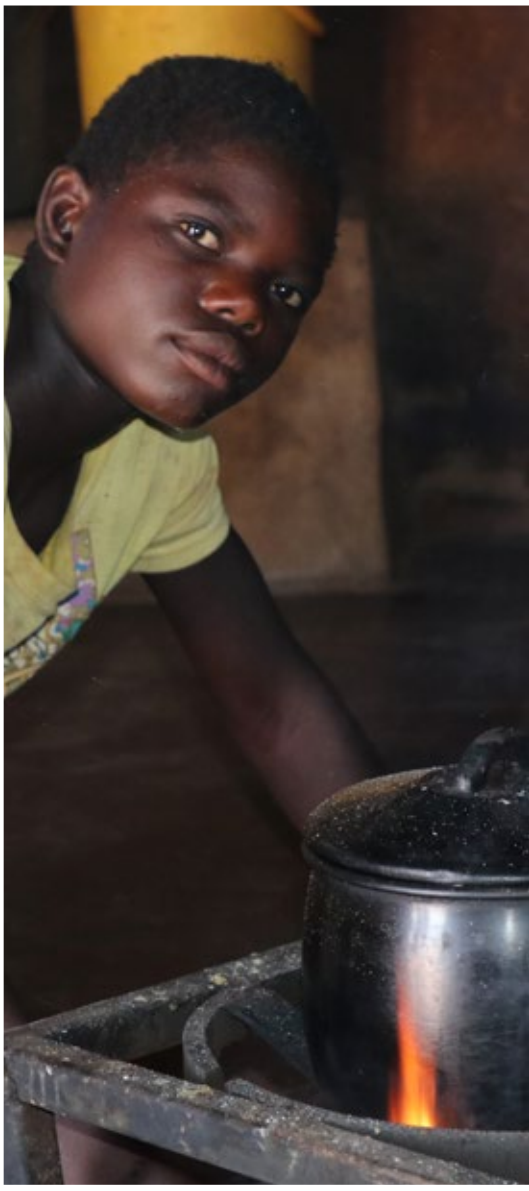
Child Poverty in Zimbabwe

An analysis using the Poverty Income Consumption and Expenditure Survey (PICES) 2017 Data



2019

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Government of Zimbabwe

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LIST OF ABBREVIATIONS

AMTO	Assisted Medical Treatment Order
BEAM	Basic Education Assistance Module
FDMP	Food Deficit Mitigation Programme
FGT	Foster–Greer–Thorbecke
HoH	Head of Household
MODA	Multiple Overlapping Deprivation Analysis
PICES	Poverty Income Consumption and Expenditure Survey
UNICEF	United Nations International Children's Fund
ZIMSTAT	Zimbabwe National Statistics Agency

One

Introduction

This report describes and analyses monetary child poverty in Zimbabwe, using nationally representative data from the 2017 Poverty Income Consumption Expenditure Survey (PICES).

This analysis will help us to (i) understand the degree of monetary child poverty and its geographical distribution; (ii) identify key correlates of child poverty, such as household characteristics and broader economic conditions; (iii) see how access to health and education services varies among poor households with children; (iv) understand basic deprivations experienced by poor children; and (v) decompose child poverty into its component parts, in order to quantify the most important deprivations faced by poor children.

The Government of Zimbabwe relies on a multi-programmatic approach to poverty reduction that is founded on three pillars: (i) reducing food poverty; (ii) protecting human capital; and (iii) providing specific support, such as subsidized public transport for the poor and vulnerable, and subsidized agricultural inputs. The findings from this analysis will help policymakers to target poor children in a better way, to enhance the design of programmes that address the special needs of poor children, and to provide a benchmark against which future estimates of child poverty can be assessed. The Government of Zimbabwe is conducting a substantial restructuring of its Basic Education Assistance Module (BEAM) and is considering increasing assistance for the education of poor children in urban areas. The main mechanism for addressing the problems of the poor in education is through school fee waivers for poor children. It is therefore crucial to understand how well targeted these waivers are and the extent to which the use of waivers supports participation in school by poor children. In the health sector, the main package of support for poverty reduction also involves fee waivers for the poor – the Assisted Medical Treatment Order (AMTO); but these waivers provide benefits to only around 25,000 people. As well as examining how well targeted these two forms of support are, it would be interesting to know the extent to which the high costs of schooling and health care affect participation in school and in the use of health facilities, especially among the poorest children. This analysis will help us evaluate the degree to which current challenges are being effectively addressed through policy.

The government uses several tools to address food poverty, including the Food Deficit Mitigation Programme (FDMP), which is due to be scaled up, despite a funding gap in 2019. The evidence shows that most social protection packages are being delivered to poor households in rural areas, while similar households in urban areas are being overlooked. Perhaps a bigger problem – which is also widely recognized – is that these programmes are not well targeted. Given the stark fiscal conditions in Zimbabwe, it is imperative that scarce resources be well targeted, regardless of sector.

Two

Conceptual Framework And Methodology

Definitions Of Poverty And Concept Of Well-Being

UNICEF employs the following definition of child poverty: "Children living in poverty [are those who] experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society" (UNICEF 2004).

Its reliance on household survey data means that this report focuses on material resources. These include income and liquid and non-liquid assets, daily food consumption and its variability, access to services, and other factors affecting child well-being (welfare).

Aware that poverty encompasses multiple dimensions, UNICEF has worked on improving child poverty profiles so that it can robustly identify poverty across monetary and non-monetary dimensions. Several new approaches to child poverty analysis include Multiple Overlapping Deprivation Analysis (MODA) and other multi-dimensional indicators (see Annex A). These approaches reflect the thinking that a single dimension (such as income or consumption) is not sufficient to describe properly the multiple deprivations faced by poor children.

The different types of analysis of the poverty situation complement one another. As UNICEF is supporting a MODA-type analysis of child poverty in Zimbabwe, using the Multiple Indicator Cluster Survey, the analysis proposed here will focus on monetary (consumption) poverty, and will decompose child poverty measured in terms of real consumption expenditure per capita in the household.

Data and Methods

This study uses the 2017 PICES data. A nationally representative dataset, this contains information on the socioeconomic characteristics of more than 30,000 households. It is representative at the national, provincial and district levels. The indicator of household poverty comprises household consumption expenditure on market-purchased and home-produced goods and gifts. Adjustments are made to account for the value of housing, the consumption value of durable assets owned by the household, and differences in the real costs of living over space and by month. 'Lumpy' expenditure (such as spending

on durable goods and schooling) is smoothed over the relevant lifespan, as per best practice (Deaton and Zaidi 2002). Price data, collected by the Prices Unit at the Zimbabwe National Statistics Agency (ZIMSTAT), are used to adjust for differences in the real cost of living over time, by province and by residence – whether rural or urban.

Poverty Lines

Household poverty is measured based on meeting basic food requirements (food poverty) or meeting basic needs (total expenditure poverty). The food poverty line reflects the consumption expenditure needed to provide a minimum of 2,100 calories, using the typical food-consumption patterns of relatively poor people as observed in the PICES data. Children in households whose spending does not reach this threshold are very poor: even if all resources were to go on food, expenditure would still not meet the minimum nutritional requirements. The total expenditure poverty line reflects consumption expenditure (food and non-food) needed to meet the food and non-food needs of households whose total spending just reaches the food poverty line.

The analysis focuses on children in these poor households, using the accepted definition of a child as anyone under the age of 18 (UNICEF 2006). We also look at a subset of these households with children below the age of 6. By including consumption items such as non-market purchased goods and the value of housing, the measure of well-being used addresses some of the criticisms of money-metric approaches, but we do make certain critical assumptions. First, consumption is measured at the household level; since we do not observe individual consumption, we assume that household consumption poverty indicates that the children living in the household are poor. Having the resources spread evenly in the household would justify this assumption, but we do not know this to be the case. Second, we do not take account of the fact that children of different ages have different consumption needs in order to avoid consumption deprivation. Rather than using adult equivalence scales (Deaton 1997), which rely on assumptions about differences in calorie and food intake needs for people of different ages, we simply divide household consumption by household size. If children need fewer calories than adults to live and thrive, our method will overestimate poverty. We decided to avoid using an arbitrary equivalence scale and to use the per capita measure. [1]Third, because we focus on the value of consumption, we are not measuring deprivations in alternative dimensions, such as education, health care or access to essential services.

This third assumption is relaxed in our analysis: we use a money-metric definition of poverty, but examine how poor children differ from the non-poor in terms of their participation in school, their use of healthcare services, and housing conditions associated with deprivation (such as water, sanitation, shelter and information). This analysis, then, will provide a profile of poor children and an analysis of the deprivations they face.

The Food Poverty Line

The food poverty line is created by measuring the cost of food needed to meet the 2,100 calorie minimum. This line reflects the typical expenditure pattern of lower-welfare households in Zimbabwe (i.e. the 10th to the 40th percentile of the consumption distribution). It is not normative, in the sense that it uses prevailing consumption patterns, rather than patterns that reflect a nutritionally adequate diet. As noted in recent publications, the cost of a nutritionally adequate diet is likely to be far above the cost of a calorie-based minimum (Hirvonen et al. 2019), but the PICES data show that the poor meet their food energy needs primarily through the purchase of low-cost calories. Thirty-five foods are included in the ZIMSTAT food basket, which reflects all goods that comprise more than 0.5 per cent of food expenditure for the reference households (Annex A). Additional details are provided in ZIMSTAT (2019).

In addition to the food poverty line, an upper poverty line is created to reflect the fact that even poor households spend money on non-food items such as housing, clothing, cooking fuel, etc. The upper poverty line uses the average non-food expenditure of households whose total expenditure is "near" the food poverty line. This amount of non-food expenditure is added to the food poverty line to create the upper poverty line.

Analytical Methods

The 2017 PICES data have been analysed to produce information along the following dimensions:

1. Basic statistics: child poverty prevalence, depth and severity by geography (national, urban/rural, province and district).
2. Profile of poor children: family structure, including size, head of the household, and whether children live with their parents; illnesses suffered and disabilities, access to health care and reasons for not using health care; schooling indicators. This involves the preparation of descriptive tables and analysis of statistical significance.
3. Profile of deprivations suffered by poor children: water, sanitation, shelter, information, education. This involves the preparation of descriptive tables and analysis of statistical significance.

[1] It would be straightforward to conduct a sensitivity analysis to determine whether the results are sensitive to this assumption.

Three

Findings

As noted in PICES and the PICES poverty reports (ZIMSTAT 2018, 2019), Zimbabwe is characterized by a relatively young and rapidly growing population. Consistent with this observation, nationally 78.9 per cent of households have children (under 18 years of age) and 52.8 per cent have at least one child in the 0–5 age range.observation, nationally 78.9 per cent of households have children (under 18 years of age) and 52.8 per cent have at least one child in the 0–5 age range.

Geography Of Child Poverty

An important distinguishing feature of child poverty is that children in rural Zimbabwe are far more likely to be poor than are those in urban areas (Table 1). [2]The poverty gap and poverty severity indices suggest that rural poverty is deeper and much more severe than urban poverty. In particular, the poverty severity index shows a very high degree of inequality among the poor in rural areas, whereas in urban Zimbabwe, the index of poverty severity is relatively low. Provincial differences in poverty by rural/urban residence are also important. In Manicaland, for example, rural children are more than twice as likely (80 per cent versus 29.3 per cent) to be poor as children in the province's urban areas (Figure 1). [3]Similar patterns are to be found elsewhere, too. For example, rural children in Masvingo are more than six times as likely to be poor as are children residing in urban areas of the province (65.4 per cent of rural children are poor, compared to 9.3 per cent of their urban counterparts). While there are slight differences in child poverty prevalence by province, in virtually all provinces rural child poverty exceeds 70 per cent, while urban child poverty is below 30 per cent.

Table 1: Child Poverty Indices, By Rural/Urban Resi Table 1: Child poverty indices, by rural/urban residence and total dence And Total

	Poor	Food poor	Poverty gap	Poverty severity
Rural	76.3%	47.5%	0.398	0.194
Urban	20.0%	5.1%	0.237	0.081
Total	61.3%	36.1%	0.384	0.184

Note: Poverty gap is the Foster–Greer–Thorbecke α=1 index and poverty severity is the α=2 index. The poverty gap index reflects the average shortfall below the poverty line of households with poor children. Poverty severity reflects the gap and the degree of inequality among the poor.

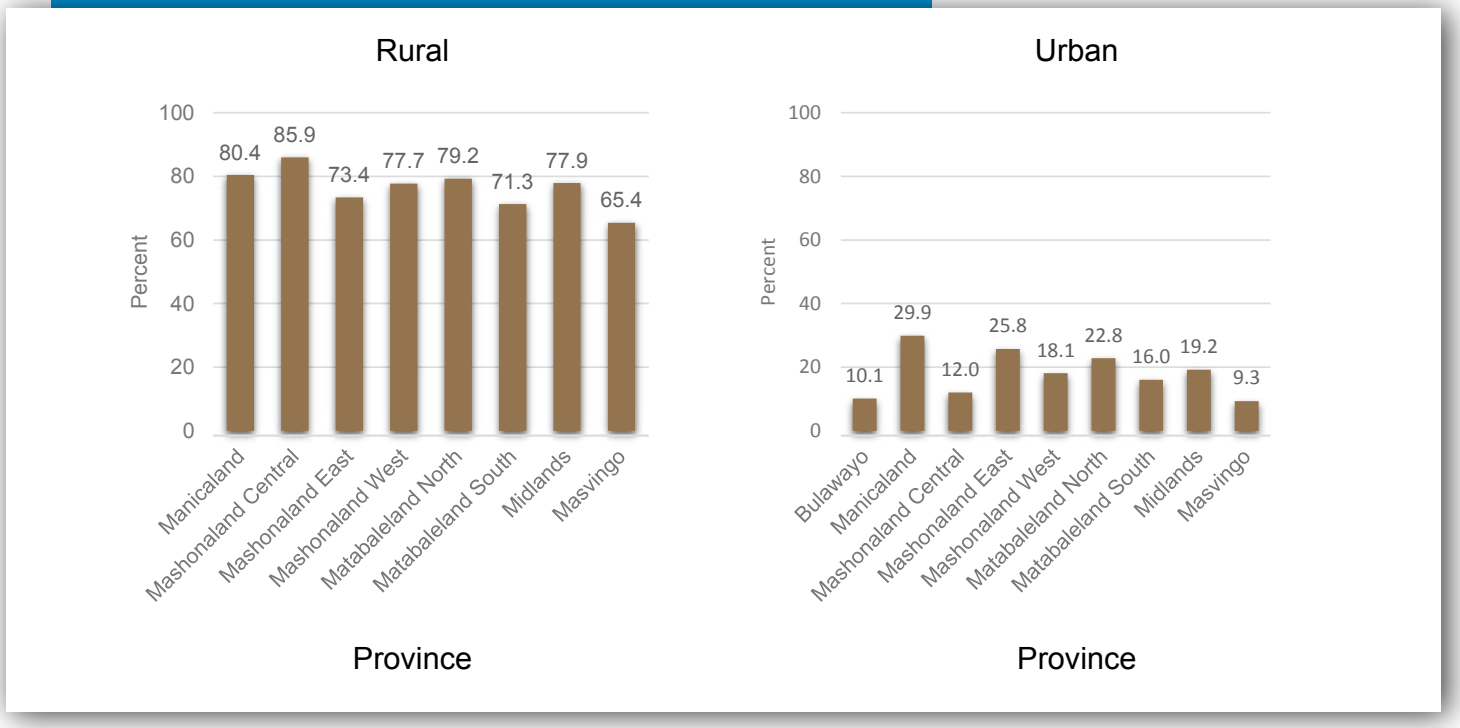
[2]In subsequent tables and graphs, poor children are those living in households where per capita expenditure is below the upper poverty line, and food poor children are those in households where per capita expenditure is not adequate to purchase a minimum food basket. The poverty gap is computed as in Ravallion (1992) and reflects the mean shortfall in per capita expenditure for households below the upper poverty line. The poverty severity index is the square of the poverty gap, and reflects inequality among poor households and children in poor households.

[3]The child poverty indices by province and rural/urban residence are shown in Table A.1 in Annex B; the indices by district and rural/urban are shown in Table A.2, also in Annex B. These poverty figures are not broken down by gender of the child, because gendered differences in poverty outcomes do not exist. This is because gender of the child is randomly distributed among households and poor households (Table A.3 in Annex B).

By all money-metric measures examined here, Mashonaland Central suffers from the worst rural child poverty of all Zimbabwean provinces (Table A.1 in Annex B): nearly 86 per cent of children in rural Mashonaland Central province live in a poor household, and more than 60 per cent are in a household where monthly consumption expenditure is lower than the food poverty line. The poverty gap and severity indices also show extreme shortfalls in per capita consumption expenditure (poverty gap) below the poverty line, and an inequitable distribution of well-being among poor families (poverty severity) with children. By contrast, in urban areas of Mashonaland Central, poverty among children is lower in percentage terms than in any other province, except Bulawayo and Harare. Food poverty (households where consumption expenditure is lower than the food poverty line) in urban Mashonaland Central is the lowest of all urban areas in Zimbabwe.

Urban poverty is often more visible to policymakers than is rural poverty, since low population densities in rural areas tend to spread poor children over large areas. In Zimbabwe, many rural areas are bypassed by major roads (Swinkles et al. 2019).

Figure 1: Child poverty prevalence, by province and rural/urban residence



Child poverty is unevenly distributed in Zimbabwe. Table 2 shows the distribution of poor children by province. Unlike Table 1 and Table A.1 (in Annex B), which show average indices of child poverty, Table 2 shows the proportion of the total poor children (nationally) living in each province. More than 67 per cent of the poor children in Zimbabwe are found in six highly rural provinces: Manicaland, Masvingo, the three Mashonaland provinces and Midlands. Only slightly more than 5 per cent of poor children in Zimbabwe live in the two (urban) provinces of Harare and Bulawayo combined. The provincial distribution by gender of the child is virtually identical to Table 2 and is shown in Table A.4 in Annex B.

Manicaland is home to the largest proportion of poor children of any province in Zimbabwe. While 15.5 per cent of all children live in Manicaland, more than 18.6 per cent of Zimbabwe's poor children live there (Table 2). Within Manicaland, three districts have the highest rates of child poverty: around 87 per cent of children living in Buhera and Chipinge are poor, and about 80 per cent of children living in Nyanga district (Table A.2 in Annex B). Nyanga, however, has a relatively low density of children, and despite the high rate of child poverty there, only 8 per cent of Manicaland's poor children live in Nyanga (Table 3).

Buhera and Chipinge districts together account for almost 39 per cent of the province's poor children, while Makoni and Mutare Rural (16 per cent each) also contain high numbers of poor children.

Table 2: Distribution Of Poor Children By Province Figure 1: Child poverty prevalence, by province and rural/urban residence

Province	% of all poor children found in each province	% of all children found in each province
Bulawayo	0.7	4.4
Manicaland	18.6	15.5
Mashonaland Central	13.2	9.8
Mashonaland East	12.2	11.2
Mashonaland West	12.1	11.4
Matabaleland North	7.2	5.8
Matabaleland South	5.9	5.4
Midlands	12.2	11.6
Masvingo	13.5	13.6
Harare	4.3	11.3
Total	100	100

Table 3: Distribution Of Poor Children B Table 3: Distribution of poor children by district in Manicaland province y District In Manicaland Province

District	% of all poor children found in the province	% of all children found in the province
Buhera	20.3	17.2
Chimanimani	8.2	8.7
Chipinge	18.5	15.7
Makoni	16.4	16.5
Mutare Rural	15.6	15.1
Mutasa	8.6	8.3
Nyanga	8.1	7.5
Mutare Urban	2.3	7.7
Rusape	0.8	1.6
Chipinge Urban	1.1	1.7
Total	100	100

We can also look at child poverty according to the predominant land use classifications. [4]Child poverty does not vary substantially by land use in rural areas, although households in communal and resettlement areas are slightly more likely to have poor children than are those in commercial farming areas (Figure 2). Child poverty is more variable in larger urban areas, as urban council areas have lower percentages of children living in poverty than do administrative areas and growth points.

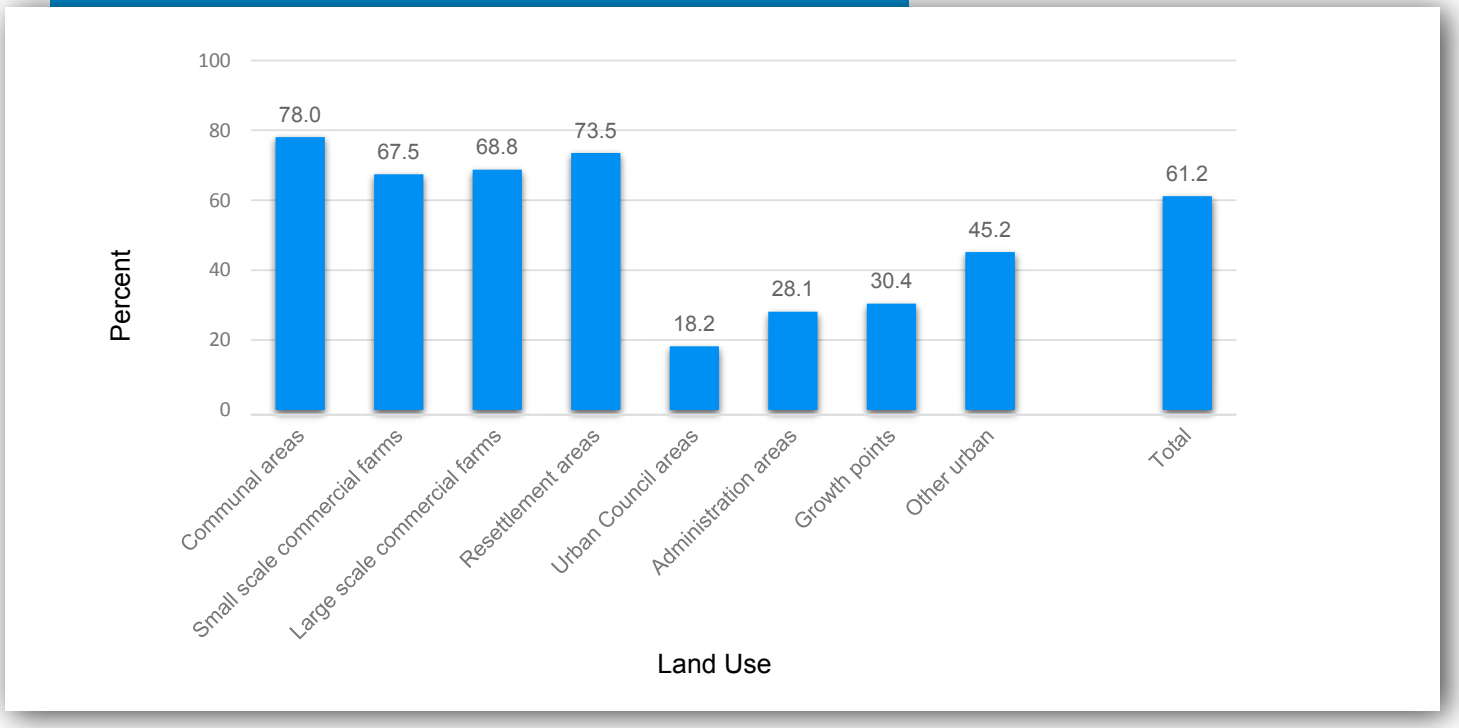
Child poverty in resettlement farming areas does not differ much by resettlement area type. Old resettlement areas have lower child poverty than newer A1 and A2 farming areas, but the difference is relatively small and is not statistically significant (Figure 3). The old resettlement areas were formed on land acquired under the "willing seller, willing buyer" principles embedded in the Lancaster House agreement following independence. These areas were converted from commercial farming areas to resettled farms prior to 1990. The A1 and A2 farms were converted from commercial farms during the fast track land reform programme which occurred in 2000. Farms with an A1 designation are generally relatively small-scale family farms, while A2 farms are much larger in size.

[4]In Zimbabwe, rural areas are further divided into classifications reflecting the land tenure situation that predominates. These areas are communal areas, where lands are held in traditional tenure arrangements, large and small-scale commercial farms and resettlement areas. Following the fast-track land reform of 2000, resettlement areas are further divided into old resettlement areas (RA) (resettled prior to 1990), and A1 and A2 resettlement farms. Urban areas are also classified as urban council areas (the largest urban areas), administrative areas, growth points and other urban classifications. Administrative areas and growth points are urban settlements in otherwise rural areas.

Household Structure and Child Poverty Child Poverty

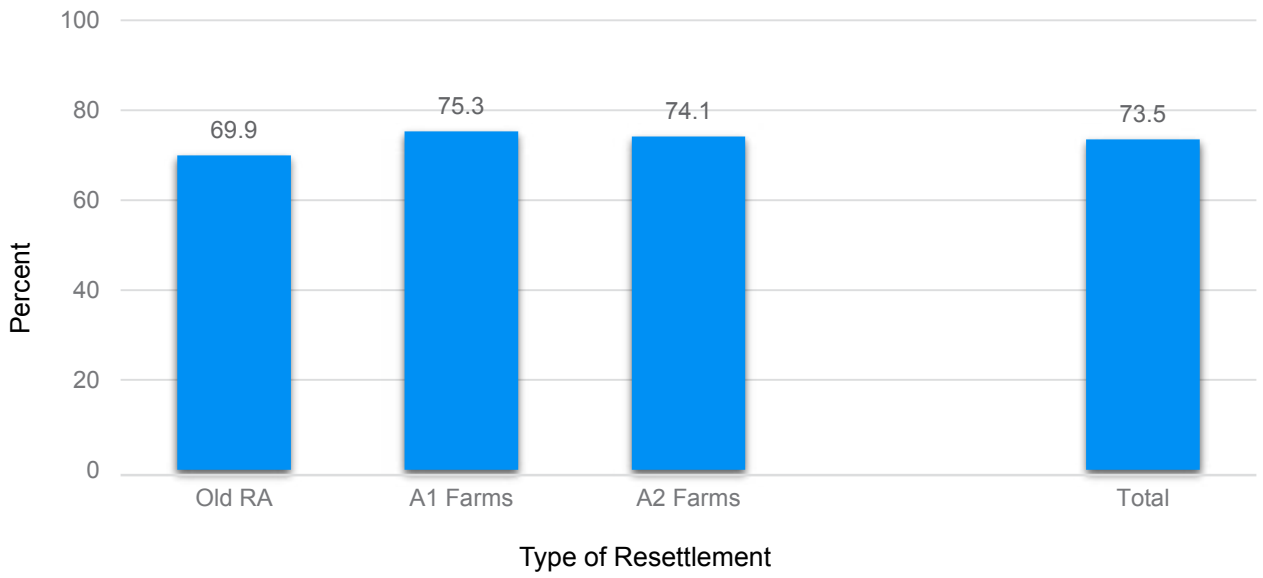
In both rural and urban areas, household size and structure are closely related to child poverty. Households with few members tend to have a low child poverty prevalence compared to larger households, and the prevalence of poverty increases over the entire range of household size (Figure 4). Very large households are far more likely to be poor, even in rural areas, where the largest households (eight or more members) are about twice as likely to be poor as the smallest households (see Table A.5 for exact numbers).

Figure 2: Child Poverty Prevalence, By Land Use



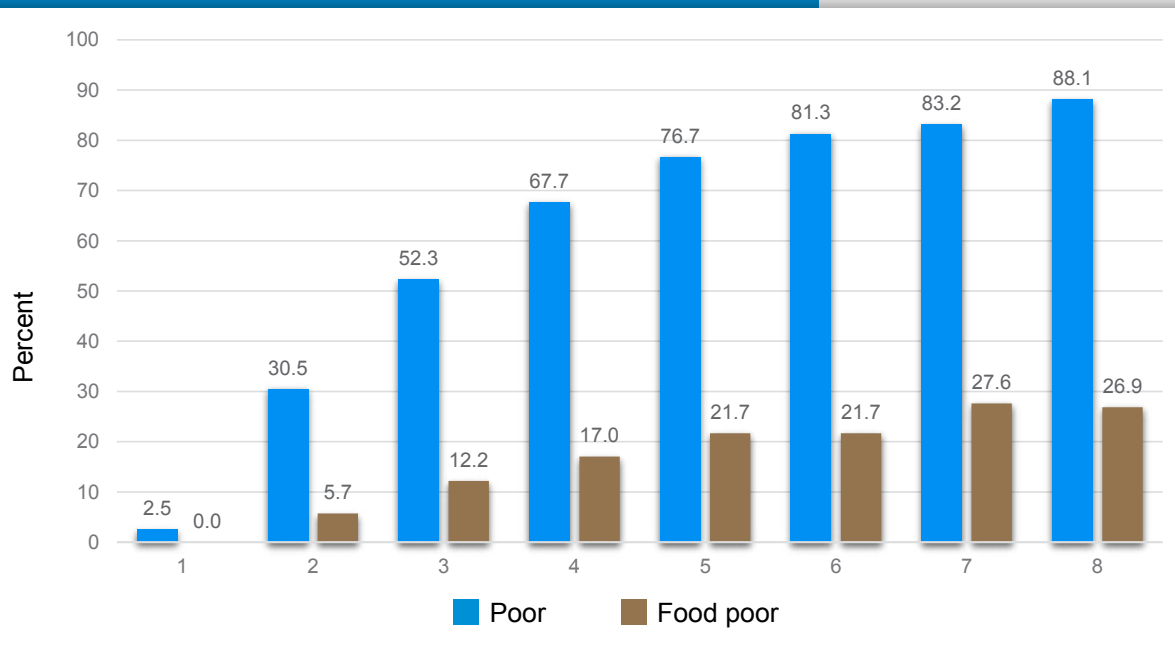
Note: The prevalence of poverty is the share of children in each area who are poor.

Figure 3: Child Poverty Prevalence, By Resettlement Type



Note: The prevalence of poverty is the share of children in each area who are poor.

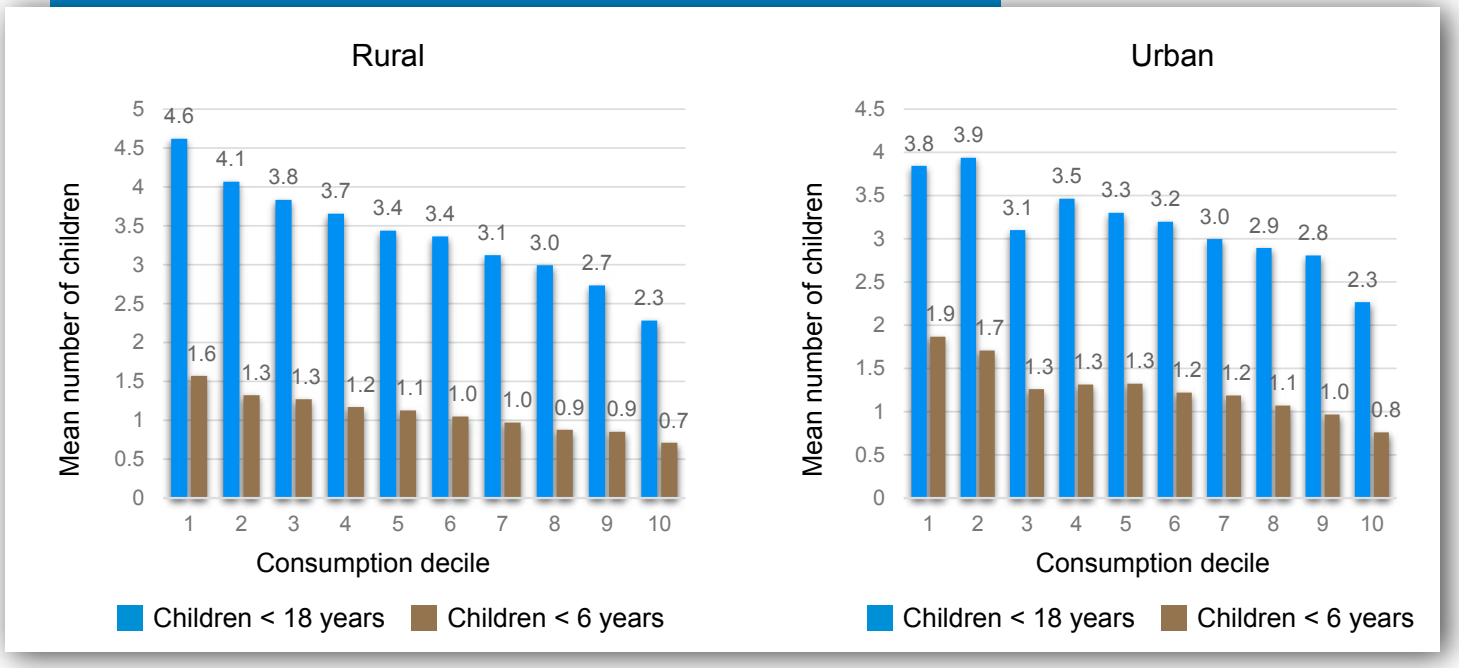
Figure 4: Child Poverty, By Household Size



Note: The prevalence of poverty is the share of children in each area who are poor.

A slightly more nuanced view of this relationship is to be seen in Figure 5, which shows the mean number of children by per capita consumption decile (a continuous measure of household well-being). More children and young children live in low-welfare households in rural areas; in urban areas, the same relationship exists, but is less pronounced – especially for low- and mid-welfare households (see the flattening of the distribution at the third, fourth and fifth deciles).

Figure 5: Mean number of children per household, by consumption decile, rural and urban Zimbabwe



The relationship between the number of children in the household and whether the household is poor is nuanced (Table 4). In rural areas, households with one child have a relatively low likelihood of being poor; but at two children or more, the likelihood is overwhelming. The poverty rate peaks at about six children; above that, rural households are uniformly poor. In urban areas, the large jump in the likelihood of child poverty occurs when the household has more than four members – with more than four members, the probability that an urban household has poor children jumps to above 35 per cent. The presence of young children (less than 6 years of age) is associated with a high probability of poverty in both rural and urban areas (Table 4).

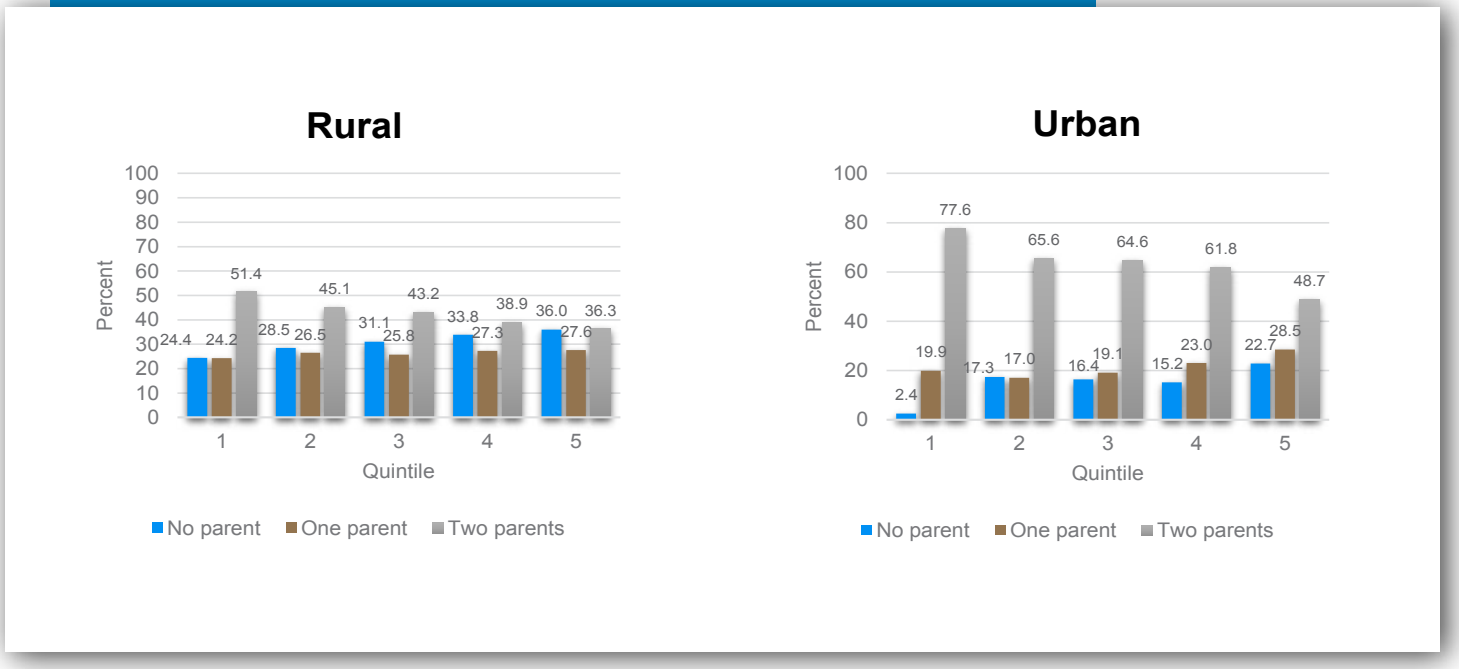
Table 4: Child poverty rate, by number of children of different ages in household, rural/urban

	Children (<18)		Young children (<6)	
Number of children	**Rural**	**Urban**	**Rural**	**Urban**
0			65.7	11.8
1	49.8	9.6	76.3	18.4
2	65.0	15.4	83.0	32.8
3	76.4	24.0	90.0	31.4
4	82.8	21.7		
5	84.3	35.3		
6	90.8	45.8		
7	91.3	38.2		
8	89.7	39.4		
Total	76.3	20.0	76.3	20.0

Note: The outcome is child poverty by number of children or young children in family (children are under age 18; young children are under six). If the household does not have any children, it is excluded. If the households have children, but no young children, it is included.

Child poverty is not closely related to orphanhood: Figure 6 shows that the proportion of children living in a household where both parents are present is slightly lower for households with higher levels of well-being (i.e. wealthier households are more likely to have a child who is missing one or both parents). In both rural and urban areas, households in the richest well-being quintile have the greatest proportion of children living in a household where neither parent is present. In both types of area, the proportion of children who live with both parents declines as the well-being quintile increases. This finding might suggest that orphans are being transferred to better-off households in the hope that they might obtain longer-term benefits from such an arrangement. The proportion of children who live in a household with either one or no parent is greater for high-welfare households in urban areas, while the proportion living with no parents is greatest for high-welfare rural and urban households alike.

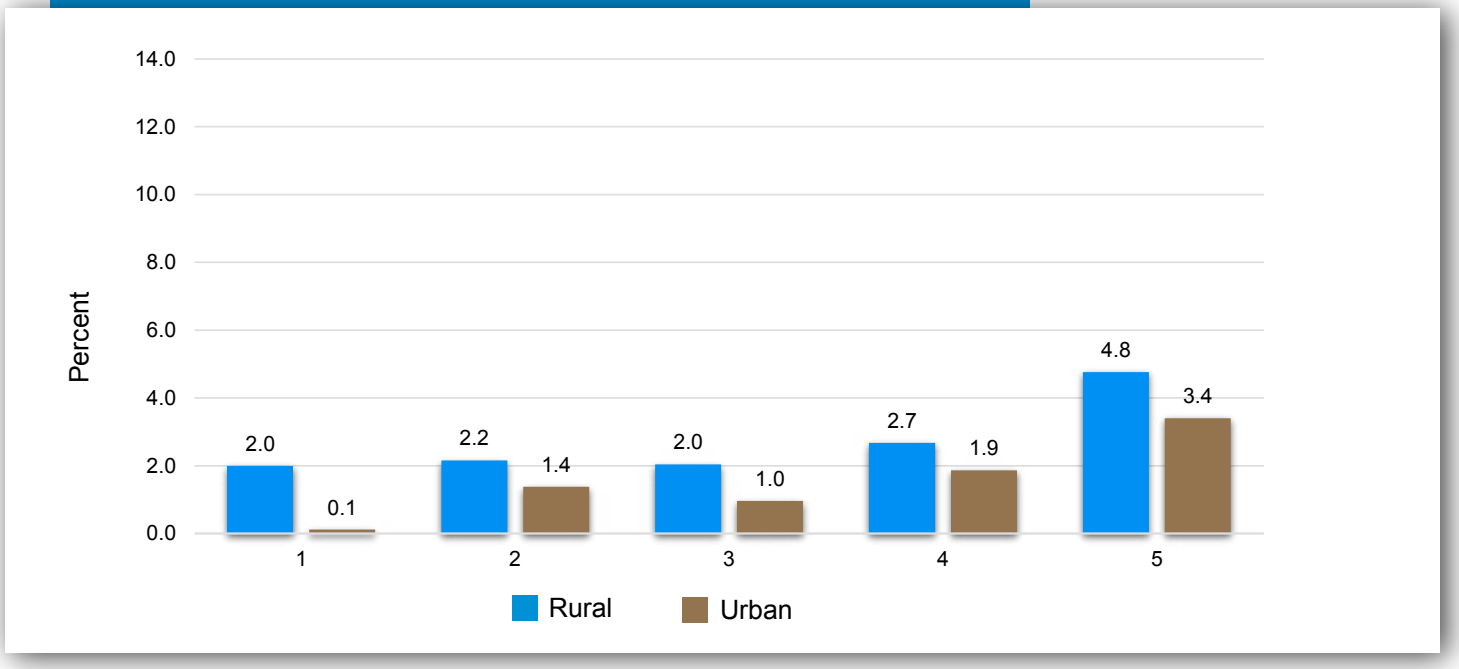
Figure 6: Proportion of children living in households with zero, one and two of their parents, by consumption quintile



The possibility mentioned above that orphans may be placed in better-off households is borne out by the data. Children in households in the richest well-being quintile are far more likely to be unrelated to the household head than are those in lower well-being quintiles. Note that unrelated children include domestic workers and foster/adopted children, but

Figure 7 shows clearly that close to 5 per cent of children in top-quintile rural households are unrelated to the household head, while the same is true of getting on for 4 per cent of children in top-quintile urban households. The lowest-quintile households contain the fewest non-related children.

Figure 7: Proportion of children unrelated to the household head, by well-being quintile, rural/urban



Note: Proportion of children who are unrelated to the household head by consumption quintile. These include foster children and domestic workers.

The relationship between child poverty and the gender and marital status of the head of the household (HoH) is somewhat surprising, because much of the literature has found female-headed households more likely to be poor than male-headed households. Male-headed households, in both rural and urban areas, are more likely to have poor children than are female-headed households (Table 5). Of all HoH types, de-jure female heads (i.e. divorced, widowed or never married) are least likely to have poor children, but are slightly more likely than de-facto female-headed households (i.e. those where the father is alive but not present in the household) to have food-poor children. Differences between female HoH type are not significant, but male-headed households are statistically more likely to be poor and to have poor children. Of those children living in de-jure female-headed households in urban Zimbabwe, only about 15 per cent are poor, and less than 5 per cent are food poor. Gendered differences (i.e. differences between boys and girls in households of a given headship) in poverty rates by household headship are not significant.

Table 5: Child poverty and extreme poverty, by category of household head, rural/ urban

	Rural		Urban	
Household headship	**Poor**	**Food poor**	**Poor**	**Food poor**
Male	78.4	50.0	22.1	5.4
Female	72.7	43.2	15.8	4.5
De-jure	71.1	41.5	15.1	4.8
De-facto	73.9	44.5	16.4	4.3

Note: De-jure female-headed households are headed by a divorced, widowed or never-married woman; a de-facto female-headed household is one where the husband may be alive, but is not present.

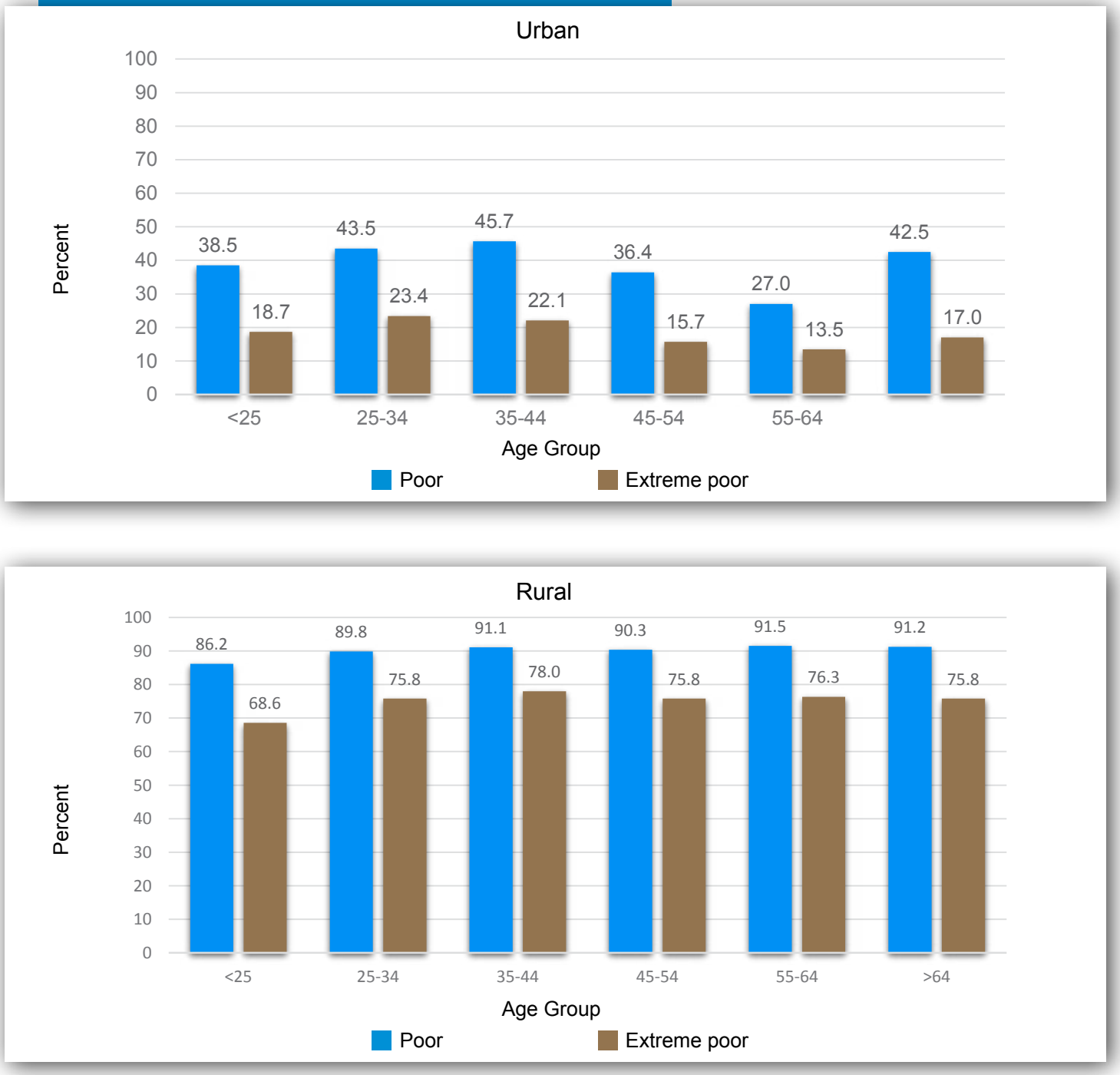
Child poverty is closely related to access to employment for the adult members of a household. Table 6 shows that in both rural and urban areas, the prevalence of child poverty is much lower in households where a household member works in the formal sector (registered or registered and licensed) or in a salaried job. In rural households where no member has salaried employment, the child poverty prevalence is about 80 per cent, while households with at least one salaried member have a child poverty rate of less than 60 per cent – a 20 percentage point difference. Having a person in the household with a formal-sector job is associated with a lower rate of child poverty than if someone in the household works for a salary: this indicates that formal-sector jobs probably attract higher rates of remuneration (e.g. many household maids have a salary, but are not employed in the formal sector). The difference in urban areas is less pronounced: the rate of child poverty in urban households without a salaried member is about 9 percentage points higher than if there is a salaried member. In urban areas, a formal-sector job is associated with a lower rate of child poverty (some 15 percentage points lower).

Table 6: Child poverty, by employment status of household member

	Does any member have?...			
	Formal-sector job		Salaried job	
	Rural	**Urban**	**Rural**	**Urban**
No	76.9	22.4	79.7	25.2
Yes	54.3	7.8	59.4	16.2

In rural areas, child poverty is relatively insensitive to the age of the HoH (Figure 8). Households with very young heads have a lower prevalence of child poverty – mainly because younger HoHs are not likely to have many children, but also because they are better able to work than are older HoHs (they are relatively well endowed with labour). While there is a modest dip in the prevalence of child poverty in households with HoHs aged over 45 years, the lower prevalence is not statistically significant when compared to households with younger heads. In urban areas, the pattern of the HoH's age and the prevalence of child poverty is more pronounced than in rural areas. Households with very young heads and those where the HoH is over 45 have relatively low poverty rates. By contrast, urban households where the HoH is of prime working age (25–44) have the highest child poverty prevalence. The rural/urban difference in child poverty by headship suggests that employment opportunities for working-age HoHs are more limited in urban areas.

Figure 8: Prevalence of child poverty, by age ranges of the house hold head, rural/urban



Child Poverty And Education

Previous studies have analysed the relationship between the education of the household head (or adult household members) and household poverty. A common finding is that households with better-educated adults are also less likely to be poor (Larochelle et al. 2016). Since education is also commonly found to be negatively related to household size, the expectation is that households whose head is better educated will have fewer poor children. The poverty report (ZIMSTAT 2019) found this same relationship using the 2017 PICES: accordingly, households with higher levels of adult education are less likely to have poor children (Table 7). The effect of parental education on child poverty is relatively strong: rural households headed by someone with secondary education are only a third as likely to have poor children as those headed by someone with only primary education. In urban areas, the difference is even stronger. In rural areas, the prevalence of child poverty is less than 25 per cent for households headed by someone with secondary education, and is about 5 per cent in urban areas. These findings are expected and are driven by two relationships: higher education is associated with lower fertility (i.e. fewer children over the lifetime), which means that better-educated adults have smaller households; and better-educated household heads earn more.

Table 7: Child poverty (per cent poor), by level of education of household head, rural/urban

Education of household head	Rural	Urban
None	84.0	31.7
Primary	77.5	23.7
Secondary	24.6	5.0
Tertiary	33.3	0.0
Total	76.3	20.0

In addition to the effect of the household head's education on the poverty status of a household, children's attendance at school is influenced by the well-being standing (i.e. the consumption quintile) of the household in which they reside. As expected, in urban areas, higher-welfare households have a lower percentage of school-aged children who do not attend (Table 8). For households in the top two quintiles, 7–8 per cent of school-aged children are not enrolled, compared to more than 12 per cent in the lowest three consumption quintiles. In rural areas, the relationship between well-being and child school enrolment is not so pronounced. About 13 per cent of children from households in the highest quintile do not attend school, compared to 14 and 12 per cent, respectively, in the lowest two quintiles.

Table 8: Percentage of school-aged children and of girls who do not attend school, by consumption quintile, rural/urban

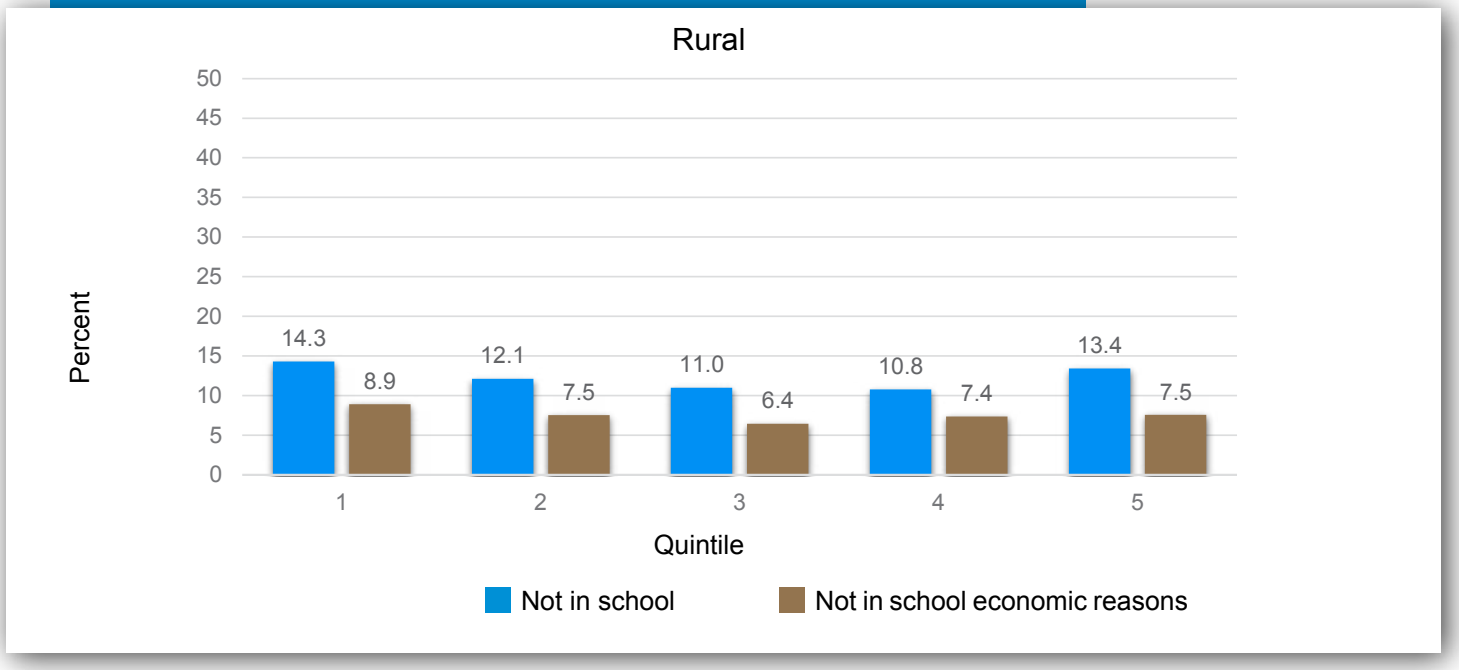
	All children		Girls	
Consumption quintile	**Rural**	**Urban**	**Rural**	**Urban**
1	14.3	15.5	13.6	10.0
2	12.1	25.7	11.0	22.7
3	11.0	12.4	9.9	7.3
4	10.8	6.8	9.7	7.8
5	13.4	7.7	10.5	8.7
Total	12.3	9.1	11.3	9.0

Girls of school age are more likely to attend school than are boys. The relationship between school non-attendance among girls and household well-being is similar to the overall pattern shown for all children, with slightly lower non-attendance rates for girls in each consumption quintile. Overall, the differences by gender are not statistically significant.

Well-being (as reflected by consumption quintile) and poverty are determinants of school attendance; but in rural areas, access to and participation in schooling are affected by factors other than economics. While rural children whose household is in the poorest quintile are slightly more likely than those in the wealthier quintiles to say that economic considerations keep them from school, the differences are rather minor (Figure 9). By contrast, in urban areas better-off households are far less likely to report having children not in school for economic reasons. This relationship does not change when we look at girls and whether economic reasons[5] prevent them from attending school (Figure 10).

[5]Economic reasons for not attending school include school-aged children not in school due to the following: financial constraints, care for sick, responsible for household business, school too far, and need to work.

Figure 9: School-aged children not in school and not in school for economic reasons, by consumption quintile



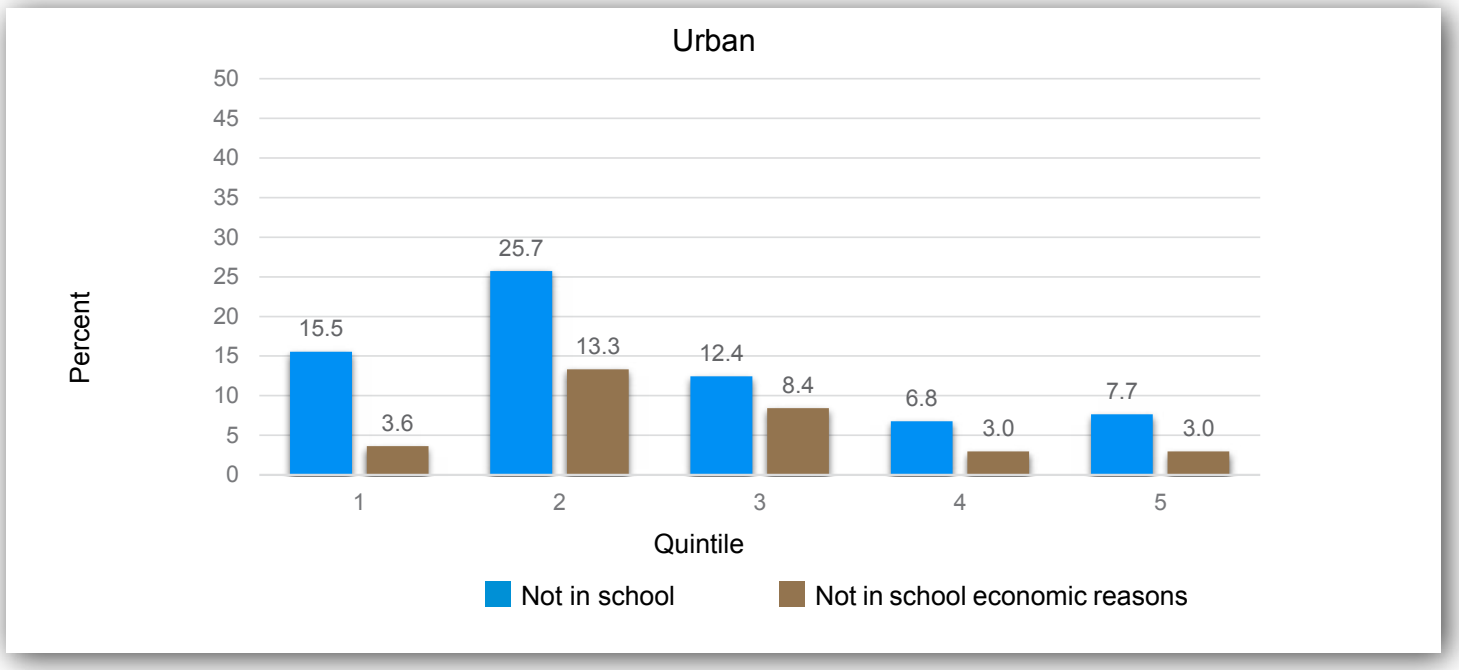
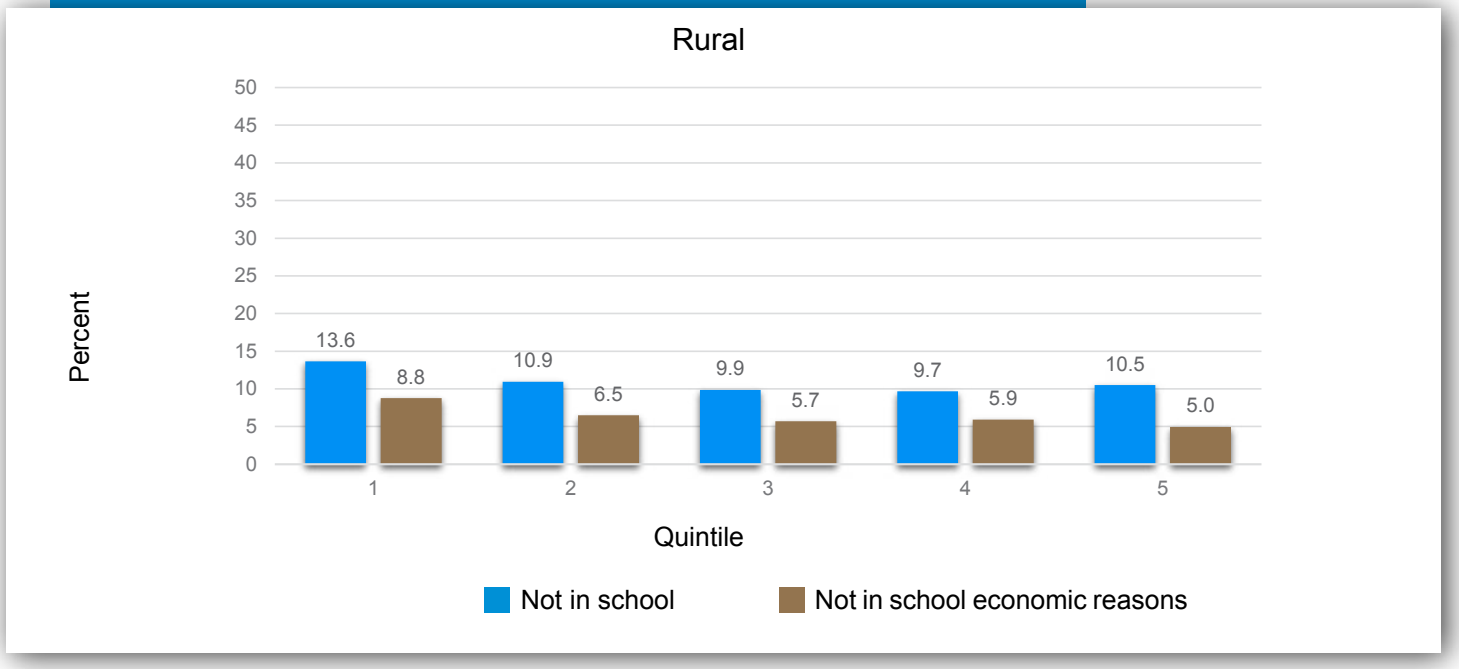
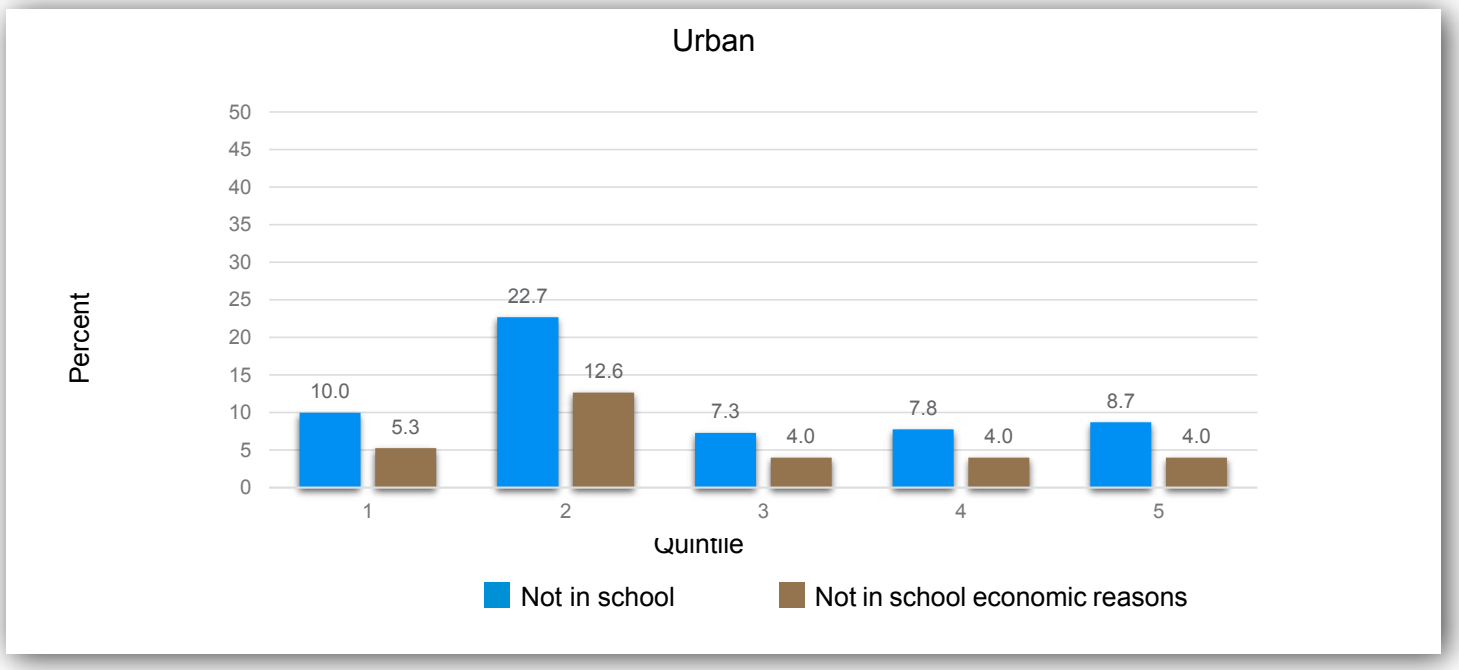


Figure 10: School-aged girls not in school and not in school for economic reasons, by consumption quintile





The PICES data show that primary and secondary-school assistance to families is not especially well targeted (Table 9). The mean number of school-aged children receiving government assistance for school is substantially lower for higher-quintile households than for those in lower quintiles.[6] This suggests that lower-quintile households do receive more assistance with school fees and other costs. However, if we adjust for the number of school-aged children in the household, then rural households in the lower quintiles are no more likely to receive this assistance than those in the higher quintiles (about 3 per cent of all school-aged children receive assistance in rural areas).

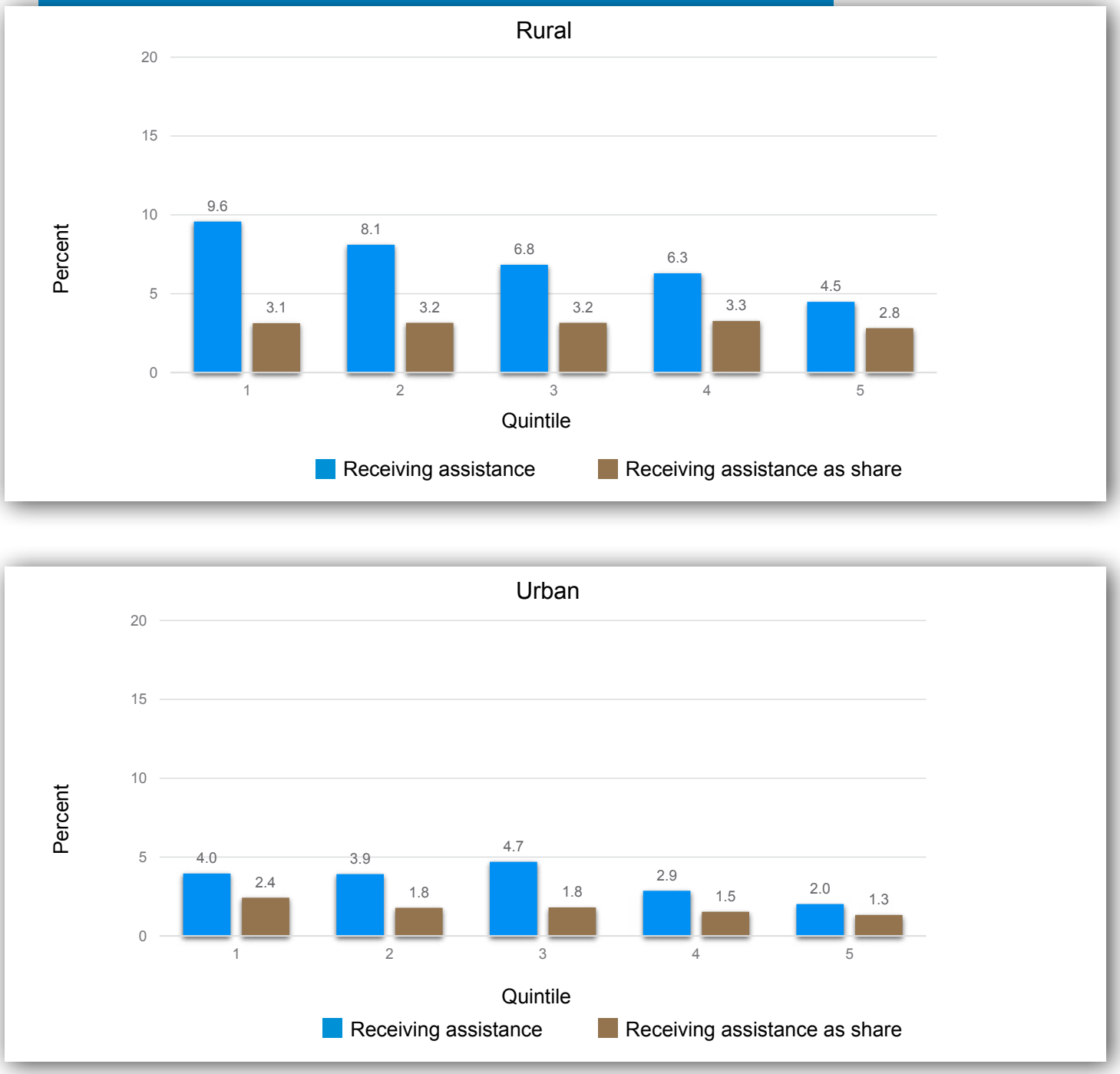
Urban households are generally less likely to receive school assistance in all quintiles, but the percentage of school-aged children receiving public assistance with schooling is relatively equal, regardless of the well-being quintile. The lower support for urban children is an indication of a lack of public/government support to cover educational fees for the urban poor. The share of school-aged children receiving assistance does not differ greatly by urban quintile; and among all urban children, receipt of assistance is far lower than among children in rural areas (see columns 3 and 4 in Table 9). Figure 11 provides the same information in graph form.

Table 9: Receipt of assistance with school fees, by consumption quintile, rural/urban

	Rural		Urban	
Consumption quintile	Received assistance (mean number per household)	Share school-aged	Received assistance (mean number per household)	Share school-aged
1	0.0958	0.0314	0.0396	0.0243
2	0.0811	0.0316	0.0392	0.0179
3	0.0684	0.0315	0.0470	0.0182
4	0.0630	0.0327	0.0286	0.0153
5	0.0449	0.0281	0.0203	0.0134
Total	0.0763	0.0315	0.0272	0.0149

[6]We classify those who received assistance as those who reported receiving assistance from any government source.

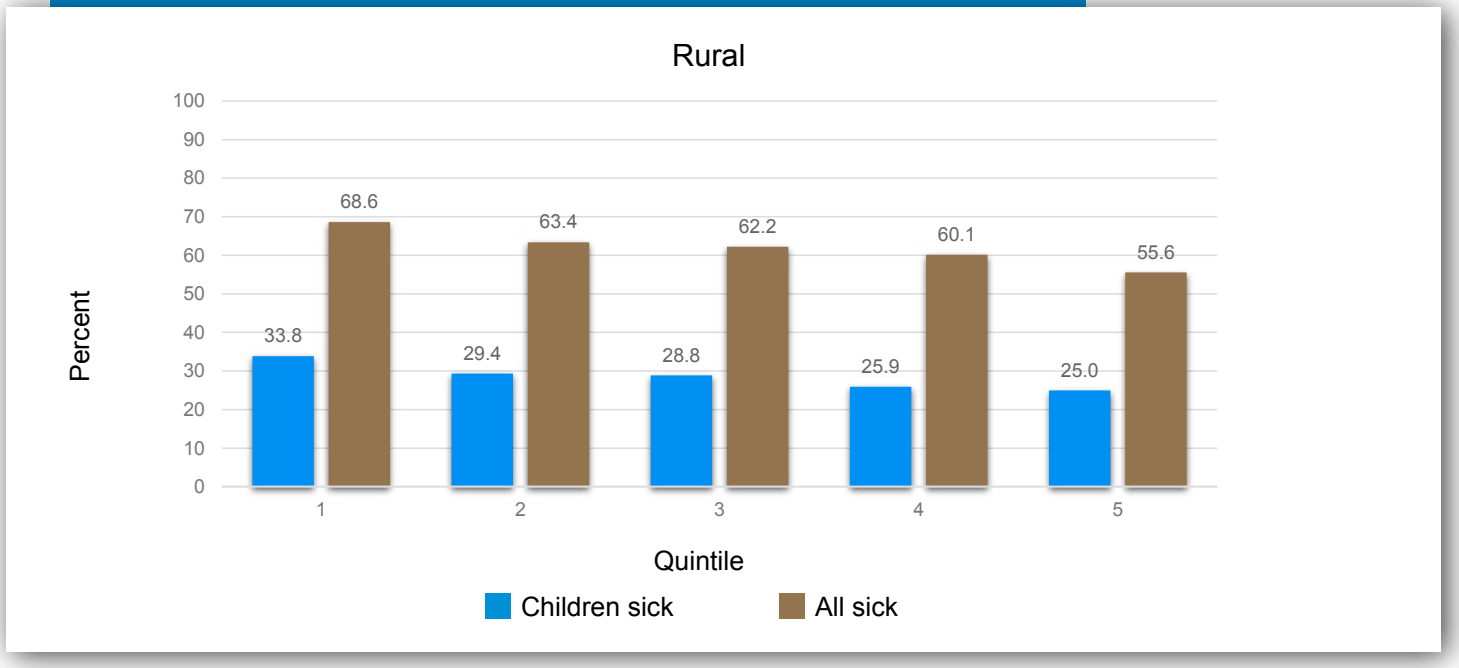
Figure 11: Receipt of government assistance with school costs, by well-being quintile



Health Status and Access To Health Care By Poor Children

The child poverty literature shows that an important deprivation facing poor children relates to their health status. The PICES questionnaire asks whether each household member has been ill in the past 30 days, and we compile illness and child illness by household consumption quintile in Figure 12. Reported illness (number of people in the household reporting an illness in the previous 30 days) declines with household well-being quintile, but the relationship is rather weak. In fact, for both rural and urban areas, illness of the household head is unrelated to the poverty status of the children in the household (Table A.6 in Annex B). Although the frequency of reported illness is lower for the higher-welfare quintiles, it should be remembered that upper-quintile households have fewer members, and thus – as a share of household size – reported illness is higher in the upper quintiles. The number of children reported as having been ill in the previous 30 days is also slightly lower for the upper quintiles (the pattern is more notable in rural areas); but again, upper-quintile households tend to have fewer children and young children. Figure 13 takes account of household size and shows the proportion of children and family members who report having been ill. When accounting for the number of children and people, we can see that reports of illness are positively related to household well-being in rural areas. By contrast, in urban areas, self-reported illness is unrelated to household well-being; this is true of both children and all household members.

Figure 12: Reported illness in the past 30 days, by well-being quintile



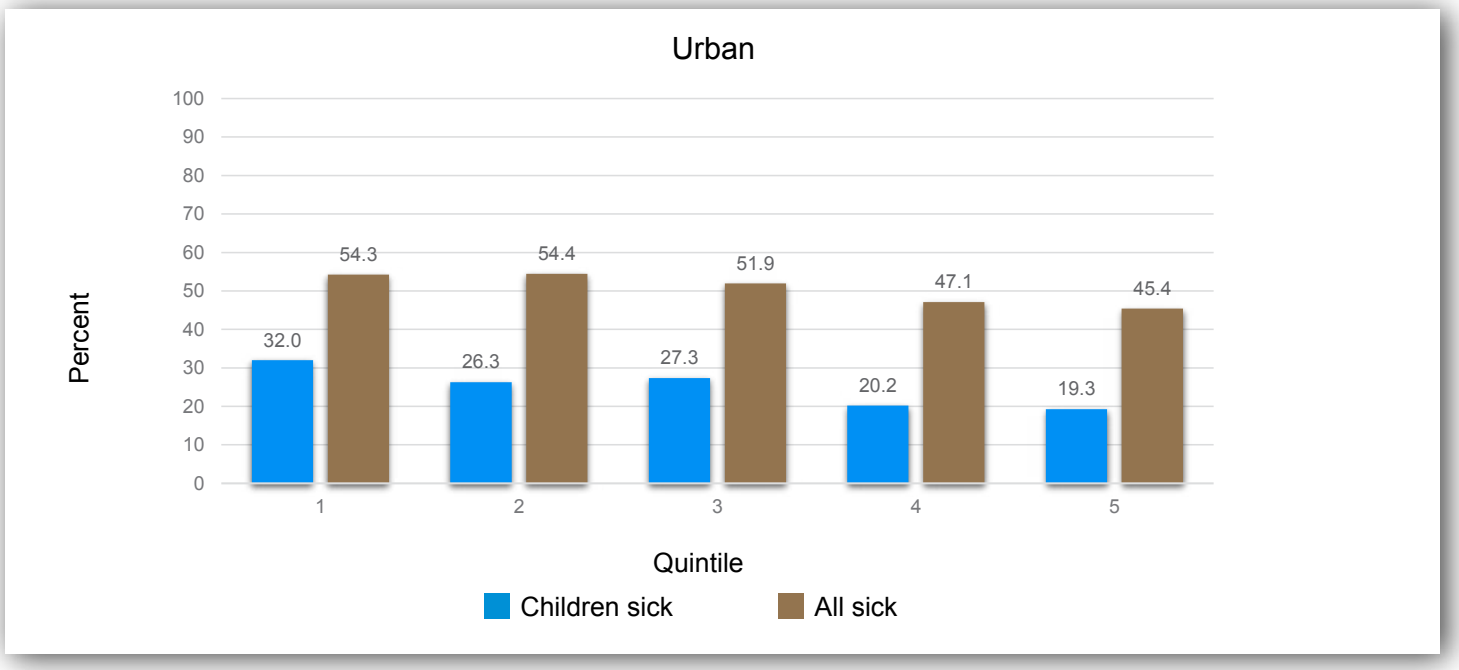
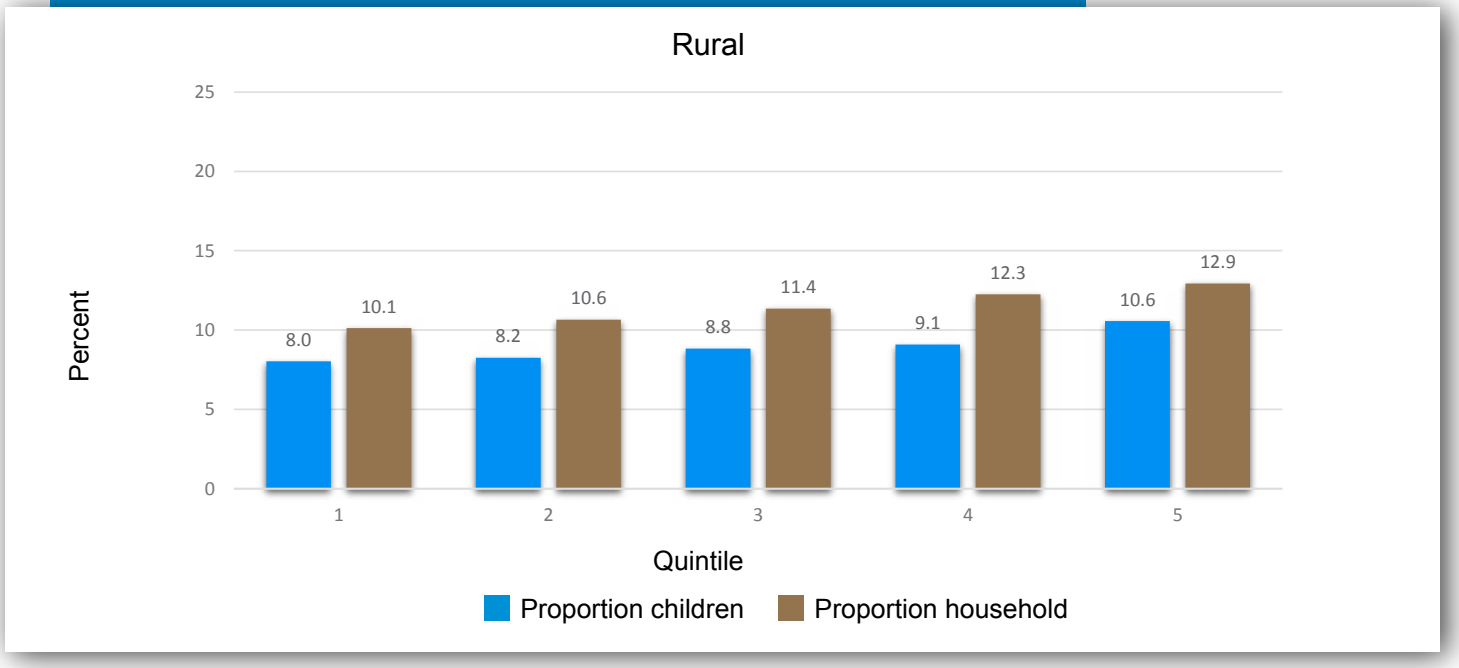
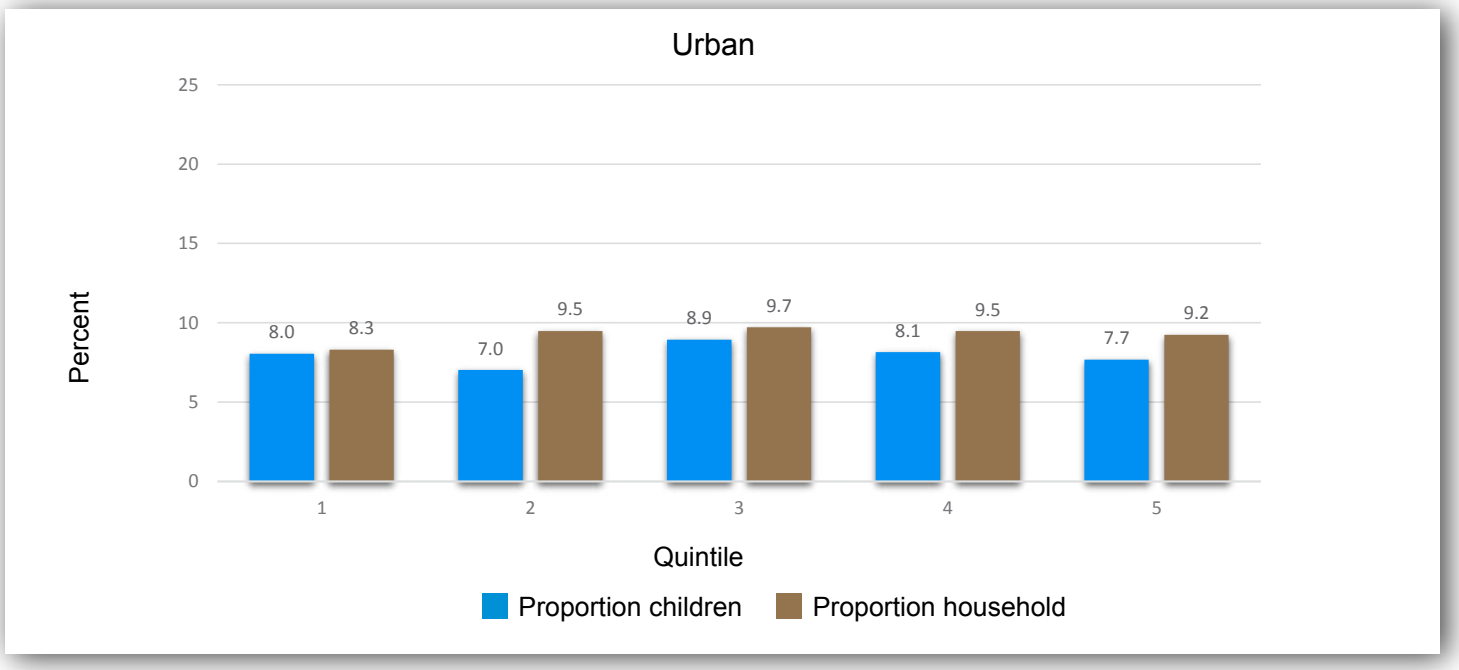


Figure 13: Proportion of children and household members ill, by well-being quintile



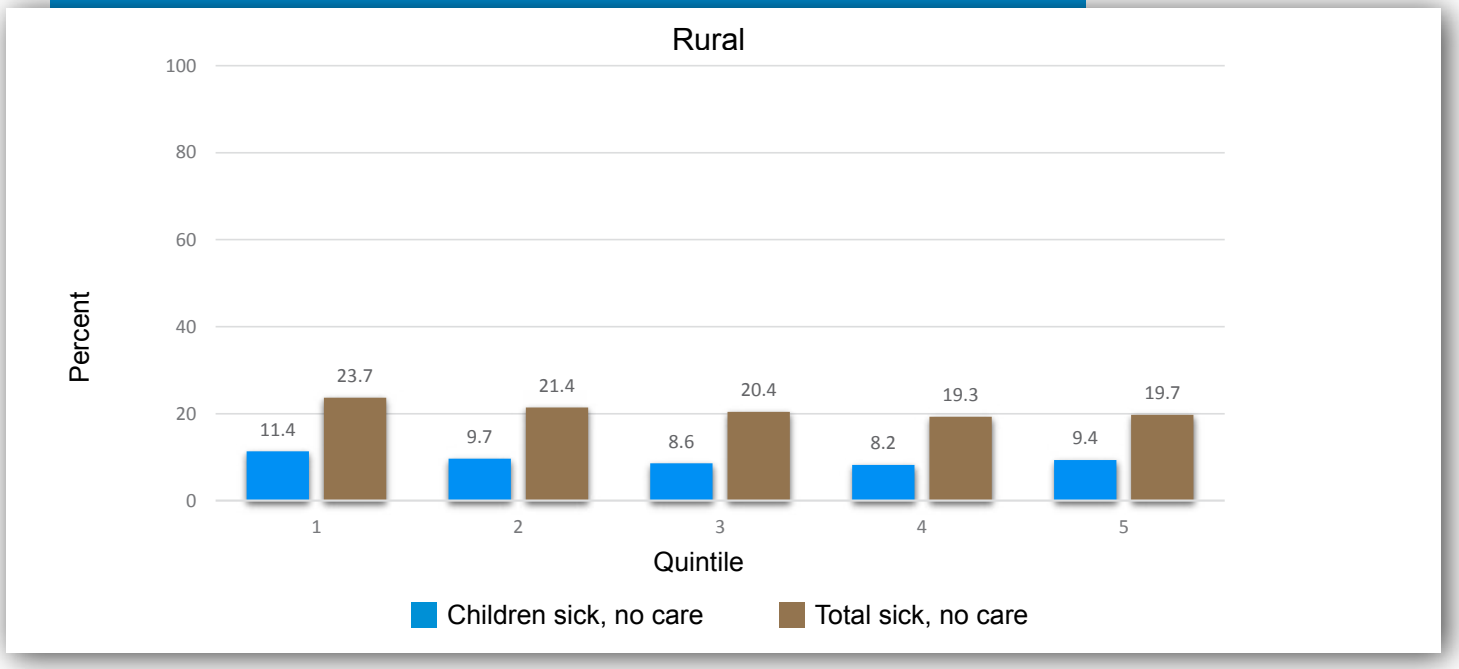


The PICES survey went on to ask whether the ill child had received healthcare services for the illness; again, this number does not differ much across the well-being quintiles in rural areas (Figure 14). Figure 14 shows that children and all people in rural households in the higher well-being quintiles are slightly more likely (than low-quintile households) to receive healthcare services for self-reported illnesses.

In urban areas, the relationship between receipt of care and household well-being is much stronger. Children and people in the lowest well-being quintile in urban areas are only half as likely to receive care as those in the highest quintile. Interestingly, however, when we look at this outcome (non-receipt of care) as a proportion of the number of sick people or children in the household, we find that in rural areas access does not differ according to quintile (Figure 15).

In contrast, when expressing the outcome as a proportion of ill children and households, we find a strong negative relationship between non-receipt of healthcare services and the well-being status of urban households. This is evidence of a problem in access to healthcare services for poor children in urban Zimbabwe.

Figure 14: Reported ill in past 30 days but not receiving care, by well-being quintile



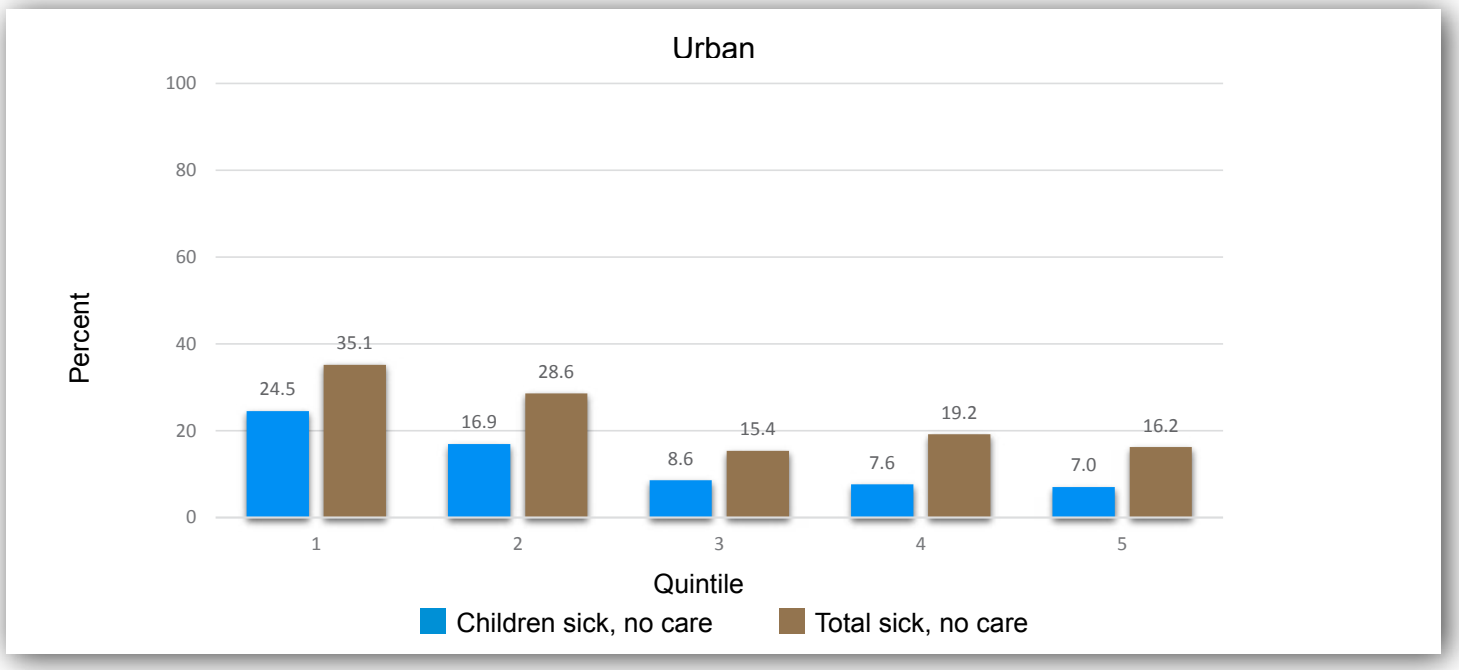
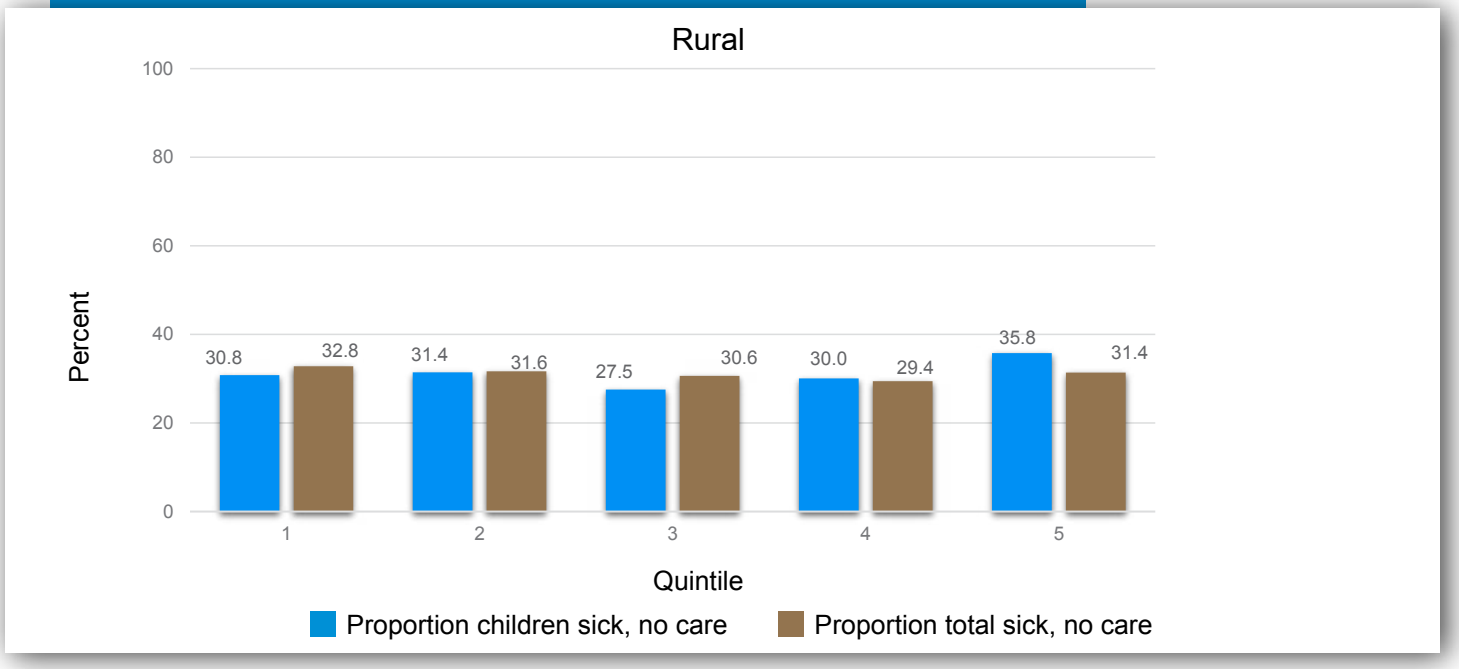
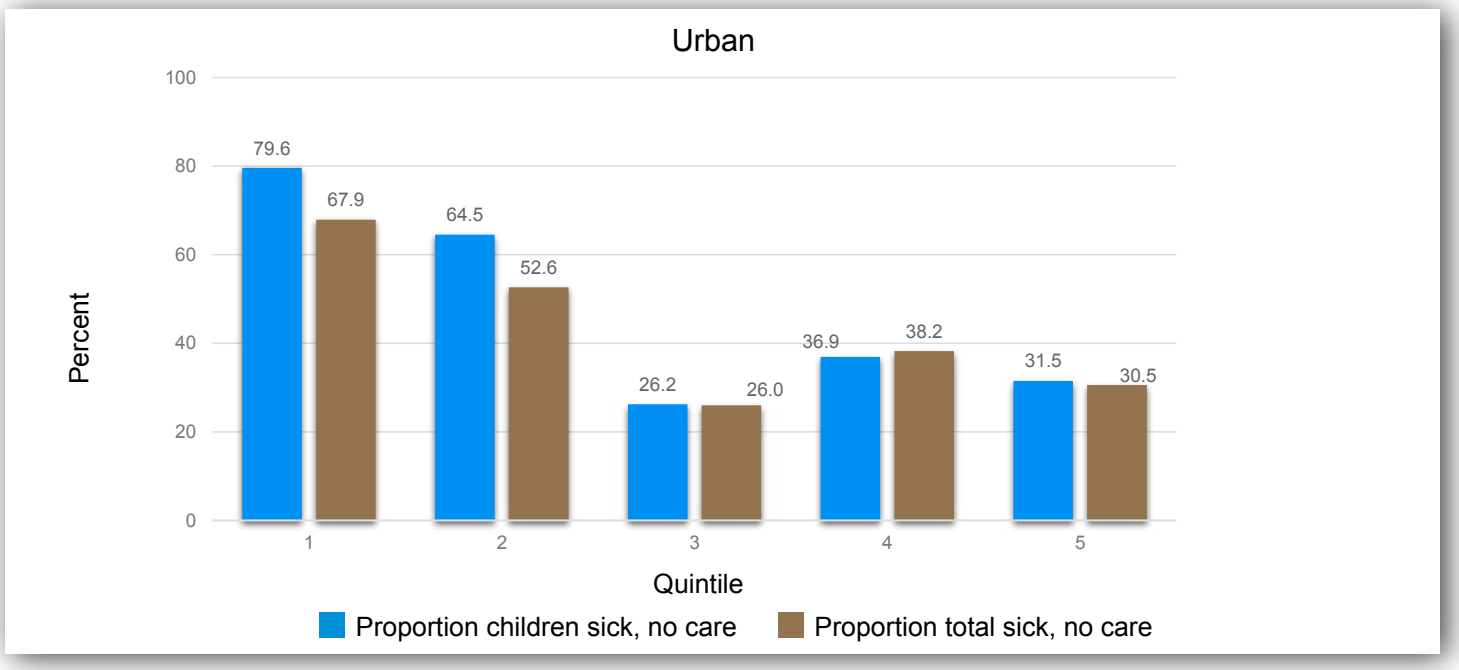


Figure 15: Share of ill children and adults not receiving care, by well-being quintile

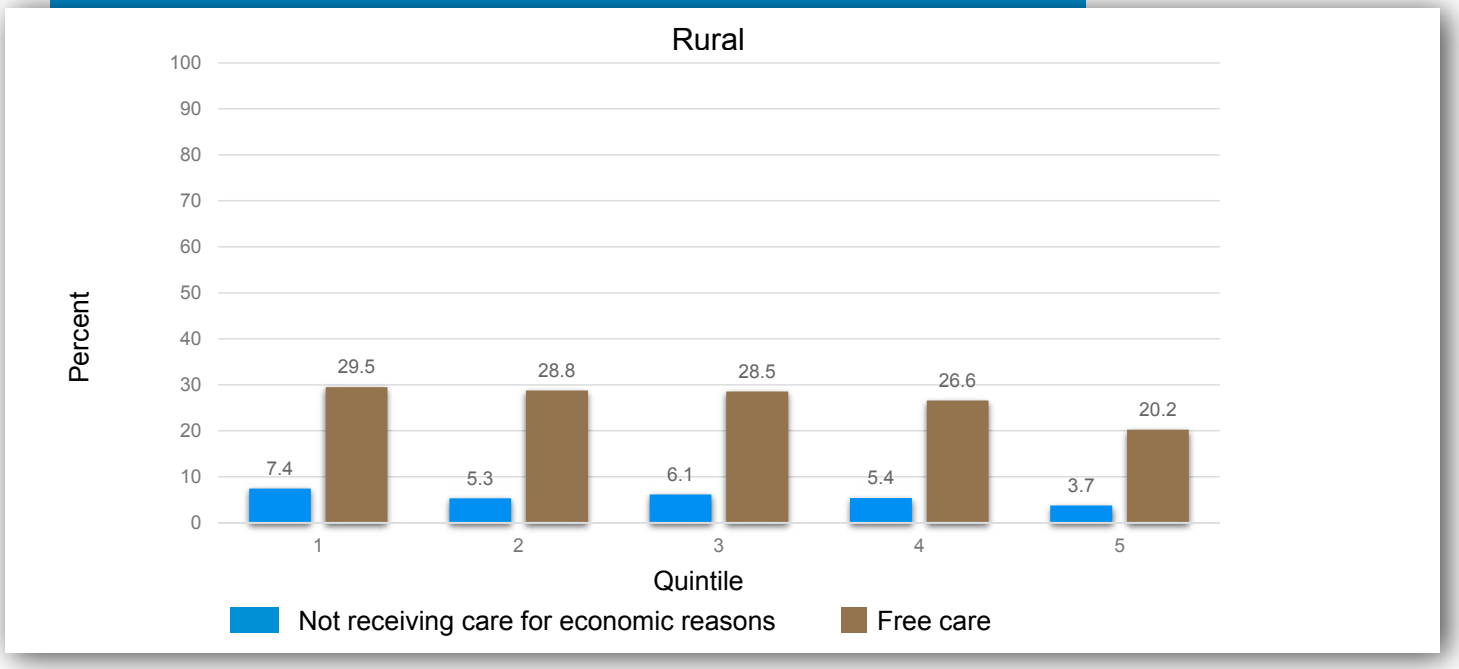




Access to and use of health care is more sensitive to household well-being in urban than in rural areas. While household size is lower in high-welfare households (see above) in both urban and rural areas, the number of family members and children who are ill is only slightly lower. In rural areas, access to healthcare services is not sensitive to well-being quintile, while the poorest children in urban areas[7] have far less access than children in high-welfare urban households.

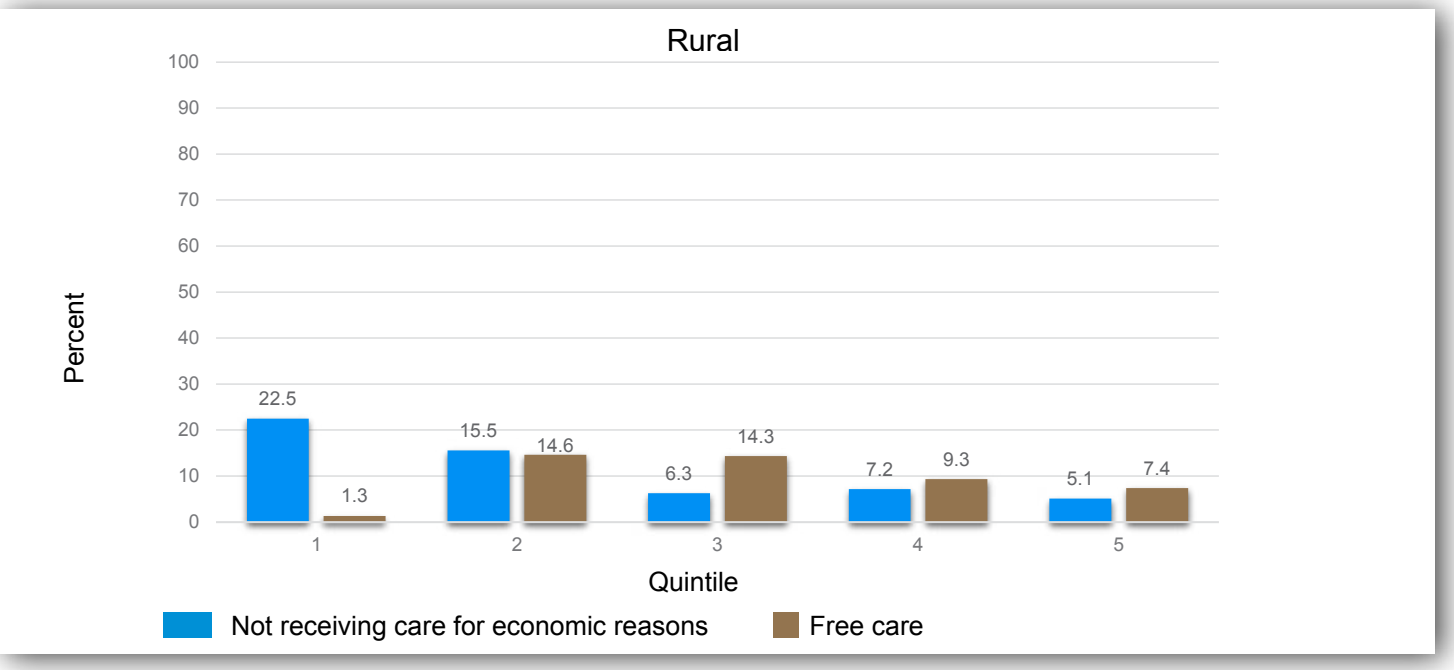
Assistance with public healthcare services appears to be better targeted than schooling assistance, as the proportion of households receiving free healthcare services is lowest for the highest well-being quintiles (Figure 16).[8] Also, access to free health care is highly skewed toward rural areas, where child poverty is greatest. Poor children in urban areas, however, seem to lack access to health care, as a much higher percentage of children in the poorest quintiles report not seeking health care for economic reasons. In contrast, public assistance for healthcare services in urban areas is highest for the low-welfare quintiles. These factors indicate some success in targeting public healthcare spending on the poor. The number of people who report not receiving health care for economic reasons is slightly lower in the highest well-being quintiles.

Figure 16: Households with children not receiving health care for economic reasons and those receiving free care, by well-being quintile



[7] Few urban households are in the lowest quintile.

[8] As very few urban households are in the lowest quintile, care must be taken in interpreting findings for low-quintile urban households.



Pregnancy and child marriage

Policymakers in Zimbabwe are concerned about social problems related to child pregnancy and relatively young marriage ages for women. While the PICES does not contain information on the reasons for marriage or on whether younger women in a household are married, it does identify the spouse of the HoH and contains all demographic information on that spouse. We can use information on age and pregnancy status of the spouse to infer something about early marriage and its relationship to pregnancy.

This information on pregnancy, gleaned from the health section of the questionnaire, can be used to investigate the incidence of pregnancy among unmarried and married children.

The main message is that while child marriage and child pregnancy are not very common, there does appear to be a correlation between the two. The data show, first, that about 2 per cent of children aged 15–18 are married to a household head. Overall, only about 0.3 per cent of women in the 15–18 age group are pregnant (compared to 1.0–1.4 per cent for slightly older age groups), but about 1.2 per cent of those girls aged 15–18 who are married to a household head are pregnant (Table 10).

This rate of pregnancy among married girls is about the same as among older women. This shows that young women who are married are also likely to be pregnant.

Table 10: Percentage of pregnant women, by age and whether married to a household head

		Married to head?	
Age range	**All women**	**No**	**Yes**
<15	0	0	0
15–18	0.3	0.3	1.2
19–22	1.0	0.9	1.3
23–26	1.0	1.0	0.9
27–30	1.3	0.5	2.0
31–34	1.4	0.8	1.9
34–38	0.9	0.8	0.9
>39	0.3	0.3	0.4
Total	0.6	0.4	1.0

Child pregnancy is more pronounced in rural than in urban areas of Zimbabwe (Table 11). About 0.4 per cent of girls aged 15–18 in rural areas report being pregnant, compared to about 0.1 per cent in urban areas. However, in urban areas more than 2 per cent of girls married to a household head are pregnant, compared to about 1 per cent in rural areas. Thus, early pregnancy and marriage are closely related in urban areas; and while girls aged 15–18 are more likely to be pregnant in rural areas, pregnancy there is not as closely related to marriage as in urban areas. An analysis of schooling and pregnancy indicates that, in global terms, pregnancy does not seem to be a major reason for girls leaving school. Less than 0.1 per cent of school-aged girls who do not go to school fail to attend because of pregnancy. No girls in urban areas were reported to be out of school due to pregnancy.

Table 11: Percentage of pregnant women, by age and whether married to a household head, rural/urban

	Rural			Urban		
	Overall rural	Married to head?		Overall urban	Married to head?	
Age		No	Yes		No	Yes
<15	0.0	0.0	0.0	0.0	0.0	0.0
15–18	0.4	0.3	1.0	0.1	0.1	2.3
19–22	1.1	1.0	1.4	0.8	0.7	1.2
23–26	1.3	1.4	1.1	0.6	0.5	0.6
27–30	1.1	0.7	1.4	1.6	0.3	2.7
31–34	1.5	1.2	1.7	1.4	0.3	2.3
34–38	1.0	0.6	1.3	0.7	1.2	0.3
>39	0.4	0.3	0.5	0.3	0.4	0.1
Total	0.6	0.4	1.0	0.6	0.4	1.1

Disabilities

Disabled children may place an additional economic burden on already economically distressed households. The disabled may require additional attention from caregivers, particularly at very young age, and remedies for certain disabilities may be beyond the reach of poorer households.

The PICES contains individual-level information on several types of disability, and we examine overall patterns of disability and disability by economic well-being of the household.

Table 12: Percentage of disabled people, by type of disability and age

	Age group						
Disability	**<6**	**6<9**	**10<15**	**15<20**	**20<30**	**30+**	**Total**
Movement	0.90	0.60	0.90	1.00	1.10	8.90	3.50
Eyesight	0.40	0.90	1.20	1.60	1.70	9.20	3.80
Speech	1.00	1.20	0.80	0.70	0.60	0.90	0.90
Hearing	0.40	1.30	1.30	1.10	0.80	3.00	1.60
Learning	0.60	1.30	1.50	1.30	1.00	1.20	1.10
Epilepsy	0.40	0.40	0.50	0.60	0.40	0.50	0.50
Mental illness	0.20	0.40	0.50	0.60	0.90	1.10	0.70
Total	4.00	6.00	6.60	6.80	6.40	24.80	12.10

Older people are more likely to report suffering from a disability than are younger people (Table 12). Some 25 per cent of Zimbabweans over the age of 30 suffer from at least one disability, while less than 7 per cent of children (under 18) suffer from a disability.

Children in poor households are much more likely to suffer from a disability than are children from non-poor households (Table 13). Looking at all ages, about 1.3 per cent of non-poor children suffer from at least one disability, compared to about 2.2 per cent of poor children. Poor infants and young children are about twice as likely as non-poor children to be diagnosed with a disability, even though the poor probably have less access to diagnostic services.

The youngest children from households in the lower quintiles of household well-being are most likely to suffer from speech and hearing problems, while those in the upper quintiles are more likely to suffer from problems related to mobility (Table 14).

Table 13: Percentage of children disabled (suffering from any disability), by age group and household poverty status

	Poor?		
Age of child	**No**	**Yes**	**Total**
<19	1.27	2.16	1.75
>6<19	1.03	1.69	1.38
<6	0.25	0.46	0.36

Table 14: Disabilities suffered by infants and young children (aged 5 and below), by household consumption quintile (percentage of children of this age in each consumption quintile suffering)

	Consumption quintile				
Disability	**1**	**2**	**3**	**4**	**5**
Mobility	0.80	0.80	0.70	0.70	1.20
Eyesight	0.60	0.40	0.30	0.30	0.50
Speech	1.30	1.00	0.80	0.80	0.80
Hearing	0.80	0.40	0.20	0.40	0.20
Learning	0.60	0.60	0.40	0.50	0.70
Any	4.60	4.10	2.70	3.10	3.90

Compared to younger children, older children show a stronger relationship between household well-being and disabilities (Table 15). Children in the poorest quintiles are far more likely to suffer from mobility, hearing and learning disabilities. Altogether, children in the lowest consumption quintiles are 50 per cent more likely to suffer from some sort of disability (7.3 per cent suffer from any disability, compared to 5.0 per cent in the highest quintile).

Table 15: Disabilities suffered by older children (10–18), by household consumption quintile

	Consumption quintile					
Disability	**1**	**2**	**3**	**4**	**5**	**Total**
Mobility	1.10	1.00	0.80	0.90	0.60	0.90
Eyesight	1.30	1.00	1.20	1.70	1.90	1.40
Speech	0.60	1.10	0.70	0.80	0.40	0.70
Hearing	1.50	1.30	1.10	1.10	0.50	1.20
Learning	1.50	1.70	1.50	0.90	0.90	1.30
Any	7.30	7.60	6.10	6.20	5.00	6.60

Deprivations Faced By Poor Children

The PICES has several sources of information on asset ownership and access. Using this information, we are able to examine material deprivation.

Information

While information comes from many sources, an important indicator of access to information is household ownership of information-related assets and gadgets. The PICES asks about ownership of the following: television, satellite dish, radio, computer, and mobile and landline telephones. When ownership is disaggregated by poverty status (weighted by the number of children in a household), it is clear that information deprivation is common among the poor: ownership of each kind of information asset is greater among the non-poor than among the poor in both rural and urban areas (Table 16). The rural non-poor are almost three times as likely to own a television as are poor households, and even something as mundane as a mobile phone is out of reach of many poor families in rural areas. In urban areas, ownership of a computer sharply distinguishes the poor from the non-poor: the non-poor are 10 times as likely to own one as are households with poor children.

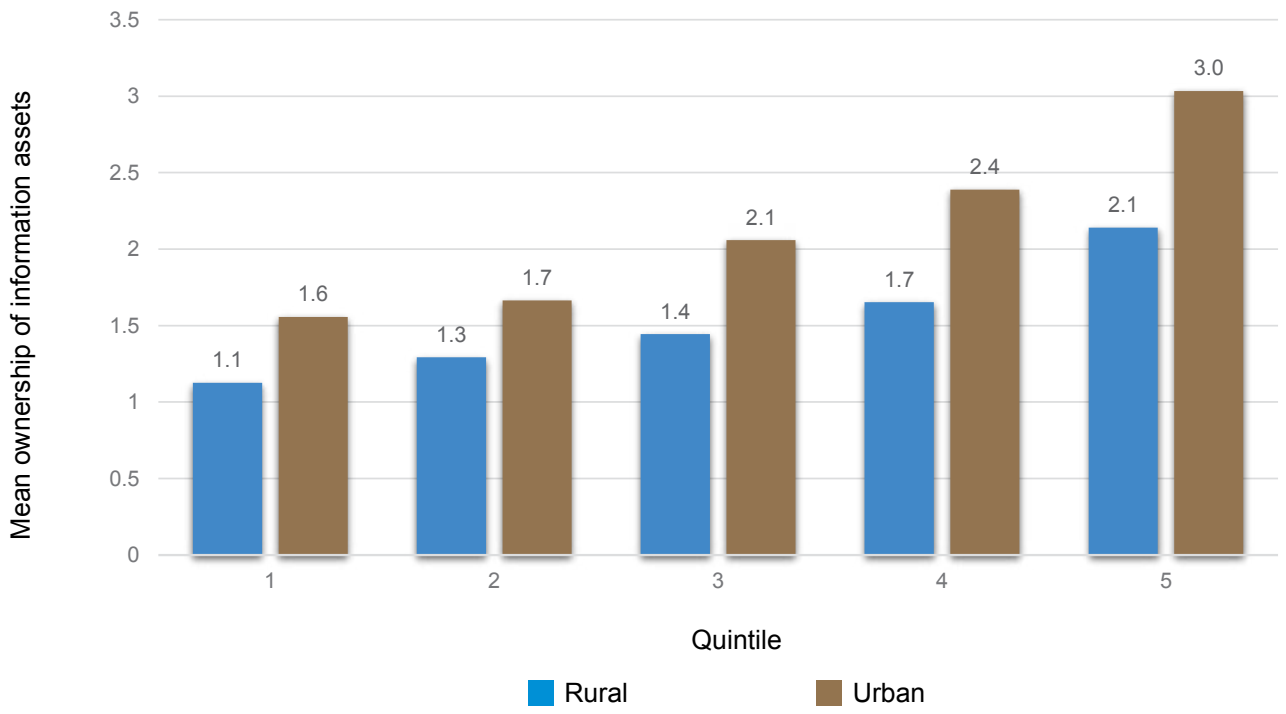
When all information assets are combined, in both rural and urban areas non-poor households own 50 per cent more assets than the poor. Overall, differential access to information assets is worse in urban areas: there, non-poor households have, on average, access to almost one asset more than poor households.

Table 16: Percentage of households owning information-related assets, by child poverty status, rural/urban

	Rural		Urban	
Asset	**Non-poor**	**Poor**	**Non-poor**	**Poor**
Television	32.08	11.78	85.37	57.74
TV dish	13.78	2.32	55.33	17.79
Radio	41.07	34.96	26.37	24.31
Computer	4.71	0.35	15.68	1.51
Mobile phone	88.63	78.73	94.78	90.36
Landline phone	0.59	0.40	5.07	0.42
Information (sum of assets)	1.809	1.285	2.826	1.921

Figure 17 shows mean ownership of the six information assets (range 0–6) by consumption quintile. This figure clearly shows a problem facing poor children in Zimbabwe: they are far more likely to be deprived of information, because they have fewer means of gathering it. The graph shows that, on average, rural households in the lower three quintiles own only one of the assets listed in Table 16. The difference in mean ownership is even more pronounced in urban areas: there the gap between the poorest and the richest quintiles is almost three to one.

Figure 17: Information asset ownership by consumption quintile, rural and urban areas



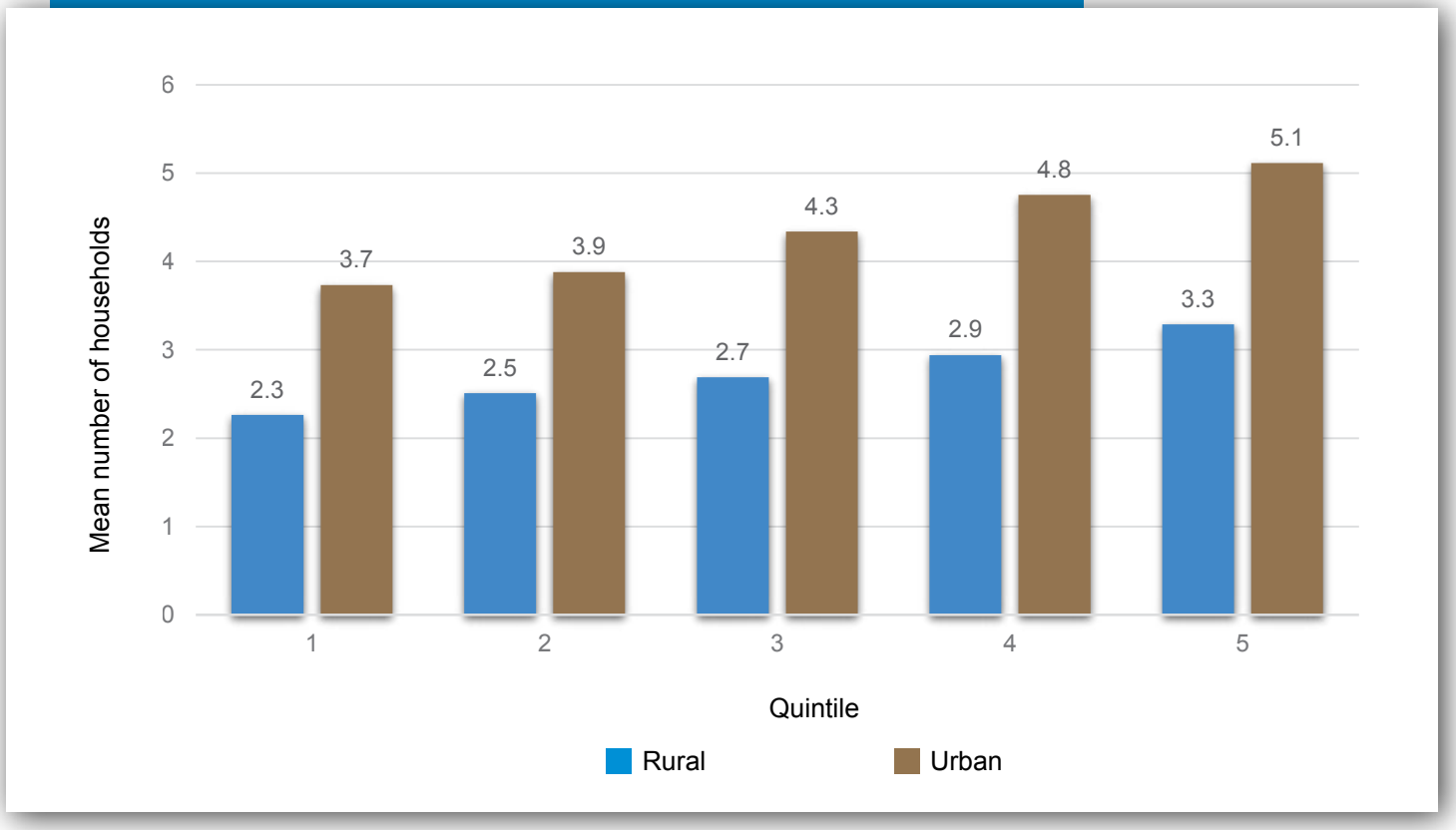
Household conditions, water and sanitation, and energy access

Household conditions – such as flooring, wall and ceiling materials – are also an important potential deprivation faced by poor children. A major distinguishing factor between rural and urban child poverty is that even poor children in urban areas live in better housing and sanitation conditions than their rural counterparts. An index was created to reflect improved housing conditions.

This index sums indicator variables for floor, roof and wall materials, according to the quality of the material;[9] the presence of electricity; the presence of piped water into the household; and the presence of a flush or improved toilet. The sum of these indicator variables is decomposed by household well-being quintile in Figure 18. The sum of the sanitation variables and the electricity variables is shown in Figure 19.

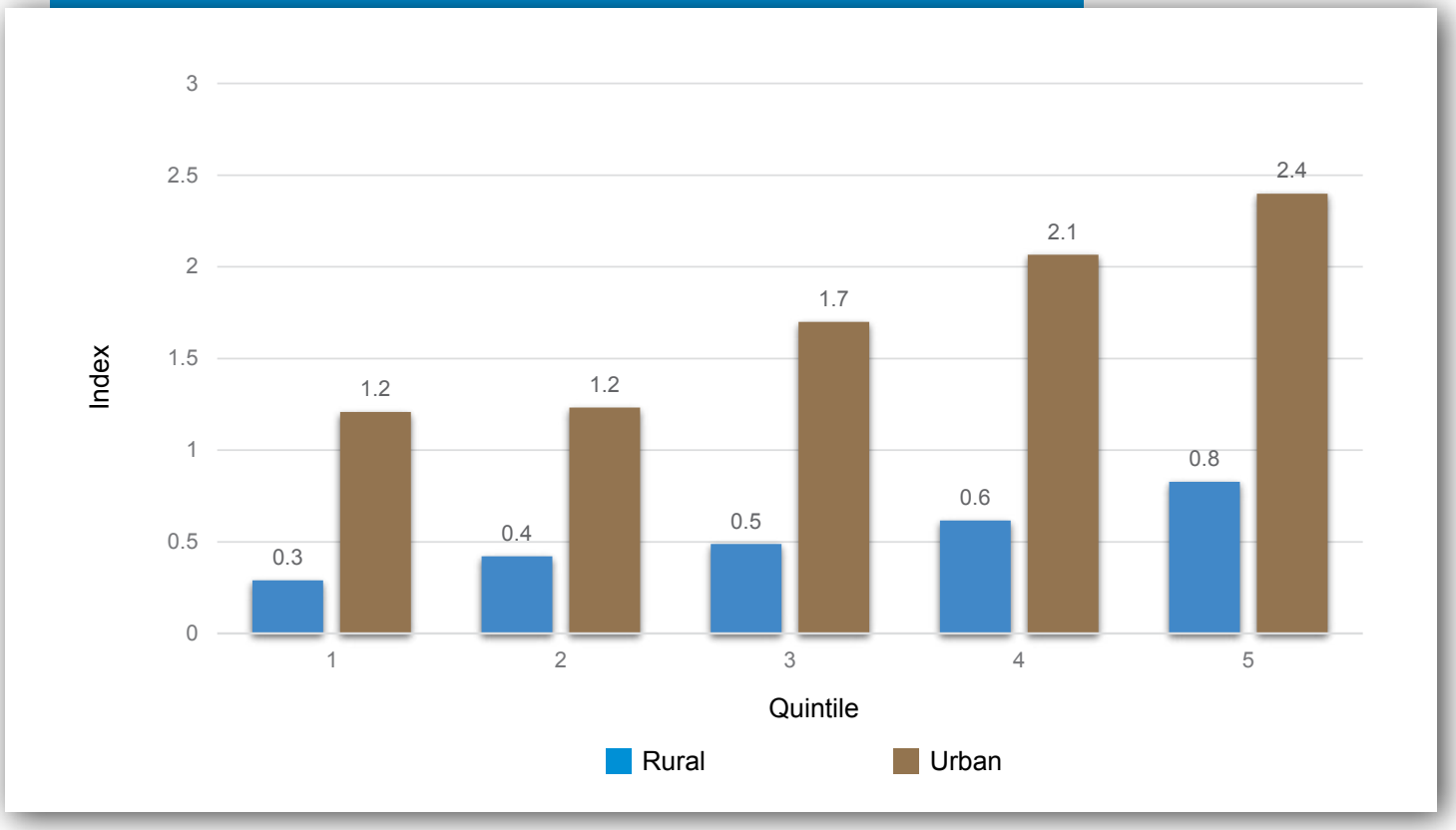
[9]The flooring variable takes a value of 1 if the floor is constructed from wood/planks, parquet/polished wood, vinyl/asphalt strips, tiles or cement; it is 0 otherwise. The roofing variable takes a value of 1 if the roof is constructed of asbestos, tiles, metal/tin sheets or cement; 0 otherwise. The wall variable takes a value of 1 if the walls are constructed of bricks, cement blocks, stone with lime/cement, or cement; 0 otherwise.

Figure 18: Overall quality of housing, sanitation and electricity, by consumption quintile



The PICES shows that children in Zimbabwe face numerous deprivations related to housing and sanitation. The difference is more pronounced in rural areas, but even in urban areas the difference in access to sanitation is substantial (Figure 19). Overall, Zimbabwean children suffer from a wide variety of material deprivations, in addition to the economic challenges they face. Access to information is particularly constrained in rural areas; but housing, sanitation and access to electricity are all limitations experienced by worse-off children.

Figure 19: Sanitation and electricity access, by consumption quintile



Four

Summary and conclusions

This report provides a detailed quantitative description of child poverty in Zimbabwe. It analyses the correlates of child poverty, as well as the problems of access to health and education services, to information and to key assets faced by children in poor families. It shows that child poverty is widespread and deep in Zimbabwe, and that children in rural areas face severe challenges. The poor have less access than the non-poor to education and health services, and suffer more frequently from disability. But the child poverty situation is nuanced.

In the current situation of restricted government resources and limited ability to effect transfers or to invest in broad social protection programmes, it is essential that pro-poor resources be used effectively – and that means investing in areas/ sectors that will help the poor and targeting assistance on places where child poverty is most acute.The geographical analysis shows clearly that child poverty is not evenly distributed across Zimbabwe. Rather, some areas are particularly poor, while other areas accommodate relatively large numbers of poor children. Child poverty is more pronounced (more prevalent, deeper and more severe) in rural areas; however, because of their high population densities, certain urban areas host relatively large numbers of poor children. These areas are ripe for anti-poverty investments, as such investments will affect large numbers of poor children. In rural areas, poverty is far more widespread, but the pattern of widely dispersed settlements renders it hard to deliver many types of services to large numbers of people. Aside from infrastructure investment, the main anti-poverty investments employed by government in the education and health sectors are fee-reduction programmes (such BEAM in education). In education, these programmes have not been particularly effectively targeted, as children from households in all well-being ranges receive public (government) support with school fees. That is, children from better-off families are just as likely to receive the support as children from worse-off households. In the context of extremely limited funding, targeting could be improved. Secondary education is an indicator of improved well-being, and investment in secondary education for poor children is likely to pay dividends in the future.

Health fee programmes are better targeted at the poor, particularly in urban areas. There, access to health care by poor children is a particularly acute problem (in rural areas it would appear that coverage is more universal) and improvements in targeting are likely to reap rewards.

Household structure is also related to child poverty. Poor children are more commonly found in households where the head is not well educated, does not have access to regular employment and is single (rather than married). Surprisingly, female-headed households are slightly less likely than male-headed households to have poor children, but the differences are rather minor.

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Appendix

Annex A: Poverty analysis

Many alternative definitions of poverty are recognized in the literature, but there is general agreement that child poverty encompasses multiple dimensions. Two broad types of describing and analysing poverty are found in the literature. The first encompasses descriptive analyses of 'deprivations' or indicators of access (or lack of access) to 'rights' (e.g. the Bristol Indicators; see UNICEF 2006). Analysis of these indicators shows how deprivations are distributed across the population and how they change over time. Such analysis does not specifically 'measure' poverty; rather it infers conditions across several dimensions (such as access to health care, educational services, other public services, etc.) and studies how relative deprivations differ across different populations (for example, children in rural rather than urban areas). This type of analysis provides a rich and nuanced picture of poor children and the obstacles they face in surviving and thriving.

The second type of analysis directly quantifies poverty across one or many of several dimensions. Such analysis may be based on monetary metrics or it may use indices constructed from deprivations or access to assets or rights. The money-metric approach to poverty analysis is based on a monetized conception of well-being (usually consumption or income) and examines how failure to attain a minimum level of well-being (the poverty line) is distributed across a population. The poverty reports produced by the Zimbabwe National Statistics Agency (ZIMSTAT 2007, 2013, 2019) are good examples of this money-metric approach. Money-metric approaches rely on detailed surveys of households to construct a consumption or income measure. However, they face certain challenges: how to account for family size, since consumption is only measured at the household level; how to account for well-being derived from owned assets, such as houses or automobiles; how to deal with lumpy expenditure on expensive or durable goods or seasonal incomes; and how to adjust for differences in the cost of living across areas and over time.

Money-metric poverty profiles, such as those produced by ZIMSTAT, 'add up' poverty by creating indices that reflect the prevalence (incidence), depth and severity of poverty (Ravallion 1992). These indices – which are known as the Foster–Greer–Thorbecke (FGT) indices – provide a detailed picture of how many people are poor, how far they are from the poverty line (and the size of a perfectly targeted transfer needed to eliminate poverty) and how unequal the distribution of well-being is.

Multi-dimensional poverty profiles use indices of deprivations (such as failure to achieve a certain level of health care), and add these deprivations using the FGT index method to understand the prevalence, depth and severity of multi-dimensional poverty (Stoeffler et al. 2016). These indices quantify poverty across many dimensions without relying on a money-metric measure. In so doing, they overcome some of the weaknesses of money-metric approaches, such

as: challenges associated with the measurement of income or consumption; how to account for the value of housing, schooling and access to basic services; deflation problems over time and space; and the vexed problem of deciding how to deal with different household compositions (Bradshaw et al. 2012). By accounting for multiple dimensions of poverty, these profiles provide a nuanced picture of poverty. However, they require some judgement to be exercised about the number of deprivations needed for a person to be deemed poor (similar to the poverty line in a money-metric approach). They also require what may be an arbitrary judgement about the weights given to different deprivations (frequently deprivations are assigned equal weight). These judgements affect the profile of poverty, and different judgements can lead to inconsistencies. A further alternative to money-metric quantification is the use of asset indices, which are viewed as a good measure of long-term household well-being. Examples of this approach, which was most useful during the Zimbabwean hyperinflation of 2007–2008, include Larochelle et al. (2014, 2016). Rather than using a specific asset index cut-off to differentiate between asset poor and non-poor households, either a relative line is used (say, the 40th percentile of the asset index) or else the index is divided into quintiles or deciles. In this way, outcomes such as school attendance, access to public services and health care can be examined for relatively asset-poor households.

Annex B: Supplementary tables

Table A.1: Child poverty and extreme poverty, by province, rural and urban Zimbabwe

	Rural				Urban			
Province	% poor	% food poor	Poverty gap	Poverty depth	% poor	% food poor	Poverty gap	Poverty depth
Bulawayo					10.12	1.92	0.1723	0.0586
Manicaland	80.41	51.81	0.4083	0.2004	29.93	11.03	0.2941	0.1121
Mashonaland Central	85.93	61.53	0.4484	0.2350	12.01	0.74	0.2191	0.0582
Mashonaland East	73.39	42.89	0.3824	0.1825	25.76	9.35	0.2588	0.1001
Mashonaland West	77.71	53.14	0.4278	0.2175	18.12	3.79	0.2150	0.0655
Matabeleland North	79.24	49.17	0.3934	0.1851	22.80	5.44	0.2259	0.0762
Matabeleland South	71.30	38.68	0.3588	0.1610	16.04	3.94	0.1755	0.0569
Midlands	77.87	48.43	0.3983	0.1936	19.24	4.84	0.2319	0.0833
Masvingo	65.42	33.92	0.3458	0.1538	9.33	2.46	0.2187	0.0735
Harare					23.44	5.51	0.2389	0.0794
Total	76.29	47.49	0.3985	0.1939	20.04	5.09	0.2368	0.0814

Table A.2: Child poverty indices, by district

District	Name	Province	Rural/urban	% poor	% food poor	Poverty gap	Poverty severity
21	Bulawayo Urban	Bulawayo	u	10.12	1.92	0.1723	0.0586
101	Buhera	Manicaland	r	86.76	62.45	0.4332	0.2148
102	Chimanimani	Manicaland	r	69.54	40.23	0.3746	0.1741
103	Chipinge	Manicaland	r	86.54	64.36	0.4616	0.2519
104	Makoni	Manicaland	r	73.34	39.06	0.3462	0.1492
105	Mutare Rural	Manicaland	r	76.07	45.44	0.3990	0.1915
106	Mutasa	Manicaland	r	76.43	43.90	0.3797	0.1756
107	Nyanga	Manicaland	r	80.19	52.48	0.4206	0.2112
121	Mutare Urban	Manicaland	u	22.33	6.99	0.2783	0.0968
122	Rusape	Manicaland	u	38.60	7.82	0.2241	0.0855
123	Chipinge Urban	Manicaland	u	47.61	26.36	0.3446	0.1412
201	Bindura Rural	Mashonaland Central	r	84.86	57.08	0.4188	0.2069
202	Muzarabani	Mashonaland Central	r	85.26	62.24	0.4671	0.2547
203	Guruve	Mashonaland Central	r	76.87	52.68	0.4212	0.2130
204	Mazowe	Mashonaland Central	r	86.68	58.66	0.4278	0.2141
205	Mount Darwin	Mashonaland Central	r	88.95	68.42	0.4670	0.2489
206	Rushinga	Mashonaland Central	r	90.96	69.03	0.4710	0.2539
207	Shamva	Mashonaland Central	r	76.00	45.85	0.3981	0.1965
208	Mbire	Mashonaland Central	r	92.23	78.37	0.5403	0.3193
221	Bindura Urban	Mashonaland Central	u	13.63	0.39	0.2241	0.0594
222	Mvurwi	Mashonaland Central	u	12.58	0.00	0.1241	0.0163

301	Chikomba	Mashonaland East	r	59.81	25.65	0.3060	0.1272
302	Goromonzi	Mashonaland East	r	70.78	38.71	0.3756	0.1827
303	Hwedza	Mashonaland East	r	63.76	32.82	0.3378	0.1461
304	Marondera	Mashonaland East	r	72.17	43.69	0.3890	0.1884
305	Mudzi	Mashonaland East	r	86.99	65.17	0.4602	0.2410
306	Murehwa	Mashonaland East	r	65.27	32.42	0.3475	0.1562
307	Mutoko	Mashonaland East	r	83.95	58.73	0.4246	0.2125
308	Seke	Mashonaland East	r	58.50	26.85	0.3186	0.1327
309	Uzumba Maramba Pfungwe (UMP)	Mashonaland East	r	81.97	51.61	0.4026	0.1963
321	Marondera Urban	Mashonaland East	u	27.86	6.61	0.1930	0.0544
323	Ruwa Local Board	Mashonaland East	u	24.94	12.25	0.3349	0.1401
401	Chegutu Rural	Mashonaland West	r	54.58	24.36	0.3287	0.1362
402	Hurungwe	Mashonaland West	r	87.60	68.89	0.4647	0.2438
403	Mhondoro_Ngezi	Mashonaland West	r	78.29	44.58	0.3795	0.1728
404	Kariba	Mashonaland West	r	83.32	50.34	0.4023	0.1907
405	Makonde	Mashonaland West	r	62.89	33.89	0.3668	0.1757
406	Zvimba	Mashonaland West	r	88.34	69.76	0.4858	0.2682
407	Sanyati	Mashonaland West	r	78.39	53.30	0.4140	0.2082
421	Chinhoyi	Mashonaland West	u	28.88	6.37	0.2316	0.0808
422	Kadoma	Mashonaland West	u	20.27	5.08	0.2151	0.0688
423	Chegutu Urban	Mashonaland West	u	13.67	4.05	0.2560	0.0874

424	Kariba	Mashonaland West	u	11.54	0.00	0.1427	0.0304
425	Norton	Mashonaland West	u	18.72	5.12	0.2391	0.0715
426	Karoi	Mashonaland West	u	14.58	0.00	0.1605	0.0275
501	Binga	Matabeleland North	r	88.52	64.35	0.4407	0.2228
502	Bubi	Matabeleland North	r	79.65	48.61	0.3907	0.1797
503	Hwange	Matabeleland North	r	66.67	34.34	0.3397	0.1425
504	Lupane	Matabeleland North	r	83.47	49.86	0.3848	0.1786
505	Nyaki	Matabeleland North	r	88.43	55.97	0.3937	0.1844
506	Tsholotswho	Matabeleland North	r	63.09	33.88	0.3593	0.1564
507	Umguza	Matabeleland North	r	70.59	41.91	0.3825	0.1828
521	Hwange	Matabeleland North	u	30.92	10.61	0.3306	0.1412
522	Victoria Falls	Matabeleland North	u	21.38	2.05	0.1548	0.0387
601	Beitbridge Rural	Matabeleland South	r	70.65	39.33	0.3694	0.1722
602	Bulilima	Matabeleland South	r	73.48	37.20	0.3409	0.1443
603	Mangwe	Matabeleland South	r	79.10	55.26	0.4188	0.2030
604	Gwanda rural	Matabeleland South	r	59.70	25.13	0.3065	0.1200
605	Insiza	Matabeleland South	r	69.93	37.75	0.3682	0.1705
606	Matobo	Matabeleland South	r	72.26	38.35	0.3441	0.1517
607	Umzingwane	Matabeleland South	r	79.25	46.98	0.3819	0.1786
621	Gwanda rural	Matabeleland South	u	2.54	0.00	0.0746	0.0056
622	Beitbridge Urban	Matabeleland South	u	22.07	6.37	0.1994	0.0682
623	Plumtree	Matabeleland South	u	13.74	2.77	0.1233	0.0313

701	Chirumhanzu	Midlands	r	76.70	45.19	0.3850	0.1821
702	Gokwe North	Midlands	r	83.12	62.09	0.4434	0.2285
703	Gokwe South	Midlands	r	86.74	60.23	0.4391	0.2254
704	Gweru Rural	Midlands	r	80.03	57.31	0.4648	0.2566
705	Kwekwe Rural	Midlands	r	72.22	38.74	0.3481	0.1522
706	Mberengwa	Midlands	r	64.21	29.04	0.3216	0.1373
707	Shurugwi	Midlands	r	72.35	46.22	0.3992	0.1921
708	Zvishavane	Midlands	r	85.83	52.41	0.3877	0.1763
721	Gweru	Midlands	u	17.72	4.30	0.2285	0.0934
722	Kwekwe Rural	Midlands	u	17.30	5.57	0.2099	0.0727
723	Redcliff	Midlands	u	7.81	0.00	0.1898	0.0392
724	Zvishavane	Midlands	u	26.64	8.72	0.2515	0.0863
725	Gokwe Centre	Midlands	u	29.36	1.65	0.2213	0.0593
726	Shurugwi	Midlands	u	42.68	15.79	0.3139	0.1281
801	Bikita	Masvingo	r	68.77	36.78	0.3464	0.1504
802	Chiedzi	Masvingo	r	67.58	44.30	0.3850	0.1824
803	Chivi	Masvingo	r	69.57	38.94	0.3606	0.1616
804	Gutu	Masvingo	r	61.75	33.56	0.3759	0.1794
805	Masvingo Rural	Masvingo	r	63.15	20.30	0.2697	0.0990
806	Mwenezi	Masvingo	r	63.17	30.04	0.3479	0.1574
807	Zaka	Masvingo	r	59.51	28.09	0.3148	0.1304
821	Masvingo Urban	Masvingo	u	6.11	0.91	0.1514	0.0403

822	Chiredzi Town	Masvingo	u	6.05	0.00	0.1028	0.0121
901	Harare Rural	Harare	r	79.44	18.39	0.2694	0.0967
921	Harare Urban	Harare	u	13.66	2.23	0.2183	0.0648
922	Chitungwiza	Harare	u	31.70	10.01	0.2485	0.0956
923	Epworth	Harare	u	45.58	12.98	0.2407	0.0732
Total				61.17	36.09	0.3843	0.1840

Note: Poverty gap is the Foster–Greer–Thorbecke α=1 index and poverty severity is the α=2 index.

Table A.3: Child poverty indices, by gender of child and rural/urban

	Rural				**Urban**			
Child gender	**% food poor**	**Poverty gap**	**Poverty depth**	**% poor**	**% food poor**	**Poverty gap**	**Poverty depth**	**% poor**
Female	76.69	47.83	0.3998	0.1947	19.83	5.06	0.2370	0.0811
Male	75.90	47.15	0.3974	0.1931	20.26	5.13	0.2366	0.0818

Table 15: Disabilities suffered by older children (10–18), by household consumption quintile

Province	Boys	Girls
Bulawayo	0.7	0.82
Manicaland	17.75	18.11
Mashonaland central	13.99	13.79
Mashonaland east	12.4	12.5
Mashonaland west	12.93	12.28
Matabaleland north	6.91	6.98
Matabaleland south	5.59	5.81
Midlands	12.4	12.12
Masvingo	12.49	13.19
Harare	4.85	4.39
Total	100	100

Table 15: Disabilities suffered by older children (10–18), by household consumption quintile

	Rural		Urban	
Household size	**Poor**	**Extremely poor**	**Poor**	**Extremely poor**
1	6.9	3.5	0.0	0.0
2	47.2	46.2	8.3	7.9
3	70.7	69.6	23.7	22.8
4	81.2	80.5	30.1	29.5
5	87.7	87.1	34.9	34.3
6	90.8	90.5	35.0	33.2
7	92.7	92.1	40.0	40.0
8	94.7	94.5	45.3	43.8

Table A.6: Prevalence of child poverty by head's illness status, rural/urban

	Rural		Urban	
	Head ill	**Not ill**	**Head ill**	**Not ill**
Poor	76.60	74.74	19.83	21.61
Food poor	47.96	45.18	5.24	4.00