Emergency Operations Rural Household Food and Livelihood Security Baseline: Midland and Masvingo Provinces, Zimbabwe. CARE.

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EMOP Rural Household Food & Livelihood Security Baseline:

Midlands and Masvingo Provinces

CARE-Zimbabwe
EMOP Project, Gweru Office

FINAL

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Preface

Agriculture is Zimbabwe’s major economic sector. Land reforms have seriously damaged the production capacity of the large-scale commercial sector. Currently, this sector is only producing 10% of its previous output level in the 1990s. Drought in 2002 and 2003 led to massive crop failures. Even before the crop failure of 2002, 75% of the country’s total population was classified as poor. An increasing unemployment rate, increasing cost of living, extreme inflation rate and successive crop failures have caused the poverty situation to worsen. The situation of over 400,000 former farm workers and their families is especially desperate. Most have been displaced from their homes, have not benefited from the land reforms and few have employment opportunities. The country is also experiencing a fuel crisis where there is limited availability and high cost (FAO and WFP 2003).

The future of cereal production is not positive. The Famine Early Warning System Network (FEWSNET) August report indicates bleak agricultural prospects for the 2003-04 season due to shortages of fertilizer, crop and livestock chemicals, seeds, fuel and agricultural equipment spare parts. Even if climatic conditions were to improve, the yield for the 2003-04 season is likely to be far below normal (CARE-Zimbabwe 2003b).

Inflation for the 12 months ending in March 2003 reached 228%, with inflation for food items alone reaching 248%. The inflation rate has the effect of substantially eroding households’ purchasing power, particularly in sectors where wage rates are rigid and re-negotiated infrequently. Lower incomes, particularly in a year when less cereal could be harvested, many households purchased a less diverse basket of food and non-food items, and accessed fewer services (VAC 2003).

Until March 2003, the Government maintained the fixed exchange rate of US$1:Z$55. However, declining foreign exchange revenues combined with sustained or increased demand for imports have resulted in shortages of foreign exchange. In November 2002, the parallel exchange rate dropped to over US$1:Z$2,000, but since rose to around US$1:Z$1,350 in April 2003 (VAC 2003). The unofficial exchange rate reached US$1:Z$4,000 at the completion of this survey.

There have been wide variations between the official controlled price and the parallel market price for the main staple food - maize. The parallel market maize price has risen from being 4 times higher than the controlled price in August, to 10 times higher in December, and 20 times higher in March (VAC 2003).

An interim USAID report projects a likely “decline” scenario for Zimbabwe that “reflects a continuation of the status quo of gradual deterioration of principal humanitarian, economic, and political indicators, and increasing dependence of large segments of the population on external assistance to survive”.

Zimbabwe has the third highest HIV/AIDS rates in the world. According to UNAIDS, in 2001 Zimbabwe had roughly 2,000,000 adults living with AIDS. This is an adult prevalence rate of 34%. There are an estimated 780,000 orphaned children in the country as a result of AIDS mortality. During 2001, an estimated 200,000 deaths were attributed to AIDS (UNAIDS 2002).

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The most recent antenatal surveillance survey conducted in Zimbabwe indicates that 30% percent of all pregnant women are HIV-positive. HIV infection levels among pregnant women attending antenatal clinics differ among provinces, ranging from an estimated 19% in Mashonaland Central to 46% in the Midlands province (Ministry of Health and Child Welfare 2001).

In the midst of a national level economic crisis, rural households are struggling to meet basic food and cash needs. Drought has caused lower agricultural production by damaging cereal production. Limited maize availability and increased commodity prices make it difficult for households to purchase enough cereals to meet their current deficit. Rampant unemployment in all sectors has contributed to the crisis by reducing the number of income generating opportunities outside of agriculture. Finally, HIV/AIDS continues to take its toll on labor and bring to the household increased health care and funeral expenses. As households struggle to ride out this wave of intense crisis, food aid has provided many with necessary relief. However, as this report will show, current levels of food aid are becoming increasingly inadequate in the Masvingo and Midlands provinces as most of the households in these areas are facing a growing food deficit.
Executive Summary

Food and Livelihood Insecurity

- Those districts with extreme food and livelihood insecurity are Mwenezi, Mberengwa and Bikita. Zvishavane, Chivi and Zaka have high food and livelihood insecurity, while insecurity in Shurugwi and Masvingo are low compared to the other districts.

- CARE feeding zones have the highest levels of food and livelihood insecurity compared to the non-feeding zones.

- Female-headed household have higher food and livelihood insecurity than male-headed households.

- Households headed by unmarried females (e.g., widows and divorcees) have the highest food and livelihood insecurity compared to male headed households. Elderly widowed female-headed households also have high levels of insecurity.

- Half (52%, 5,273) of the baseline population fit the criteria for vulnerability. Seventy-six percent of all baseline households have at least one vulnerable member.

- Nearly all households (89%) are facing a cereal deficit for 2003 and the mean deficit is 64% or 418 kg. The majority of households (56%, 796) fall within the 70% and higher range.

- This year’s maize harvest has been 80% consumed by September. Half of all households have already consumed all of the maize they harvested.

- If the maize purchasing power of a household at the local market is combined with own account production and all other means of acquiring cereal, only 18% of all households could meet its cereal requirements.

Food Aid

- EMOP’s general food aid distribution to insecure households improves their situation enough to bring levels of illness, divestment and distress migration equal to more secure households. In other words, general food aid has been successful in stabilizing insecure households.

- Of those households meeting the targeting criteria, 75% are provided with food aid. The 25% of households CARE does not provide food aid have a higher level of food and livelihood security.

- CARE feeds an average of 31% of the total population per district and between 40 and 50% of the population who will ultimately need food aid in the lean period.

- The impact of food aid in CARE feeding wards is most apparent by the reduced frequency of food aid receiving households adopting consumption coping strategies (e.g., skipping meals, reducing quantities of food, relying on less preferred foods, etc.). Besides consumption strategies, households receiving food aid less frequently reduced education expenditures to meet food needs than non-receiving households. Households receiving
food aid also less frequently cited food as their primary, secondary and tertiary expenditure.

- Food aid resources should be increased in all districts. For most districts, current allocations of food aid resources match its overall food and livelihood insecurity rank. The only exception is Bikita, where food aid allocation is lower than other districts in the extreme category.

- The food aid is the largest single source of cereal (44%). Own account cereal production accounts for 13%, GMB food purchases 12%, local/black market purchases 9% and other food income 20%.

- Overall, the mean amount of food aid received by a household is 331 kg/year and the mean per capita allocation of this food is 40 kg/year/person. Of those households that receive food aid, 14% (48 kg/year/person) is given to chronically ill, orphans and lactating mothers, and 7% (24 kg/person/year) is given to children under 7 years as supplemental feeding. On average, 21% of all food aid received by a household is given to vulnerable members.

- Of those households who reported children of 0 to 12 years, supplemental feeding programs reached 1.9 children per household with a feeding duration of 6.2 months.

- Primary school feeding programs reached nearly all households sending children to school. On average, of those households with children in primary school, 2.3 children were fed for 9.2 months.

**Orphans**

- Orphans that belong to the household or are from another household constitute 25% or 2,483 individuals of the total baseline population. The number of children under age 15 that are orphans is high. Of those under age 15, orphans make up more than half (54%).

- Orphans that belong to the household make up 69% of all orphans, while 31% of orphans are children from another household. Nearly half of all households (49%, 706) have at least one orphan.

- Female-headed households more frequently care for orphans – own and from other households combined - (62%) compared to males (42%). Female-headed households also care for a greater number of orphans from their household (1.59) than males (0.93).

- The expenditures on health care and education among households with orphans are higher than average. Fifty-two percent of households with five or more orphans list education as their secondary expenditure and 26% report health care as their tertiary expenditure.

- In those cases where a household cannot afford the increased education expenditures, they may be forced to remove children from primary school. There is a significant correlation between children dropping out due to a lack of household funds and the number of orphans.
• About half of all households with orphans are reducing expenditures on important items such as education and health care, while non-orphan households reduce these expenditures about 43% of the time.

• Households with orphans also cope with resource shortages by sending children to live with other families.

• Households with greater number of orphans encounter problems of reduced production, higher food demands, and extreme cereal deficits.

Elderly

• The elderly population, defined as individuals over the age of 59, constitutes 7% of the total baseline population.

• Male-headed households more often take on the responsibility of caring for the elderly than females. On average, male-headed households care for 0.95 elderly individuals compared to 0.68 among females.

• The most significant income figure for the elderly is the total percent of household income earned from the sale of livestock. Households with two or more elderly members earn 21% of their total income this way, compared to 8% of households without an elderly member. This difference parallels the coping strategies of elderly households that depend on livestock sales to meet food or cash needs.

Chronically Ill

• Nearly half of all households (49%, 693) have at least one member who is chronically ill or has died of a chronic illness.

• The total number of adults and children who are chronically ill or have died in the past 12 months is 2,069 (21% of the total population). This figure is an under-representation because of methodological limitations on gathering epidemiological data.

• Households with no chronically ill members have the highest off season income ($16,868), while those with one member is the lowest ($11,555).

• Households with the chronically ill (or have died of chronic illness) have higher than normal funeral and health care expenditures.

• In order to make up for increased expenditures on funeral and health care as well as a mounting cereal gap, chronically ill affected households are adopting coping strategies with significantly greater frequency.

• Sicknesses are more frequent in chronically ill affected households. Eighty-six percent of households with three or more ill members report having at least one sickness in the past two weeks. Of those households, the most common reason for not providing care is not being able to afford it (76%). Non chronically ill affected households have the lowest frequency of sickness (45%) and are less likely not to provide because they cannot afford it (50%).
Assets and Livestock

- Households in the Midlands province have the highest mean number of all types of livestock compared to the Masvingo province. However, the decline in 2002 and 2003 holdings seem to have affects the Masvingo province less than the midlands. Lower declines can be attributed to the lower mean holdings in Masvingo.

- Male household heads tend to own assets in greater frequency than females. Thirteen percent more male households owned ox-ploughs, 11% more owned scotchcarts, 5% more owned wheelbarrows, and for luxury assets, 4% more owned televisions, and 11% more owned radios.

- Besides district level differences, gender of the household head is correlated with the number of livestock owned. Female headed households currently own less cattle (1.9 vs. 2.9), draught cattle (0.6 vs. 1.2), goats (1.9 vs. 2.8) and less poultry (4.5 vs. 5.6) than males.

Education

- The education situation for most youngsters aged 5 to 14 is positive. The majority of households (79%) currently have at least one child of eligible primary school age (5-14 years) enrolled in school. The most common reason for a child dropping out of primary school is the household can no longer afford school expenses.

2003 Main Harvest

- The majority of households (75%) report a maize harvest. The mean maize harvest is 160 kg. The amount of maize harvested for consumption this year is nearly the same as last year. Overall there is a slight mean increase of 5 kg (+3%), but nowhere near the national gain in summer cereal production.

- Most households (72%, 1,024) experienced no change in this year’s summer maize harvest compared to last. Fourteen percent of households harvested less maize (mean of -170 kg), and 11% harvested more (mean of +212 kg).

- Cash crops are practically non-existent this year. Only 6% percent of households have produced any cotton, and 2% or less have produced wheat, tobacco, or sunflower.

- The consumption demands of the household depleted most of the 2003 maize harvest stocks three to four months later in August 2003. The majority of households (64%) have already consumed all of the maize harvested in April/May 2003.

- The worst districts are Mwenezi, Chivi, Zvishavane, Mberengwa and Bikita. Each of these districts has a mean harvest less 153 kg and 83% or more of households have already consumed all of their harvest maize. In contrast, the districts of Shurugwi, Masvingo and Zaka have mean total harvest greater than 200 kg and a mean of 78% or lower for households that consumed all of their harvest grain.

- CARE feeding wards have already consumed most of the 2003 maize harvest (82%) compared to non-feeding wards (73%).
• Male headed households have an advantage in maize production (190 kg) compared to female headed households (116 kg). Unmarried female-headed households (102 kg) have at a slightly lower maize harvest compared to married females (152 kg).

• Low insecurity households harvested an average of 412 kg of maize, 30 kg of sorghum, and have consumed relatively less (67%) of their harvest. High insecurity households harvested an average of 237 kg maize, 7 kg sorghum and have already consumed 78% of their total harvest. The worst off are extreme insecurity households. This group harvested only 112 kg of maize, 5 kg sorghum and has already consumed the vast majority of their harvest (81%) groups.

Land Use and Agricultural Inputs
• Half of all households surveyed are cultivating less land during the 02/03 summer season and leaving more land fallow than the 01/02 summer season. Only 20% of all households are cultivating more land and 29% are fallowing less.

• The primary reason for reducing cultivation among female-headed households is a lack of labor power. Twenty-one percent female-headed households report a lack of labor, compared to 11% among males. Similarly, 61% of female report a lack of draught power, compared to 49% among males.

• Lack of labor power also limits the cultivation of land among unmarried female-headed households. When compared to married female-headed households, 25% of unmarried ones and only 10.3% of those married report a lack of labor. In addition, 63% of unmarried female households experience a lack of draught power, compared to 54% of married ones.

• The lack of seed as an agricultural input accounts for nearly half of the reasons why a household left land uncultivated. Lack of labor power (31%) and rainfall (20%) are the other reasons why a household did not cultivate all of its land holdings. Lack of seed (32%), lack of draught power (24%), and lack of rainfall (20%) are the three most common specific reasons for not cultivating.

• Lack of seed was the most frequently cited reason in Shurugwi (38%) and Chivi (36%). Lack of draught power was the most common reason in Bikita (34%), and lack of rainfall was most common in Mberengwa (26%) and Mwenezi (24%).

• The availability of agricultural inputs correlates with household livelihood insecurity. The greatest percent of low insecurity households have enough seed for their main cereal crop (34%) and main cash crop (22%) compared to extreme insecurity households (15% and 8%). The greatest percent of extreme insecurity households could not afford to purchase seed for their main cereal crop (74%) or main cash crop (75%) compared to low insecurity households (56% and 54%).

Income
• More than half of all households have employment during the off-season. The mean income generated during the off-season is $15,257.

• Those activities that generated the greatest average income in the past four months are formal employment ($79,736) and livestock sales ($63,133), while less was earned gold
panning ($15,146), trading & self-employment ($12,502), gift & remittance ($7,899) and government public works ($2,696).

- Male-headed households ($17,731) earned significantly more total off-season income than females ($11,809).
- The majority of households do not have seasonal employment. The mean seasonal income for a household is only $5,053 for twelve months.
- Households engaged in cereal & cash crop sales ($34,660) earned the most income of all activities. Households participating in on farm casual labor ($8,930), off farm casual labor ($8,434) and vegetable sales & gardening ($6,607) earned the least amount of income.
- Male-headed households ($6,447) earned significantly more total growing season income than females ($3,085).
- The total income of a household is calculated as the sum of all off-season and seasonal incomes. One-third of all households (33%) did not earn an income for either season. The mean income for all households is $20,314.

Expenditure
- Food expenses alone are the most common (65%) primary expenditure, followed by agricultural inputs (13%) and education (12%). The most common secondary and tertiary expenditures are education and agricultural inputs.
- If the amount of cereal a household could purchase from the GMB is combined with own account production and all other means of acquiring cereal, 43% of all households could afford to meet its cereal requirements.
- If the amount of cereal a household could purchase at the local market is combined with own account production and all other means of acquiring cereal, only 18% of all households could afford to meet its cereal requirements.

Health and Chronic Illness
- CARE feeding wards had a distinct health advantage than non-feeding wards. Households in the feeding wards less frequently experienced a sickness (59%) compared to non-feeding wards.
- The high cost of treatment (62%) is the most common barrier to seeking care for sick members. Transportation costs or distance (17%) and diagnosis of the sickness as minor (15%) are minor, but nonetheless important reasons.
- Chronic illness affects more than half (52%) of all households. When productive adults are stricken with by chronic illness, the livelihood and food security of the household suffers most. Of those households surveyed, 40% had at least one adult (15 to 60 years) who has had a chronic illness for more than three months in the past year. The percent of households with a chronically ill child (under 5 years) is 10%. Shurugwi (65%) and Zaka (57%) have the by far the highest proportion of chronically ill households.
• The household head is typically the most important individual in a household’s livelihood system. When this individual falls ill from a chronic illness, this can significantly damage the overall food/livelihood security of the unit. The mean percent of households with a head who is ill is 25%.

• Gold panning is the only employment activity that is related to death from chronic illness. A higher percentage of gold panning households (12%) have experienced the death of the household head past year from a chronic illness, compared to 5% of households that do not gold pan.

Coping Strategies
• The majority of households (97%) employ at least one coping strategy. A household can take several approaches to coping with insecurity; modifying consumption, expenditure, asset/livestock holdings and migration/residence.

• A household can also employ multiple strategies in one or more aspects of its livelihood system. On average, a household will adopt 7 out of a maximum of 16 coping strategies. Households tend to maximize the number of food consumption strategies and minimize the number of asset/livestock divestment strategies.