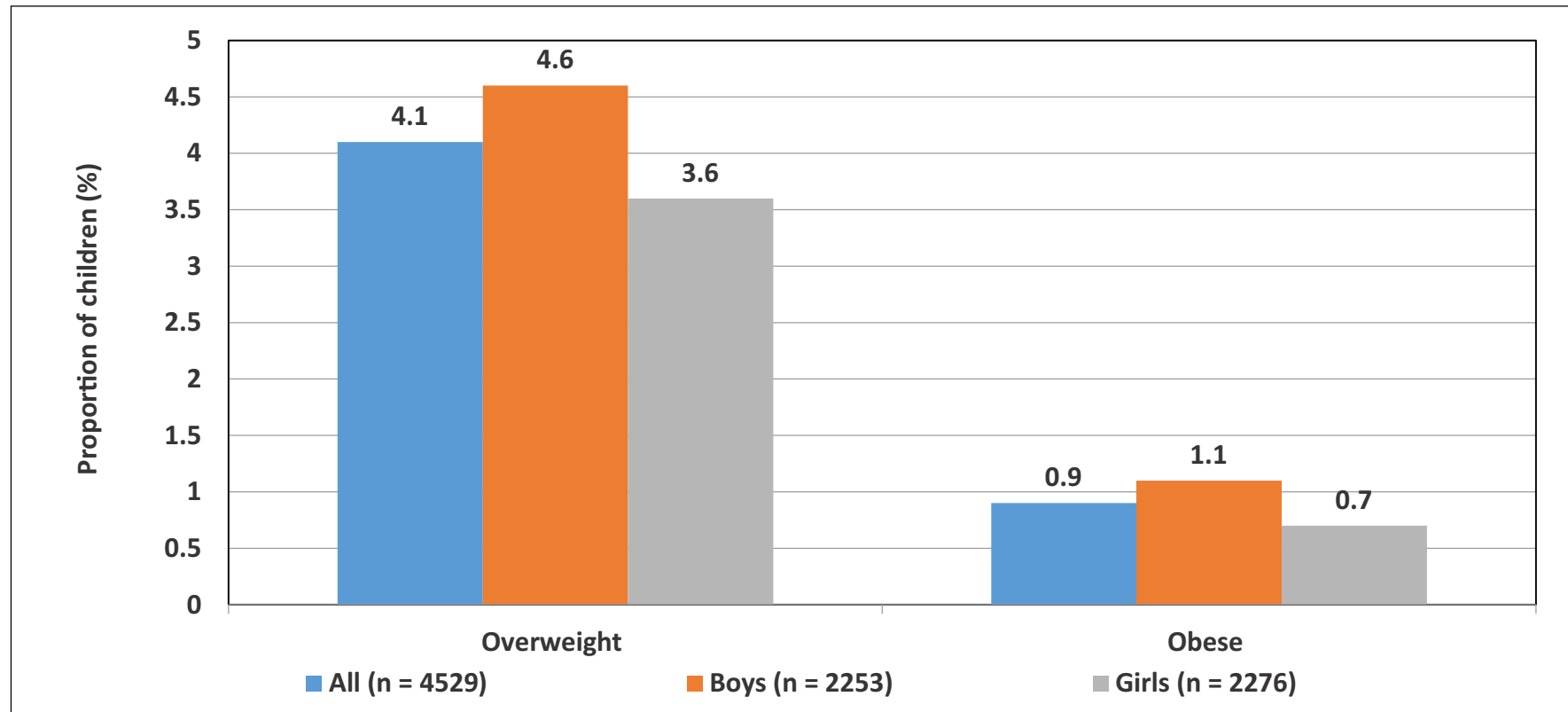
- Mashonaland West had the highest prevalence of severe stunting (20%) followed by Chitungwiza (19%) and Mashonaland Central (19%).

# Prevalence of Stunting by Age



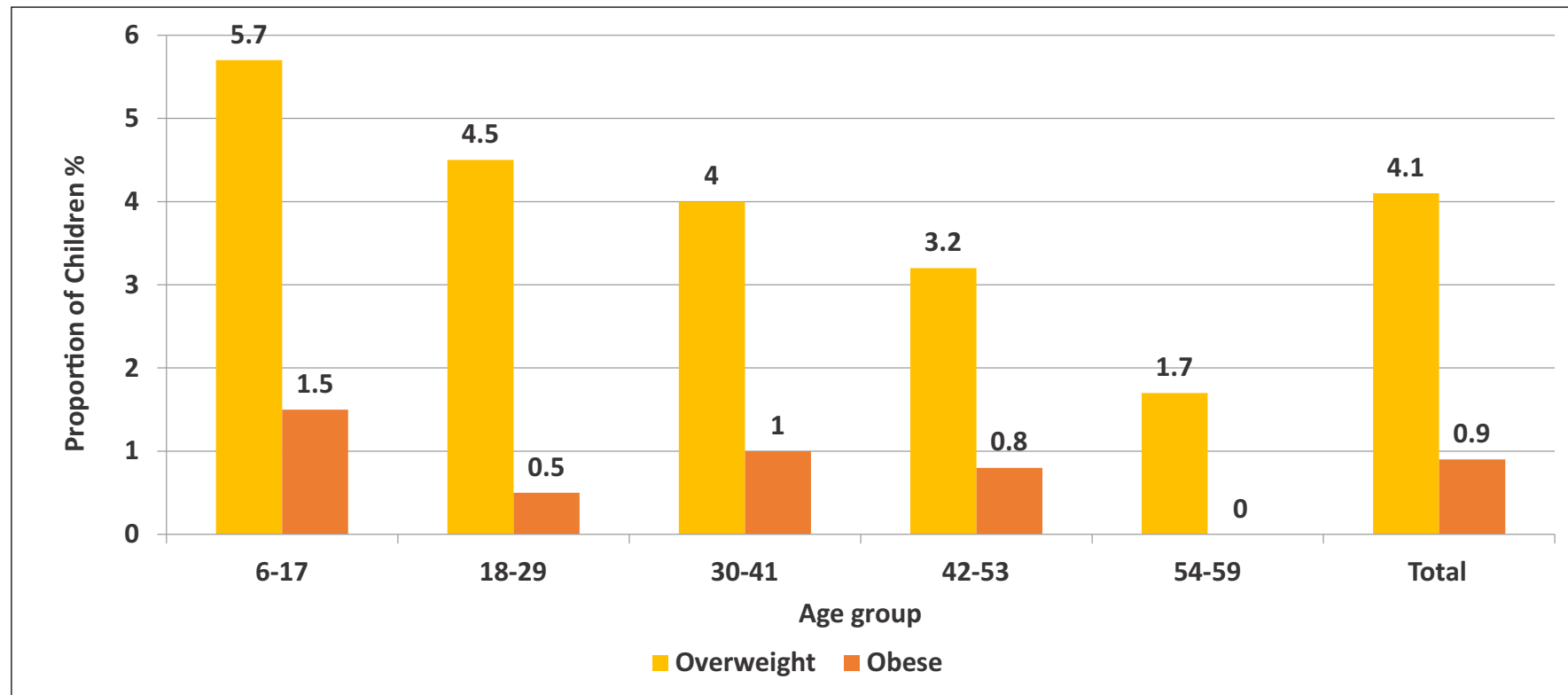
- Stunting was higher amongst the 18 to 29 and 30 to 41 months age groups.
- Older children 54 to 59 months were least affected by stunting.

# Prevalence of Overweight in Urban Areas



- About 4% of children across all the urban areas were overweight with 1% being obese.
- Boys were more affected by both overweight and obesity.

# Prevalence of Overweight by Age



- Overweight was higher among children 6 to 17 months and lower among children 54 to 59 months.
- There were no obese children among the 54 to 59 months age group.

# **Food Security Situation**

To determine the prevalence of food insecurity and its severity amongst households in the urban areas.

# Household Food Security Analytical Framework

Household food security status was determined using four parameters, viz:

- Food Poverty Line;
- Household monthly income;
- Household Food Consumption Score ; and
- Household Hunger Scale

A household was deemed food insecure when its monthly income was below the Food Poverty Line, its Food Consumption Score was poor or its Household Hunger Scale was severe or moderate. Mathematically this statement can be expressed as follows;



$$H = Y_1 \text{ If } (X_i < X_f \text{ or } X_c = a \text{ or } X_h = b \text{ or } X_h = c)$$

### **Where**

$H$  = Household food security status

$Y_1$  = Food insecure

$X_i$  = Household potential income

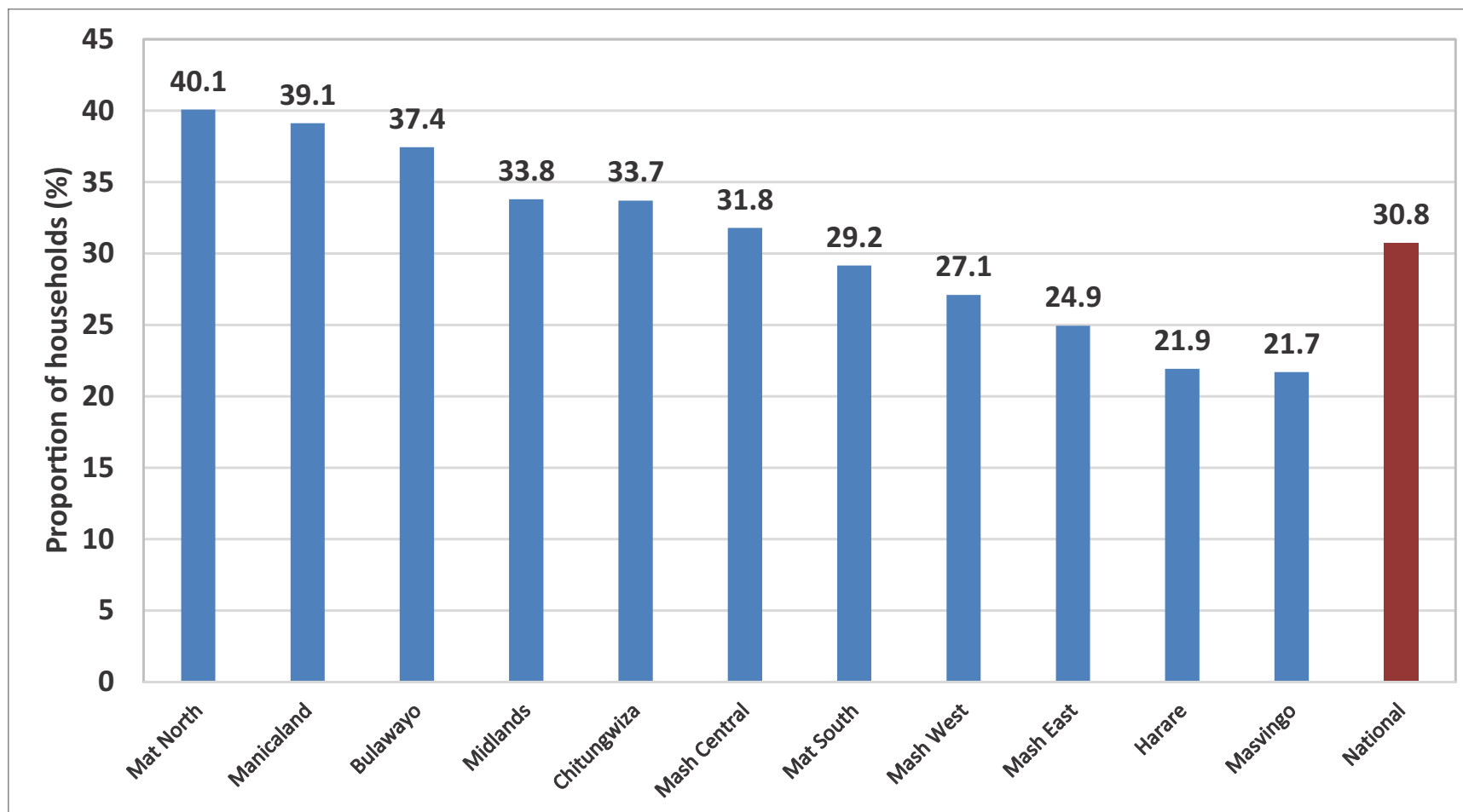
$X_f$  = Food Poverty Line

$X_c$  = Food Consumption Score

$X_h$  = Household Hunger Scale (HHS)

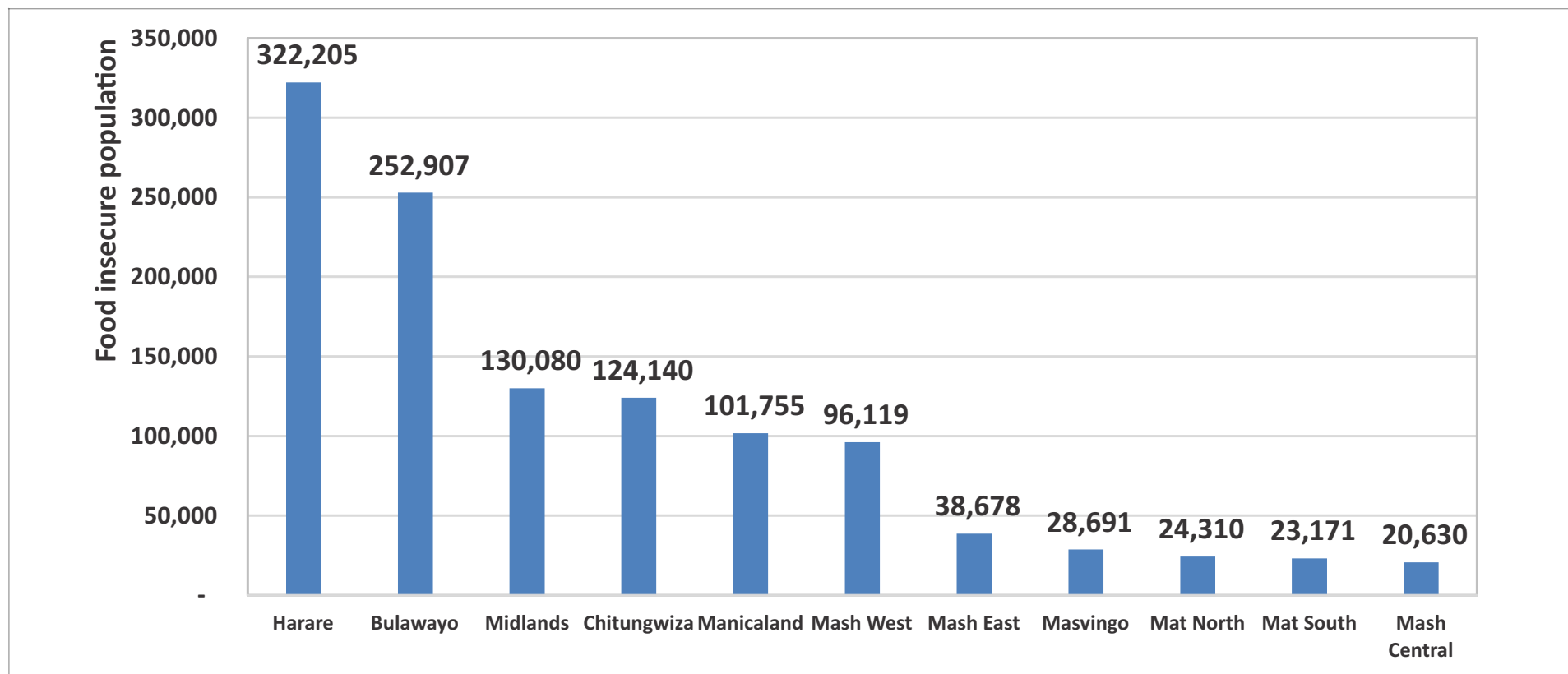
$a$  = poor,  $b$  = moderate,  $c$  = severe

# Proportion of Food Insecure Households by Province



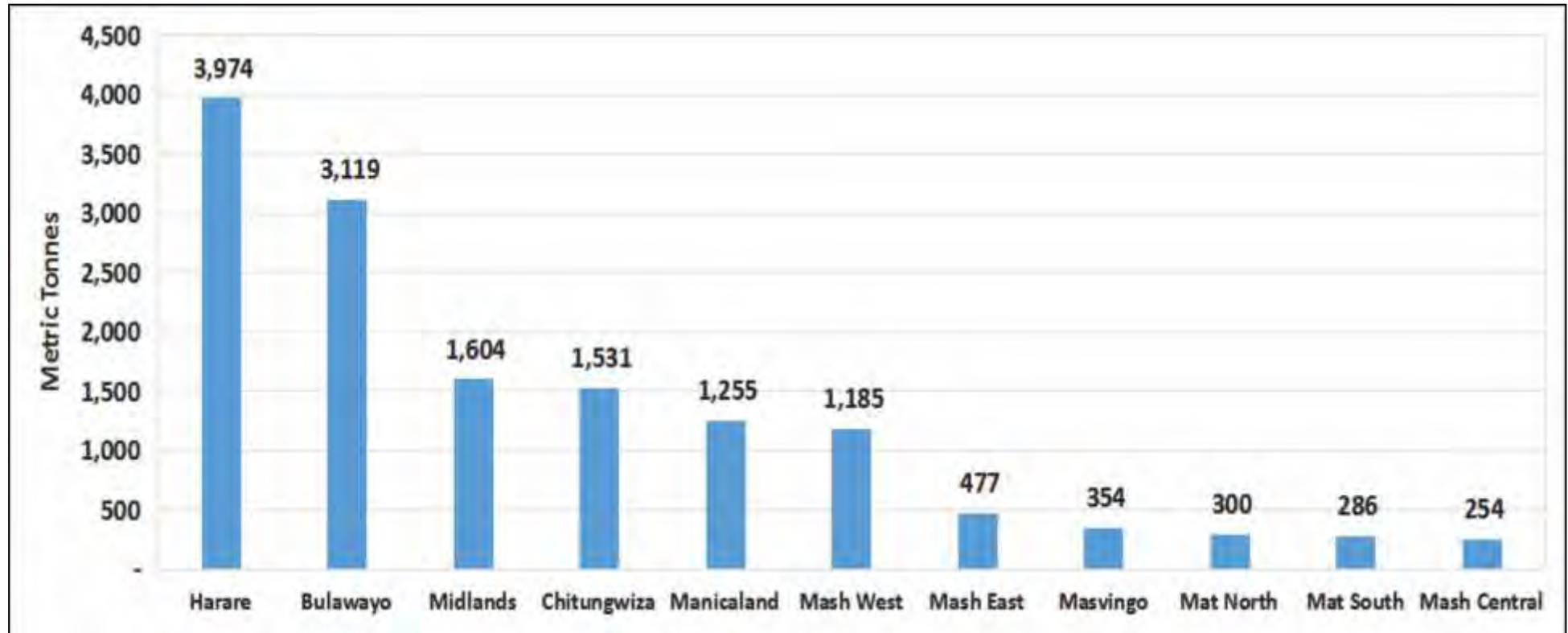
- The national food insecurity prevalence was found to be approximately 31%.
- Prevalence of food insecurity was highest in Matabeleland North (40%) and lowest in Masvingo province (22%).

# Food Insecure Population by Province



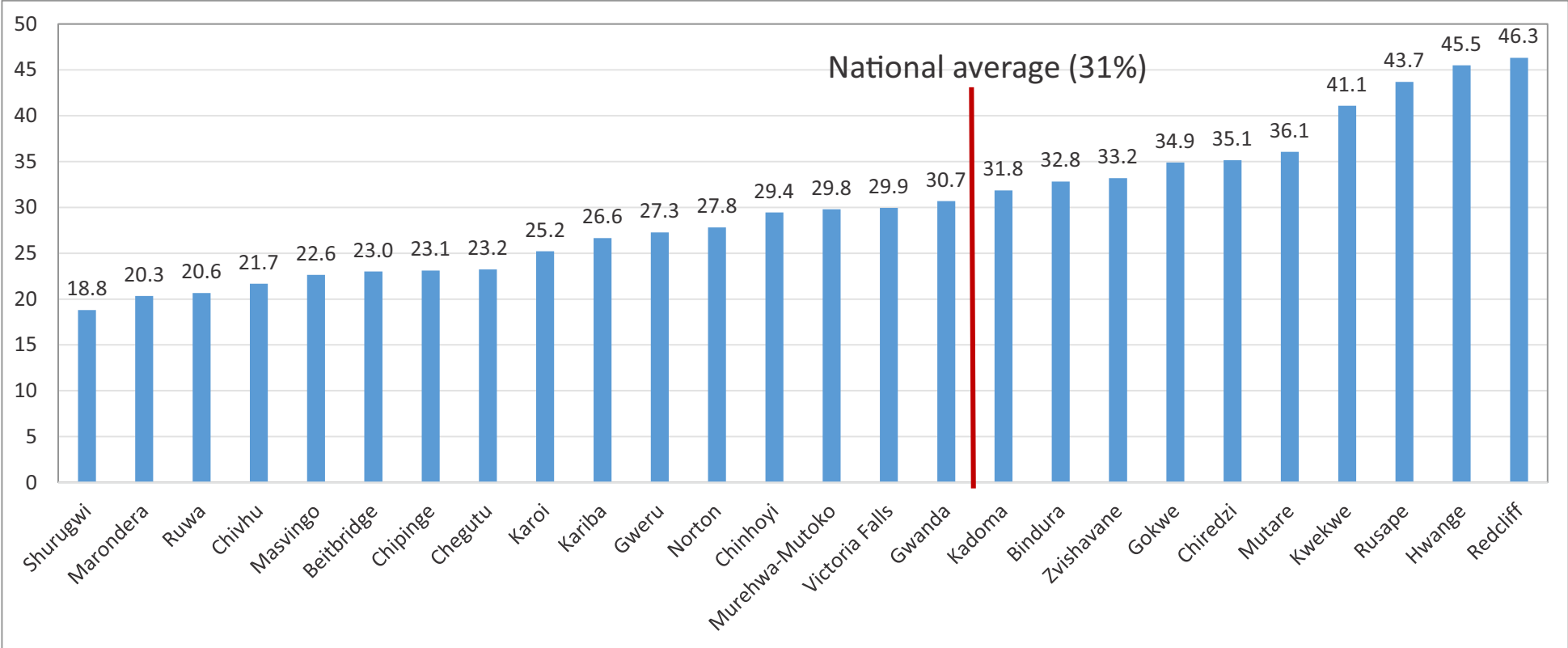
- Nationally the food insecure population in urban areas was approximately 1,163,000.
- Despite Harare having the second lowest proportion of food insecurity (21.9%) it had the highest food insecure population of about 322,205 people.
- Matabeleland North was among those with low food insecure population (24,310), although it was the highest in terms of proportion.
- **NB: The total population used here did not include the population of those living in the low density areas.**

# Monthly Cereal Requirement by Province



- The national monthly cereal requirement was 14,340 MT and larger domains like Harare required more cereal than small domains.

# Proportion of Food Insecure Households by Domain



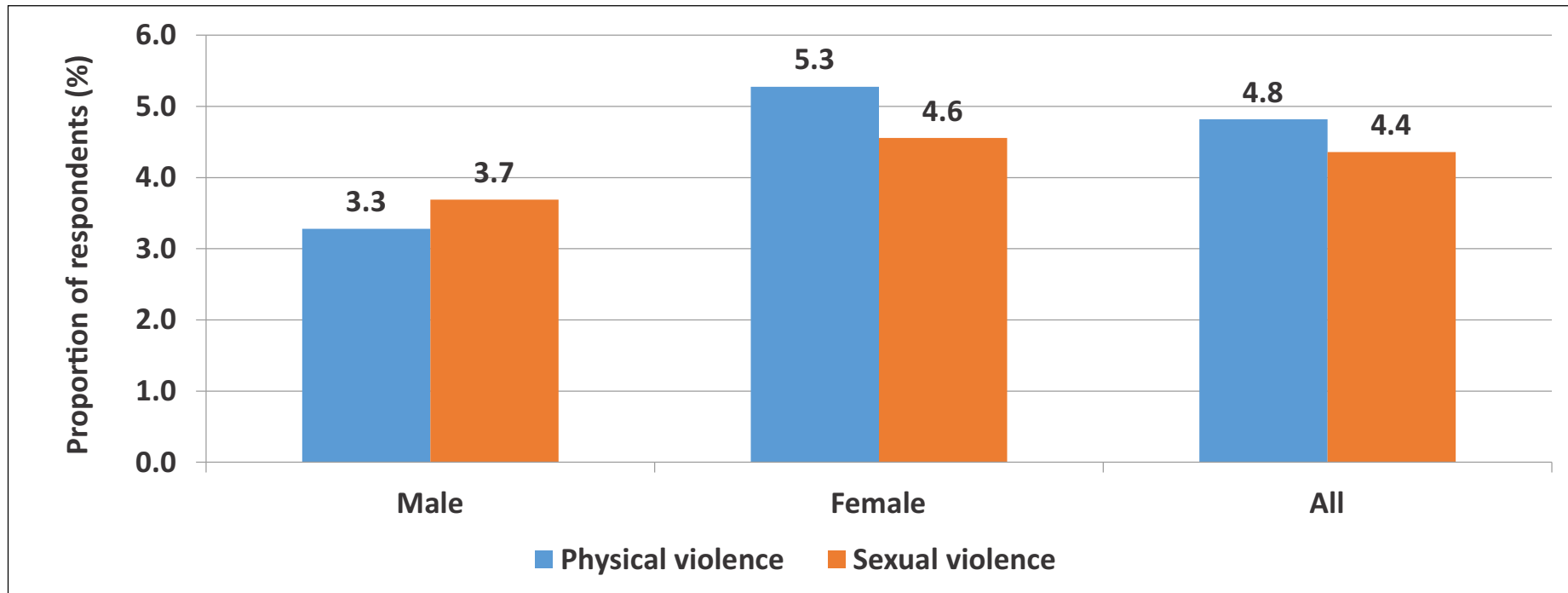
- Although Shurugwi at 18.8% was the least food insecure domain, response should be quick and consider all domains.

## Domains with the Lowest and Highest Prevalence of Food Insecurity

Domain	Proportion (%)	Population
Shurugwi	18.8	3,575
Marondera	20.3	14,363
Ruwa	20.6	11,594
Chiredzi	21.7	7,184
Masvingo	22.6	20,018
Beitbridge	23	11,842
Chinhoyi	23.1	15,221
Chegutu	23.2	13,430
Karoi	25.2	5,464
Kariba	26.6	7,540

Domain	Proportion (%)	Population
Kadoma	31.8	32,227
Bindura	32.8	15,803
Zvishavane	33.2	13,884
Gokwe	34.9	8,680
Chipinge	35.1	8,786
Mutare	36.1	67,077
Kwekwe	41.1	42,557
Rusape	43.7	12,916
Hwange	45.5	8,945
Redcliff	46.3	17,356

# Percentage of Physical and Sexual Violence by Sex



- Of the total respondents who agreed to answer questions on physical and sexual violence (8490), 409 respondents reported to have experienced physical violence and 357 reported to have experienced sexual violence.
- Both men and women reported to have experienced physical and sexual Violence.
- Physical violence in men was at 3.3% and women 5.3%. Sexual violence was 3.7% in men and 4.6% in women.

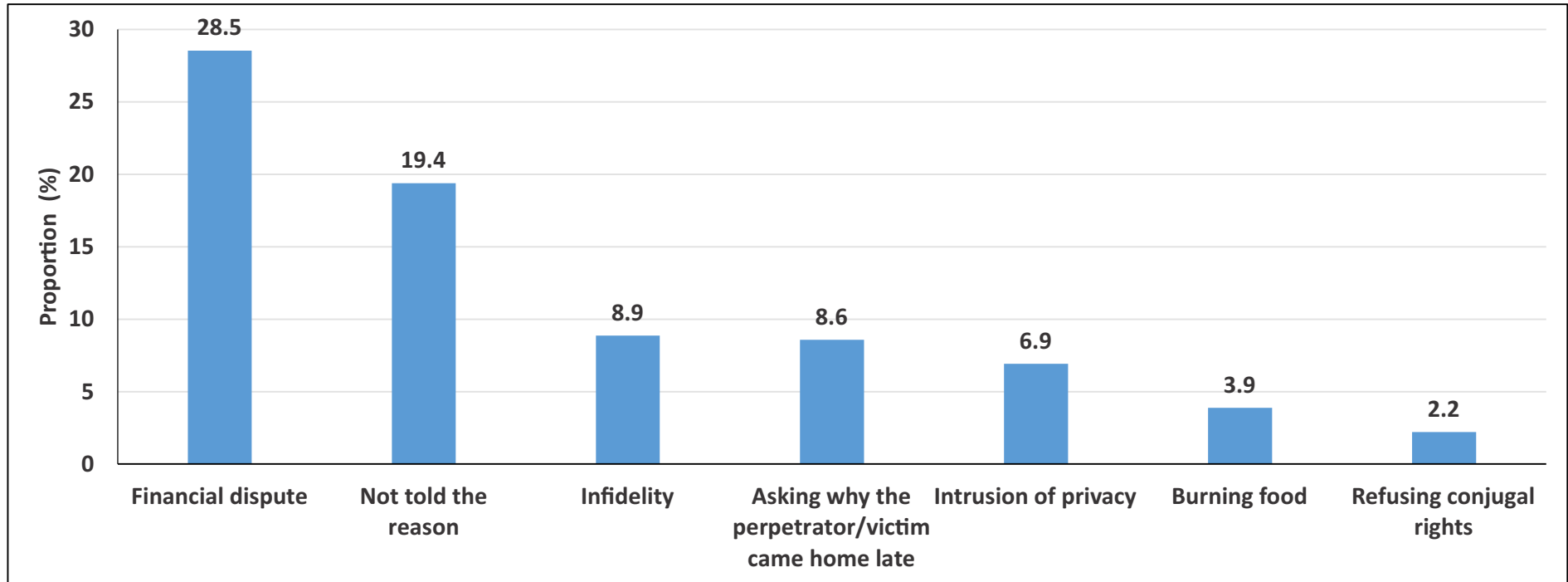
# Perpetrators of Physical Violence by Sex of Respondent

Perpetrator	Male %	Female %	National %
Spouse	17.2	50.4	45.2
Other relatives	32.8	21.5	23.2
Former boyfriend/girlfriend	4.7	9.6	8.8
Sister/brother	4.7	3.2	3.4
Daughter/son	3.1	1.7	2.0
Mother/step-mother	1.6	1.7	1.7
Father/step-father	4.7	1.4	2.0
Employer/someone at work	6.3	1.2	2.0
Police/soldier	7.8	0.9	2.0
Mother-in-law	0.0	0.6	0.5
Father-in-law	0.0	0.3	0.2
Teacher	1.6	0.0	0.2

- The main perpetrators of physical violence were spouses of respondents at 45% followed by other relatives at 23%.
- The main perpetrators of physical violence were the spouse at 50.4% in females and 17.2% in males.
- Physical violence was also perpetrated by other relatives mainly in males at 32.8% and 21.5% in females.



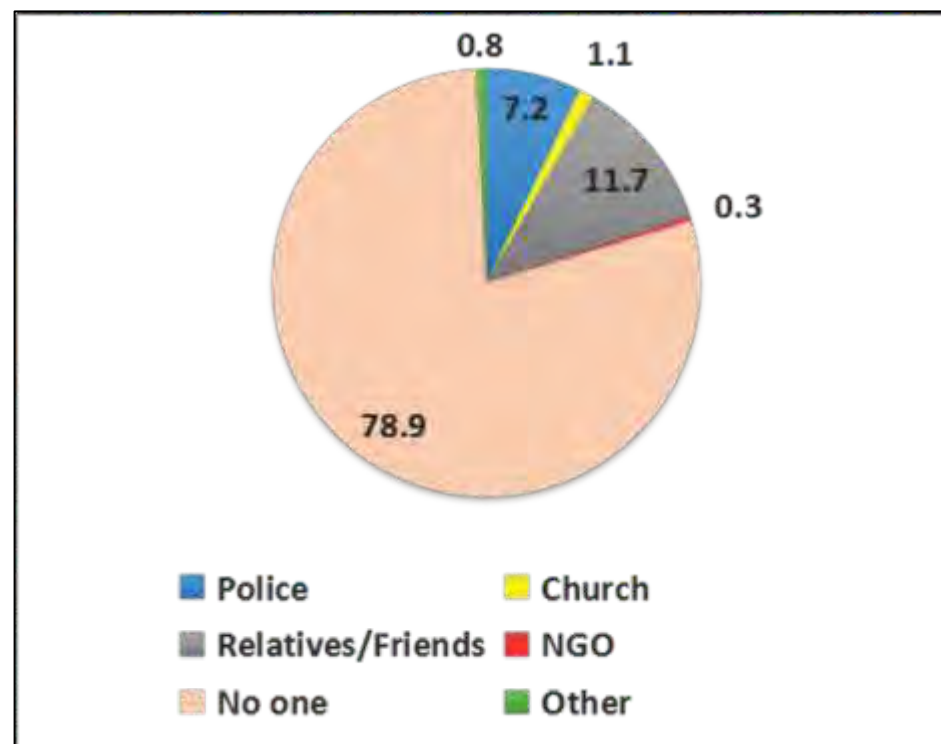
# Reasons for Physical Violence



- Financial disputes were cited as the most common reason for physical violence.

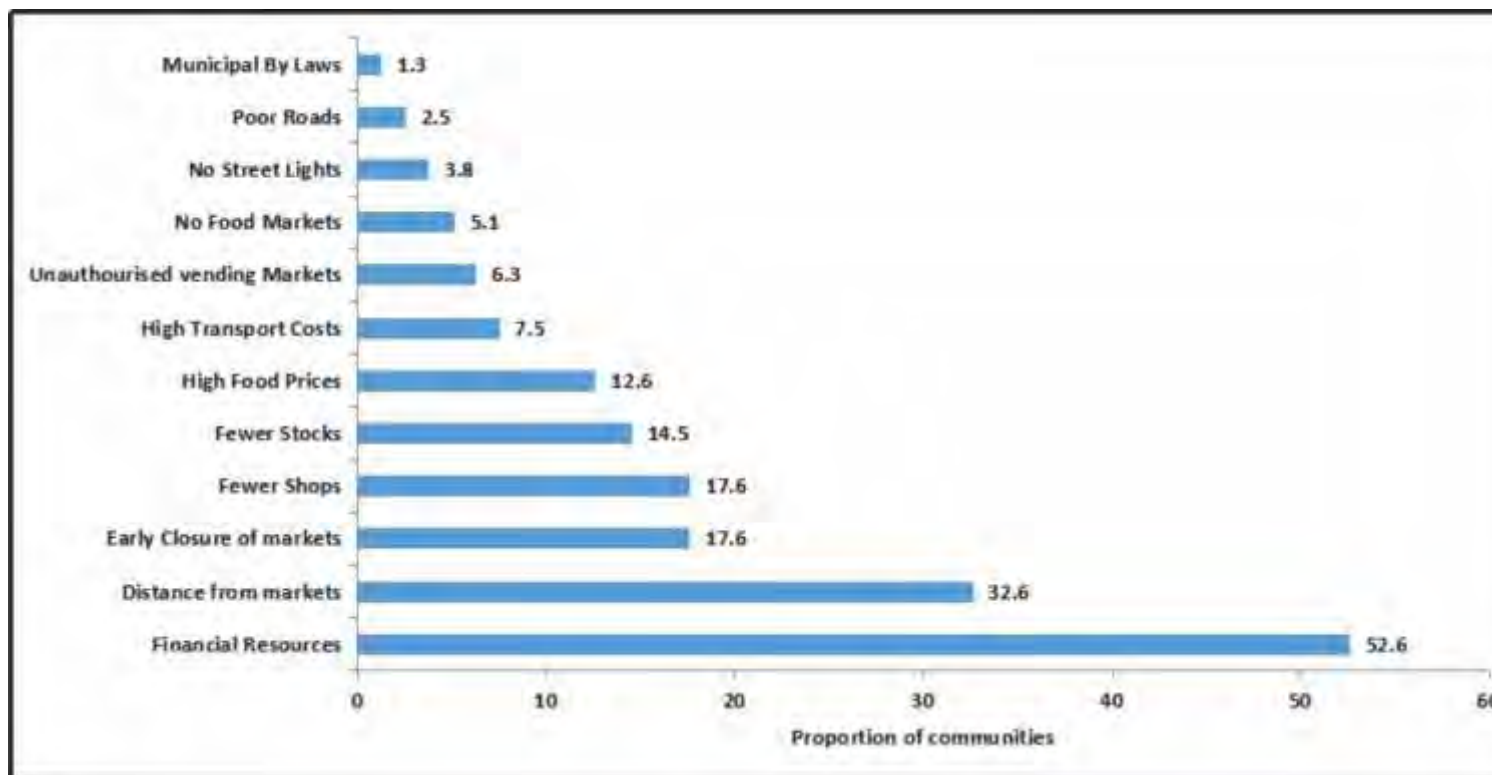
# Health Seeking Behaviour and Reporting in GBV

	Did not seek medical attention	Sought medical attention
Bulawayo	97.5	2.5
Manicaland	98.7	1.3
Mash Central	97.2	2.8
Mash East	97.1	2.9
Mash West	98.6	1.4
Mat North	98.7	1.3
Mat South	99.7	0.3
Midlands	98.4	1.6
Masvingo	97.6	2.4
Harare	98.1	1.9
Chitungwiza	98.6	1.4
<b>National</b>	<b>98.2</b>	<b>1.8</b>



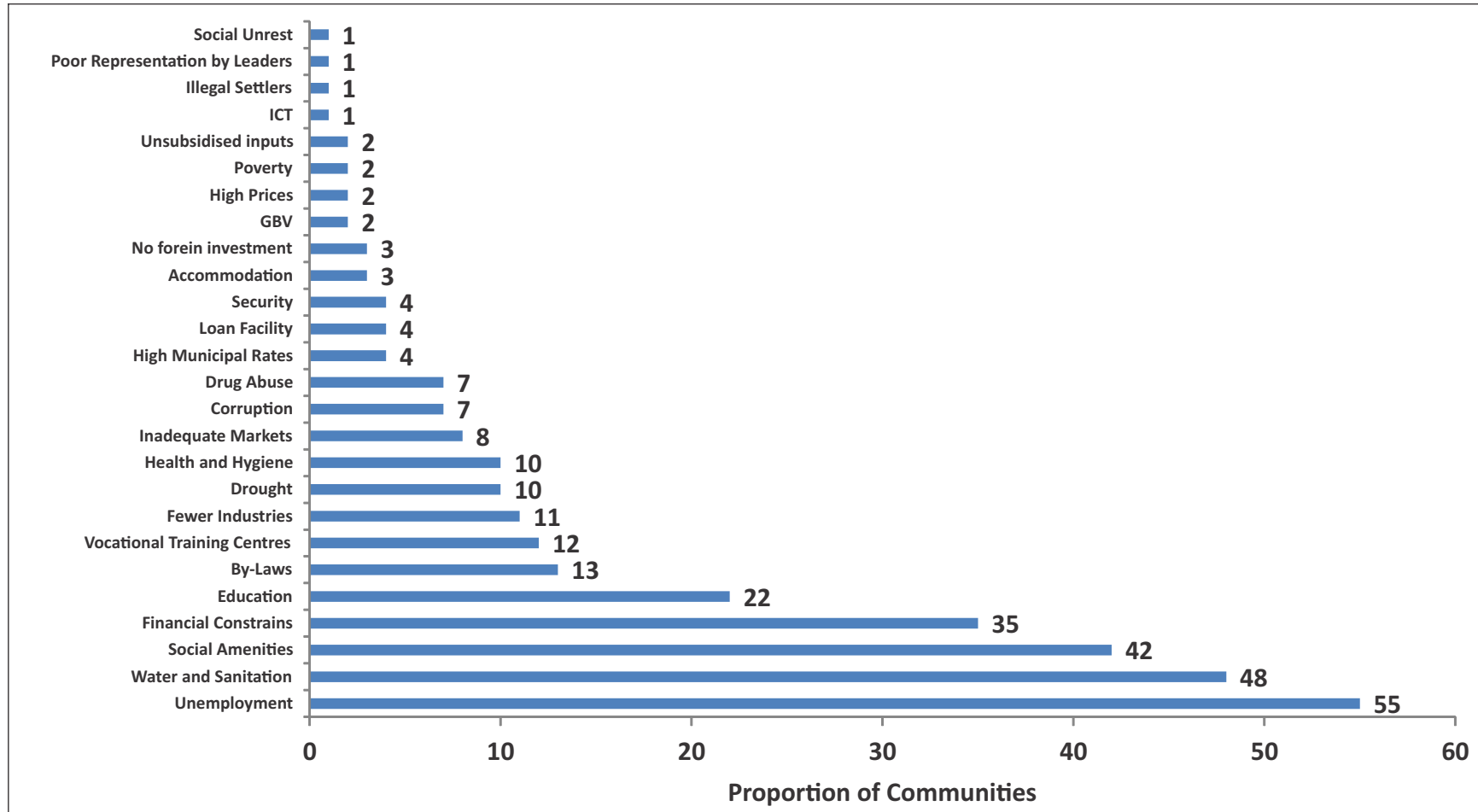
- Most victims of GBV were not seeking medical attention (98.2%).
- Victims also said they did not report cases to anyone (78.9%).
- Where victims did report, they mainly reported to relatives or friends (11.7%).
- Victims that reported to the police were at 7.2%.

# Communities' Perception of Barriers to Accessing Markets



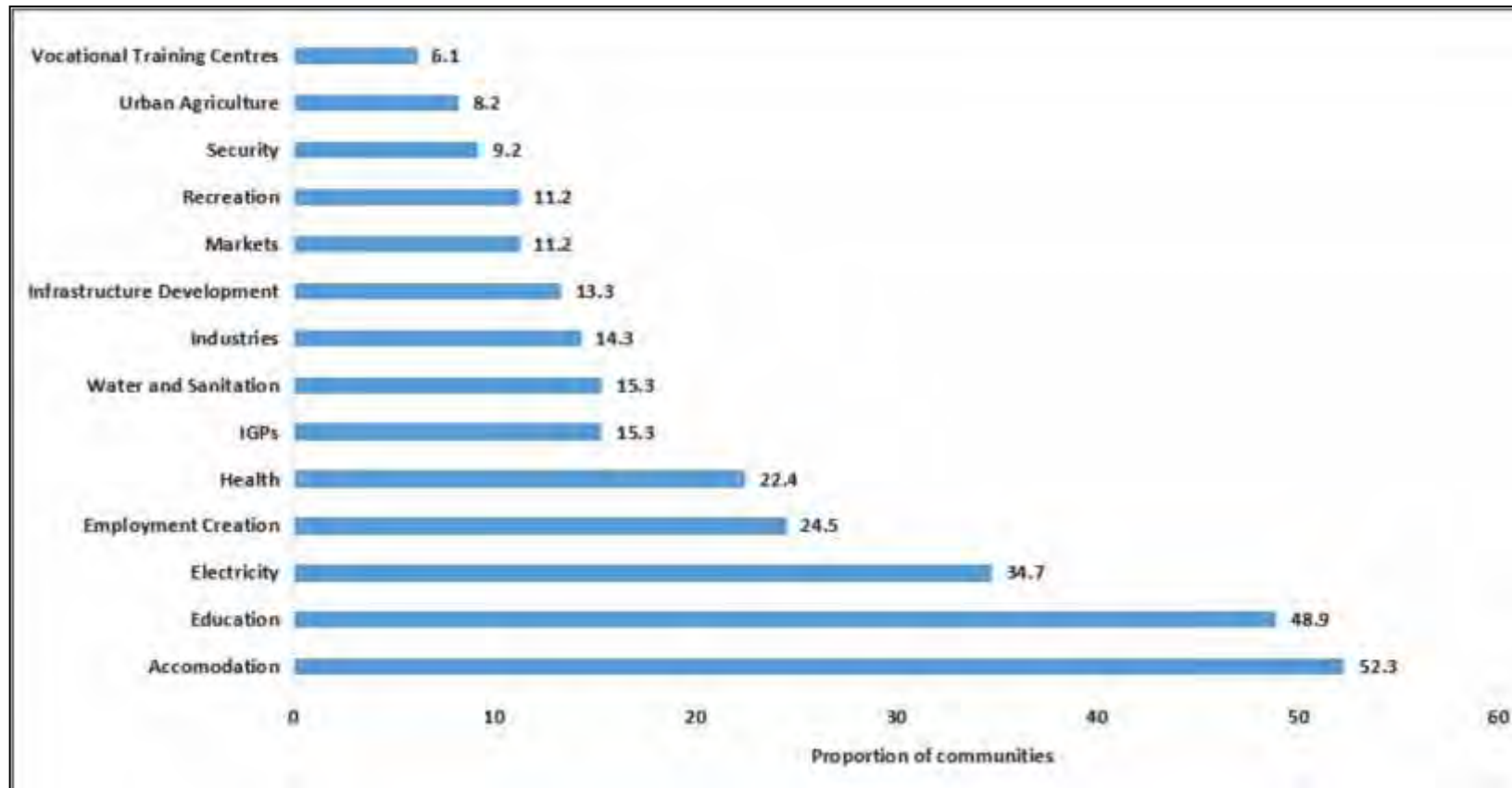
- Financial resources (52.6%), distance from markets (32.6%), early closure of markets (17.6%) and fewer shops (17.6%) were reported as the most common barriers to accessing markets by most communities.
- High food prices also prevented communities from accessing the markets.

# Development Challenges Identified by Communities



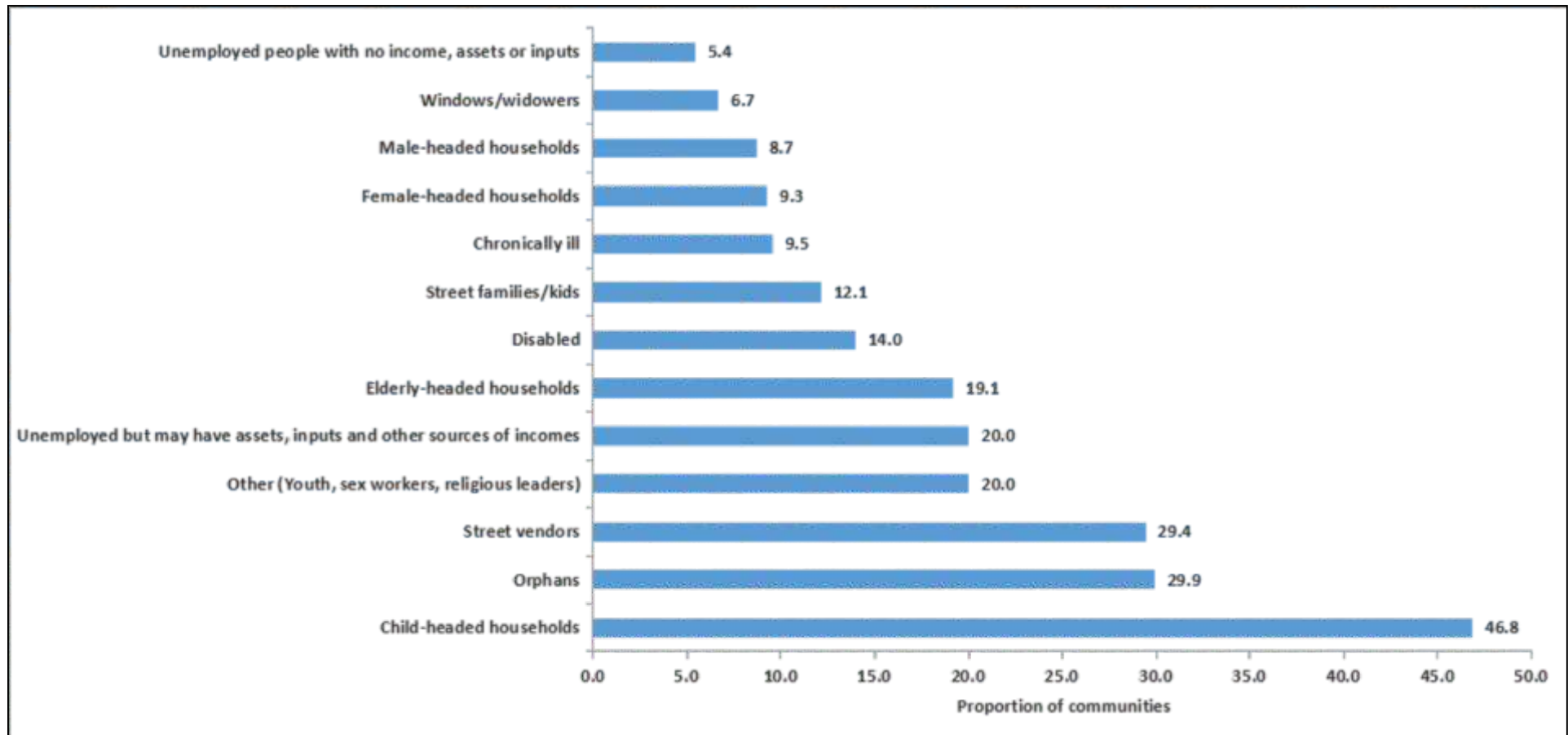
- About 55% of the communities highlighted unemployment as one of the major development challenges.
- Water and sanitation (48%) and lack of social amenities (42%) were also highly rated as challenges by the communities.

# Development Priorities Proposed by Communities



- Communities prioritised accommodation (52.3%), education (48.9%), electricity (34.7%), and employment creation (24.5%) as their major development priorities.

# Vulnerability to Food Insecurity as Ranked by Communities



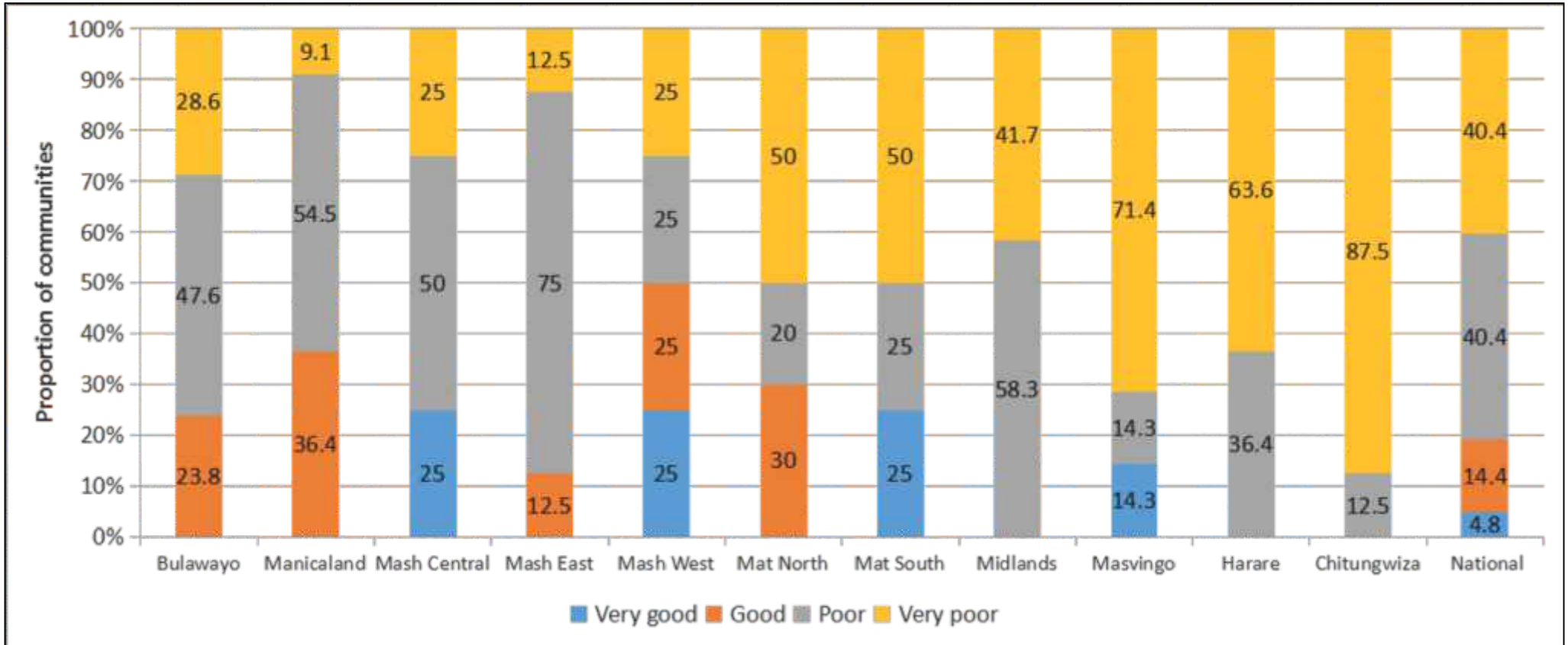
- Child headed households were rated as the group most vulnerable to food insecurity.
- Orphans and street vendors were also identified as the second and third most vulnerable groups respectively.

# Community Perception on Availability of Social Amenities

Province	Amenities available						
	Road %	Electricity%	Piped Water system%	Sewer system%	Waste collection%	Public toilets%	Recreational centres
Bulawayo	81.0	90.5	85.7	90.5	85.7	47.6	47.6
<b>Manicaland</b>	<b>100.0</b>	<b>90.9</b>	<b>81.8</b>	<b>63.6</b>	<b>18.2</b>	<b>36.4</b>	<b>72.7</b>
Mash Central	75.0	100.0	100.0	100.0	100.0	25.0	100.0
<b>Mash East</b>	<b>100.0</b>	<b>100.0</b>	<b>62.5</b>	<b>87.5</b>	<b>25.0</b>	<b>25.0</b>	<b>25.0</b>
Mash West	85.7	85.7	71.4	71.4	71.4	28.6	71.4
Mat North	90.9	72.7	90.9	54.5	54.5	63.6	54.5
<b>Mat South</b>	<b>100.0</b>	<b>50.0</b>	<b>50.0</b>	<b>75.0</b>	<b>50.0</b>	<b>25.0</b>	<b>75.0</b>
Midlands	91.7	83.3	58.3	66.7	50.0	41.7	66.7
Masvingo	87.5	87.5	75.0	87.5	87.5	12.5	37.5
<b>Harare</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>90.9</b>	<b>100.0</b>	<b>81.8</b>	<b>90.9</b>
<b>Chitungwiza</b>	<b>100.0</b>	<b>75.0</b>	<b>75.0</b>	<b>100.0</b>	<b>75.0</b>	<b>50.0</b>	<b>50.0</b>
National	91.4	86.7	79.0	80.0	65.7	43.8	60.0

- Waste collection was low in Manicaland and Mashonaland East.
- Nationally, 65.7% of the communities indicated that waste was being collected, reflecting a large gap in refuse collection.
- The majority of communities had roads in their urban areas.
- Public toilets coverage was reported to be low in most communities with the exception of Harare and Matabeleland North.
- Masvingo and Mashonaland East were reported to have the least coverage of recreational centres.

# Road Infrastructure



- Generally the road infrastructure was reported to be poor to very poor in most urban areas.
- Chitungwiza (87.5%), Masvingo (71.4%) and Harare (63.6%) reported to have very poor roads.



# Conclusions and Recommendations

# Conclusion and Recommendations

- The majority of household heads completed only Ordinary Level (52%) with very few advancing to tertiary education (Diploma after secondary education - 7% and post graduate - 3%). This has an implication on skills and professional competence.
- The highest proportion of chronically ill and physically/mentally challenged was in the 60 years and above age group. There is need to scale-up social assistance programmes and safety nets that focus on this vulnerable age group.
- A significant proportion of people aged 14 to 17 years were reported to be married, implying early child marriages. There is need to step-up and ensure implementation of statutory instruments and programmes that protect children against early marriages.
- Financial constraints and illness were the major reasons why children were not attending school. Recognizing that 17% of the children were not going to school due to illness, there is need for the Ministry of Health and Child Care (MoHCC) to coordinate with the Ministry of Primary and Secondary Education (MoPSE) in implementing a school screening and treatment programme.

# Conclusions and Recommendations

- There is need for consistency among stakeholders on the implementation of policy frameworks to ensure that all children of school going age attend school regardless of sex.
- A greater proportion of households were tenants/lodgers hence there is need to step up efforts to improve standards of living by providing affordable housing in order to reduce overcrowding.
- Social protection in the form of social assistance is generally very low in the urban communities. There is need to scale up social assistance programmes to urban households especially for elderly headed households, orphans, child headed households and households headed by the chronically ill and persons with disabilities.

# Conclusions and Recommendations

- Given the level of food insecurity now obtaining in the urban communities, Government and its Development Partners should consider rolling out food assistance programmes as a short term measure.
- While most households across all the urban areas did not engage in negative consumption coping behaviours, there is need for continuous monitoring of the evolution of the food and nutrition situation in all urban areas.
- The observed high prevalence of high blood pressure in households across all the urban areas in the country warrants further investigation to understand the risk factors for this and other non communicable diseases so as to inform appropriate responses.
- The quality of diets consumed by children in urban areas in particular non-breastfed children appears to be poor. There is need to promote optimal infant and young child feeding knowledge and practice among caregivers to improve the quality of children's diets. There is need to increase information sharing platforms on dietary diversity with the urban populations
- To achieve zero hunger, there is need to have social protection and development initiatives that promote increased household incomes.

# Conclusions and Recommendations

- The observed prevalence of Global Acute Malnutrition in the urban areas is comparable to 4.4% found in the May 2016 Rural Livelihoods Assessment. Wasting in urban areas is higher (almost double) when compared to rates reported in the 2014/15 Zimbabwe Demographic and Health Survey, a likely indication of a deteriorated nutrition situation. This requires action from Government and Development Partners.
- Government and partners should initiate and strengthen programmes for the identification and treatment of both severe and moderate acute malnutrition in urban areas.
- Government and Development Partners need to consider constant and routine monitoring of the nutrition situation in urban areas and integration of information into the national health information system to support response plan and decision making.

# Conclusion and Recommendations

- Households are living in arrears of all kinds from rentals to school fees.
- Service providers should consider alternative ways of settling debts rather than terminating basic services such as water as this has implications on sanitation and hygiene.
- Considering that households in the urban areas cited no access to land (73.8%) as the major reason for not practising agriculture, there is need for local authorities to avail land for urban agriculture as one of the strategies for increasing and diversifying income levels and income sources, respectively.

# Conclusions and Recommendations

- A high proportion of urban households were not satisfied with the quality of drinking water provided by the local authorities and received water supply from the tap for less than five days per week. There is need for the local authorities to improve the quality of water supply to the households as well as restore residents' confidence in the quality of services.
- Access to improved sanitation facilities is satisfactory across all urban areas. Of concern however is the proportion of households practicing open defecation particularly in Matabeleland South and Matabeleland North urban areas.
- Hygiene messaging targeted at point of use water treatment for households using unimproved water sources and handwashing at critical times needs to be prioritised.
- Given that the majority of the households' most important income source was salary and wages, it is recommended that efforts should be made to create more stable and quality jobs.
- Petty trade was reported significantly and is one of the important sources of income. An enabling environment should be availed for the households to practise petty trade fully with strategies that transform this into the diversified and versatile formal sector enterprises.

# Conclusion and Recommendations

- The results showed that 75% of the households had income below USD406.76 which was below the August 2016 national poverty line of USD477.12. It is recommended that efforts should be made to improve the level of household income.
- There are gender differences with regards to asset ownership. Females lag behind their male counterparts in their access to and ownership of most assets that are relevant for productive activities. These assets restrict women's access to loans as they cannot be used as collateral with formal lenders.
- Formal lenders should come up with packages tailor-made for women who are asset-poor in order to allow them to access loans.
- Economic related shocks and challenges such as loss of employment, sickness, health and funeral expenses and reduced salaries were the major issues affecting urban communities.
- Ability of households to recover from these economic related shocks and challenges proved difficult compared to other shocks and challenges experienced.
- There is need for policies and programming to focus on ways to build communities and households' capacities to deal with economic challenges to ensure sustainable livelihoods and economic growth in the urban areas.



# Conclusions and Recommendations

- The urban households that were most affected by food insecurity were the elderly headed, child headed, households housing chronically ill members and households burdened by arrears particularly rates and utilities. There is need to consider social protection measures that helps to improve the lives of these vulnerable households.
- Households from areas that relied on mining as a source of livelihood, in particular Hwange and Redcliff performed poorly on WASH , livelihood coping strategies and food security indicators. This underscores the importance of resuscitation of the mining sector and other industries as sources of income.

# Conclusions and Recommendations

- GBV continues to be a national problem that according to this study not only affects women but also affects men.
- People from all socioeconomic and cultural backgrounds are subject to violence although the study shows those that were divorced/separated to be affected more by physical violence and women that experienced most sexual violence were married living apart with a diploma/certificate after primary.

# Conclusions and Recommendations

- There is need for in-depth research into the experiences of men in GBV. Efforts to address the challenges in GBV should look into male engagement and involvement to address the issue.
- Accommodation, employment creation, education and electricity provision were the major development priorities for the urban communities identified by this assessment. There is need to focus and address all development priorities identified.
- Communities indicated that child headed families were the most vulnerable groups in their communities. There is need to provide social protection programmes best suited for the children.
- Unemployment and water and sanitation remain key challenges that are hindering development in most urban centres. More attention should be paid to reopening of closed industries, supporting income generating projects, rehabilitation of water and sewer reticulation systems and infrastructure rehabilitation.

# Report Writing Team

Name	Organisation	Name	Organisation	Name	Organisation
George D. Kembo	Food and Nutrition Council	Rutendo Nyahoda	Ministry of Agriculture, Mechanisation and Irrigation Development	Rudo Sagomba	WFP
Blessing Butaumocho	Food and Nutrition Council	Tatenda Mafunga	Food and Nutrition Council	Shupikayi Zimuto	UNDP-ZRBF
Isaac Tarakidzwa	WFP	Ruramai Mpande	Ministry of Primary and Secondary Education	Tinashe Sande	UNWOMEN
Alfa Ndlovu	Food and Nutrition Council	Lloyd Chadzingwa	Food and Nutrition Council	Regina Chinyanga	UNRCO
Herbert Zvirere	Food and Nutrition Council	Siboniso Chigova	Food and Nutrition Council	Themba Nduna	USAID
Krispin Nyadzayo	Ministry of Health and Child Care	Ngoni Manyika	Ministry of Public Service Labour and Social Welfare	Tafara Ndumiyana	WFP
Innocent Mangwiro	Food and Nutrition Council	Gumbo Nester	Ministry of Agriculture, Mechanisation and Irrigation Development	Arnold Damba	ZIMSTAT
Nkosilathi Bayana	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage	Caroline Mukanduri	Food and Nutrition Council	Yvonne Mavhunga	Food and Nutrition Council
Shamiso Chikobvu	Ministry of Agriculture, Mechanisation and Irrigation Development	Rongai Machinga	Ministry of Agriculture, Mechanisation and Irrigation Development	Miriam Banda	Ministry of Health and Child Care
Perpetual Nyadenga	Food and Nutrition Council			Rumbidzai Mtetwa	Save the Children

# Report Review Committee

Name	Designation	Organisation
O.E.M Hove	Senior Principal Director and Chairperson of the Technical Committee on Food and Nutrition Security	Office of the President and Cabinet
Ambassador M. Mubi	Senior Principal Director	Office of the President and Cabinet
Nelson Taruvinga	Director of Income and Analysis Division	ZIMSTAT
Nditwani Muleya	Director	Office of the President and Cabinet
Bernard Mache	Director	Ministry of Agriculture, Mechanisation and Irrigation Development
Niels Balzer	Head of Programmes	WFP
Barbara Mathemera	Policy Officer	FAO
Gift Magaya	National Technical Manager	FEWSNET
Angela Kafembe	Assistant National Technical Manager	FEWSNET
Dodzo Munyaradzi	PME Specialist	UNICEF
Blessing Zindi	Emergency Specialist	UNICEF
Alexio Chiunye	Deputy Director	Office of the President and Cabinet
Tariro Chipepera	Ministry of Women Affairs, Gender and Community Development	Deputy Director

# Report Review Committee

Name	Designation	Organisation
Maronge Abiot	Director	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Chitiyo Cecilia	Provincial Administrator Midlands	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Chiringa C	Provincial Administrator Mashonaland Central	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Kutamahufa Tavadavira	Acting Provincial Administrator Mashonaland East	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Godwin Chipika	Acting Provincial Administrator Masvingo	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Moyo Peter	Acting Provincial Administrator Matabeleland South	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Shumba C	Acting Provincial Administrator	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Richard Maruta	Acting Provincial Administrator	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Chimwaza V	District Accountant	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Kumbirai Karombe	Principal Administrative Officer	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Banda D	Officer	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage
Fungai Mbetsa	Provincial Administrator Manicaland	Ministry of Rural Development, Promotion and Preservation of National Culture and Heritage



Financially Supported by



Government of Zimbabwe

