# TABLE OF CONTENTS

- **Definition Of Key Terms** ........................................................................................................... 1
- **Limitations** ................................................................................................................................. 1
- **Methodology** ............................................................................................................................... 1
- **Multisectoral Village Assessments Matabeleland South** ............................................................... 1
  - **Overview** ................................................................................................................................ 1
  - **Highlights** .................................................................................................................................. 1
    - Distribution Of Vulnerable Population In Matabeleland South Province .................................. 1
    - Geographic Coverage ................................................................................................................. 1
    - Livelihoods ................................................................................................................................. 1
    - Vulnerability ............................................................................................................................... 1
    - Health ......................................................................................................................................... 1
    - Water, Sanitation And Hygiene ................................................................................................. 1
    - Education .................................................................................................................................... 1
    - Protection .................................................................................................................................... 1
    - Food ............................................................................................................................................ 1
  - **Beitbridge District** .................................................................................................................... 1
  - **Bulilima District** ........................................................................................................................ 1
  - **Gwanda District** ........................................................................................................................ 1
  - **Conclusions For Matabeleland South Assessment** .................................................................... 1
- **Multisectoral Village Assessments Masvingo Province** ................................................................ 1
  - **Overview** ................................................................................................................................ 1
  - **Highlights** .................................................................................................................................. 1
    - Distribution Of Vulnerable Population In Masvingo Province .................................................. 1
    - Geographic Coverage ................................................................................................................. 1
    - Livelihoods ................................................................................................................................. 1
    - Vulnerability ............................................................................................................................... 1
    - Health ......................................................................................................................................... 1
    - Water, Sanitation And Hygiene ................................................................................................. 1
    - Education .................................................................................................................................... 1
    - Protection .................................................................................................................................... 1
    - Food ............................................................................................................................................ 1
  - **Bikita District** ............................................................................................................................ 1
  - **Chiredzi District** ....................................................................................................................... 1
  - **Chivi District** ........................................................................................................................... 1
  - **Conclusions For Masvingo Province Assessment** ...................................................................... 1
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
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

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

GEOGRAPHIC COVERAGE

- **50 villages** 5,520 Households  
  Gwanda
- **10 villages** 2,615 Households  
  Beitbridge
- **37 villages** 2,452 Households  
  Bulilima

VULNERABILITY

- **4,704** Pregnant and lactating women
- **5,711** Separated or unaccompanied children
- **5,305** People with chronic illnesses
- **7,825** Female headed households
- **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%).

- **Poultry** 38%
- **Gardening** 37%
- **Other** 23%
- **Livestock** 14%
- **None** 10%
- **Broom making** 4%
- **Food stall** 4%
- **Soap making** 4%
- **Bread making** 3%
- **Grocery** 3%
- **Candle making** 1%
- **Carpentry** 1%
- **Sewing** 1%

*Please note that multiple answers were possible for these questions*
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.

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.

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.
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.

![Graph showing sources of drinking water](image1)

![Graph showing sources of non-drinking water](image2)

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.

![Graph showing water accessibility](image3)

![Graph showing reasons water is inaccessible](image4)
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.

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.

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 (34%) reported that students are travelling more than 10 kilometres to the nearest 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.

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.

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.

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?](image)

![Fig 17: Is there a traditional court operational in the village?](image)

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?](image)

![Fig 18a: Community response](image)

* 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](image)
**HIGHLIGHTS**

- 2 wards, 10 villages assessed
- 805 Returnee households
- 90% Communal land ownership
- 278 Displaced household
- 1,532 Vulnerable host households

**LIVELIHOODS**

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

**Priority needs for successful IGAs by village**

- Training: 80%
- Market linkages: 50%
- Capital: 50%
- Equipment/tools: 50%

**WATER AND SANITATION**

- Sixty per cent reported that water was insufficient and only accessible during the rainy season in 50 per cent of villages.
- 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 villages reported that open defecation is visible in public places.
- 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.
- 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.

**Vulnerability Prevalence**

- Persons with Chronic Illness: 1558
- Female headed households: 1166
- Elderly people: 1115
- Pregnant/lactating women above 18 years: 440
- Female orphans: 350
- Male orphans: 289
- Pregnant/lactating women below 18 years: 224
- Unaccompanied children: 142

** Implemented and Successful IGAs in the past one year by village**

- None
- Gardening
- Broom making
- Carpentry
- Livestock
- Poultry

- Successful IGAs
- IGAs Implemented

- Vulnerability Prevalence

- All villages reported that open defecation is visible in public places.
- All of the assessed villages reported bush as the common form of ablution facility.
**BULILIMA DISTRICT**

### HIGHLIGHTS
- **6 wards**
- **37 villages assessed**
- **186 Displaced households**
- **276 Returnee households**
- **1,990 Vulnerable host households**
- **49% Communal land ownership**

**Priority needs for successful IGAs by village**

<table>
<thead>
<tr>
<th>Training</th>
<th>Capital</th>
<th>Market linkages</th>
<th>Equipment/tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>32%</td>
<td>62%</td>
<td>32%</td>
<td>46%</td>
</tr>
</tbody>
</table>

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

### 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.
- **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.
- 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

- 8 wards
- 50 villages assessed
- 414 Displaced households
- 1,345 Returnee households
- 3,761 Vulnerable host households
- 80% Communal land ownership
- The main barrier to food was the cost of buying food (40%)

LIVELIHOODS

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

Priority needs for successful IGAs by village

- Training: 44%
- Capital: 68%
- Market linkages: 36%
- Equipment/tools: 48%

WATER AND SANITATION

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

Vulnerability Prevalence

- Pregnant/lactating women below 18...
- Unaccompanied children
- Female headed households
- Male orphans
- Elderly people
- Female orphans
- Persons with Chronic Illness
- Vulnerability Prevalence

- Pregnant/lactating women above 18...

- Eighty-four 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.
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.
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.
Villages Assessed: 148
Displaced households: 431
Returnee households: 432
Vulnerable households in host communities: 2,404

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

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

**GEOGRAPHIC COVERAGE**

- **Chiredzi**: 65 villages, 1,288 Households
- **Chivi**: 28 villages, 1,409 Households
- **Bikita**: 55 villages, 570 Households

**VULNERABILITY**

- **2,052 Pregnant and lactating women**
- **2,563 Separated or unaccompanied children**
- **965 People with chronic illnesses**
- **1,964 Female headed households**
- **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**

- **Poultry**: 21%
- **Gardening**: 9%
- **None**: 9%
- **Bread making**: 5%
- **Sewing**: 4%
- **Bee keeping**: 3%
- **Soap making**: 3%
- **Carpentry**: 3%
- **Food stall**: 3%
- **Grocery**: 3%
- **Other**: 1%
- **Livestock**: 1%
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.

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.

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.

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.
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.

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%).
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.

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.

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.
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.

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.

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.

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.

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.

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

- **5 wards**
- **55 villages assessed**
- **162 Displaced households**
- **136 Returnee households**
- **272 Vulnerable host households**
- **73% Family land ownership**

Priority needs for successful IGAs by village

- **Capital**
- **Equipment/tools**
- **Training**
- **Market linkages**

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.
- **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.

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.
- 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.

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.

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%).
HIGHLIGHTS

- 4 wards, 28 villages assessed
- 174 Displaced households
- 148 Returnee households
- 1,087 Vulnerable host households
- 47% Individual land ownership

Priorities

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

LIVELIHOODS

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

Priority needs for successful IGAs by village

<table>
<thead>
<tr>
<th>Training</th>
<th>Capital</th>
<th>Market linkages</th>
<th>Equipment/tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>68%</td>
<td>89%</td>
<td>32%</td>
<td>50%</td>
</tr>
</tbody>
</table>

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.
- 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.
- 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

- 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.

- 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.

Vulnerability Prevalence

- Female headed households: 596
- Elderly people: 560
- Pregnant/lactating women above 18 years: 558
- Male orphans: 255
- Female orphans: 209
- Persons with Chronic Illness: 148
- Pregnant/lactating women below 18 years: 139
- Unaccompanied male children: 67
- Unaccompanied female children: 59

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

- 5 wards, 65 villages assessed
- 148 Returnee households
- 95 Displaced households
- 1,045 Vulnerable host households
- 54% Individual land ownership

High cost of food (60%) and lack of services (46%) are barriers to food access.

LIVELIHOODS

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

Priority needs for successful IGAs by village

- Training: 44%
- Capital: 68%
- Market linkages: 36%
- Equipment/tools: 48%

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.
- Forty per cent reported handpumps as the main source of drinking water.
- Fifty-eight reported dams as the main source of non-drinking water.
- Fifty-two reported that open defecation was visible in public places.
- 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.
- 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%).
- 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.

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%).
- 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.