



ZIMBABWE



MICS

Multiple Indicator Cluster Survey

2019 SNAPSHOTS OF KEY FINDINGS





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The 2019 Multiple Indicator Cluster Survey (MICS) was carried out in 2019 by the Zimbabwe National Statistics Agency, as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with government funding and financial support of UNICEF, European Union (EU), UK Department for International Development (DFID), Embassy of Sweden and United Nations Population Fund (UNFPA).

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

The objective of this report with the Statistical snapshots is to facilitate the timely dissemination and use of results from the 2019 Zimbabwe MICS prior to the release of full tables and the final survey report that will contain detailed information on all survey findings by various demographic, social, economic and cultural characteristics.

Results presented in this report are not expected to change and are considered final. For more information on indicators and the analysis conducted please go to mics.unicef.org or zimstat.co.zw.

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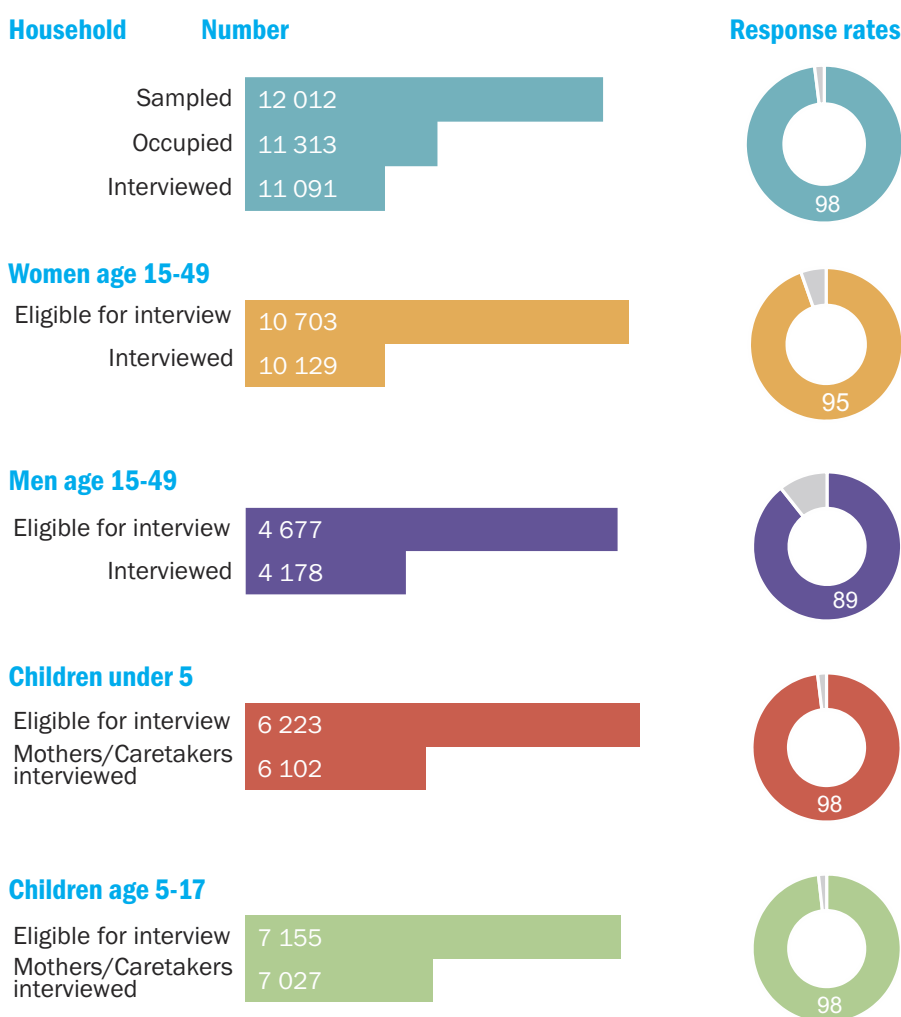
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Sample & Survey Characteristics



Response Rates



Survey Implementation

Implementing Agency:
Zimbabwe National Statistics Agency

Sampling Frame:
2012 Zimbabwe Population Census

Listing & Mapping:
October/November 2018

Interviewer Training:
November/December 2018

Fieldwork:
January - April 2019

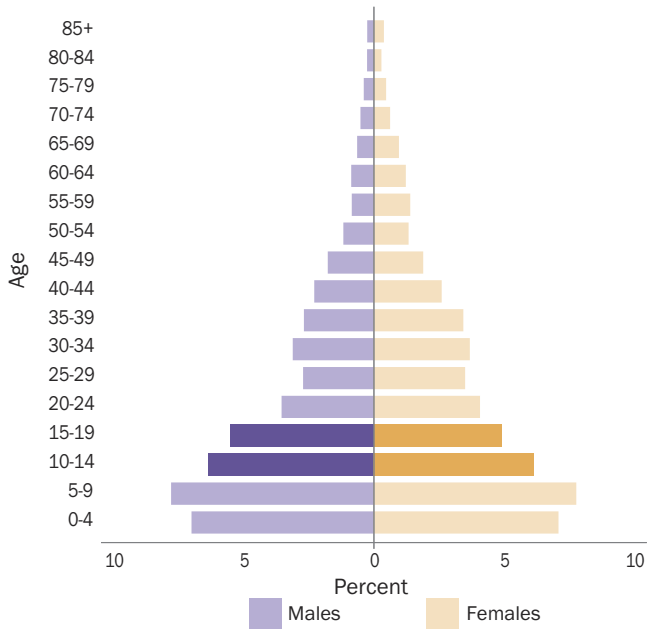
Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-17
Water Quality

Key Messages

- The response rates for households, eligible women, children 5-17 years and under 5 were outstanding (95% and above) while that for men was satisfactory at 89%
- The population pyramid is broad based indicating a high proportion of population was of age below 15 years (two in every five people)
- Two in every five the households were female headed
- Forty-six percent of households had a child under 5 years of age
- A majority of women, men, children under 5 and children 5-17 years were not covered by health insurance (all ranging between 90% and 94%)
- About a quarter of the children under 18 years were living with neither biological parent
- Two thirds of the women (63%) were married or in union compared with half of the men (50%)

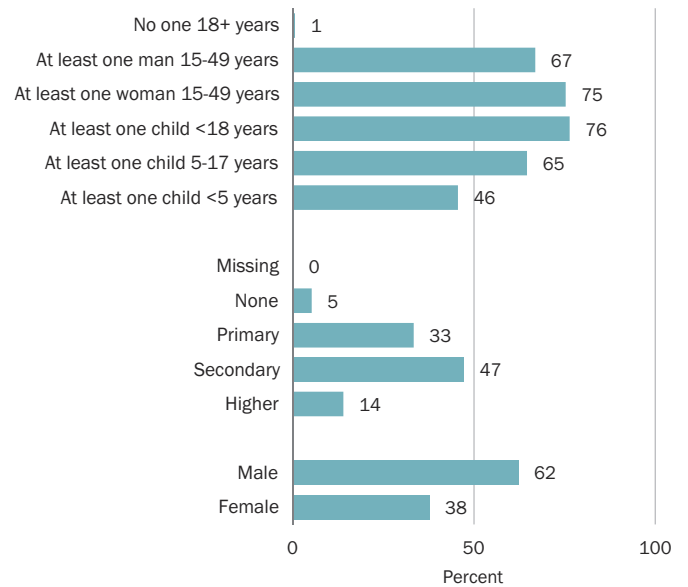
Population Characteristics

Household Population Age & Sex Distribution



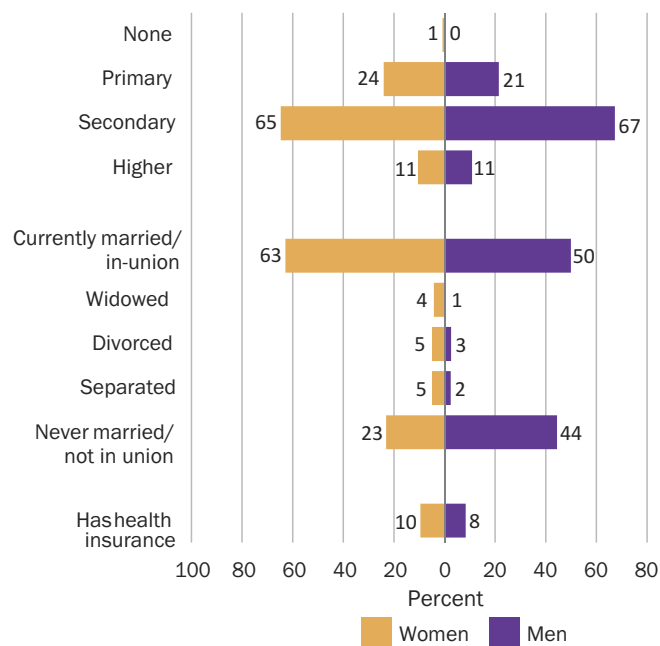
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



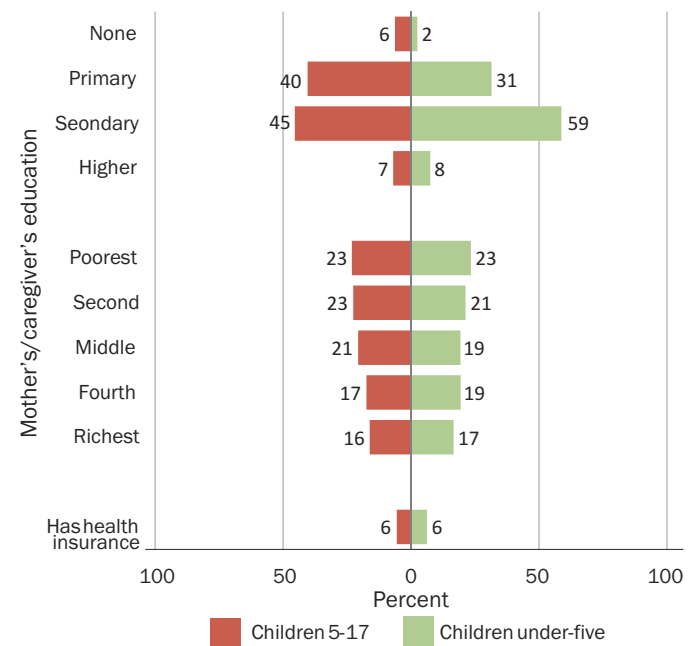
Percent of households by selected characteristics

Women & Men's Profile



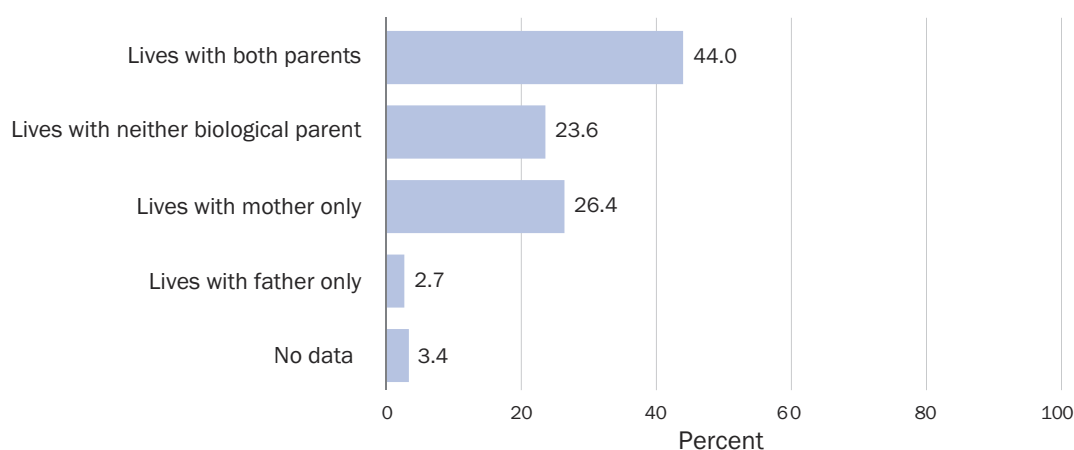
Percent distribution of women and men age 15-49 by background characteristics

Children's Profile



Percent distribution of children age 5-17 and under-five by background characteristics

Children's Living Arrangements*



Percent distribution of children age 0-17 years according to living arrangements
*Children age 0-17 years

Provincial Distribution of Population (percent)

Province	Households	Women	Men	Children under 5	Children 5-17
National	100	100	100	100	100
Bulawayo	5.4	5.7	5.2	4.4	4.2
Manicaland	14.1	14.2	12.3	16.0	15.8
Mashonaland Central	9.0	8.4	10.4	8.8	9.3
Mashonaland East	11.3	9.9	10.9	10.0	10.5
Mashonaland West	12.8	12.8	14.8	13.9	13.0
Matabeleland North	4.9	4.8	4.5	5.5	5.9
Matabeleland South	5.2	4.6	5.0	5.1	6.2
Midlands	10.5	10.2	9.5	9.9	11.2
Masvingo	11.3	10.9	9.6	12.0	12.4
Harare	15.6	18.5	17.6	14.3	11.5

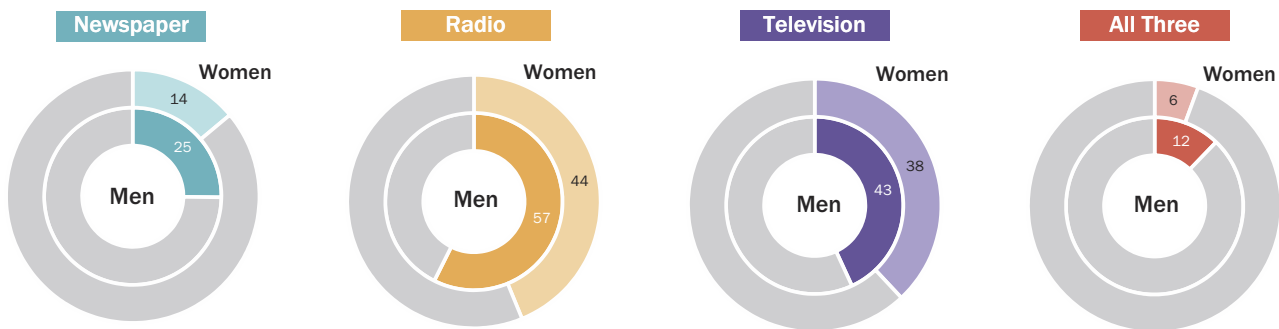
Percent distribution of population by province

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Survey and Sample Characteristics. Data from this snapshot can be found in table SR. 1.1, SR3.1, SR.5.1W, SR.5.1M, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.



Mass Media, Communications & Internet

Exposure to Mass Media

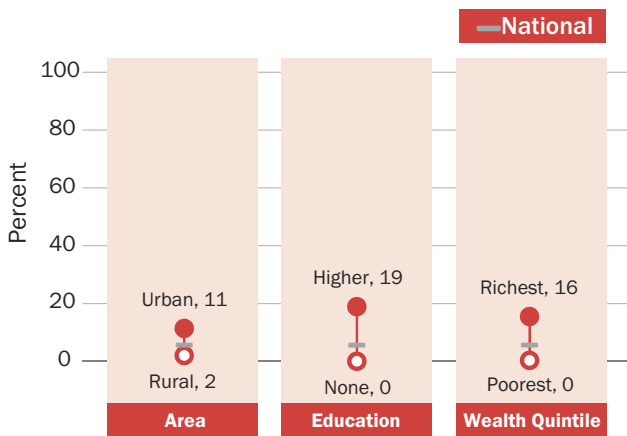


Percentage of women and men age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women and men age 15-49 who are exposed to all three on a weekly basis

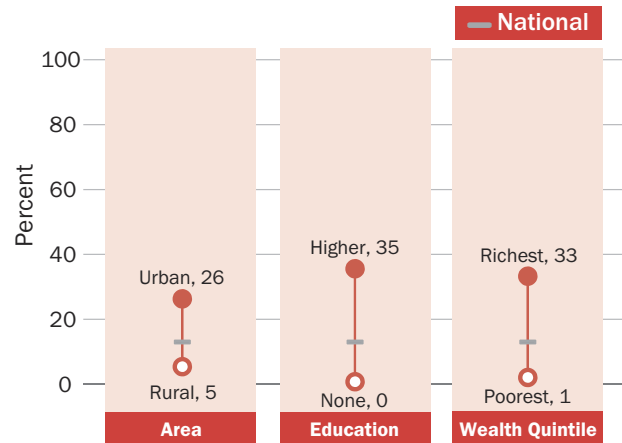
Inequalities in Access to Mass Media

Women with Access to Newspaper, Radio & Television Weekly

Men with Access to Radio, Newspapers & Television Weekly



Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis



Percentage of men age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Key Messages

- Women and men in Zimbabwe had low access to various forms of mass media with men twice more likely to have access to all three forms of mass media (radio, television and newspaper) than women
- Twenty-five percent of men read a

newspaper weekly compared to 14% of women. 57% men and 44% women listened to a radio weekly, while 43% men and 38% women watched television weekly

- Almost 9 in 10 households owned a mobile phone; while 2 in 5 owned a radio; 36% owned a television set, 15% owned a computer and a mere 2% owned a fixed telephone line

- About 3 in 10 households had access to internet at home
- Mobile phone usage was very high for both women (90%) and men (89%)
- More men (36%) used the internet compared to women (27%)
- Men were almost twice more likely to possess computer skills than women, 22% and 13%, respectively



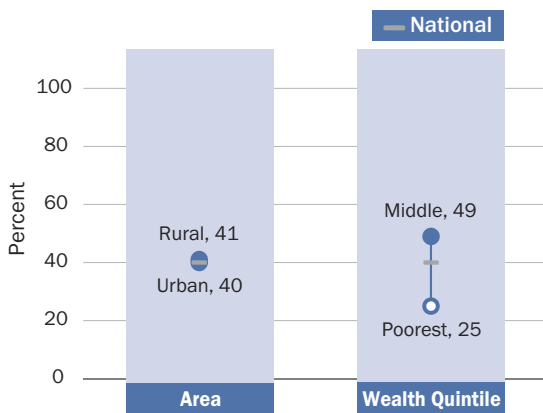
Provincial data on Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Province	Radio	Television	Telephone - Fixed line	Telephone - Mobile	Computer	Internet at Home
National	40	36	2	89	15	30
Bulawayo	44	79	12	99	28	40
Manicaland	37	23	1	89	10	33
Mashonaland Central	47	21	0	82	6	16
Mashonaland East	44	25	1	87	11	40
Mashonaland West	40	31	1	88	13	21
Matabeleland North	40	16	1	81	7	8
Matabeleland South	40	28	1	91	13	36
Midlands	37	32	3	89	14	32
Masvingo	36	20	1	88	9	18
Harare	40	75	4	98	34	46

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home, by province

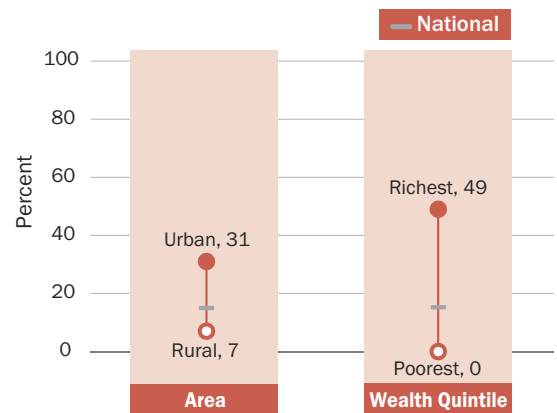
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



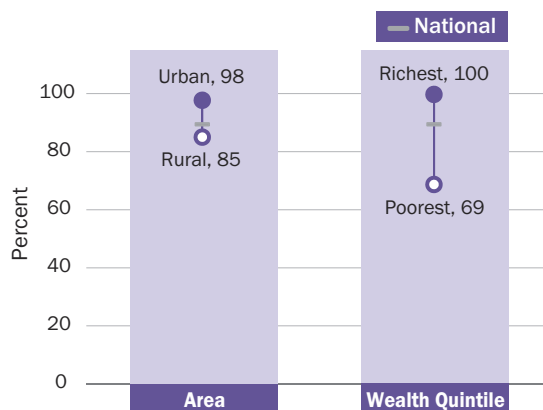
Percentage of households with a radio at home

Household Ownership of a Computer



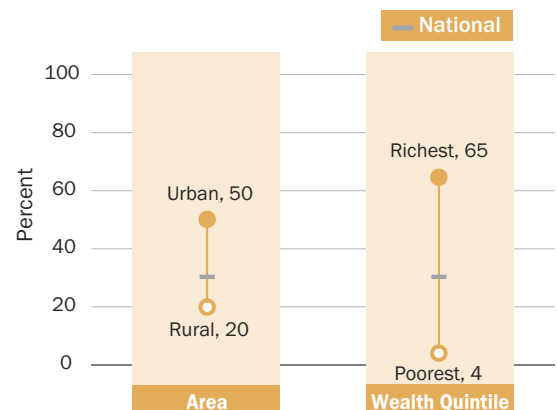
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



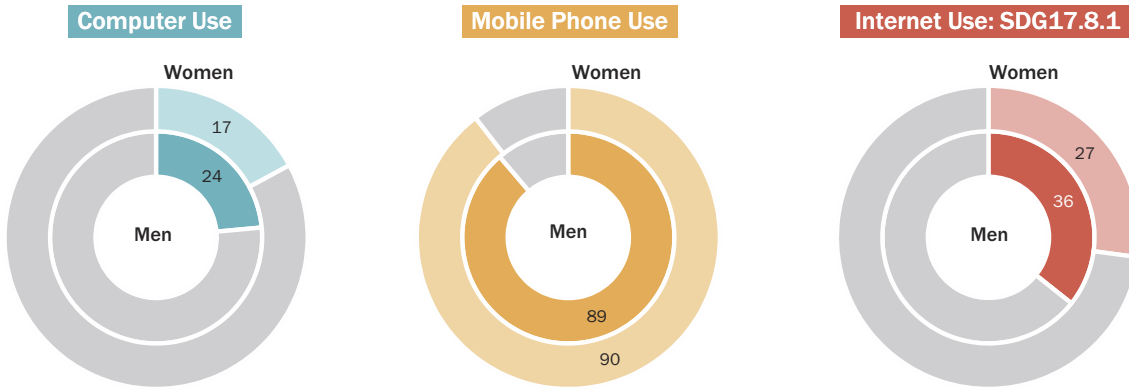
Percentage of households with mobile telephone

Households with Internet



Percentage of households with access to the internet at home

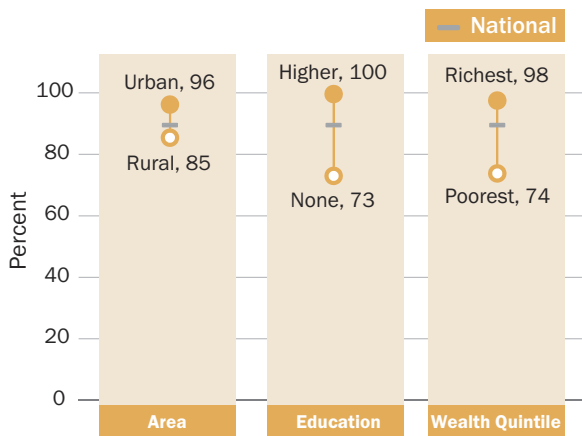
Use of Information & Communication Technology



Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

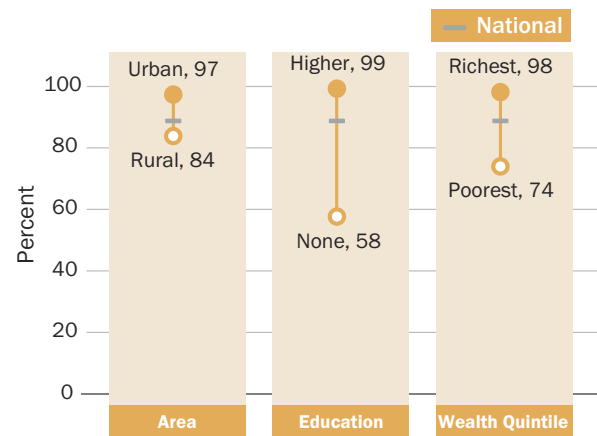
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



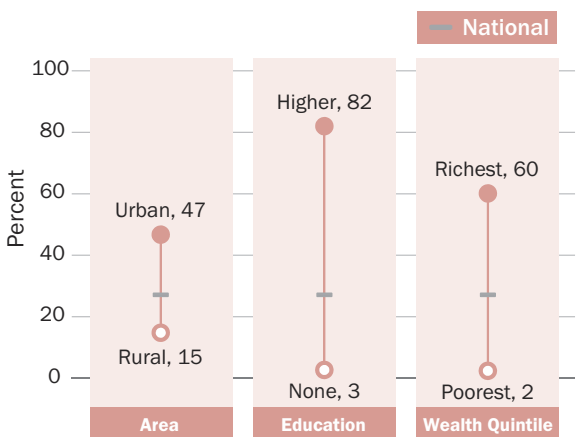
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men



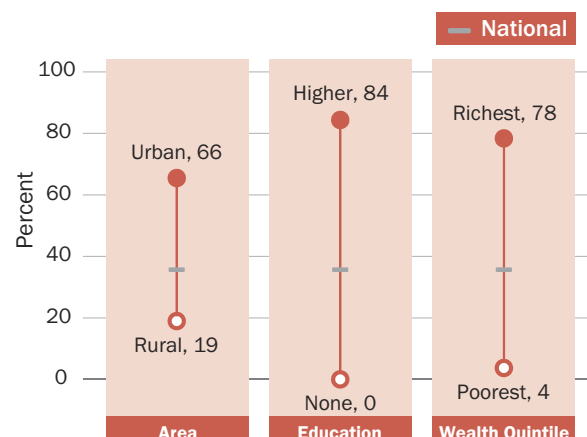
Percentage of men age 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Women: SDG 17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

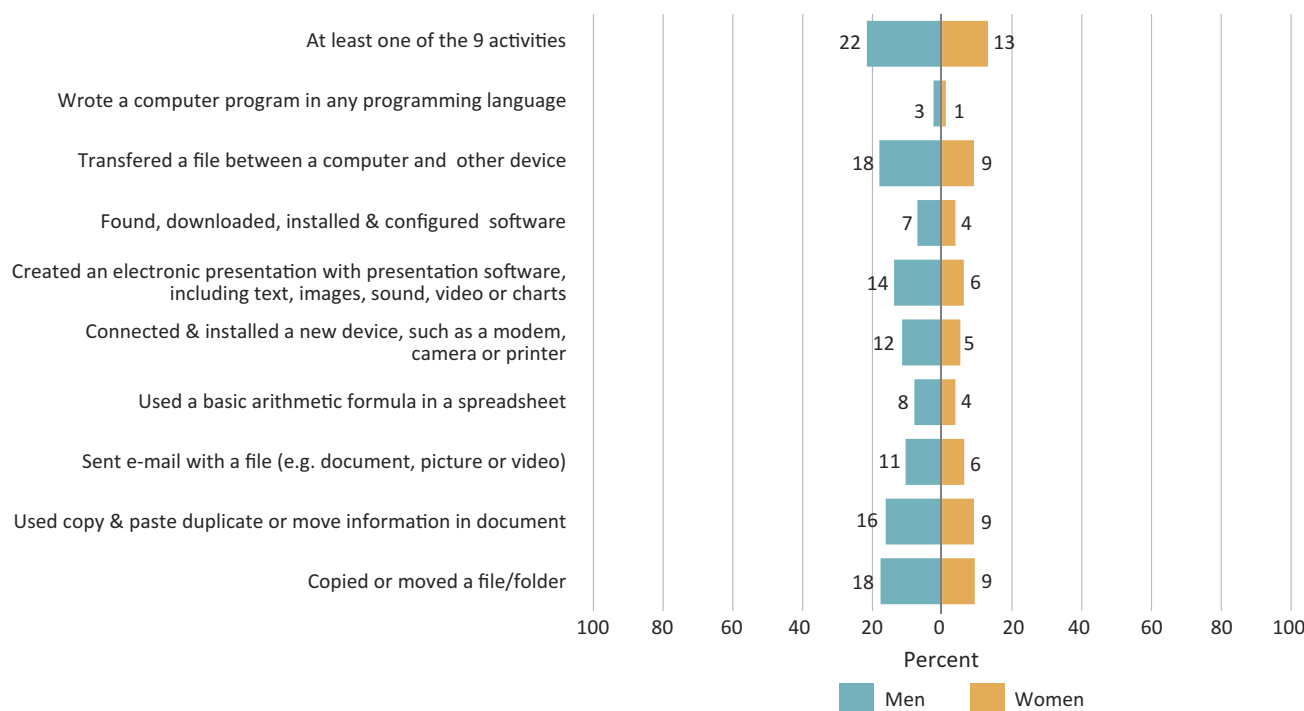
Disparities in Internet Use among Men: SDG 17.8.1



Percentage of men age 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills

Specific Computer Skills: SDG 4.4.1



Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Provincial Data on ICT Use & Skills among Women

Province	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
National	17	90	27	13
Bulawayo	37	94	43	29
Manicaland	12	90	28	10
Mashonaland Central	6	90	8	4
Mashonaland East	13	91	34	10
Mashonaland West	11	86	11	9
Matabeleland North	6	76	8	4
Matabeleland South	15	90	40	9
Midlands	15	85	24	13
Masvingo	11	86	20	8
Harare	35	97	46	27

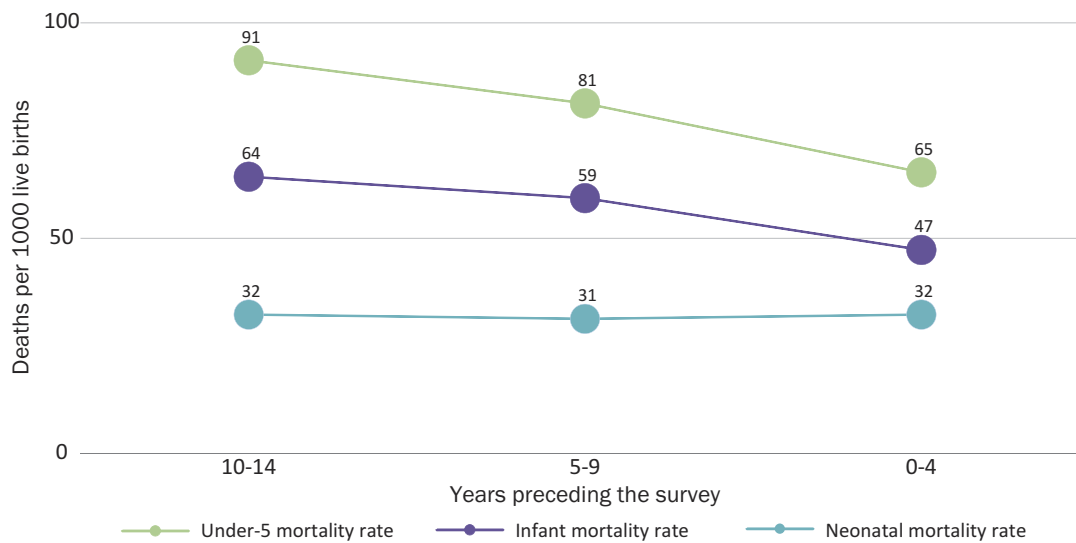
Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity, by province

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Mass Media, Communications & Internet. Data from this snapshot can be found in table SR9.1W, SR9.1M, SR 9.2, SR9.3W, SR9.3M, SR9.4W and SR9.4M.



Child Mortality

Mortality Rates among Children Under-5: SDG 3.2



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate Part of SDG 3.2	Under-5 mortality rate: SDG 3.2.1
5 Years					
0-4	32	14	47	19	65
5-9	31	28	59	24	81
10-14	32	32	64	29	91
10 Years					
Total	31	21	53	21	73

Neonatal mortality (NN): probability of dying within the first month of life

Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates

Infant mortality (1q0): probability of dying between birth and first birthday

Child mortality (4q1): probability of dying between the first and fifth birthday

Under-5 mortality (5q0): probability of dying between birth and fifth birthday

MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women are asked for the date of birth of each of their children, whether the child is still alive, and if not, the age at death.

Key Messages

- Neonatal Mortality Rate was 32 deaths per 1 000 live births for the 5 years preceding the survey and has remained unchanged over the past 15 years
- Neonatal Mortality Rate ranged from 16 deaths per 1 000 live births in Matabeleland North to 47 deaths per

1 000 live births in Midlands for the 10 years preceding the survey

- Infant Mortality Rate was 47 deaths per 1 000 live births for the 5 years preceding the survey while the under-5 mortality rate was 65
- Under-5 mortality rate was highest among women with pre-primary or no education (121 deaths per 1 000 live births) and among women from the poorest wealth quintile

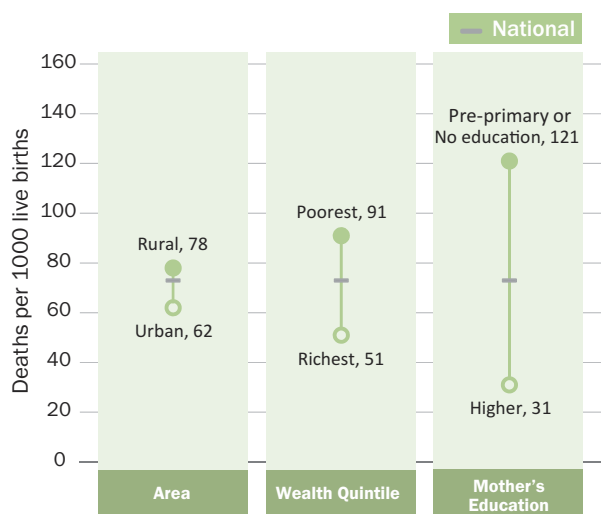
(91 deaths per 1 000 live births) for the 10 years preceding the survey

- Notably, Under-5 mortality rate was also highest among children under a birth interval of less than 2 years
- Under-5 mortality rate ranged from 40 deaths per 1 000 live births in Bulawayo to 83 deaths per 1 000 live births in Midlands and Mashonaland West, respectively, for the 10 years preceding the survey

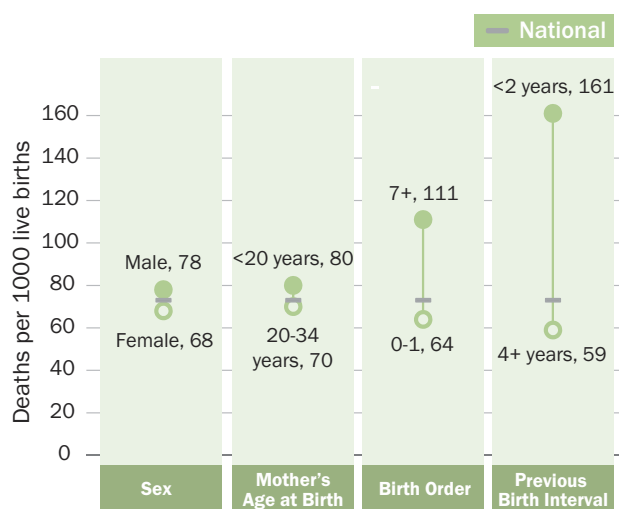


Child Mortality Disparities

Under-5 mortality rate by socio-economic characteristics & area



Under-5 mortality rate by demographic risk factors



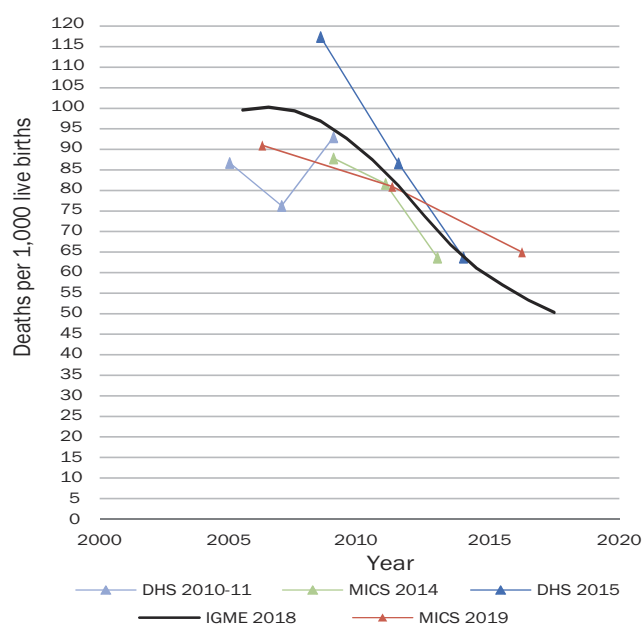
Under-five mortality rates for the 10 year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by Province

Province	Neonatal mortality	Under-5 mortality
National	31	73
Bulawayo	18	40
Manicaland	31	81
Mashonaland Central	33	72
Mashonaland East	39	79
Mashonaland West	29	83
Matabeleland North	16	44
Matabeleland South	26	50
Midlands	47	83
Masvingo	20	63
Harare	35	75

Neonatal mortality and under-5 mortality rates (deaths per 1000 live births) for the 10 year period preceding the survey, by province

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of MICS 2019 and various other survey results downloaded from the UN IGME web portal. Child mortality source data and child mortality estimates are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Data from the same source may differ between a report and UN IGME web portal as UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available). UN IGME are estimates based on available survey, census and/or vital registration data. These may include both direct and indirect calculation methods. In order to reconcile differences between data sources a smooth trend line is fit through the different data sources.

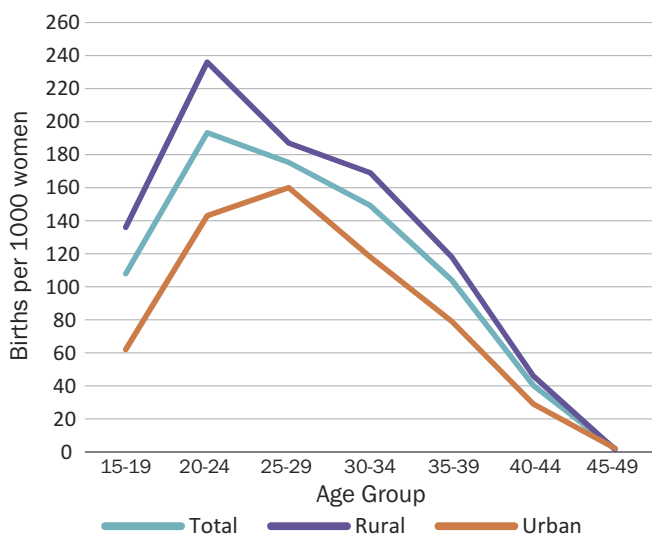
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Child Mortality. Data from this snapshot can be found in table CS.1, CS2, and CS3 in the Survey Findings Report.

Fertility



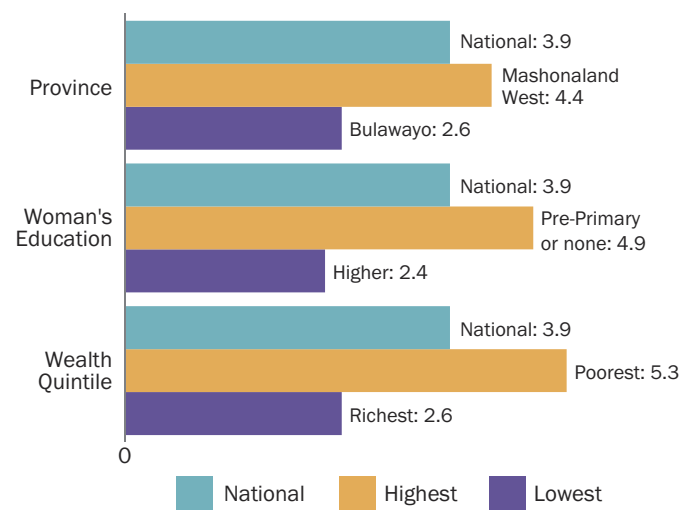
Fertility

Age Specific Fertility Rates



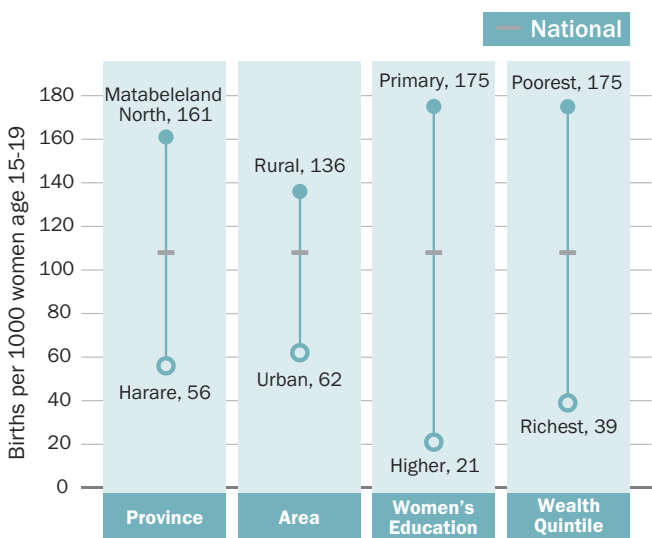
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Adolescent Birth Rate: SDG indicator 3.7.2

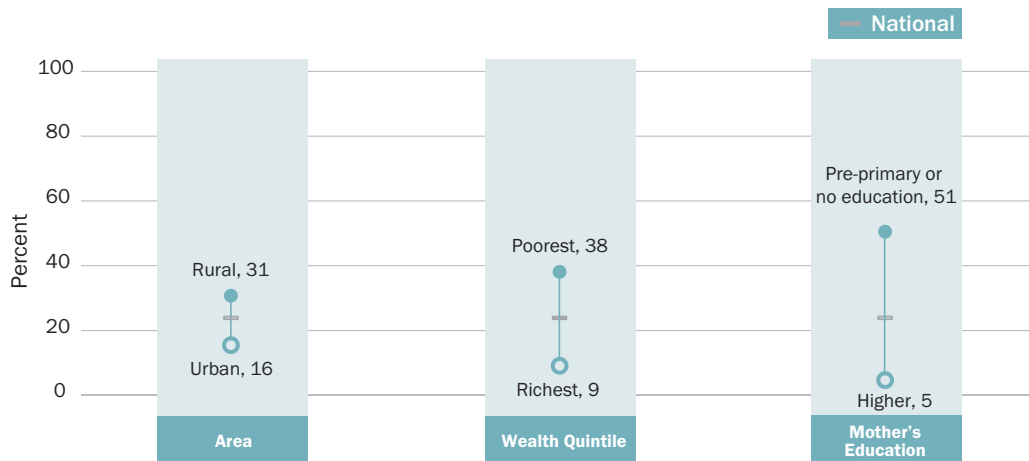


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

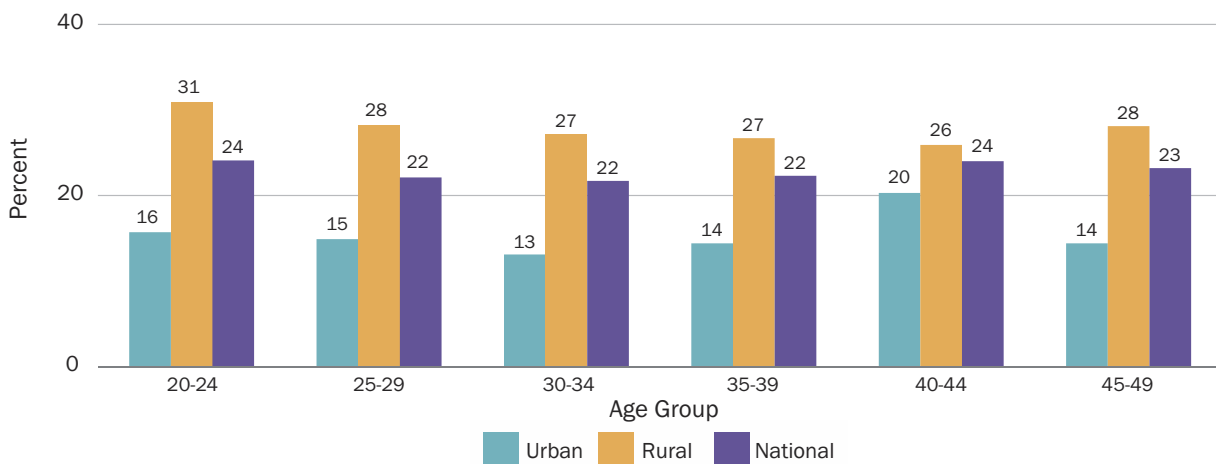
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

Trends in Early Child Bearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18

Key Messages

- The Total Fertility Rate (TFR) per woman age 15-49 years is 3.9 children
- TFR ranges from a low of 2.6 children in Bulawayo to a high of 4.4 in Mashonaland West
- Women in the poorest wealth quintile have twice more children than those in the richest (5.3 vs 2.6)
- Age Specific Fertility Rate (ASFR) peaks at age 20-24 years for women in rural areas and peaks at age 25-29 years for women in urban
- Adolescent Birth Rate was 8 times higher in women with primary than those with higher education, and 4 times higher in women from the poorest than those from the richest households
- Adolescent Birth Rate ranged from 56 births per 1 000 women in Harare to 161 births per 1 000 women in Matabeleland North
- One in four women age 20-24 years had a live birth before age 18

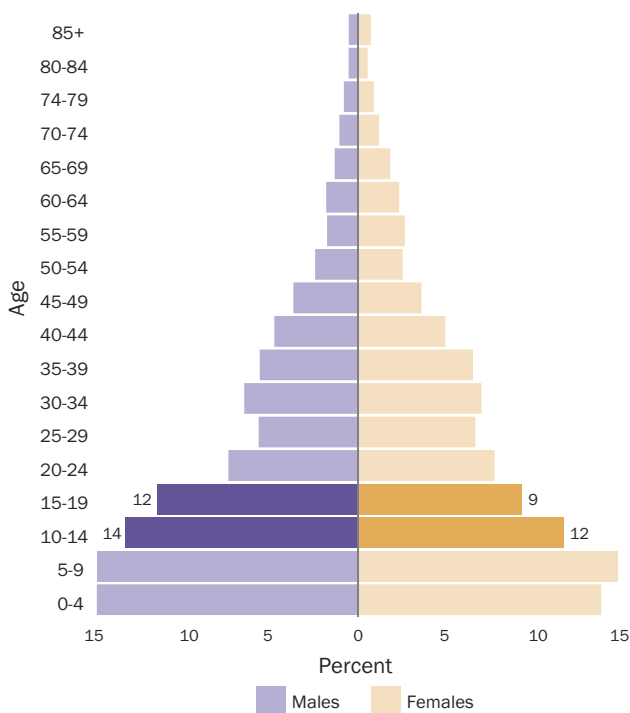
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Fertility. Data from this snapshot can be found in tables **TM1.1, TM 2.1, TM2.2W, TM2.3W, TM3.1** and **TM3.3**.



Adolescents

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population



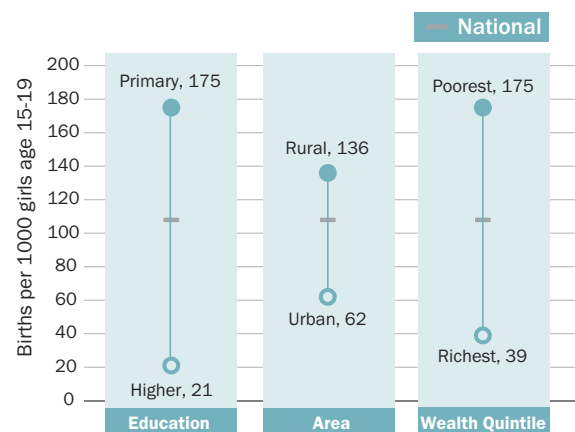
This section of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

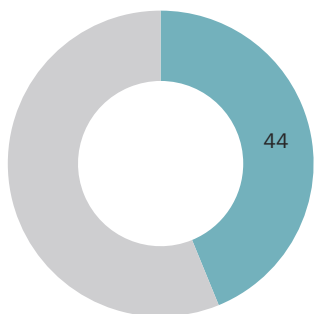
Adolescent Birth Rate: SDG 3.7.2



Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

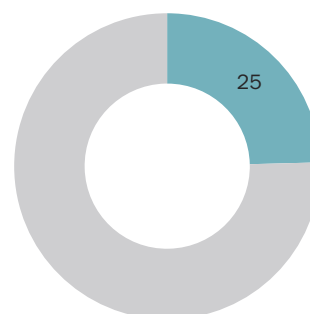
Every Adolescent Learns

Foundational Reading Skills SDG 4.1.1.(a) (i: reading)



Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Foundational Numeracy Skills SDG 4.1.1.(a) (ii: numeracy)

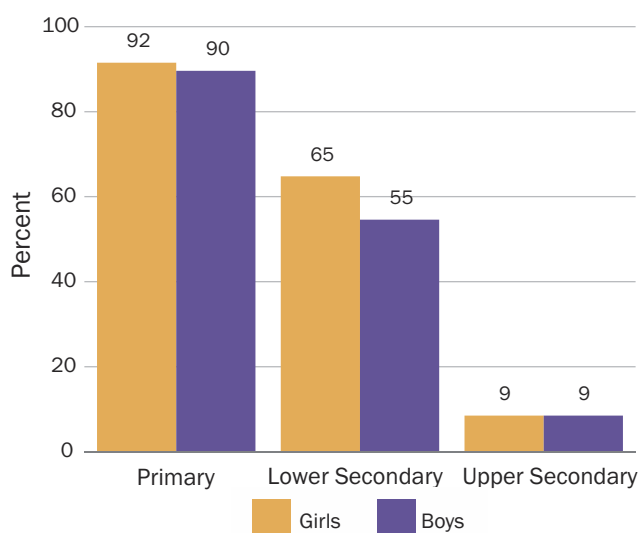


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

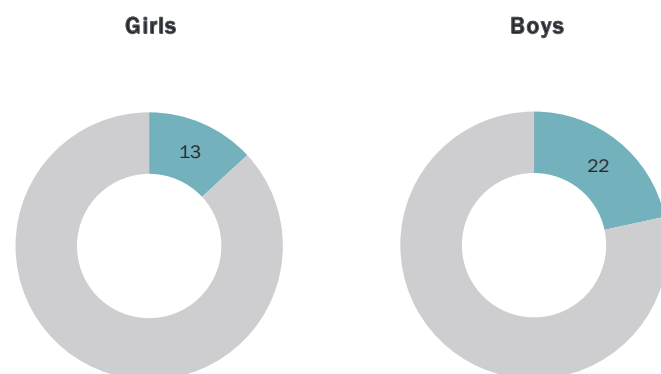
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

School Attendance Ratios



Adjusted net attendance ratio, by level of education and by gender

Information & Communications Technology (ICT) Skills*



Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities

*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Percentage of boys age 15-19 who can perform at least one of the nine listed computer related activities

*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Key Messages

- Males age 10-19 years constitute 25% of the male population and females 21% of the female population
- There is a notable difference in birth rate between adolescents: those with

primary education had a higher birth rate (175 births per 1 000 girls) while those with higher education had a lower birth rate (21 births per 1 000 girls)

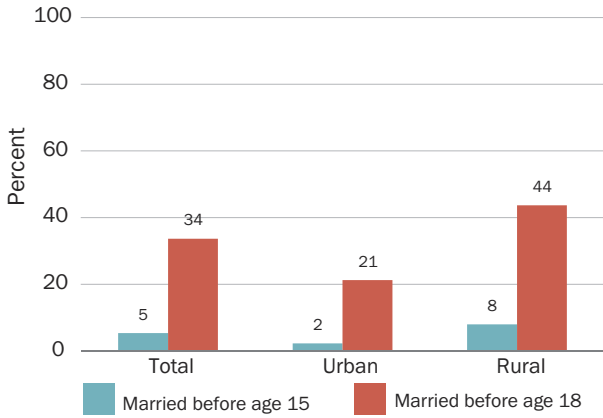
- Differences in adolescents birth rate were also observed between urban areas (62 births per 1 000 girls) and

rural areas (136 births per 1 000 girls)

- Adolescent birth rate was highest among children living in poorest households (175 births per 1 000 girls) and lowest among children from richest households (39 births per 1 000 girls)

Every Adolescent is Protected from Violence & Exploitation

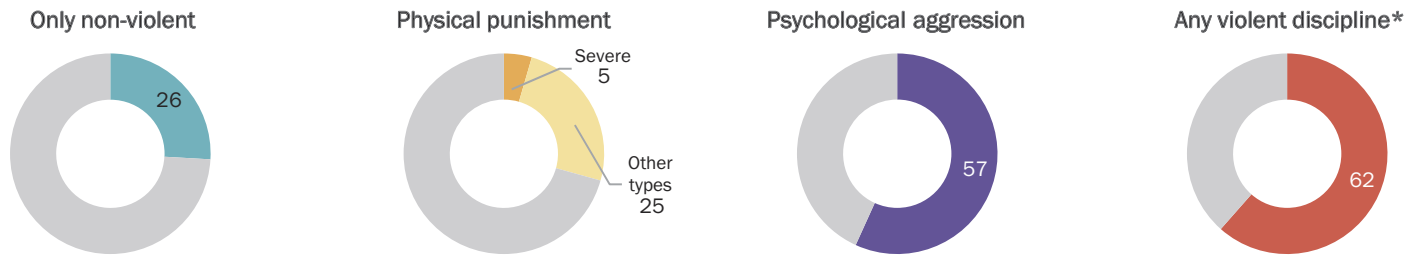
Child Marriage: SDG 5.3.1



Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

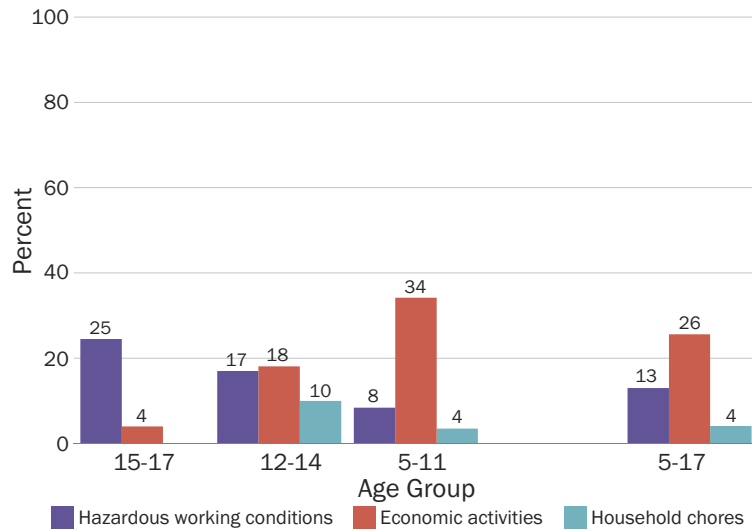
Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

Child Discipline



Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Child Labour: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

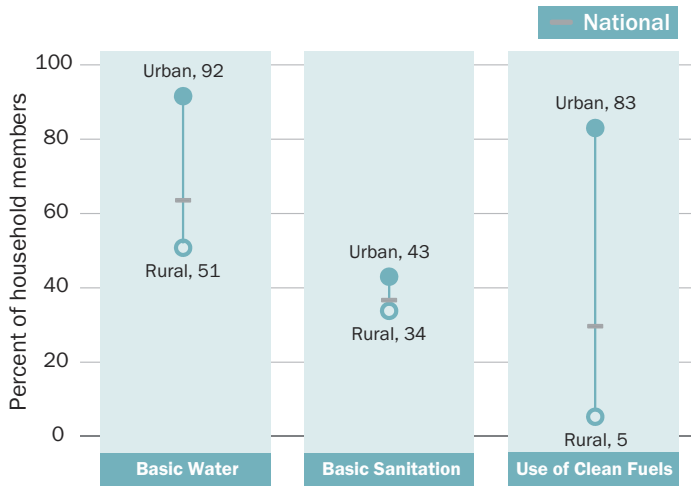
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation: SDG 1.4.1 & Clean Fuel Use: SDG 7.1.2



Percentage of household population by drinking water, sanitation and use of clean fuels

The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

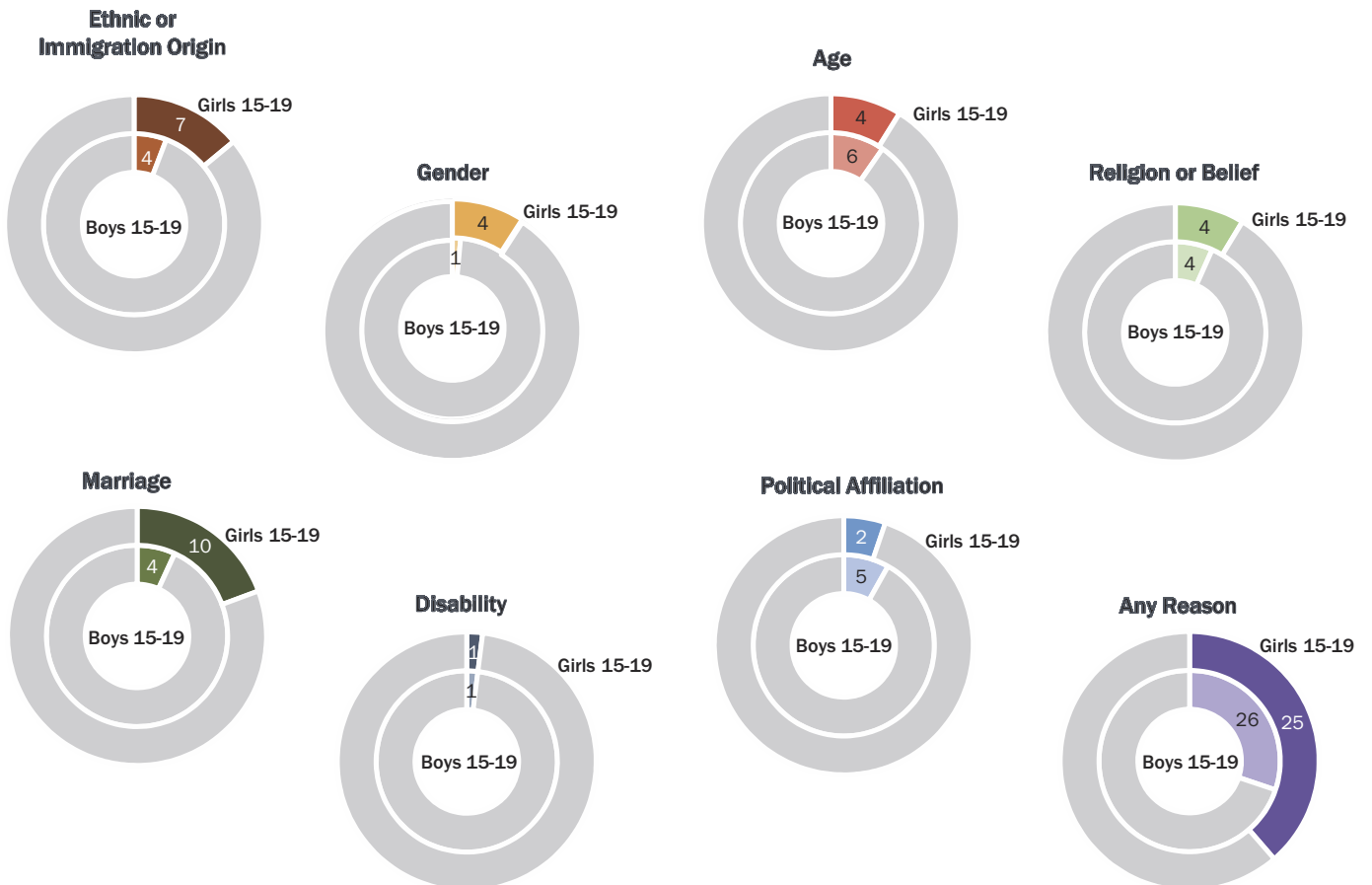
Basic Drinking Water SDG 1.4.1: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life

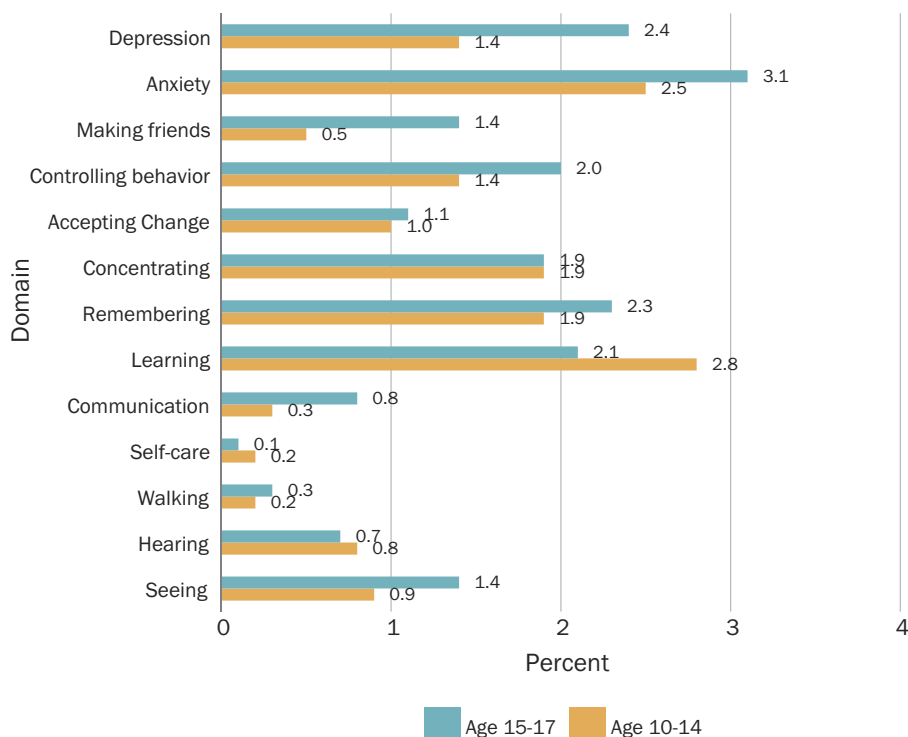
Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- Forty-four percent of children age 7-14 years demonstrated foundational reading skills while less than a quarter (24%) demonstrated foundational numeracy skills
- For age group 15-19 years, there were low ICT skills (22% among boys and 13% among girls)
- Adolescents girls in rural areas were more likely to be married before age

18 years as compared to their peers in urban areas (44% for rural and 21% for urban)

- Sixty-two percent of the adolescents 10-14 years were subjected to some form of violent discipline in the past month
- Adolescents in urban areas had better access to basic water services, basic sanitation and use of clean fuels than their rural counterparts
- One in four adolescents (age 15-19 years) experienced some form of discrimination in the last 12 months

- One in ten adolescent girls and 4% boys of age 15-19 years felt discriminated on grounds of marriage
- Seven percent girls and 4% among boys age 15-19 years reported having ever been discriminated against because of ethnicity or immigration origin while 4% among girls and 1% among boys reported having been discriminated against based on gender
- Depression and anxiety among adolescents age 15-17 years were 2% and 3%, respectively

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Adolescents. Data from this snapshot can be found in table SR4.1, SR9.4W/M, TM2.1, TM3.1, LN1.2, LN4.1, LN4.2, PR2.1, PR3.3, PR4.1W, WS3.6, TC4.1, EQ1.2 and EQ3.1W/M.

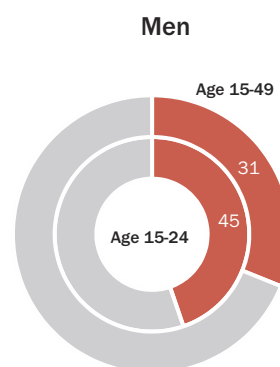
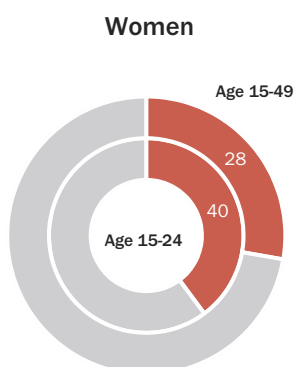
HIV & Sexual Behaviour



HIV indicators

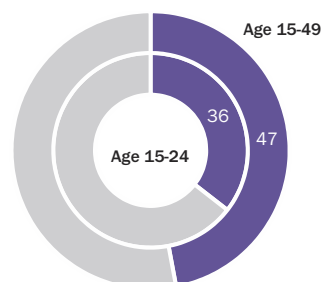
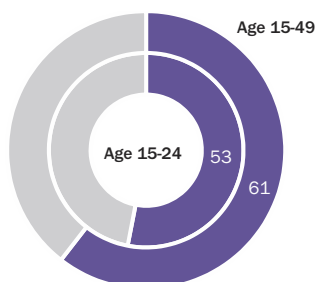
Stigma

Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV



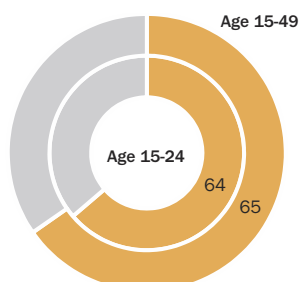
Testing

Percent who have been tested for HIV in the last 12 months and know the result



Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

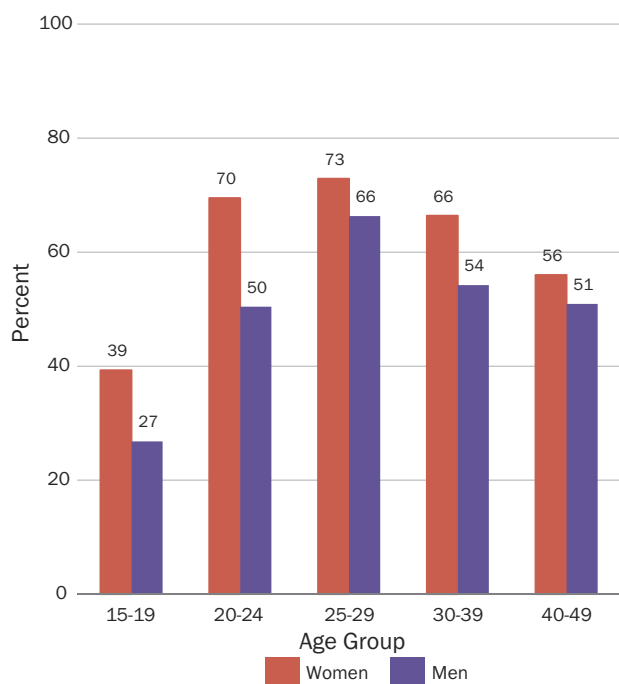


Key Messages

- A higher proportion of discriminatory attitudes towards people living with HIV was reported amongst the age groups of 15-24 years: among men (45%) and among women (40%)
- The proportion of individuals 15-49 years of age tested for HIV in the 12 months preceding the survey and knew their results was 61% in women and 47% in men
- The pattern was similar among the 15-24 years of age with women being 53% and men at 36%
- Two in every three women were tested for HIV and received post testing counselling during ANC
- In the age group 15-24 years, the proportion of sexually active women was 52% and that of men was 40%

HIV Indicators by Key Characteristics

Tested for HIV in last 12 months and know the result



Percent age 15-49 who have been tested for HIV in the last 12 months and know the result

Provincial Data on HIV Testing

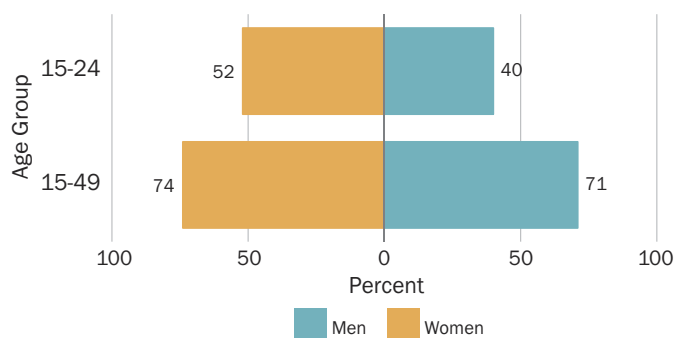
Province	Men who tested in last 12 months and know the result	Women who tested in last 12 months and know the result	Women testing at ANC
National	47	61	65
Bulawayo	48	57	67
Manicaland	39	58	76
Mashonaland Central	49	63	59
Mashonaland East	45	60	73
Mashonaland West	47	62	62
Matabeleland North	37	63	84
Matabeleland South	43	63	67
Midlands	51	61	57
Masvingo	58	62	57
Harare	49	60	62

Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result

HIV testing during ANC: percent of women age 15-49 who during their last antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Sexual Behaviour by Key Characteristics

Sexually Active

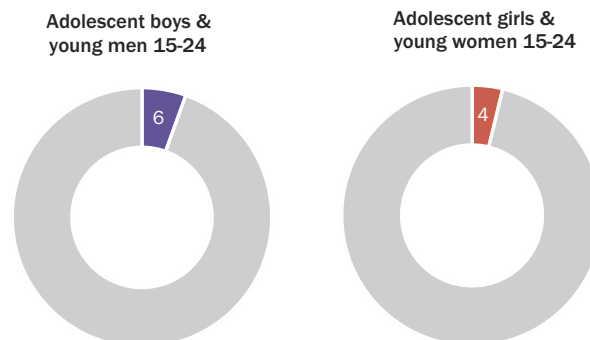


Sexually active: Percent of women and men age 15-24 and 15-49 who had sexual intercourse within the last 12 months

Sex before age 15: Percent of women and men age 15-24 who had sex before age 15

In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programmes.

Young People who had Sex Before Age 15



Sexual Behavior by Key Characteristics

Provincial Data on Sexual Behaviour

Province	Men 15-49	Women 15-49
	Sex before 15	Sex before 15
National	3.8	4.6
Bulawayo	1.8	2.7
Manicaland	2.4	6.2
Mashonaland Central	5.3	6.8
Mashonaland East	4.1	5.2
Mashonaland West	4.4	5.2
Matabeleland North	7.9	5.8
Matabeleland South	6.9	6.4
Midlands	2.9	4.9
Masvingo	4.5	4.2
Harare	2.2	1.4

Percent distribution of men and women age 15-49 years who had sex before age 15 years, by province

Key Messages

- In the age group 15–24 years, the proportion of sexually active women was 52% and that of men was 40%
- The proportion of adolescent boys and young men age 15-24 years who reported having had sex before the age of 15 years was 6% and for girls and young women of the same age group was 4%
- The highest proportion of women and men who tested for HIV in the last 12 months was in the age group 25-29 years for both women (73%) and men (66%) and lowest in the age group 15-19 years
- The proportion of men who tested for HIV in the last 12 months was highest in Masvingo (58%) and lowest in Matabeleland North (37%) whilst among the women, the proportion was highest in Matabeleland South (63%) and lowest in Bulawayo (57%)
- Nationally, two women in three with a live birth in the last 2 years were tested for HIV during ANC. Matabeleland North had the highest proportion of women who tested for HIV at ANC (84%) while Masvingo and Midlands had lowest with 57% each

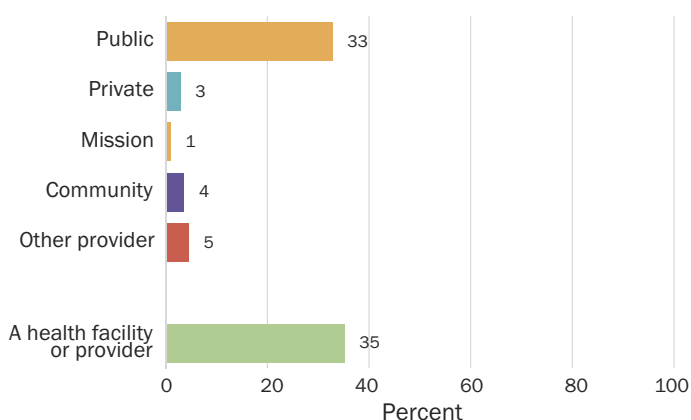
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to HIV & Sexual Behaviours. Data from this snapshot can be found in tables **TM10.1M**, **TM10.1W**, **TM10.2M**, **TM10.2W**, **TM11.1M**, **TM11.1W**, **TM11.3M**, **TM11.3W**, **TM11.4M**, **TM11.4W**, **TM11.5**, **TM11.6M** and **TM11.6W**.



Child Health & Care of Illness

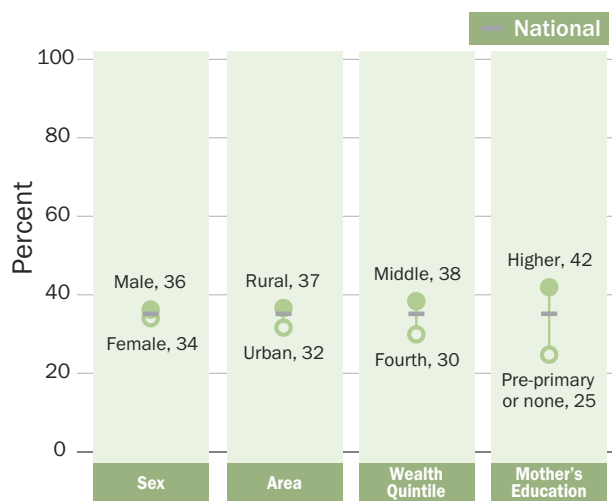
Diarrhoea

Care-seeking for Diarrhoea



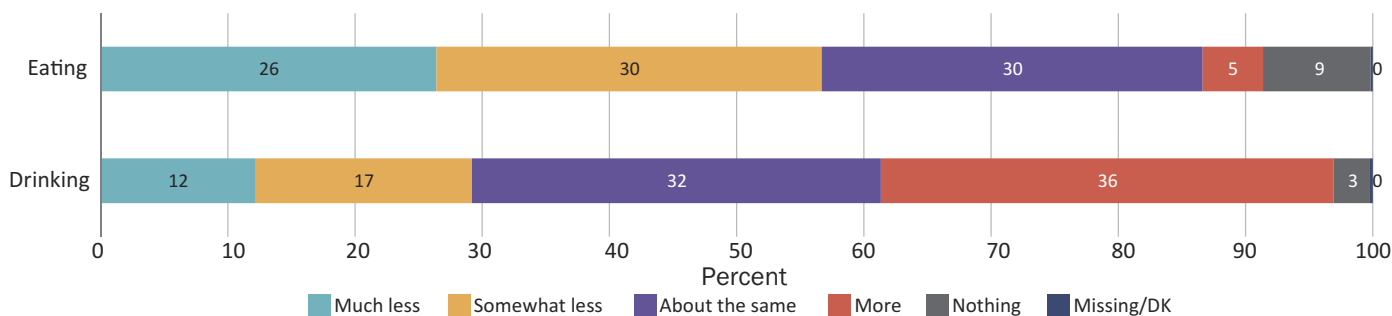
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea



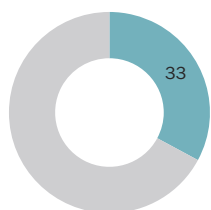
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea



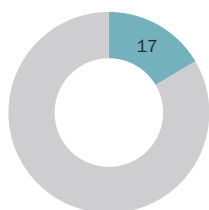
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



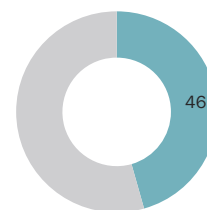
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

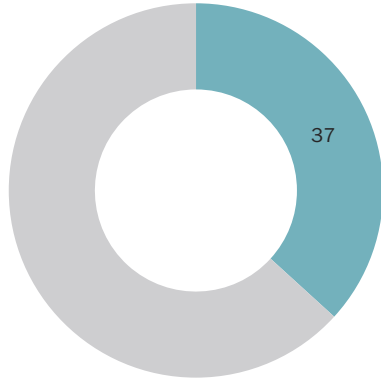
ORT + Continued Feeding for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

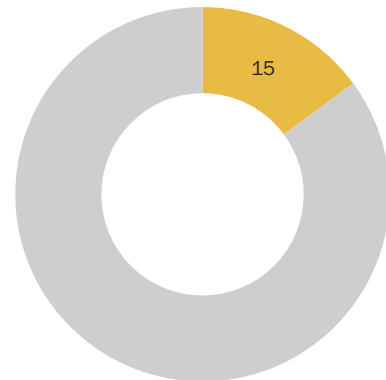
Malaria

Household Availability of Insecticide Treated Nets (ITNs)



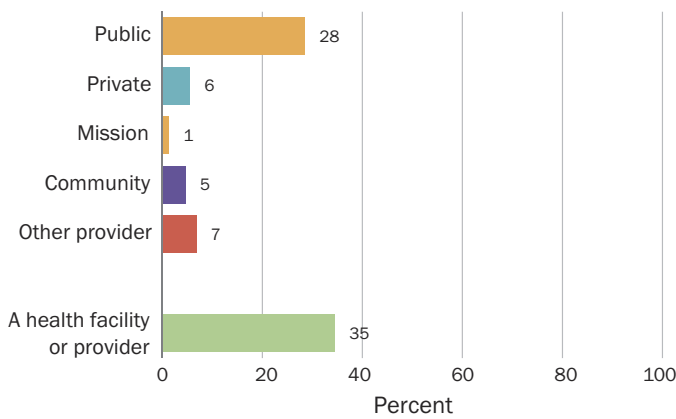
Percentage of households with at least one insecticide-treated net (ITN)

Children Under-Five who slept under an ITN



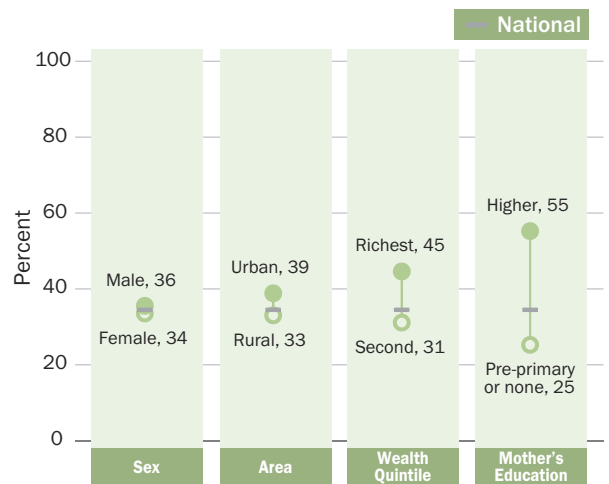
Percentage of children age 0-59 months who slept under an ITN last night

Care-seeking during Fever



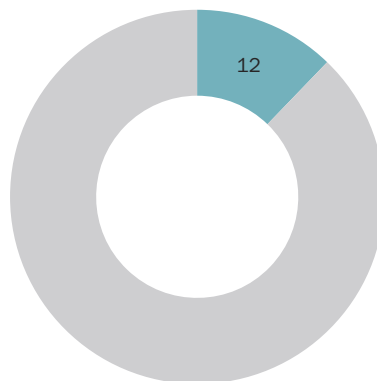
Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking during Fever



Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

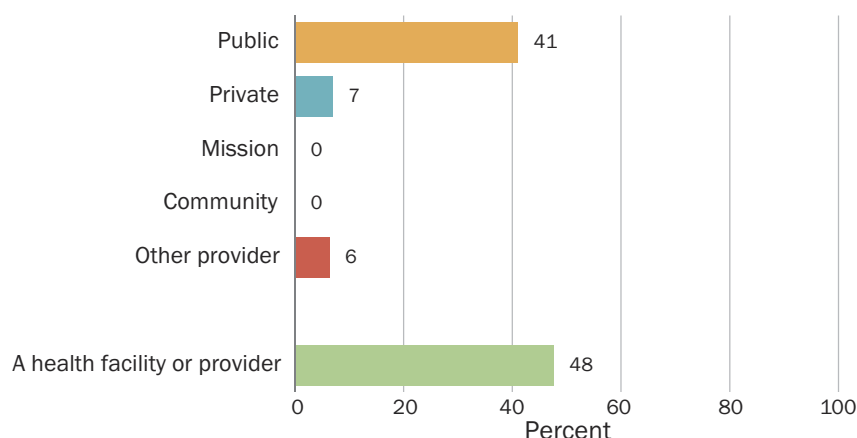
Malaria Diagnosis Usage



Percentage of children with fever who had blood taken from a finger or heel for testing

Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI: SDG 3.8.1



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment
Community health providers includes both public (Community health worker and Mobile/Outreach clinic), mission and private (Non-Government community health worker and Mobile clinic) health facilities

Provincial Data on Care-Seeking for Childhood Illness

Province	Care-Seeking at a health facility or provider for:	
	Diarrhoea	Fever
National	35	35
Bulawayo	36	(*)
Manicaland	40	40
Mashonaland Central	45	41
Mashonaland East	40	36
Mashonaland West	29	29
Matabeleland North	42	(*)
Matabeleland South	35	(6)
Midlands	37	26
Masvingo	32	34
Harare	28	37

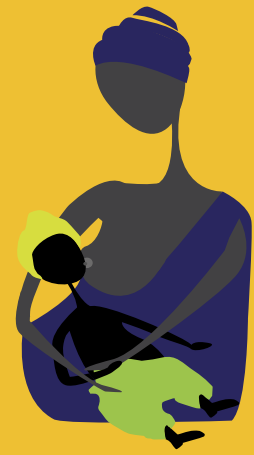
Percent distribution on care-seeking for childhood illness at a health facility or provider, by province

Key Messages

- Of children 0-59 months who had either diarrhea or fever in the past two weeks, one third sought advice or treatment from a health facility or provider, nearly always a public health facility
- Care seeking behaviour for diarrhoea increased with increase in level of education of the mother
- Fifty-six percent of children age 0-59 months with diarrhoea were eating less food during episodes of diarrhoea
- One third of children age 0-59 months were drinking more fluids than usual during episodes of diarrhea
- Only 1 in 3 children age 0-59 months with diarrhoea in the last 2 weeks was treated with ORS, and less than one in five with ORS and Zinc
- Forty-six percent of children with diarrhoea in the last 2 weeks were treated with ORT with continued feeding
- Care seeking behaviour for fever increased with increase in level of education of the mother
- Of children age 0-59 months who had symptoms of ARI, advice or treatment was sought from a health facility or provider in nearly half of the cases (41% from a public health facility)

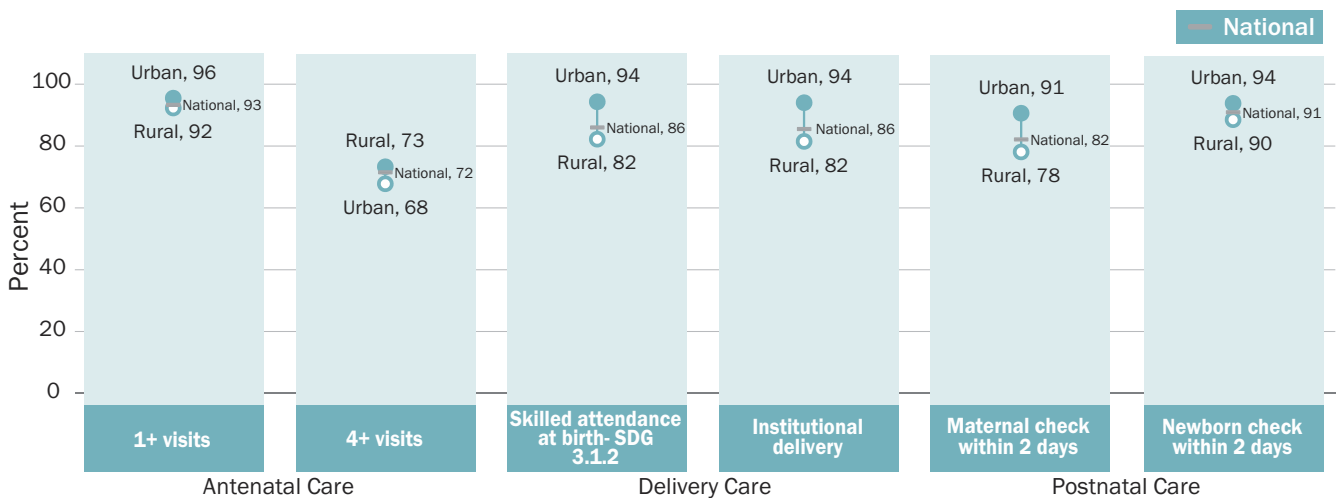
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Child health & Care of Illness. Data from this snapshot can be found in table **TC3.1, TC3.2, TC3.3, TC5.1, TC6.1, TC6.10**.

Maternal & Newborn Health



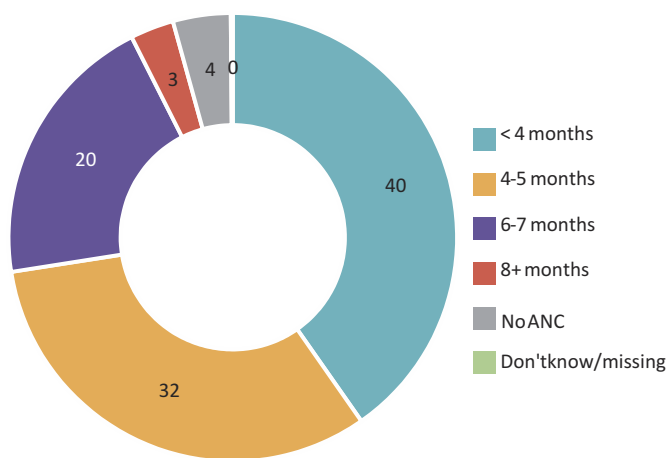
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



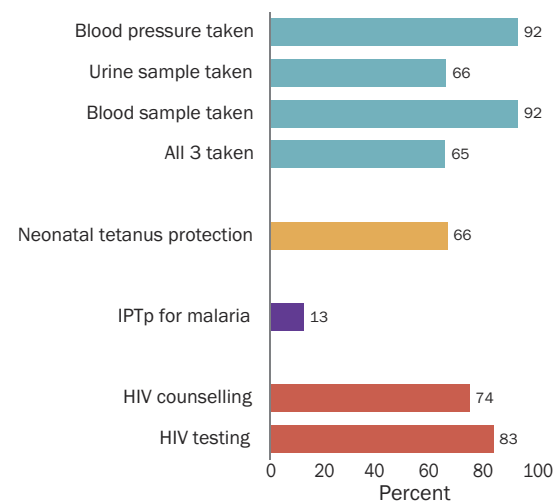
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (SDG 3.1.2), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit



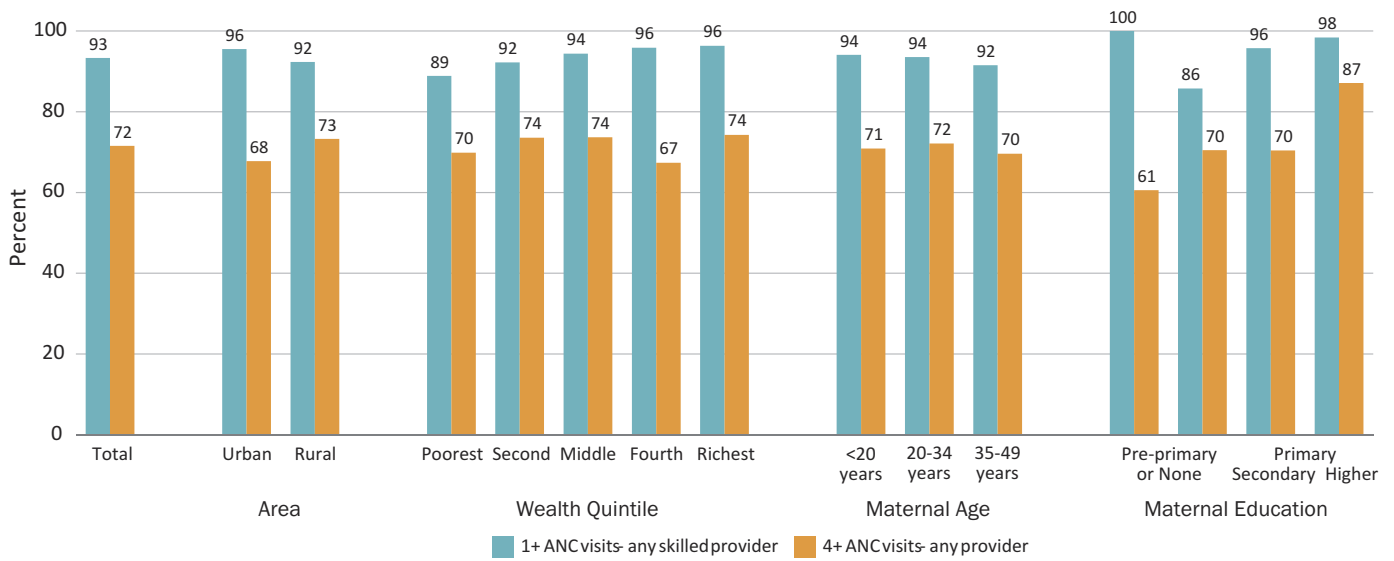
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, took three or more doses of SP/Fansidar to prevent malaria, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

Content & Coverage of Antenatal Care Services

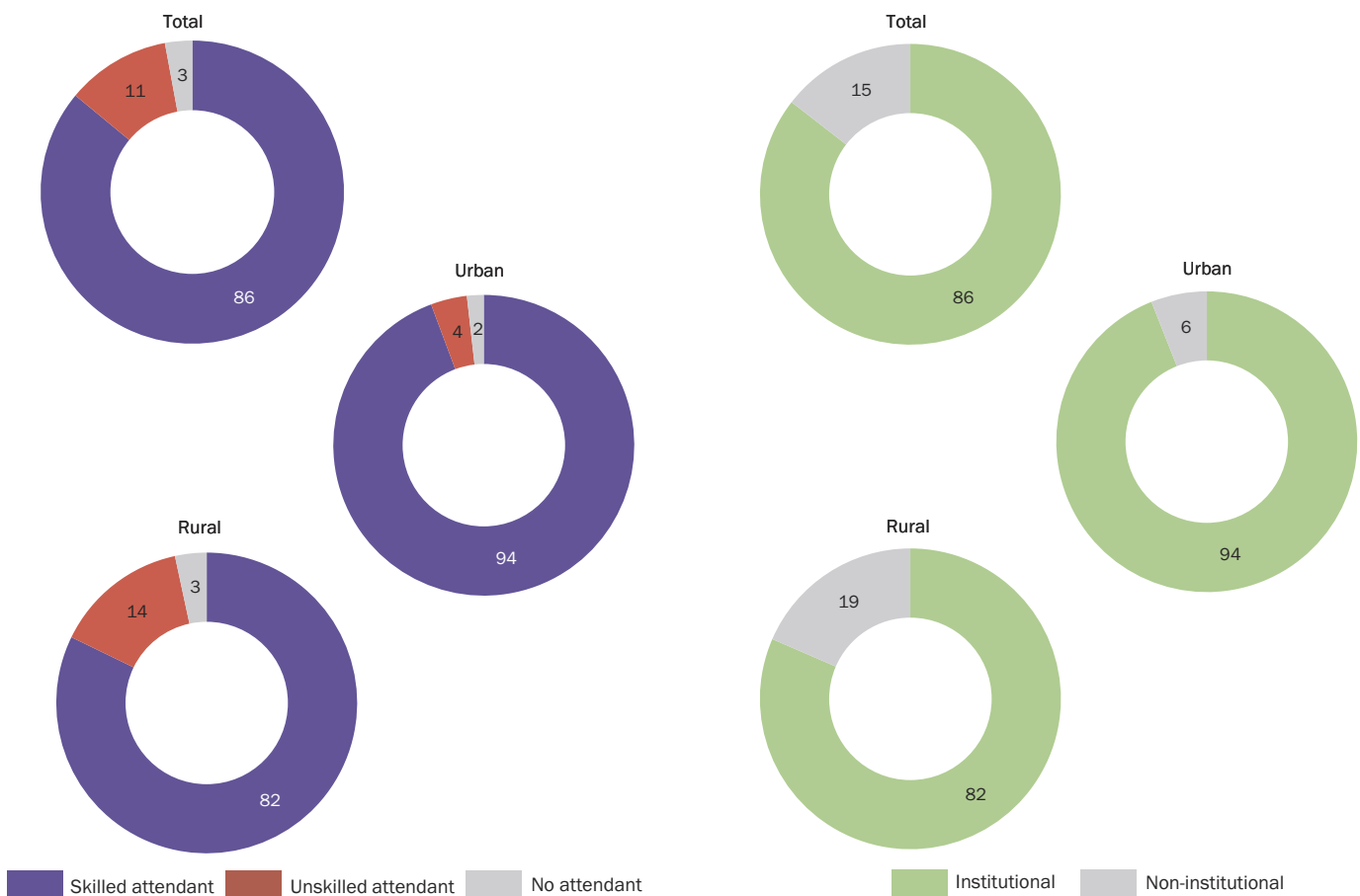


Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

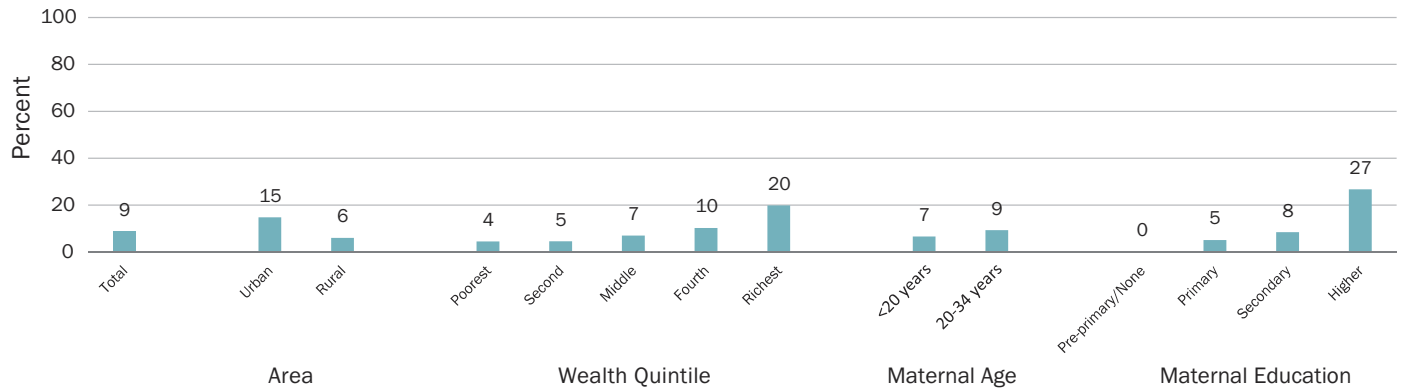
Skilled Attendance at Birth

Institutional Delivery



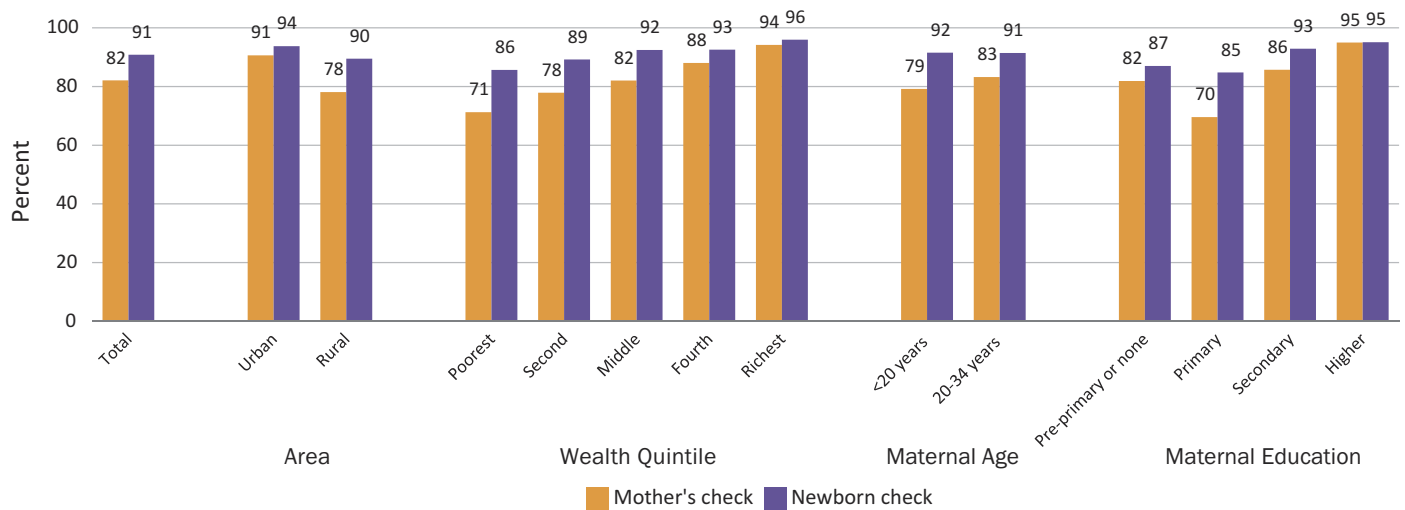
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



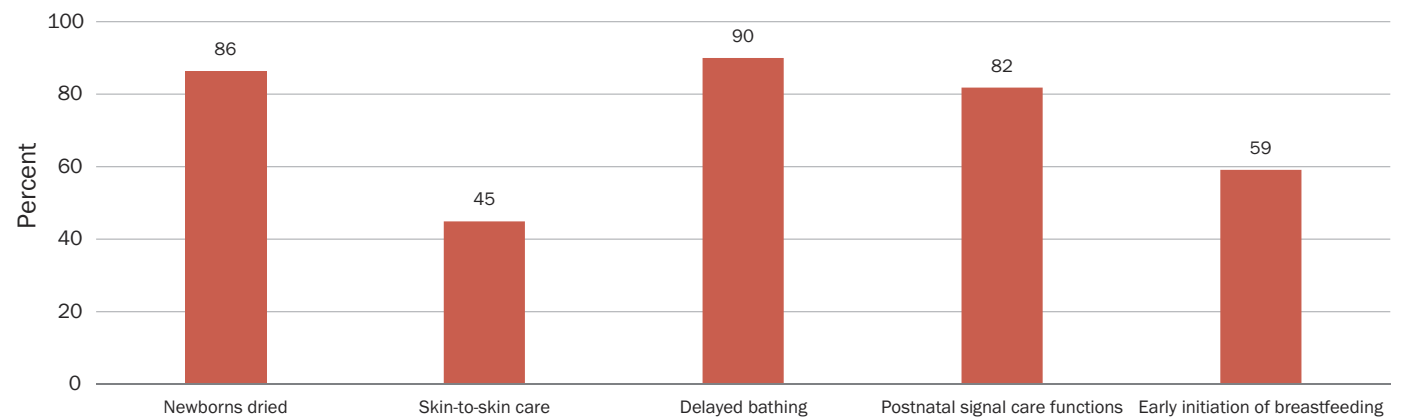
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the newborn received a least 2 postnatal signal care functions within 2 days after birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth, by various characteristics

* Among the last live-births in the last 2 years delivered outside a facility

Provincial Data on Maternal and Newborn Cascade

Provinces	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
National	93	72	86	86	82	91
Bulawayo	96	69	93	91	90	95
Manicaland	87	72	76	75	82	86
Mashonaland Central	96	83	85	86	82	91
Mashonaland East	93	70	86	86	88	93
Mashonaland West	92	71	83	81	72	91
Matabeleland North	99	76	93	93	88	95
Matabeleland South	98	69	90	90	87	96
Midlands	97	70	88	88	77	90
Masvingo	92	75	84	84	80	90
Harare	94	65	94	94	87	91

For indicator definitions, see earlier charts

Maternal mortality ratio decreased by 152 deaths from MICS 2014 to MICS 2019

Maternal mortality ratio: SDG 3.1.1

	Year	
	2014	2019
Maternal deaths per 100,000 live births (7 years preceding the survey)	614	462

A maternal death is defined as the death of a women while pregnant or within 42 days of termination of pregnancy, from any cause except accidents or violence.

Key Messages

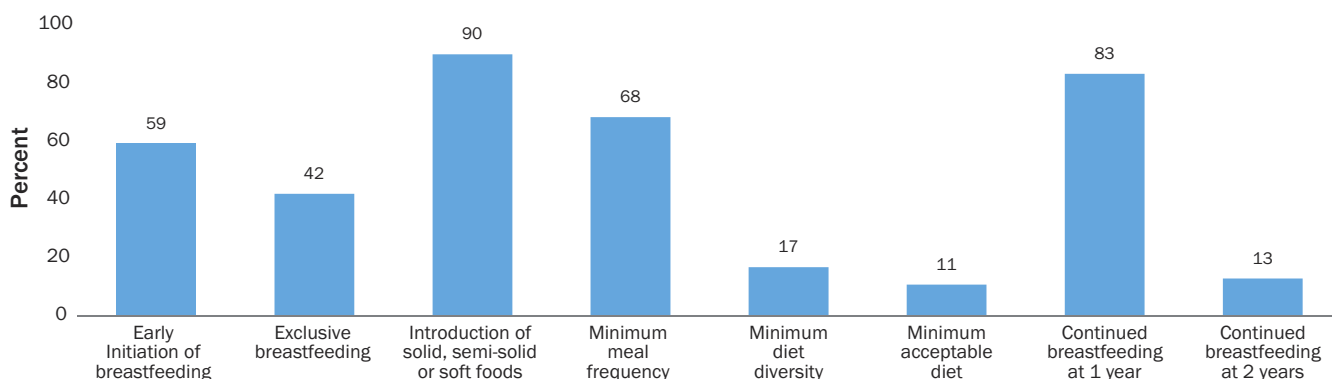
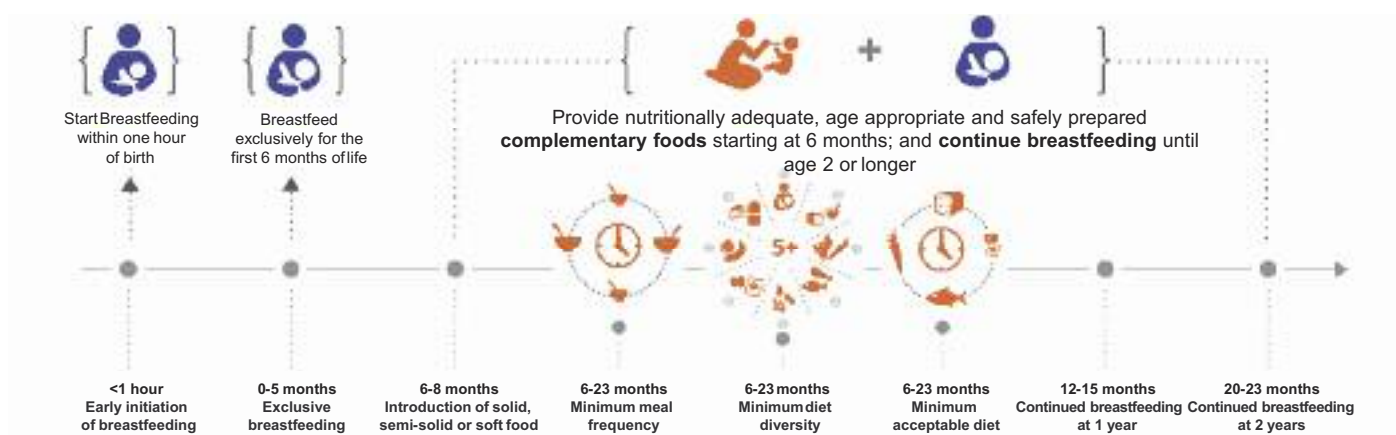
- Above 9 in 10 women age 15-49 years with a live birth in the last two years received antenatal care at least once from a skilled provider
- About 2 in 5 women had their first antenatal care visit before 4 months of pregnancy
- Among women who received antenatal care, 65% received all 3 key services, i.e. blood pressure measurement (92%), blood sample (92%) and urine testing (65%).
- The proportion of pregnant women with at least 4 antenatal care visits was 72%
- Eighty-six percent of live births took place in health facilities
- Eighty-six percent of women age 15-49 years with a live birth two years preceding the survey were delivered by skilled personnel (94% in urban areas and 82% in rural areas)
- Almost 1 in 10 of live births were by caesarean section ranging from 4% among women in poorest households to 20% among those in richest households
- Women with higher education were more likely to deliver by caesarean section (27%)
- Eighty-two percent of mothers and 91% of newborn babies received postnatal care within 2 days of delivery
- Slightly above 8 in 10 of newborn babies received at least 2 postnatal signal care functions (temperature, cord care, weight measurement)
- Maternal mortality ration dropped from 614 deaths per 100 000 live births in 2014 to 462 in 2019

The objective of this section is to disseminate selected findings from the **Zimbabwe MICS 2019** related to Maternal and Newborn Health. Data from this snapshot can be found in table **TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TM.8.9, TM.11.5, TM.21, TC.6.9** and **TC.7.1**.

Infant & Young Child Feeding (IYCF)



Infant & Young Child Feeding



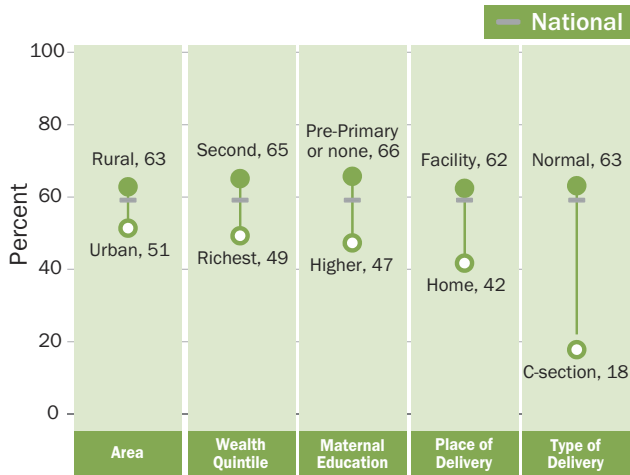
Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

Key Messages

- Almost 3 in 5 newborn babies were put to breast within the first hour of birth
- Early initiation of breastfeeding was lowest among children born through C-section (17%) compared to normal delivery (63%)
- Two in five infants under the age of six months were receiving only breastmilk (exclusive breastfeeding)
- For every 10 infants age 6-8 months, 9 were receiving solid/semi solid food in a timely manner
- Only 17% of children age 6-23 months were consuming foods from the recommended number of food groups per day
- There were notable disparities in dietary diversity being lower amongst the rural (13%) compared to the urban (26%)
- Children from richest households are 5 times more likely to have the minimum dietary diversity than those from poorest household
- For babies born to mothers with higher education, 45% of them received the minimum dietary diversity compared to none among babies of mothers with pre-primary or no education
- Only 1 in 10 children age 6-23 months were receiving both the minimum recommended diversity of food and number of feeds

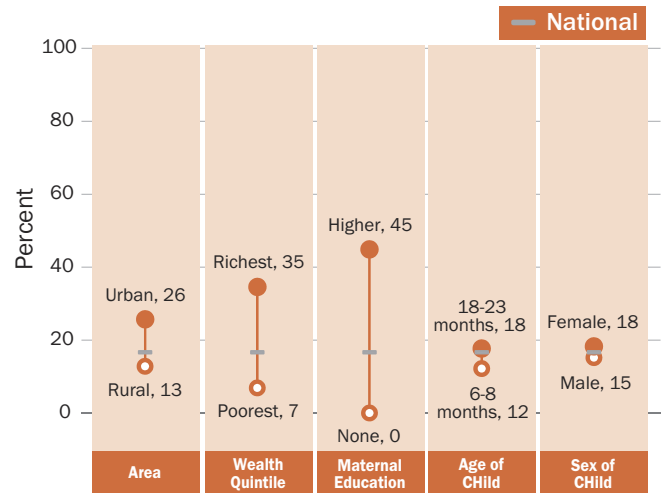
IYCF: Equity

Early Initiation of Breastfeeding



Percentage of newborns put to the breast within one hour of birth, by background characteristics

Minimum Diet Diversity

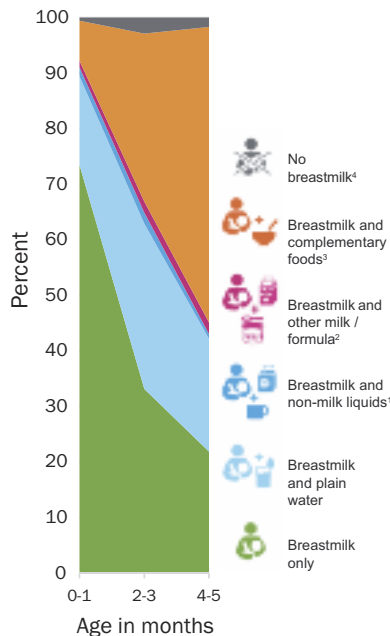


Percentage of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk



Notes: 1) may also have been fed plain water; 2) may also have been fed plain water and/or non-milk liquids; 3) may also have been fed plain water, non-milk liquids and/or other milk/formula; 4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.

Provincial Data on Early Initiation of Breastfeeding and Minimum Diet Diversity

Province	Early Initiation of breastfeeding	Minimum Diet Diversity
National	59	17
Bulawayo	53	23
Manicaland	47	15
Mashonaland Central	76	11
Mashonaland East	62	20
Mashonaland West	63	12
Matabeleland North	72	8
Matabeleland South	59	22
Midlands	71	16
Masvingo	63	15
Harare	43	26

Percent of newborns put to the breast within one hour of birth, and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by province

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Infant & Young Child Feeding (IYCF). Data from this snapshot can be found in tables [TC.7.1](#), [TC.7.2](#), [TC.7.3](#), [TC.7.5](#), [TC.7.6](#), [TC.7.7](#).

Nutritional Status of Children

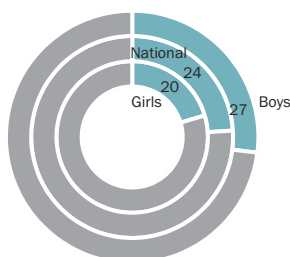


Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1



Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

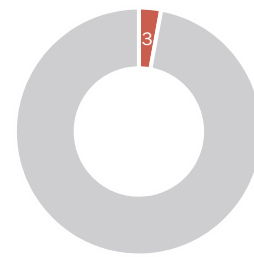


Percentage children under-5 who are stunted

Wasting: SDG 2.2.2



Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

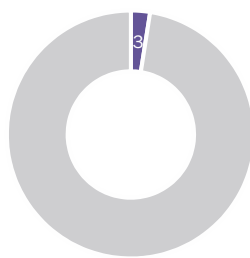


Percentage children under-5 who are wasted

Overweight: SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

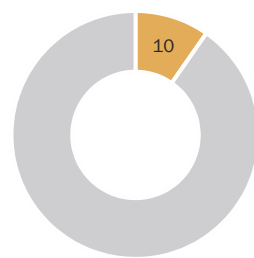


Percentage children under-5 who are overweight

Underweight

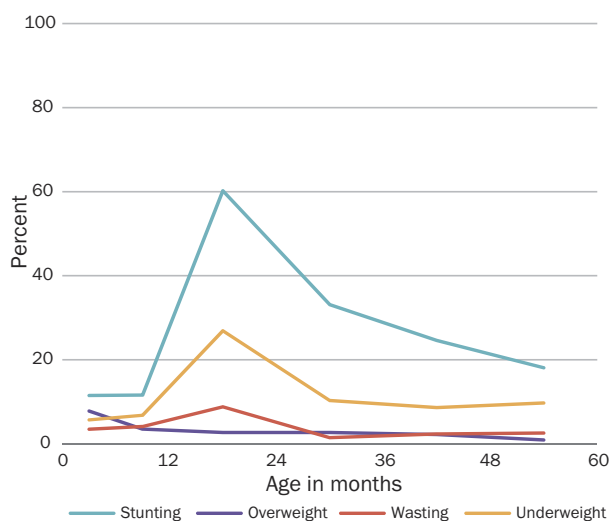


Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

Anthropometric Malnutrition Indicators by Age



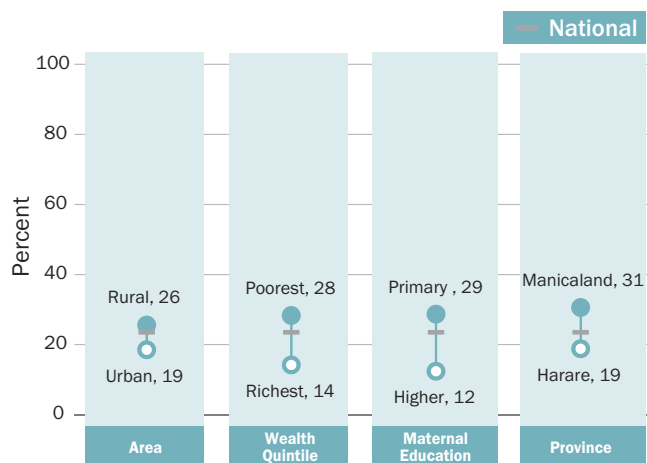
Percentage children who are underweight, stunted, wasted and overweight, by age in months

Key Messages

- About 1 in 4 children under 5 were stunted and at risk of impaired physical and cognitive growth. This is still ranked 'High' according to the WHO thresholds for prevalence of stunting
- There is a noteworthy increase in stunting from the age of 9 months, with a peak at 18 month (60%) and a gradual decrease to 18% at 59 months
- The prevalence of stunting was higher in rural areas (26%) compared to urban (19%), children in poorest household (28%) are twice more likely to be stunted than those in richest (14%) and pre-primary or none educated mothers (25%) compared with those with higher education (12%)
- The highest prevalence of stunting was in Manicaland (31%) while the least was in Harare (19%)
- The prevalence of wasting among children 6-59 months was 3% with severe wasting at 0.3%
- Wasting was highest (9%) in the age group 12-23 months reflecting poor quality complementary feeding

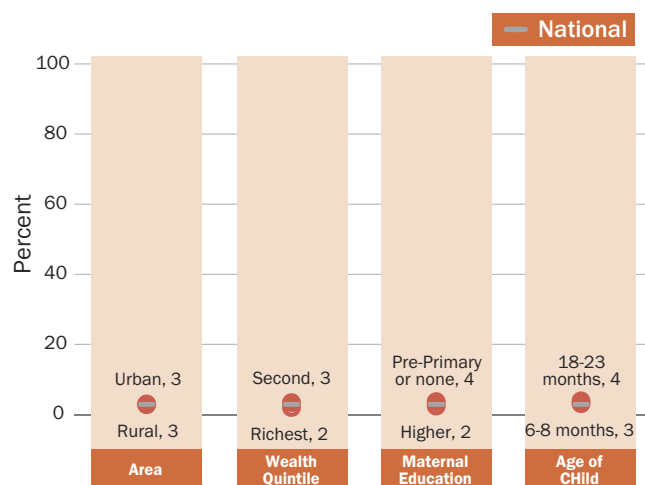
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



Percentage of under 5 children who are stunted, by background characteristics

Wasting: SDG 2.2.2



Percentage of under 5 children who are wasted, by background characteristics

Provincial Data on Stunting, Overweight & Wasting

Province	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
National	23.5	2.5	2.9	0.3
Bulawayo	19.4	4.4	2.8	0.1
Manicaland	30.6	3.0	2.0	0.3
Mashonaland Central	27.8	2.3	1.8	0.7
Mashonaland East	23.7	2.2	3.0	0.3
Mashonaland West	21.9	2.1	3.1	0.3
Matabeleland North	24.0	2.0	4.2	0.1
Matabeleland South	22.5	1.2	3.8	0.2
Midlands	21.9	3.2	3.6	0.5
Masvingo	21.1	4.0	3.4	0.3
Harare	18.8	1.2	2.4	0.3

For indicator definitions, see earlier charts

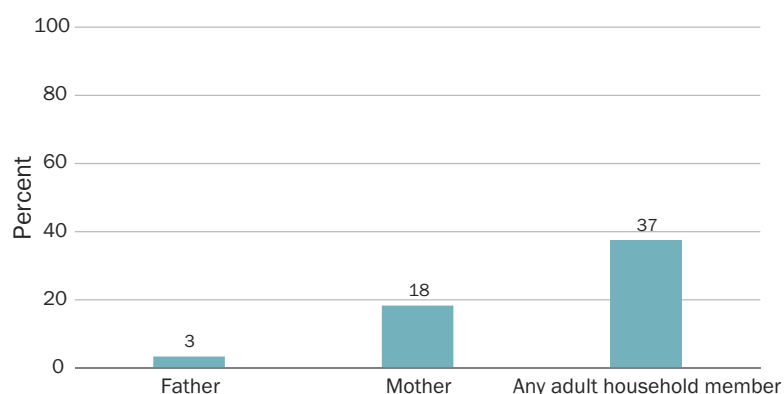
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Nutritional Status of Children. Data from this snapshot can be found in table TC.8.1.

Early Childhood Development (ECD)



Support for Learning

Early Stimulation & Responsive Care



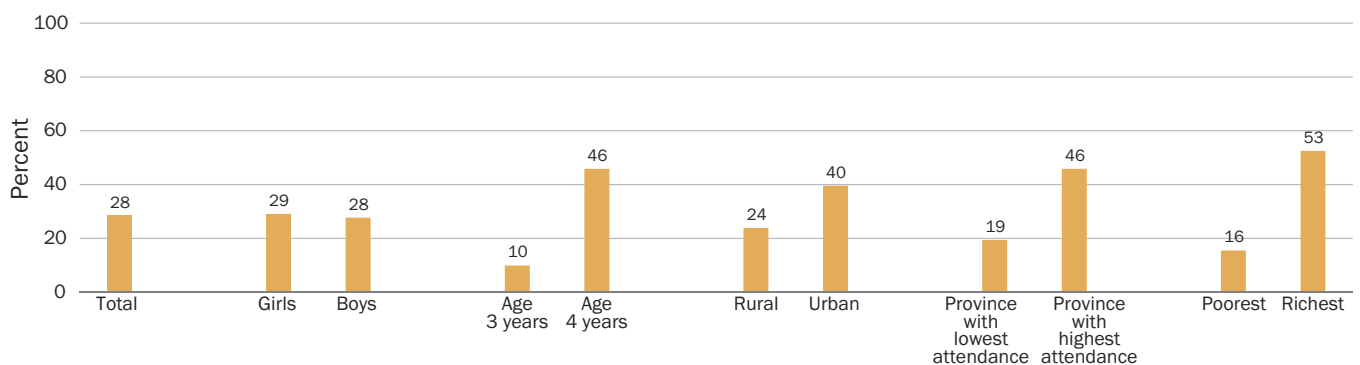
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

Attendance at Early Childhood Education Programmes



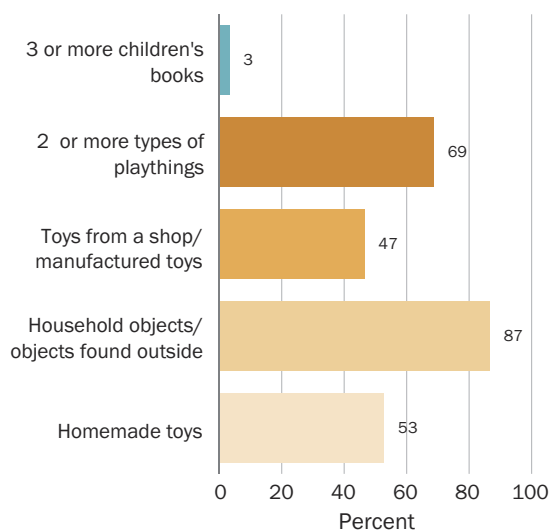
Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

Key Messages

- Very low support for learning from both fathers (3%) and mothers (18%)
- Attendance at early childhood education programmes was very low (28%) though with gender parity
- Only 3% of children had access to three or more children's books
- Twenty percent of children were left at home with inadequate supervision in the previous week, the worst being Midlands (27%), Mashonaland Central (27%) and Masvingo (26%) provinces
- Seventy-one percent of children age 3-4 years were developmentally on track in at least three of the four domains (literacy-numeracy, physical, social-emotional, and learning domains)
- Only 10% of children age 3-4 years were developmentally on track in literacy-numeracy

Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

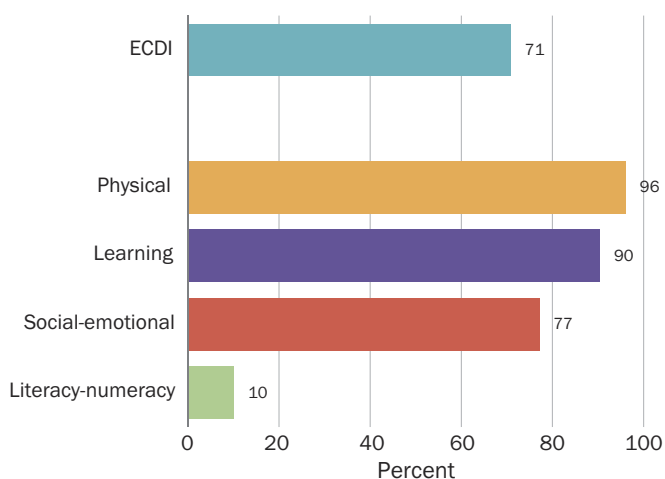
Inadequate supervision of children

Province	Left in inadequate supervision
National	20
Bulawayo	5
Manicaland	22
Mashonaland Central	27
Mashonaland East	15
Mashonaland West	19
Matabeleland North	17
Matabeleland South	15
Midlands	27
Masvingo	26
Harare	19

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by province

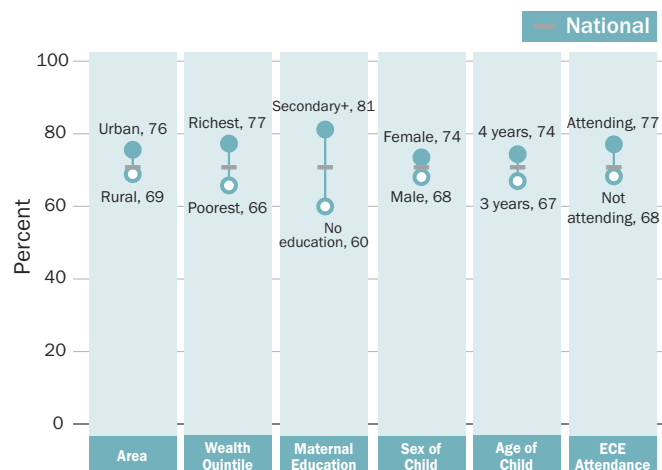
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Early Childhood Development Index; percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains

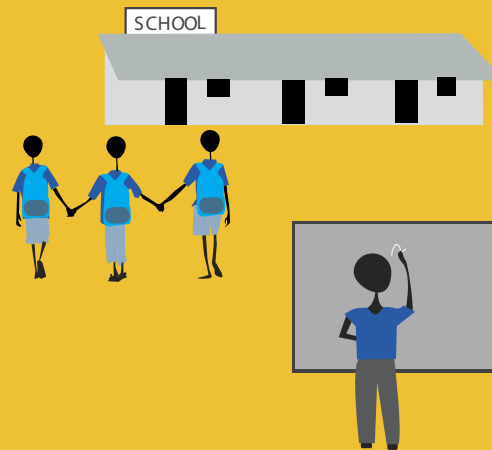
ECDI: Disaggregates



ECDI by various characteristics
ECE = Early Childhood Education

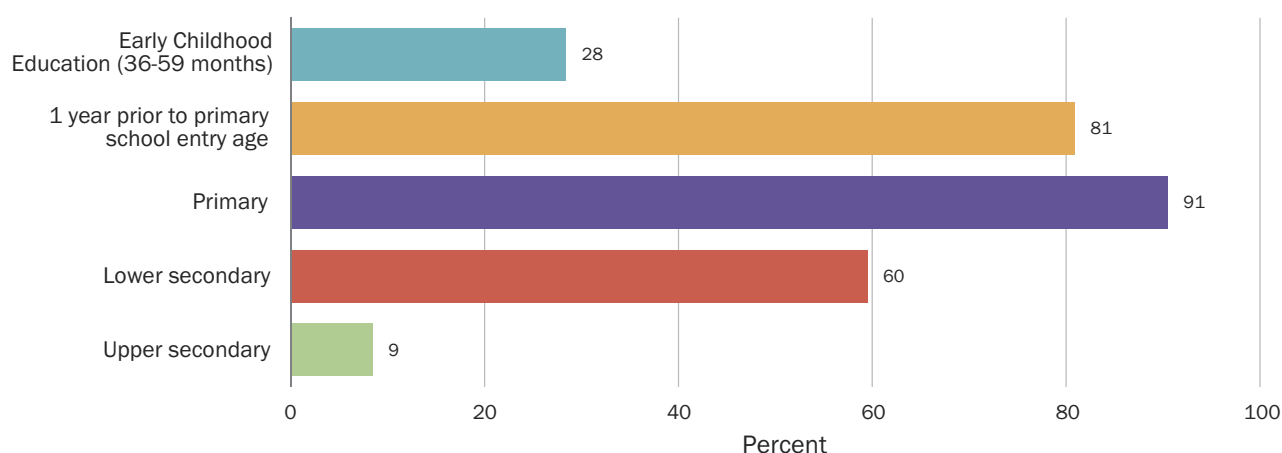
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Early Childhood Development. Data from this snapshot can be found in tables **TC10.1**, **LN1.1**, **TC10.2**, **TC10.3** and **TC11.1**.

Education



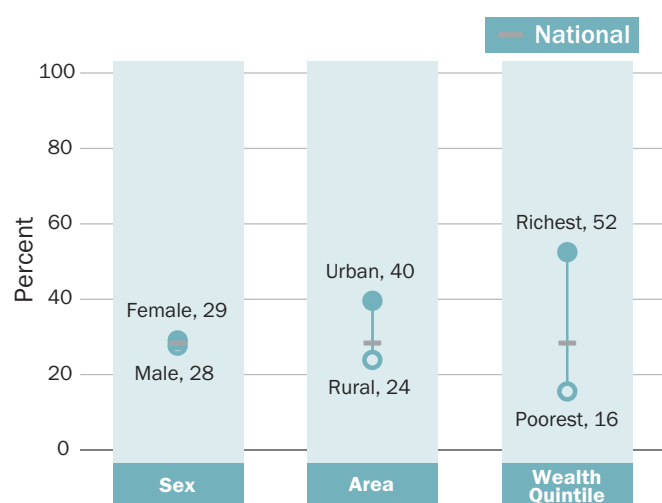
Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



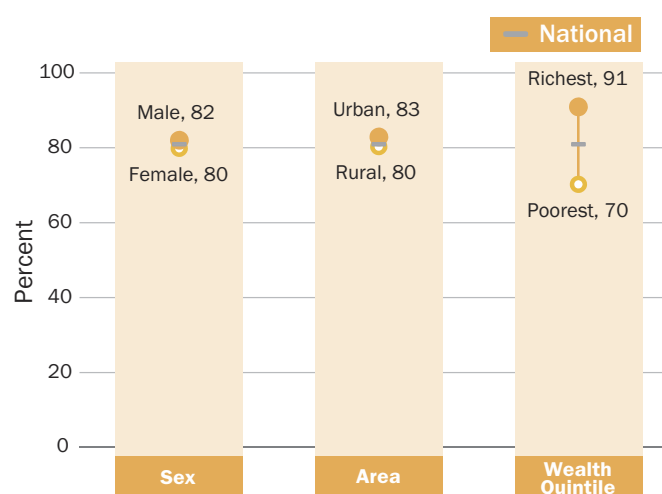
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education



Percentage of children age 36-59 months who are attending early childhood education

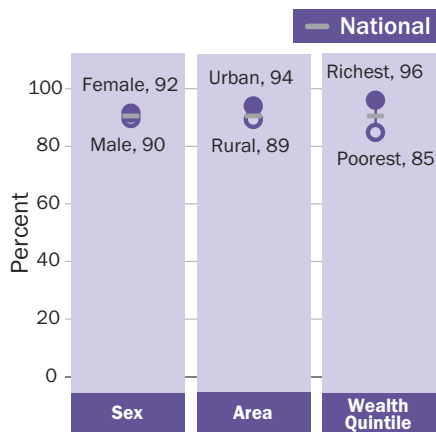
Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2



Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year

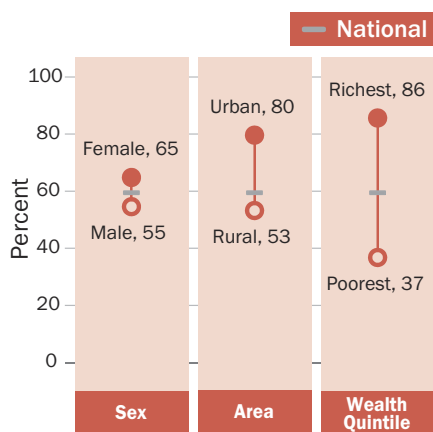
Inequalities in Attendance Rates

Adjusted Primary School Net Attendance Rate



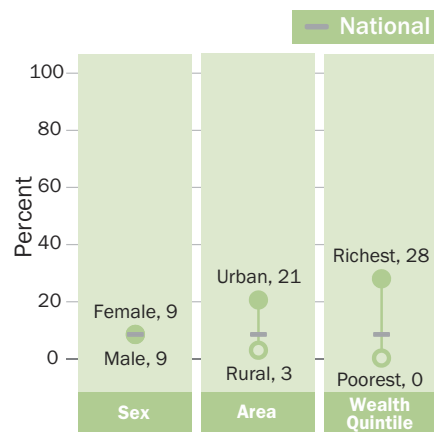
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Adjusted Primary School Net Attendance Rate



Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

Adjusted Upper Secondary School Net Attendance Rate



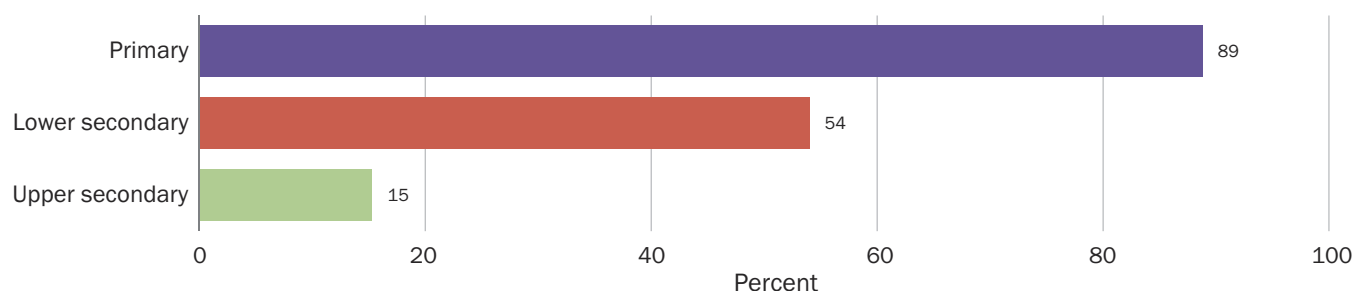
Percentage of children of upper secondary school age (as of the beginning of the current or most recent school year) who are attending upper secondary school or higher

Provincial Data for Net Attendance Rates (adjusted)

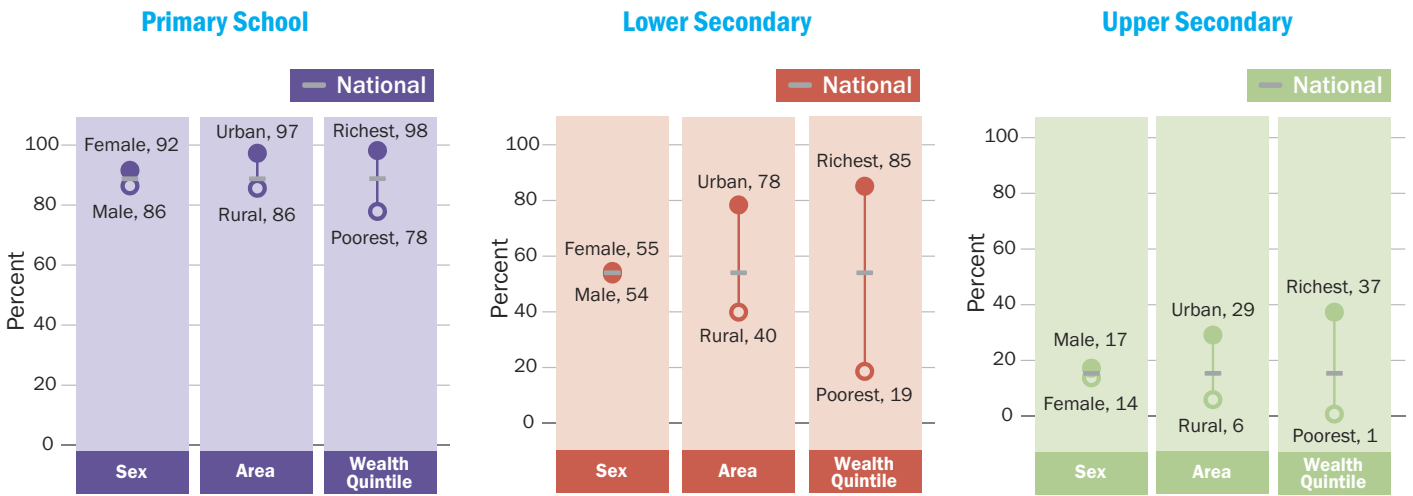
Province	Early Childhood Education	Participation rate in organized learning	Primary	Lower Secondary	Upper Secondary
National	28	81	91	60	9
Bulawayo	46	90	95	86	25
Manicaland	31	82	91	65	8
Mashonaland Central	19	67	86	48	3
Mashonaland East	24	82	91	63	6
Mashonaland West	22	74	89	49	7
Matabeleland North	21	83	91	43	3
Matabeleland South	30	82	90	50	2
Midlands	22	80	92	56	10
Masvingo	36	94	89	57	10
Harare	35	81	94	82	15

For indicator definitions, see earlier charts

Completion Rates



Inequalities in Completion Rates



Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Percentage of children age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

Percentage of children or youth age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

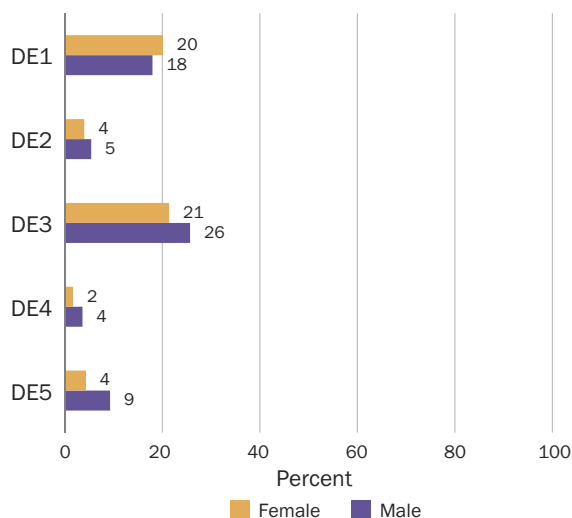
Provincial Data on Completion Rates

Province	Primary	Lower Secondary	Upper Secondary
National	89	54	15
Bulawayo	98	73	34
Manicaland	91	52	15
Mashonaland Central	83	37	3
Mashonaland East	89	58	9
Mashonaland West	86	43	10
Matabeleland North	87	36	7
Matabeleland South	91	35	10
Midlands	90	54	21
Masvingo	79	47	9
Harare	99	84	27

For indicator definitions, see earlier charts

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children not attending an early childhood education programme or primary education

Dimension 2: Children of primary school age who are not in primary or secondary school

Dimension 3: Children of lower secondary school age who are not in primary or secondary school

Dimension 4: Children who are in primary school but at risk of dropping out (over-age by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (over-age by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value
4.1.4	LN.8 a,b,c	Completion rate (primary education, lower and upper secondary education)	89%/54%/15%
4.1.5	LN.6 a,b,c	Out-of-school rate (primary education, lower and upper secondary education)	5%/24%/70%
4.1.6	LN.10 a,b	Percentage of children over-age for grade (primary education, lower secondary education)	3%/7%
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age), by sex	M:82%/F:80%
4.5.1	LN.5 a	Gender Parity Indices (female/male for primary, lower and upper secondary school adjusted net attendance rates)	1.02/1.19/1.00
4.5.1	LN.5 b	Wealth Parity Indices (bottom/top for primary, lower and upper secondary school adjusted net attendance rates)	0.88/0.43/0.01
4.5.1	LN.5.c	Area Parity Indices (rural/urban for primary, lower and upper secondary school adjusted net attendance rates)	0.95/0.67/0.14

Key Messages

- School attendance to an Early Childhood Education programme or primary school (1 year prior to primary school entry age) was 81%
- Upper secondary school net attendance was very low (9%)
- Primary school net attendance was very high (91%) compared to lower secondary school net attendance (60%)
- Lower secondary school net attendance was lowest in Matabeleland North province (43%)
- There is parity between male and female in net attendance and completion rates at early childhood, primary and upper secondary
- There is a noticeable disparity between males and females in school attendance at lower secondary (55% for males and 65% for females)
- Children from richest households are four times more likely to attend lower secondary than those from the poorest households
- Nationally, attendance to Early Childhood Education is very low (28%)
- Thirty – seven percent of children age 3 to 5 years above the intended age for the last grade of upper secondary school from richest households completed upper secondary
- Completion rates for all levels are low for Mashonaland Central, Matabeleland North and Masvingo
- One in five children of lower secondary school age is out of school, more so boys (26%) than girls (21%)

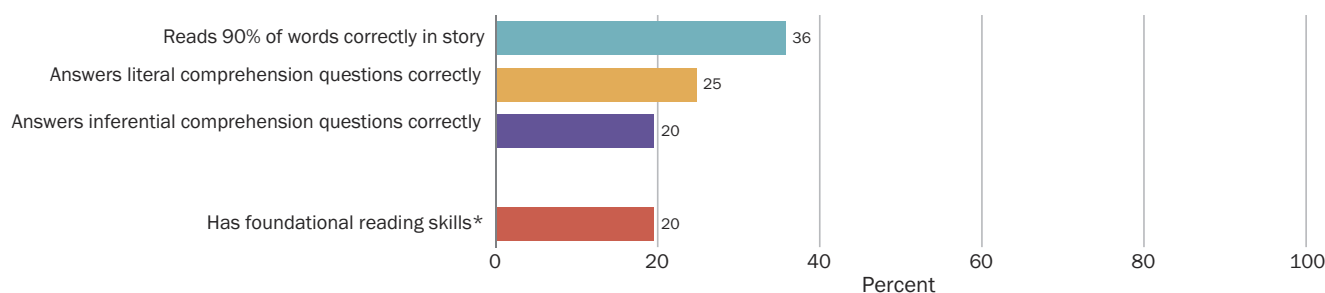
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Education. Data from this snapshot can be found in tables LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5, LN.2.6, and LN.2.7.

Early Grade Learning & Parental Involvement



Early Grade Learning: SDG 4.1.1 (a) (age for grade 2/3)

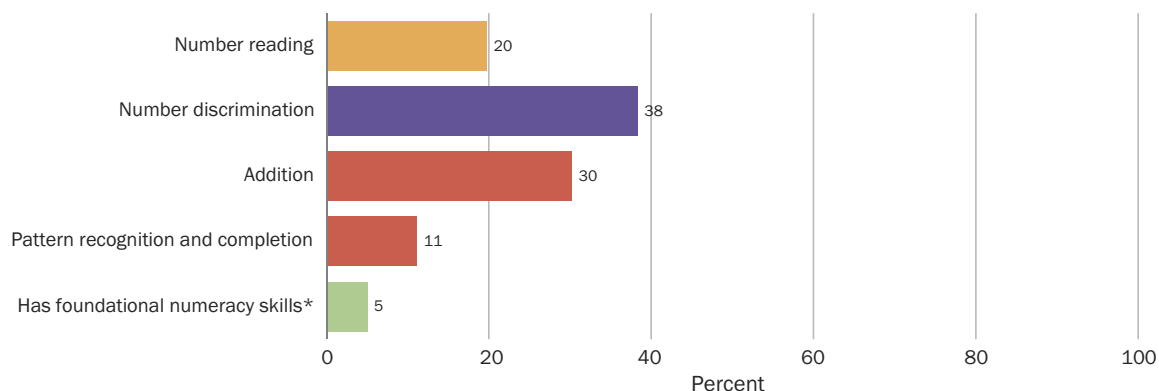
Foundational Reading Skills: SDG 4.1.1. (a) (i: reading)



*Percentage of children of age for grade 2/3 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions.

Note: The reading assessment was administered in one of the following languages: Shona, Ndebele or English

Foundational Numeracy Skills: SDG 4.1.1. (a) (ii: numeracy)



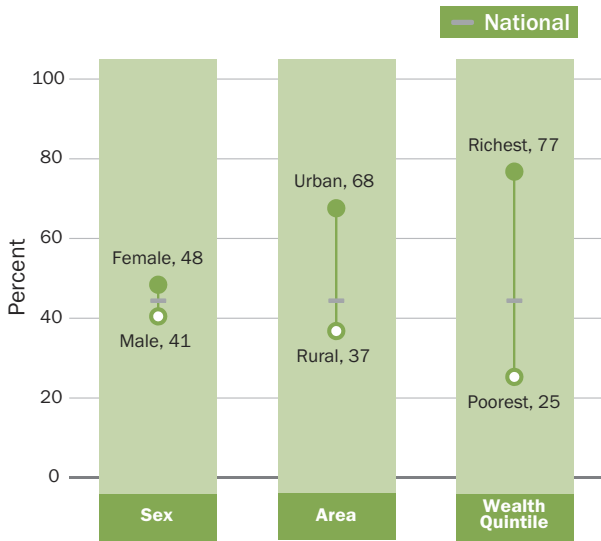
*Percentage of children of age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Reading & Numeracy Skills Data in MICS

- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG 4.1.1. (a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.
- The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness). The questions on mathematics are based on universal skills needed for that grade level.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

Early Grade Learning: Disaggregates (age 7-14 years)

Disaggregates in Foundational Reading Skills



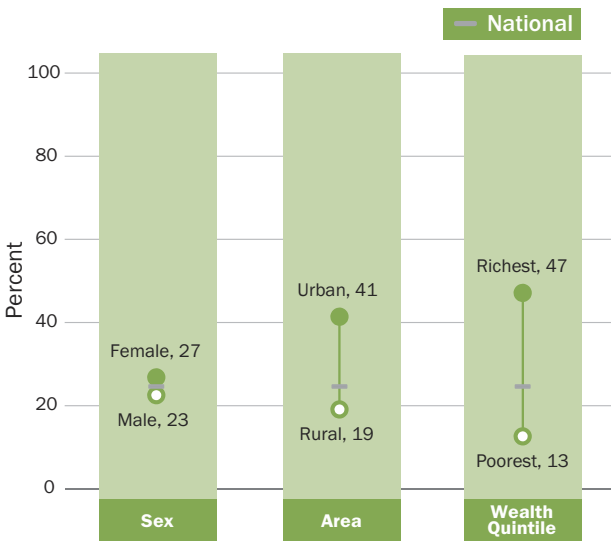
Percentage of children age 7-14 years who demonstrated Foundational Reading Skills

Provincial Data on Foundational Reading Skills

Province	Boys	Girls	Total
National	41	48	44
Bulawayo	59	80	69
Manicaland	41	48	44
Mashonaland Central	29	37	33
Mashonaland East	35	44	40
Mashonaland West	33	46	40
Matabeleland North	30	34	32
Matabeleland South	32	41	37
Midlands	43	45	44
Masvingo	39	49	44
Harare	67	72	70

For indicator definitions, see earlier charts

Disaggregates in Foundational Numeracy Skills



Percentage of children age 7-14 years who demonstrated Foundational Numeracy Skills

Provincial Data on Foundational Numeracy Skills

Province	Boys	Girls	Total
National	23	27	25
Bulawayo	28	46	37
Manicaland	20	23	22
Mashonaland Central	13	18	16
Mashonaland East	16	28	22
Mashonaland West	20	26	23
Matabeleland North	23	25	24
Matabeleland South	19	22	21
Midlands	26	24	25
Masvingo	21	21	21
Harare	41	47	44

For indicator definitions, see earlier charts

Key Messages

- About one in five children in grades 2 to 3 have foundational reading skills in either Shona, Ndebele or English. This means that they are able to correctly read a story of Grade 2 level and answer five comprehension questions related to the story
- While 36 percent of the children grade

2 to 3 were able to read a short Grade 2 level story, only 25 percent were able to correctly answer literal comprehension questions related to the story, and 20 percent were able to correctly answer inferential comprehension questions related to the story

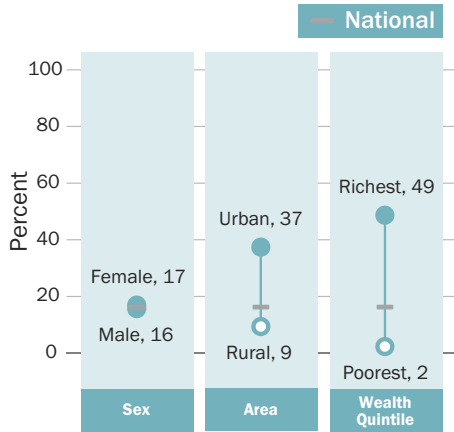
- Five percent of children in grades 2 to 3 have foundational numeracy skills, which means that they could correctly

perform all four listed numeracy tasks.

- For 77 percent of children, an adult household member in the last year received a report card for the child
- For 7 in 10 children adults met with teachers to discuss the child's progress, were involved in school management and attended meetings to discuss education and financial issues

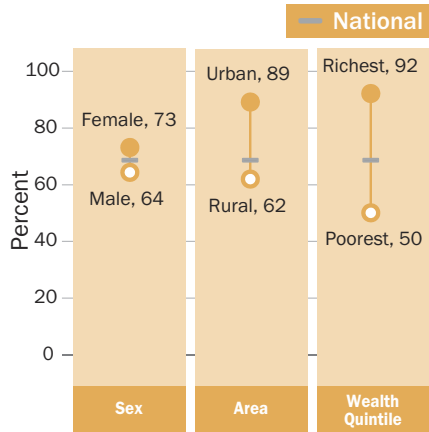
Parental Involvement: Learning Environment at Home

Children with 3 or more books to read at home



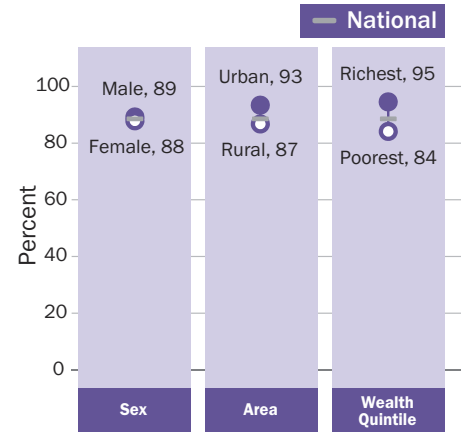
Percentage of children age 7-14 years with 3 or more books to read at home

Children who read books or are read to at home



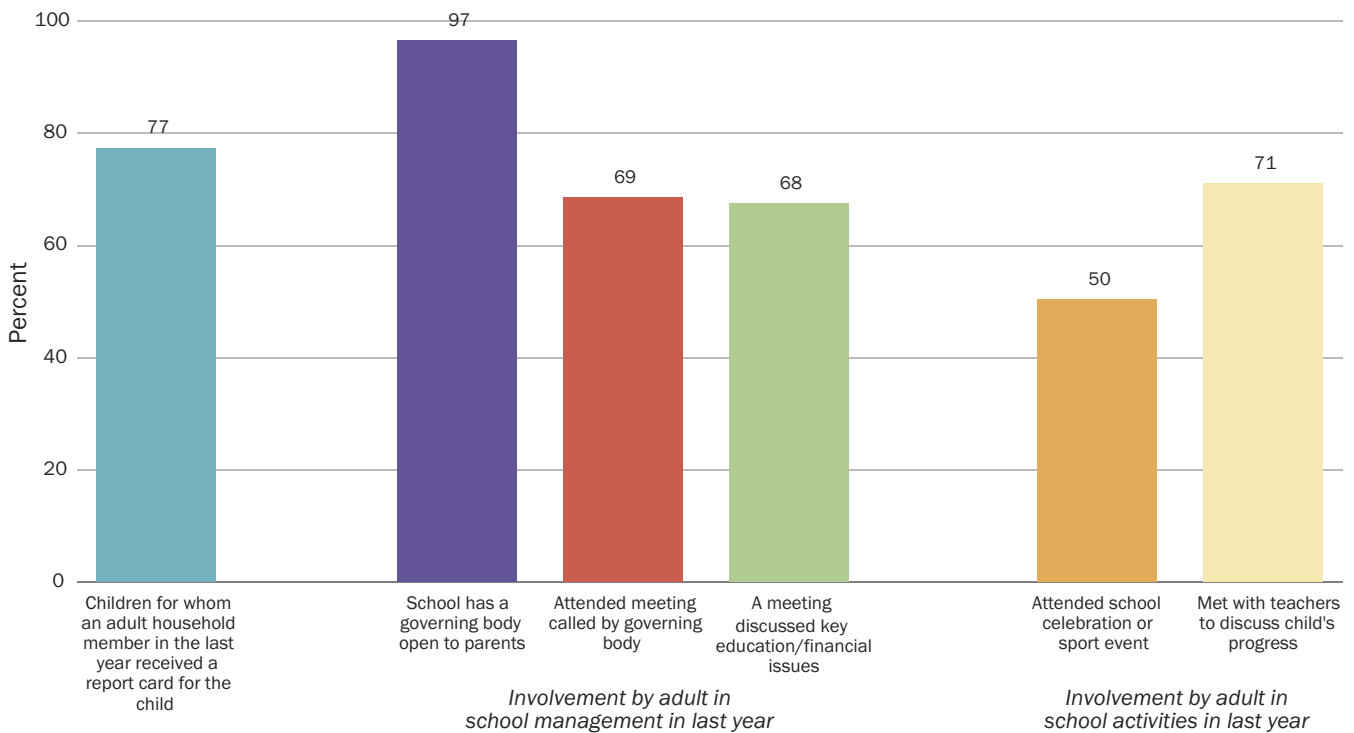
Percentage of children age 7-14 years who read books or are read to at home

Children who receive help with homework

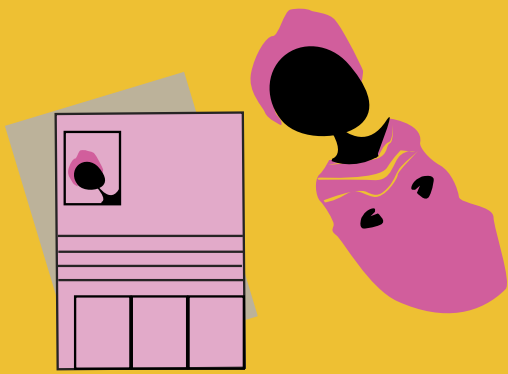


Percentage of children age 7-14 years who receive help with homework

Parental Involvement: Support for Learning at School



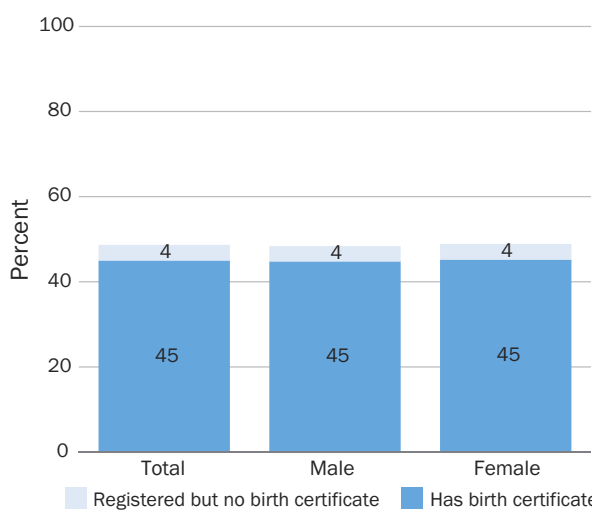
The objective of this snapshot is to disseminate selected findings from the Zimbabwe MICS 2019 related to Early Grade Learning & Parental Involvement. Data from this snapshot can be found in table LN.3.1, LN.3.3, LN.4.1 and LN.4.2.



Birth Registration

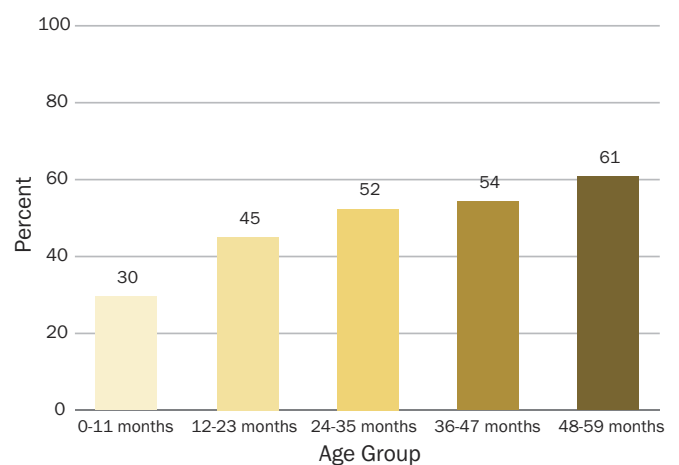
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



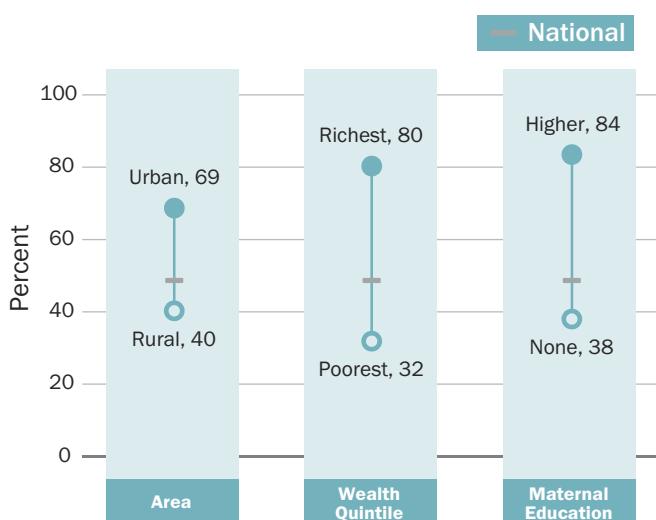
Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age



Percentage of children under age 5 whose births are registered, by age in months

Birth Registration: Inequalities



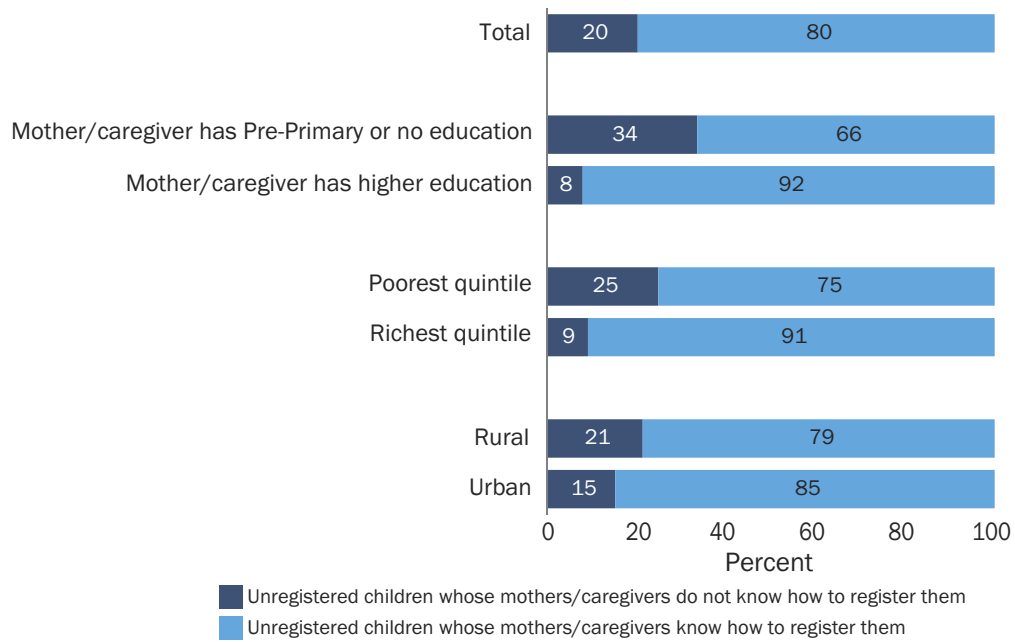
Percentage of children under age 5 whose births are registered, by background characteristics

Provincial Data on Birth Registration

Province	Total registered
National	49
Bulawayo	71
Manicaland	41
Mashonaland Central	47
Mashonaland East	47
Mashonaland West	39
Matabeleland North	50
Matabeleland South	46
Midlands	46
Masvingo	41
Harare	70

Percentage of children under age 5 whose births are registered, by province

Mother's (or Caregiver's) Knowledge of How to Register



Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

Key Messages

- About half (49%) of the children under 5 years had their birth registered
- Birth registration increased with the age of the children, indicating late birth registration
- There are notable disparities in birth registration between rural (40%) and urban (69%) areas
- One in three of children from the poorest households was likely to be registered compared to 4 in 5 from richest households
- Only 38% of children born to mothers/caregivers with pre-primary or no education were registered compared to those whose mothers had higher education (84%)
- At provincial level, birth registration was highest among children living in Bulawayo (71%) and lowest in Mashonaland West (39%)
- A large proportion (80%) of mothers/care givers with unregistered children knew how to register their child's birth

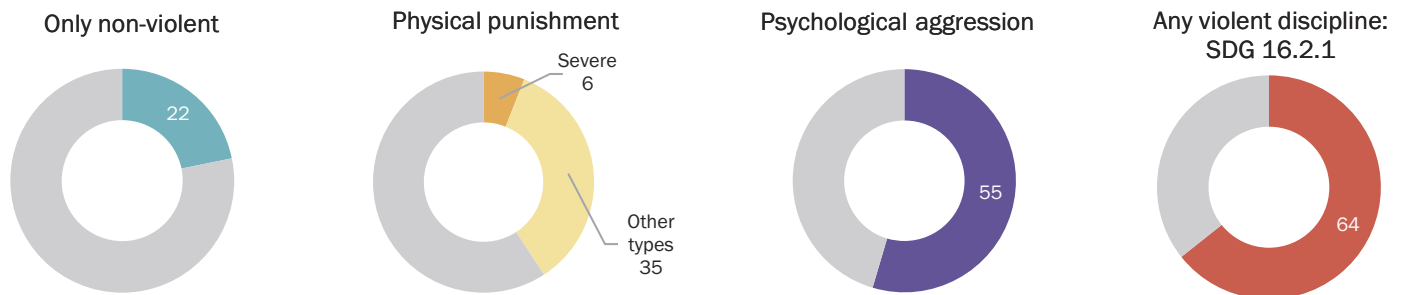
The objective of this section is to disseminate selected findings from the **Zimbabwe MICS 2019** related to Birth Registration. Data from this snapshot can be found in table **PR1.1**.



Child Discipline

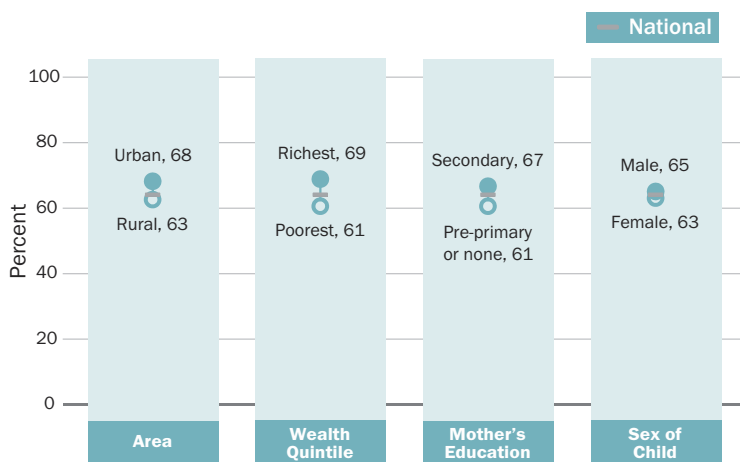
Child Discipline

Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

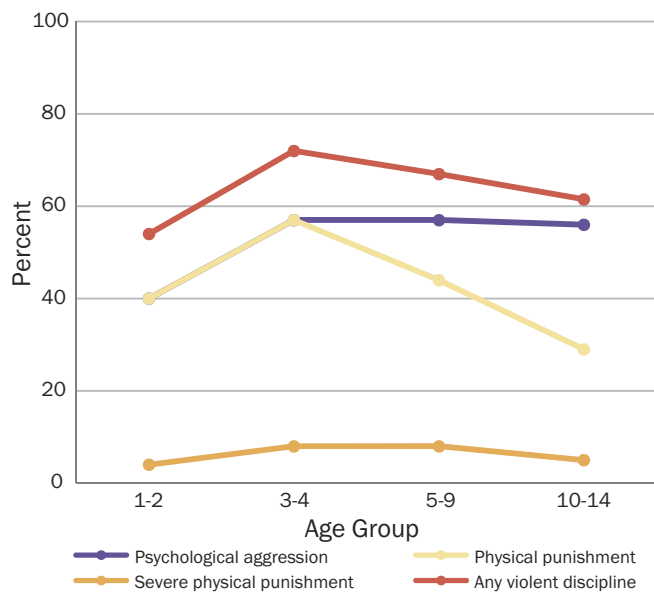
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Violent discipline: Any physical punishment and/or psychological aggression.

Key Messages

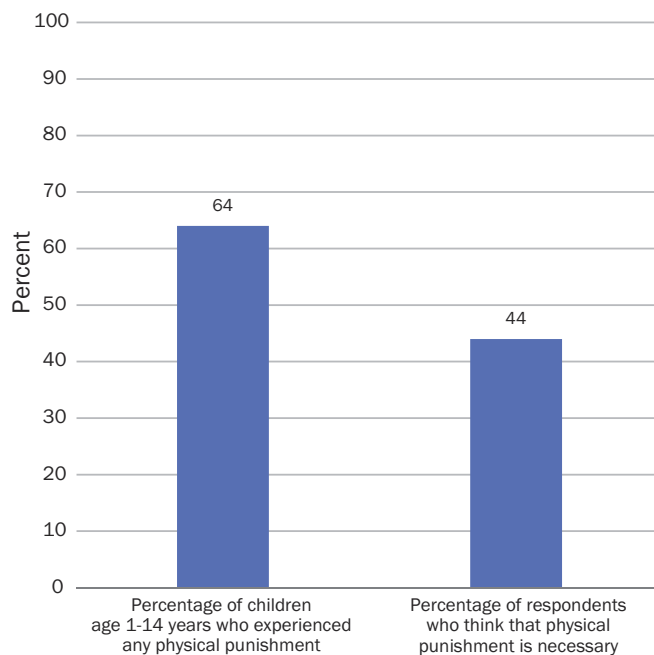
- Physical punishment on children peaked at the age cohort 3-4 years
- Among children age 1-14 years who were disciplined, 2 in 3 children were subjected to at least some form of violent discipline
- Forty-four percent of the respondents thought that physical punishment is necessary for disciplining children
- There were no noticeable differences among mothers/caregivers who thought that physical punishment was necessary to raise or educate children in respect of their background characteristics (wealth, education, age group, area and sex)
- There were no notable disparities in exposure to violent discipline by background characteristics. In other words, children are equally likely to be disciplined violently regardless of their background (at least on the characteristics measured)

Violent Discipline: Age Patterns

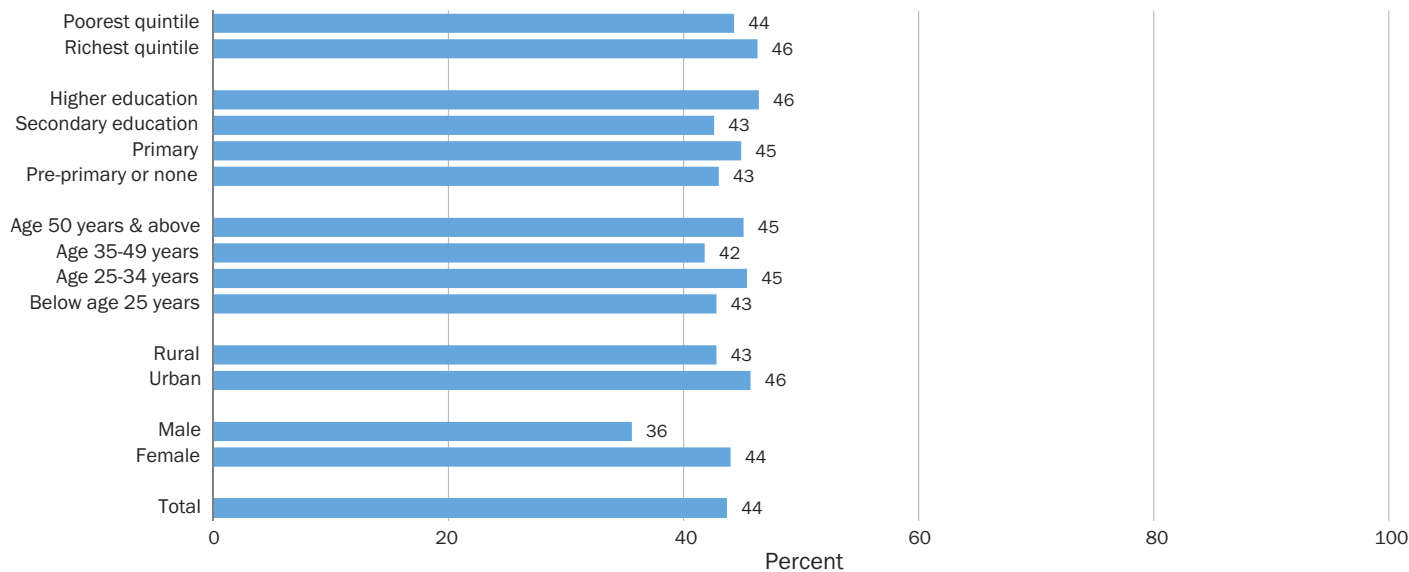


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of mothers/caretakers who think that physical punishment is necessary to raise or educate children, by their background characteristics

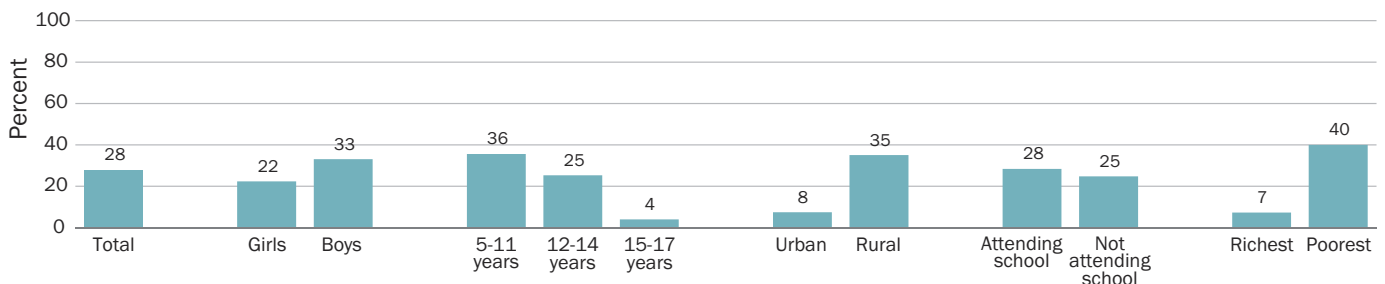
The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Child Discipline. Data from this snapshot can be found in tables PR2.1 and PR2.2.



Child Labour

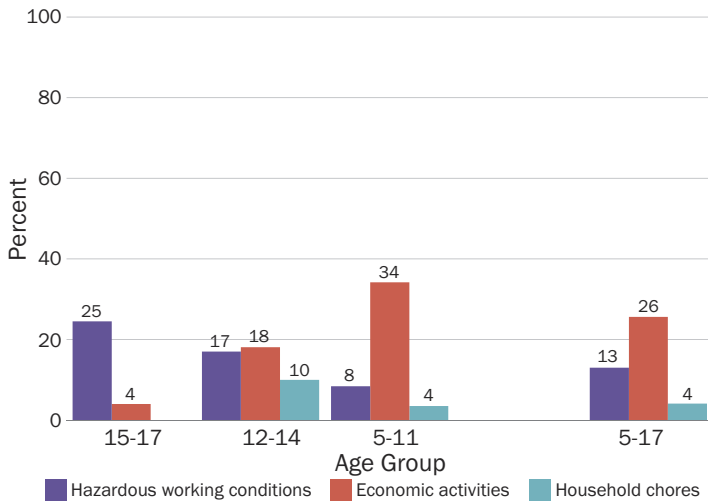
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

Types of Child Labour



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

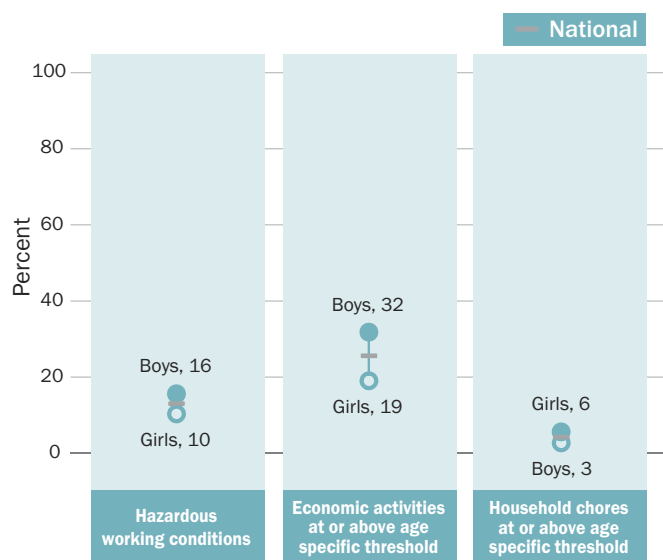
Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Key Messages

- One in three of the boys age 5-17 years and one in five of girls in the same age group were in child labour
- Thirteen percent of children age 5-17 years were working under hazardous conditions
- Child labour was more prevalent in the following provinces: Masvingo (41%), Midlands (36%), Matabeleland South (36%) and Matabeleland North (35%)
- Two in five of children from poorest quintile and were in child labour (six times more than those in the richest quintile)
- Children in rural areas were five times more likely to be involved in child labour, (35% in rural areas and 7% in urban areas)
- More than a quarter of children in the age group 5-17 were in child labour related to economic activities

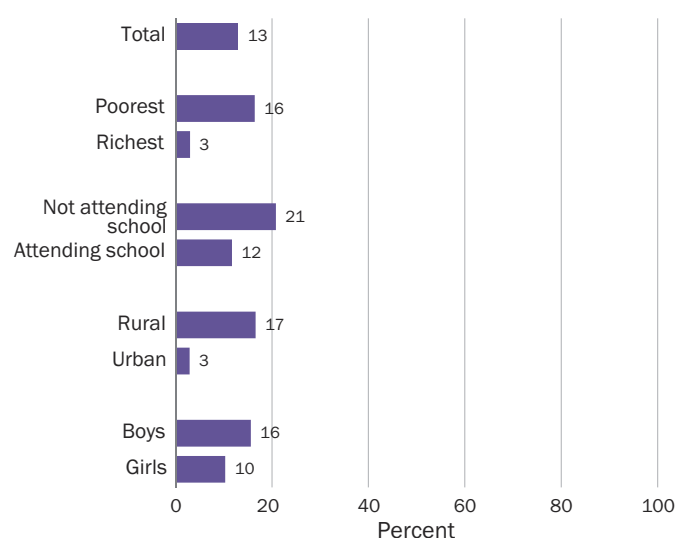
Inequalities in Child Labour & Hazardous Conditions

Child Labour Inequalities



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Conditions Inequalities



Percentage of children age 5 to 17 years working under hazardous conditions, by background characteristics

Provincial Data on Child Labour

Province	Total Child Labour
National	28
Bulawayo	8
Manicaland	27
Mashonaland Central	33
Mashonaland East	27
Mashonaland West	24
Matabeleland North	35
Matabeleland South	36
Midlands	36
Masvingo	41
Harare	8

Percentage of children age 5 to 17 years engaged in child labour, by province

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Child Labour. Data from this snapshot can be found in tables **PR3.1**, **PR 3.2**, **PR3.3** and **PR3.4**.



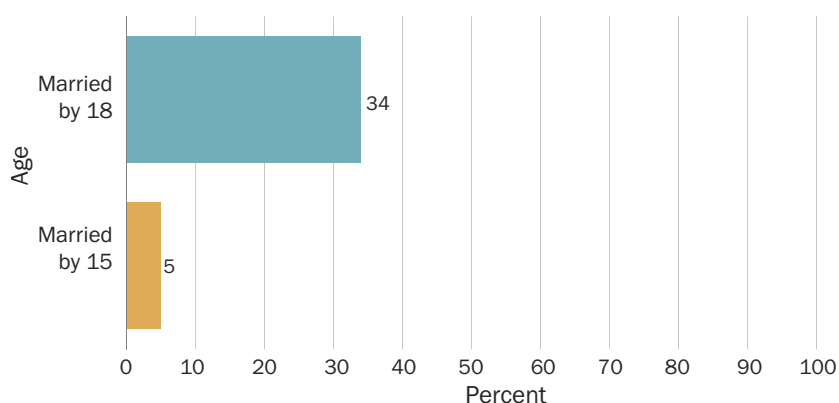
Child Marriage

Key Messages

- About 1 in 3 (34%) of women age 20-24 were first married or in union before age 18
- Rural urban disparities exist in Zimbabwe. Two in five women age 20-24 got married before age 18 in rural areas compared to one in five urban areas
- Education and socio-economic status are key determinants of child marriage. Women age 20-49 years with pre-primary or no education were 13 times more likely to get married by age 18 compared to those with higher education while women in poor households were almost four times more likely to get married by age 18 compared to those from rich households
- Prevalence of child marriages differs across provinces. The percentage of women age 20-49 married before age 18 was highest (50%) in Mashonaland Central and lowest in Bulawayo (14%)
- The percentage of women age 20-49 years who were first married or in union before age 15 and before age 18 has remained generally constant across all age cohorts over time (ranging between 5% and 7% for before age 15 and between 30% and 34% for before age 18)

Child Marriage: Levels & Disaggregates

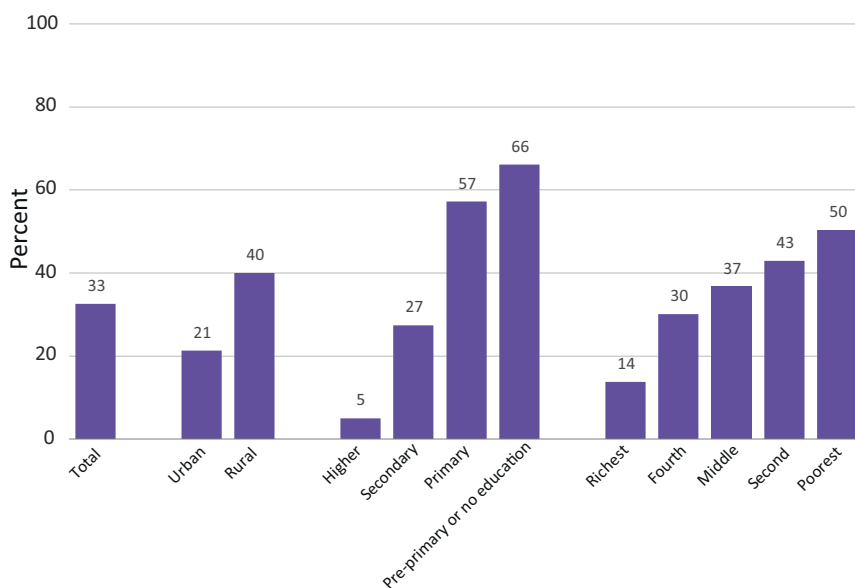
Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18, by residence

Note: The above chart refers to women aged 20 to 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women aged 20 to 49 years.

Disaggregates in Marriage before Age 18



Percentage of women age 20-49 years who were first married or in union before age 18, by wealth quintile and education

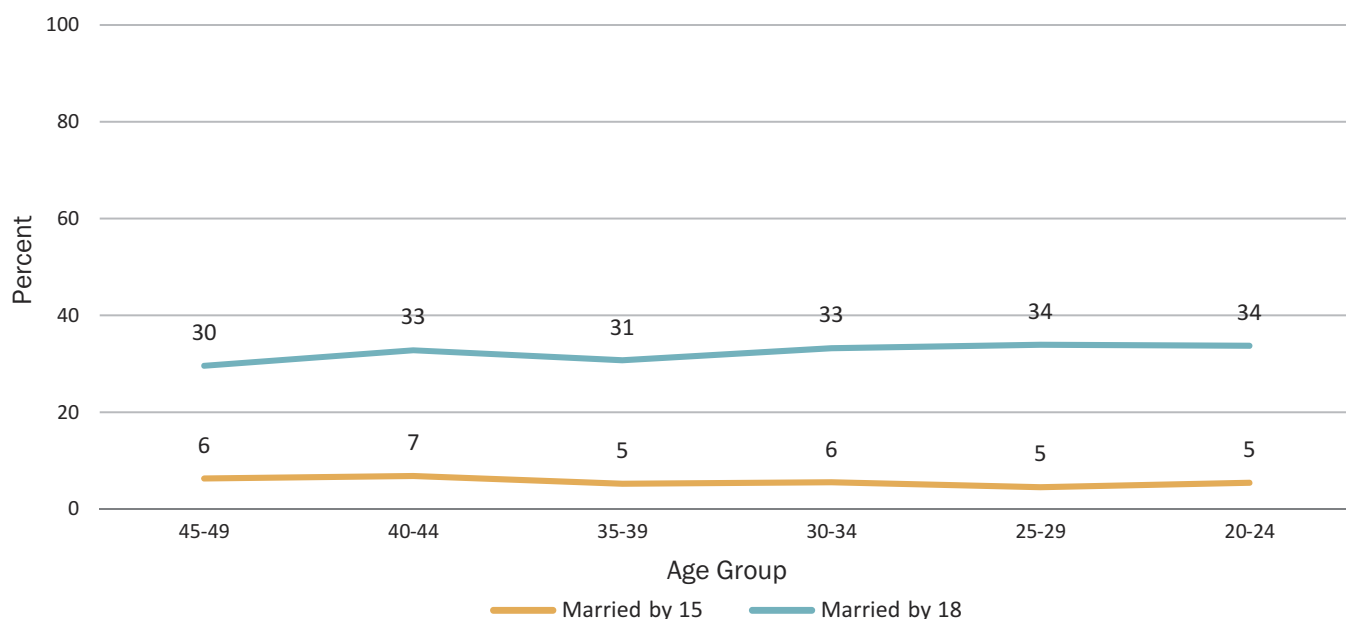
Provincial Data on Child Marriage

Province	Married by age 18
National	33
Bulawayo	14
Manicaland	36
Mashonaland Central	50
Mashonaland East	38
Mashonaland West	42
Matabeleland North	33
Matabeleland South	22
Midlands	30
Masvingo	35
Harare	22

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by province

Trends in Child Marriage



Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age GROUP

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Child Marriage. Data from this snapshot can be found in tables PR4.1W.



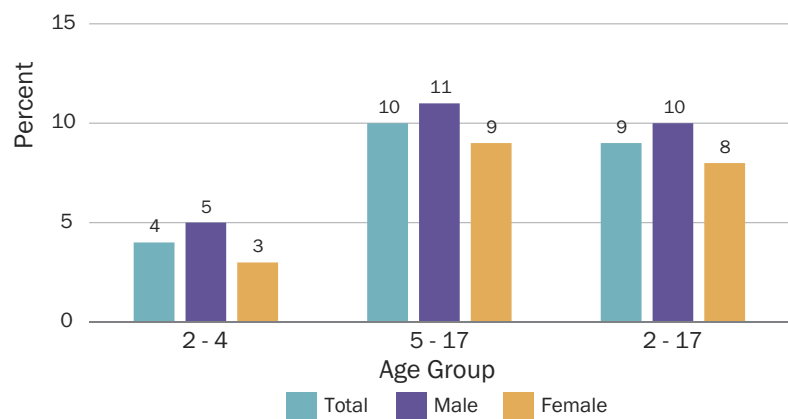
Child Functioning

Key Messages

- About 1 in 10 of children age 2-17 years were reported to have at least one functional difficulty
- Among children age 2-4 years, 2.5% were reported to have difficulties controlling their behaviours, compared with children of the same age
- Among children age 5-17, anxiety and learning were reported as top two domains of functional difficulties at 2.6% and 2.3%, respectively
- Provincial disparities exist with the prevalence of functional difficulty being highest in Mashonaland West (11.1%) and lowest in Bulawayo (5%)
- The use of assistive devices for seeing, hearing and walking was very low (0.5% and below) for all the three domains of functional difficulties

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, children with disabilities are effectively barred from realizing their rights to health, education, and even survival. Children with disabilities are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the more recent Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children.

These Conventions focus on the disparities faced by children with disabilities and call for improvements in their access to services, and in their participation in all aspects of life. In order to achieve these goals, there is a need for cross-nationally comparable, reliable data.

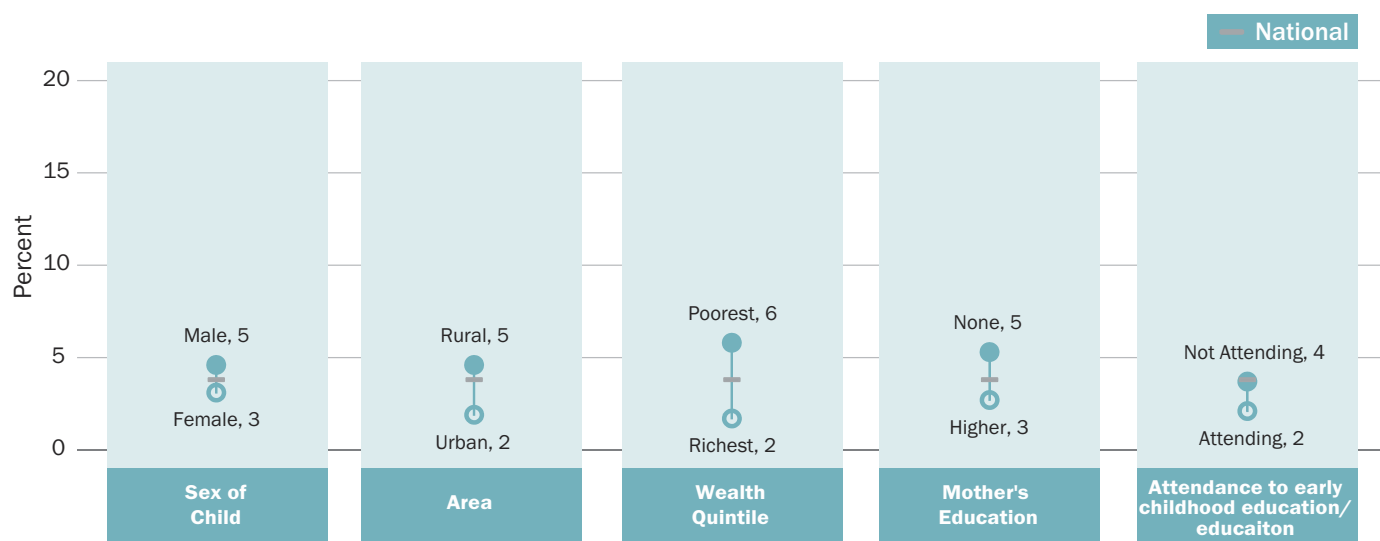
Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
National															
2-4 years	0.3	0.2	0.2	0.1	0.8	0.5	0.2	2.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.7	0.5	0.3	N/A	0.5	2.3	N/A	1.6	0.5	1.8	1.9	1.0	0.7	2.6	1.9

Percentage of children age 2-17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Child Functioning: Inequalities



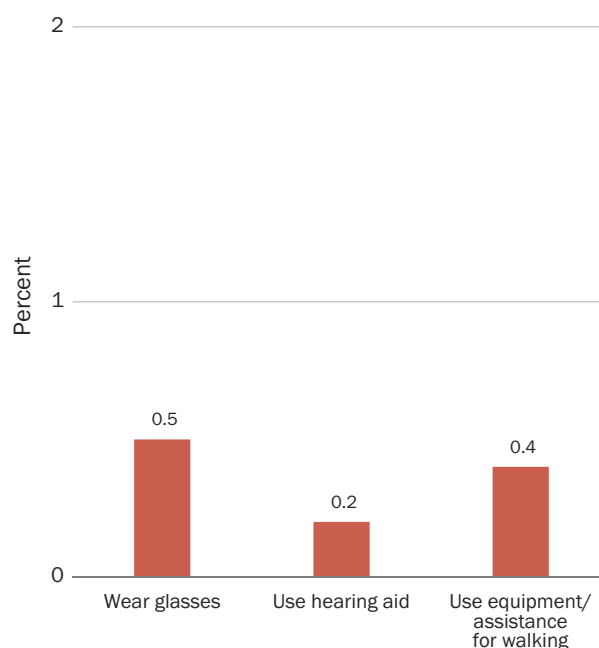
Percentage of children age 2-17 years who have functional difficulties

Provincial Data on Child Functioning

Province	2-4 years	5-17 years	2-17 years
National	3.8	10.1	8.9
Bulawayo	0.7	6.2	5.0
Manicaland	4.4	11.5	10.1
Mashonaland Central	5.6	11.5	10.4
Mashonaland East	4.9	10.8	9.7
Mashonaland West	3.2	13.1	11.1
Matabeleland North	4.6	7.6	7.0
Matabeleland South	4.7	8.0	7.5
Midlands	5.6	9.1	8.5
Masvingo	3.8	10.1	8.9
Harare	1.0	7.9	6.3

Percentage of children age 2-17 years with functional difficulty in at least one domain, by province

Children who use Assistive Devices



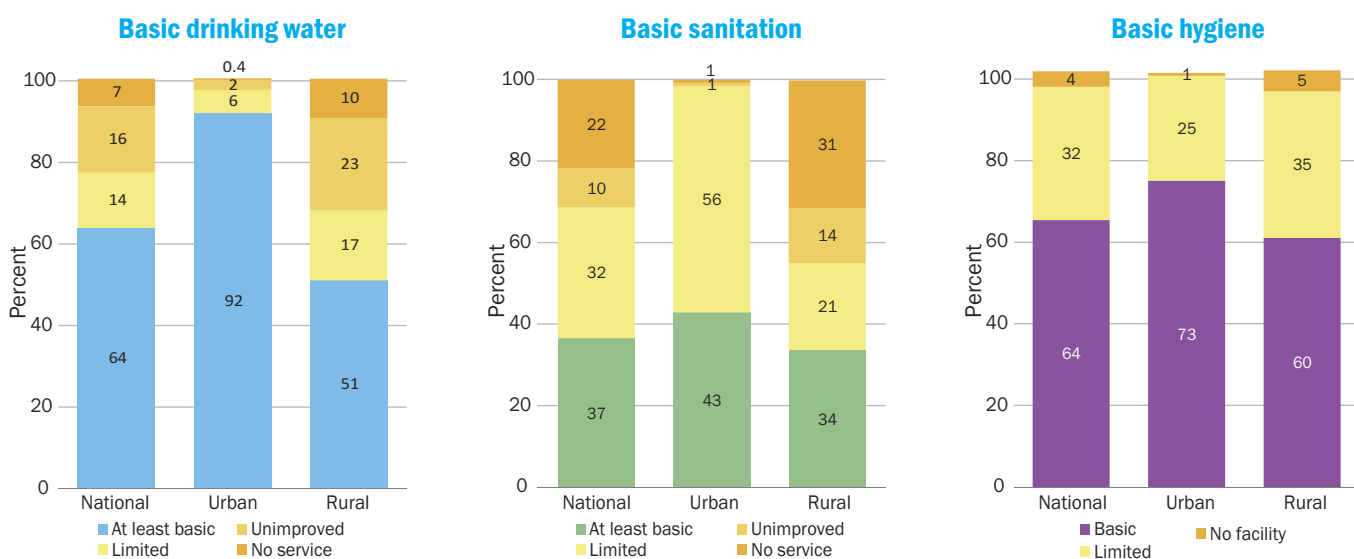
Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Child Functioning. Data from this snapshot can be found in tables EQ1.1, EQ1.2, and EQ1.3.



Drinking Water, Sanitation & Hygiene (WASH)

Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder:

At least basic drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder:

At least basic sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

Hygiene ladder:

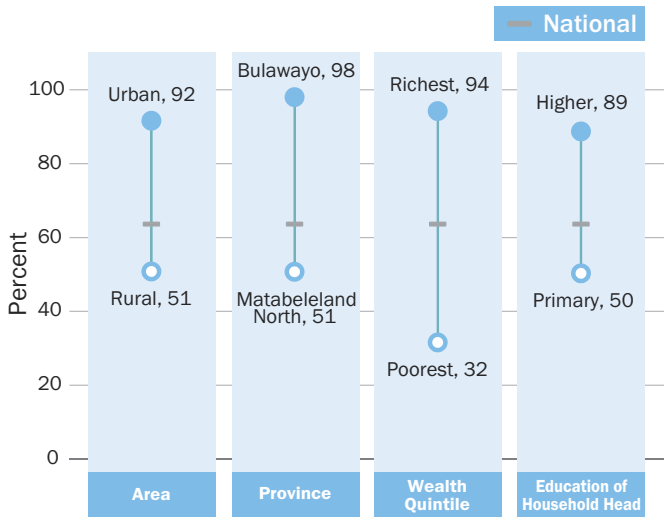
A basic hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Slightly above 6 in 10 of the population had basic drinking water services: 92% in urban areas and 51% in rural areas
- Only 37% of the population used basic sanitation facilities: urban was 43% compared to 34% in rural areas
- The proportion of the urban population using limited sanitation services was 56%
- Of the households without water on premises, 87% in urban areas, on average, spent up to 30 minutes fetching water per day while in rural 54% spent between 31 minutes to 3 hours
- Sixty-four percent of the population had basic hygiene services: slightly above 7 in 10 urban and 6 in 10 in rural areas
- The percentage of the population using basic drinking water services increased with socio-economic status (ranging from 3 in 10 for the poorest households to 9 in 10 for the richest). Similarly for basic sanitation, the poorest at 9% and the richest at 55%

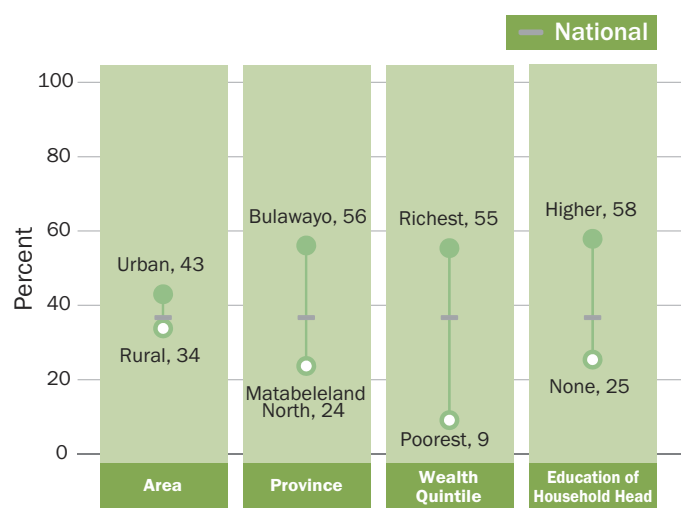
WASH: Inequalities in Basic Services

Basic Drinking Water



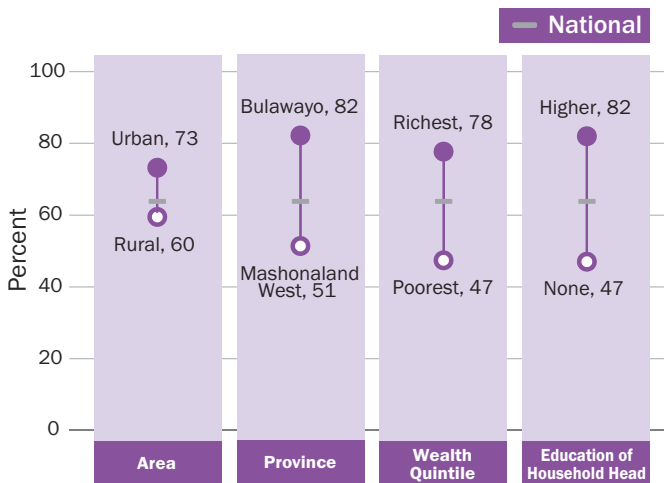
Percent of population using basic drinking water services by background characteristics

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

Basic Hygiene



Percent of population using basic hygiene services by background characteristics

Provincial Data on Basic Services

Province	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	64	37	64
Bulawayo	98	56	82
Manicaland	59	37	61
Mashonaland Central	59	31	68
Mashonaland East	64	41	75
Mashonaland West	60	34	51
Matabeleland North	51	24	58
Matabeleland South	51	42	60
Midlands	52	40	55
Masvingo	53	28	64
Harare	88	40	71

Percent of population using basic drinking water, sanitation and hygiene services by province

Key Messages

- Notable disparities in basic hygiene was observed between households heads with no education (47%) and those with higher education (82%)
- Matabeleland North had the lowest percentage of the population using both basic drinking water (51%) and

sanitation services (24%)

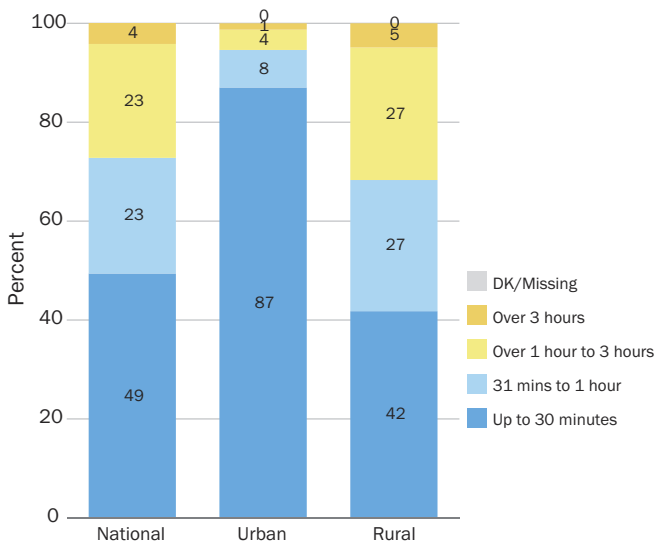
- Water collection is primarily the responsibility of women 15+ years (79%)
- Twenty-two percent of the population were practicing open defecation with Matabeleland North having the highest proportion at 60%
- Only 1 in 10 individuals were using

safely managed drinking water services (27% in urban areas and 3% in rural areas)

- About 6 in 10 individuals were using drinking water sources contaminated by E.coli
- E.coli contamination for drinking water stored in the households was higher (84%) compared to contamination at source (59%)

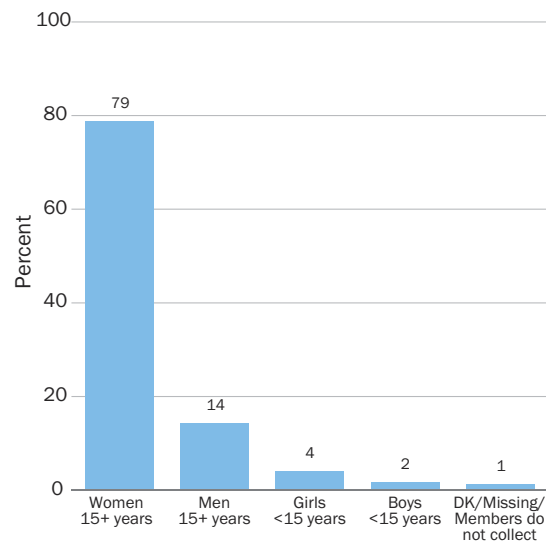
Accessibility of Drinking Water & Sanitation Facilities

Time Spent Each Day Collecting Drinking Water



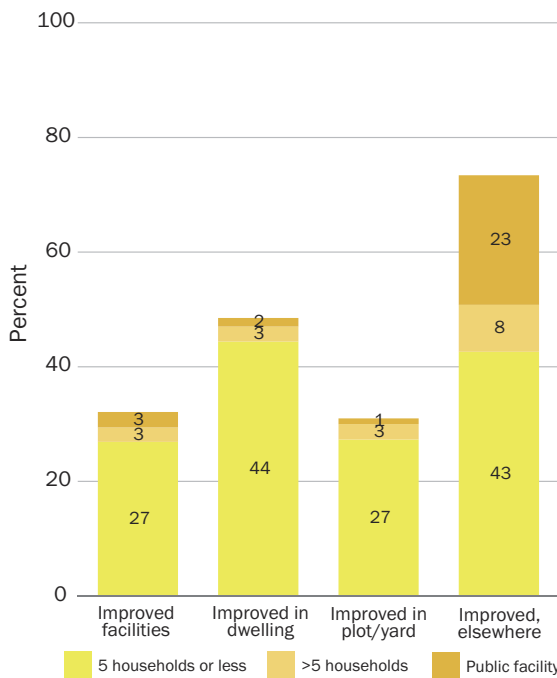
Percent of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises

Who Primarily Collects Drinking Water for the Household



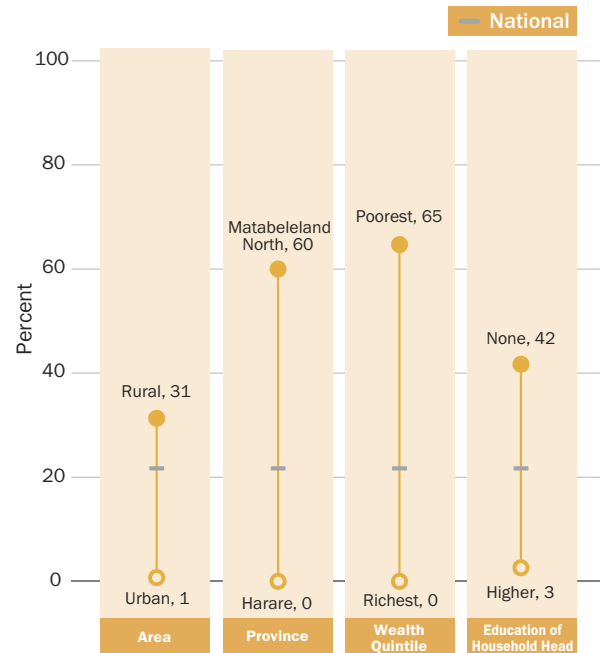
Percent of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

Sanitation Accessibility & Privacy



Percent of the population sharing improved sanitation facilities, by location of sanitation facility

Open Defecation



Percent of the population practising open defecation, by background characteristics

Key Messages

- Population in rural areas were more likely to have sufficient drinking water in the last month (85%) compared to the urban population (70%)

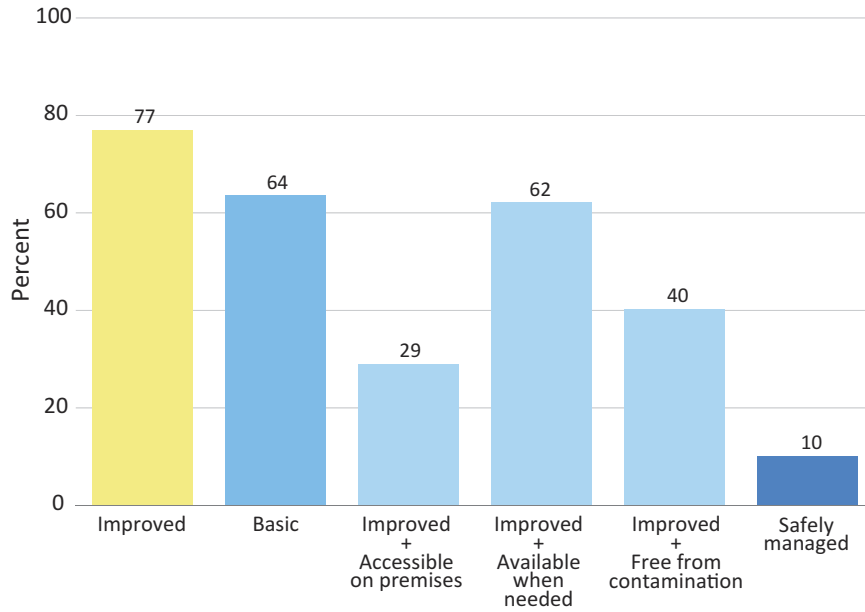
- Slightly above 4 in 10 of the population used sanitation facilities with safe onsite sanitation while 27% used sewer connection
- Sixteen percent of women did not participate in social activities, school or work due to last menstruation, with

girls age 15 -19 more affected (22%) than older women

- The proportion of women who did not participate in social activities was highest in Matabeleland North (39%) and from households where the head had no education (26%)

Safely Managed Drinking Water Services: SDG 6.1.1

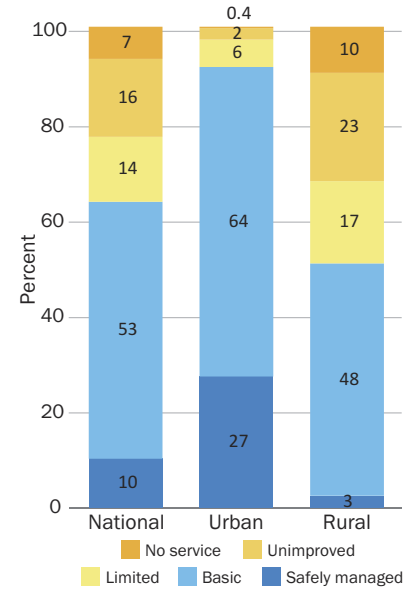
Improved, basic & safely managed drinking water



Percent of population using improved, basic and safely managed drinking water services

Safely managed (SDG 6.1.1) are improved sources: accessible on premises, available when needed, free from contamination

Drinking water coverage: National, urban & rural



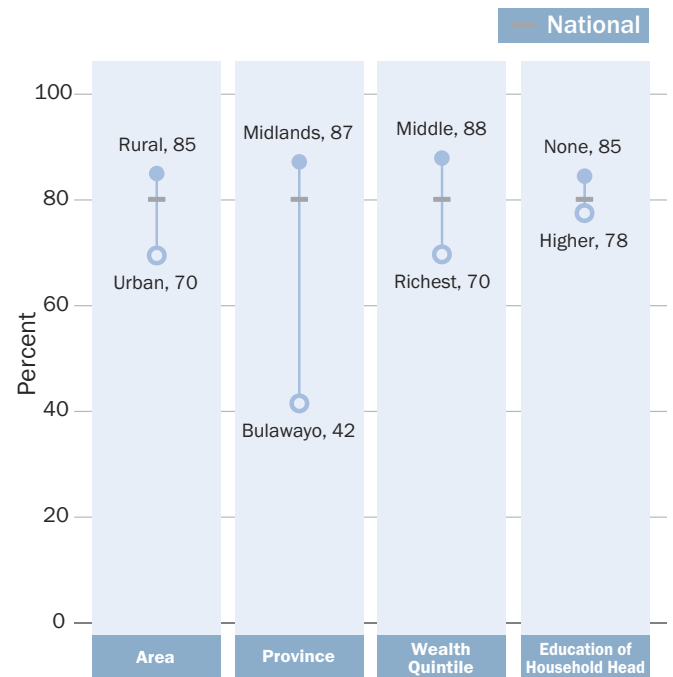
Percent of population by drinking water coverage

Drinking Water Quality at Source & Home



Percent of population using drinking water sources with E. coli (orange) and proportion with E. coli in glass of drinking water in household drinking water (teal) Water Quality Testing response rates for Household and Source testing are 99.3% and 95.6% respectively

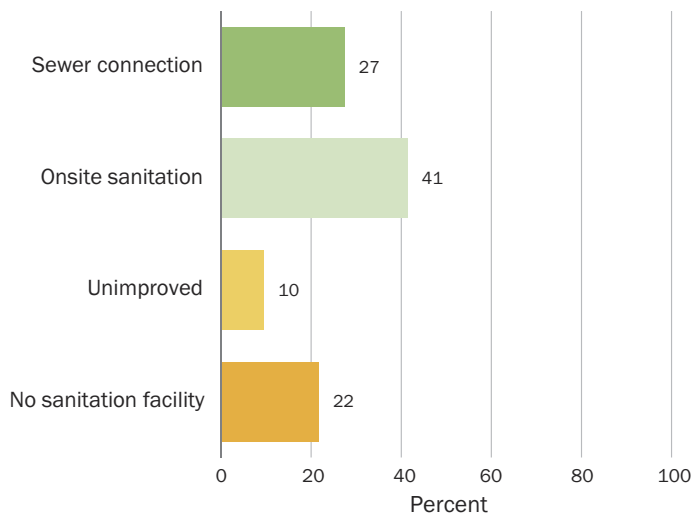
Availability of Drinking Water



Percent of population using drinking water sources with sufficient drinking water in the last month

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



Percent of population using drinking water sources with sufficient drinking water in the last month

Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where"

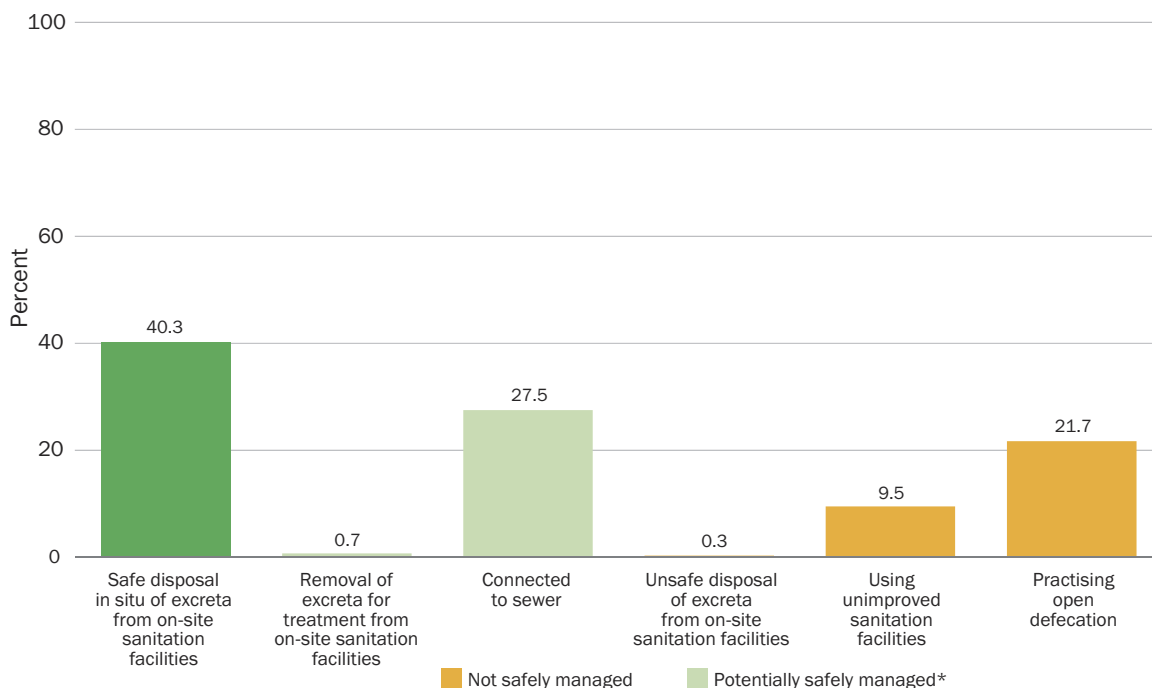
Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

Types of Sanitation Facility by Province

Province	Sewer connection	Onsite sanitation
National	27	41
Bulawayo	93	5
Manicaland	12	51
Mashonaland Central	5	51
Mashonaland East	9	62
Mashonaland West	17	48
Matabeleland North	7	29
Matabeleland South	10	53
Midlands	26	43
Masvingo	15	41
Harare	82	17

Percent of population using sewer connections and onsite sanitation, by province

Management of Excreta from Household Sanitation Facilities

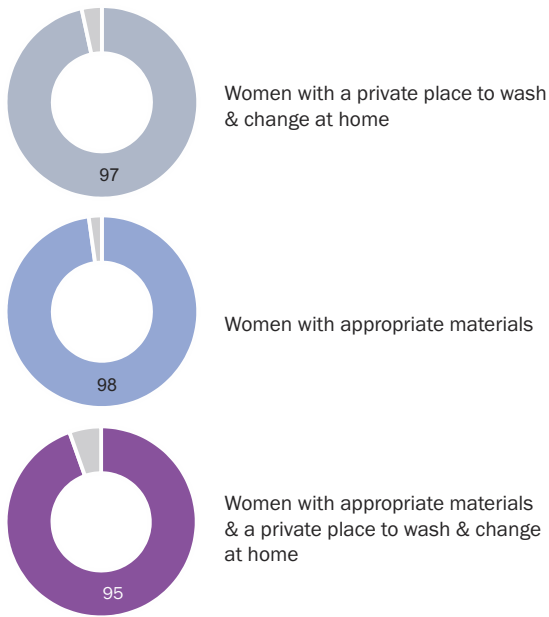


Percent of population by management of excreta from household sanitation facilities

*Additional information required to determine whether faecal sludge and wastewater is safely treated.

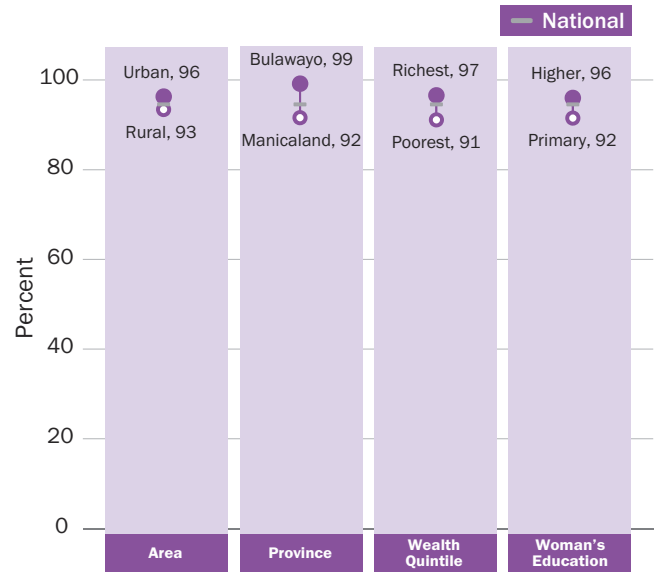
Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

Menstrual Hygiene Management



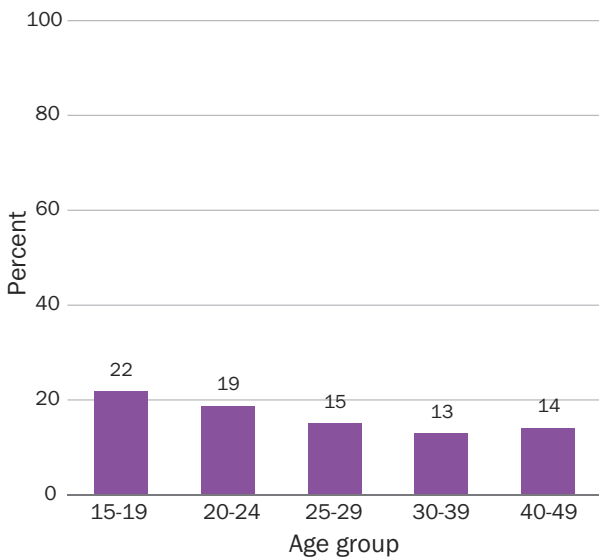
Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home



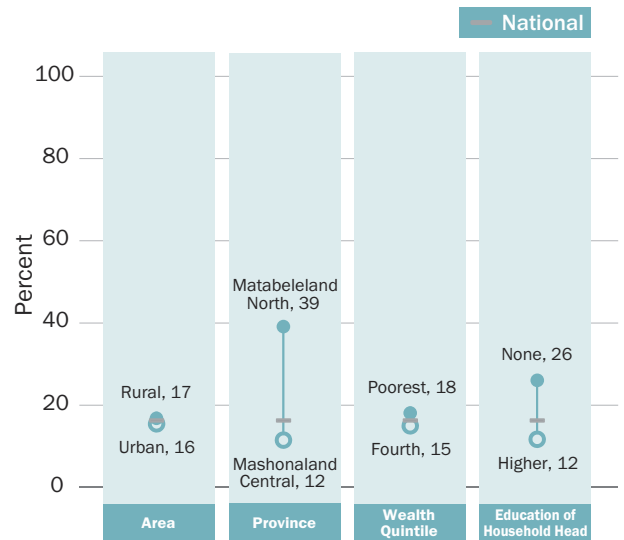
Percent of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and province, among women reporting menstruating in the last 12 months

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Drinking Water, Sanitation & Hygiene - WASH. Data from this snapshot can be found in tables WS1.1 to WS4.2.



Domestic Violence

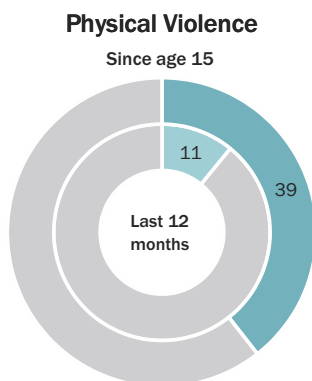
Domestic Violence

Domestic violence is a health, legal, economic, educational, and developmental and, above all, human rights issue. The term "domestic" includes violence perpetrated by an intimate partner, as well as by other family members, wherever and in any form. Violence against women and girls is one of the most widespread, persistent and devastating human rights violations in the world.

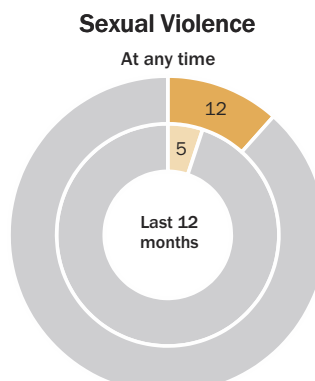
The global dimensions of this violence remain alarming, despite the fact that the right of women and girls to live free from violence is protected by international agreements, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Convention on the Rights of the Child (CRC) and the 1993 United Nations Declaration on the Elimination of Violence against Women.

Note: Physical violence includes abuse, such as pushing, shaking or throwing an object at the woman, slapping, twisting or pulling her arm or hair, punching, kicking, dragging, beating, strangling, burning, threatening or attacking with a knife, firearm or other weapon. Sexual violence includes sexual abuse, such as sexual intercourse forced by threat, intimidation, or physical force. Psychological or emotional abuse, which consists of behaviour intended to intimidate or persecute, in the form of threats, verbal aggression, and constant humiliation.

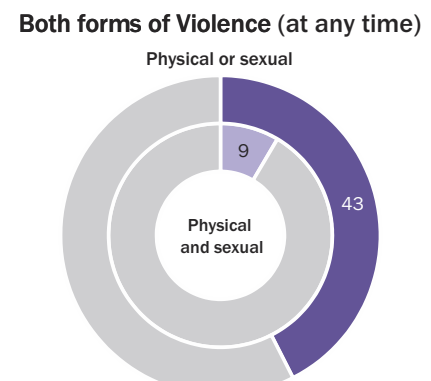
Physical and sexual violence



Percentage of women age 15-49 who have been physically abused since the age of 15 and in the 12 months preceding the survey



Percentage of women age 15-49 who have experienced sexual violence at any time and in the 12 months preceding the survey



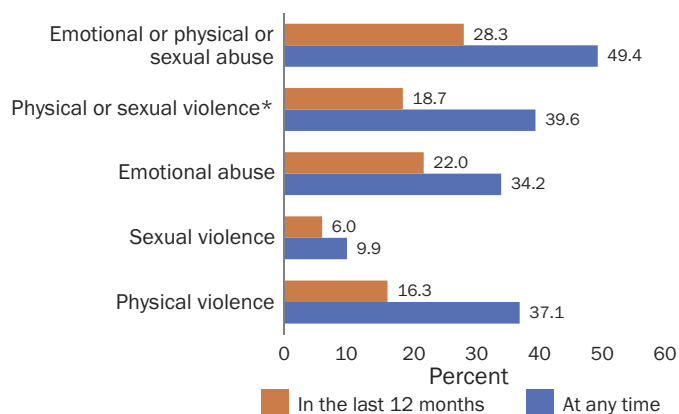
Percentage of women age 15-49 who have experienced one or both types of violence at any time

Key Messages

- About 2 in 5 women reported ever having experienced either physical or sexual violence whilst one in ten reported having experienced both
- Provinces that reported the lowest prevalence of spousal sexual violence were Matabeleland North (5%), Matabeleland South (6%) and Bulawayo (7%)
- The top three provinces where women reported having experienced all forms of spousal violence were Mashonaland East (55%), Masvingo (54%) and Manicaland (53%)
- Thirty-nine percent of women age 15-49 years reported that they had experienced physical violence since the age of 15 while 11% experienced the violence in the last 12 months
- Twelve percent of women reported ever having experienced sexual violence whilst 5% reported having experienced it in the last 12 months
- About 1 in 2 women age 15-49 years had experienced emotional, physical or sexual abuse committed by the current or last husband/partner in their life time. In the last 12 months, the most prevalent form of abuse was emotional (22%)
- Physical violence was high amongst women with primary education (41%) and those in the poorest quintile (41%)
- Among the married persons, physical violence is more likely to be committed by current husband/partner (72%) and former husband/partner (21%)
- Slightly above six in ten case of sexual violence experienced by married persons were committed by current husband/partner
- About 1 in 10 divorced/separated/widowed woman ever experienced physical violence during pregnancy

Intimate Partner Violence (IPV)

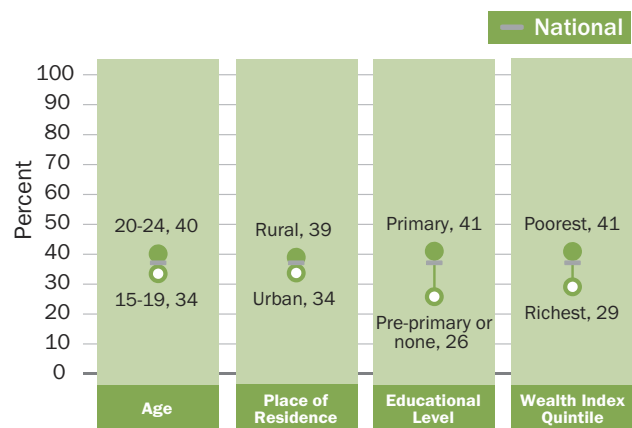
Forms of Intimate Partner violence



Percentage of women in or out of union age 15-49 who have experienced various forms of violence committed by the current or last husband/partner at any time or in the 12 months preceding the survey

* SDG Indicator 5.2.1

Physical violence according to different characteristics



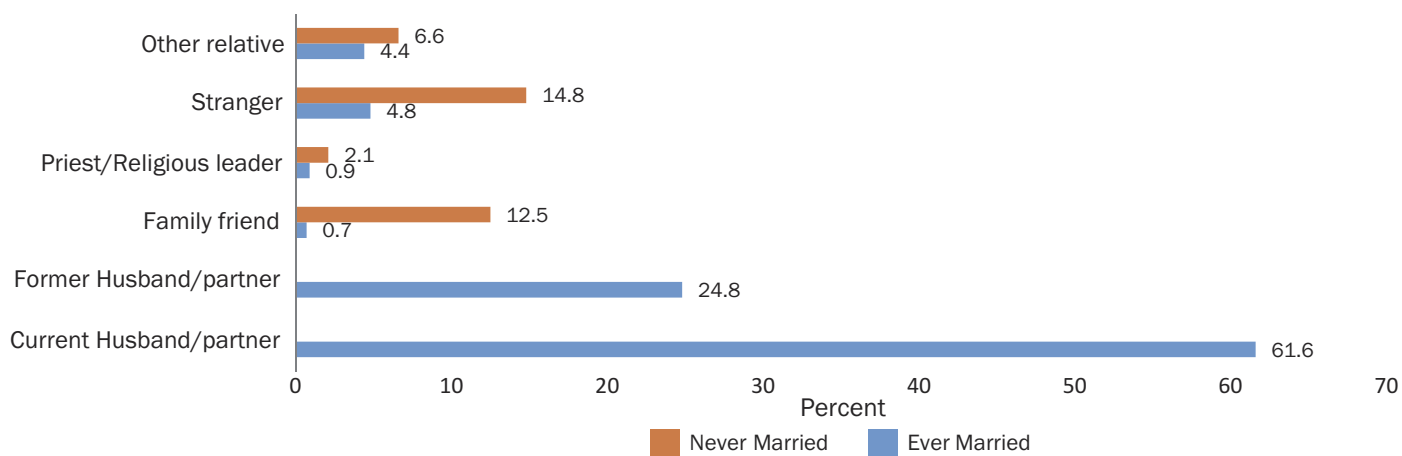
Physical violence at any time against women age 15-49 by their current or last husband/partner

Provincial data on spousal violence

Province	Emotional Violence	Physical Violence	Sexual Violence	Physical or Sexual Violence	Emotional or physical or sexual violence
National	34	37	10	40	49
Bulawayo	38	33	7	34	48
Manicaland	36	40	11	43	53
Mashonaland Central	33	41	11	44	51
Mashonaland East	40	40	12	43	55
Mashonaland West	36	42	10	43	52
Matabeleland North	25	27	5	27	38
Matabeleland South	36	36	6	37	50
Midlands	30	37	10	41	49
Masvingo	40	39	11	42	54
Harare	28	30	10	32	41

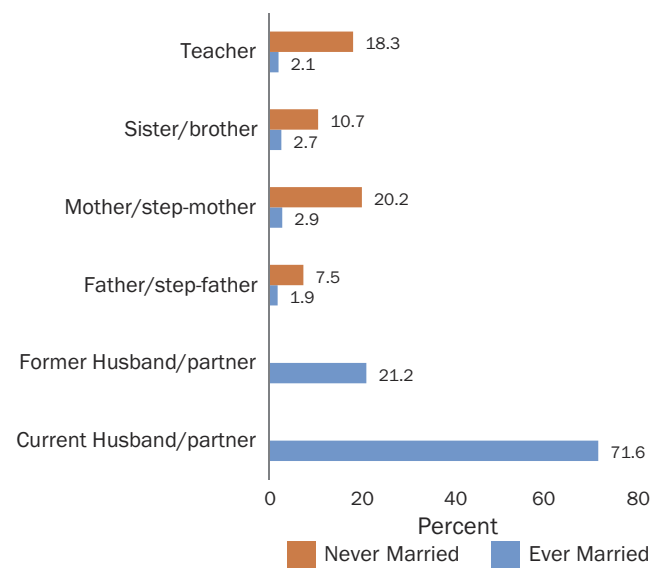
Percentage of women age 15-49 currently in or out of union who have experienced emotional, physical, or sexual abuse by their current or last husband/partner at any time, by province

Persons Committing Sexual Violence



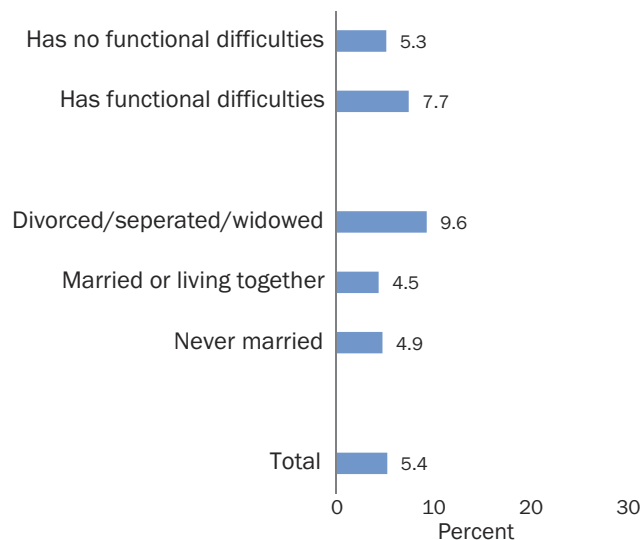
Among women age 15-49 who have experienced sexual violence, percentage who report specific persons who committed the violence according to the respondent's current marital status

Persons Committing Physical Violence



Among women age 15-49 who have experience physical violence since age 15, percentage who report specific persons who committed the violence according to the respondent's current marital status

Experience of Violence During Pregnancy



Among women age 15-49 who have ever been pregnant, percent who have ever experienced physical violence during pregnancy, according to marital status and functional difficulties

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Domestic Violence. Data from this snapshot can be found in tables DV.1 to DV.16 in the Survey Findings Report.

Gender Equality

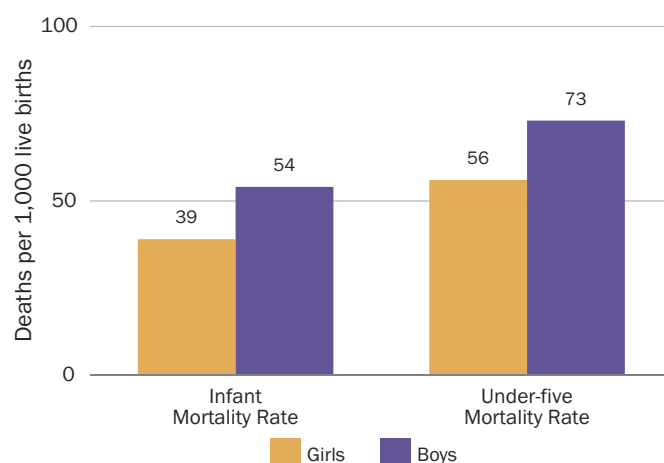


Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Key Messages

- Boys were more likely to die in childhood than girls
- Stunting was higher in boys (27%) than girls (20%); in children with mothers with primary education (29%) compared to mothers with higher education (12%)
- Fathers were about five times less likely to be involved in early

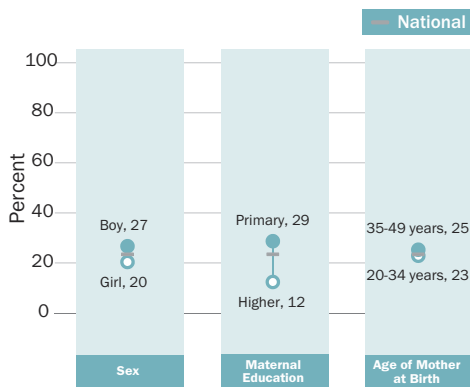
stimulation and responsive care activities than mothers

- For age 3-4 years, 74% of girls were developmentally on track compared to 68% of boys
- One in two children under age 5 had their births registered. Birth registration increased with mother's level of education
- About two children in three are subjected to some form of violent

discipline some form of violent discipline

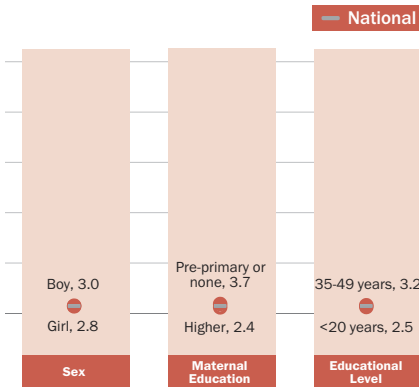
- Eighty percent of girls and 82% of boys age 5 years were attending an ECD or primary education programme
- Five percent of children (without sex differential) of primary school age were not attending school
- Primary completion for girls was higher (92%) in comparison to that of boys (86%)

Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



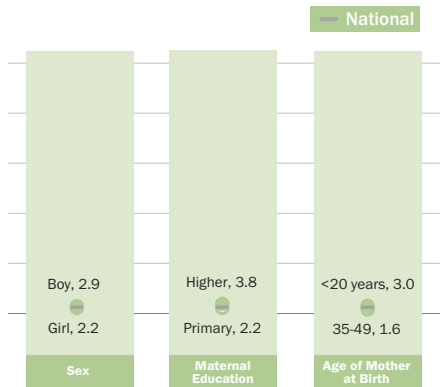
Stunting refers to a child too short for his or her age

Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2



Wasting refers to a child who is too thin for his or her height

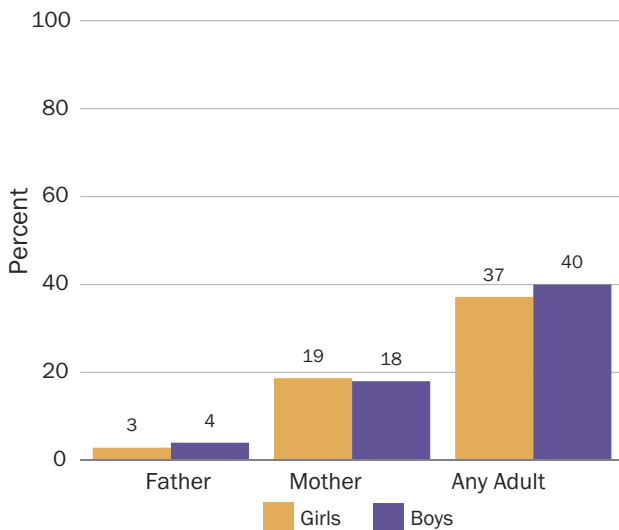
Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height

Every Girl & Boy Survives & Thrives: The First Decade of Life

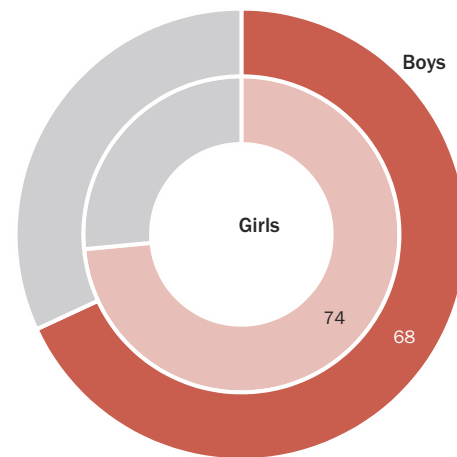
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early Childhood Development Index, SDG 4.2.1



Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

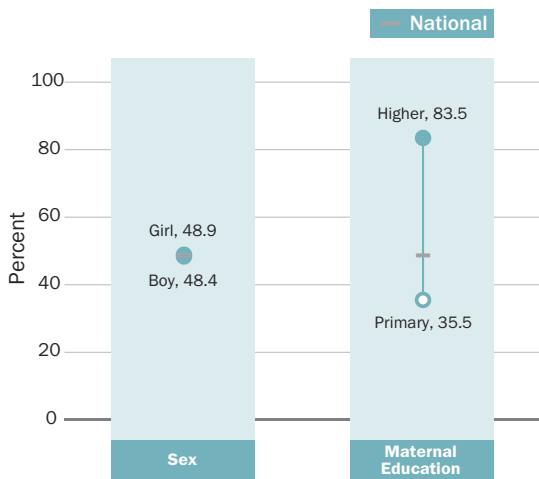
Key Messages

- One in four women age 20-24 years had a live birth by age 18 with a higher proportion in rural areas (31%) compared to urban areas (16%)
- Thirty-four percent of women age 20-24 years were married/ in a union
- Women are twice more likely to marry before the age of 18 in rural (44%) than in urban (21%) area; for marriages before the age of 15, the disproportion is even larger (4 times)
- One in five of adolescent girls age 15-19 years were either married or in a union with a partner 10 or more years older
- Twenty-eight percent of children age 5-17 years were engaged in child labour (33% for boys and 23% for girls)

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

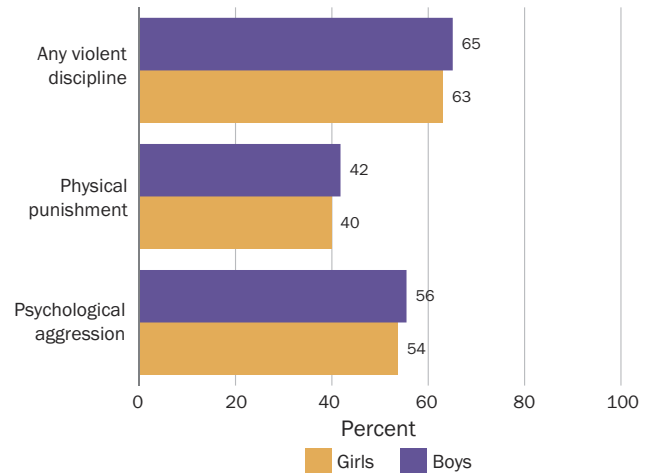
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline, SDG 16.2.1 Sex Disaggregate



Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex

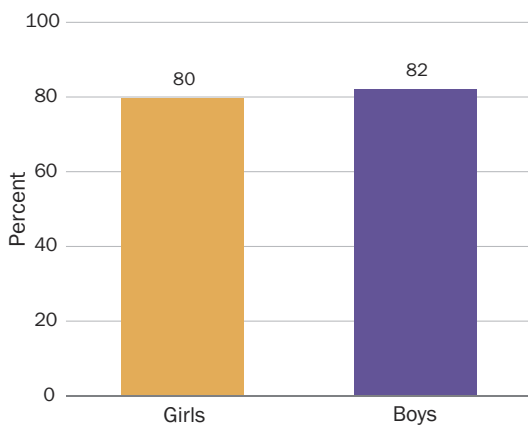
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.

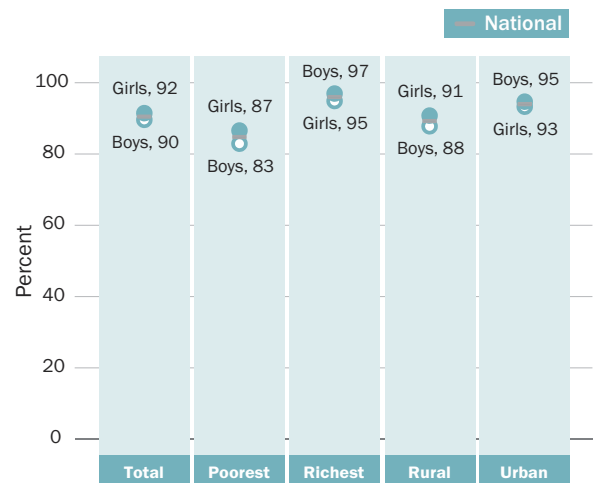
Note: Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



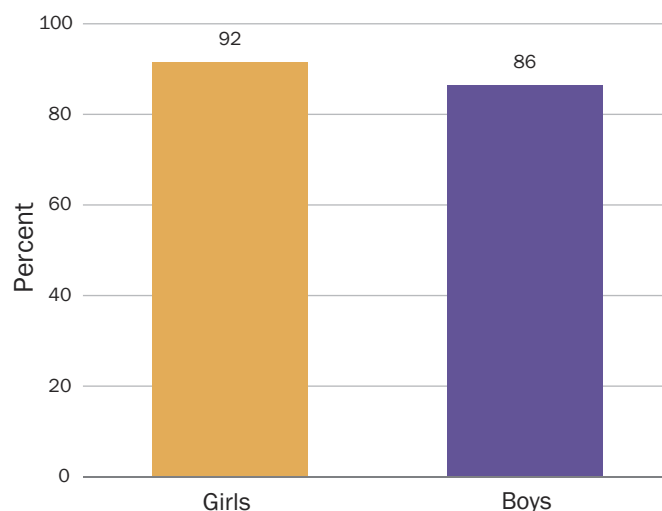
Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

Primary School Attendance



Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

Primary Completion

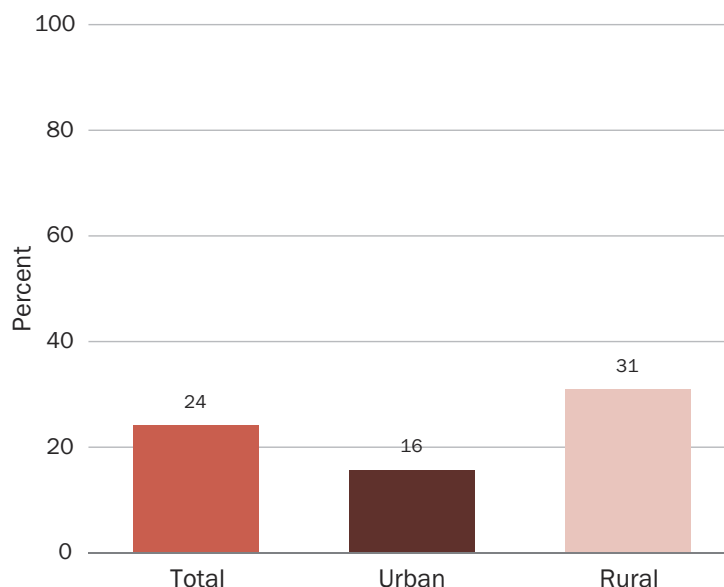


Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

Early Childbearing - by Age 18

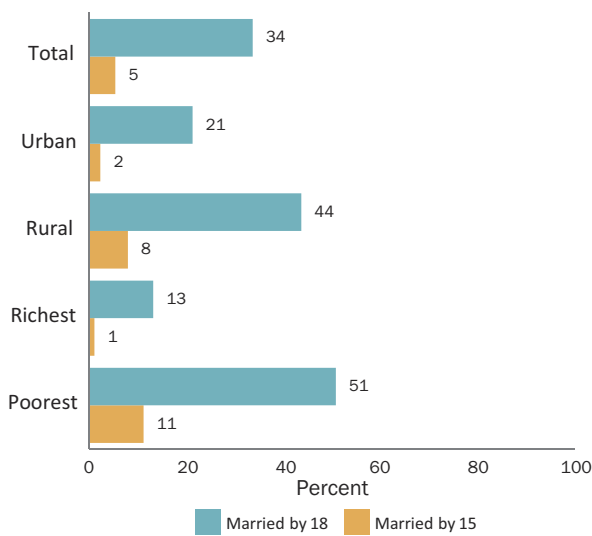


Percentage of women age 20-24 years who had a live birth by age 18, by area

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

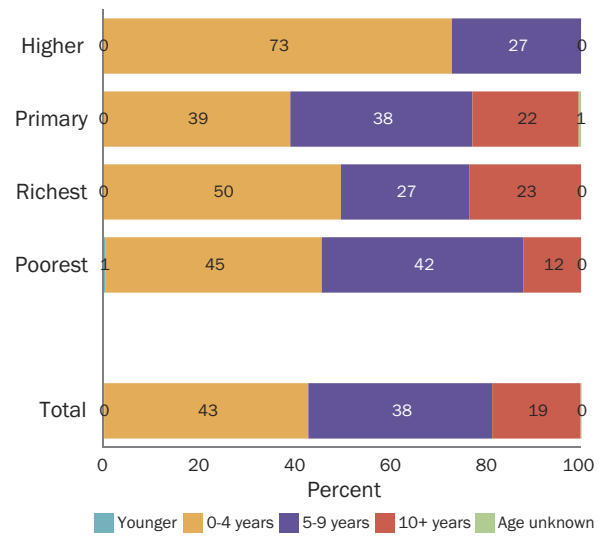
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



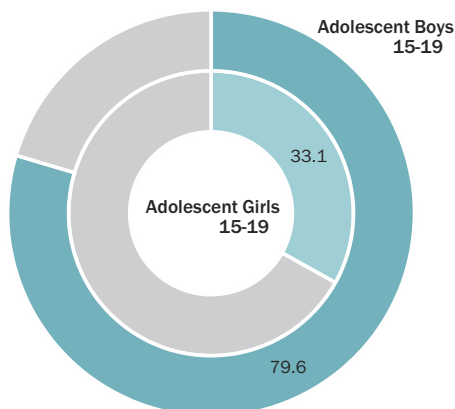
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by area

Spousal Age Difference



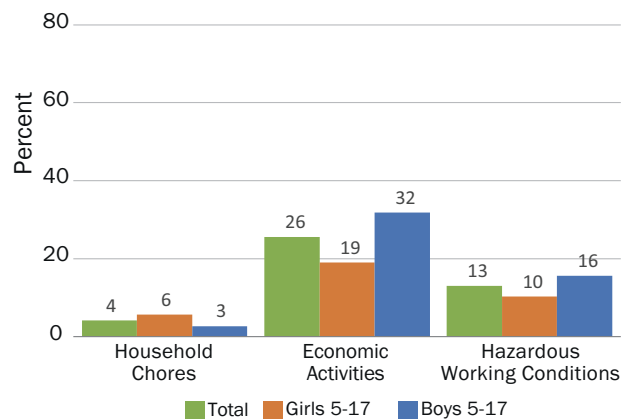
Percent distribution of adolescent girls age 15-19 currently married or in union by age difference with their partner, education level and wealth quintile

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



Percentage of adolescents age 15-19 who feel safe walking alone in their neighbourhood after dark, by sex

Child Labour, SDG 8.7.1



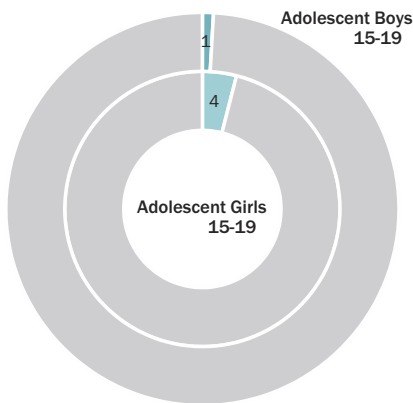
Percentage of children age 5 to 17 years engaged in child labour, by sex, age group and type of activity

* **Note:** Indicator includes children in the first & second decade of life
 ** Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

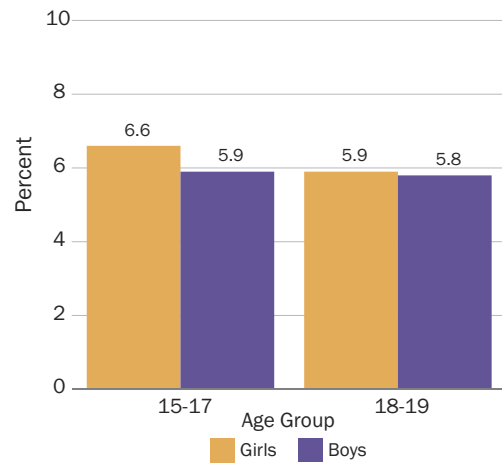
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People's sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and participate in public life. Adolescent girls and boys are likely to have different perceptions of personal safety due to different gender-based vulnerabilities to sexual violence and other crimes. Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who have ever felt discriminated or harassed based on their gender

Life Satisfaction

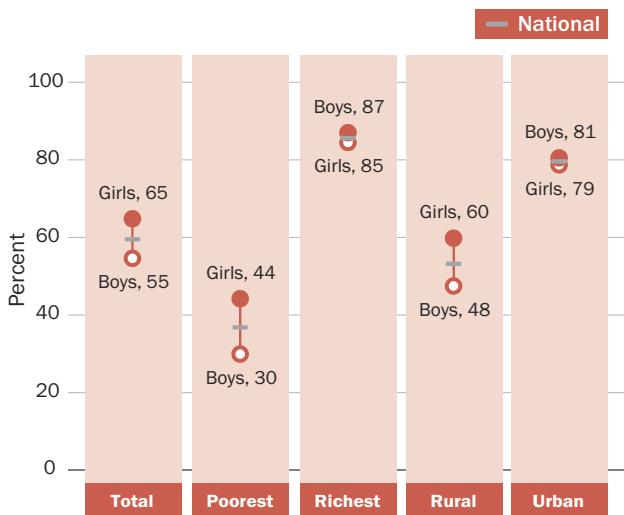


Among adolescents age 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

Every Adolescent Girl & Boy Learns: The Second Decade of Life

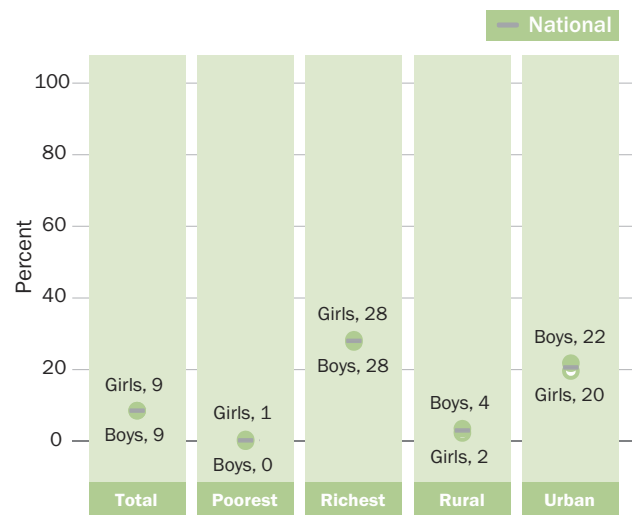
While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance Net Attendance Rate



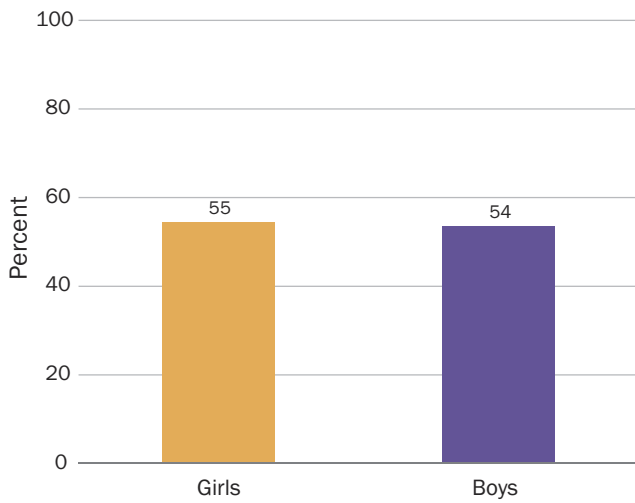
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Upper Secondary Attendance Net Attendance Rate



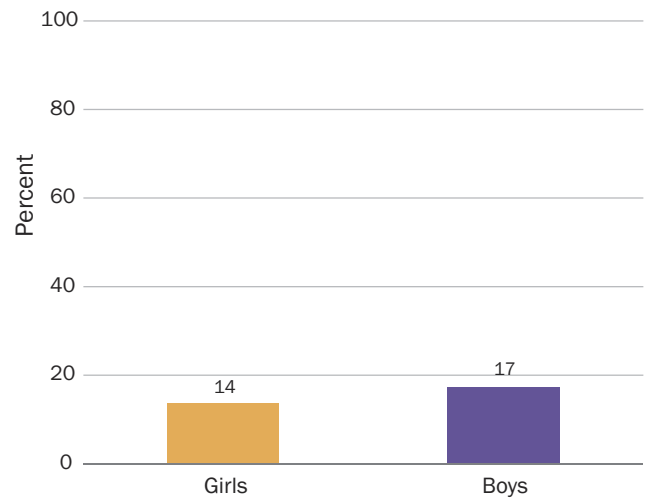
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Lower Secondary Completion



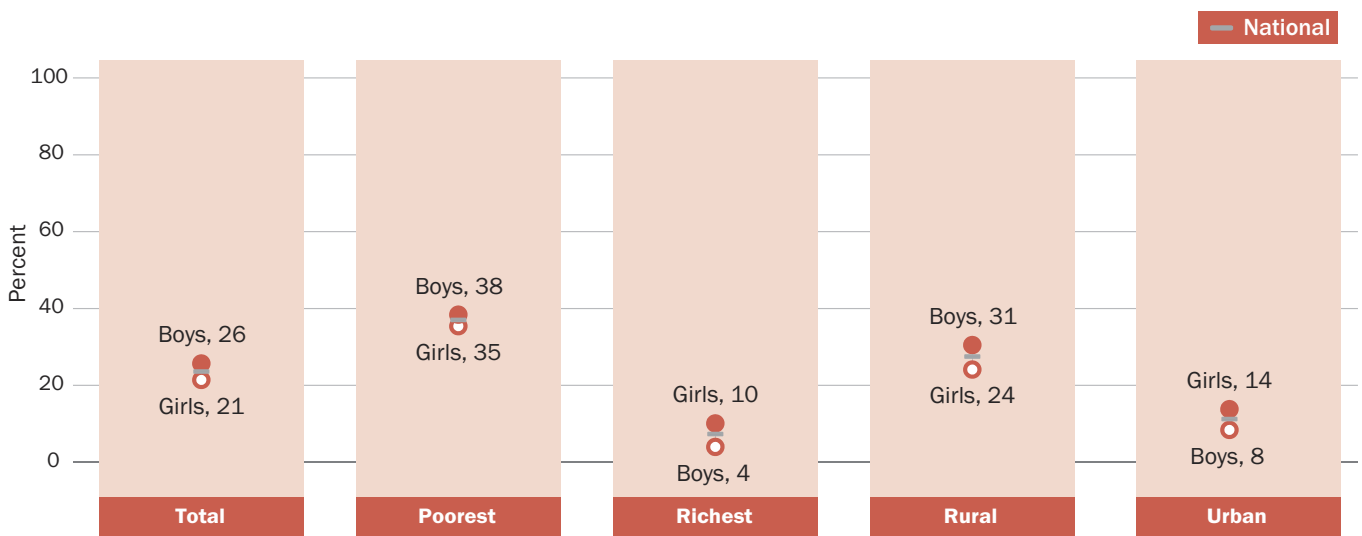
Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex

Upper Secondary Completion



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education, by sex

Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary age not attending either primary or secondary school, by wealth quintile and area

Key Messages

- Thirteen percent of children age 5-17 years in child labour were working under hazardous conditions: 41% boys and 21% girls
- Boys have a higher attendance rate in rural areas than girls whilst girls attendance is (slightly) higher than that of boys in the urban areas
- Twenty-two percent of adolescent girls

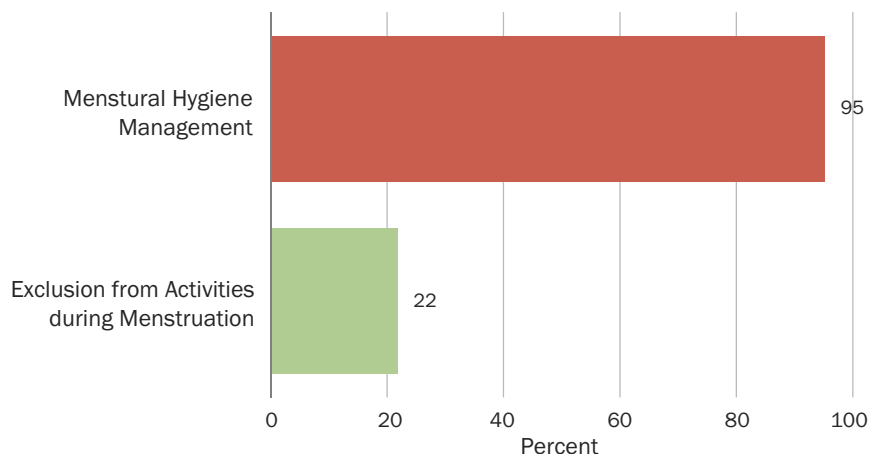
age 15-19 years reported having been excluded from activities (social activities, school or work) due to their last menstruation in the last 12 months

- Sex differentials between women and men age 15-49 years were observed in access to mass media and internet use
- Women and girls compared to men and boys bore the burden of water collection

- Women and girls felt unsafe walking alone in their neighbourhood after dark, as well as when at home alone, as compared to men and boys in the same circumstances
- During the 12 months prior to the survey 11% men and 6% women were victimised (experienced physical violence of robbery or assault)

Every Adolescent Girl & Boy Learns: The Second Decade of Life

Upper Secondary Completion



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Menstrual Hygiene Management: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

Gender Equality in Adolescence and Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

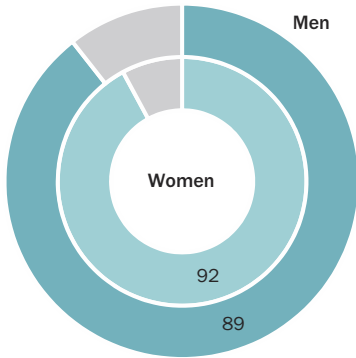
Key Messages

- Forty-one percent of men and 38% of women reported their last incident of victimisation to the police
- Women and girls in both urban and rural areas felt discriminated or harassed compared to their male counterparts
- More women and girls (44%) believed that physical punishment is needed to bring up, raise or educate a child properly compared to 36% of men and boys
- On a scale of 0-10, there were no differences between women and men in terms of their perception towards life satisfaction
- More women age 15-49 years expected their lives to get better in one year following the study than men

Gender Equality in Adolescence and Adulthood

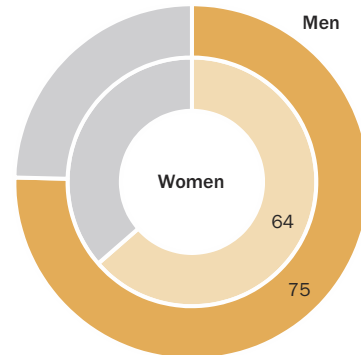
Access to Knowledge, Information & Technology

Literacy



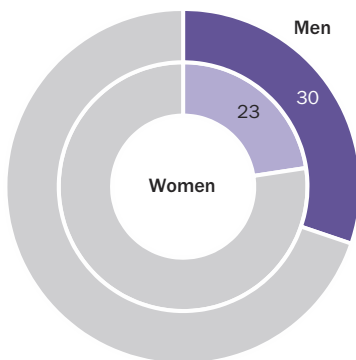
Percentage of adolescents and adults age 15-49 who are literate, by sex

Media Access



Percentage of adolescents and adults age 15-49 who read a newspaper, listen to the radio, or watch television at least once a week

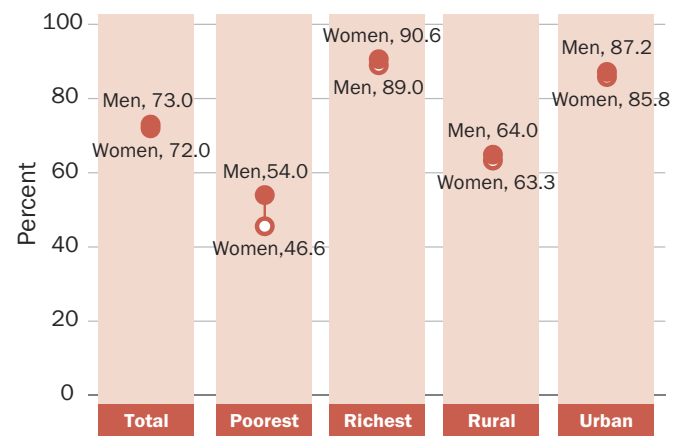
Internet Use: SDG 17.8.1



Percentage of adolescents and adults age 15-49 using the internet at least once a week in the past 3 months, by sex

Access to Resources

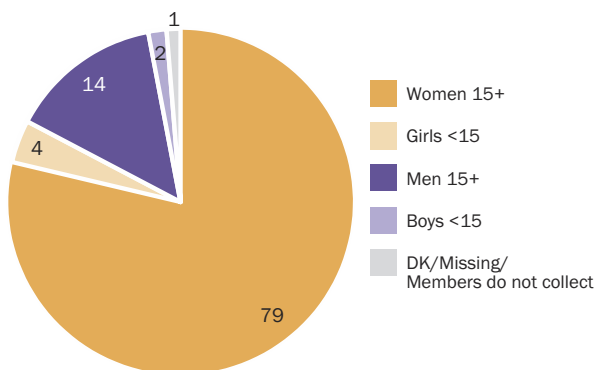
Mobile Phone Ownership, SDG 5.b.1



Percentage of adolescents and adults age 15-49 who own a mobile phone, by sex, wealth quintile and area

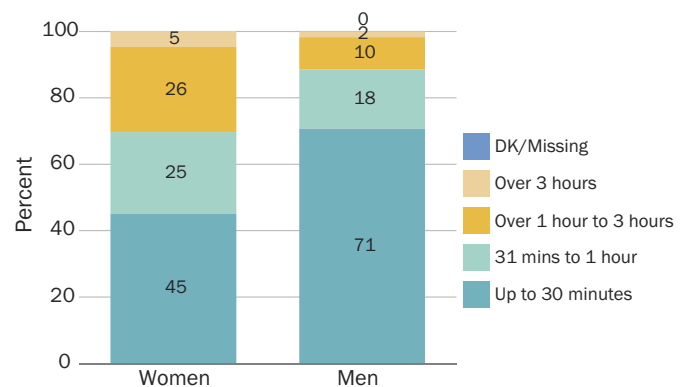
Time on Household Chores: Water Collection

Who collects water?



Percentage of adolescents and adults age 15-49 who own a mobile phone, by sex, wealth quintile and area

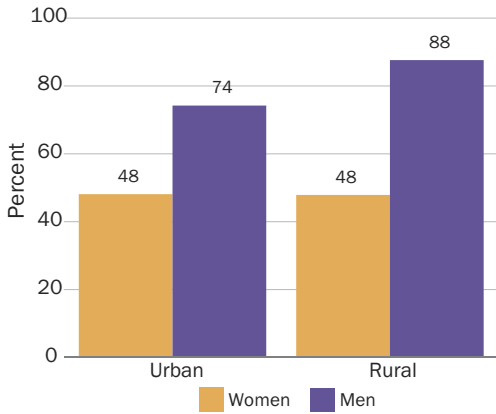
Time spent on water collection



Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

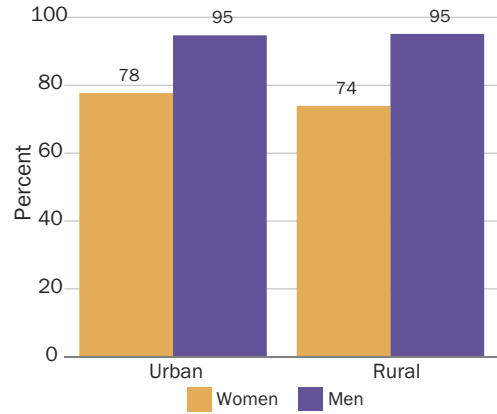
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



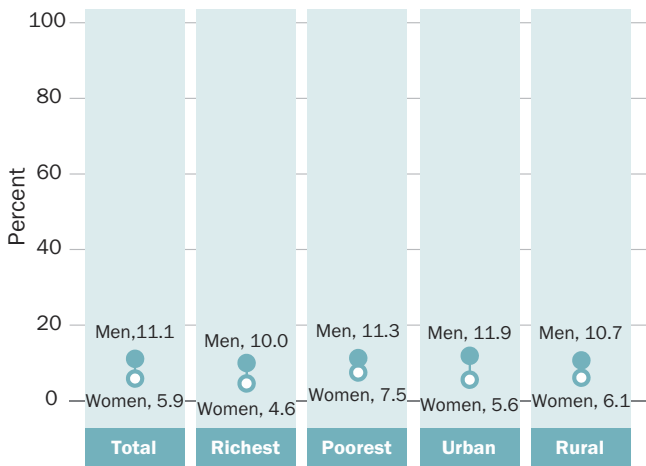
Percentage of adolescents and adults who feel safe walking alone in their neighbourhood after dark, by sex and area

Feeling safe while being at home alone



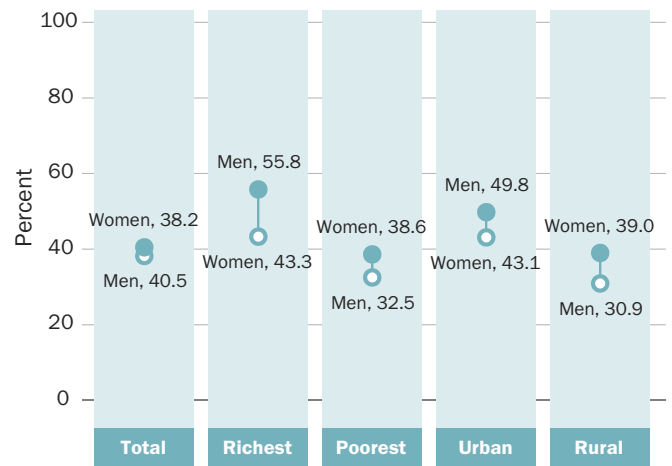
Percentage of adolescents and adults (age 15-49) who feel safe being home alone after dark, by sex and area

Victimisation



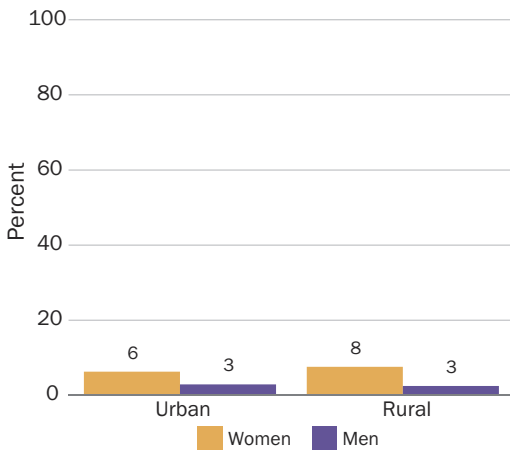
Percentage of adolescents and adults age 15-49 who experienced physical violence of robbery or assault in the last year, by sex, wealth quintile and area

Reporting of victimisation to police, SDG 16.3.1



Percentage of adolescents and adults age 15-49 for whom the last incident of physical violence of robbery and/or assault in the last year was reported to the police, by sex, wealth quintile and area

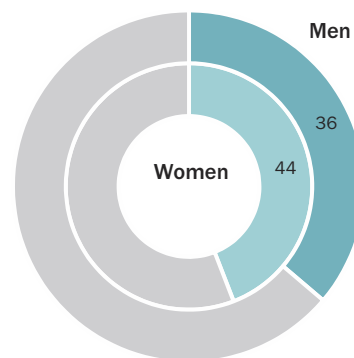
Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



Percentage of adolescents and adults age 15-49 who have ever personally felt discriminated or harassed based on their gender, by sex and area

Feminine & masculine attitudes & expectations

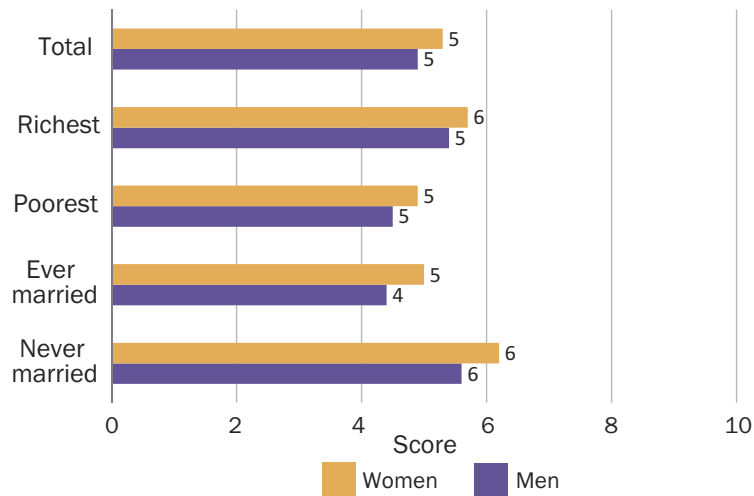
Attitudes toward physical punishment



Percentage of caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

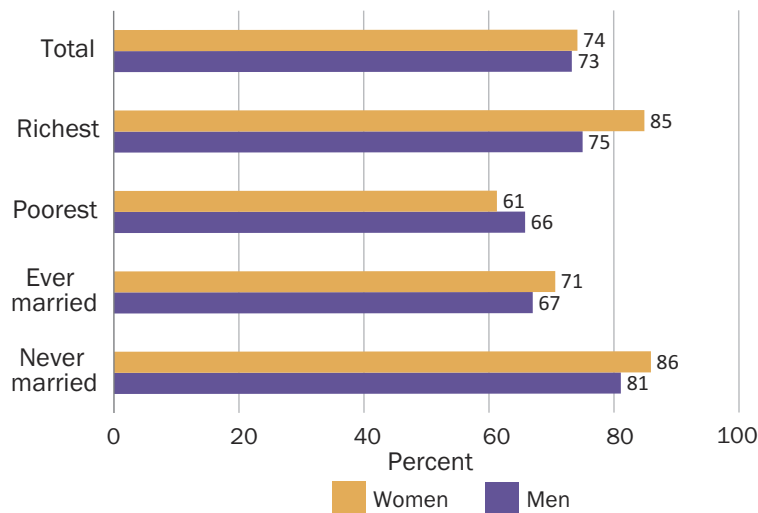
Feminine & masculine attitudes & expectations

Life satisfaction



Among adolescents and adults age 15-49, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

Perceptions of a better life



Percentage of adolescents and adults age 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status

The objective of this section is to disseminate selected findings from the Zimbabwe MICS 2019 related to Gender Equality. Data from this snapshot can be found in table CS.3, TC.8.1, TC.10.1, TC.11.1, PR.1.1,, PR.2.1,, LN.1.2, LN.2.3, LN.2.4, LN.2.6, LN.2.7, TM.2.3W, SR.6.1W, SR.6.1M, PR.2.2, EQ.3.1W, EQ.3.1M, PR.7.1W, PR.7.1M, EQ.5.1W, EQ.5.1M, SR.9.3.W, SR.9.3M, EQ.2.1W, EQ.2.1M, WS.4.1, WS.4.2, WS 1.3 and WS 1.4.



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