

MULTI-SECTORAL LIVELIHOOD VILLAGE ASSESSMENT

MATABELELAND SOUTH AND MASVINGO PROVINCES



Beitbridge, Bulilima and Gwanda Districts – Matabeleland South Province

Bikita, Chiredzi and Chivi Districts – Masvingo Province

9 November – 1 December 2021

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DEFINITION OF KEY TERMS

- **Internally displaced person (IDP)** A person who flees his or her State or community due to fear or dangers for reasons other than those which would make him or her a refugee. A displaced person is often forced to flee because of internal conflict or natural or man-made disasters. This exercise also considers people/households with homes that were totally or partially damaged who either moved from or remained at their own homesteads as IDPs such that their habitual residences are compromised.
- **Returnees** refers to a person returning to his or her country of origin or habitual residence usually after spending at least one year in another country. This return may or may not be voluntary.
- **Affected population** refers to the people who are still living with the negative effects of for instance natural disasters, pandemics and economic shocks (including IDPs).
- **Vulnerable host households** are households from within the communities which are characterized by child headed, chronically ill headed, elderly headed, single women headed households, households with members living with chronically illnesses or with disabilities among other vulnerabilities.
- **The Displacement tracking matrix (DTM)** gathers and analyzes data to disseminate critical multi layered information on the mobility, vulnerabilities, and needs of displaced and mobile populations that enables decision makers and responders to provide these populations with better context specific assistance.

METHODOLOGY

Electronic questionnaires were used to collect the data and purposive sampling was used for sample selection. Analysis of the data has been done using descriptive statistics and visualization techniques. Eighty-nine enumerators were trained on the multisectoral village assessment questionnaires as well as data collection techniques.

Multi-sectoral village assessments were conducted through focus group discussions with key informants in villages identified through baseline assessments which were conducted during the same period to capture population estimates, multi-sectoral needs, vulnerabilities and livelihood opportunities. The key informants included village heads, village health workers, childcare workers, village secretaries, chiefs, religious leaders, community members, education officers.

LIMITATIONS

The data is not representative of all villages in the assessed districts since a sample with the targeted population categories was used when conducting assessments, and because they only reflect the situation of assessed villages, cannot be generalized. The findings should be understood as mainly indicative.

Due to rounding and calculations, some demographic percentages are slightly below or above 100 per cent, as it also occurs when breaking down the figures of responses.

On some graphics, multiple answers were possible for the questions resulting in the percentages exceeding 100 per cent.

OVERALL HIGHLIGHTS



2
Provinces

6
Districts

29
Wards



245
Villages Assessed



1,309
Displaced
households



2,858
Returnee
households



9,687
Vulnerable households
in host communities



28%
of the villages reported
poultry as the most
successful project



76%
of the villages consider **sufficient capital** as
the most important need for successful
implementation of income generation
activities (IGAs)

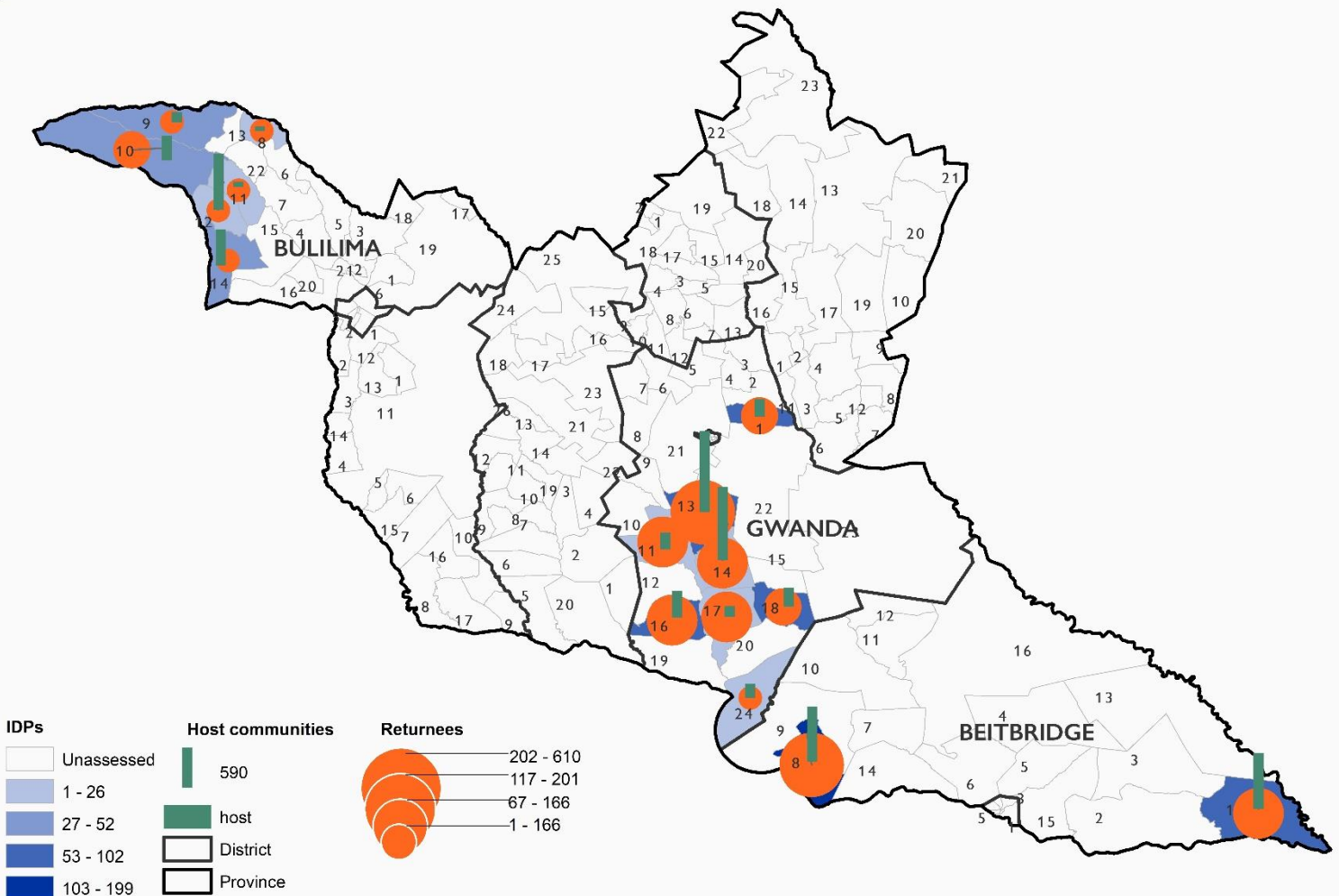


50%
of the villages indicated **lack of capital** as the main challenge
affecting their activities

DISTRIBUTION OF VULNERABLE POPULATION



MATABELELAND SOUTH



0 20 40 80 Kilometers

This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

November – December 2021

OVERVIEW

According to the baseline assessment conducted from 9 Nov to 1 December 2021, there were 229 IDP households, 3,175 returnee households and 4,779 vulnerable households in host communities in 15 wards spread across Beitbridge, Gwanda and Bulilima districts of Matabeleland South province from 85 villages.

From 9 November to 1 December 2021, in close coordination with Zimbabwe's Department of Social Development, Ministry of Local Government and Public Works, IOM's Displacement Tracking Matrix conducted multi-sectoral village assessments (MSVA) in Beitbridge, Bulilima and Gwanda districts of Matabeleland South province targeting villages identified through the baseline assessment. The DTM team interviewed key informants at village level (village heads, village health workers, childcare workers, village secretaries, chiefs, religious leaders, community members, education officers) capturing population estimates, multi-sectoral needs and vulnerabilities.



HIGHLIGHTS



97

Villages Assessed



878

Displaced households



2,426

Returnee households



7,283

Vulnerable households in host communities



38%

of the villages reported **poultry** as the most successful project



64%

of the villages consider **sufficient capital** as the most important need for successful implementation of income generation activities (IGAs)



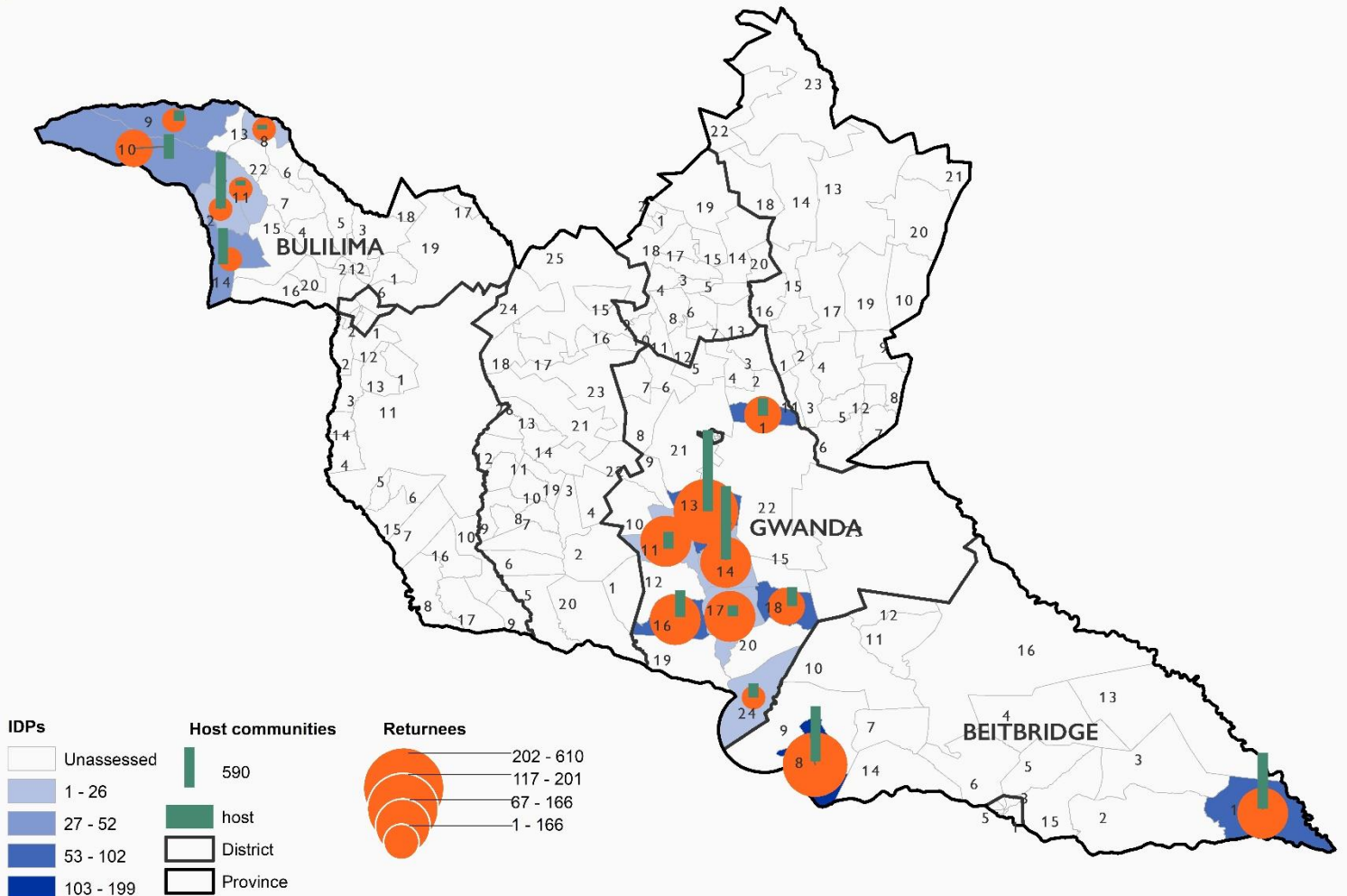
38%

of the villages indicated **lack of capital** as the main challenge affecting their activities

DISTRIBUTION OF VULNERABLE POPULATION IN MATABELELAND SOUTH PROVINCE



MATABELELAND SOUTH

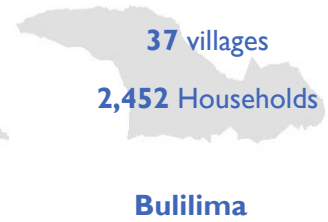
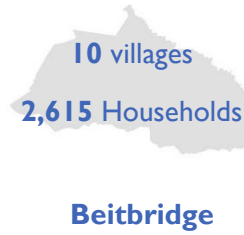
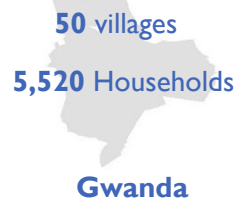


0 20 40 80 Kilometers

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GEOGRAPHIC COVERAGE

Of the 97 villages assessed, 52% are located in Gwanda district which represent 52% of the vulnerable households



VULNERABILITY

4,704 Pregnant and lactating women

7,825 Female headed households

5,711 Separated or unaccompanied children
VULNERABILITY

5,305 People with chronic illnesses

8,410 Elderly people

There are 4,985 orphaned children in the assessed villages, of which 51 per cent are female. Out of the 4,704 lactating and pregnant women, 30 per cent are below 18 years of age. Gwanda recorded the highest number of pregnant or lactating women. This can be attributed to a wider coverage of villages assessed as compared to the other districts.

LIVELIHOODS

Forty per cent of the assessed villages reported poultry as the common income generating activity implemented within the previous 12 months. In the past 12 months, 32 per cent reported not having implemented any income generating activities in their villages. Other livelihoods (23%) included masonry, fishing, pot making, detergent making and jam making. Among most successful IGAs implemented were poultry (38%), gardening (37%), and small livestock rearing (14%).

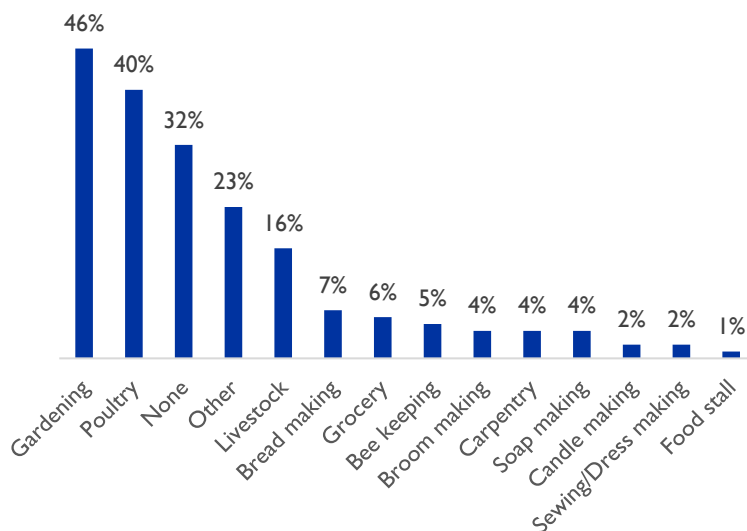


Fig 1: IGAs implemented in the last 12 months

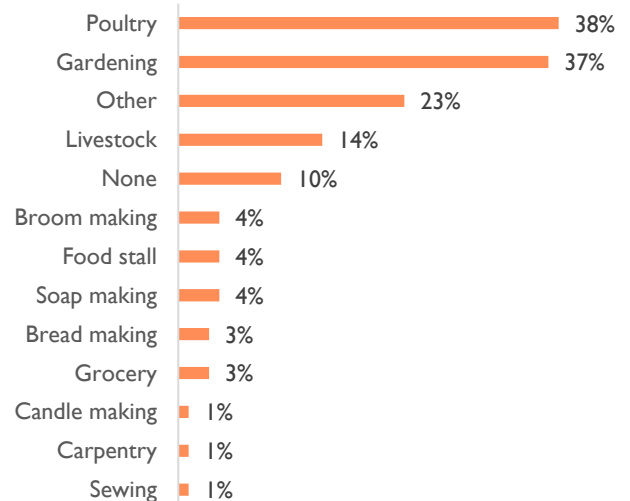


Fig 2: Successful IGAs in the last 12 months

* Please note that multiple answers were possible for these questions

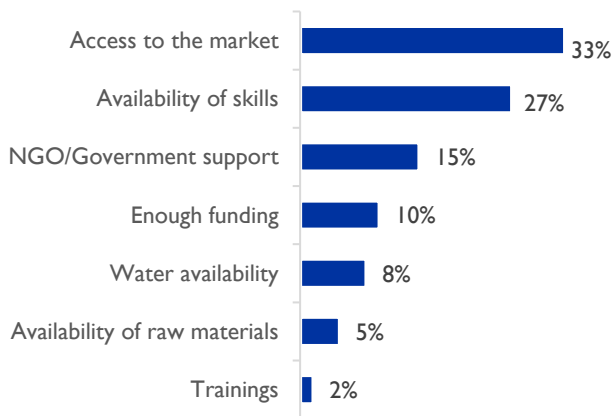


Fig 3: Reasons for Implemented IGAs' success

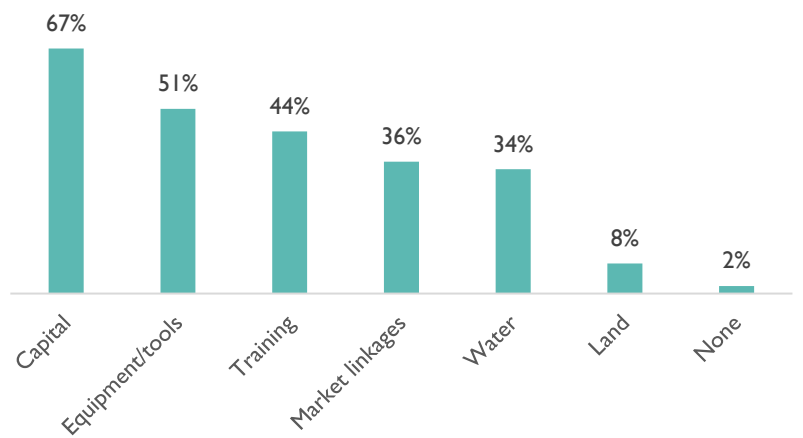


Fig 4: Priority needs for IGAs implementation

* Please note that multiple answers were possible for this question

Poultry and gardening were considered as the most successfully implemented IGAs mainly due to availability of market (40%) and skill availability (23%). Considering the challenges that might affect the implementation of the intended livelihood activity, the majority of villages' key informants reported insufficient capital (38%), natural disaster (11%), market accessibility (10%) lack of skills (8%) and poor management (3%).

HEALTH

Of the villages assessed, only 32 per cent reported having a health facility nearby and accessible. Fifty-five per cent of villages with no access to a functional health facility are in Gwanda district. In Gwanda alone only 14 out of the 50 assessed villages have access to a functional health facility.

In 68 per cent of the villages, people do not have access to health facilities

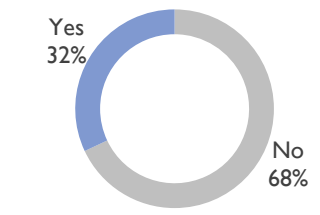


Fig 6a: Access to a health facility

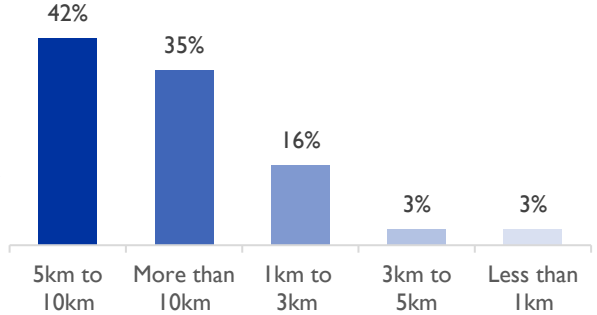


Fig 6b: Distance to a health facility

Forty-two per cent of the villages indicated that health facilities were on average five to ten kilometres away and foot is the common mode of transport used to reach these health facilities. In Beitbridge district, 75 per cent the villages who had health facilities indicated that these health facilities were on average 10 kilometres or more away from their places of residence.

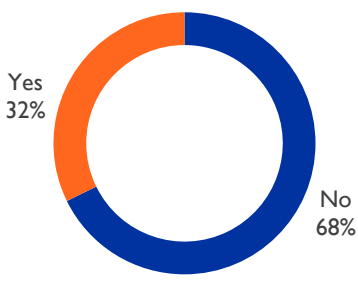


Fig 7a: Satisfaction of community by health services

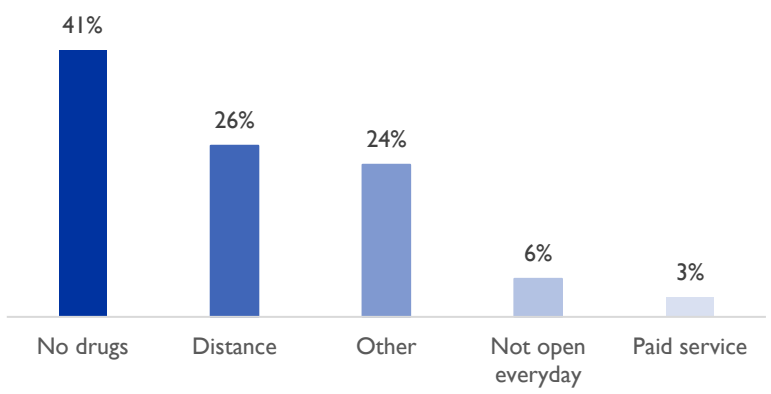


Fig 7b: Reasons for dissatisfaction

The key informants reported that the majority of the community members (68%) were not satisfied by the services being offered at the local health facilities mainly due to absence of needed drugs (41%) and distance to the health facilities from their villages (26%). Other reasons (24%) reported were absence of trained professionals and medical equipment. Ten per cent of the villages indicated that people who do not seek medical care when sick stated traditional healers (40%), herbalists (40%) and health facilities in the nearby villages as alternatives.



In **100%**
Of the villages, there is at least one health worker

85%
females

15%
males

The number of females health care workers is higher than males in all the three districts assessed. Only 28 per cent of the villages indicated that there were partners providing information, referral and counselling services to community members. Sixty-six per cent of the villages reported that they had access to HIV testing and ARV medication while 34 per cent of the villages indicated that they did not have access to medication related to HIV.



WATER, SANITATION AND HYGIENE

Sixty per cent of the assessed villages reported handpumps (boreholes) as their main source of drinking water whilst dams were the main sources of non-drinking water in 45 per cent of the assessed villages. Out of the 25 villages that indicated boreholes as a source of non-drinking water, 84 per cent were in Gwanda district. Eighty-one per cent of villages using handpumps as a source of drinking water were also in Gwanda district.

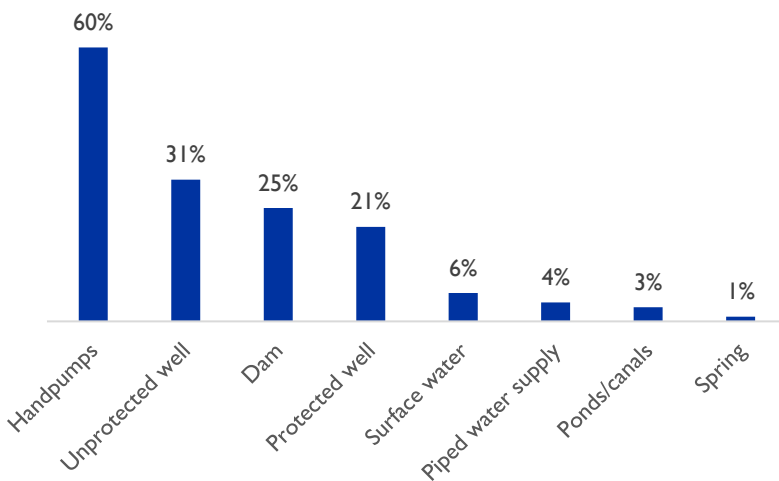


Fig 8a: Sources of drinking water

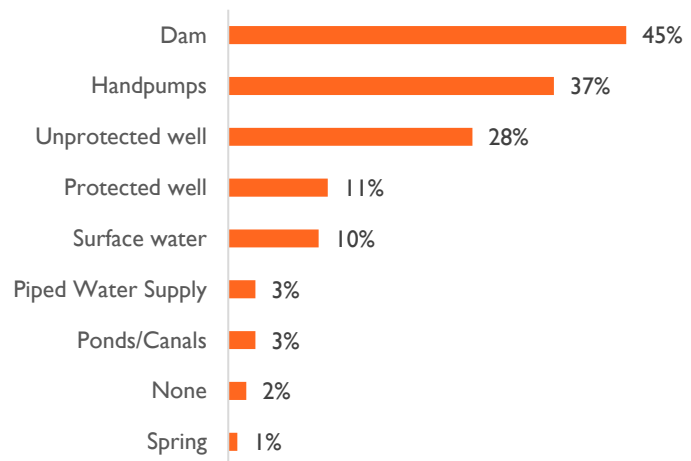


Fig 8b: Sources of non-drinking water

Only 24 per cent of the villages reported that water was accessible throughout the year. Fifty-two per cent indicated that water was accessible seasonally whilst in 24 per cent of the villages, water was not accessible at all. Seventy-four per cent of the assessed villages reported that they have a water user community. Water is used at a fee for maintenance in 13 per cent of the assessed villages across the three districts, 37 per cent of these villages were in Bulilima district. Fifty-eight per cent of the assessed villages reported that there were conflicts over water between communities or groups.

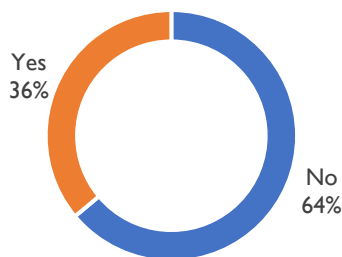


Fig 9a: Water accessibility

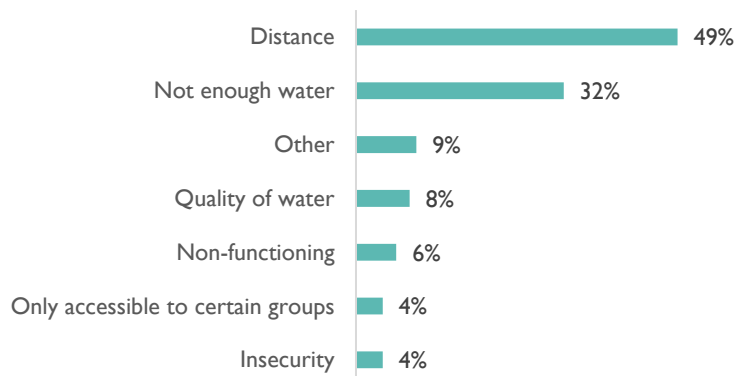


Fig 9b: Reasons water is inaccessible

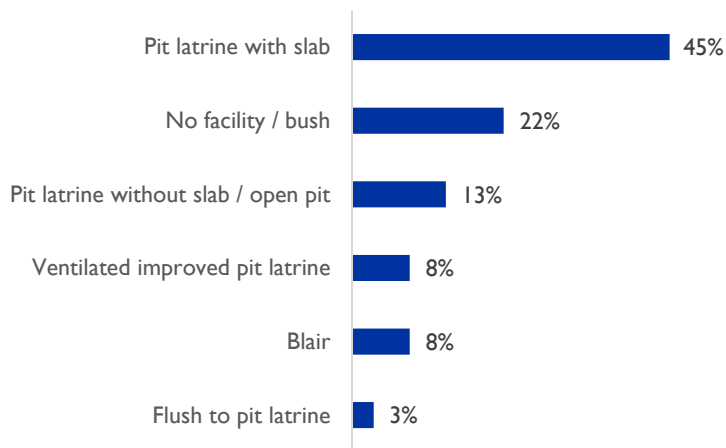


Fig 10: Common form of ablution facilities in the village

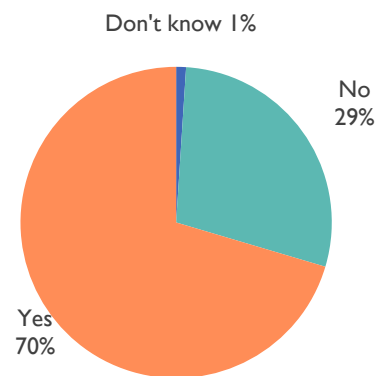


Fig 11: Is there any open defecation visible in public places/living spaces in the Village?

Because of the absence of ablution facilities in the majority of the village, open defecation is visible in public places in 70 per cent of the assessed villages. Despite that, most of the villages (45%) reported pit latrines as the most common form of ablution facility in the assessed districts. Clean hygiene (56%) has been the topic of education from various government and non-governmental organisations providing health education in the villages.

EDUCATION

Eighty per cent of the villages assessed reported that there were educational facilities in their villages and the majority of children of school going age had access to educational facilities. The majority of villages without an education facility were in Gwanda district (58%). On average, most student (4%) were travelling between five and 10 kilometres to school. Out of the 78 villages which indicated the presence of an educational facility, only 19 per cent reported that they were satisfied with the services provided.

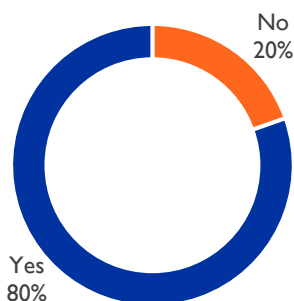


Fig 12a: Presence of an educational facility

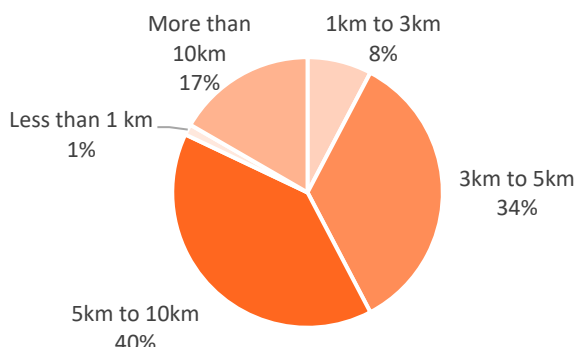


Fig 12b: Average distance to the educational facility.

Distance (18%), low pass rates (17%), tuition fees (16%), poor performance (14%), language barrier (9%) and shortage of trained teachers at the schools (5%) were some of the reported reasons causing community members to be unsatisfied with the educational services. Other reasons included poor infrastructure and lack of stationery and learning materials.

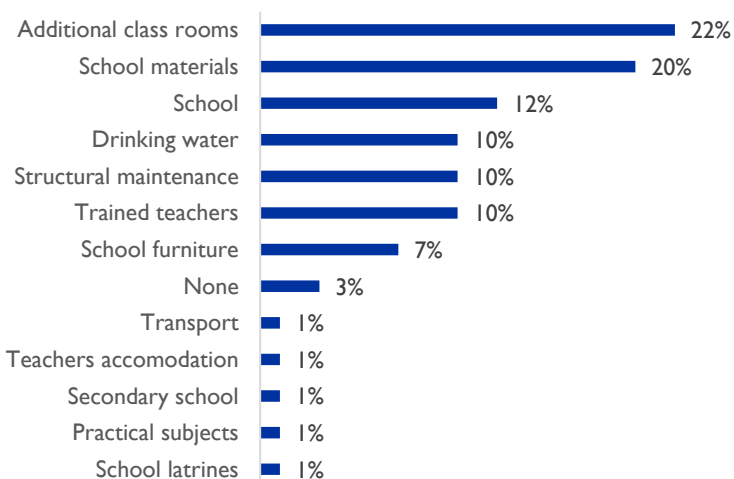


Fig 13: Most urgent need of the school

Fifteen per cent of the assessed villages reported additional classrooms as the most urgent need which could have been driven by the impact of COVID-19 where students are currently not going to school on a daily basis as a way of decongesting the classrooms to ensure social distancing. All of the villages (20%) which indicated absence of an educational facility reported that students are attending school in nearby villages. Of those attending school in the nearby villages, the average distance travelled by most students is between five to 10 kilometres. More than a third (17%) reported that students are travelling more than 10 kilometres to the nearest school.

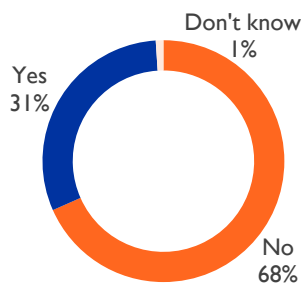


Fig 14a: Girls attending school

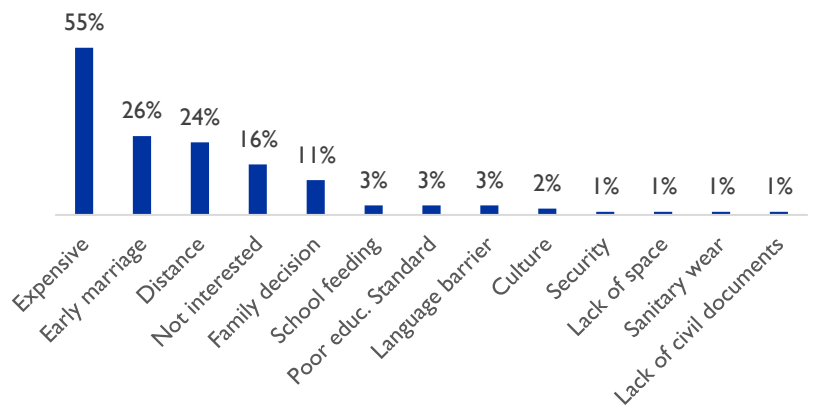


Fig 14b: Reasons some girls are not going to school

All the villages (100%) in Beitbridge district indicated that not all girls were attending school, the major reason being high cost of education (55%). For boys, only 31% of villages reported that all school going age boys were going to school. The major reason why some boys were not going to school is lack of space to learn due to shortage of classrooms.

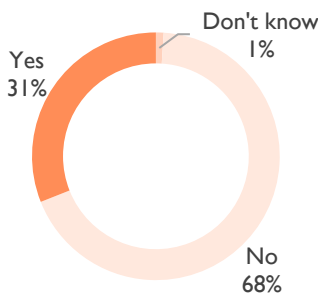


Fig 15a: Boys attending school

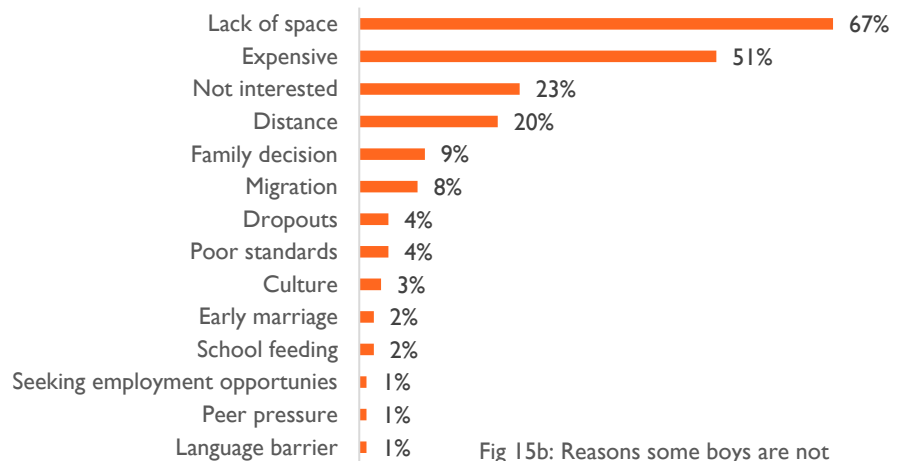


Fig 15b: Reasons some boys are not going to school

Once the students complete the level of education offered in the village, 34 per cent of the villages reported that students usually continue with their education in the other villages. Nine per cent of the villages reported that students did not proceed with education at all.

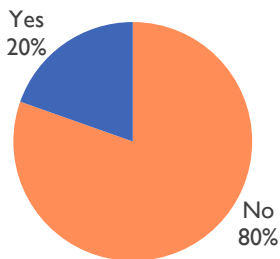


Fig 16a: Does the village have other forms of education?

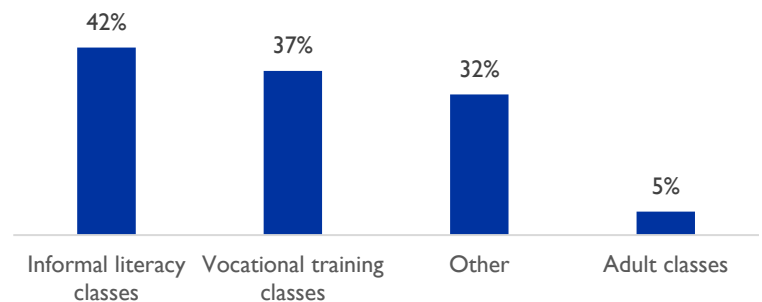


Fig 16b: Other forms of education offered

Of the villages which reported having other forms of education, 42 per cent indicated that they had informal literacy classes. The highest number of villages with vocational training centres were recorded in Bulilima district (57%). Other forms of education offered in the various villages include sexual and health education and computer classes.



Fig 16a: Trainings offered at the vocational centres

Forty-three per cent of the vocational centres were being supported by local NGOs, 29 per cent by the government whilst the community is supporting 14 per cent. All the two vocational centres in villages assessed in Gwanda are being supported by the government. In Bulilima three out of four vocational centres are being supported by local NGOs.

Of the villages assessed, only 14 per cent reported the presence of a judicial system accessible to the village. However, 98 per cent indicated that they had operational traditional court in the village. Only four per cent of villages in Bulilima (2%) and Gwanda (2%) had experienced eviction in the past 12 months which led to the temporary displacement of people.

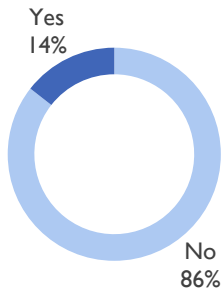


Fig 17: Is there a judicial court accessible to the village?

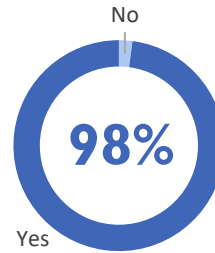


Fig 17: Is there a traditional court operational in the village?

Forty-one per cent of the assessed villages reported having experienced violence against women. Reporting to the police (53%) was the most common response mechanism utilized by the community. Seventy-five per cent of the villages reported that there were civil society organisations operating in their community with the majority (24%) working on gender-based violence related issues, childcare (23%), women affairs (15%) and protection against sexual exploitation and abuse (14%). Other protection areas being addressed include trafficking, conflicts and assaults.

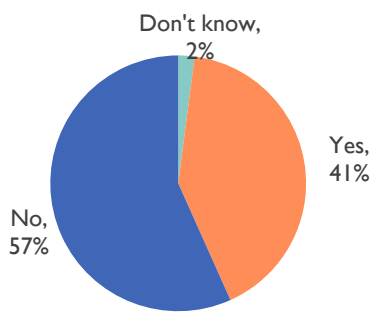


Fig 18a: Violence against women in the past 2 years?

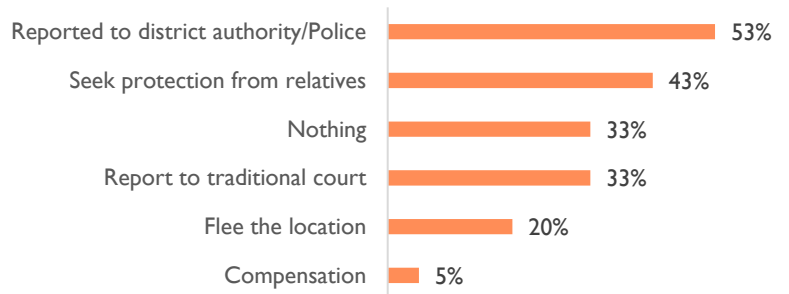


Fig 18a: Community response

* Please note that multiple answers were possible for this question

All the villages assessed in Beitbridge and Gwanda indicated that they have had drought in the past two years. Thirty-four per cent of the villages reported reliance on humanitarian assistance, 12 per cent reported temporary migration for better pasture and 10 per cent received support from other villages. Other mechanisms to cope with the drought include selling livestock, barter trade and dry planting. Ninety-six per cent of the villages experience hunger in the past two years and the majority (43%) have been getting assistance from humanitarian partners. Government support through the Department of Social Development has been another source of livelihood support in coping with the negative impacts of drought and hunger.

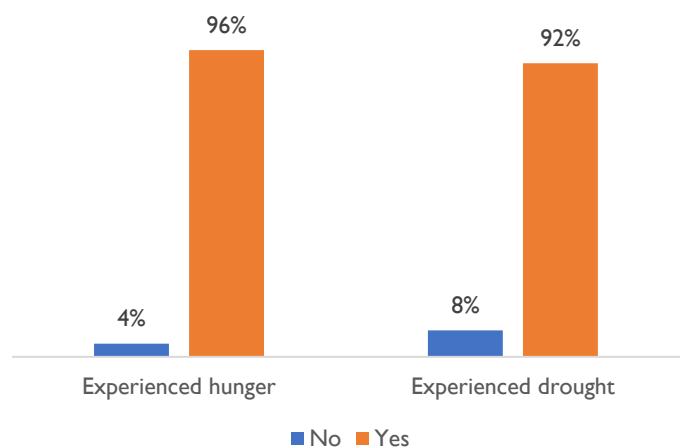
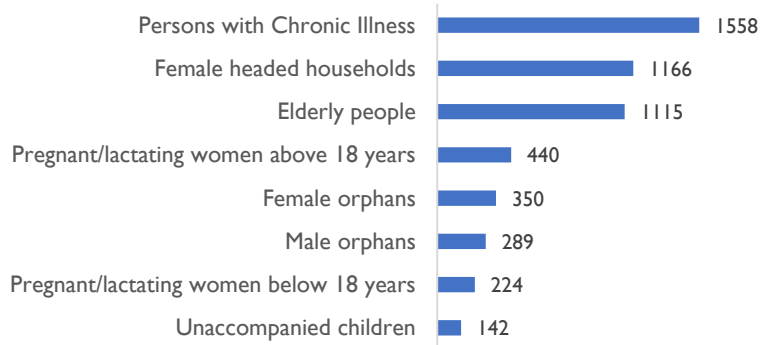
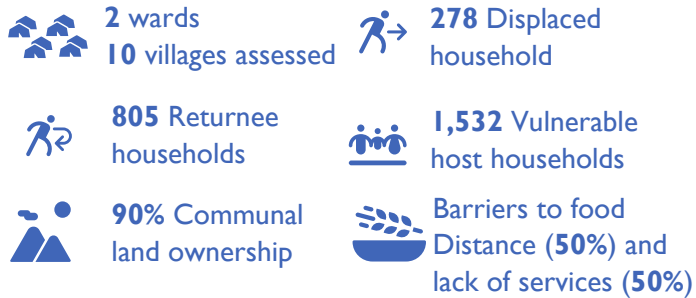


Fig 19: Villages that experienced hunger and drought in the past 2 years

BEITBRIDGE DISTRICT

HIGHLIGHTS

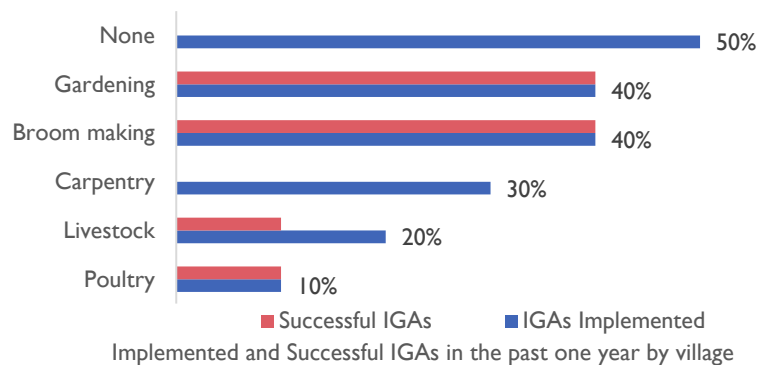
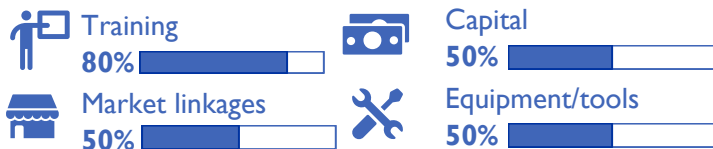


Vulnerability Prevalence

LIVELIHOODS

All previously implemented were reported to have been successful except for carpentry

Priority needs for successful IGAs by village



Implemented and Successful IGAs in the past one year by village

WATER AND SANITATION

Sixty per cent reported that water was insufficient and only accessible during the rainy season in **50** per cent of villages.



All villages reported that open defecation is visible in public places.

Fifty per cent reported handpumps as the main source of drinking water.



Forty per cent reported dams as the main source of non-drinking water.



All of the assessed villages reported bush as the common form of ablution facility.

HEALTH

All villages have at least one health worker, **87** per cent female and **13** per cent male.



There are partners offering information, counselling and referral services in **70** per cent of the villages assessed. In the past 12 months, **60** per cent of the villages were educated on clean hygiene and handwashing.

Forty per cent of the assessed villages reported that they had a health facility in their village, **25** per cent were not satisfied with the health services provided mainly due to lack of drugs (**25%**).

PROTECTION

There were reported cases of domestic violence in **90** per cent of the villages. Violence against women was reported in **80%** of the villages.

In **80** per cent of the villages, there are partners working on protection issues. The main barrier faced to accessing protection services is distance (**70%**).

EDUCATION



Thirty per cent of the villages indicated additional classrooms as the most urgent need. Majority of girls were not going to school due to financial constraints (**90%**) and early child marriages (**60%**).

Ten per cent do not have an educational facility in their village. **Fifty** per cent of the villages reported that students were travelling more than 10 kilometres to the nearest school.

BULILIMA DISTRICT

HIGHLIGHTS


 **6** wards
37 villages assessed

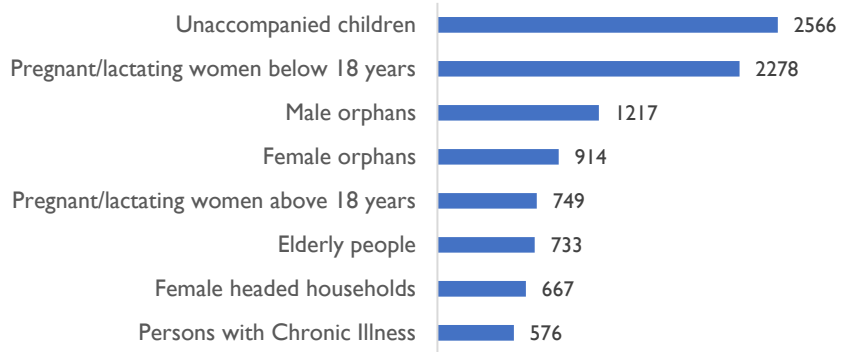
 **186** Displaced households

 **276** Returnee households

 **1,990** Vulnerable host households


 **49%** Communal land ownership

 The main barrier to food was the cost of buying food (**57%**)

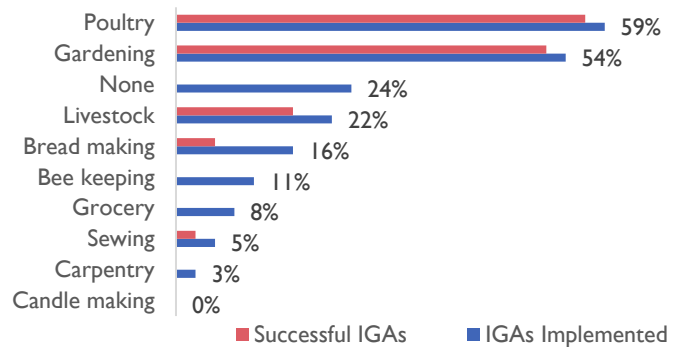
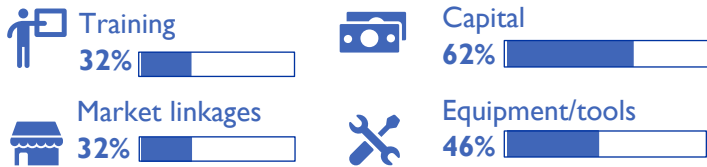


Vulnerability Prevalence

LIVELIHOODS

 Gardening and poultry were the most successfully implemented projects with **95%** success rate each

Priority needs for successful IGAs by village





Implemented and Successful IGAs in the past one year by village


WATER AND SANITATION

 **Eighty-one** per cent reported that water was insufficient while water was accessible throughout the year in **27** per cent of the villages only.


 **81%** reported that open defecation was visible in public places.


 **Forty-nine** per cent reported dam as the main source of drinking water.


 **Forty-nine** per cent reported dam as the main source of non-drinking water.

 **Thirty-eighty** per cent of the assessed villages reported pit latrine with slab as the common form of ablution facility.

HEALTH

 **All** villages have at least one health worker. **Eighty-one** per cent of the health workers were female whilst **19** per cent were males.

 There are partners offering information, counselling and referral services in **35** per cent of the villages assessed. In the past 12 months, **84** per cent of the villages were educated on clean hygiene and handwashing.


 **Thirty** per cent reported that they had a functional health facility in their village. **Eighty-five** per cent are not satisfied with the health services provided mainly due to lack of drugs (**40%**).

PROTECTION

 There were reported cases of domestic violence in **38** per cent of the villages. Violence against women was reported in **32** per cent of the villages.

In **92** per cent of the villages, there are partners working on protection issues. The main barrier faced to accessing protection services was distance (**57%**).

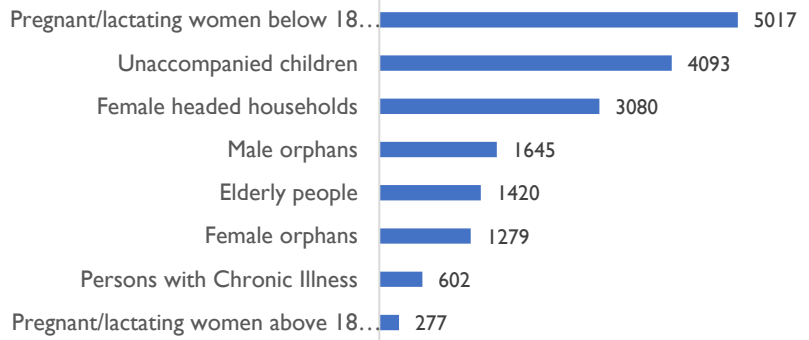
EDUCATION

 **Eleven** per cent of the villages indicated additional classrooms as the most urgent need. Majority of girls were not going to school due to financial constraints (**44%**).

Nineteen per cent do not have an educational facility in their village. **Thirty-seven** per cent of the villages reported that the average distance to the nearest school was five to 10 kilometres.

GWANDA DISTRICT

HIGHLIGHTS

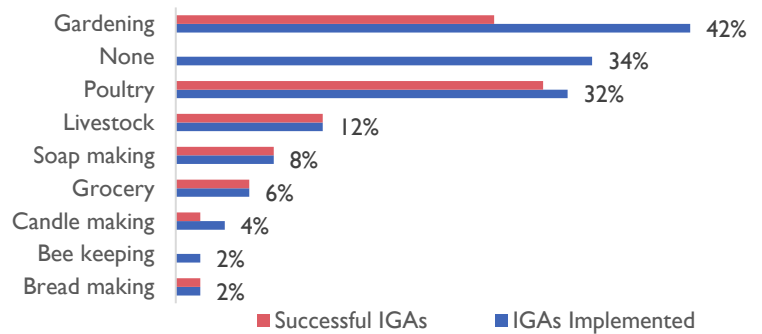
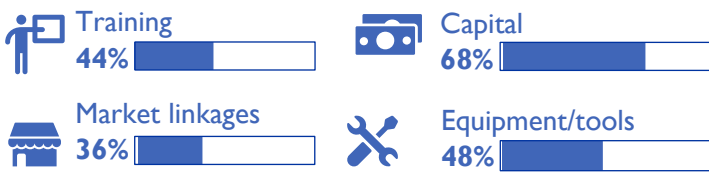


Vulnerability Prevalence

LIVELIHOODS

The commonly implemented activities were gardening and poultry with 62% and 94% success rate respectively

Priority needs for successful IGAs by village



Implemented and Successful IGAs in the past one year by village

WATER AND SANITATION

Eighty-two per cent reported that water is insufficient. Water is accessible throughout the year in 20 per cent of the

56% reported that open defecation was visible in public places.

Seventy per cent reported handpumps as the main source of drinking water.

Fifty-four per cent reported dam as the main source of non-drinking water.

Thirty-eight per cent of the assessed villages reported pit latrine with slab as the common form of ablution facility.

HEALTH

All villages have at least one health worker, 89 per cent of the health workers were female whilst 11 per cent were males.



There are partners offering information, counselling and referral services in 14 per cent of the villages assessed. In the past 12 months, 74 per cent of the villages were educated on clean hygiene and garbage disposal.

Twenty-eight per cent reported that they have a functional health facility in their village. Sixty-four per cent are not satisfied with the health services provided mainly due to lack of drugs (78%).

PROTECTION

There were reported cases of domestic violence in 58 per cent of the villages. Violence against women was reported in 40 per cent of the villages.

In 62 per cent of the assessed villages, there are partners working on protection issues. The main barrier faced to accessing protection services is distance (50%).

EDUCATION

Twenty per cent of the villages reported school furniture as the most urgent need. The majority of girls were not going to school due to financial constraints (50%) and early

Twenty-two per cent reported absence of educational facilities in their villages. Forty-one per cent reported that the average distance to the nearest school is between five to 10 kilometres.

CONCLUSIONS FOR MATABELELAND SOUTH ASSESSMENT

The majority of the villages assessed reported poultry as the most viable project due to easy management, skill availability and conducive environment. To ensure successful implementation of the selected livelihood activities by beneficiaries, key informants recommended sufficient funding throughout the project lifecycle as a success tool. Other suggested strategies include provision of training to the beneficiaries before implementation and continuous monitoring during the project stages until the beneficiaries have mastered the required management skills.

In the majority of the villages, only a small proportion (31%) of both boys and girls are going to school. There is need to assist the communities with additional classrooms (26%), educational materials (18%) as well as provide career guidance to help cultivate the mindset of the children from an early age.

Only 36 per cent of the assessed villages reported that water is accessible to everyone. Distance travelled (49%) is the major challenge affecting water accessibility. This has in turn caused protection issues including sexual violence in some of the villages whilst travelling to fetch water. Distance has been reported as the main barrier faced to accessing food services, water facilities and protection services among other barriers such as lack of services and costs. Water plays a vital role in the implementation of activities, such as poultry hence the assessment at household level of the feasibility of the project to be implemented should take into consideration the accessibility of water.

Facilitating access by the IDPs, returnees and host communities to health services, education facilities and hygiene services through provision of drugs, educational materials and sanitation facilities is highly recommended.

Investing in skills and capacity assessment of the selected beneficiaries is highly recommended such that assistance is tailored as per the needs and gaps of each household.

To ensure success of the IGAs, there is great need for market assessment so as assess the demand and identify possible markets for the products before production.

November – December 2021

OVERVIEW

The onset of the COVID19 pandemic in 2020 has worsened the need for humanitarian assistance for the majority of the population in Zimbabwe, as the pandemic adds yet another severe blow to the economy, resulting in increased poverty and inequities. This pandemic poses a significant threat to communities living in fragile or crisis affected environments, particularly internally displaced persons (IDPs), host communities, and migrant returnees from neighbouring countries who have been compelled to return home owing to the pandemic's negative impact.

Despite government efforts and humanitarian assistance, there are still gaps in the assessed areas, which are impeding the achievement of long-term and durable solutions. According to the baseline assessment conducted from 9 Nov to 1 December 2021, there were 431 IDP households, 432 returnee households and 2,404 vulnerable households in host communities in 14 wards spread across Bikita, Chivi and Chiredzi districts of Masvingo province from 148 villages.

From 9 November to 1 December 2021, in close coordination with Zimbabwe's Department of Social Development, Ministry of Local Government and Public Works, IOM's Displacement Tracking Matrix conducted multi-sectoral village assessments (MSVA) in Bikita, Chivi and Chiredzi districts of Masvingo province. The DTM team interviewed key informants at village level (village heads, village health workers, childcare workers, village secretaries, chiefs, religious leaders, community members, education officers) capturing population estimates, multi-sectoral needs and vulnerabilities.



Granary for harvest storage in Chiredzi district © IOM 2021



Temporary repairs to a damaged roof in Bikita district © IOM 2021

HIGHLIGHTS



148

Villages Assessed



431

Displaced households



432

Returnee households



2,404

Vulnerable households in host communities



21%

of the villages reported **poultry** as the most successful livelihoods



82%

of the villages consider **sufficient capital** as the most important need for successful implementation of income generation activities (IGAs)



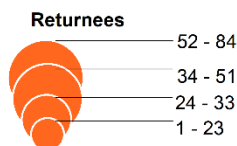
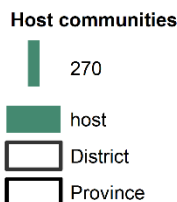
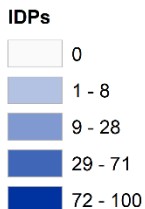
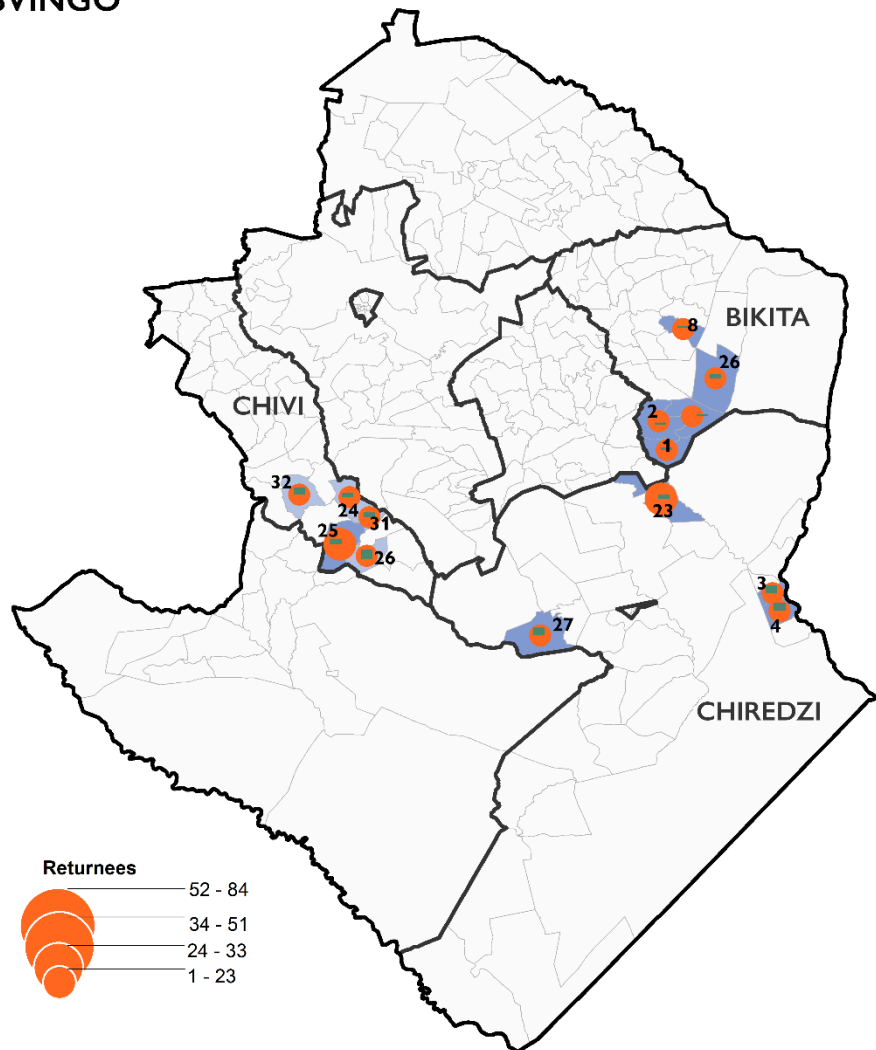
58%

of the villages indicated **lack of capital** as the main challenge affecting their activities

DISTRIBUTION OF VULNERABLE POPULATION IN MASVINGO PROVINCE



MASVINGO



0 25 50 100 Kilometers

This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

GEOGRAPHIC COVERAGE

Of the 148 villages assessed, 44% are in Chivi district while Chiredzi constituted 43% of the vulnerable households

28 villages
1,409 Households
Chiredzi

65 villages
1,288 Households
Chivi

55 villages
570 Households
Bikita

VULNERABILITY

2,052 Pregnant and lactating women

2,563 Separated or unaccompanied children

1,964 Female headed households

965 People with chronic illnesses

2,175 Elderly people

There were 1,960 orphaned children in the assessed villages, of which 54 per cent were male. Out of the 2,052 lactating and pregnant women, 13 per cent were below 18 years of age. Chivi recorded the highest number of pregnant or lactating women (37%).

LIVELIHOODS

Twenty per cent of the assessed villages reported poultry as the common income generating activity implemented within the previous 12 months. In the past 12 months, 61 per cent reported not having implemented any income generating activities in their villages. Other livelihoods (4%) included fishing and wild fruits gathering. Among most successful IGAs implemented were poultry (21%), gardening (9%), and bread making (5%).

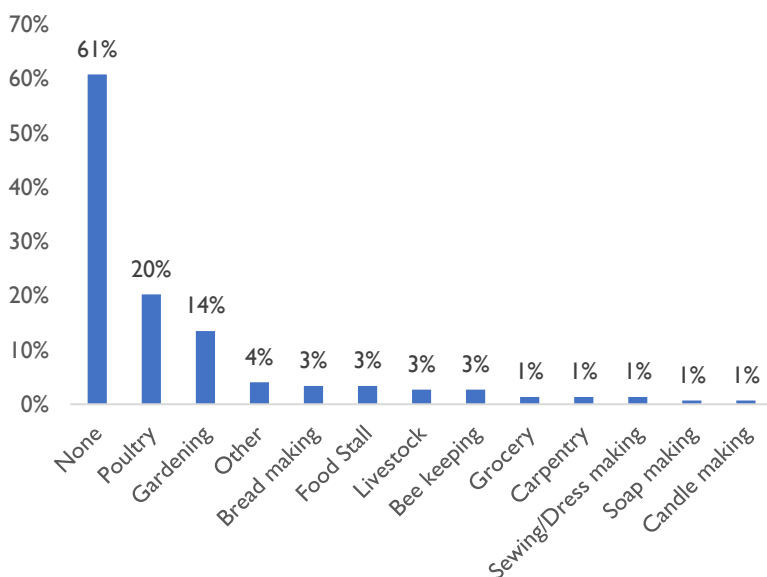


Fig 1: IGAs implemented in the last 12 months

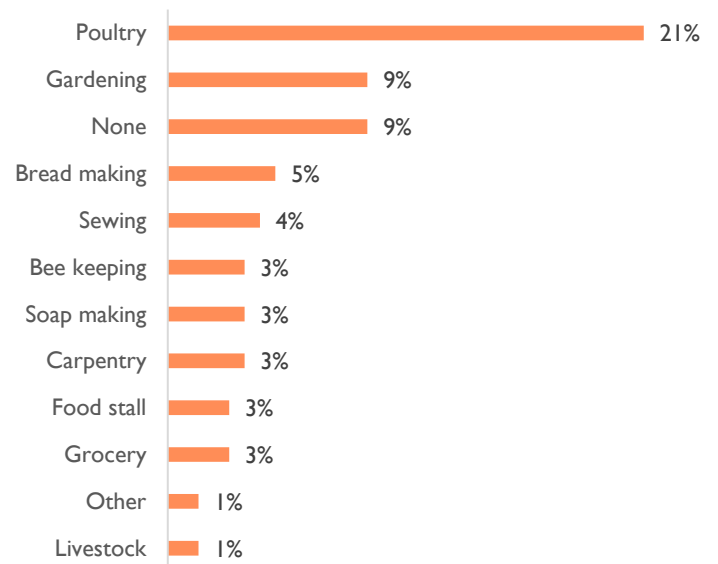


Fig 2: Successful IGAs in the last 12 months

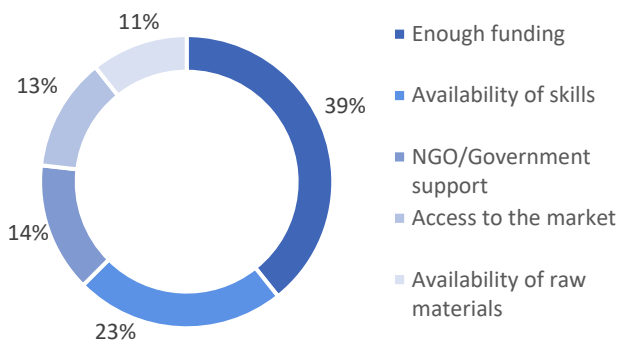


Fig 3: Reasons for Implemented IGAs' success

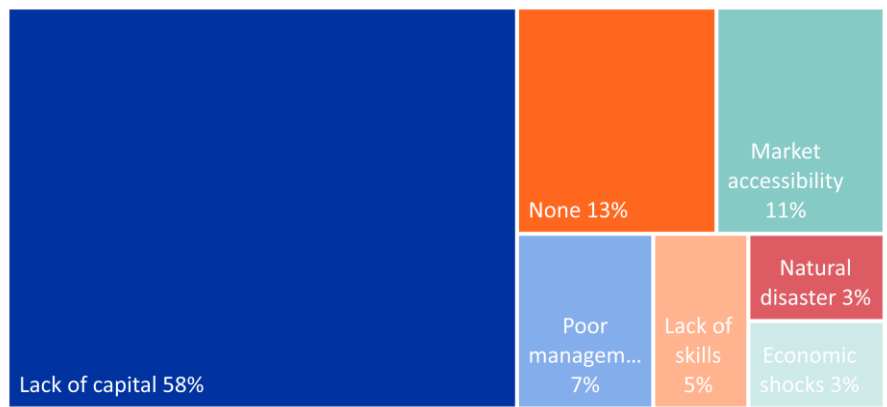


Fig 4: Anticipated challenges during IGAs implemented

Poultry and gardening were considered as the most successfully implemented IGAs mainly due to sufficient funding (39%) and skill availability (23%). Considering the challenges that might affect the implementation of the intended livelihood activity, the majority of villages' key informants reported lack of capital (58%) as the major hindrance. 13 per cent reported that they do not foresee any challenge during implementation of the indicated IGAs. Due to the distance travelled to the market places, 11 per cent of the villages indicated market inaccessibility as a challenge. The key informants emphasised the need for training, continuation of project funding to completion to ensure the success of these activities.

HEALTH

Of the villages assessed, only 35 per cent reported having a functional health facility nearby and accessible. Of the 65 per cent villages without a health facility, 28 per cent are in Chivi district.

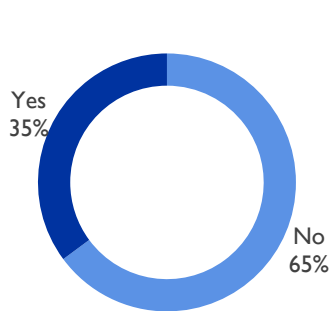


Fig 6a: Access to a health facility

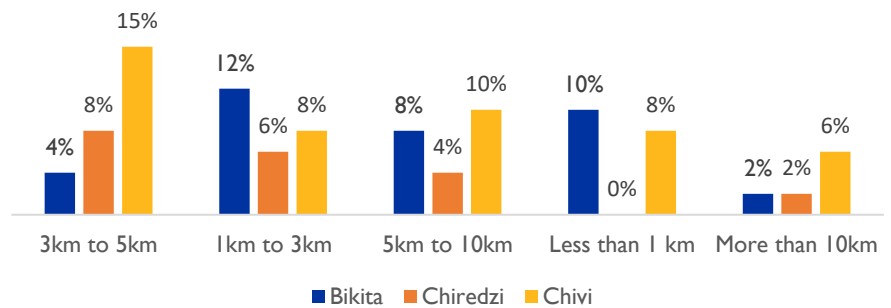


Fig 6b: Distance to a health facility

Twenty-two per cent of the villages indicated that health facilities were on average five to ten kilometres away and foot is the common mode of transport used to reach these health facilities. In Chivi, six per cent of the villages reported that the health facilities are more than 10 kilometres away.

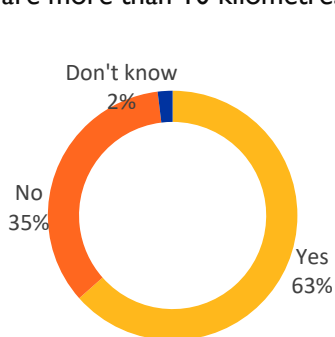


Fig 7a: Satisfaction of community by health services

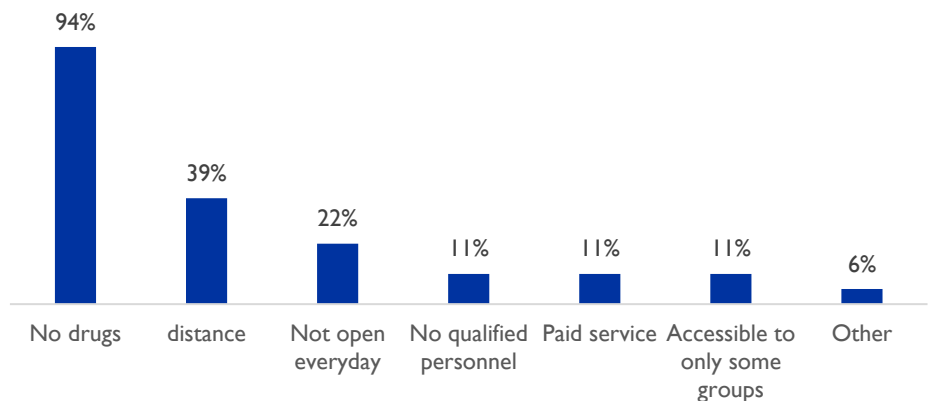


Fig 7b: Reasons for dissatisfaction

The key informants in 35 per cent of the assessed villages reported that community members were not satisfied by the services being offered at the local health facilities mainly due to absence of needed drugs (94%). Other reasons reported were distance (39%) and partial opening of health facilities (22%). Ten per cent of the villages indicated that people who do not seek medical care when sick stated traditional healers (40%), herbalists (40%) and health facilities in the nearby villages as alternatives.



In **86%** of the villages, there is at least one health worker



83%
females



17%
males

The number of females health care workers is higher than males in all the three districts assessed. Only 26 per cent of the villages indicated that there were partners providing information, referral and counselling services to community members. Seventy-one per cent of the villages reported that they had access to HIV testing and ARV medication while 29 per cent of the villages indicated that they did not have access to medication related to HIV.



WATER, SANITATION AND HYGIENE

Fifty-three per cent of the assessed villages reported handpumps (boreholes) as their main source of drinking water whilst dams were the main sources of non-drinking water in 39 per cent of the assessed villages. Out of all villages that indicated handpumps as a source of non-drinking water, 62 per cent are in Bikita district while the majority (49%) of villages using handpumps as a source of drinking water were in Bikita district.

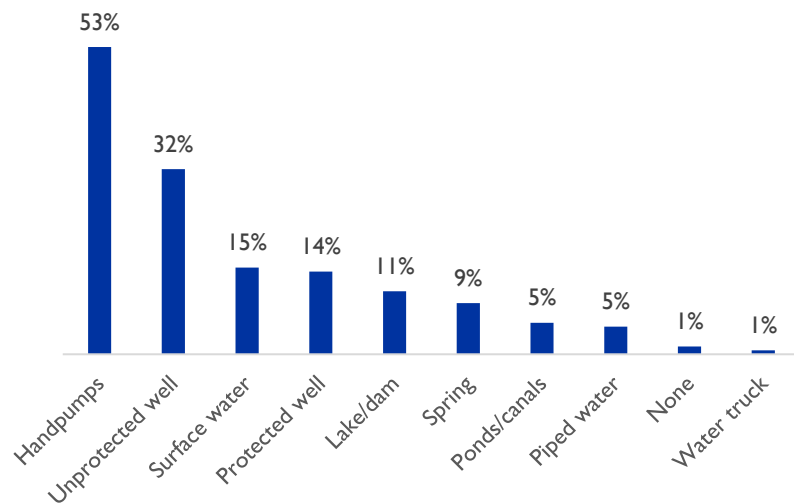


Fig 8a: Sources of drinking water

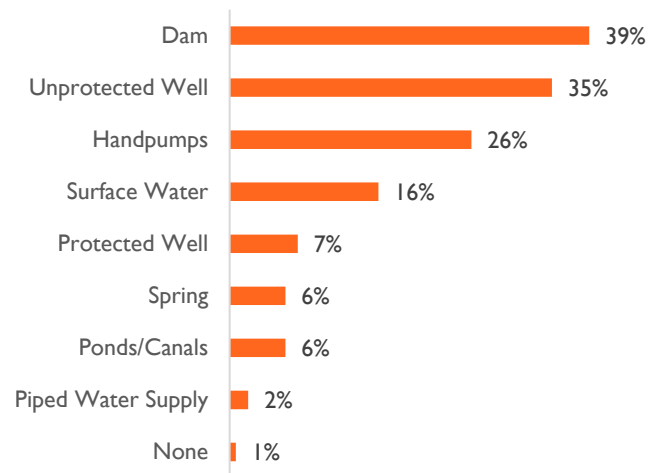


Fig 8b: Sources of non-drinking water

Only 31 per cent of the villages reported that water was accessible throughout the year. Sixty-one per cent indicated that water was accessible seasonally whilst in eight per cent of the villages, water was not accessible at all. Half of the villages assessed reported that water was not sufficient. Despite water being accessible to the village in general, 57 per cent of the villages reported that water is not accessible to everyone. The major reason other households are not able to access water sources was reported to be distance (78%).

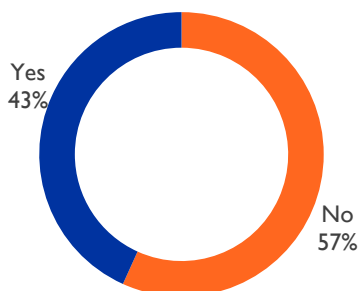


Fig 9a: Water accessibility to all households

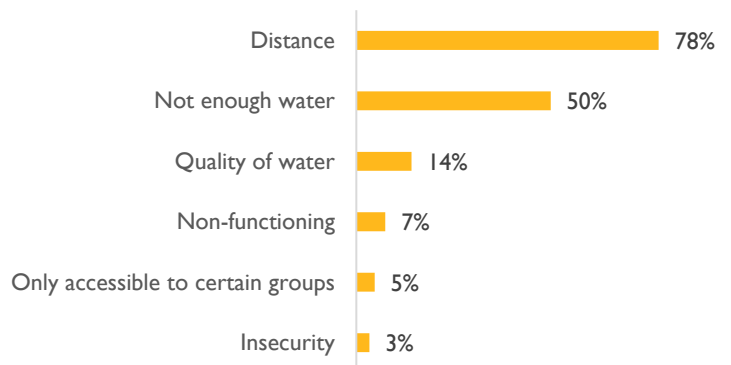


Fig 9b: Reasons water is inaccessible

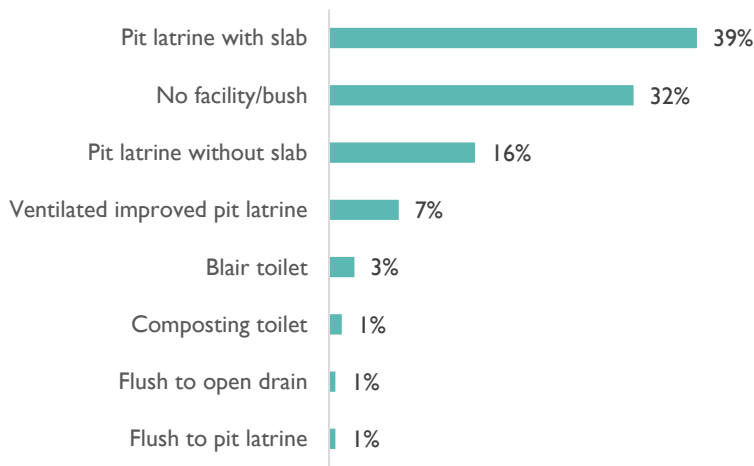


Fig 10: Common form of ablution facilities in the village

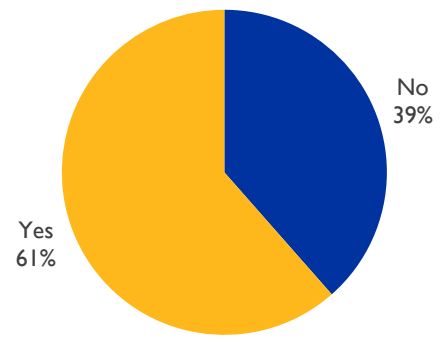


Fig 11: Is there any open defecation visible in public places/living spaces in the Village?

Due to the absence of ablution facilities in the majority of the village, open defecation was reported to be visible in public places in 61 per cent of the assessed villages. Most of the villages (39%) reported pit latrines as the most common form of ablution facility in the assessed districts. Clean hygiene (60%) has been the topic of education from various government and non-governmental organisations providing health education in the villages.

EDUCATION

Forty-seven per cent of the villages assessed reported that there were educational facilities in their villages and the majority of children of school going age had access to educational facilities. Of the 53 per cent not having access to education, Chiredzi had the lowest (8%). On average, most student (29%) were travelling between three to five kilometres to school. Out of the 69 villages which indicated the presence of an educational facility, 42 per cent reported that they were not satisfied with the services provided.

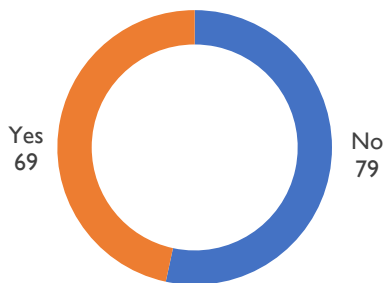


Fig 12a: Presence of an educational facility

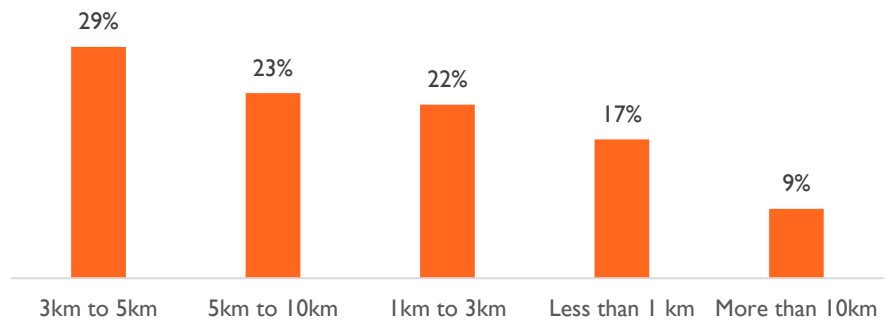


Fig 12b: Average distance to the educational facility.

Low pass rates (45%), distance (41%), tuition fees (16%), poor performance by students (38%), expensive (34%) and shortage of trained teachers at the schools (7%) were some of the reported reasons causing community members to be unsatisfied with the educational services. Other reasons included poor infrastructure and lack of stationery and learning materials.

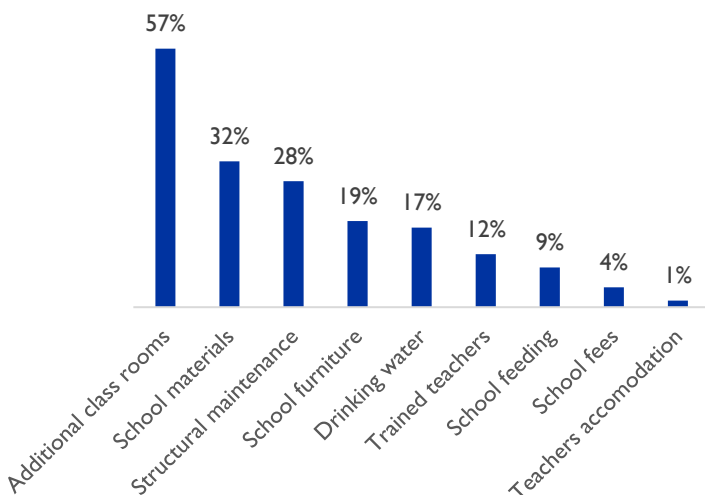


Fig 13: Most urgent need of the school

Fifty-seven per cent of the assessed villages reported additional classrooms as the most urgent need. 95 per cent of the villages which indicated absence of an educational facility reported that students are attending school in nearby villages.

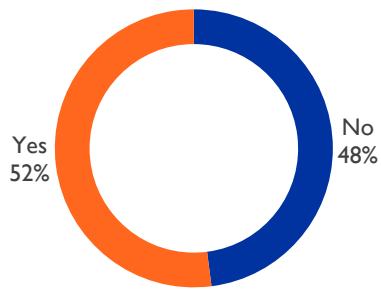


Fig 14a: Girls attending school

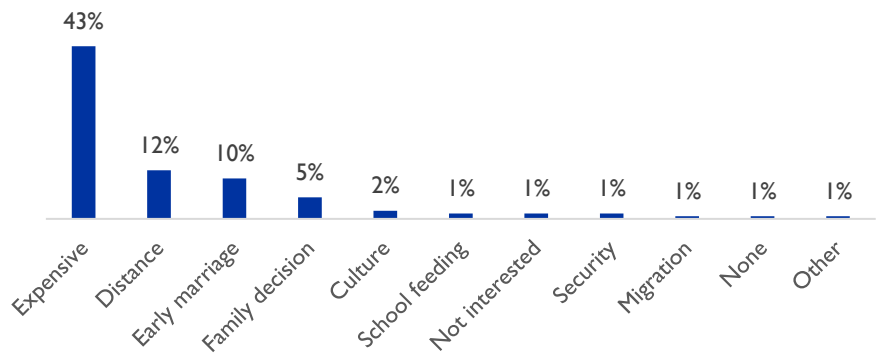


Fig 14b: Reasons some girls are not going to school

In Bikita district, majority of the villages (20%) indicated that not all girls were attending school, the major reason being high cost of education (43%). Distance is also a major contributing factor (12%). Other reasons cited include lack of civil documents. For boys, almost half (47%) reported that not all school going age boys were going to school due to lack of school fees.

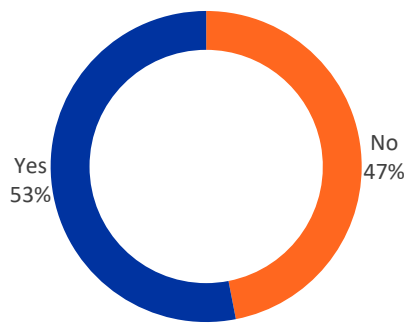


Fig 15a: Boys attending school

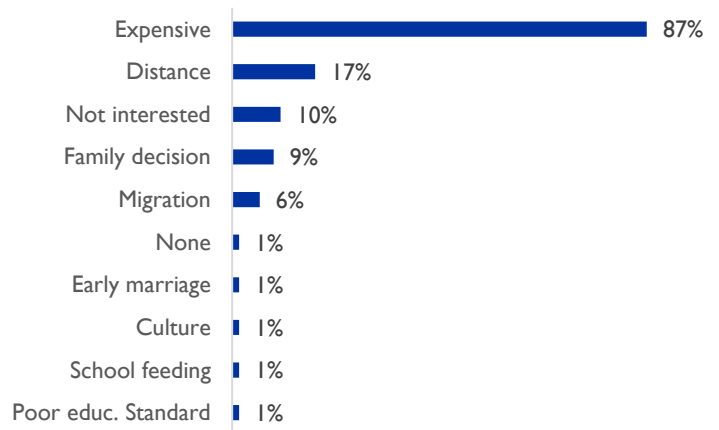


Fig 15b: Reasons some boys are not going to school

Once the students complete the level of education offered in the village, 25 per cent of the villages reported that students do not proceed with education. Out of the 18 per cent who reported proceeding with education in another country, 11 per cent of the villages are in Chivi. 16 per cent of the villages reported that students proceed with education in nearby villages.

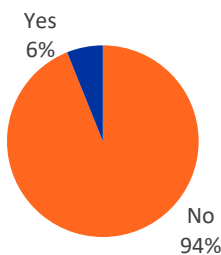


Fig 16a: Does the village have other forms of education?

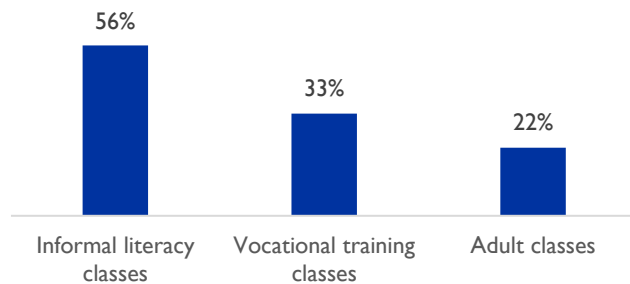


Fig 16b: Other forms of education offered

Of the villages which reported having other forms of education, 56 per cent indicated that they had informal literacy classes. Carpentry (50%) was reported as the common training offered by the vocational centres.

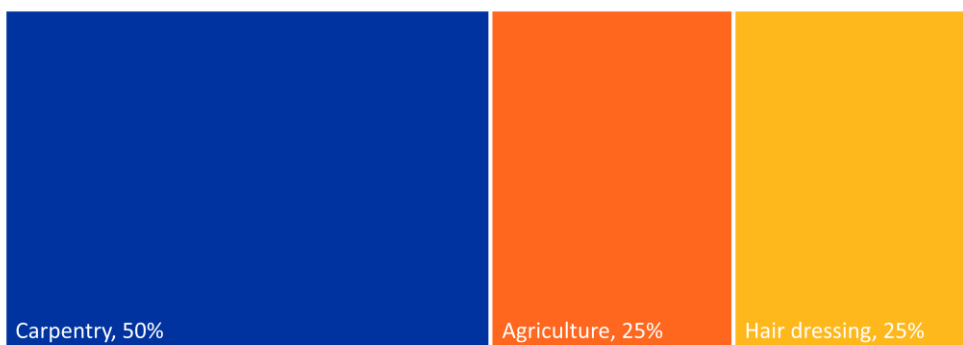


Fig 16a: Trainings offered at the vocational centres

The vocational centres reported in Chivi and Chiredzi are being supported by the community and local NGOs. Seventy-five per cent of the informal literacy classes were reported in Chivi district.

Of the villages assessed, only 22 per cent reported the presence of a judicial system accessible to the village. However, 95 per cent indicated that they had operational traditional court in the village. Only 10 per cent of villages assessed reported having experienced eviction in the past 12 months which led to the temporary displacement of people.

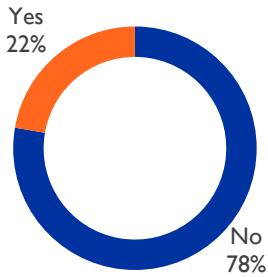


Fig 17: Is there a judicial court accessible to the village?

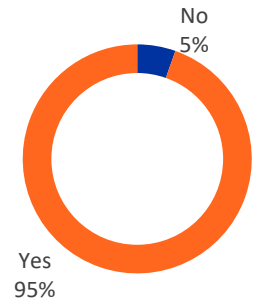


Fig 17: Is there a traditional court operational in the village?

Twenty-eight per cent of the assessed villages reported having experienced violence against women. Reporting to the police (67%) was the most common response mechanism utilized by the community. Twenty-eight per cent of the villages reported that there were civil society organisations operating in their community with the majority (24%) working on gender-based violence related issues, childcare (23%), women affairs (15%) and protection against sexual exploitation and abuse (14%). Other protection areas being addressed include trafficking, conflicts and assaults.

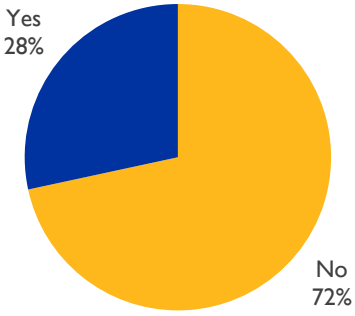


Fig 18a: Violence against women in the past 2 years?

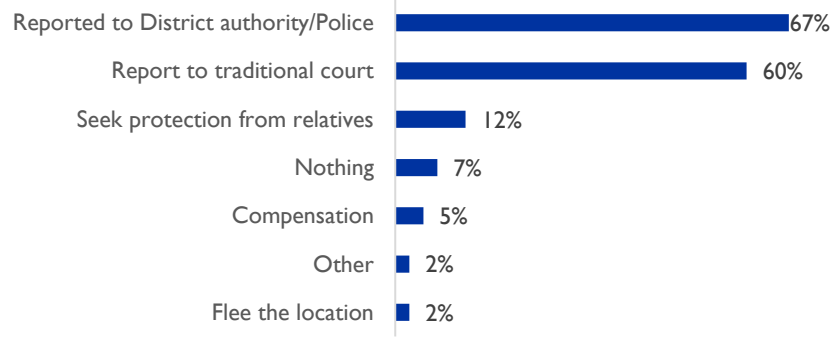
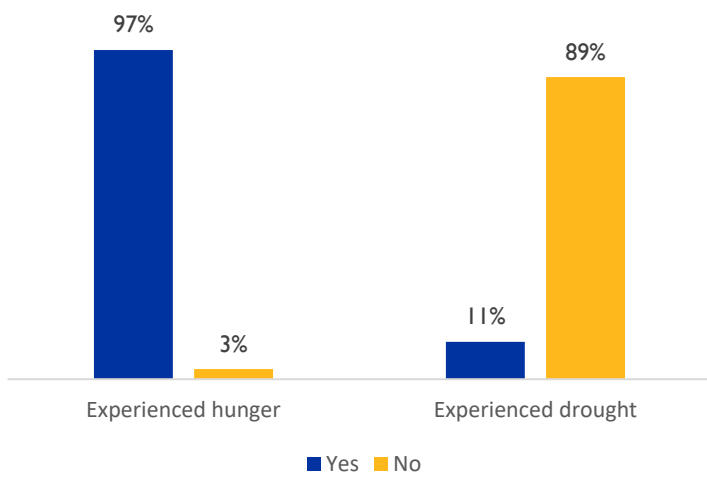


Fig 18a: Community response

All the villages assessed in Bikita indicated that they experienced hunger in the past two years. Sixty-two per cent of the villages reported reliance on humanitarian assistance, 30 per cent reported reliance on district authority action, 17 per cent received support from other villages whilst 11 per cent reported temporary migration for better pastures. Other mechanisms to cope with the hunger include selling livestock, barter trade and dry planting. Only eleven per cent of the villages experience drought in the past two years and the majority (61%) have been getting assistance from humanitarian partners. Government support through the Department of Social Development has been another source of livelihood support in coping with the negative impacts of drought and drought.



BIKITA DISTRICT

HIGHLIGHTS

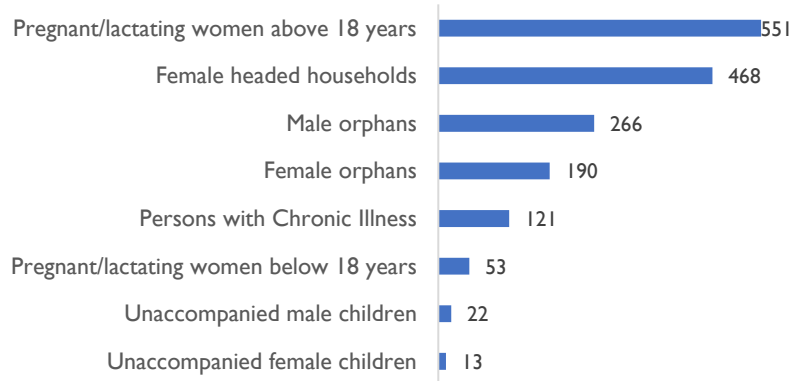
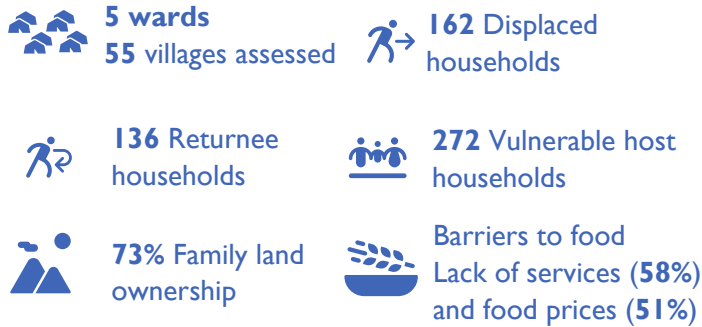


Fig 17: Vulnerability Prevalence

LIVELIHOODS

All previously implemented were reported to have been successful except for bee keeping and gardening which had a 67% success rate each.

Priority needs for successful IGAs by village

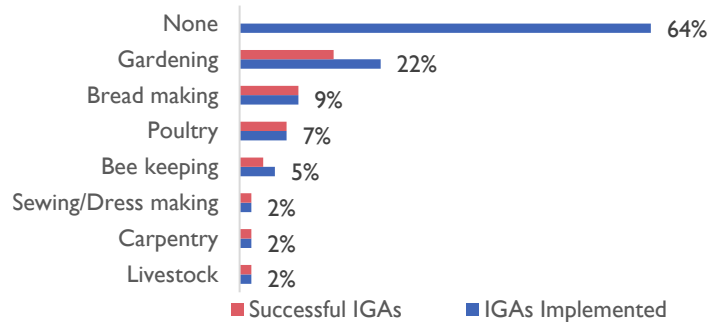
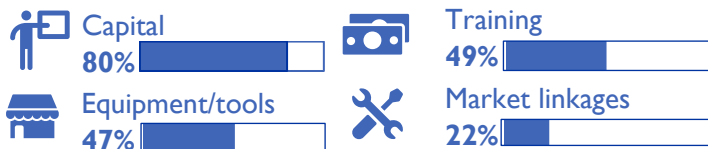
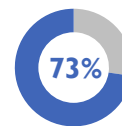


Fig 18: Implemented and Successful IGAs in the past one year by village

WATER AND SANITATION

Seventy-three per cent reported that water was insufficient and 45 per cent indicated that water is not accessible to all households.



reported that open defecation is visible in public places.

Sixty-nine per cent reported handpumps as the main source of drinking water.

Forty-four per cent reported handpumps as the main source of non-drinking water.



Forty-seven per cent of the assessed villages reported bush as the common form of ablution facility.

HEALTH

Seventy-eight per cent of villages have at least one health worker. Eighty-two per cent of the health workers are female whilst **18 per cent** are males.



There are partners offering information, counselling and referral services in **22 per cent** of the villages assessed. In the past 12 months, **49 per cent** of the villages were educated on clean hygiene.



Thirty-three per cent of the assessed villages reported that they had a health facility in their village. **Ninety-four per cent** were not satisfied with the health services provided mainly due to lack of drugs and shortage of qualified personnel.

PROTECTION

There were reported cases of domestic violence in **33 per cent** of the villages. Violence against women was reported in **24 per cent** of the villages.

In **25 per cent** of the villages, there are partners working on protection issues. The main barrier faced to accessing protection services is distance (**65%**).

EDUCATION



Twenty-seven per cent of the villages indicated additional classrooms as the most urgent need. Majority of girls (45%) were not going to school due to financial constraints (**100%**) and long distance (**32%**).

38 per cent do not have an educational facility in their village. Twenty-nine per cent of the villages reported that students were travelling between five and 10 kilometres to the nearest school.

CHIREDZI DISTRICT

HIGHLIGHTS


 **4 wards**
28 villages assessed

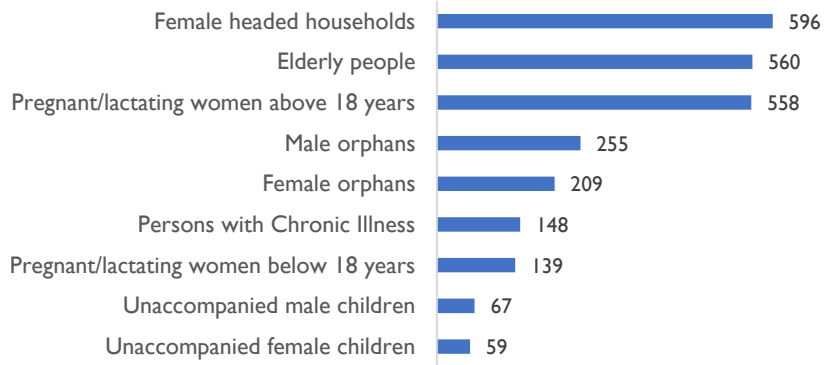
 **174 Displaced households**

 **148 Returnee households**

 **1,087 Vulnerable host households**


 **47% Individual land ownership**

 **Barriers to food**
Lack of services (50%) and distance (29%)



Vulnerability Prevalence

LIVELIHOODS

 Gardening and soap making were the most successfully implemented projects with **100%** success rate each while poultry had a 47 per cent success rate.

Priority needs for successful IGAs by village

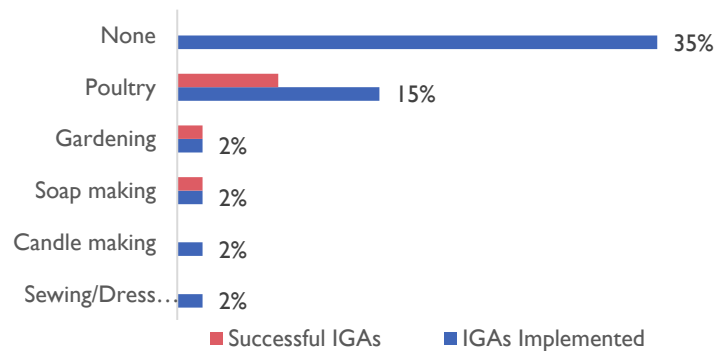
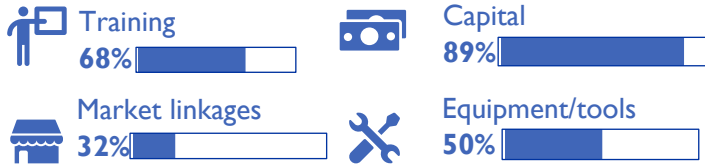
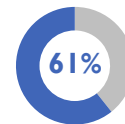




Fig 20: Implemented and Successful IGAs in the past one year by village

WATER AND SANITATION

 **Eighty-two per cent** reported that water was insufficient and 64 per cent indicated that water is not accessible to all households.


 **61%** reported that open defecation was visible in public places.


 **Twenty-two per cent** reported handpumps as the main source of drinking water.

 **Fourteen per cent** reported handpumps as the main source of non-drinking water.

 **Sixty-four per cent** of the assessed villages reported bush as the common form of ablution facility.

HEALTH

 **Ninety-six per cent** of the villages have at least one health worker. **Seventy-nine per cent** of the health workers were female whilst **21 per cent** were males.

 There are partners offering information, counselling and referral services in **18 per cent** of the villages assessed. In the past 12 months, **56 per cent** of the villages were educated on clean hygiene and handwashing.


 **Thirty-six per cent** reported that they had a health facility in their village. **Eighty per cent** are not satisfied with the health services provided mainly due to lack of drugs (**88%**).

PROTECTION

 There were reported cases of domestic violence in **64 per cent** of the villages. Violence against women was reported in **57 per cent** of the villages.

In **39 per cent** of the villages, there are partners working on protection issues. The main barrier faced to accessing protection services was distance (**75%**).

EDUCATION

 Additional classrooms (25%) and school material (25%) are the most urgent need reported by the villages. Majority of girls (50%) were not going to school due to financial constraints (86%).

Fifty-seven per cent of the villages do not have an educational facility. In **62 per cent** of the villages, the average distance to the nearest school was between one and five kilometres.

CHIVI DISTRICT

HIGHLIGHTS

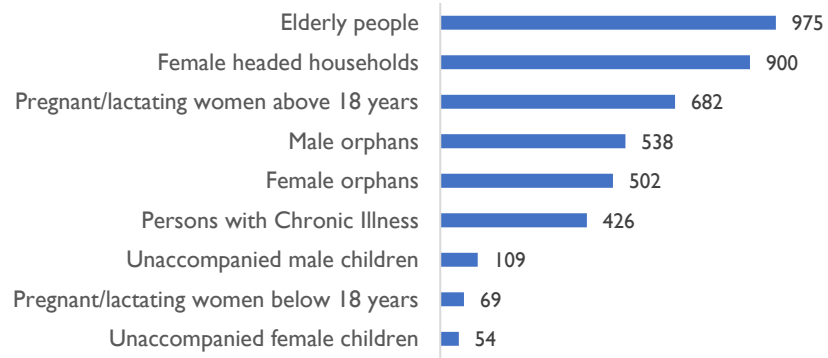
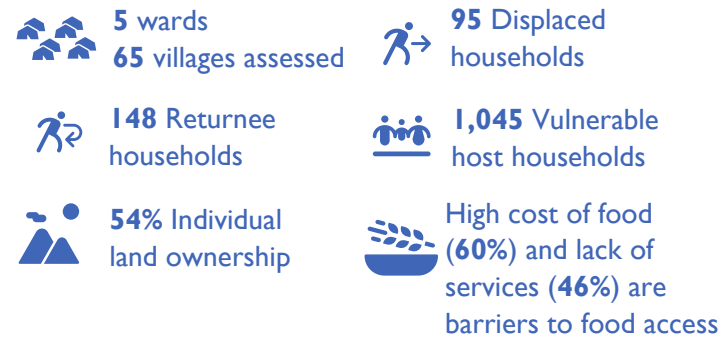


Fig 21: Vulnerability Prevalence

LIVELIHOODS

The commonly implemented activities were gardening (62%) and poultry (94%) and success rate.

Priority needs for successful IGAs by village

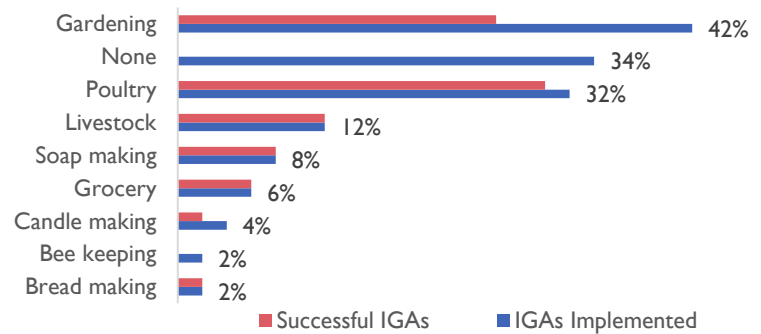
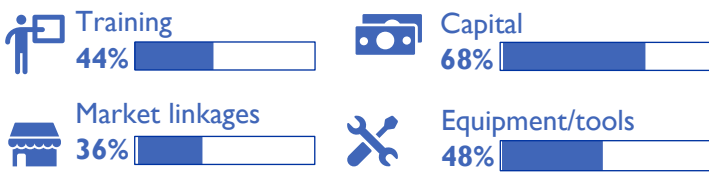


Fig 22: Implemented and Successful IGAs in the past one year by village

WATER AND SANITATION

Seventy-two per cent reported that water was insufficient and 63 per cent indicated that water is not accessible to all households.

52% reported that open defecation was visible in public places.

Forty per cent reported handpumps as the main source of drinking water.

Fifty-eight reported dams as the main source of non-drinking water.

Sixty per cent of the assessed villages reported pit latrine with slab as the common form of ablution facility.

HEALTH

Eighty-nine per cent of the villages have at least one health worker. Eighty-six per cent of the health workers were female whilst 14 per cent were males.

There are partners offering information, counselling and referral services in 32 per cent of the villages assessed. In the past 12 months, 60 per cent of the villages were received clean hygiene education.

Thirty-seven per cent reported that they have a functional health facility in their village. Fifty-eight per cent are not satisfied with the health services provided mainly due to lack of drugs (100%).

PROTECTION

There were reported cases of domestic violence in 40 per cent of the villages. Violence against women was reported in 20 per cent of the villages.

EDUCATION

Twenty-six per cent of the villages reported additional classroom as the most urgent need. The majority of girls were not going to school due to financial constraints (85%) and early child marriages (19%).

In 25 per cent of the assessed villages, there are partners working on protection issues. The main barrier faced to accessing protection services is distance (57%).

Fifty-one per cent reported absence of educational facilities in their villages. In 34 per cent of the villages, the average distance to the nearest school is between three to five kilometres.

CONCLUSIONS FOR MASVINGO PROVINCE ASSESSMENT

The majority of the villages assessed reported poultry as the most viable project due to easy management, skill availability and conducive environment. To ensure successful implementation of the selected livelihood activities by beneficiaries, key informants recommended sufficient funding throughout the project lifecycle as a success tool. Other suggested strategies include provision of training to the beneficiaries before implementation and continuous monitoring during the project stages until the beneficiaries have mastered the required management skills.

In the majority of the villages, 47 per cent of boys are not going to school whilst 48 per cent of girls are not going to school. There is need to assist the communities with additional classrooms (57%), educational materials (32%) as well as provide career guidance to help cultivate the mindset of the children from an early age.

Only 43 per cent of the assessed villages reported that water is accessible to everyone. Distance travelled (78%) is the major challenge affecting water accessibility. This has in turn caused protection issues including sexual violence in some of the villages whilst travelling to fetch water. Cost has been reported as the main barrier faced to accessing food services, water facilities and protection services among other barriers such as lack of services and distance. Water plays a vital role in the implementation of activities, such as poultry hence the assessment at household level of the feasibility of the project to be implemented should take into consideration the accessibility of water.

Facilitating access by the IDPs, returnees and host communities to health services, education facilities and hygiene services through provision of drugs, educational materials and sanitation facilities is highly recommended.

Investing in skills and capacity assessment of the selected beneficiaries is highly recommended such that assistance is tailored as per the needs and gaps of each household.

To ensure success of the IGAs, there is great need for market assessment so as assess the demand and identify possible markets for the products before production.



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