



# **MUTARE BASIC NEEDS BASKET REPORT**

**January 2014**

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## MUTARE BASIC NEEDS BASKET ANALYSIS

The average cost of the BNB for Mutare has continued to fall since September 2013 following the general downward trend in prices of basic commodities in the country. The month of January 2014 has experienced a slight drop in the cost of BNB to \$477.10 from \$478.55 in November 2013. The average cost of the food items required by a family of five in Mutare has slightly dropped from \$204.90 in November 2013 to \$204.48 in January 2014, while the average cost non food items required has also dropped from \$26.65 to \$25.62. Due to the weak aggregate demand prevailing in the economy, accelerated by stagnant disposable household incomes, retailers have been cutting prices of basic goods such as food stuffs so as to clear their stocks. The table below presents a detailed January BNB for Mutare.

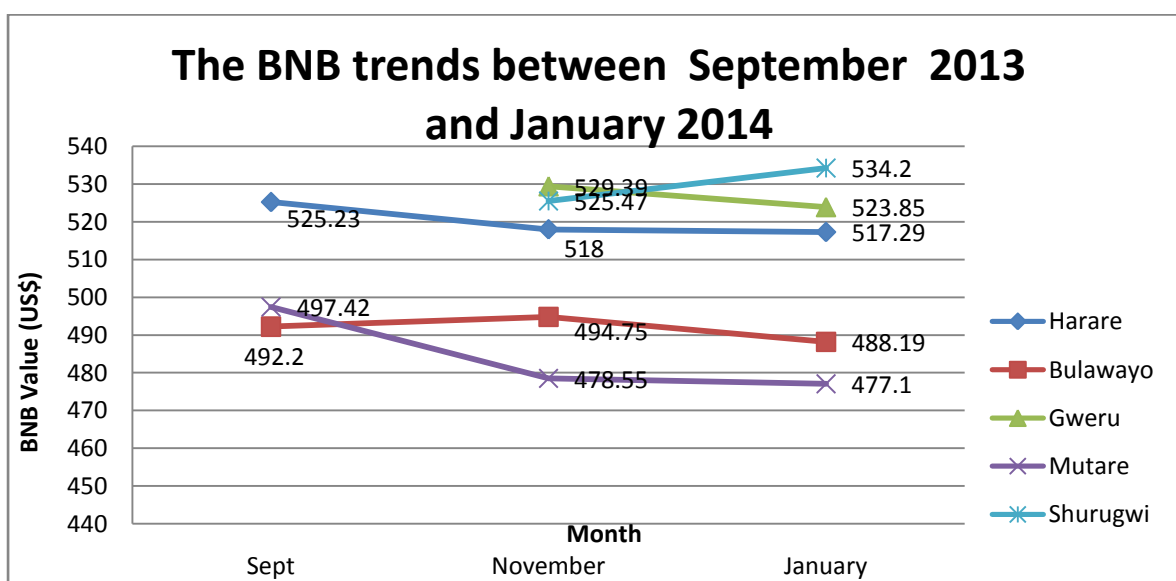
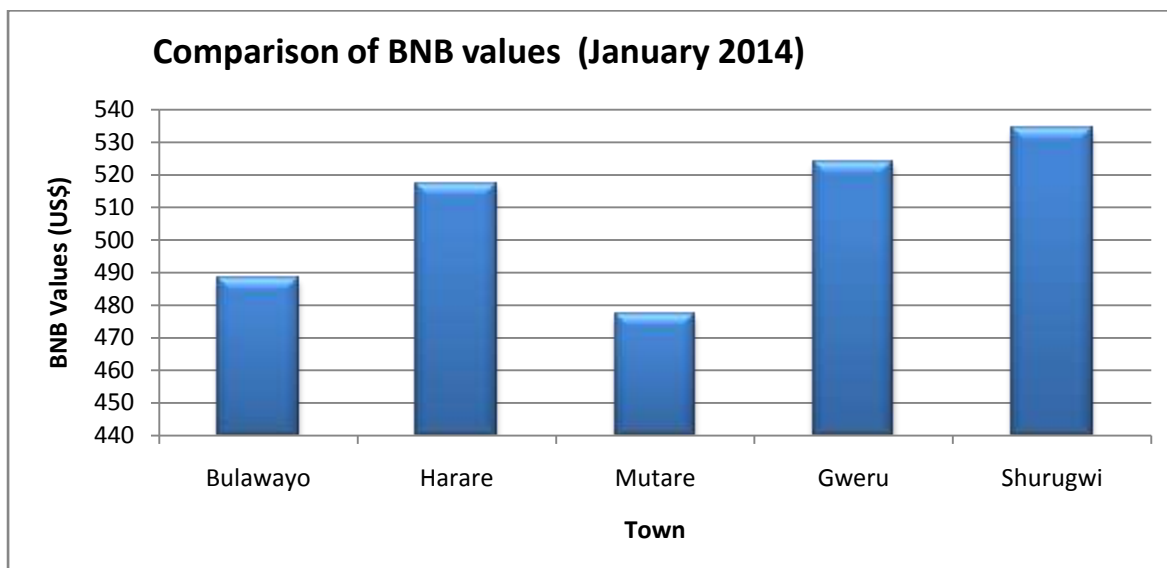
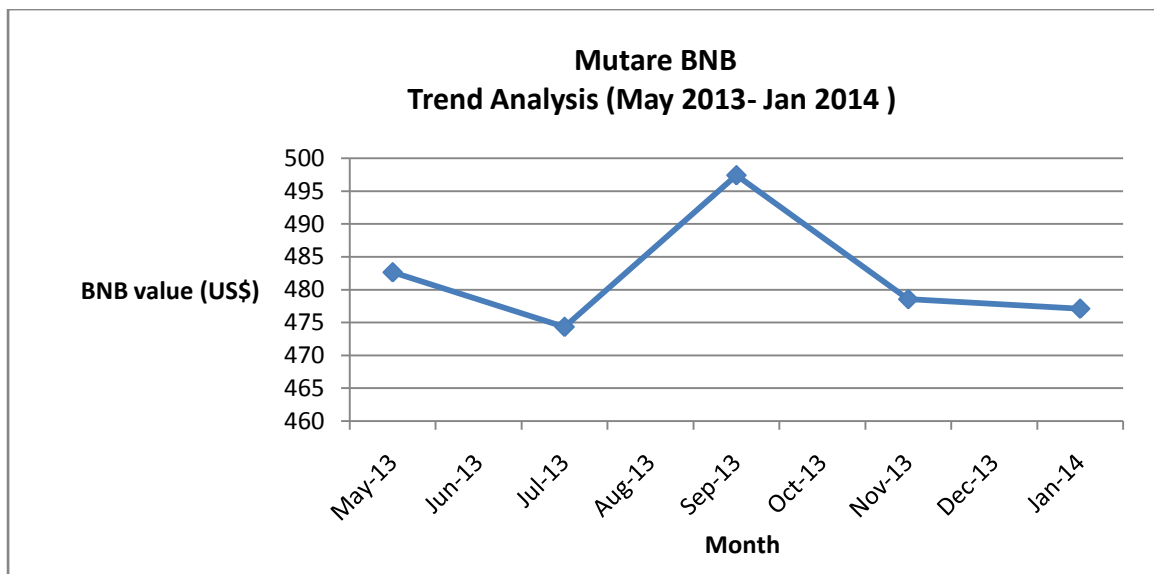
### Mutare BNB<sup>1</sup> for January 2014

		<i>Unit Available</i>	<i>Quantity Required</i>	Mutare average (US\$)
<b>A. Essential Food Items:</b>				
Mealie Meal (breakfast)	Red Seal (Roller meal)	20kg	2	25.13
Cooking oil	D'lite	2Ltrs	2	8.24
Beef	Mixed	1kg	8	47.67
Chicken	Suncrest cuts	2kg	1	7.36
Beans	Sugar beans	500g	2	3.30
Fish	Fresh	1kg	2	7.70
Salt	Pro-brands	2kg	1	0.88
Bread	Bakers Inn	1loaf	30	30.00
Eggs	Standard	1 crates	2	10.94
Sugar	Gold star (white)	2kg	4	7.93
Tea (leaves)	Tanganda	250g	4	9.19
Milk	Steri	500ml	10	9.17
Margarine	Buttercup	2kg	1	10.73
Onions		1kg	5	7.58
Tomatoes		1kg	10	11.82
Vegetables (greens)	Rape	1kg	15	6.85
<b>Sub-total</b>				<b>204.48</b>
<b>B. Essential Non-food items</b>				
Washing soap	Green bar	1kg	3	4.59
Bathing soap	Geisha tablets	250g	4	3.57
Washing Powder	Omo	1kg	1	4.07
Toothpaste	Colgate	100ml	2	2.15
Sanitary pads	Farai	1 pack	3	2.82
Toilet paper	Softex	4 rolls	4	4.63

<sup>1</sup> The following are the shops and markets where PRFT collected data on prices of basic commodities for the November 2013 BNB; Dangamvura TM, Sakubva TM, Sakubva Spar, Chikanga COST IT - ENT, TM City centre, OK City Centre. The survey was conducted on the 20<sup>th</sup> and 21<sup>st</sup> of 2014.

Jelly	Vaseline	250ml	2	3.80
<b>Sub-total</b>				<b>25.62</b>
<b>C. Rates and other essential services</b>				
Water & Sanitation (medium cost - fixed)	Water fixed			0.00
	Average usage/month	420 m3		16.00
	Sanitation (Sewage)	Fixed		6.00
Monthly rent (4 roomed house)	Basic accommodation	per room	4	160.00
Electricity <sup>2</sup>	Fixed		1	0.00
	Average usage/month	Units		65.00
<b>Sub-total</b>				<b>247.00</b>
<b>Total for Basic Needs Basket for Mutare</b>				<b>477.10</b>
<b>Other Costs</b>				
Telephone/Communication		\$/month		30.00
Transport (2-way)		\$1/day		30.00
School Fees				
Tertiary	University			420.00
	Technical/Professional College		National certificate	175.00
			National Diploma	225.00
	High School (Forms 5&6)	per term		120.00
	Secondary (Forms 1-4)	per term		70.00
	Primary	per term		25.00
	Creche	per month		30.00
Uniforms	Girls	Complete set	Enbee Prices	70.00
	Boys	Complete set	Enbee Prices	60.00
Health care	CIMAS Basic care package		2 adults and 3 children @ \$10 each	40.00
Fuel & Lighting	Paraffin ( pump price)			1.25
	Diesel ( pump price)			1.39
	Petrol ( pump price)			1.53
	Matches	Carton of 10		0.55
	Candles	pack of 6		1.85
	Firewood	per month		20.00

<sup>2</sup> Electricity charges were estimated using averages that families are now paying following the installation of pre-paid meters in most homes in Mutare.





## **2014 National Budget: Is There Any Hope For The Vulnerable and Marginalised?**

Zimbabwe has witnessed a positive economic growth trajectory since 2009 owing to the introduction of the multicurrency system which brought stability in the macroeconomic environment. However, with escalating cost of living and high levels of unemployment, the positive growth rate which the country experienced during the past five years has not translated into shared growth, poverty reduction and employment creation. Poverty in Zimbabwe has remained an inequality issue which is characterised by widening gaps between the rich and the poor in terms of universal access to basic social services such as public health care and education. With the recently passed 2014 national budget, it is still a mystery whether it is going to transform the socio and economic livelihoods of the impoverished and marginalised, a segment that constitutes the majority of the populace estimated at above 80%.

From the US\$4.1 billion national budget that was presented by the minister of Finance and Economic Development, about 73% of the total budget was allocated to the employment costs (wage bill). This means the remaining resources which constitute about 27% of the budget will be shared between recurrent and capital expenditure. The health sector has been allocated 8% of the national budget expenditure, a figure which is less than both the 15% as outlined in the Abuja Declaration and the 10% that was allocated to the same sector in the 2013 national budget. The recurrent expenditure allocations from the budget are already showing that there will be little resources to adequately fund social protection programmes such as the Basic Education Assistance Module (BEAM) which is meant for the vulnerable and marginalised communities.

More so, there are indications from the recent budget that very few capital projects are going to be funded despite the role of developmental capital projects in sustaining economic growth and socio and economic development of the country. The economy has accrued infrastructure deficits particularly in key sectors of the economy. The use of dilapidated infrastructure and obsolete equipment has caused the country to lose its industrial competitiveness. Due to increasing costs of production and liquidity constraints, Zimbabwe has witnessed downsizing and closure of companies. The inadequate allocation of resources to capital development programmes especially in water, energy and health care has long term negative impacts on poverty reduction efforts by the government. In the health sector, there is need to redress the deficiencies in health care investments to improve the provision of essential drugs at public health facilities at affordable prices. Due to the bottlenecks in the physical infrastructure investment in the health sector, prices of drugs and other medical commodities have been relatively high beyond the reach of many residents. The recent closure of CAPS, a local manufacturer of drugs, means that the residents will be exposed to international prices as the country imports more drugs. With the widening gap between the disposable incomes and the cost of the basic living for most marginalised households in the country, PRFT is of the view that the resource constrained budget will do little to reduce the gap between the rich and the poor especially in terms of universal access to the basic social services. In an analysis of the PRFT's Basic Needs Basket (BNB) survey conducted in January, an average family of five in

Harare, Bulawayo, Gweru, Mutare and Shurugwi required a minimum of \$517.29, \$488.19, \$523.85, \$477.10 and \$534.20, respectively to live a descent and dignified lifestyle. On the other side, an analysis of the households under PRFT's sentinel surveys in the medium and high density suburbs of the five towns has revealed that the households earned an average income of \$339.35 in the same month.

The social service sector, the health sector in particular, has been characterised by collapsing social protection programs as witnessed by the current high catastrophic out of pocket spending on health care. Besides the recent growth in the private health insurance sector, it is estimated that health insurance schemes are only serving less than 10% of the population. From the households under PRFT's sentinel survey, about 90% of the households are not covered by any medical health insurance as most of them are not formally employed. Due to corruption and mismanagement of members' contributions, the medical aid holders have not been spared from catastrophic health care spending. In the recent news from the media, it has revealed that the government linked Public Service Medical Aid Society (PSMAS)'s top management was rewarding itself with mega salaries at the expense of service delivery. Apart from a huge debt pile, the medical society has been failing to pay service providers forcing its members, the civil servants, to pay cash up front for health care. This is a double jeopardy to the civil servants considering that they are contributing their money into these pooling of risk schemes.

### **Policy recommendations**

It is PRFT's view that the resource constrained national budget will not have a positive impact especially in terms of reviving the collapsing social service sector and reversing the de-industrialisation in the country. With high prevalence of poverty in Zimbabwe, there is need for long term investment in the social services sector and other key sectors of the economy. Particularly there is need to finance the productive side of the social services sector so as to sustain economic growth and poverty reduction strategies. With limited fiscal space, PRFT recommends that the policy makers should create a conducive environment for foreign direct investment that is critically needed to salvage the ailing industries. Through attracting investments in the country, more resources can be available for developmental projects in water, energy and health and other critical sectors of the economy.