Community Monitoring Programme

Quarterly Community Assessment of the Socio-economic Situation in Zimbabwe: Health and Education

March 2010

This report is one of a series of more quarterly monitoring of specific areas of social and economic conditions at community level in the Community Monitoring Programme. Proposals for issues to monitor and feedback on this report are welcomed and should be sent to communitymonitor@googlemail.com

Background

The monitoring of community reports of social and economic conditions has since early 2004 been carried out quarterly. Quarterly rounds cover: Health and Education, Income and Employment, Production and assets. All quarterly rounds also cover food security monitoring from a food sovereignty perspective, which focuses on country and community control of their inputs for food security. A common set of social and economic parameters are regularly monitored in each round. Gender related indicators have also been piloted and included since June 2009. These reports are not statistical sample surveys, but regular compiled assessments of community reports of their social and economic conditions from sentinel sites.

The Community Monitoring Programme is implemented through civil society organisations based within districts and community based monitors to inform the work of the organisations implementing it. Reports are obtained from sentinel wards and are compiled to summarise community assessment of social and economic well being to support ethical, effective and community focused responses and informed civil society engagement. Quarterly reports such as this one provide more detailed information on specific areas of reported social and economic conditions at community level. This round focuses on health and education. It is the fifth time quarterly monitoring has been done of health and education, previous rounds having been done in 2004, 2005, 2007, 2008 and 2009. Where feasible comparisons with previous rounds are made. Continuous measures are being implemented to improve the quality and relevance of the reports, including training and peer review, so feedback is welcomed. Queries and feedback on these reports is welcomed and should be directed to the Community Monitoring Programme at
communitymonitor@googlemail.com

This community based monitoring on **health and education conditions** was carried out in March 2010. The report is compiled from **240 monitoring reports** from **57 districts** from all provinces of Zimbabwe, with an average of **4.2 reports per district.**

Summary

This community based monitoring on **health and education condition was** carried out in March 2010. The report is compiled from **240 monitoring reports** from **57 districts** from all provinces of Zimbabwe, with an average of **4.2 reports per district.**

Community reports on health indicate that;

Availability: The availability of selected indicator drugs and qualified staff at health facilities is reported to have significantly improved, as has availability of antiretrovirals (ARVs). The monitoring suggests that service availability improved in 2010 and has become a less significant constraint in health systems, although with some reported gaps: in particular services such as VCT, condom distribution, chronic diseases treatment at primary care level, and in particular areas such as urban environmental health services.

Accessibility of services is a function of the distance to services (geographical access) and the cost of services (financial access). Less than half (48%) of the sites reported that households have a clinic with staff and drugs within 5km from where they live. The number of sites reporting households traveling more than 15km to access a health facility with staff and medicines has been increasing since 2005 from 10% to the current 22%. The reported average fee for primary care services (clinic fees) increased from $2.90 to $7.20 from 2009 to 2010. The reported treatment course costs of the four indicator medicines cited earlier ranged from $3.90 to $7.67. The costs of indicator health, food, public health and health care goods are reported to have increased in 2010 compared to 2009 for 3 of 6 items and decreased for the rest. The reports indicate that cost barriers (fees and medicines costs) may be a growing and significant impediment to access and thus effective coverage of health services, with inadequate coverage of insurance arrangements to protect against these costs reported for about three quarters of people.

Acceptability of services is reported to be improving, and public services are the preferred point of care. A reported shift from clinic to hospitals as primary point of care is of concern as it indicates continuing constraints at primary care level and increased costs for lower income groups to reach hospital care.

Nationally there have been improvements in reported availability and quality of care, but cost barriers are emerging as a more significant issue. In urban areas and provinces such as Mashonaland East and Manicaland, where availability and acceptability are reported to be higher, cost appears to be a major barrier. However in Masvingo and Matabeleland South availability is reported to be a major constraint, in Mashonaland Central and East distance is a barrier to access even services are provided, while in Mashonaland Central, Masvingo and Matabeleland South acceptability of services is also low, possibly in part due to the poor availability, cost and distance.

On environmental health, the reports indicate that:

There has been a decline in reported use of unprotected water sources, and a substantial increase in report of piped water inside the house

There is increased report of local authority waste collection in 2010 compared to 2009.

Reported access to safe sanitation is higher in urban areas than rural sites, and higher in Mashonaland East.

Measures reported in all provinces to prevent cholera were;

- Health education to communities on cholera by Ministry of Health and Child Welfare and UNICEF.
- Improving safe water supply through drilling of boreholes by non governmental organisations.
- Improving management of solid waste by local authorities and partnerships with private sector.
- Distribution of water treatment sachets and aqua tablets by UNICEF.

The community reports on education indicate that:

The availability of qualified teachers was reported to have improved overall between 2009 and 2010, remaining the same in nearly half of sites (46%) and increasing in 37% of sites. Monitors reported that school development committees were providing incentives to teachers, but also reported a perception that government should not place the burden of payment of teachers on already impoverished households.

School fees and levies mainly ranged from US$5 to US$250, depending on the location and type of school. The evidence suggests that some households are having difficulty with meeting school fees. Households were reported to have difficulty in accessing the Basic Education Assistance Module (BEAM) in 69% of sites. There has been an increase in the share of sites reporting many boys and girls dropping out of school since 2007, with relatively equal shares of both girls and boys.

The quality of schooling was reported to have improved greatly since 2009, moreso in sites in urban areas. Monitors attributed this to levies being used to finance incentives for teachers and school development committees buying books, renovating infrastructure and constructing school amenities.

On food security, the community reports indicate that:

A majority (46%) of sites report households consuming food from own produce, a slight decline compared to the 53% reporting this in September 2009. Commercial sources have slightly increased from 37% in September 2009 to 42% in March 2010

Crop yields for both male and female farmers were reported to be average (43-44%) or poor (29-33%), with poorer crop yields reported in southern districts of the country.

Food commodities were reported to be widely available, particularly maize meal (93%), sugar (90%) and beans (91%). Reported food availability increased markedly between November 2008 and June 2009 and has remained at high levels since.

Reported and maize meal costs ranged from $4.20 to $6.55 per 10kg with limited change in price since 2009.

Only 14% of the sites reported households having stocks to last for more than four months, while 43% of sites reported households having no food stocks. Nevertheless this is half the reported share of sites reporting households without food stocks in 2009, suggesting that there has been an improvement on household food security

Health systems

The National Health Strategy for Zimbabwe 2009-2013 aims to promote and improve the quality of services and ensure equity in the delivery of these services.

This depends on the availability, accessibility, acceptability, uptake and effective coverage of services.

Availability

We gathered a number of indicators of availability. **The availability of selected indicator drugs is reported to have significantly improved in 2010 and since 2008** (See Table 1). The selected drugs are for common communicable diseases (antimalarials), for management of opportunistic infections (cotrimoxazole) or for chronic disease management (atenolol for hypertension). These drugs should be available from primary care level upwards. **Reported availability of medicines is higher in urban than rural areas, and lowest for the indicator medicines for chronic diseases, although these too have improved in the past year.**

Table 1: Reported availability of selected drugs

Province	**No of sites**	**% sites reporting availability of**		
		Antimalaria treatment	Cotrimoxazole	Atenolol
Bulawayo	26	83	83	58
Harare	39	100	100	95
Manicaland	23	83	65	39
Mashonaland Central	18	67	67	22
Mashonaland East	22	96	82	59
Mashonaland West	21	76	67	52
Masvingo	27	52	48	41
Matabeleland North	24	75	88	83
Matabeleland South	20	50	40	25
Midlands	20	100	85	75
Total March 2010	**240**	**79**	**74**	**58**
Total June 2009	**233**	**43**	**48**	**26**
Total March 2009	**182**	**42**	**42**	**24**
Total March 2008	**185**	**56**	**45**	**28**
Total March 2007	**160**	**70**	**63**	**33**

Availability of personnel is also an important indicator of service availability. **There is an increase in the share of sites reporting an increase in qualified staff at their health facility from 2% in 2009 to 41% in 2010 (Table 2).** An almost equal share of sites (42%) reported constant levels of staff. While the reported availability of qualified nurses at local clinics remained relatively constant there was a marginal fall in the share of sites reporting availability of an Environmental Health Technician (EHT) that needs to be further explored (See Table 2). **Urban areas reported higher levels of environmental health personnel (EHTs) compared to rural sites,**

Table 2: Share of sites reporting changes in number of qualified health workers

Province	No of sites	% sites reporting response				
		Stayed the same	Increased	Decreased	Local Health centre has a nurse	Local Health centre has an EHT
Bulawayo	26	50	29	21	96	70
Harare	39	33	54	13	97	69
Manicaland	23	35	48	17	91	57
Mashonaland Central	18	59	35	6	94	65
Mashonaland East	22	23	64	14	100	77
Mashonaland West	21	57	29	14	95	40
Masvingo	27	46	23	31	78	59
Matabeleland North	24	30	61	9	83	58
Matabeleland South	20	61	17	22	65	60
Midlands	20	39	33	28	80	70
Total March 2010	**240**	**42**	**41**	**17**	**89**	63
Total March 2009	**182**	**70**	**2**	**28**	**92**	**74**

Another indicator of service availability is that of prevention, treatment and care services for HIV and AIDS. **Service availability was reported to have significantly improved for antiretrovirals (ARVs) in 2010 compared to 2009.** However availability of prevention of mother to child transmission (PMTCT) and food for people living with HIV and AIDS (PLWHA) remained constant. **Further, the availability of Voluntary counseling and testing services and of condoms was reported to have declined in 2010** (See Table 3 and Figure 1).

Table 3: HIV prevention and treatment service availability, March 2010

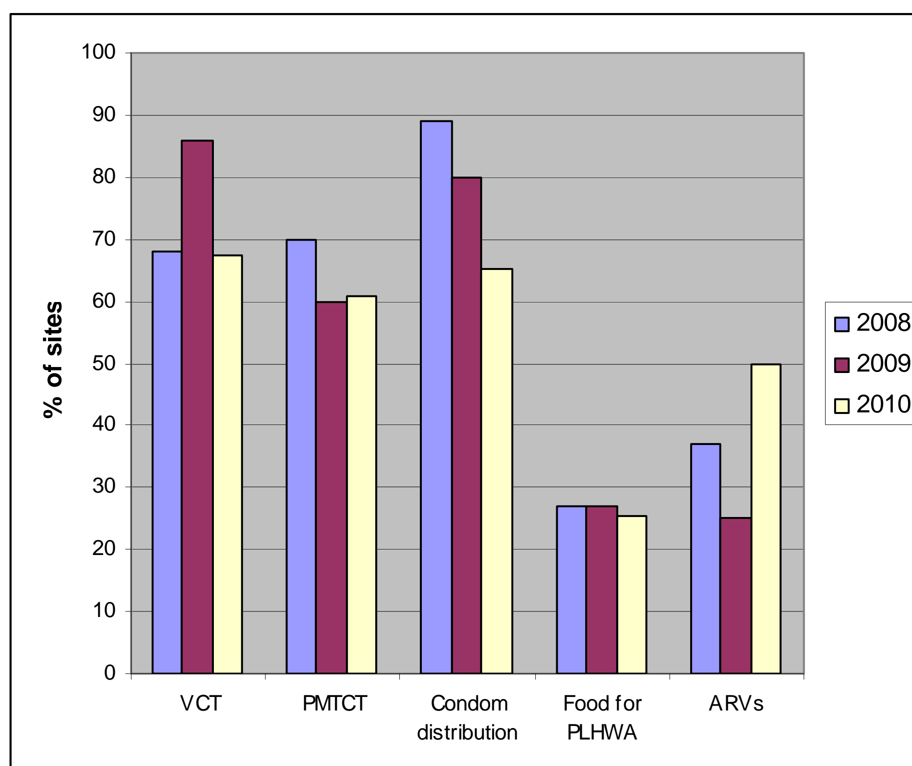
Province	**No of sites**	**% of sites reporting service available**				
		VCT	**PMTCT**	**Condom distribution**	**Food for PLHWA**	**ARVs**
Bulawayo	26	52	68	68	60	60
Harare	39	87	92	100	54	79
Manicaland	23	65	30	65	13	35
Mashonaland Central	18	72	44	61	6	33
Mashonaland East	22	73	55	86	36	86
Mashonaland west	21	81	33	48	5	29
Masvingo	27	78	52	48	-	37
Matabeleland North	24	58	79	54	17	54
Matabeleland South	20	55	60	35	25	30
Midlands	20	35	65	60	15	30
Total March 2010	**240**	**67**	**61**	**65**	**26**	**50**
Total March 2009	**182**	**86**	**60**	**80**	**27**	**25**
Total March 2008	**185**	**68**	**70**	**89**	**27**	**37**

PLWHA = People living with HIV and AIDS; VCT= Voluntary counseling and testing
PMTCT = Prevention of mother to child transmission

Men in rural areas should be fully included in PMTCT programmes for them to understand better.

Hurungwe

Figure 1: Reported availability of HIV prevention and treatment services, 2008-9



The monitoring suggests that service availability improved in 2010 and has become a less significant constraint in health systems, although with some reported gaps: in particular services such as VCT, condom distribution, chronic diseases treatment at primary care level, and in particular areas such as urban environmental health services.

Accessibility

Accessibility of services is a function of the distance to services (geographical access) and the cost of services (financial access).

Although national health policy states that people should be able to access a health facility within 5km from their areas, **less than half (48%) of the sites reported that households have a clinic with staff and drugs within 5km from where they live**. The situation has somewhat deteriorated since 2009. **The number of sites reporting households traveling more than 15km to access a health facility with staff and medicines has been increasing since 2005 from 10% to the current 22%.** As there has been little change in infrastructure, this may relate to population movements into new areas, or the availability of resources (staff and drugs) in clinics. Long distances are particularly reported in Masvingo and Mashonaland Central, and predictably lower distances in urban sites (Harare and Bulawayo) (See Table 4).

The road network is bad and needs to be improved for better access to health facilities
Gweru Rural

Table 4: Distance to a health facility with staff and drugs by province

Province	No of sites	% sites reporting distance to health facility (km)		
		0-5 km	6-15 km	>15 km
Bulawayo	26	75	25	-
Harare	39	97	3	-
Manicaland	23	22	52	26
Mashonaland Central	18	28	28	44
Mashonaland East	22	73	18	9
Mashonaland West	21	33	38	29
Masvingo	27	26	26	48
Matabeleland North	24	33	33	33
Matabeleland South	20	30	40	30
Midlands	20	25	55	20
Total March 2010	**240**	**48**	**29**	**22**
Total March 2009	**182**	**54**	**27**	**19**
Total March 2008	**185**	**55**	**27**	**18**
Total March 2007	**160**	**62**	**24**	**14**
Total March 2005	**151**	**58**	**32**	**10**

The reported average fee for primary care services (clinic fees) increased from $2.90 to $7.20 from 2009 to 2010 (See Table 5). This is a large increase and a potential cost barrier for the poorest households. This fee cost does not include the cost of medicines, which monitors report are additional costs that households may be required to meet when they buy their own medicines.

Table 5: Reported clinic fees, March 2010, US $

Province	No of sites	Mean clinic fee US$
Bulawayo	26	6.55
Harare	39	6.28
Manicaland	23	8.39
Mashonaland Central	18	4.41
Mashonaland East	22	7.27
Mashonaland West	21	4.14
Masvingo	27	9.67
Matabeleland North	24	5.15
Matabeleland South	20	7.16
Midlands	20	13.00
Total March 2010	**240**	**7.20**
Total March 2009	**182**	**2.90**

The reported treatment course costs of the four indicator medicines cited earlier ranged from $3.90 to $7.67 (Table 6). These costs may be a further barrier to effective treatment for households in low income brackets, even for those who do attend services.

Table 6: Reported cost of selected drugs US$

Province	No of sites	Average cost in US$ of		
		Antimalaria treatment	Cotrimoxazole	Atenolol
Bulawayo	26	3.90	6.86	3.96
Harare	39	4.04	6.65	3.70
Manicaland	23	5.22	9.29	7.67
Mashonaland Central	18	6.67	5.00	7.80
Mashonaland East	22	4.29	5.00	4.60
Mashonaland West	21	5.69	5.55	5.79
Masvingo	27	3.29	5.64	4.62
Matabeleland North	24	3.88	5.03	3.63
Matabeleland South	20	5.12	5.5	4.40
Midlands	20	5.62	5.46	4.43
Total March 2010	**240**	**4.62**	**6.03**	**4.54**
Total March 2009	**182**	**3.70**	**3.70**	**3.30**

Monitoring of the prices of a basket of goods related to health has been done annually since 2005, in addition to the costs of health services. A sample of the selected items required to remain health is shown in Table 7 below. **The costs of indicator health, food, public health and health care goods are reported to have increased in 2010 compared to 2009 for 3 of 6 items and decreased for the rest. The reported costs in 2010 for health indicator goods are less than half the costs of these items reported in November 2008** (See Table 7). Despite availability of these modest costs, the poorest households are still reported to be struggling to meet these costs since the households also need to meet such other costs as school fees.

Table 7: Nominal prices reported of indicator monthly health basket goods for a family of 4.2, Nov 2008- March 2010

Province	Average price (US$)			
	Mar-10	Jun-09	Mar-09	Nov-08
150g bath soap	1.10	0.60	0.80	3.00
375ml peanut butter	1.35	1.80	20.00	3.30
500g dried beans	1.48	1.00	1.20	3.83
Packet of 3 condoms (male)	0.35	1.00	0.10	0.02
Sanitary pads (packet of 12)	1.70	**	1.00	**
10 paracetemol tablets	1.70	**	2.00	**

** Prices not monitored

One means of protection against catastrophic financial burdens is through prepayment and health insurance. Medical aid societies can provide a mechanism of pooling risks and cushioning households against financial shocks if they also provide subsidies from rich to poor and from ill to healthy. **The monitoring reports indicate that two thirds of sites (69%) have less than a quarter of households on medical aid (See Table 8), with low participation in both urban and rural sites.** Further assessment is needed to identify the features of the social groups covered and not covered by insurance. However the low levels of insurance cover indicate the high demand for out of pocket spending which is likely to act as a barrier to poor households. It is also of interest that more than three quarters of

households were reported to be covered by medical aid or voluntary insurance in Masvingo province. This too needs follow up investigation.

Table 8: Reported voluntary medical insurance coverage, March 2010

Province	No of sites	Share of sites reporting coverage of			
		Less than a quarter	A quarter to half	Half to three Quarters	Above three quarters
Bulawayo	26	100	-	-	-
Harare	39	62	21	8	10
Manicaland	23	48	30	17	4
Mashonaland Central	18	67	22	6	6
Mashonaland East	22	57	24	19	-
Mashonaland West	21	86	14	-	-
Masvingo	27	59	22	4	15
Matabeleland North	24	88	8	4	-
Matabeleland South	20	70	10	15	5
Midlands	20	60	25	10	5
Total March 2010	**240**	**69**	**18**	**8**	**5**

It would thus appear that cost barriers (fees and medicines costs) may be a growing and significant impediment to access and thus effective coverage of health services, with inadequate coverage of insurance arrangements to protect against these costs reported for about three quarters of people. Improving supply and ensuring free primary care services remains an important way of improving access. It appears that drug shortages while reduced since 2009, still affect access in some areas and raise additional barriers to access.

Acceptibility

Most sites continue to report public clinics as the primary source of health care when people fall ill in their areas, followed by hospitals. **Public clinics thus remain the preferred source of health care services for the community**. **Since 2008, there has been a steady decrease in the reported preference for use of public clinics, however** and since 2009, a small decrease in sites reporting private clinics **and an increase in sites using hospitals as the primary facility** for health care. **The reason for this trend needs to be explored, as it represents a shift towards more distant services with higher potential cost to households.** There has also been an increase from 3% to 6% in sites reporting home treatment (See Table 9). Use of private clinics is reported to be higher in Masvingo and Manicaland.

Most sites report women in their site to be using public clinics (43% women) and public hospitals (40% women) for deliveries. We would need to assess whether this always involved a skilled midwife or health worker. **Almost 10% of sites however report home delivery to be the most common form of delivery,** particularly in Manicaland (See Table 10). Monitors reported that women often travel outside their ward for hospital services adding both cost and transport constraints to accessing to safe delivery.

Table 9: Share of sites reporting preferred facility used when people fall ill

Province	No of sites	% of sites reporting response				
		Hospital	Public Clinic	Private Clinic	Traditional Healer	Self help
Bulawayo	26	4	88	4	-	4
Harare	39	3	95	3	-	-
Manicaland	23	22	57	13	4	4
Mashonaland Central	18	29	59	-	-	12
Mashonaland East	22	29	71	-	-	-
Mashonaland West	21	20	80	-	-	-
Masvingo	27	11	41	26	11	11
Matabeleland North	24	71	13	4	-	13
Matabeleland South	20	42	32	11	5	11
Midlands	20	42	53	-	-	5
Total March 2010	**240**	**25**	**61**	**6**	**2**	**6**
Total March 2009	**182**	**17**	**67**	**11**	**2**	**3**
Total March 2008	**185**	**21**	**73**	**-**	**2**	**4**
Total March 2007	**160**	**22**	**71**	**-**	**3**	**4**
Total March 2006	**151**	**28**	**72**	**-**	**-**	**-**

Table 10: Share of sites reporting preferred facility used for delivery of babies

Province	No of sites	% of sites reporting					
		Home	Public Clinic	Private Clinic	Public Hospital	Private Hospital	Other
Bulawayo	26	8	68	4	20	-	-
Harare	39	-	82	-	13	5	-
Manicaland	23	17	35	-	44	4	-
Mashonaland Central	18	12	29	-	59	-	-
Mashonaland East	22	-	36	5	55	-	5
Mashonaland West	21	15	65	-	15	5	-
Masvingo	27	15	30	11	30	4	11
Matabeleland North	24	8	8	-	79	4	-
Matabeleland South	20	6	11	6	72	6	-
Midlands	20	10	30	-	55	5	-
Total March 2010	**240**	**9**	**43**	**3**	**41**	**3**	**2**

The continued reported use of public sector services indicates that acceptability barriers are not as high as other barriers to coverage. Nevertheless the reported shift in preference from clinics to hospitals as first point of care is a matter of concern. Of importance, two thirds of sites (61%) reported that health services had improved in quality during the past year (See Figure 2 and Table 11). **Figure 11 shows clearly the shift from a reported deterioration in services in 2005-2008 to a reported improving situation after March 2009.** Monitors referred to the improvement in personnel and supplies as reasons for improved quality, including payment of allowances for health workers (government and municipal). Improvements were more commonly reported in Mashonaland east, and least in Mashonaland Central.

Figure 2: Share of sites reporting changes in quality of health services

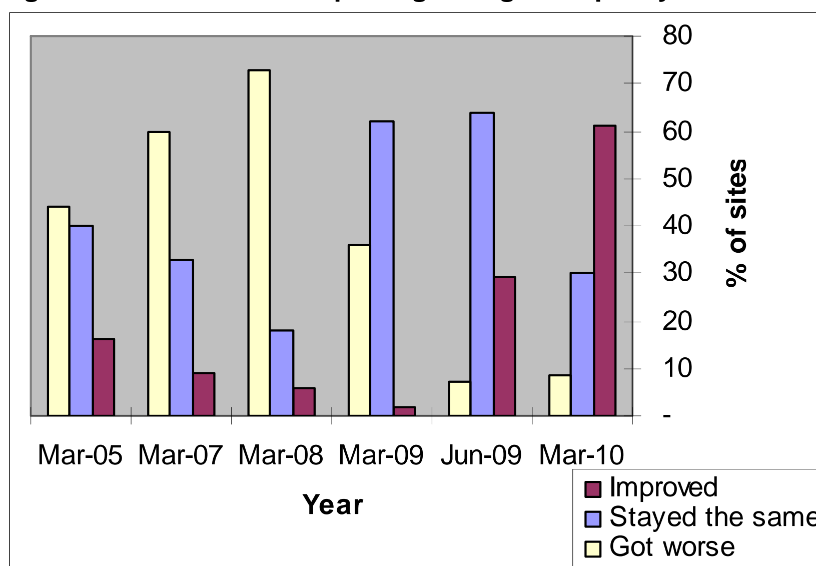


Table 11: Share of sites reporting changes in quality of health services

Province	No of sites	Share of sites reporting that quality of health services		
		Improved	Stayed the same	Got worse
Bulawayo	26	72	28	-
Harare	39	74	26	-
Manicaland	23	52	26	22
Mashonaland Central	18	33	56	11
Mashonaland East	22	96	5	-
Mashonaland West	21	71	24	5
Masvingo	27	33	48	19
Matabeleland North	24	68	23	9
Matabeleland South	20	44	39	17
Midlands	20	55	35	10
Total March 2010	**240**	**61**	**30**	**9**
Total June 2009	**233**	**29**	**64**	**7**
Total March 2009	**182**	**2**	**62**	**36**
Total March 2008	**185**	**6**	**18**	**73**
Total March 2007	**160**	**9**	**33**	**60**
Total March 2005	**151**	**16**	**40**	**44**

Acceptibility of services is thus reported to be improving, and public services are the preferred point of care, although the reported shift from clinic to hospitals as primary point of care is of concern as it indicates continuing constraints at primary care level and increased costs for lower income groups to reach hospital care.

Coverage

Table 12 below presents a summary of these prior indicators and shows that the barriers to universal coverage of health systems in the different provinces (and districts) differs.

- **Nationally there have been improvements in reported availability and quality of care, but cost barriers are emerging as a more significant issue**
- **In urban areas and provinces such as Mashonaland East and Manicaland, where availability and acceptability are reported to be higher, cost appears to be a major barrier.**
- **However in Masvingo and Matabeleland South availability is reported to be a major constraint, in Mashonaland Central and East distance is a barrier to access even services are provided, while in Mashonaland Central, Masvingo and Matabeleland South acceptability of services is also low, possibly in part due to the poor availability, cost and distance.**

Table 12: Summary of availability, accessibility and acceptability levels in health systems by province

Province	**No of sites**	**Reported status in province from reported indicators**		
		Reported Availability	**Reported Access**	**Reported Acceptibility**
Bulawayo	26	High	Cost barriers	High
Harare	39	High	Cost barriers	High
Manicaland	23	High	Cost barriers	Medium
Mashonaland Central	18	Medium	Distance barriers	Low
Mashonaland East	22	High	Cost and distance barriers	High
Mashonaland West	21	Medium	Good	Medium
Masvingo	27	Low	Cost barriers	Low
Matabeleland North	24	Medium	Medium	Medium
Matabeleland South	20	Low	Medium	Low
Midlands	20	Variable	Cost barriers	Medium
Total March 2010	**240**	**Improving availability**	**Worsening cost barriers**	**Improving quality**

The effect of these factors on coverage of health services is suggested by the extent to which households report that they have been able to access ARVs in the past year (shown in Tables 13a,b and c for women, men and children respectively). **Overall, as shown in Figure 3, access to ARVs is reported to have improved, although for a small group of sites it also is reported to have become impossible**. It would be important to further understand for whom ARV access has become more difficult.

Access to ARVs is reported to have improved in urban areas and in Mashonaland East for women, men and children. These are also the areas where service availability, and acceptability have improved.

For about quarter of sites (29%), women, men and children are reported to have experienced more difficulty in accessing ARVs, particularly in Manicaland and Mashonaland West for women, Mashonaland Central and West for men, and Mashonaland Central and West and

Matabeleland South for children (See Tables 13 a, b and c). These are areas of medium or low availability, cost barriers and medium or low acceptability (See Table 12).

Figure 3: Share of sites with reported access to ARVs, March 2009 and March 2010

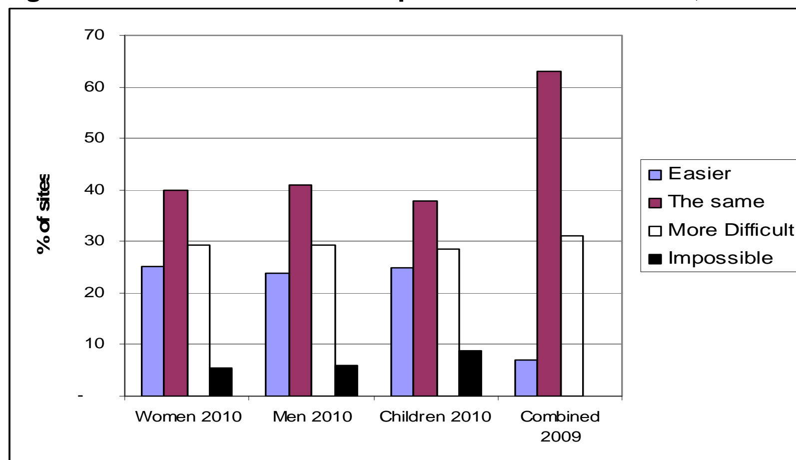


Table 13: Reported access to ARVs in the past year
(a) For women

Province	No of sites	% of sites reporting access to ARVs by WOMEN in the past year has become			
		Easier	The same	More Difficult	Impossible
Bulawayo	26	44	44	12	-
Harare	39	44	49	8	-
Manicaland	23	4	26	65	4
Mashonaland Central	18	6	39	50	6
Mashonaland East	22	62	38	-	-
Mashonaland west	21	-	24	71	5
Masvingo	27	4	52	26	19
Matabeleland North	24	13	58	21	8
Matabeleland South	20	35	20	35	10
Midlands	20	30	35	30	5
Total March 2010	**240**	**25**	**40**	**29**	**5**

(b) for men

Province	No of sites	% of sites reporting access to ARVs by MEN in the past year has become			
		Easier	The same	More Difficult	Impossible
Bulawayo	26	40	48	12	-
Harare	39	41	51	8	-
Manicaland	23	9	57	26	9
Mashonaland Central	18	6	33	56	6
Mashonaland East	22	59	27	14	-
Mashonaland west	21	5	19	62	14
Masvingo	27	4	37	44	15
Matabeleland North	24	25	42	25	8
Matabeleland South	20		60	35	5
Midlands	20	35	25	35	5
Total March 2010	**240**	**24**	**41**	**29**	**6**

Table 13 continued: : Reported access to ARVs in the past year (c) for children

Province	No of sites	% of sites reporting access to ARVs by CHILDREN in the past year has become			
		Easier	The same	More Difficult	Impossible
Bulawayo	26	48	40	12	-
Harare	39	53	42	5	-
Manicaland	23	-	43	39	17
Mashonaland Central	18	6	28	56	11
Mashonaland East	22	68	32	-	-
Mashonaland west	21	-	29	62	10
Masvingo	27	-	44	30	26
Matabeleland North	24	13	50	29	8
Matabeleland South	20	10	20	55	15
Midlands	20	30	40	25	5
Total March 2010	**240**	**25**	**38**	**29**	**9**

Environmental Health

There has been greater attention to environmental health since 2008 due to the outbreak of epidemics, with problems attributed to persistent water cuts, uncollected solid waste and other environmental health issues. Table 14 shows the distribution of reported water sources for households**. There has been a decline in reported use of unprotected sources, and a substantial increase in report of piped water inside the house** (from 7% in 2009 to 26% in 2010). Matabeleland provinces had the greatest share of unsafe sources

Table 14: Share of sites reporting main source of water for drinking and cooking

Province	No of sites	% sites reporting main source of water						
		Piped Water inside House	Piped water outside house	Commu -nal tap	Borehole/ Protected well	Unpro-tected well	River/ Stream/ Dam	Other
Bulawayo	26	92	4	4	-	-	-	-
Harare	39	33	28	18	5	8	8	-
Manicaland	23	9	-	17	57	9	9	-
Mashonaland Central	18	28	17	-	44	-	11	-
Mashonaland East	22	23	9	5	64	-	-	-
Mashonaland West	21	19	10	-	62	10	-	-
Masvingo	27	11	-	11	63	4	4	7
Matabeleland North	24	13	8	13	42	13	13	-
Matabeleland South	20	-	15	5	55	10	15	-
Midlands	20	25	10	5	45	5	10	-
Total March 2010	**240**	**26**	**11**	**9**	**41**	**6**	**7**	**1**
Total March 2009	**182**	**7**	**21**	**3**	**45**	**14**	**9**	**1**

Our borehole broke down and no one has repaired it. We are now fetching water from unprotected sources.

Zaka

Distance to source of safe water determines the effective use of the source. World Health Organisation standards dictate that for effective use, a water source should be within 500

meters. In this round, **only a fifth of sites (20%) had more than 75% of households with access to safe water within 500 metres**. The average period of interruptions in water supply was 3 days per week, moreso in Harare than other areas (See Table 14)

Table 15: Reported access to safe water within 500 metres.

Province	No of sites	Share of sites with access to safe water within 500 meters				
		less than a quarter	Quarter to half	Half to three Quarters	Above three quarters	Average period of interruption in supply (days per week)
Bulawayo	26	-	-	44	57	1
Harare	39	18	41	23	18	5
Manicaland	23	27	50	9	14	3
Mashonaland Central	18	44	22	17	17	2
Mashonaland East	22	18	41	14	27	2
Mashonaland West	21	52	29	-	19	3
Masvingo	27	26	59	4	11	2
Matabeleland North	24	42	29	21	8	3
Matabeleland South	20	45	25	15	15	4
Midlands	20	40	25	15	20	2
Total March 2010	**240**	**30**	**34**	**17**	**20**	**3**

There is increased report of local authority waste collection in 2010 compared to 2009. While the large urban areas most commonly reported local authority waste collection as the primary method of waste disposal, in other sites waste was more commonly disposed in pits or thrown outside the yard in urban areas (See Table16). More sites in Bulawayo (71%) report local authority refuse collections than in other areas.

Table 16: Share of sites reporting main functioning means of waste disposal

Province	No of sites	% of sites reporting on major refuse disposal method				
		Local authority refuse collection	**Pit inside yard**	**Bury inside yard**	**Throw outside yard**	**Other**
Bulawayo	26	71	21	0	8	0
Harare	39	24	34	8	34	0
Manicaland	23	13	61	4	22	0
Mashonaland Central	18	22	67	0	6	6
Mashonaland East	22	23	73	5	0	0
Mashonaland West	21	5	76	5	14	0
Masvingo	27	15	52	4	26	4
Matabeleland North	24	13	70	9	9	0
Matabeleland South	20	5	40	30	25	0
Midlands	20	20	55	5	15	5
Total March 2010	**240**	**22**	**53**	**7**	**17**	**1**
Total March 2009	**182**	**15**	**55**	**25**	**3**	**2**

Reported access to safe sanitation is higher in urban areas than rural sites, and higher in Mashonaland East. (See Table 17). The average reported period of interruption in services due to leaks or bursts is high (4 days per month).

Table 17: Share of sites reporting access to safe (unshared) toilet facility

Province	No of sites	% sites reporting share of households with access to safe toilet				
		Less than a quarter	A Quarter to Half	Half to three Quarters	Above three quarters	Average days of interruption (days per month)
Bulawayo	26	12	-	36	52	5
Harare	39	18	18	39	26	4
Manicaland	23	39	22	17	22	3
Mashonaland Central	18	46	23	8	23	5
Mashonaland East	22	24	19	14	43	3
Mashonaland West	21	56	22	-	22	5
Masvingo	27	27	19	46	8	3
Matabeleland North	24	38	21	29	13	1
Matabeleland South	20	33	40	20	7	5
Midlands	20	26	26	16	32	5
Total March 2010	**240**	**29**	**20**	**26**	**25**	**4**

The monitors reported on the actions being taken to prevent future outbreaks of cholera. The reported actions being taken include a mix of health education, water treatment and construction of safe water sources e.g. boreholes.

Measures reported in all provinces to prevent cholera were;

- **Health education to communities on cholera by Ministry of Health and Child Welfare and UNICEF.**
- **Improving safe water supply through drilling of boreholes by non governmental organisations.**
- **Improving management of solid waste by local authorities and partnerships with private sector.**
- **Distribution of water treatment sachets and aqua tablets by UNICEF.**

Education

Achievement of universal primary education is one of the goals in the United Nations (UN) Millennium Development Goals (MDG Goal 2). The indicators for monitoring progress on the attainment of this MDG are;

- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach last grade of primary
- Literacy rate of 15-24 year-olds, women and men.

Availability

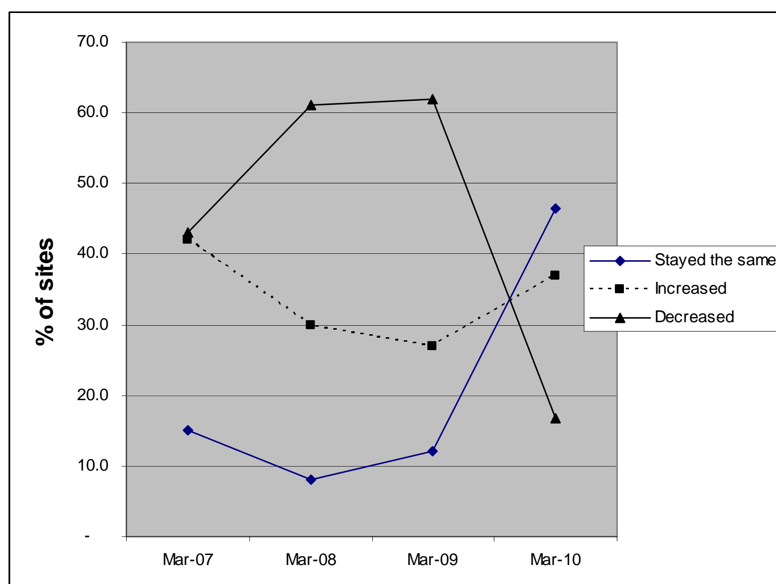
An indicator of availability is the provision of teachers at schools. **The availability of qualified teachers was reported to have improved overall between 2009 and 2010, remaining the same in nearly half of sites (46%) but increasing in 37% of sites** (See Table 19 and Figure 4). **Monitors reported that school development committees were providing incentives to teachers, but also reported a perception that government**

should not place the burden of payment of teachers on already impoverished households.

Table 19: Share of wards reporting changes in the number of qualified teachers

Province	No of sites	% of sites reporting that qualified teachers		
		Stayed the same	Increased	Decreased
Bulawayo	26	42	46	13
Harare	39	23	51	26
Manicaland	23	52	35	13
Mashonaland Central	18	56	25	19
Mashonaland East	22	33	52	14
Mashonaland west	21	70	20	10
Masvingo	27	81	4	15
Matabeleland North	24	29	58	13
Matabeleland South	20	58	21	21
Midlands	20	35	45	20
Total March 2010	**240**	**46**	**37**	**17**
Total March 2009	**182**	**12**	**27**	**62**
Total March 2008	**185**	**8**	**30**	**61**
Total March 2007	**160**	**15**	**42**	**43**

Figure 5: Reported changes in qualified teachers, 2007- 2010



Accessibility

School fees and levies mainly ranged from US$5 to US$250, depending on the location and type of school. The highest fees were reported in urban schools. **Male headed households are reported to be more able to pay these fees than female headed households** (See Table 20 and 21).

The school levies are still high and teachers should be fully paid by the government.

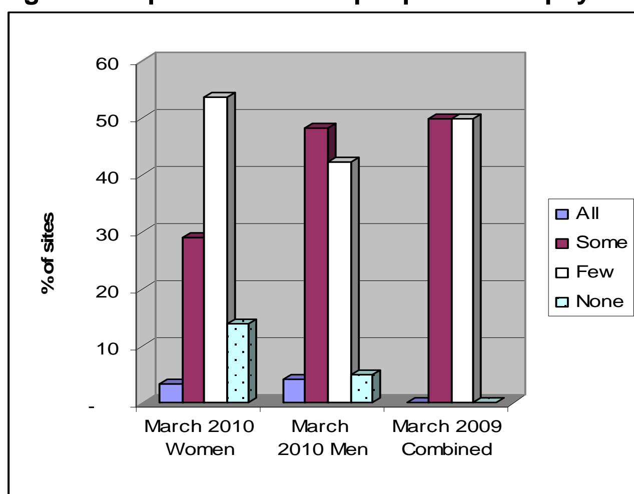
Table 20: Reported share of women able to pay for secondary schooling

Province	No of sites	% of sites reporting on WOMEN ability to pay for secondary education			
		All	Some	Few	None
Bulawayo	26	-	28	64	8
Harare	39	-	26	74	-
Manicaland	23	-	30	48	22
Mashonaland Central	18	-	28	50	22
Mashonaland East	22	5	38	57	-
Mashonaland West	21	5	19	43	33
Masvingo	27	-	15	52	33
Matabeleland North	24	8	38	50	4
Matabeleland South	20	5	30	45	20
Midlands	20	15	45	35	5
Total March 2010	**240**	**3**	**29**	**54**	**14**

Table 21: Reported share of men able to pay for secondary schooling

Province	No of sites	% of sites reporting on MALE ability to pay for secondary education			
		All	Some	Few	None
Bulawayo	26	-	72	28	-
Harare	39	-	33	67	-
Manicaland	23	4	35	57	4
Mashonaland Central	18	6	39	50	6
Mashonaland East	22	5	71	24	-
Mashonaland West	21	5	43	52	-
Masvingo	27	-	37	41	22
Matabeleland North	24	8	67	25	-
Matabeleland South	20	-	30	55	15
Midlands	20	20	65	10	5
Total March 2010	**240**	**4**	**48**	**42**	**5**

Figure 5 Reported share of people able to pay for secondary school, 2009 and 2010



The trend in reported ability to pay from 2009 to 2010 is not clear. There is an increase in sites where all are able to pay, but also in sites where none are able to pay. This needs further investigation (Figure 5).

About two thirds (69%) of sites reported households having difficulty accessing the Basic Education Assistance Module (BEAM), moreso in Mashonaland West and Masvingo (See Table 22). The share of sites reporting this has remained relatively constant since 2007.

Table 22: Reported access to BEAM funds, March 2010

Province	No of sites	% of sites reporting households having difficulties in accessing BEAM
Bulawayo	26	72
Harare	39	64
Manicaland	23	73
Mashonaland Central	18	81
Mashonaland East	22	59
Mashonaland West	21	75
Masvingo	27	74
Matabeleland North	24	61
Matabeleland South	20	70
Midlands	20	65
Total March 2010	**240**	**69**
Total March 2009	**182**	**72**
Total March 2008	**185**	**71**
Total July 2007	**160**	**72**

Acceptibility

The quality of schooling was reported to have improved greatly since 2009, moreso in sites in urban areas (See Table 23). **Monitors attributed this to levies being used to finance incentives for teachers and the resultant stability in qualified teacher numbers.** Some sites noted that **school development committees were also buying books, renovating infrastructure and constructing school amenities**.

Table 23: Reported changes in quality of schooling

Province	No of sites	% sites reporting that quality of schooling has				
		Improved a lot	improved a bit	The same	Got a bit worse	Got much worse
Bulawayo	26	24	32	32	8	4
Harare	39	18	62	21	-	-
Manicaland	23	9	52	30	4	4
Mashonaland Central	18	6	44	19	19	13
Mashonaland East	22	9	86	5	-	-
Mashonaland west	21	5	55	40	-	-
Masvingo	27	7	33	48	11	
Matabeleland North	24	17	67	17	-	-
Matabeleland South	20	11	37	32	16	5
Midlands	20	35	45	10	5	5
Total March 2010	**240**	**14**	**52**	**26**	**6**	**3**
Total March 2009	**182**	**1**	**4**	**60**	**4**	**31**

There has been an increase in the share of sites reporting many boys and girls dropping out of school since 2007, with relatively equal shares of both girls and boys (See Table 24). Hence while reported availability of teachers has improved, barriers such as cost barriers appear to be affecting coverage of schooling.

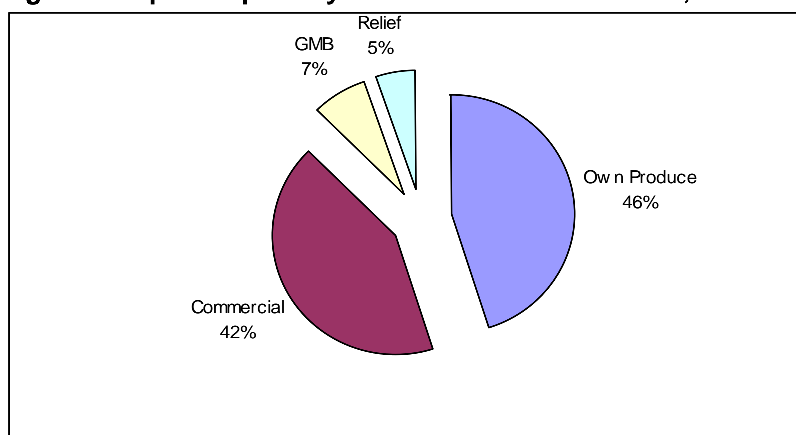
Table 24: Reported share of children dropping out of school

		% of sites reporting on school drop outs					
Province	**No of sites**	**BOYS**			**GIRLS**		
		Many	**some/Few**	**None**	**Many**	**some/few**	**None**
Bulawayo	26	17	79	4	21	71	8
Harare	39	10	85	5	10	82	8
Manicaland	23	19	71	10	19	57	24
Mashonaland Central	18	7	73	20	19	69	13
Mashonaland East	22	5	95		-	100	-
Mashonaland west	21	25	70	5	42	53	5
Masvingo	27	19	74	7	30	59	11
Matabeleland North	24	26	65	9	25	67	8
Matabeleland South	20	26	53	21	25	65	10
Midlands	20	33	50	17	26	58	16
Total March 2010	**240**	**18**	**73**	**9**	**21**	**69**	**10**
Total March 2009	**182**	**10**	**84**	**6**	**11**	**85**	**4**
Total March 2008	**185**	**8**	**86**	**6**	**12**	**84**	**4**
Total March 2007	**160**	**2**	**89**	**9**	**9**	**87**	**4**

Food security

A majority (46%) of sites report households consuming food from own produce, a slight decline compared to the 53% reporting this in September 2009. Commercial sources have slightly increased from 37% in September 2009 to 42% in March 2010 (See Figure 6). The decline in reported use of own produce reflects the seasonal pre harvest timing. Other reported food sources are relief (5% sites) and GMB (7%).

Figure 6 Reported primary source of household food, March 2010



Crop yields for both male and female farmers were reported to be average (43-44%) or poor (29-33%), with poorer crop yields reported in southern districts of the country (Table 25).

Table 25 Reported maize production and yields
(a) Female headed households

Province	**% sites reporting female households that planted maize**			**% sites reporting yields as**			
	Many	**Few**	**None**	**Good**	**Average**	**Poor**	**None**
Bulawayo	43	57	-	5	24	67	5
Harare	23	77	-	26	55	18	-
Manicaland	45	50	5	25	50	20	5
Mashonaland Central	53	47	-	7	53	40	-
Mashonaland East	53	47	-	57	43	-	-
Mashonaland west	62	29	10	13	50	31	6
Masvingo	27	59	14	5	18	36	41
Matabeleland North	61	39	-	-	50	42	8
Matabeleland South	18	65	18	7	20	47	27
Midlands	47	47	5	6	59	35	-
Total March 2010	**41**	**54**	**5**	**16**	**43**	**33**	**9**

(b) Male headed households

Province	**% of sites reporting Male households that planted maize as**			**% sites reporting yields as**			
	Many	**Few**	**None**	**Good**	**Average**	**Poor**	**None**
Bulawayo	39	61	-	-	29	71	-
Harare	23	69	8	28	56	14	3
Manicaland	48	29	24	26	37	16	21
Mashonaland Central	56	38	6	27	53	20	-
Mashonaland East	56	44	-	43	57	-	-
Mashonaland west	65	30	5	6	59	24	12
Masvingo	42	42	17	8	25	29	38
Matabeleland North	77	23	-	-	41	53	6
Matabeleland South	47	47	7	7	21	50	21
Midlands	80	10	10	18	59	24	-
Total March 2010	**50**	**42**	**8**	**16**	**44**	**29**	**10**

Authorities should provide food relief as many people experienced draught.

Guruve

Food commodities were reported to be widely available, particularly maize meal (93%), sugar (90%) and beans (91%). Reported food availability between November 2008 and June 2009 and has remained at high levels since. Food commodities are reported to be more widely available in urban areas that rural sites (See Table 22 and Figure 7)

Reported and maize meal costs ranged from $4.20 to $6.55 per 10kg with limited change in price since 2009 (See Table 27).

Figure 7: Reported availability of various food commodities in markets, 2005-2010

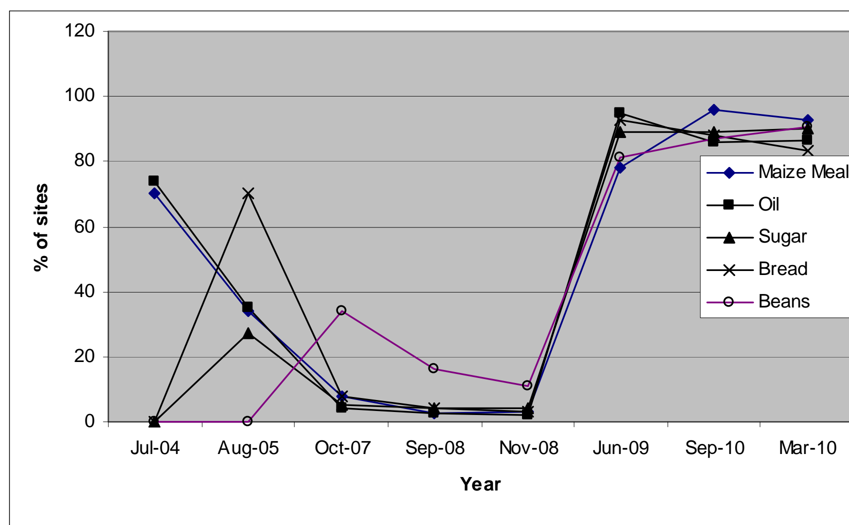


Table 26: Reported availability of various food commodities

Province	% of sites reporting commodity available				
	Maize meal	Oil	Sugar	Bread	Beans
Bulawayo	100	100	100	100	100
Harare	100	100	92	95	100
Manicaland	91	87	78	91	83
Mashonaland Central	94	89	100	89	100
Mashonaland East	100	95	91	95	95
Mashonaland west	100	81	86	90	95
Masvingo	67	52	81	67	81
Matabeleland North	88	92	96	71	83
Matabeleland South	100	75	75	70	70
Midlands	90	90	100	55	95
Total March 2010	**93**	**87**	**90**	**83**	**91**
Total Sept 2009	**96**	**86**	**89**	**88**	**87**
Total June 2009	**78**	**95**	**89**	**93**	**81**
Total March 2009	**73**	**77**	**81**	**78**	**68**
Total Nov 2008	**3**	**2**	**4**	**3**	**11**
Total Sept 2008	**2.8**	**2.6**	**4.1**	**4**	**16.4**
Total Oct 2007	**8**	**4**	**5**	**8**	**34**
Total Aug 2005	**34**	**35**	**27**	**70**	**-**
Total Jul 2004	**70**	**74**	**-**	**-**	**-**

Table 27: Reported average price of maize meal

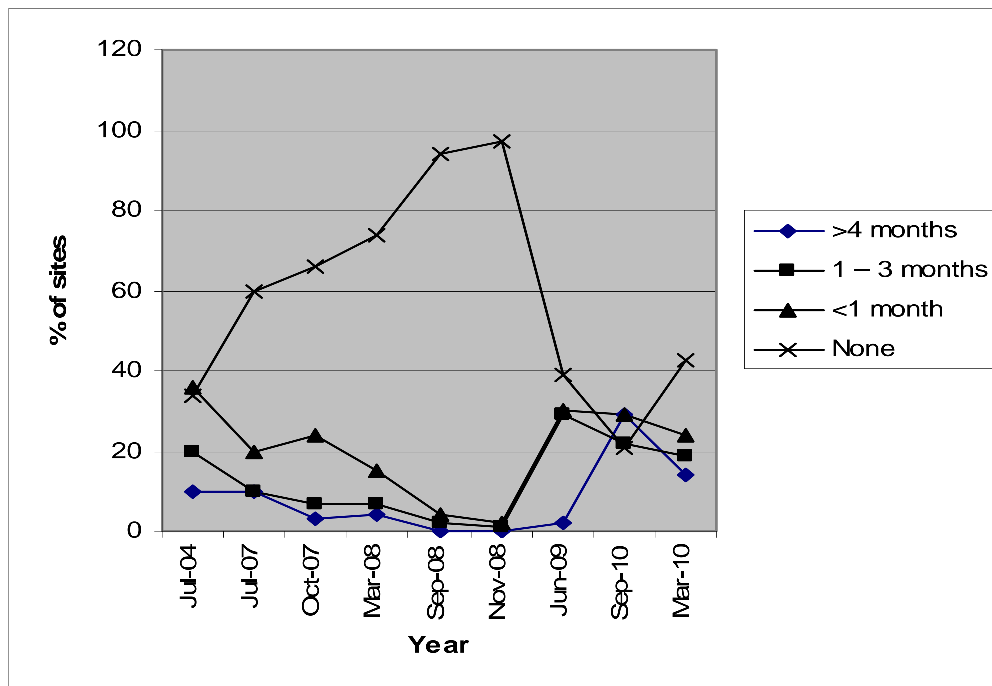
Province	Average cost of 10kg bag
Bulawayo	4.23
Harare	4.20
Manicaland	5.22
Mashonaland Central	5.63
Mashonaland East	5.69
Mashonaland west	5.19
Masvingo	5.17
Matabeleland North	5.17
Matabeleland South	5.49
Midlands	6.55
Total March 2010	**5.41**
September 2009	**5.10**
Total March 2009	**5.11**

March is a period of low reported food security, before harvests, although there are vegetables. **Only 14% of the sites reported households having stocks to last for more than four months, while 43% of sites reported households having no food stocks. Nevertheless this is half the reported share of sites reporting households without food stocks in 2009, suggesting that there has been an improvement on household food security** (See Table 28 and Figure 8). The share of sites reporting no stocks was highest in Matabeleland South and Masvingo.

Table 28: Share of sites reporting level of food stocks

	% of sites reporting have food stocks that last			
Province	**more than four months**	**1-3 months**	**less than one month**	**None**
Bulawayo	3	9	50	39
Manicaland	20	21	20	39
Mashonaland Central	9	15	17	58
Mashonaland East	38	35	20	11
Mashonaland west	13	26	25	37
Masvingo	6	9	18	68
Matabeleland North	22	28	24	23
Matabeleland South	6	6	15	73
Midlands	18	29	27	25
Total March 2010	**14**	**19**	**24**	**43**
September 2009	**29**	**22**	**29**	**21**
Total June 2009	**2**	**29**	**30**	**39**
Total March 2009	**1**	**3**	**10**	**86**
Total Nov 2008	**0**	**1**	**2**	**97**
Total Sept 2008	**0**	**2**	**4**	**94**
Total March 2008	**4**	**7**	**15**	**74**
Total Oct 2007	**3**	**7**	**24**	**66**
Total July 2007	**10**	**10**	**20**	**60**
Total July 2004	**10**	**20**	**36**	**34**

Figure 8: Reported level of food stocks, July 2004 – March 2010



A number of local and international organisations were reported to be providing humanitarian relief inputs into communities in selected provinces, as shown in Table 29.

Table 29: International agencies bringing health/relief inputs in districts

Province	Agencies providing help/relief inputs
Bulawayo	CARE, World Vision, San Fro Germany, USAID, CRS, MSF, WFP, Help Germany, PSI,
Harare	UNICEF, CRS, Oxfam, MSF
Manicaland	UNICEF, Oxfam, Care
Mashonaland Central	Oxfam, SOS, USAID, UNICEF
Mashonaland East	UNICEF, Red Cross, MSF, WFP, CARE
Mashonaland West	FAO, CARE
Masvingo	UNICEF, CARE, Oxfam