Zimbabwe Household Livelihood Assessment. CARE.

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SUMMARY OF FINDINGS FROM CARE’S 2006 HOUSEHOLD LIVELIHOOD SECURITY ASSESSMENT

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FINAL

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EXECUTIVE SUMMARY

Food Security

- The data shows that overall, households are expected to have access to on average 915 kgs of cereal for the next 12 months. This is nearly ten times greater than last season’s supply.

- Households on average are producing half of their total cereal supply this year. Own account production provides on average 6 months of food security. Own account production is not enough to meet all food needs.

- Other sources of cereal provide an estimated 6 months of food security. Data on household food security for this season show that households have access to enough cereal to meet all of their food consumption needs for the year.

- Fewer than half of the population has less than 12 months of food security. However, the deficit is not as great as prior years. Of those households that have a food deficit, the average deficit is 288 kgs or approximately 5 months for a household of 6 people.

- Vulnerable households are more prone to a deficit of 6 months.

- Households in which the primary breadwinner is chronically ill show significantly lower food security. This difference is further accentuated in areas where rainfall and soil conditions are worst (regions 4&5).

- The loss of a spouse to CI has a dramatic impact on household cereal production. Female household heads who have lost their spouse to CI have significantly lower levels of cereal production than male headed households.

- Elderly households are producing less cereal, however, they do not have lower food security. This is due to the smaller size of elderly households.

- Last year’s cereal supply was extremely small. The severity of last year’s drought on cereal production is apparent by the primary source of food for households during the past 4 months (lean period) being food aid.

- The two greatest impacts of food aid are on how households source their food and other means of acquiring cereal. The majority of those receiving food aid depend on this aid as their primary source of cereal while those who do not receive aid depend mostly on purchases. As a result, we can expect that households receiving food aid are better able to pay for other non-food expenses and possibly to invest their cash into livelihood activities.

Agricultural Production

- The major finding of this chapter demonstrates the absence of a food crisis in all of the areas in which CARE operates.

- Abundant rainfall in most wards have led to high levels of cereal production which should safeguard food security for the vast majority of households.

- The greatest constraint to production this season was insufficient inputs, especially seed, due mostly to the inability of households to afford them.
• Despite an increase in rainfall, households in general did not cultivate a greater proportion of their land than they normally do.

• The maize harvest was high this year with an average of 7.5 fifty kg bags.

• Source of maize seed is primarily from purchases and CARE.

• Fewer households cultivate sorghum than maize, and land cultivated and overall production is modest in most districts. Drier districts such as Chivi, Mwenezi and Mberengwa have higher levels of cultivation and production. Average production is close to one fifty kg bag.

• Owning draught power has a significant impact on production. Households with their own draught power produced on average 494 kgs of maize, while those without produced 251 kgs. Similarly, total cereal harvest was higher for owners of draught power, 601 kgs as compared to 313 for non-owners.

• Those households without draught power often rely on their social network for borrowing some. In the sample, more than half of households report receiving support from social network in the form of draught power. Waited on average four days for draught power. Had to repay on average four days of labor for the draught power.

• Most households have received some agricultural advice or field days over the course of the current agricultural season. Of those who received assistance, the most common source is AREX followed by CARE. Compared to last season (2004/5), CARE’s ability to provide extension services has improved.

• CARE’s work in microdosing has effectively raised people’s awareness of the technique this year as compared to last.

• A significantly greater proportion of CARE participants have access to irrigated gardens (79%) as compared to non participants.

**Coping Strategies**

• Households do not seem to be implementing consumption coping strategies at the time of the survey. Most adults consume an average of at least two meals per day with children consuming close to three.

• Another benefit of food aid is lowered damaging coping strategies. Fewer beneficiaries resorted to borrowing food in the past 4 months as compared to non-beneficiaries. Although both recipients and non-recipients have the same livestock divestment rates, fewer beneficiaries are divesting to purchase food as compared to non-beneficiaries.

• Divestment of productive assets and/or livestock occurs in about 51 percent of households.

• Livestock is more commonly divested than assets. The most commonly divested livestock are poultry, followed by sheep or goats, and then cattle.

• The most common reasons for divestment are to purchase food and pay for school fees.
• Female household heads who have lost their spouse to CI have lower asset holdings likely due to the process of divestment during the course of their husband’s illness and death compared to male headed households without a death.

Income, Expenditures and Assets/Livestock

• Household engage in multiple income generating activities. The purpose is to diversify sources of income as a way of improving resilience.

• The greatest primary household expenditure is food (cereal and groceries combined). Households do not produce enough cereal to meet their own food needs. The three most common expenditures are food, school fees and health care / medical supplies.

• Cattle are an essential part of smallholder agriculture for draught power and the maintenance of soil fertility.

• Half of all households in the baseline do not own any cattle or have a source of draught power.

• Districts such as Zaka, Masvingo and Mwenezi have the highest proportion of households without cattle.

• As with draught power, female headed households also own significantly fewer sheep/goats and poultry.

• Vulnerability status does seem to have any significant impact on assets, while districts seem to show some level are variation.

• Similar to livestock, female headed households also own fewer assets

• A slightly greater proportion of CARE participants own cattle as compared to non participants. This may suggest that participants are under less pressure to divest cattle for food purchases since they receive forms of assistance from CARE.

HIV/AIDS and Chronic Illness

• The proportion of households with a CI members is not significantly different than the prior HLSAs and shows there has been little change in CI prevalence.

• The majority of the ill are breadwinners of prime labor age.

• Young women are more at risk of CI than young men, however, older men have a higher risk than older women.

• Half of the chronically ill are currently bedridden and are unable to perform any work for about a third of the past 30 days.

• One-Quarter of those who are CI are symptomatic for AIDS. Most of the AIDS cases are among 41-45 year females and 46-50 year males.

• The burden of care giving often falls on wives and daughters. In the majority of cases, sick individuals have someone from the community who also provides care for them.
• Stigma against the sick is still powerful. Half of those who are CI report that the community is unwilling to include them in activities. Other forms of discrimination include a worsening of relations with kin and a fear of contact by close household members.

**OVCs**

• Half of all children in the sample population face difficult conditions at home and live in households with no means of self support.

• There remains a significant number of orphans in communal areas, many of which are orphaned by parents who died of HIV/AIDS related chronic illness. The burden of caring for orphans rests on relatives. Half of all households care for children who have lost one or both parents.

• Households already under stress are more likely to care for orphans. The majority of female headed households, CI affected households, and elderly households care for orphans.

• Education is provided to most children and a majority of households send all children to school. In those households facing a shortage of cash, children are most at risk of being pulled from school. The most common reason for pulling children from school is not being able to afford school fees.

**Return Migration**

• Return migration from urban areas affects a small proportion of households. Of those who have returned, most plan to continue living and working at their rural homes for at least the next 6 months and another third plan to move back to urban areas in the near future.

**Water and Sanitation**

• Half of all households do not have access to safe drinking water (borehole or tap).

• Most households do not have access to a latrine. If households do have a latrine, most likely it is a single Blair unit without a hand washing facility.

• A significantly greater proportion of CARE participants have access to a latrine as compared to non-participants.

• Poor sanitation and unprotected water sources are known to contribute to the incidence of diseases associated with unclean or stagnant water. However, the data show no significant correlation between disease prevalence and access to safe water and latrine.