Community Monitoring Programme

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

Health and Education
March 2013

An explanation of the Community Monitoring

This report is one of a series of quarterly monitoring of social and economic conditions at community level. This community based monitoring on **health and education conditions** was carried out in March 2013. It assessed the situation with respect to education, health care and conditions that affect health, including living and community environments. The report is complied from community reports from **240 sentinel sites** in **57 districts** from all provinces of Zimbabwe, with an average **4.2 reports per district**

Community monitoring of social and economic conditions has been carried out every three months since 2003. The quarterly rounds cover: Health and Education, Income and Employment, Production and Assets. All rounds also cover food security monitoring. Monitors based in sentinel wards from civil society organizations report on specific areas of social and economic conditions at community level. Information on a district is compiled from three to four sentinel sites. These reports are thus not statistical sample surveys, but regular community assessments of the social and economic conditions in sentinel sites. They provide information on how things are changing across time or how things differ across areas.

The Community Monitoring is implemented through civil society organisations based within districts and community based monitors to inform the work of the organisations implementing it, to support informed civil society and public sector dialogue with evidence on conditions at community level.

This round is the ninth time quarterly monitoring has been done of health and education, with previous rounds having been done annually from 2004 to 2012. Where feasible, comparisons with previous rounds have been made.

Continuous measures including training and peer review are being implemented to improve the quality and relevance of the reports. Proposals for issues to monitor and feedback on the report are welcomed and can be sent to **communitymonitor@googlemail.com**

Health and Education,
March 2013
Summary of Community monitoring

Health

- There is report of improved availability of safe water and sanitation compared to March 2010, but frequent water disconnections and cuts and fears of contamination of shallow well water in urban areas mean that communities consider access to safe water to be inadequate.
- There is more frequent reporting of households burying refuse inside their yards in March 2013 compared to March 2012, in part due to shortfalls in local authority waste collection.
- People report that they prefer to use public clinics when they fall ill and to deliver babies at public clinics and hospitals. There has been a small reported rise on use of private services, and southern provinces report larger distances to reach services, raising the suggestion that mobile clinics be introduced in such areas.
- Supplies of medicines and health workers appear to have remained at similar levels over the past year, with some specific gaps reported: This includes a gap in availability of environmental health personnel in urban areas; and a gap in reported availability of anti-hypertensive medicine at primary care level, suggesting a need to improve supplies of medicines for chronic diseases.
- Clinic consultation fees and costs of indicator drugs were reported to have slightly increased in March 2013.

Education

- The reported availability of qualified teachers has improved slightly
- Urban households are commonly reported to be making private fee and incentive payments in primary and secondary schools.
- At the same time access to the BEAM funds to support fees for vulnerable households was reported to be low in March 2013, with almost all sites reporting that household in need had difficulties accessing it, particularly in female headed households.

Food security

- March is early for harvests. Consumption from own produce was however reported to be lower in March 2013 than the same month in 2012 and two thirds of sites were reported to have most households without food stocks.
- Although basic food commodities monitored (oil, sugar, beans, maize meal, bread) were reported to be almost universally available, there appears to have been some inflating on costs reported in this round, with increases of between 15% and 92% in costs of items necessary for health in March 2013 compared to September 2012.
- Rising costs and lower levels of own produce were raised as key factors affecting household food security.

The right to health is not just about access to quality health services. It is also about having food, basic shelter, housing and safe sanitation, and an adequate supply of safe water needed for health. This monitoring round examines the progress reported at community level towards the realisation of these health related rights, as well as progress in education. The monitoring report is complied from community reports from 240 sentinel sites in 57 districts from all provinces of Zimbabwe.

Healthy Environments and other inputs

"The water infrastructure is old and treated water is leaking everywhere. The Government needs to prioritise availability of safe water; few residents are currently getting a constant supply of water"

Monitor, Harare

The World Health Organisation (WHO) recommends that a safe water source should be within 500 metres. Community reports on access to safe water (Table 1) indicate that access to safe water has been improving since March 2011 and by March 2013, 76% of sites reported at least half of households having access to safe water within 500m. As Figure 1 shows, the share of sites where less than 25% of households are estimated to access safe water has fallen since 2010, although with some fluctuation.

Access is highest in Bulawayo and Harare. However new settlements in Harare for instance Hatcliffe Extension in Harare show as sites with low access. Further in Harare monitors questioned the safety of water coming from wells in most high density areas.

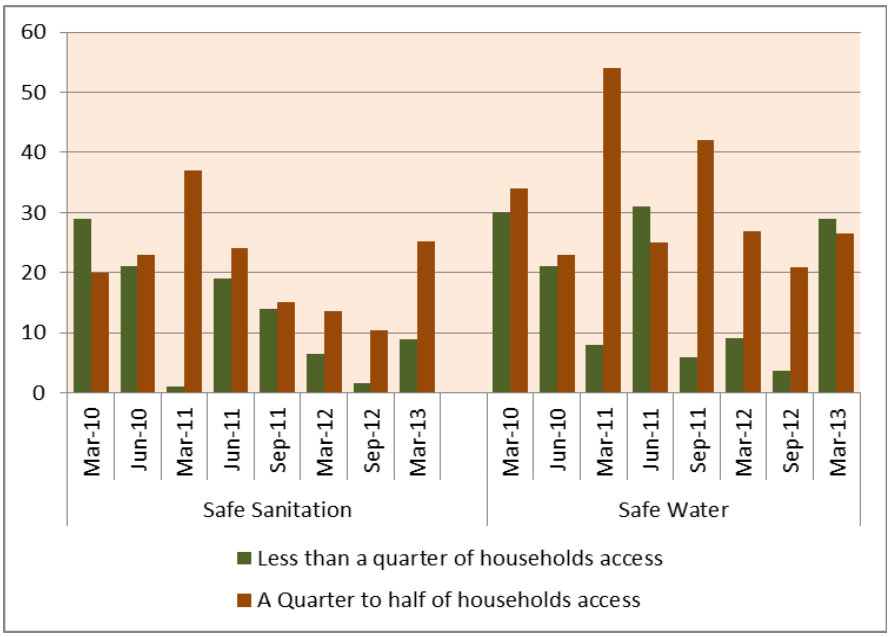
Monitors also reported that water dis-connections and attachment of property to settle bills in urban areas is raising new challenges for access to water, and may pose risks of water borne diseases (eg cholera) outbreaks given the contamination of boreholes and shallow wells.

Table 1: Reported availability of safe water within 500 metres

Province	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
Bulawayo	0	0	10	90
Harare	3	6	31	59
Manicaland	5	40	40	15
Mashonaland Central	5	10	45	40
Mashonaland East	0	14	71	14
Mashonaland West	0	25	29	46
Masvingo	0	22	48	30
Matabeleland North	0	25	50	25
Matabeleland South	10	30	40	20
Midlands	15	46	31	8
Total March 2013	**4**	**21**	**38**	**38**
Total Sept 2012	**29**	**26**	**22**	**22**
Total June 2012	**42**	**20**	**9**	**28**
Total March 2012	**9**	**27**	**34**	**30**
Total Sept 2011	**6**	**42**	**17**	**36**
Total June 2011	**31**	**25**	**33**	**22**
Total March 2011	**8**	**54**	**20**	**18**
Total June 2010	**21**	**23**	**13**	**35**
Total March 2010	**30**	**34**	**17**	**20**

Access to safe sanitation has been improving since 2010 with monitors in some rural sites noting that some international agencies have been providing building materials for construction of blair toilets. Access to safe sanitation is lower in rural than urban areas. However, monitors in urban areas raised concern on how functional flush toilets in a context of 3.6 and 5.9 days per week of water cuts in Harare and Bulawayo respectively.

Figure 1: Percent of sites with less than half of households accessing safe water and sanitation, 2010-2012



Frequent interruptions in supply and fears about safety particularly of shallow well water are this health concerns for the urban community.

There are also concerns on solid waste disposal. The local authority refuse collection remains the main solid waste disposal method in urban districts and the levels of reported waste collection has remained constant since 2001, after improvements between 2009 and 2012.

In rural areas more than half of households use pits inside their yards for waste disposal.

Table 2: Reported access to safe (unshared) toilet 2010-2012

Province	Share of sites reporting on access to safe (unshared) toilet			
	less than a quarter	**a Quarter to Half**	**Half to three Quarters**	**Above three quarters**
Bulawayo	0	0	13	87
Harare	0	16	19	66
Manicaland	5	20	55	20
Mashonaland Central	0	0	15	85
Mashonaland East	0	0	62	38
Mashonaland West	8	13	42	38
Masvingo	0	11	56	33
Matabeleland North	0	10	70	20
Matabeleland South	0	20	65	15
Midlands	4	15	54	27
Total March 2013	**2**	**10**	**43**	**45**
Total September 2012	**9**	**25**	**43**	**23**
Total June 2012	**20**	**30**	**15**	**35**
Total March 2012	**6**	**14**	**45**	**35**
Total Sept 2011	**14**	**15**	**41**	**32**
Total June 2011	**19**	**24**	**18**	**39**
Total March 2011	**1**	**37**	**42**	**21**
Total June 2010	**21**	**23**	**13**	**35**
Total March 2010	**29**	**20**	**29**	**22**

Monitors report that this practice also takes place in urban areas as local authority refuse collection services are not always reliable and some new settlements do not have any local authority refuse collection services. The share of sites reporting households relying on burying refuse inside their yards was reported to have doubled in March 2013 compared to the 2011-2012 levels. Monitors did not specify what kind of waste is being buried and this may need to be further investigated

Households appear to appreciate the need to keep their environments clean through proper management of household solid waste.

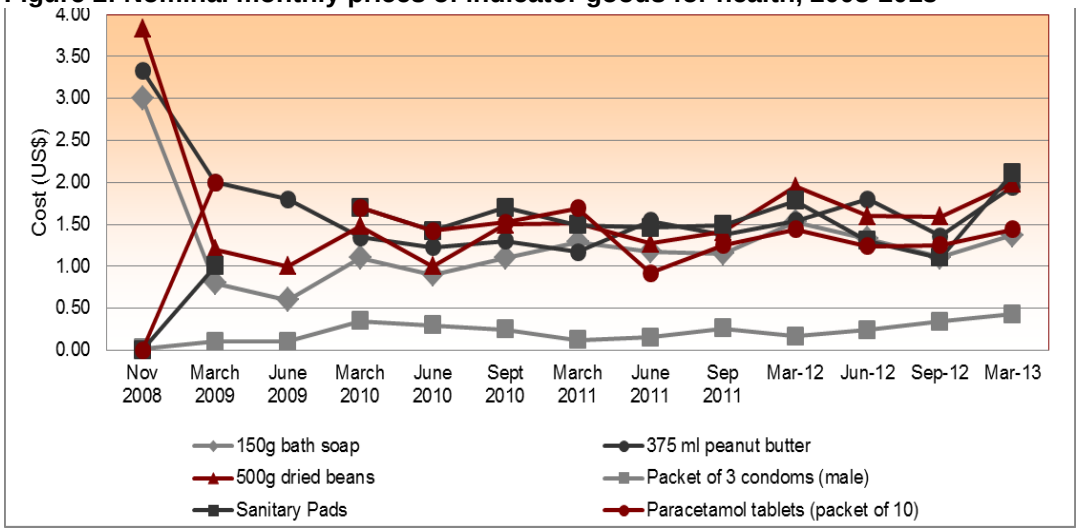
Opportunities exists for local authorities to tap into this awareness through value added solid waste programmes, such as for waste segregation, reuse and recycling of waste.

Table 3: Share of sites reporting main functioning means of waste disposal

Province	Percent of sites reporting on major refuse disposal methods			
	Local authority refuse collection	Pit inside yard	Bury inside yard	Other
Bulawayo	83	7	10	0
Harare	78	13	6	3
Manicaland	5	55	30	10
Mashonaland Central	10	75	10	5
Mashonaland East	5	71	14	10
Mashonaland West	25	54	13	8
Masvingo	22	70	7	0
Matabeleland North	15	70	10	5
Matabeleland South	5	75	10	10
Midlands	4	85	0	12
Total March 2013	**30**	**54**	**10**	**6**
Total March 2012	**28**	**61**	**3**	**3**
Total March 2011	**23**	**63**	**5**	**0**
Total March 2010	**22**	**53**	**7**	**2**
Total March 2009	**15**	**55**	**25**	**5**

Beyond these environmental inputs for health, communities have monitored a basket of food, personal hygiene, medicines and other goods identified as important for health. A subset of these are included in this round of monitoring. The prices for all of these goods rose by between 15% and 92% in March 2013 compared to September 2012. (See Figure 2). The goods were reported to be physically available, but access may be affected by financial barriers if this trend in price increases continues. This will need to be further investigated in June 2013.

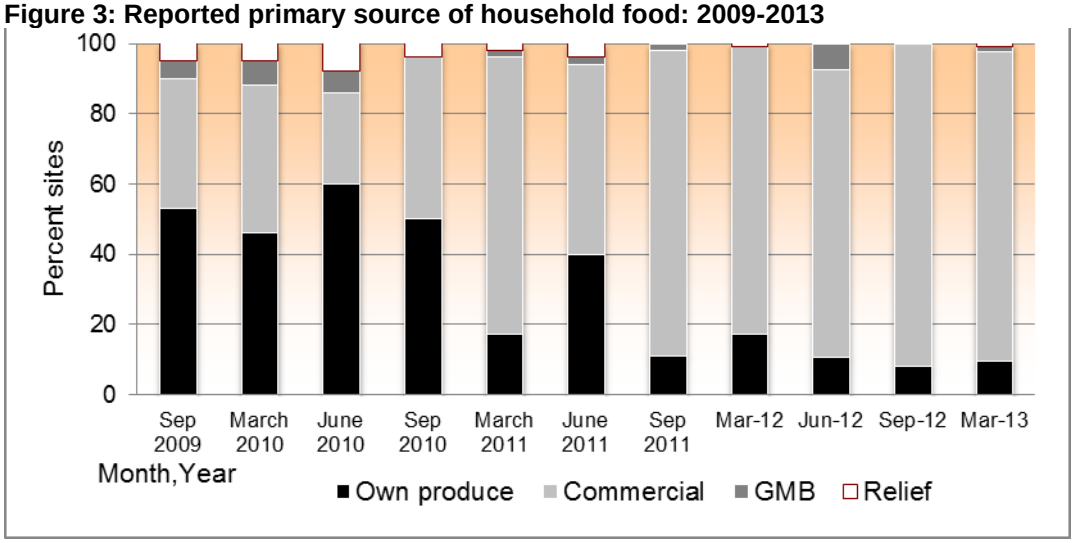
Figure 2: Nominal monthly prices of indicator goods for health, 2008-2013



Food security

Food is one of the important determinants of health. Most sites (88%) reported that commercial sources are the main source of food, slightly more than in March 2012 when this was reported in 82% of sites (see Figure 3). Consumption from own produce in March 2013 (at 10% of sites) was 7 percentage points lower than in March 2012(at 17% of sites).

Figure 3: Reported primary source of household food: 2009-2013



**Non responses make up the difference in percentages*

While two thirds of sites reported high levels of maize planting in the 2012-13 season, harvest yields were reported to be poor in just above half of the sites (shown in Table 4).

Table 4: Reported Maize production and yields

Province	Share of households planting maize			Yields			
	Many	Few	None	Good	Average	Poor	None
Bulawayo	23	73	3	0	13	80	7
Harare	38	63	0	13	34	47	6
Manicaland	35	65	0	5	45	45	5
Mashonaland Central	70	30	0	39	39	22	0
Mashonaland East	100	0	0	0	76	24	0
Mashonaland west	83	17	0	4	48	48	0
Masvingo	96	4	0	0	19	81	0
Matabeleland North	95	5	0	0	55	45	0
Matabeleland South	70	30	0	5	30	65	0
Midlands	85	15	0	0	50	50	0
Total March 2013	**68**	**32**	**0**	**6**	**39**	**53**	**2**
Total March 2012	**77**	**21**	**2**	**8**	**42**	**48**	**2**
Total 2011	**80**	**18**	**2**	**4**	**50**	**44**	**2**
Total March 2010- F	**41**	**54**	**5**	**16**	**43**	**33**	**9**
Total March 2010- M	**50**	**42**	**8**	**16**	**44**	**29**	**10**

Yields were reported to be better in Mashonaland Central and poorer in Masvingo and Matabeleland South. Lower than average maize yields may be leading to the reported fall in contribution of households own produce as a source of food consumption. March is also usually a period of lower reliance on own produce as this period is just before the harvest in April and May. However comparing March across the two years the report of own consumption in 2013 was lower than in 2012.

The basic foods monitored (Maize meal, oil, sugar, and beans**)** were almost universally available in all sites in March 2013. Availability significantly improved in March 2009 and has remained at high levels ever since (Figure 4).

Food availability alone is not a sufficient measure of the household access, and affordability also contributes to food security. The monitoring tracks the costs of specific foods like mealie meal.

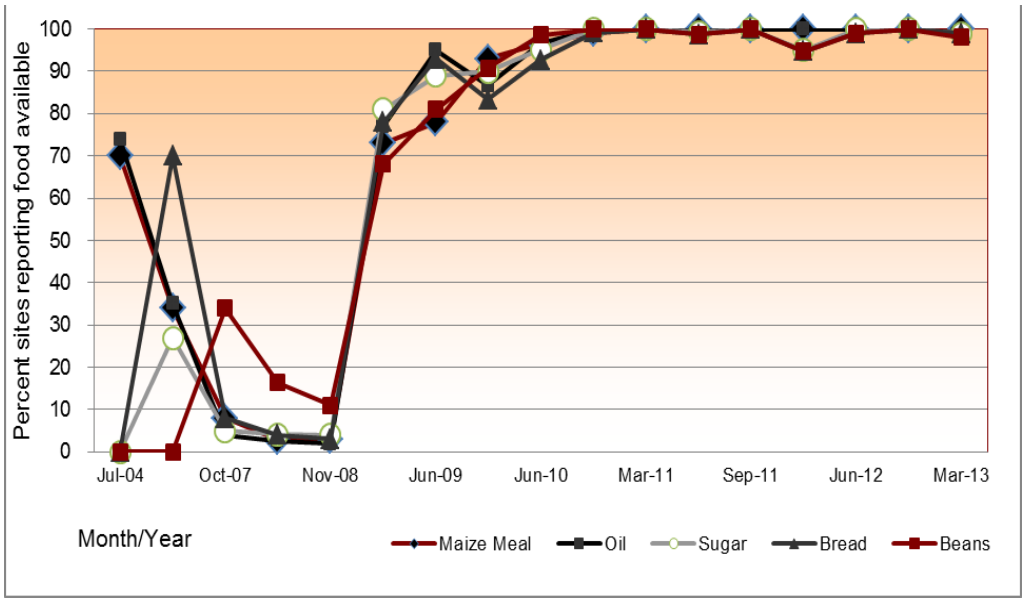
There appears to have been a small cost increase in this food price. The average cost of a 10kg bag of maize meal was US$7.09, indicating a marginal rise on the figure of US$6.70 in September 2012.

Civil society groups in the monitoring programme suggest that production of vegetables and fruit be more vigorously promoted in urban areas. There is concern that rising consumption of fatty, sugary, and high salt 'fast foods' is leading to non communicable diseases like diabetes and hypertension.

Table 5: Reported Maize meal price

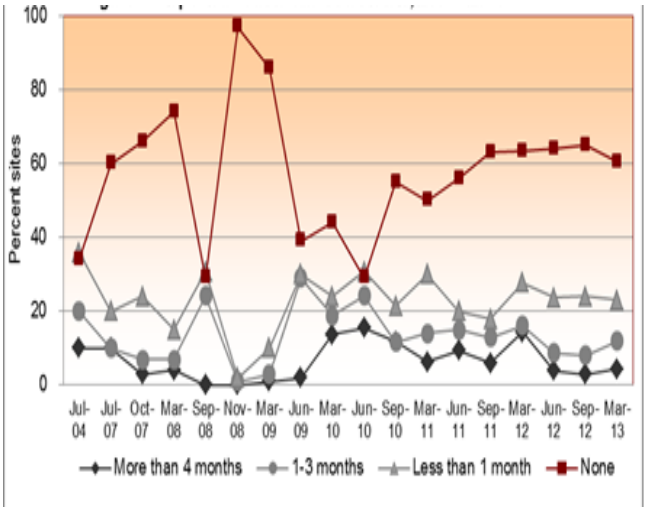
Province	Average cost of a 10kg bag (US$)
Bulawayo	7.87
Harare	6.77
Manicaland	6.75
Mashonaland Central	6.88
Mashonaland East	7.18
Mashonaland West	6.60
Masvingo	7.96
Matabeleland North	7.07
Matabeleland South	7.20
Midlands	6.44
Total March 203	**7.09**
Total Sept 2012	**6.70**
Total March 2012	**6.29**
Total Sept 2011	**6.36**
Total March 2011	**5.90**
Total Sept 2010	**6.10**
Total March 2010	**5.41**
Total Sept 2009	**5.10**
Total March 2009	**5.11**

Figure 4: Reported availability of food: 2004-2013



Despite the almost universal availability of the monitored food commodities, cost does appear to be a barrier as two thirds of the sites reported that households had no food stocks in March 2013. There has been a high share of households with low food stocks since September 2010 (as shown in Table 6; Figure 4 overleaf). Low food stocks are most commonly reported in Masvingo, Matabeleland North and Matabeleland South.

Figure 5: Reported household food stocks 2004-2013



The Community Monitoring programme, through the Production and Assets round has also been monitoring households' access to inputs for agriculture. In that round monitors report that rural farmers lack consistent affordable access to or support for credit, seed, and fertilizer, and combine with irregular rainfall to undermine harvest yields. Support has been greater for tobacco and other cash crops.

Table 6: Share of sites reporting level of food stocks

Province	> 4 months	1-3 months	< 1 month	None
Bulawayo	3	10	18	69
Harare	10	23	32	35
Manicaland	5	15	43	38
Mashonaland Central	0	10	18	73
Mashonaland East	3	6	24	66
Mashonaland West	16	27	28	29
Masvingo	1	4	14	80
Matabeleland North	1	5	20	74
Matabeleland South	2	8	17	74
Midlands	1	8	19	72
Total March 2013	**4**	**12**	**23**	**60**
Total Sept 2012	**3**	**8**	**24**	**65**
Total June 2012	**4**	**9**	**24**	**64**
Total March 2012	**14**	**16**	**28**	**63**
Total Sept 2011	**6**	**13**	**18**	**63**
Total June 2011	**9**	**15**	**20**	**56**
Total March 2011	**6**	**14**	**30**	**50**
Total Sept 2010	**12**	**12**	**21**	**55**
Total June 2010	**16**	**24**	**31**	**29**
Total March 2010	**14**	**19**	**24**	**44**
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**

Availability of health services

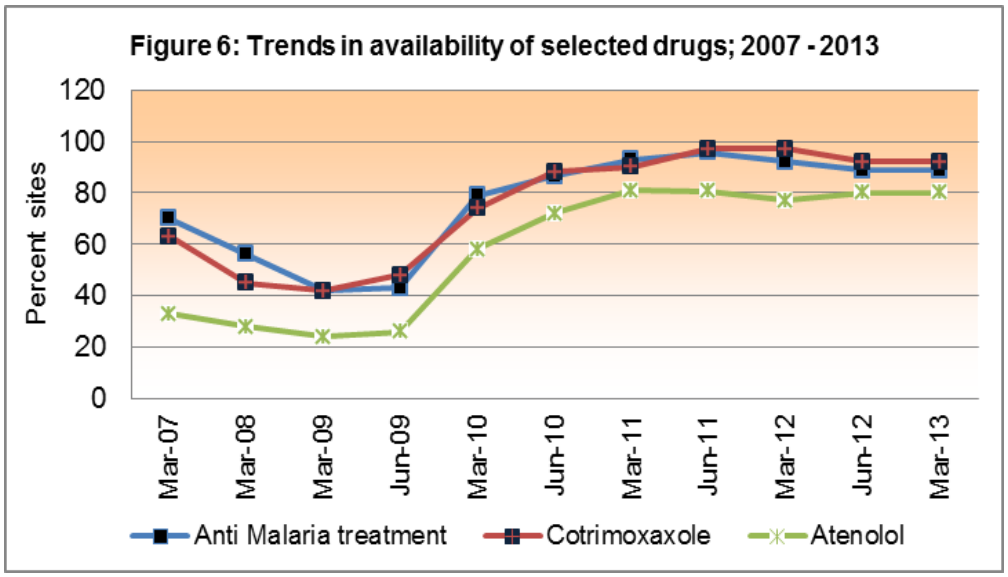
The March 2013 monitoring round assessed availability of health services through availability of facilities, drugs and health workers, services for HIV/AIDS. Availability is the first step in the ladder of health coverage.

As shown in Table 7, three indicator medicines are monitored (anti malarial, cotrimoxazole, an antibiotic and atenolol used in the treatment of hypertension) that should be available at clinic level.

Table 7: Reported availability of selected drugs

Province	No of sites	% sites reporting availability of		
		Antimalaria treatment	Cotrim-oxazole	Atenolol
Total March 2013	**240**	**89**	**92**	**80**
Total June 2012	**238**	**97**	**96**	**90**
Total March 2012	**239**	**92**	**97**	**77**
Total June 2011	**240**	**96**	**97**	**81**
Total March 2011	**237**	**93**	**90**	**81**
Total June 2010	**239**	**87**	**88**	**72**
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**

The community monitoring reports show that medicine availability has remained high (at least 80% of sites reporting medicines are available) since June 2010 (Figure 6). However availability of anti-hypertensives was lower than availability of the other two monitored medicines, and at 80% in March 2013, it had declined by 10% points from the June 2012 level of 90%.



When medicines are not available in services households need to pay to buy them from private pharmacies or to travel outside their local areas to access them. If medicines for chronic diseases are less available, given that these need to be taken regularly and may be part of long term treatment, the cost burden for households may become high. It will be important to ensure that chronic disease registers are in place and that medicines for non communicable diseases are available close to communities.

Availability of health workers was reported to have largely remained unchanged in almost all sites. Nearly all sites (91%) reported that there was no change in health workers in the six month period before the monitoring round (Table 8).

Table 8: Share of sites reporting changes in number of qualified health workers

Province	No of sites	Percent sites reporting qualified health workers as			Local Health centre has a nurse	Local Health centre has an EHT
		The same	Increased	Decreased		
Bulawayo	30	90	7	3	87	67
Harare	32	88	9	3	97	56
Manicaland	20	95	5	0	90	65
Mashonaland Central	20	90	5	5	100	95
Mashonaland East	21	90	5	5	90	90
Mashonaland West	24	92	4	4	100	79
Masvingo	27	93	7	0	100	96
Matabeleland North	20	95	0	5	100	80
Matabeleland South	20	90	5	5	90	80
Midlands	26	88	8	4	100	65
Total March 2013	**240**	**91**	**6**	**3**	**95**	**76**
Total March 2012	**239**	**50**	**38**	**12**	**96**	**80**
Total March 2011	**237**	**57**	**40**	**4**	**96**	**85**
Total March 2010	**240**	**42**	**41**	**17**	**89**	**63**
Total March 2009	**182**	**70**	**2**	**28**	**92**	**74**

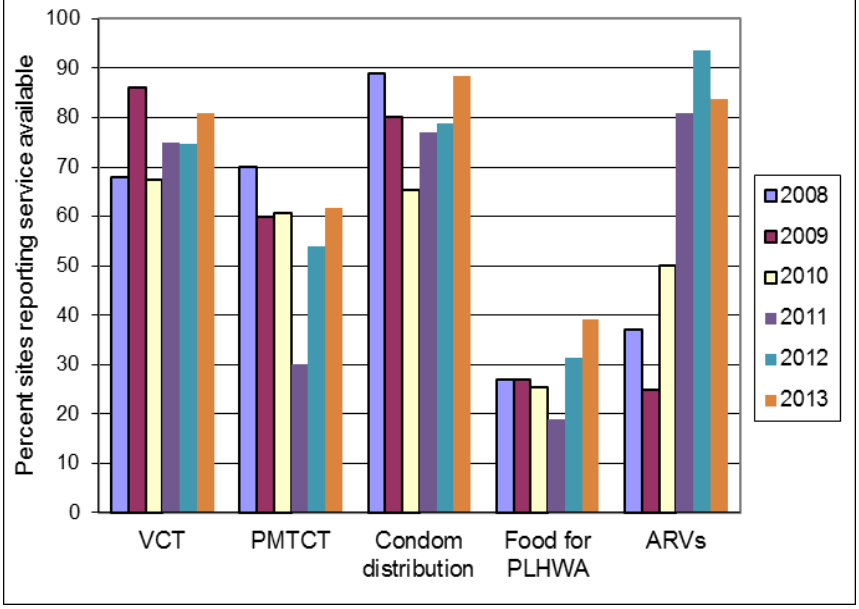
Availability of Environmental Health Technicians remained relatively stable in 2011 and 2012 but slightly fell by four percentage points from 80% in 2012 to 76% in March 2013, and were reported at much lower levels in urban areas. Given the need for intervention on safe environments, on primary health care and diseases control it will be important to ensure adequate numbers of these cadres.

The provision of anti retrovirals has been improving since 2009, but slightly fell in March 2013 (see Figure 7).

Prevention of Mother to Child Transmission Services (PMTCT) was reported to have further improved in March 2013 building on the gains made since March 2011.

"Women should be tested for HIV before they plan to get pregnant. The clinics should have outreach programmes in communities to inform women in our area as some are still ignorant about HIV/AIDS" Monitor, Mashonaland East

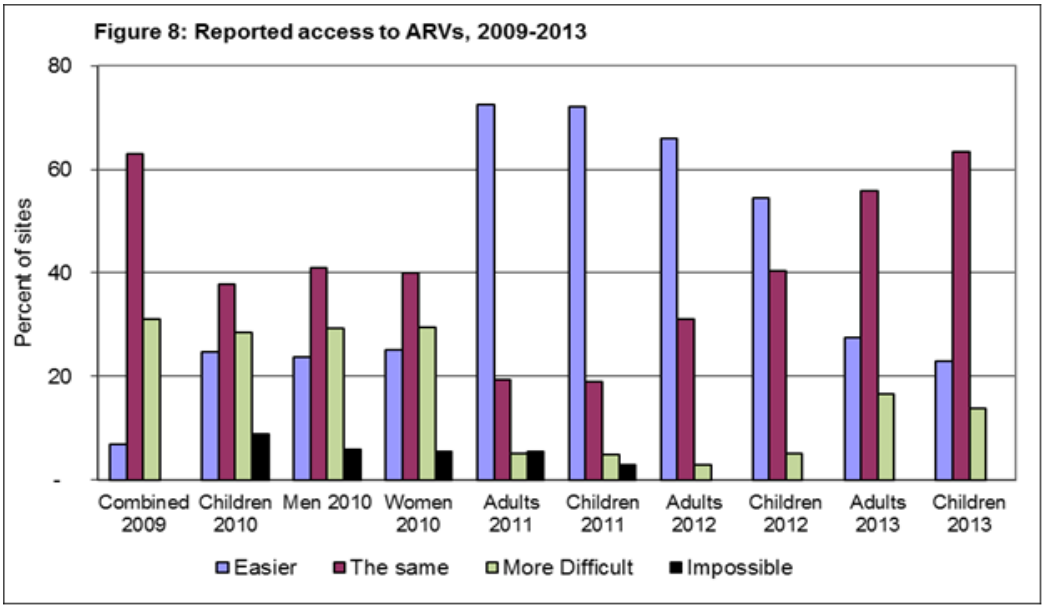
Figure 7: Share of sites reporting availability of HIV services, 2008-13



PLWHA = People Living with HIV/AIDS, VCT= Voluntary Counselling and Testing, PMTCT= Prevention of Mother to Child Transmission

Access to ARVs is reported to have largely remained at constant levels since 2012 for both adults and children (Figure 8). However, food supply for People Living with HIV/AIDS (PLWHA) was reported to have improved in March 2013. While it has reached its highest levels since 2008 overall the levels are still low (less than 40% sites report supplementary food for PLWHA to be available).

Figure 8: Reported access to ARVs, 2009-2013



There were no significant changes in availability of health services in March 2013 compared to March 2012. However community monitors raised a number of challenges in their areas in the supply of health services.

- 13% of sites reported clinics not being connected to a working electricity grid. This affects services such as undermining cold chain for immunisation, sterilisation and so on.
- 61% of the sites reported clinics not having a functioning ambulance service
- 82% of the sites reported that the clinics had no laboratory services and
- 42% of sites reported that no repairs had been done to the clinic during the previous 12 months.

In contrast, nearly all sites (94%) reported clinics having communication equipment.

Access to health services

"Patients are struggling to be transported to the District Hospital; there is no ambulance. The road is also impassable and buses do not ply our route"

Mashonaland Central

Geographical access to health services in March 2013 has remained relatively similar to March 2012 (Table 9)

Sites in predominantly urban areas (Harare and Bulawayo) have better access to health services, with more sites reporting distances of less than 5km than rural areas.

In Masvingo and Matabeleland South a quarter of sites report people having to travel over 15km to the nearest health facility offering services. In these areas monitors suggested that mobile clinics could be used to avoid burdens on households travelling long distances and transport costs becoming a barrier to access to health services.

Table 9: Distance to a health facility with staff and drugs

Province	No of sites	% sites reporting distance to health facility (km)		
		0-5 km	6-15 km	>15 km
Bulawayo	30	93	7	0
Harare	32	97	3	0
Manicaland	20	50	50	0
Mashonaland Central	20	45	50	5
Mashonaland East	21	29	71	0
Mashonaland West	24	67	33	0
Masvingo	27	63	15	22
Matabeleland North	20	25	65	10
Matabeleland South	20	35	40	25
Midlands	26	35	58	8
Total March 2013	**240**	**58**	**36**	**7**
Total March 2012	**239**	**59**	**34**	**7**
Total March 2011	**237**	**58**	**40**	**2**
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**

Clinic fees were reported to have largely remained unchanged in March 2013 compared to March 2012. The average cost of consultation at clinic level was reported to be US$4.31, slightly higher than the March 2012 reported average of US$4.28 (Table 10).

The average nominal costs of the three indicator medicines were however reported to have increased by between 2.4% and 7.3% in March 2013 compared to March 2012 (Table 11). The costs have remained below $5.00 since March 2011 when they fell from the high of $7.20 in March 2010.

Monitors drew attention to the need to make sure those living in resettlement areas and informal settlements access health services.

Table 10: Reported Clinic fees (in US$), March 2013

Province	No of sites	Average clinic fee
Bulawayo	30	5.50
Harare	32	6.03
Manicaland	20	3.10
Mashonaland Central	20	2.25
Mashonaland East	21	2.52
Mashonaland West	24	4.61
Masvingo	27	5.85
Matabeleland North	20	4.30
Matabeleland South	20	3.95
Midlands	26	3.17
Total March 2013	**240**	**4.31**
Total March 2012	**239**	**4.28**
Total March 2011	**237**	**4.55**
Total March 2010	**240**	**7.20**
Total March 2009	**182**	**2.90**

Table 11: Reported costs of selected drugs

Province	No of sites	Average cost for a course/month		
		Antimalaria treatment	Cotrimo-xazole	Atenolol
Total March 2013	**240**	**2.94**	**3.47**	**3.68**
Total March 2012	**239**	**2.87**	**3.23**	**3.56**
Total March 2011	**237**	**3.63**	**4.98**	**7.54**
Total March 2010	**240**	**4.62**	**6.03**	**4.54**
Total March 2009	**182**	**3.70**	**3.70**	**3.30**

Acceptability of health services

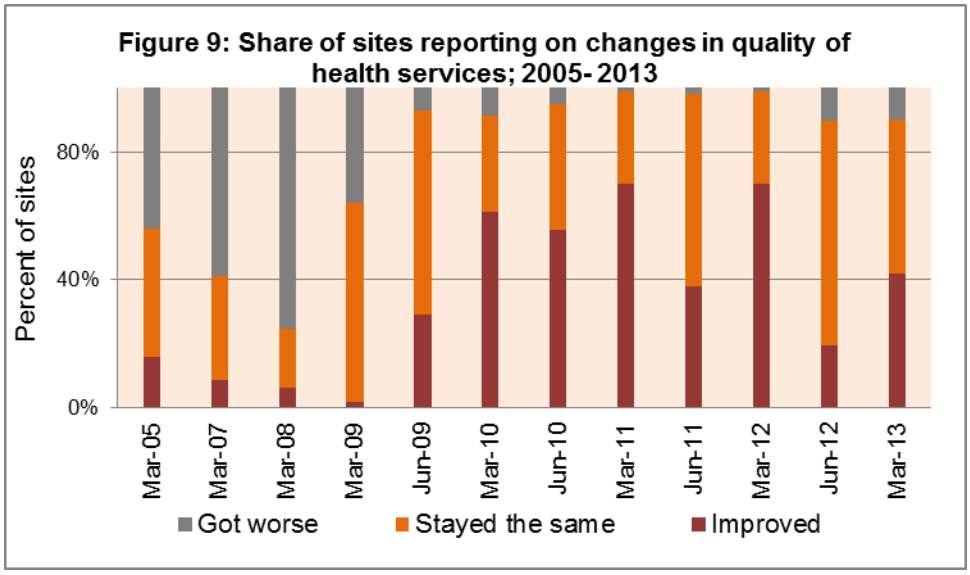
People continue to prefer to use public clinics when they fall ill, although there has been a small increase in the reported use of private clinics and public hospitals since 2010 (Table 12). Whether this is a persistent trend would need to be assessed.

People are reported to prefer to deliver babies at public clinics and public hospitals are, with very low use of private services, except in Harare. In Bulawayo 3% of sites reported preferring home deliveries - this will need to be further investigated. It will be important to assess the impact of removing maternity fees in the sixteen rural districts that have done so. This is not possible from the monitoring data.

Table 12: Share of sites reporting preferred facility used when people fall ill						
Province	**No of sites**	**Percent of sites reporting response**				
		Public Hospital	**Public Clinic**	**Private Clinic**	**Home**	**Other***
Bulawayo	30	0	73	17	10	0
Harare	32	25	63	13	0	0
Manicaland	20	30	55	15	0	0
Mashonaland Central	20	0	80	20	0	0
Mashonaland East	21	19	76	5	0	0
Mashonaland West	24	13	75	8	4	0
Masvingo	27	11	78	7	4	0
Matabeleland North	20	10	70	15	5	0
Matabeleland South	20	15	75	5	5	0
Midlands	26	4	81	0	15	0
Total March 2013	**240**	**13**	**73**	**10**	**5**	**0**
Total March 2012	**239**	**13**	**78**	**8**	**1**	**0**
Total March 2011	**237**	**9**	**85**	**3**	**3**	**0**
Total March 2010	**240**	**25**	**61**	**6**	**6**	**2**
Total March 2009	**182**	**17**	**67**	**11**	**3**	**2**
Total March 2008	**185**	**21**	**73**	**0**	**4**	**2**
Total March 2007	**160**	**22**	**71**	**0**	**4**	**3**
Total March 2006	**151**	**28**	**72**	**0**	**0**	**0**

Table 13: Share of sites reporting preferred facility used for delivery of babies							
Province	**No of sites**	**Percent sites reporting choice of place of delivery as**					
		Home	**Public Clinic**	**Private Clinic**	**Public Hospital**	**Private Hospital**	**Other**
Bulawayo	30	3	73	10	13	0	0
Harare	32	0	63	13	25	0	0
Manicaland	20	0	65	0	35	0	0
Mashonaland Central	20	0	35	10	55	0	0
Mashonaland East	21	0	76	0	24	0	0
Mashonaland West	24	0	71	0	29	0	0
Masvingo	27	0	67	7	26	0	0
Matabeleland North	20	0	50	10	40	0	0
Matabeleland South	20	0	65	0	35	0	0
Midlands	26	0	73	4	23	0	0
Total March 2013	**240**	**0**	**65**	**6**	**29**	**0**	**0**
Total March 2012	**239**	**0**	**70**	**4**	**25**	**0**	**0**
Total March 2011	**237**	**6**	**73**	**3**	**18**	**1**	**0**
Total March 2010	**240**	**9**	**43**	**3**	**41**	**3**	**2**

The quality of health services was reported to have remained the same in March 2013 compared to June 2012 , with quality of health services reported to have been improving since June 2009 (Figure 9).



Education

Education depends on the availability of schools, teachers and resources, but also on overcoming financial and other barriers to access, particularly in poorer rural groups.

Monitors reported that the availability of qualified teachers in March 2013 remained the same in three quarters of sites, and improved in nearly a fifth of sites. (Table 14). Overall, however the reported increase in the availability of teaches has levelled off, as the share of sites reporting increasing numbers of teachers has halved, compared to March 2012.

Rural sites had a greater level of report of fall in teachers, particularly in Mashonaland West. The reasons for the decreases need to be further investigated.

Table 14: Share of sites reporting changes in the number of qualified teachers

Province	No of sites	Percent of sites reporting that qualified teachers		
		Stayed the same	Increased	Decreased
Bulawayo	30	73	17	10
Harare	32	88	9	3
Manicaland	20	75	20	5
Mashonaland Central	20	85	10	5
Mashonaland East	21	71	19	10
Mashonaland west	24	75	8	17
Masvingo	27	67	15	19
Matabeleland North	20	70	25	5
Matabeleland South	20	75	15	10
Midlands	26	77	12	12
Total March 2013	**240**	**76**	**15**	**10**
Total March 2012	**239**	**63**	**31**	**6**
Total March 2011	**237**	**26**	**67**	**7**
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**

Private fee and incentive payments was reported to be more common in both urban primary (above 60% of schools) and secondary schools (above 70% of schools) and lower in rural areas.

To protect vulnerable groups, the Government of Zimbabwe provides the Basic Education Assistance Module (BEAM) to support fee payments in both rural and urban districts. Community reports indicate, however that an increasing number of sites reported difficulties in accessing BEAM in March 2013, with almost all sites (98%) this. Monitors reported that demand for BEAM continues to outstrip funds available. This raises concerns about transparency in the selection of beneficiaries, to ensure that the fund benefits most vulnerable.

Table 15: Reported Access to BEAM Funds

Province	No of sites	Percent sites with difficulties reported in accessing BEAM
Bulawayo	30	100
Harare	32	100
Manicaland	20	100
Mashonaland Central	20	100
Mashonaland East	21	100
Mashonaland west	24	100
Masvingo	27	100
Matabeleland North	20	90
Matabeleland South	20	95
Midlands	26	88
Total March 2013	**240**	**98**
Total March 2012	**239**	**92**
Total March 2011	**237**	**72**
Total March 2010	**240**	**69**
Total March 2009	**182**	**72**
Total March 2008	**188**	**71**
Total July 2007	**160**	**72**

The quality of schooling was reported to have remained relatively unchanged (Table 16). However, a quarter of sites in Harare reported that the schooling had got a bit worse and the reasons for this may need to be further investigated.

Table 16: Reported changes in quality of schooling

	No of sites	Percent sites reporting that quality of schooling has				
		Improved a lot	improved a bit	The same	Got a bit worse	Got much worse
Bulawayo	30	0	33	60	7	0
Harare	32	0	38	38	25	0
Manicaland	20	5	35	50	10	0
Mashonaland Central	20	0	35	55	10	0
Mashonaland East	21	0	43	48	10	0
Mashonaland west	24	0	33	58	8	0
Masvingo	27	0	48	41	11	0
Matabeleland North	20	0	40	60	0	0
Matabeleland South	20	0	40	55	5	0
Midlands	26	0	35	65	0	0
Total March 2013	**240**	**0**	**38**	**53**	**9**	**0**
Total March 2012	**239**	**6**	**69**	**20**	**4**	**1**
Total March 2011	**237**	**4**	**76**	**14**	**6**	**0**
Total March 2010	**240**	**14**	**52**	**26**	**6**	**3**
Total March 2009	**182**	**1**	**4**	**60**	**4**	**31**

School drop out rates for both boys and girls were found to have largely remained unchanged in March 2013 compared to March 2012 after having improved from reported levels in 2011 (Table 17). Financial barriers may be one reason for dropout given the difficulties people in need were reported to face in accessing BEAM.

Table 17: Reported share of children dropping out of school							
Province	No of sites	Percent of sites reporting on school drop outs					
		BOYS			GIRLS		
		Many	Some/Few	None	Many	Some/few	None
Bulawayo	30	0	60	40	0	63	37
Harare	32	0	72	28	3	75	22
Manicaland	20	0	65	35	0	55	45
Mashonaland Central	20	0	80	20	0	80	20
Mashonaland East	21	0	38	62	0	62	38
Mashonaland west	24	0	79	21	0	88	13
Masvingo	27	0	96	4	0	100	0
Matabeleland North	20	0	60	40	0	40	60
Matabeleland South	20	0	50	50	0	60	40
Midlands	26	0	58	42	0	50	50
Total March 2013	**240**	**0**	**67**	**33**	**0**	**68**	**31**
Total March 2012	**239**	**4**	**63**	**33**	**4**	**59**	**37**
Total March 2011	**237**	**3**	**90**	**7**	**9**	**87**	**4**
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**

All sites reported that they had households that were struggling to pay secondary school fees. Women headed households were however reported to have greater problems than their male counterparts (Table 18).

Table 18: Reported ability to pay for secondary schooling by gender									
Province	No of sites	% sites reporting on ability to pay for secondary education							
		Women				Men			
		All	Some	Few	None	All	Some	Few	None
Total March 2013	**240**	**0**	**62**	**38**	**0**	**3**	**75**	**23**	**0**
Total March 2012	**239**	**0**	**67**	**33**	**0**	**3**	**73**	**25**	**0**
Total March 2011	**237**	**0**	**24**	**76**	**0**	**1**	**55**	**43**	**1**
Total March 2010	**240**	**0**	**36**	**63**	**0**	**4**	**48**	**42**	**5**

The monitoring round suggests that retention of teachers is improving, in part due to contributions from households, but that access to education services remains a key concern, with signs that poorer and female headed households may be facing higher challenges and burdens.