strategic grain reserve was severely depleted. Out of the 60 administrative rural districts only 11 had enough cereal to last until the next harvest (OCHA, August 2019). Import requirements were significantly above the average.

NUTRITION OVERVIEW

Due to worsening acute food insecurity, inflation, a cholera outbreak from the end of 2018 and progressive increase in the rates of diarrheal disease, child nutritional status worsened (SADC, October 2019).

Although acute malnutrition among children under 5 years of age remained ‘low’, it rose to 3.6 percent in 2019 from 2.5 percent in 2018. A higher prevalence of GAM was recorded in Makoni (7.4 percent), Mutare (5 percent), Seke (5.7 percent), Mhondoro-Ngezi (5.8 percent), Sanya (5.5 percent), Binga (6.1 percent), Lupane (5.2 percent), Masvingo (7.4 percent) and Goromonzi (19.3 percent) (ZimVAC, 2019). Stunting affected 24 percent of children (MICS, 2019).

Of particular concern is that only 11 percent of children aged 6-23 months consumed a minimum acceptable diet. Even though 83 percent of children were breastfed until their first birthday, only 42 percent were exclusively breastfed for the first 6 months (MICS, 2019). These were also likely to contribute to the severe anaemia levels among children (WHO, 2016) as well as the stunting levels.

Around half of rural households lacked access to basic water sources. Almost a third (31 percent) used open defecation (MICS, 2019). Water treatment plants have critical shortages of chemicals due to lack of foreign currency (OCHA, October 2019). Around 780,000 people were at risk of WASH-related disease outbreaks (OCHA, August 2019).

HIV/AIDS remained high in Zimbabwe with 12.7 percent of adults or 1.3 million people affected, almost 61 percent of them women (UNAIDS, 2018).

Zimbabwe was also dealing with widespread and worsening lack of essential medicine coupled with poor access to health services (OCHA, October 2019).