Zimbabwe National Statistics Agency

VITAL STATISTICS REPORT

2023/ 24

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FOREWORD

This Vital Statistics Report covers the years 2023 and 2024 and draws on administrative civil registration data obtained from the Civil Registry Department. It is the seventh report in the series of vital statistics reports produced by the Zimbabwe National Statistics Agency (ZIMSTAT).

The report presents statistics on births, deaths, cause of death, marriages and divorces that have been registered with the Civil Registry, thereby providing key demographic and epidemiological measures for national planning. Cause-of-death information is presented in a separate chapter to underscore diseases that contribute most to mortality, both in the population and within specific age groups.

Civil registration is widely recognized as the most important and cost-effective source of vital statistics and underpins monitoring of the Sustainable Development Goals (SDGs). In particular, Civil Registration and Vital Statistics CRVS is explicitly referenced in Goal 16, with Target 16.9 emphasizing legal identity for all through birth registration, while Target 17.19 on statistical capacity development also relies on robust birth and death data from functional CRVS systems. These data are equally critical for tracking progress on SDG outcomes related to health, safe cities and inclusive institutions (Goals 3, 11 and 16).

ZIMSTAT acknowledges with appreciation the collaboration and administrative data provided by key Government institutions, notably the Civil Registry Department, and the Ministry of Health and Child Care. ZIMSTAT also wishes to extend sincere gratitude to all individuals and technical teams whose dedication and hard work made the production of this report possible.

Tafadzwa Bandama
Director–General
May, 2026
Harare

Acknowledgements

ZIMSTAT wishes to express its sincere gratitude to all individuals who demonstrated exceptional commitment to the production of this report. The Agency further extends its appreciation to the Civil Registry Department for providing the administrative data used in compiling this report, and to the Ministry of Health and Child Care for coding the causes of death. Vital Strategies is also acknowledged for the financial and technical support that enabled the successful production of this report.

DEFINITIONS

Cause of death: 'All those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries.[1] Symptoms and modes of dying, such as heart failure or respiratory failure, are not considered to be causes of death for statistical purposes (see 'ill-defined cause of death').

Completeness of registration: The proportion of vital events that are registered. It was the number of registered vital events divided by an estimate of the actual number of vital events that occurred in the same population during a specific period of time.

Crude birth rate (CBR): The number of live births relative to the size of that population during a given period, usually one year. It was expressed as the number of live births per 1,000 population per year.

Crude death rate (CDR): The number of deaths relative to the size of that population during a given period, usually one year. It was expressed as the number of deaths per 1,000 population per year.

Current Registration: Is the registration of vital events within the specified time period (30 days for deaths and 42 days for births)

Death: The permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). This definition excludes foetal deaths, which are defined separately.

Delayed Registrations: the registration of a vital event after the grace period has expired.

Divorce: The legal dissolution of a registered marriage

Foetal death (also referred to as 'stillbirth'): 'Death prior to the complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy; the death was indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.'[2] Note that this definition broadly includes all terminations of pregnancy other than live births, as defined above.

Ill-defined cause of death: Any code that cannot or should not be used for the underlying cause of death (generally referring to 'R codes'). For instance, a 'mode of death' such as heart failure or kidney failure, symptoms such as back pain or depression, and risk factors such as high blood pressure are all uninformative, ill-defined codes for public health purposes.

[1] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

[2] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

Late Registrations: The registration of a vital event after the legally specified time period but within the grace period (usually one year following the vital event).

Live birth: 'The complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta was attached; each product of such a birth was considered live born (all live-born infants should be registered and counted as such, irrespective of gestational age or whether alive or dead at the time of registration, and if they die at any time following birth, they should also be registered and counted as deaths).'[3]

Marriage: The legal union of two people that is formally registered

Maternal death: 'The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.'[4]

Sex ratio at birth: The sex ratio at birth is usually expressed as the number of male live births per 100 female live births. In some cases, it may also be expressed per 1,000 female live births

Underlying cause of death: The cause of death to be used for primary statistical tabulation purposes has been designated as the underlying cause of death. The underlying cause of death was defined as '(a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.'[5]

[3] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

[4] World Health Organisation (2004). ICD-10. International Statistical Classification of Diseases and Related Health Problems., Tenth revision, second edition. Geneva.

[5] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

EXECUTIVE SUMMARY

This report presents official vital statistics for Zimbabwe for 2023 and 2024, compiled by the Civil Registry Department (CRD) and processed by the Zimbabwe National Statistics Agency (ZIMSTAT). The statistics cover registered births, deaths (including causes of death), marriages, and divorces, and provide evidence to support planning, policy formulation, and monitoring of national development programmes.

Registration Completeness and Timeliness

Registration completeness was assessed by comparing registered events with expected numbers derived from population projections. Birth registration completeness declined from **30.9 percent in 2023 to 26.4 percent in 2024**, while death registration completeness fell from **47.5 percent to 46.6 percent** over the same period. Metropolitan provinces consistently recorded higher registration completeness than predominantly rural provinces.

Regarding timeliness, delayed birth registrations decreased slightly in 2024, although the majority of births were still registered outside the legal timeframe of 42 days after occurrence.

Birth Statistics

Registered births were most common among mothers ages **25–29 years**, and the sex ratio at birth remained within expected biological ranges. The majority of births occurred in health facilities.

Mortality Statistics

Male deaths exceeded female deaths, with mortality increasing sharply with age. **Noncommunicable diseases (NCDs)** were the leading causes of death, particularly among females, while injuries accounted for a higher proportion of deaths among males. A notable share of deaths was classified under ill-defined causes, highlighting the need to strengthen medical certification of cause of death and improve ICD coding practices.

Marriage and Divorce Statistics

Civil marriages accounted for the majority of registered unions. The age pattern of marriage remained stable, with brides most commonly ages **25–29 years** and grooms **30–34 years**. Divorces recorded in 2024 were concentrated at older ages for both sexes.

Key Implications

Improving registration completeness remains a priority. Public awareness campaigns are needed to encourage timely birth registration, particularly in rural provinces. Strengthening capacity in medical certification and ICD coding will improve the quality of mortality statistics. Addressing provincial disparities in registration coverage will enhance the representativeness of vital statistics. Monitoring trends in marriages and divorces provides useful insights into changing family structures and social dynamics.

KEY HIGHLIGHTS

CHAPTER 1 INTRODUCTION AND METHODOLOGY

PURPOSE

To present reliable vital statistics to support evidence-based decision making

DATA SOURCE

Data on vital events (births, deaths, marriages and divorces) was sourced from the Civil Registry Department

CHAPTER 2 THE CIVIL REGISTRATION SYSTEM

LEGAL FOUNDATION

- Section 10 of the Births and Deaths Registration Act [Chapter 5:02] provides for the compulsory notification and registration of all births, still births and deaths
- Births are required to be registered within 42 days of occurrence, while still births and deaths must be registered within 30 days of the date of death

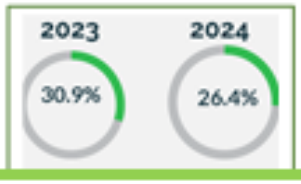
CHAPTER 3 DATA QUALITY, COMPLETENESS & TIMELINESS

DATA QUALITY

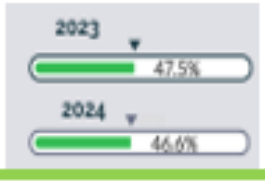
- ✓ Quality checks at Data entry
- ✓ Validation and Verification of captured data
- ✓ Continuous data quality improvement initiatives

REGISTRATION COMPLETENESS

Birth Registration



Death Registration



CHAPTER 4 BIRTHS

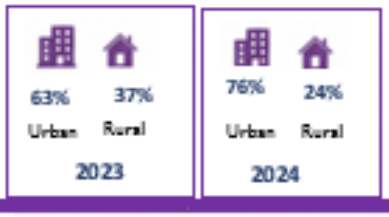
Registered Births

2023: 134,597

2024: 114,385

Registered Births by Sex

Urban/Rural Distribution



Place of Birth

94% Health Facilities

6% Other Places

CHAPTER 5 DEATHS

Registered Deaths

2023: 56,018

2024: 54,256

Registered Deaths by Sex

53% Male

47% Female

Usual Residence

Harare recorded the highest proportion of deaths by place of usual residence, followed by Manicaland and Midlands

Place of Death

61% Health Facilities

39% Other Places

CHAPTER 6 CAUSES OF DEATH

Data Source

Analysis was based on medical certified cause of deaths only

Leading Causes by GBD Grouping (2024)

1. Non-communicable diseases
2. Communicable, maternal, perinatal and nutritional conditions
3. Injuries

Top Causes of Deaths (2024)

1. Lower respiratory infections
2. Hypertensive disease
3. Cerebrovascular disease
4. Conditions arising during perinatal period
5. Diabetes mellitus

CHAPTER 7 MARRIAGES AND DIVORCES

Registered Marriages

2023: 21,684

2024: 15,761

Age at Marriage

In 2024, the highest proportion (28.9%) of registered marriages were among women age 25–29

Registered Divorces

2023: 3,777

2024: 2,852

CHAPTER 1. INTRODUCTION AND METHODOLOGY

1.1 Introduction

Births, deaths, marriages and divorces are considered vital events in the life of an individual. Civil registration entails the continuous, permanent and compulsory recording of these events and the characteristics of the individuals concerned, as provided by the Births and Deaths Act (Chapter 5:02). Statistics derived from the registration of births, deaths (including cause of death), marriages and divorces are critical inputs for socio-economic planning, policy formulation and the monitoring and evaluation of development programmes.

Civil registration is internationally recognized as the most reliable source of vital statistics. In many countries, particularly in the developing world, sample surveys and periodic population censuses remain the primary sources of vital statistics data. However, sample surveys have a limitation in estimating vital statistics indicators in small geographic areas. In contrast, a well-functioning Civil Registration and Vital Statistics (CRVS) system captures vital events as they occur, enabling the production of timely, continuous and disaggregated statistics for all administrative levels and population subgroups, regardless of size. As such, CRVS systems provide essential data for good governance, effective policy planning and the monitoring of development programmes at national, subnational and global levels.

Most developing countries in Africa have embarked on initiatives to strengthen their CRVS systems, with the dual objective of improving civil registration coverage and enhancing the production of reliable vital statistics. Although the United Nations has developed international guidelines and standards to support CRVS improvement, implementation ultimately rests with national governments.

Within the Civil Registration and Vital Statistics (CRVS) system, there are key state institutions which play complementary and interdependent roles. The Civil Registry Department (CRD) is responsible for the legal registration of vital events, including births, deaths, marriages and divorces, and serves as the primary custodian of civil registration records. The Ministry of Health and Child Care (MOHCC) plays a critical role in the notification and certification of vital events, particularly births and deaths occurring within health facilities, including the medical certification of causes of death. The Zimbabwe National Statistics Agency (ZIMSTAT) is mandated to compile, process, analyse and disseminate

official vital statistics derived from civil registration data, ensuring their quality, consistency and alignment with national and international statistical standards. Effective coordination and data sharing among these institutions are, therefore, essential for the production of complete, timely and reliable vital statistics.

The then Central Statistical Office (CSO), now the Zimbabwe National Statistics Agency (ZIMSTAT), produced annual mortality reports covering the period 1996–2007. Production of comprehensive vital statistics reports was done for the years 2015 to 2022 and the reports were used by CRVS stakeholders to improve the CRVS system. However, the regular production of annual vital statistics reports remains essential to ensure that data users, including government ministries, departments and agencies, can access up-to-date information for planning and decision-making.

1.2 Objectives of the Report

Overarching Objective

To compile, analyse and disseminate official vital statistics on births, deaths (including causes of death), marriages and divorces in Zimbabwe for the years 2023 and 2024 using civil registration data, in order to support evidence-based planning, policy formulation, and monitoring and evaluation of national development programmes.

The Specific Objectives

The specific objectives are to:

1. Describe the legal, institutional and administrative framework governing civil registration in Zimbabwe.
2. Assess the quality, completeness and timeliness of registered births and deaths.
3. Present and analyse levels and differentials in birth registration by sex, province, age of mother, residence and place of delivery.
4. Analyse mortality patterns by age, sex, residence and province, including under-five mortality distributions to inform decision-making
5. Present and interpret causes of death using ICD-11-coded underlying causes, and to assess the quality of cause-of-death data.
6. Describe the levels and patterns of registered marriages and divorces, including age and sex differentials.
7. Identify key gaps and areas for strengthening the Civil Registration and Vital Statistics (CRVS) system to improve the production of timely and reliable vital statistics.
8. To ensure timely, accessible, and user-friendly dissemination of vital statistics through multiple platforms, including reports, dashboards, policy briefs, and open data portals, targeting government, researchers, and the public.

9. To strengthen communication and stakeholder engagement by promoting awareness, understanding, and use of civil registration and vital statistics data across sectors.

1.3 Organisation of the Report

This report is further organised as follows:

Chapter 2 provides an overview of the background and evolution of the civil registration system in Zimbabwe, including the legal framework, institutional arrangements and procedures for registering vital events.

Chapter 3 presents an assessment the completeness of civil registration and examines the extent to which registered events approximate the total estimated numbers of births, deaths. This chapter presents an assessment of the cause of death data quality.

Chapter 4 presents detailed statistics on registered births and related indicators, including levels and trends, characteristics of mothers and children and selected fertility measures derived from registration data.

Chapter 5 analyses registered deaths, focusing on their distribution by age, sex and other relevant characteristics, to enhance understanding of mortality patterns in the population.

Chapter 6 examines causes of death as recorded in the registration system and presents tabulations by age, sex and major cause groups, while noting limitations related to medical certification and coding practices that may affect interpretation of results. Together, Chapters 5 and 6 contribute to the documentation of mortality levels and patterns in the country.

Chapter 7 analyses data on registered marriages and divorces, presenting trends and differentials by age, sex and other characteristics.

1.4 Data Sources and Methodology

The data used in this report were provided by the Civil Registry Department. ZIMSTAT extracted information from paper-based registration records held at district offices. Information on marriages and divorces for all provinces was sourced from the Zimbabwe Population Registration System. All data sharing and processing adhered strictly to confidentiality requirements for individual records. Data on causes of death were obtained from Medical Certificate of Cause of Death (MCCoD) Form (BD12) and Application for Post Mortem Form (Form 231) documents held at the Central Registry. The original source documents are listed in Appendix II.

Causes of death were coded by staff from the Ministry of Health and Child Care using the International Statistical Classification of Diseases and Related Health Problems (ICD-11). For general mortality analysis, causes of death on the MCCoD may be classified as immediate, antecedent, contributory and underlying. This report focused on the underlying causes of death. Additional variables, including sex, age, place and month of death, marital status and occupation, were coded using the same classifications applied during the 2022 Population and Housing Census.

ZIMSTAT used the Statistical Analysis System (SAS) software for data cleaning, editing and processing; including handling missing data, detecting outliers and enforcing logical consistency rules. Digital Open Rule Integrated Underlying Cause of Death Selection (DORIS) Tool was used for coding Cause of death text to ICD11 and for the selection of the underlying cause of death. Coding of causes of death with no exact matches from the DORIS output was undertaken by trained MoHCC staff using web based (WHO-FIC) ICD11 coding tools. Where there were inconsistences of ICD 11 codes with respect to age and/or sex, the respective records were checked for validation. These steps together help to improve the accuracy and comparability of the mortality statistics produced from the registration system.

CHAPTER 2. THE CIVIL REGISTRATION SYSTEM

2.1 History

Birth registration began in 1891 but it was not compulsory. In 1904, the registration of births, stillbirths and deaths became compulsory and this applied only to non-Africans. Africans were excluded from birth and death registration until 1963. Universal compulsory registration of births, deaths, and stillbirths was only achieved in 1986.

The current system of birth and death registration is largely derived from colonial ordinances, particularly the Births and Deaths Registration Act of 1904. These laws were primarily intended to enforce compulsory registration among the settler population in Southern Rhodesia. Although the legislation did not prohibit the registration of African births and deaths, such registration was voluntary and not legally enforced.

The registration of civil marriages commenced in 1891, while the registration of African marriages began in 1925.

Over time, statutory instruments and administrative procedures have been introduced to regulate civil registration and the production of vital statistics. Legislative amendments have been made periodically to address emerging needs, a process that continues to the present day.

This chapter first outlines the organisational structure of the civil registration system and the legal and administrative processes for registering births and deaths. The registration of marriages and divorces is discussed later in the chapter.

2.2 Legal Framework

Civil registrations are conducted in accordance with various Acts of Parliament, regulations and statutory instruments; including the Constitution of Zimbabwe Amendment (No. 20) Act, 2013, the Births and Deaths Registration Act [Chapter 5:02], the Burial and Cremation Act [Chapter 5:03], the Coroner Office Act [Chapter 7:21], the Public Health Act [Chapter 15:17] and the Children's Act [Chapter 5:06].

In terms of Section 35(3)(b) and (c) of the Constitution, all Zimbabwean citizens are entitled to vital civil registration documents. Furthermore, every child has the constitutional right to the prompt issuance of a birth certificate.

Section 10 of the Births and Deaths Registration Act [Chapter 5:02] provides for the compulsory notification and registration of all births, stillbirths and deaths occurring in Zimbabwe after 20 June 1986. Births are required to be registered within 42 days of occurrence, while still births and deaths must be registered within 30 days of the date of death.

Zimbabwe's civil registration system is closely integrated with the national identity management framework. At the point of birth registration, each individual is assigned a unique identification number, which becomes their permanent personal identification number. This number serves as the primary means of identifying an individual within the civil registration system throughout their life. This integration ensures consistency, accuracy and continuity of personal records from birth through adulthood and across different sectors. By linking civil registration with identity management, Zimbabwe enhances the reliability of population data, improves service delivery and strengthens legal identity for all citizens.

2.3. Requirements for Birth Registration

The requirements for birth registration vary depending on the place of birth. The applicable requirements are outlined below.

a) Birth Occurring at a Health Facility

Requirements are as follows:

a) Mother and father's national identity documents
b) Birth confirmation record and health card
c) Marriage certificate where applicable
d) Both parents must be present to sign declaration of paternity if customarily or not married
e) Where one or both parents are deceased, the surviving spouse or relative(s) must bring the relevant death certificate(s) and the above-mentioned supporting documents
f) School letter if the child is above the age of six and a prescribed statutory fee is paid
g) Where the child is above the age of sixteen years, they must be present at the time of registration
h) Single mothers are eligible to register their children in their maiden names.

b) Birth occurring outside a health facility

Requirements are as follows

For births occurring outside health facilities, the requirements are the same as those applicable to births in health facilities, except that the following additional requirements apply**:**

a) Midwife's record book where applicable
b) In the case of a child born in communities, a letter is required from the farm owner or farm manager, village head, an institution head, landlord and a utility bill for urban areas, depending on place of birth
c) One witness (ten years older than the child) with a national identity document preferably the midwife if the child is under 16 years and two witnesses including the midwife where the child is over 16 years.

2.4 Requirements for registering a death

a) Death Occurring at a Health Facility

Registration of deaths that occur in health facilities require the following:

a) Deceased person's national identity document/ passport/ birth certificate
b) Medical certificate of cause of death (Form BD12) issued by the doctor who last attended the deceased or Post mortem report (Form 231) from the Pathologist or Police where applicable.

The deceased's relatives are issued with a burial order or an order for burial after registration of the death.

b) Death occurring outside a health facility

Registration of deaths that occur outside health facilities require the following:

1. Deceased person's national identity document or passport or birth certificate
2. One informant and at least two competent witnesses with national identity documents, preferably close relatives of the deceased or village head or farm owner/representative who were present at the time of death and should have attained 18 years of age by the time when the death occurred
3. A letter from the Chief, Headman, Village Head, Farm or Mine owner confirming that the deceased died in his area of jurisdiction
4. Hospital or Clinic records where applicable
5. Completed Form 231 from the police where the case was reported.

The data are subsequently captured in the system for both birth and death records. During data entry, the characteristics of the parents are verified against information contained in their existing civil registration records.

2.5 Registration Processes

A) Birth Registration Process

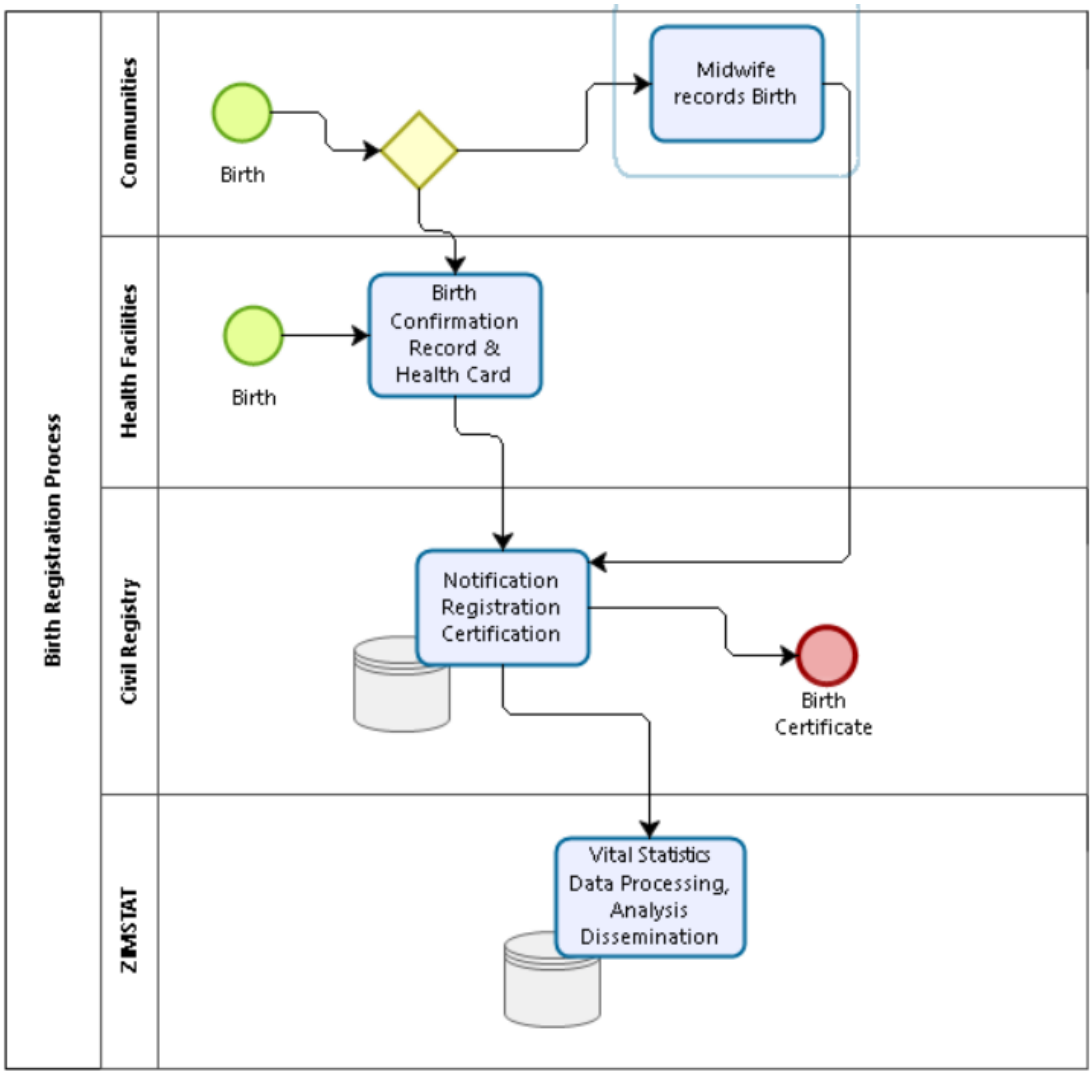


Figure 2.1: Birth Registration Process

B) Death Registration Process

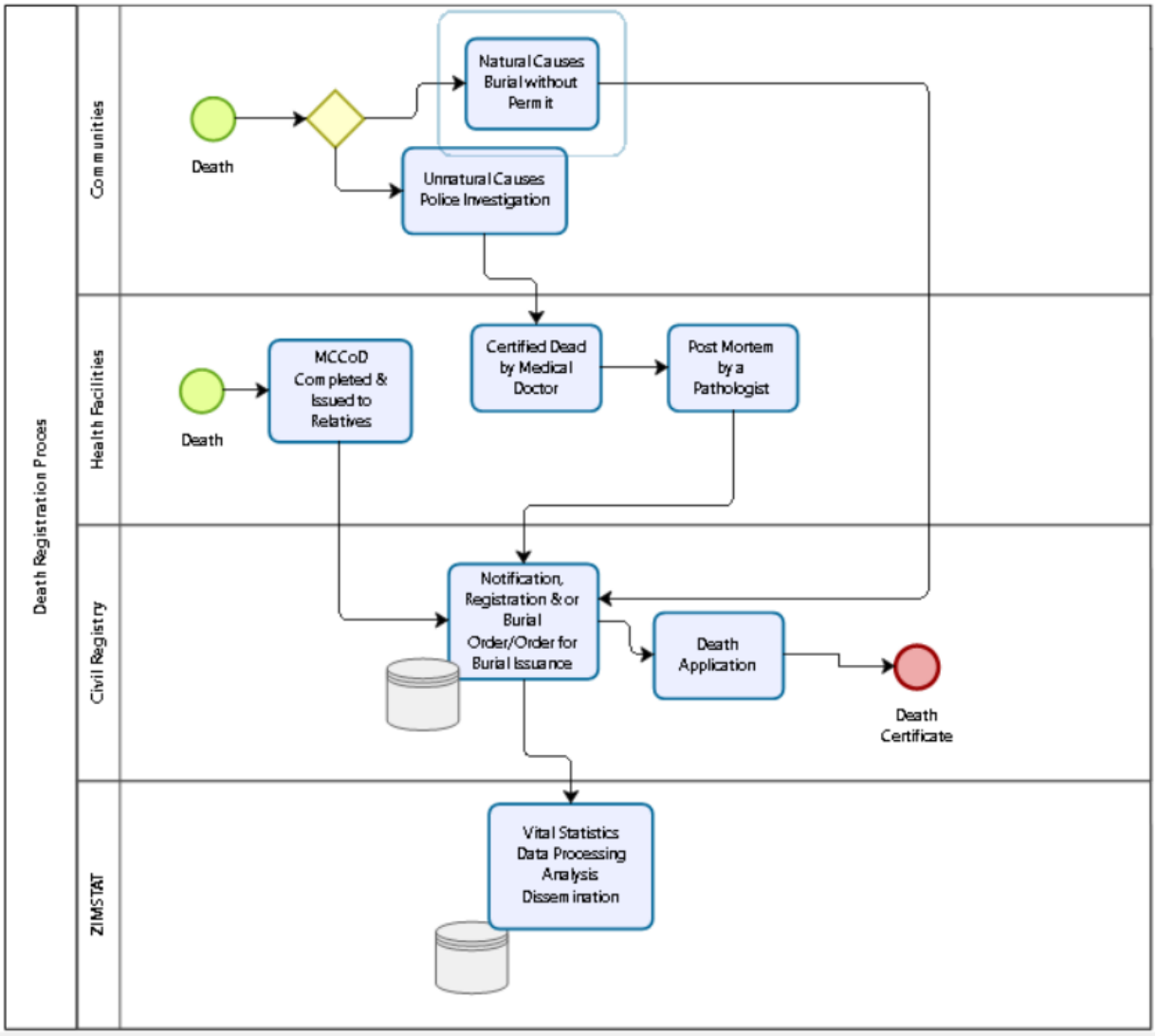


Figure 2.2 Death Registration Process

2.6 Registration of Marriages

Marriage registration is governed by the Marriages Act [Chapter 5:17]. It is also conducted in accordance with the Matrimonial Causes Act [Chapter 5:13] and the Criminal Law (Codification and Reform) Act [Chapter 9:23]. Customary law unions are legally recognised under the Administration of Estates Act [Chapter 6:01].

Marriage in Zimbabwe is regarded as a legally recognised union between two consenting adults, and its validity is dependent on the free and full consent of both parties. Forced marriages, same sex marriages and marriage of family members or close relatives are prohibited in Zimbabwe. No marriage is valid where consent is absent or where either party is below the legally acceptable age. Marriages

in Zimbabwe are governed by the Marriages Act [Chapter 5:17]). The Act recognises three distinct types of marriages, and these are:

a) Civil marriage

   This is a monogamous type of marriage which allows a person to have one spouse at a given time. It is solemnized by a magistrate, minister of religion or head of embassy on duty.

b) Customary law marriage

   This is a potentially polygamous marriage where a man is allowed to marry more than one wife. It is solemnised by chiefs and magistrates; and marriage considerations or lobola must have been paid.

c) Qualified civil marriage

   This is a union between a man and a woman which is not registered as a civil or customary law marriage but solemnised according to Islamic rites.

In Zimbabwe, unregistered customary marriages referred to Customary Law Union is recognised as valid though it is not governed by an Act. It is recognized in terms of the Administration of Estates Act [Chapter 6:01] for purposes of inheritance and estate administration. This type of marriage is common among Africans and traditionally recognised when one has paid lobola.

2.6.1 Requirements for Registration of Marriages and Divorces

A) Marriages

Any person intending to enter into a legally recognised marriage must provide the following:

1. Both parties must be 18 years of age and above
2. National Identity Document
3. Certificate of publication of banns, where applicable
4. Marriage licence, where applicable
5. Notice of intention to marry, where applicable
6. Non-marriage certificate, police clearance and immigration clearance for foreign nationals
7. A valid passport, where applicable

B) Divorces

Divorce can be defined as the final legal dissolution of a marriage, which terminates the marital relationship and grants the parties the legal capacity to remarry.

In Zimbabwe civil marriages are dissolved at the High Court while registered customary marriages are dissolved at Magistrates' Court. Upon dissolution, the courts forward divorce order returns to Central Registry where marriage records are updated accordingly.

2.7 Late or Delayed Registration

The *Vital Statistics Principles and Recommendations Revision 3* distinguish between late and delayed registration. Late registration refers to registration that occurs after the legally stipulated deadline but within the grace period provided by the Births and Deaths Registration Act, which is typically one year. Delayed registration occurs when an event is registered after the expiration of the grace period (see Figure 2.3).

To enable the classification of registrations based on timeliness, it is essential that both the date of registration and the date of birth or death are recorded for every event. In Zimbabwe, births are required to be registered within 42 days of occurrence, while deaths must be registered within 30 days of death.

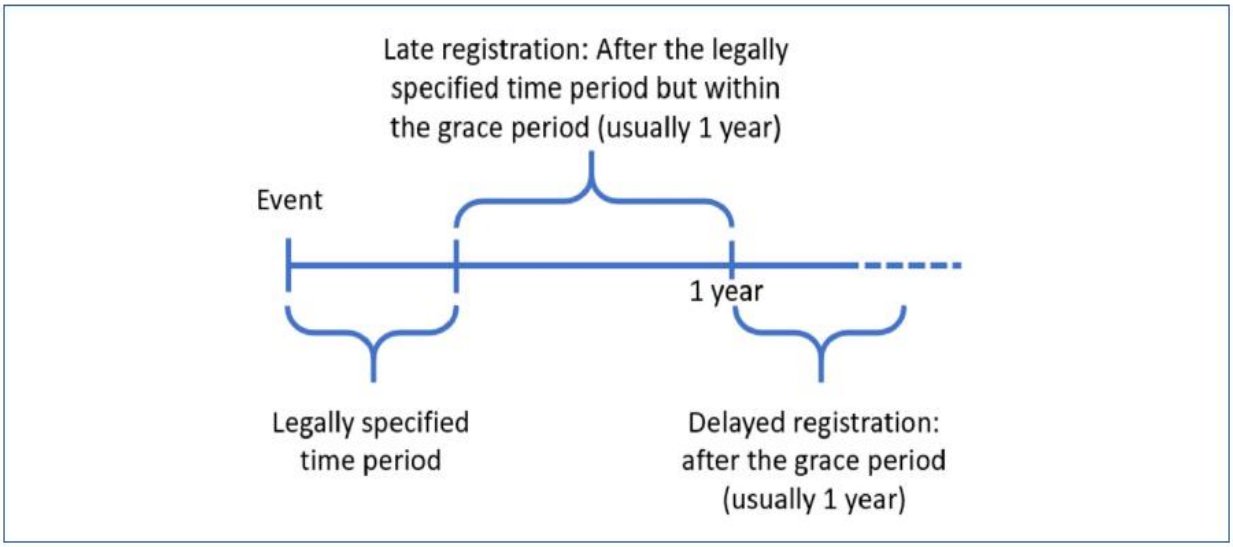


Figure 2.3: Late or Delayed Registration

CHAPTER 3: DATA QUALITY, REGISTRATION TIMELINESS AND COMPLETENESS

3.1 Data Quality

Data quality is a central pillar of an effective Civil Registration and Vital Statistics (CRVS) system. High-quality data are essential for producing accurate, timely and policy-relevant vital statistics that can inform planning, monitoring and evaluation across sectors. In Zimbabwe, quality control mechanisms for vital statistics data operate at multiple stages, from the point of data capture at civil registration offices and health facilities to final processing, analysis and dissemination by the Zimbabwe National Statistics Agency (ZIMSTAT). Collectively, these measures aim to minimise errors, improve completeness and enhance the reliability and comparability of the statistics produced.

3.1.1 Quality Checks at Data Entry

Upon receipt of the administrative datasets, ZIMSTAT conducts systematic checks for completeness, internal consistency and validity of key variables, including age, sex, date of occurrence and registration, place of usual residence, and cause of death. Records containing suspicious values, implausible combinations or obvious errors are identified and referred back to the Civil Registry Department for verification and correction where possible. This iterative feedback loop between ZIMSTAT and CRD is a core component of the national quality assurance framework.

3.2 Completeness of Registration

Calculating the completeness of registration can be used to monitor the performance of the CRVS system in capturing all vital events and allows for adjustment of incomplete data. Completeness is defined as the number of vital events in a population that are registered, divided by the estimated number of vital events that occurred in the same year. The value is multiplied by 100 to express completeness as a percentage:

$$Completeness\ (\%) = \frac{Number\ of\ vital\ events\ registered}{Estimated\ number\ of\ vital\ events} \times 100$$

3.2.1 Birth Registration Completeness

The completeness of birth registration was calculated using the number of registered live births for births that occurred in 2023 and 2024 and the estimated number of births derived from the 2023 and 2024 projected population. The registered births used to calculate completeness included all births that occurred in the current year (current and late registrations) for both years 2023 and 2024.

Birth registration completeness for males in 2023 and 2024 remained low and declined over the two-year period, with rates falling from 30.7 percent in 2023 to 26.3 percent in 2024. In both years, completeness levels for males and females were nearly identical, showing no evidence of sex differentials in registration. This parallel pattern suggests that the challenges affecting birth registration are systemic rather than gender-specific.

Table 3.1: Birth Registration Completeness by Year and Sex of Newborn, 2023-2024

Year of Birth	Registered Births			Estimated Number of Births			Registration Completeness (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2023	68,009	66,588	134,597	221,227	214,782	436,009	30.7	31.0	30.9
2024	57,790	56,595	114,385	220,061	213,653	433,714	26.3	26.5	26.4

3.2.2 Death Registration Completeness

The registered deaths used to calculate completeness included all deaths that occurred in the current year (current and late registrations) for both years 2023 and 2024.

Death registration completeness rates were 46.8 percent for males whereas females had a completeness rate of 48.2 percent in 2023. In 2024, males had a completeness rate of 45.4 percent whilst females had a completeness rate of 48.0 percent, as shown in Table 3.2.

Table 3.2: Death Registration Completeness by Year and Sex of Deceased, 2023-2024

Year of Death	Registered Death			Estimated Number of Deaths			Registration Completeness (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2023	29,712	26,306	56,018	63,482	54,550	118,032	46.8	48.2	47.5
2024	28,506	25,750	54,256	62,721	53,693	116,414	45.4	48.0	46.6

3.3 Timeliness of Registration

In Zimbabwe, births must be registered within the first 42 days of occurrence whereas deaths must be registered within 30 days of occurrence. A late registration is the registration of a vital event after the legally specified time period but within one year following the vital event. Delayed registration is the registration of a vital event after one year of occurrence. Timeliness of birth registration was calculated using total number of registered births and deaths for 2023 and 2024, respectively.

The timeliness distribution of birth registrations shows that the majority of registrations in both 2023 and 2024 were delayed, although there was noticeable improvement in 2024. In 2023, the registration delay was at 78.5 percent, with only 2.0 percent registered within the current period. In 2024, delayed registrations declined to 60.4 percent, while current registrations increased to 5.7 percent. However, late registrations rose substantially from 19.5 percent to 33.9 percent, meaning that although extreme delays reduced, many births were still not registered within the recommended timeframe.

Table 3.3: Timeliness of Birth Registration by Year, 2023-2024

Timeliness	2023		2024	
	Number	Percent	Number	Percent
Current	12,602	2.0	16,508	5.7
Late	121,995	19.5	97,877	33.9
Delayed	492,593	78.5	174,613	60.4
Total	**627,190**	**100.0**	**288,998**	**100.0**

CHAPTER 4. BIRTHS

This chapter presents data on numbers and characteristics of registered live births which occurred in the years 2023 and 2024, and registered by the Civil Registry Department from the period 2023 to 2025. The cut-off date for data extraction was 31 December 2025. Data for the eight provinces were extracted from paper-based forms at district offices. Harare and Bulawayo data were extracted from the Zimbabwe Population Registration System.

4.1 Summary of Registered Births

The Civil Registry Department registered a total of 627,190 births in 2023 and 288,998 births in 2024. These figures included delayed births that occurred in earlier years. Of these, 134,597 and 114,385 registered births were for children born in 2023 and 2024, respectively.

Table 4.1: Summary of Birth Registration

Data Source	Description	Number of births	
		2023	2024
Population Projections (ZIMSTAT)	Estimated Births	436,009	433,714
Civil Registry Department	Total number of registered births	627,190	288,998
Civil Registry Department	Total number of registered births that occurred in the reporting year	134,597	114,385

Table 4.2 shows marked provincial variation in proportions of registration completeness. Birth registration completeness in Zimbabwe declined from 30.9 percent in 2023 to 26.4 percent in 2024. The difference in the two proportions could be attributed to the Civil Registry Department's national mobile registration exercises conducted in 2022 and 2023.

Harare province had the highest (80.5% and 68.7 %) registration completeness rates in 2023 and 2024, respectively. Manicaland had the least registration completeness of 15.9 percent in 2023.

Table 4.2: Province of Registration by Completeness of Birth Registration

PROVINCE OF REGISTRATION	Number of Registered Births		Estimated Births		Registration Completeness (%)	
	2023	2024	2023	2024	2023	2024
Harare	52,362	43,211	65,010	62,899	80.5	68.7
Bulawayo	10,756	8,478	14,141	13,703	76.1	61.9
Masvingo	10,937	7,857	43,840	44,266	24.9	17.7
Matabeleland South	4,768	4,087	19,489	19,271	24.5	21.2
Midlands	12,753	10,525	54,262	54,268	23.5	19.4
Mashonaland East	10,473	9,813	51,460	51,483	20.4	19.1
Matabeleland North	3,967	4,307	21,134	21,217	18.8	20.3
Mashonaland West	11,020	8,623	60,612	60,244	18.2	14.3
Mashonaland Central	7,865	7,335	45,243	45,058	17.4	16.3
Manicaland	9,696	10,149	60,818	61,305	15.9	16.6
National	**134,597**	**114,385**	**436,009**	**433,714**	**30.9**	**26.4**

4.2 Registered Births by Sex

Figure 4.1 shows no difference in distribution of registered births by sex of a child for both 2023 and 2024.

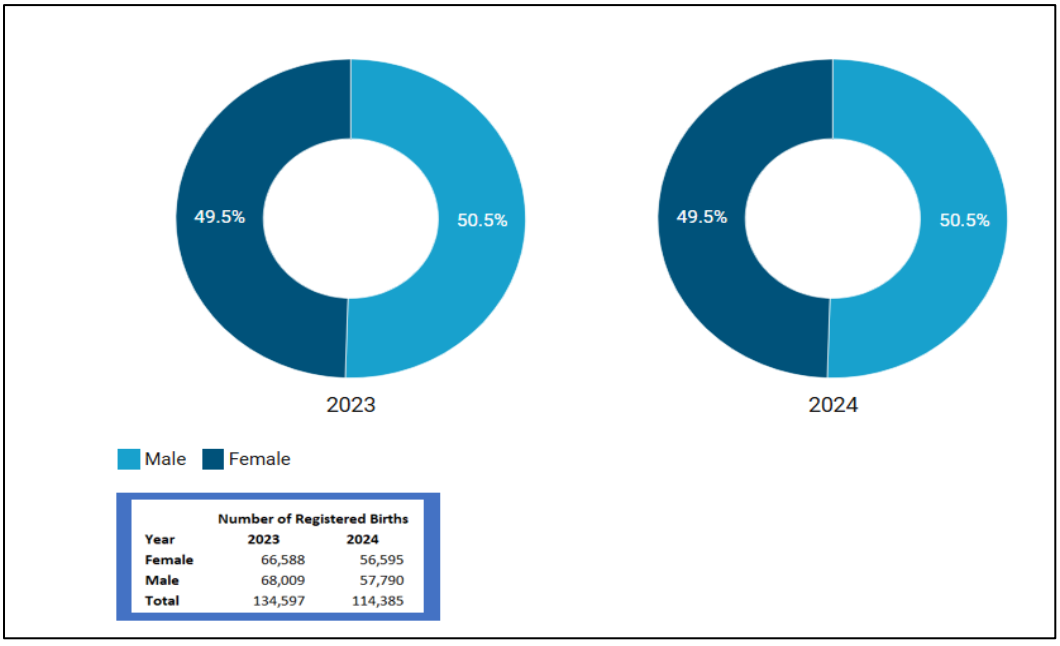


Figure 4.1: Distribution of Registered Births by Sex

Table 4.3 shows the number of registered births by province and sex including the sex ratio (number of male births per 100 female births). In both years, male births slightly exceeded female births with a national sex ratio of 102. Across all provinces, sex ratios ranged between 100 and 104 in 2023 and between 96 and 106 in 2024. Mashonaland West recorded the highest sex ratio in 2023 (104), while Mashonaland Central recorded the highest in 2024 (106).

Table 4.3: Distribution of Birth Registration by Province and Sex

	2023			2024		
Province	**Male**	**Female**	**Sex ratio**	**Male**	**Female**	**Sex ratio**
Bulawayo	5,415	5,342	101	4,311	4,167	103
Harare	26,485	25,876	102	21,797	21,415	102
Manicaland	4,873	4,823	101	5,152	4,997	103
Mashonaland Central	3,945	3,920	101	3,773	3,562	106
Mashonaland East	5,284	5,189	102	4,878	4,935	99
Mashonaland West	5,609	5,411	104	4,418	4,205	105
Masvingo	5,536	5,401	102	4,020	3,837	105
Matabeleland North	2,002	1,965	102	2,138	2,169	99
Matabeleland South	2,386	2,382	100	2,002	2,084	96
Midlands	6,474	6,279	103	5,301	5,224	101
Total	**68,009**	**66,588**	**102**	**57,790**	**56,595**	**102**

4.3 Registered Births by Age

Figure 4.2 shows the percentage distribution of registered births by mother's age group for 2023 and 2024. The majority of registered births were within the mothers of age group 25-29 for both years. For number distribution of registered live births by mother's age see table A.4.2 in Appendix 1.

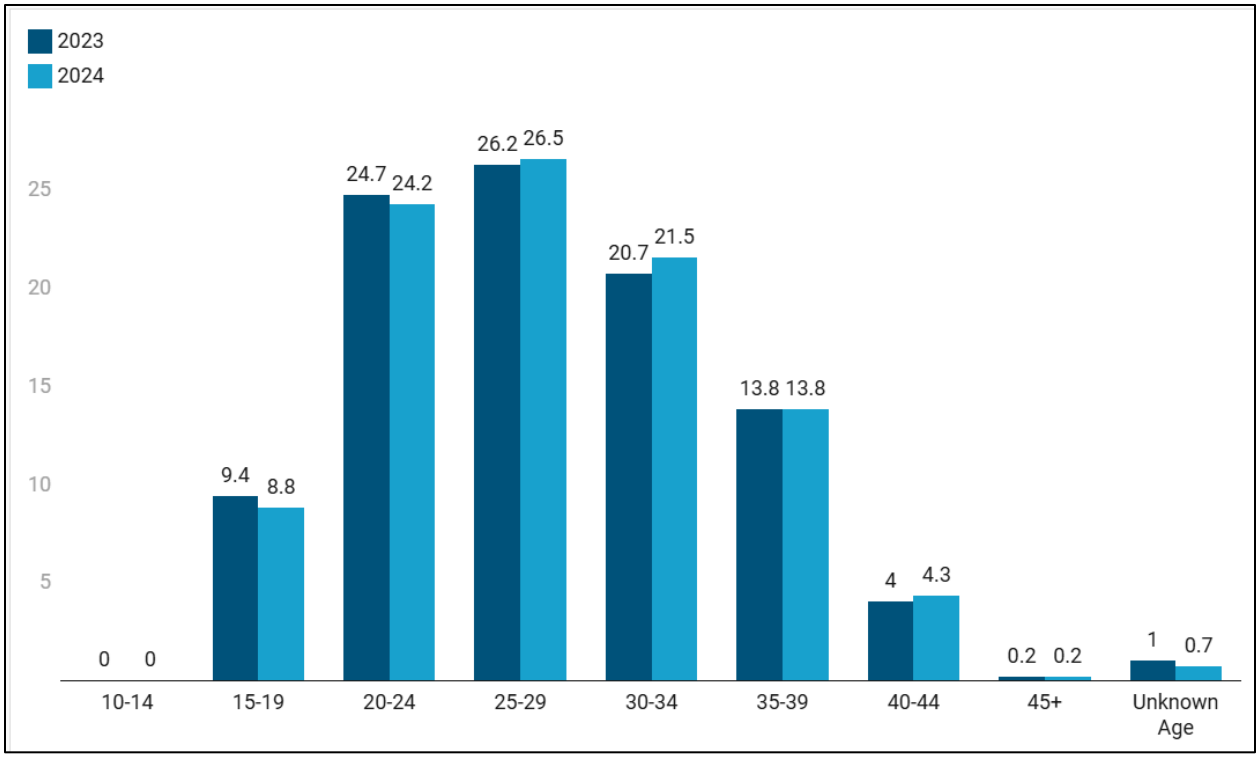


Figure 4.2: Distribution of Registered Births by Age of Mother

A total of 12,673 and 10,041 births were recorded for mothers ages 12 to 19 in 2023 and 2024, respectively. In 2023, mothers age 12-19 years accounted for 9.4 percent of all births. This declined to 8.8 percent in 2024. The highest concentration of teenage births was at age 19, accounting for 39.5 percent in 2023 (5,007 births) and an even higher 42.9 percent in 2024 (4,303 births). Table 4.4

Table 4.4: Distribution of Registered Live Births by Mothers 12-19 Years

	2023		2024	
Mother's Age	**Number**	**Percent**	**Number**	**Percent**
12	1	0.0	2	0.0
13	9	0.0	3	0.0
14	43	0.0	13	0.0
15	241	0.2	109	0.1
16	971	0.7	659	0.6
17	2,415	1.8	1,759	1.5
18	3,986	3.0	3,193	2.8
19	5,007	3.7	4,303	3.8
Total Births for Mothers (12-19 Years)	**12,673**	**9.4**	**10,041**	**8.8**
Total Births	**134,597**	**100.0**	**114,385**	**100.0**

Figure 4.3 shows a strong concentration of births among couples where both the mother and father are in their mid-to-late twenties and early thirties, with the highest cell occurring among mothers ages 25–29 and fathers ages 30–34, followed closely by mothers ages 20–24 with fathers ages 25–29. These age pairings account for the largest proportion of registered births in 2023.

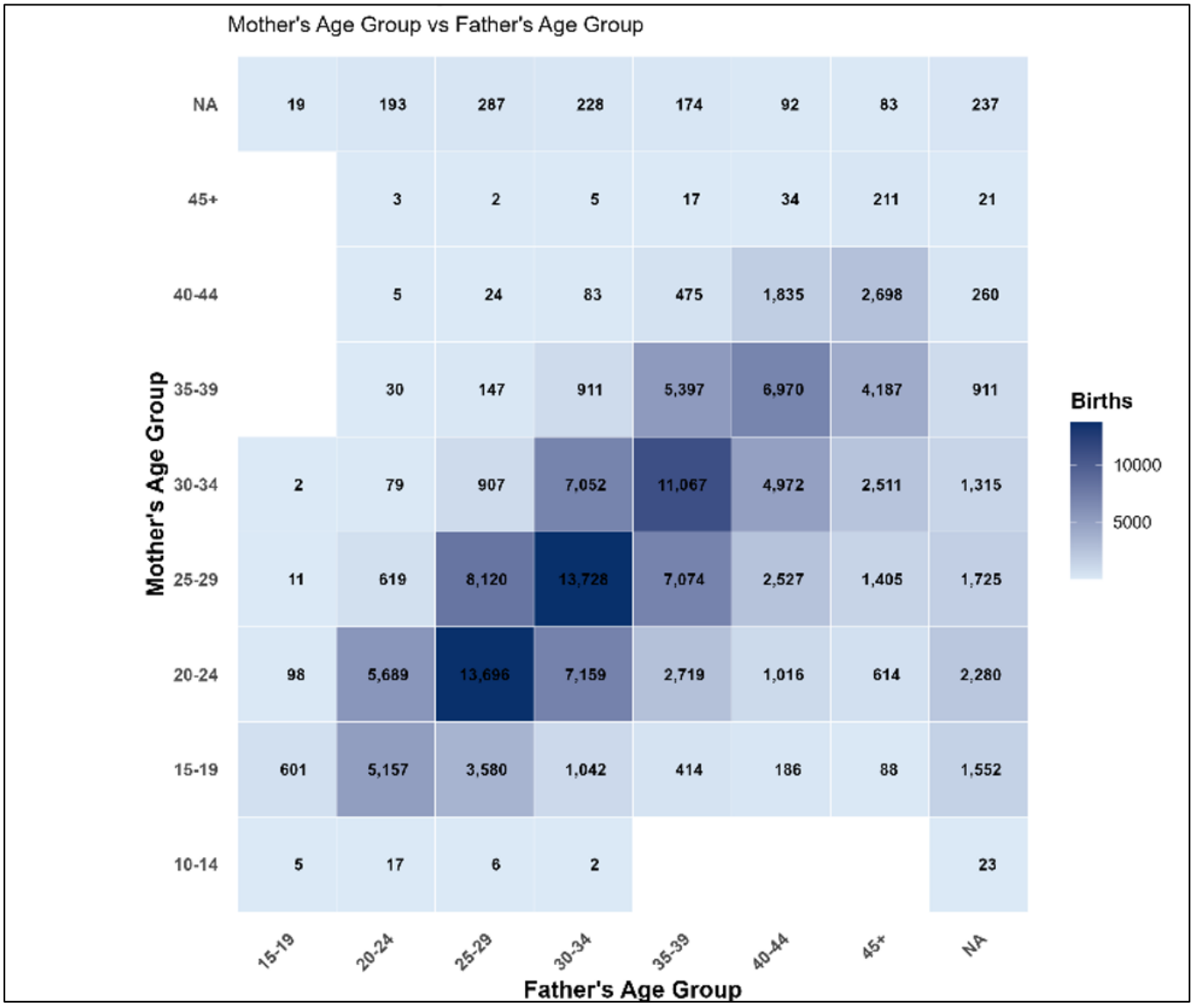


Figure 4.3: Distribution of Registered Births by Age of Mother and Age of Father,2023

Births in 2024 remain strongly concentrated among couples in their twenties and early thirties, with the highest counts occurring among mothers ages 25–29 paired with fathers ages 30–34,

followed closely by mothers ages 20–24 with fathers ages 25–29. This confirms that childbearing is predominantly occurring within prime reproductive ages as shown in Figure 4.4.

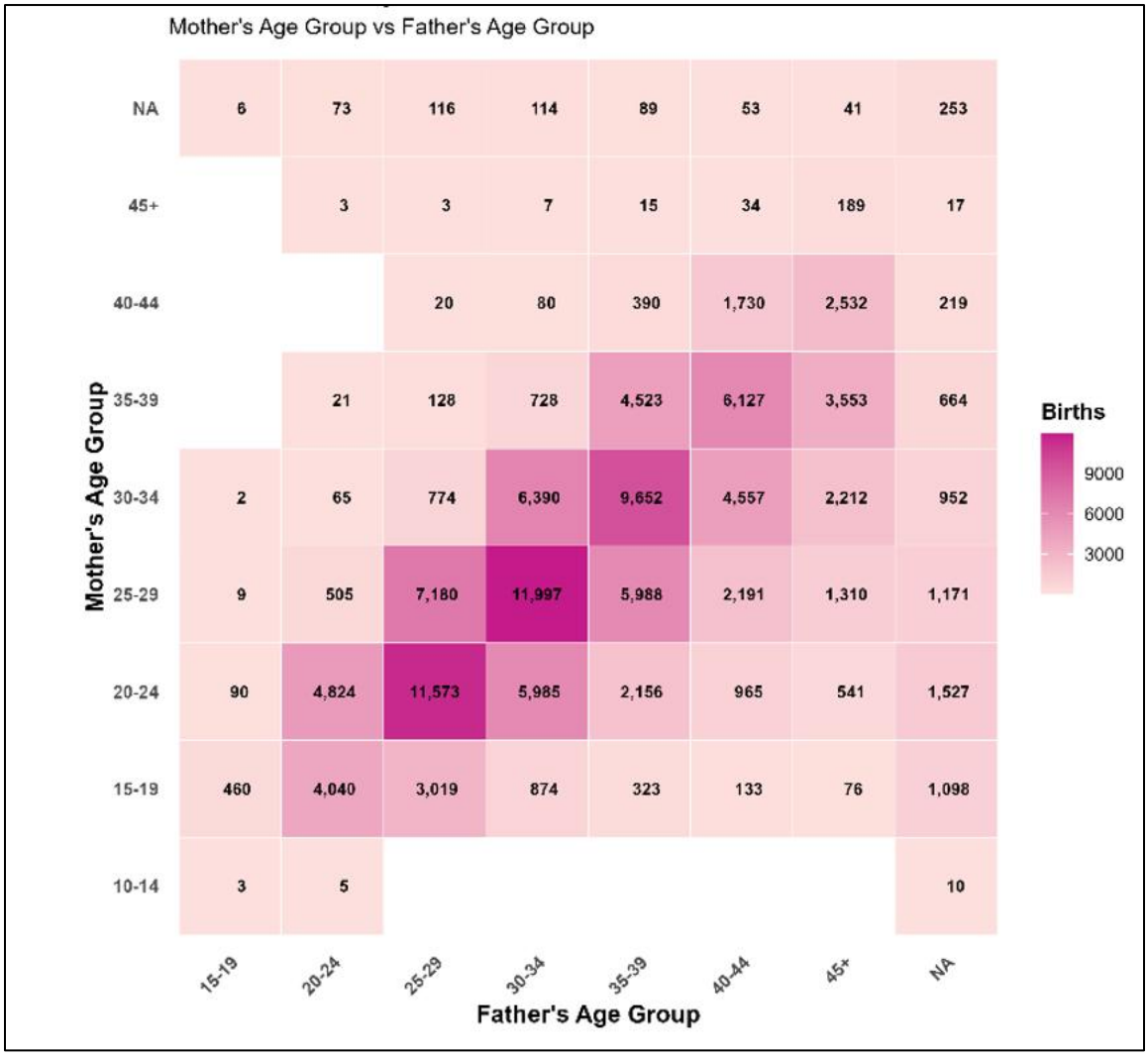


Figure 4.4: Distribution of Registered Births by Age of Mother and Age of Father,2024

4.4 Births by Urban/ Rural Residence of Mother

In 2023, about 63 percent of registered births were from urban residences compared to approximately 37 percent from rural areas. By 2024, the urban birth registration rose to 75.9 percent, while the rural registrations declined to 24.1 percent, Figure 4.5.

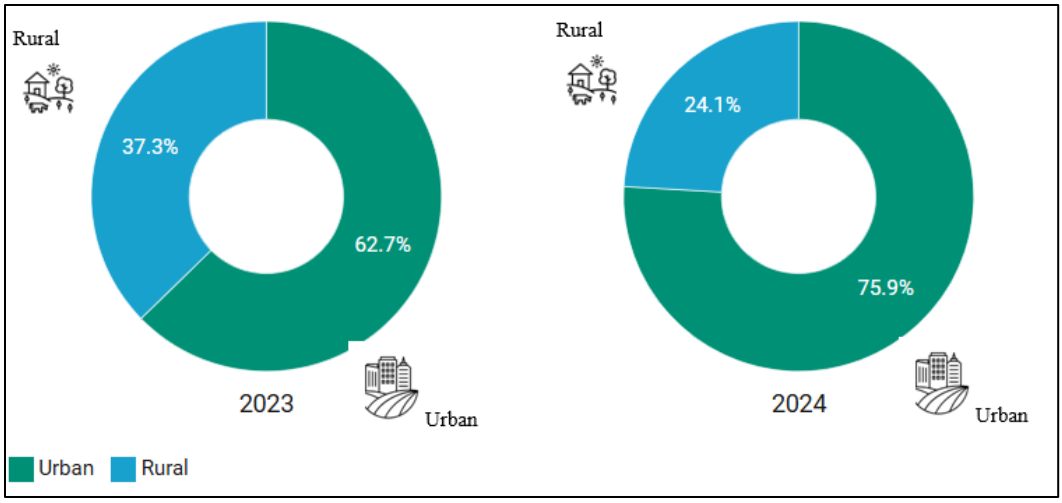


Figure 4.5: Distribution of Registered Births by Urban/Rural Residence

4. 5 Registered Births by Place of Delivery

In both years, the majority of births occurred in health facilities, accounting for 93.9 percent in 2023 and increasing to 94.9 percent in 2024. Home births declined from 5.0 percent in 2023 to 4.2 percent in 2024. Births classified as occurring in "other" places include those that took place in locations such as roads, markets, and other settings outside homes or health facilities; these accounted for a small proportion, decreasing from 1.1 percent in 2023 to 0.8 percent in 2024 as shown in Figure 4.6.

Figure 4.6 Distribution of Registered Births by Place of Delivery

4. 6 Delay in Birth Registration

The majority of the registrations were delayed registrations, 78.5 percent in 2023 and 60.4 percent in 2024, Figure 4.7.

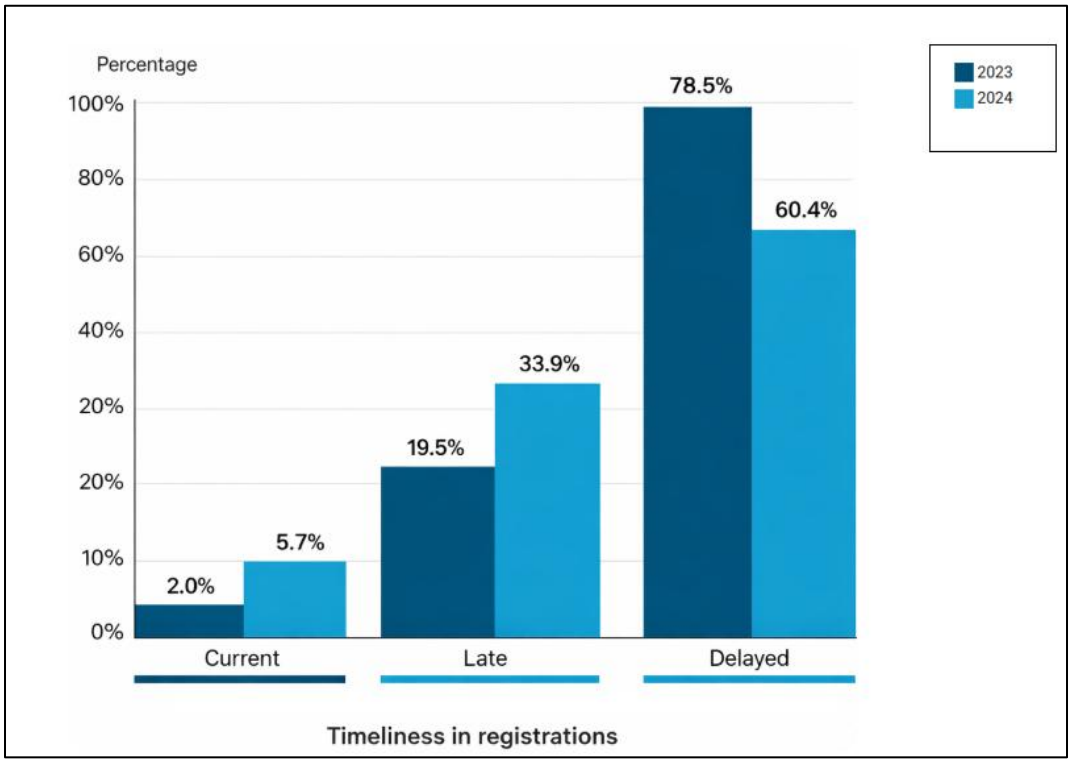


Figure 4.7 Distribution of Registered Births by Timeliness of Birth Registrations

CHAPTER 5. DEATHS

This chapter focuses on the distribution of registered deaths that occurred in 2023 and 2024, and registered by the Civil Registry Department from the period 2023 to 2024. Data were extracted from paper-based records in CRD district offices. Mortality patterns presented in this chapter reflect registered deaths only and may not fully represent the national mortality profile due to incomplete registration coverage. Mortality patterns presented in this chapter reflect registered deaths only and may not fully represent the national mortality profile due to incomplete registration coverage.

5.1 Summary of Registered Deaths

The 2022 population census recorded 121,070 deaths. Based on this, population projections estimated 118,032 expected deaths for 2023 and 116,414 expected deaths for 2024. A total of 56,018 and 54,256 death records were used for analysis in this report for the years 2023 and 2024, respectively. The registration completeness for deaths that were registered in the year of occurrence were 47.5 percent and 46.6 percent for 2023 and 2024, respectively, as shown in Table 5.1.

Table 5.1: Summary of Registered Deaths

Source of Data	Description of Variable	2023	2024
ZIMSTAT	Estimated number of deaths	118,032	116,414
CRD	Total number of registered deaths that occurred in the reporting year	56,018	54,256
Registration Completeness		47.5%	46.6%

5.2 Death Registration by Province of Occurrence

Analysis of death registration completeness was done by province of registration or occurrence. Completeness estimates exceeding 100 percent were capped at 100 percent due to concentration of deaths occurring in referral provinces and possible interprovincial utilization of health services. Harare and Bulawayo metropolitan provinces recorded highest registration completeness rates of

100 percent in both years. In 2023, Masvingo province recorded the lowest (24.0%) death registration completeness whereas Mashonaland Central recorded the lowest (15.9%) death registration completeness in 2024.

Table 5.2: Death Registration Completeness by Province.

Province	2023			2024		
	Number of Registered Deaths	Expected Number of Deaths	Registration Completeness %	Number of Registered Deaths	Expected Number of Deaths	Registration Completeness %
Bulawayo	5,995	6,001	**99.9**	6,243	5,836	**100.0**
Harare	17,845	13,410	**100.0**	18,931	13,044	**100.0**
Matabeleland South	2,742	6,973	**39.3**	2,897	6,711	**43.2**
Midlands	6,365	15,046	**42.3**	6,077	14,941	**40.7**
Manicaland	6,498	17,508	**37.1**	6,077	17,625	**34.5**
Mashonaland East	3,622	14,102	**25.7**	4,055	13,946	**29.1**
Mashonaland West	5,063	14,076	**36.0**	3,981	13,810	**28.8**
Masvingo	3,163	13,174	**24.0**	2,842	12,998	**21.9**
Matabeleland North	1,920	7,167	**26.8**	1,497	7,081	**21.1**
Mashonaland Central	2,805	10,575	**26.5**	1,656	10,422	**15.9**
Total	**56,018**	**118,032**	**47.5**	**54,256**	**116,414**	**46.6**

5.3 Registered Deaths by Age and Sex

Figure 5.1 presents the gender distribution of registered deaths for 2023 and 2024. In 2023, male registered deaths accounted for 53.0 percent of all registered deaths, while female registered deaths accounted for 47.0 percent. In 2024, the distribution remained almost unchanged, with male registered deaths accounting for 52.5 percent and female registered deaths accounting for 47.5 percent. Registered deaths were consistently higher among males than females in both years.

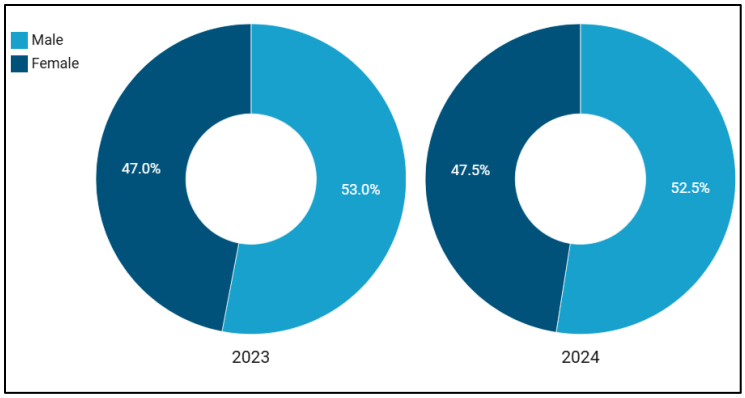


Figure 5.1: Registered Deaths by Sex.

Figure 5.2 below shows the distribution of deaths by sex and age group for the year 2023. Females ages 75 years and above had the highest proportion (27.5%) of registered deaths while males in the same age group also had the highest proportion (21%) though below their female counterparts. The lowest proportions of registered deaths for both males (1.2%) and females (1.0%) were recorded amongst the young age group 5 - 9 years.

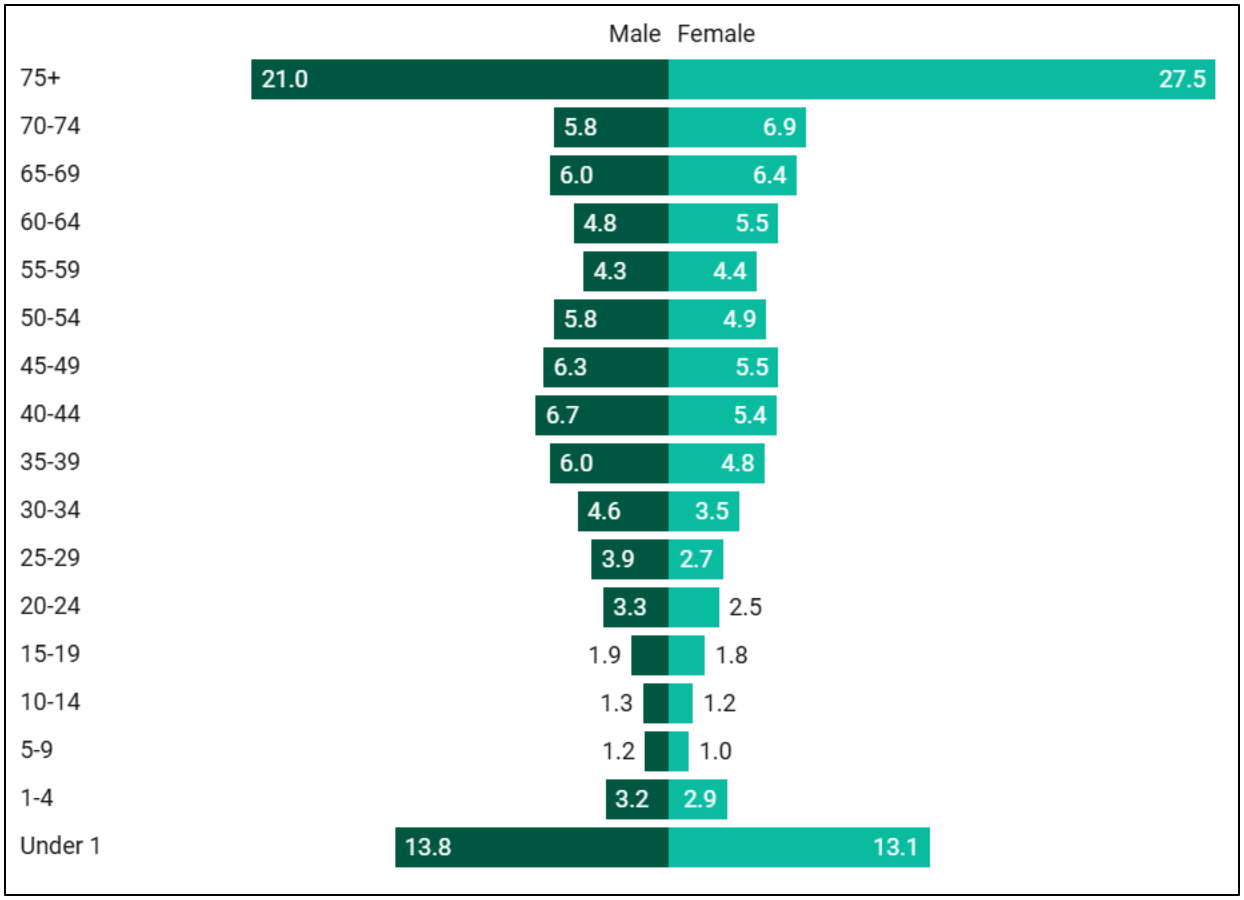


Figure 5.2: Distribution of Deaths by Sex and Age Group:2023.

In 2024, the pattern remained consistent with 2023, with females ages 75 years and above accounting for the highest proportion of registered deaths at 29.0 percent an increase from 27.5 percent in 2023. Males in the same age group also recorded the highest share at 21.6 percent, slightly higher than the 21.0 percent observed in 2023, but still lower than their female counterparts. Conversely, the lowest proportions of registered deaths for both males and females continued to occur in the 5–9 age group, at about 1.0 percent, similar to the low levels recorded in 2023, (Figure 5.3).

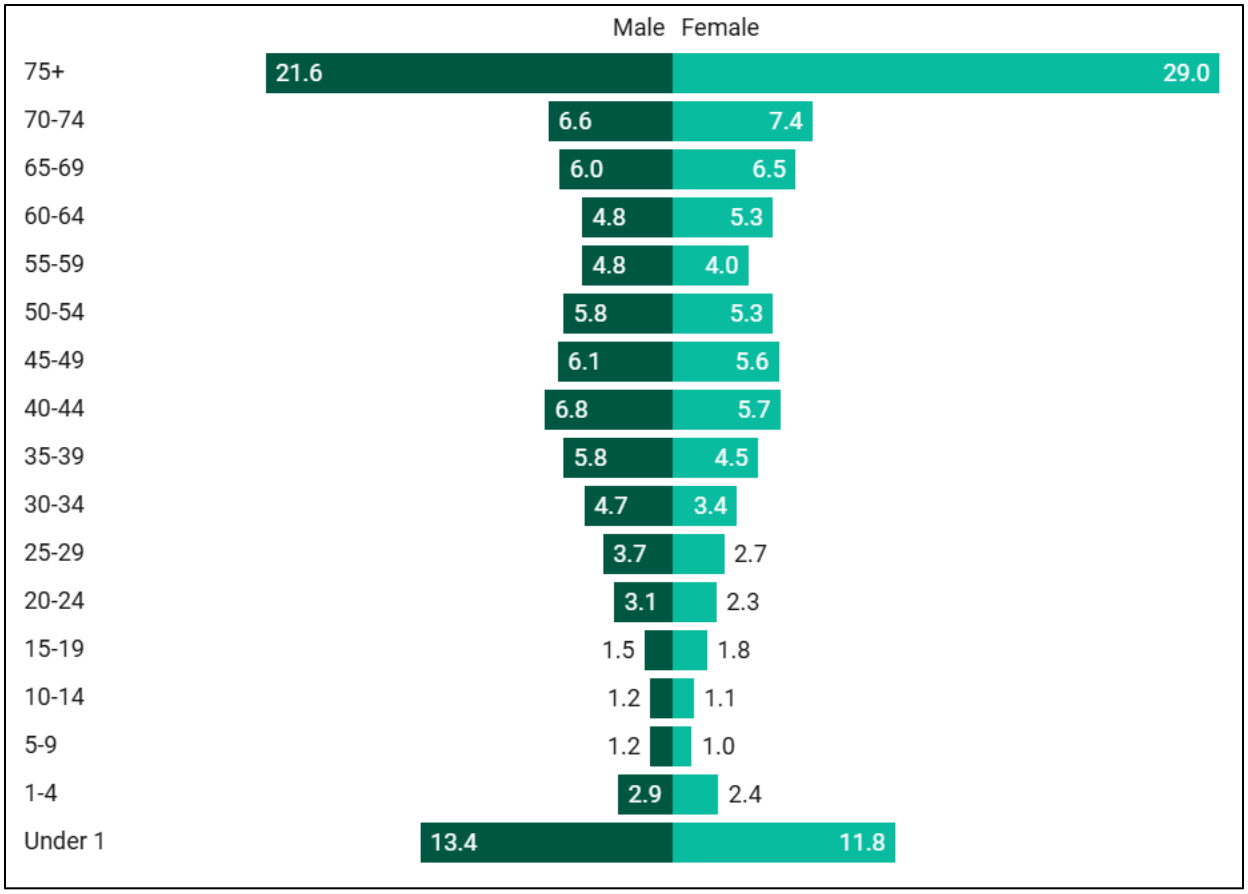


Figure 5.3: Distribution of Deaths by Sex and Age Group:2024.

5.4 Registered Deaths by Place of Usual Residence of the Deceased

The distribution of deaths by place of usual residence shows an increase in registered deaths in Harare, from 26.9 percent in 2023 to 29.9 percent in 2024. Mashonaland West province experienced a decline in their share of registered deaths over the two-year period from 10.3 percent in 2023 to 8.5 percent in 2024. Figure 5.4

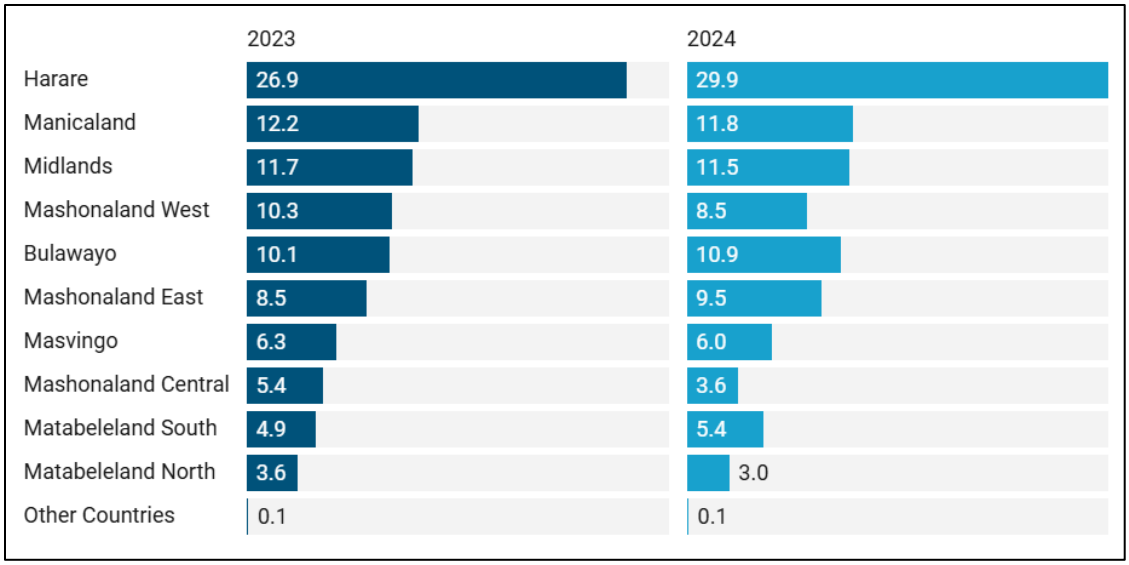


Figure 5.4: Registered Deaths by Usual Residence

In 2023, the usual place of residence of the deceased shows that males accounted for just over half of the deaths in most provinces, generally ranging between 51 percent and 63 percent, while females accounted for slightly lower proportions. Fairly balanced distribution is observed across most of the provinces. (Figure 5.5).

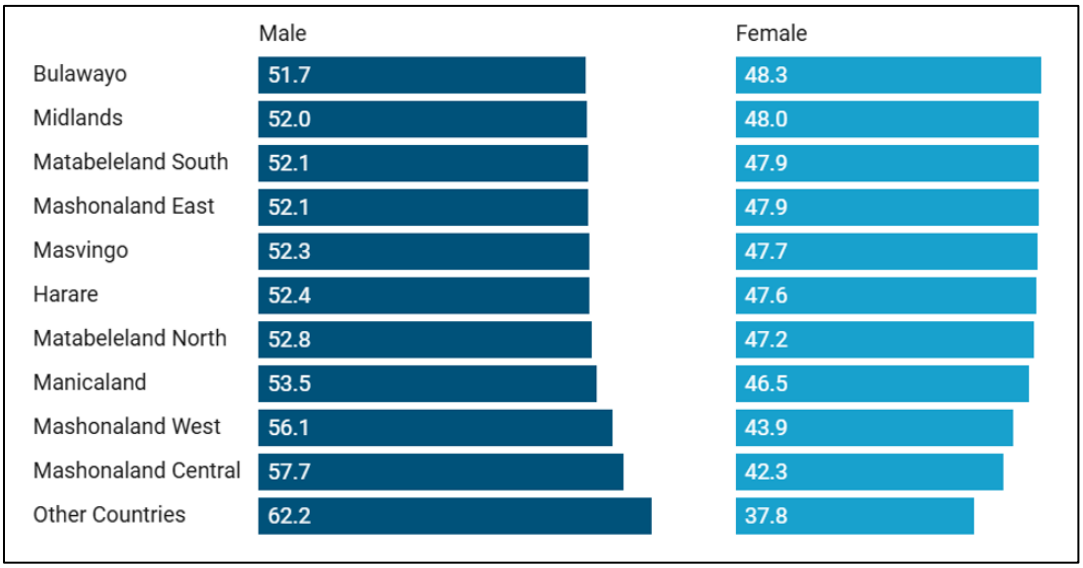


Figure 5.5: Registered Deaths by Usual Residence and Sex :2023

The 2024 data in Figure 5.6 show a pattern similar to 2023, with male deaths exceeding female deaths across most provinces. In 2023, male proportions were relatively moderate, mostly ranging between 51 percent and 53 percent, whereas in 2024, some provinces show higher male proportions, particularly Mashonaland Central (57.1%). Masvingo in 2024 shows a slight female predominance (50.6% female vs 49.4% male).

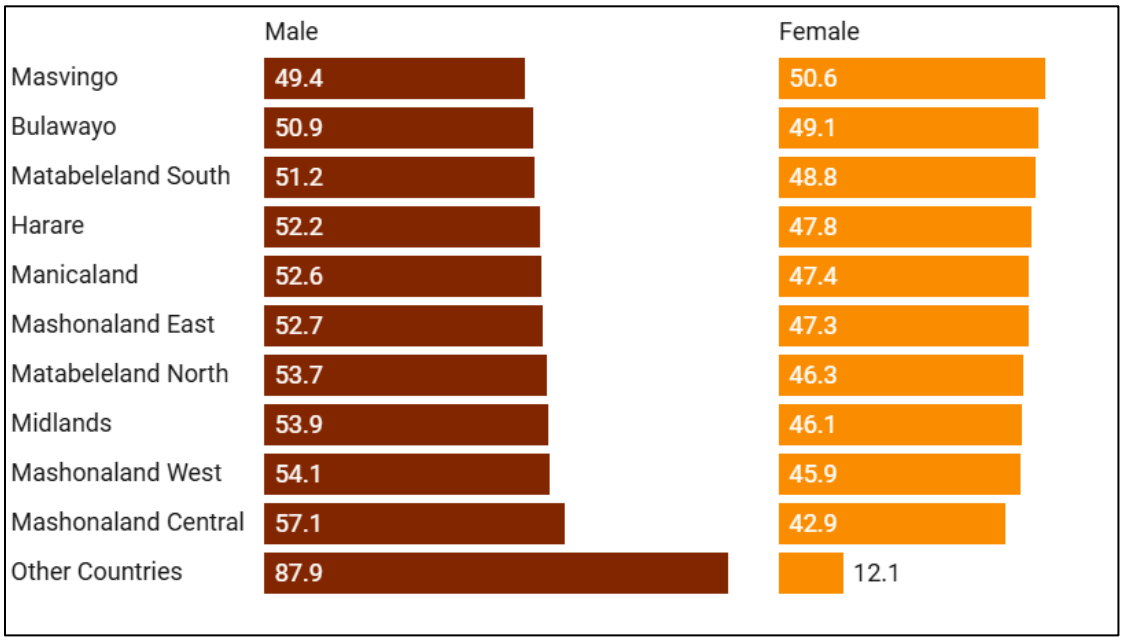


Figure 5.6: Registered Deaths by Usual Residence and Sex :2024

For both 2023 and 2024, the highest proportions of deaths occurring outside the province of usual residence were recorded in Harare, accounting for 18.4 percent and 16.1 percent, respectively.

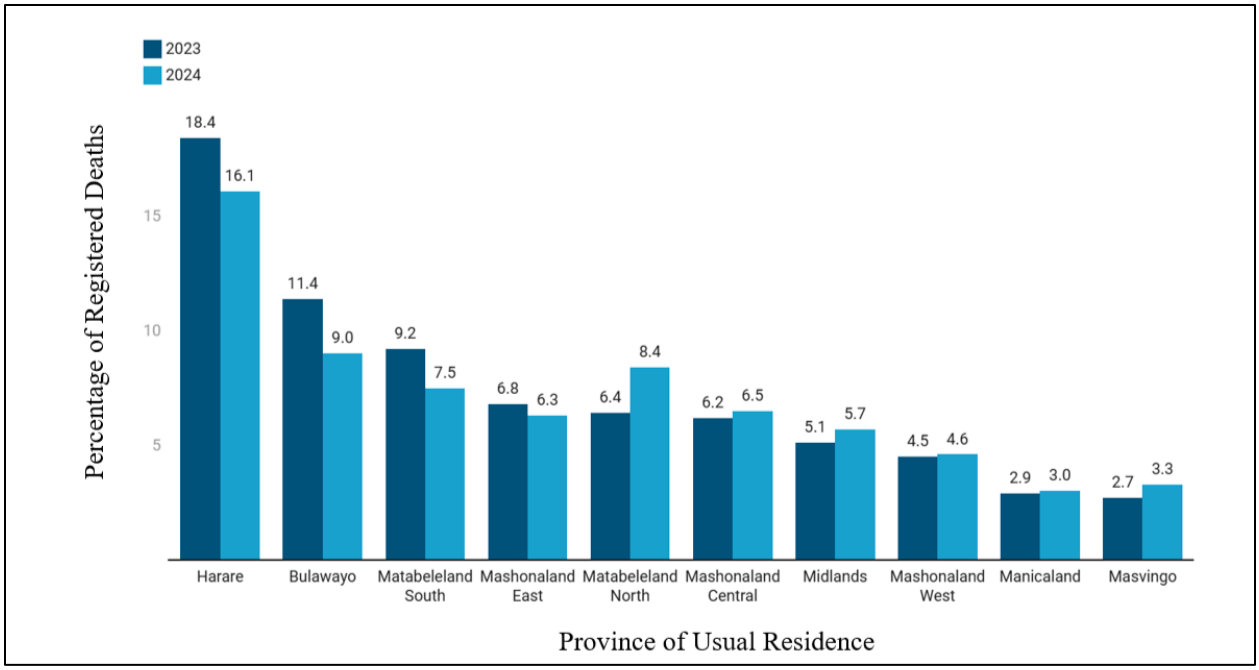


Figure 5.7: Distribution of Deaths Occurring Outside Province of Usual Residence

5.5 Death Registration by Urban/Rural Residence

Figure 5.8 shows a slight increase in the proportion of urban deaths from 52.6 percent in 2023 to 54.4 percent in 2024.

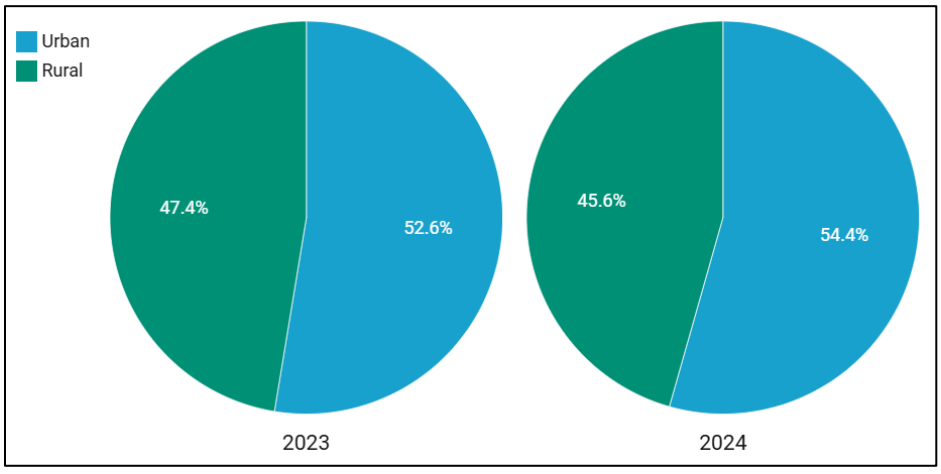


Figure 5.8: Registered deaths by Urban/Rural Residence

5.6 Registered Deaths for Children Under 5

Registered deaths for children under 5 years were 9,268 in 2023 and 8,316 in 2024. In both years, most of the under 5 deaths occurred among the early neonates (0-6 days) with a proportion of 47.0 percent in 2023 and 46.5 percent in 2024. The lowest registered deaths were amongst the late neonates (8-28 days) 10.3 percent in 2023 increasing to 10.9 percent in 2024.

Table 5.3: Distribution of Deaths for Children Under 5 by Age

	2023		2024	
	Number	Percent	Number	Percent
Early Neonatal (<7days)	4,356	47.0	3,864	46.5
Late Neonatal (8-28 days)	952	10.3	910	10.9
Post neonatal (1-11 Months)	2,241	24.2	2,096	25.2
Child Mortality (1-4 Years)	1,719	18.5	1,446	17.4
Total Deaths for Under 5	**9,268**	100.0	**8,316**	100.0

The distribution of registered under-five deaths shows that early neonatal mortality (less than 7 days) remains the leading contributor for both sexes in 2023 and 2024, see Table 5.4

Table 5.4: Distribution of Deaths for Children Under 5 by Age, Sex and Year

	2023		2024	
	Male	Female	Male	Female
Early Neonatal (<7days)	48.4	45.3	47.5	45.2
Late Neonatal (8-28 days)	9.4	11.3	10.2	11.9
Post neonatal (1-11 Months)	23.3	25.3	24.7	25.8
Child Mortality (1-4 Years)	18.9	18.1	17.7	17.1
Total Number of Registered Deaths for Children Under Age 5	100.0 (n=5,076)	100.0 (n=4,192)	100.0 (n=4,639)	100.0 (n=3,677)

5.7 Registered Deaths by Site of Death

Figure 5.9 indicates that 37.8 percent of registered deaths in 2023 occurred at home, while 58.6 percent took place in health facilities. In 2024, there was an increase in registered deaths (61.1%)

in health facilities than home deaths (35.6%). Deaths that occurred at "Other" locations (roads, mines, workplaces, etc.) declined from 3.6 percent in 2023 to 3.3 percent in 2024

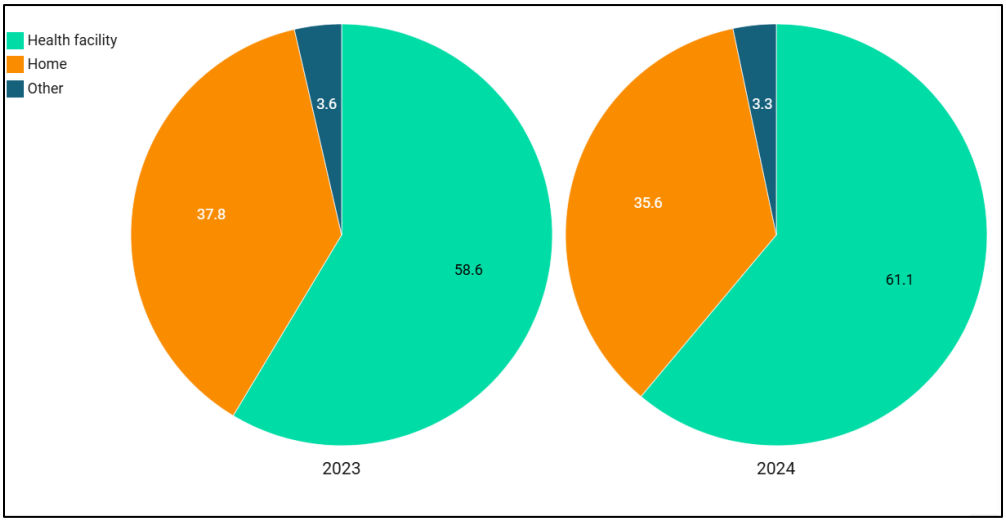


Figure 5.9: Registered Deaths by Site of Death.

In 2023, Bulawayo and Harare, had higher proportion of deaths occurring in health institutions. Harare Metropolitan province recorded the highest number of deaths 79.9 percent with Bulawayo recording 79.6 percent. Matabeleland North recorded the least amount of registered health facility deaths (21.3%). Deaths occurring in other places such as roads, road accidents, workplaces, etc, were high in Matabeleland South province (8.5%). Figure 5.10

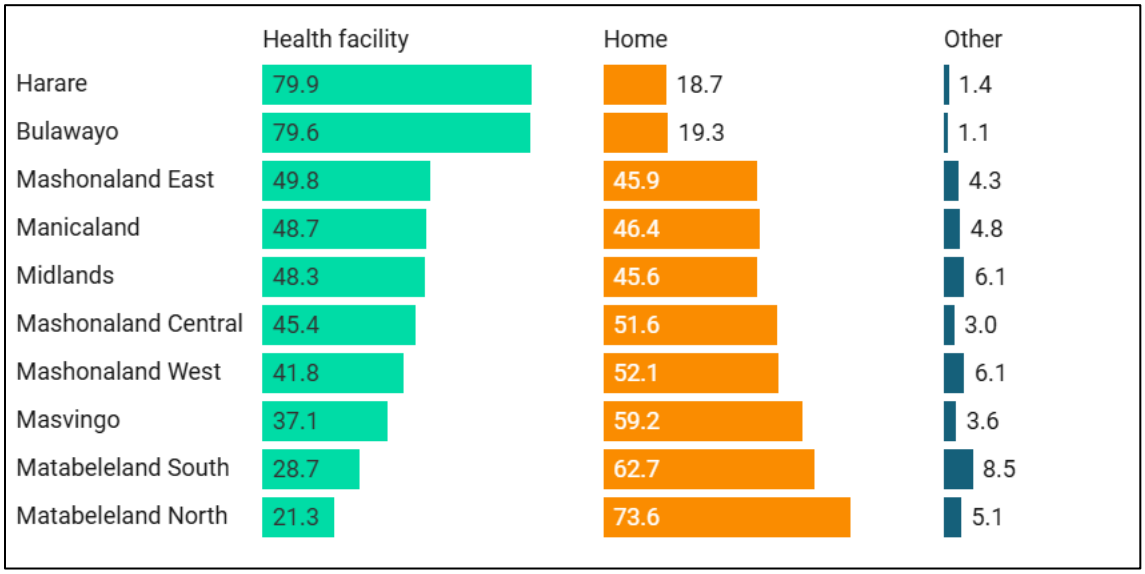


Figure 5.10: Distribution of Deaths by Province and Site of Death, 2023

In 2024, Harare had the highest number of deaths occurring in health facilities, 83.6 percent followed by Bulawayo with 80.1 percent see Figure 5.11.

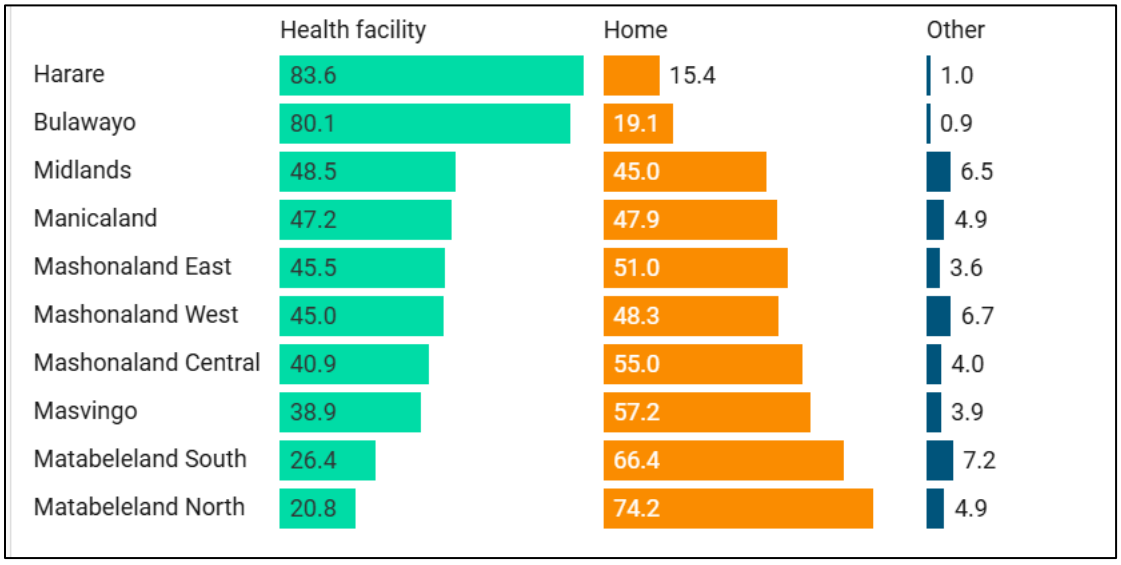


Figure 5.11: Distribution of Deaths by Province and Site of Death, 2024

CHAPTER 6: CAUSE OF DEATH

Data on causes of death was extracted from the Medical Certificate of Cause of Death (MCCoD) Form and Application for Post Mortem Form (Form 231) forms submitted to the Central registry in Harare. The analysis in this chapter is based on data from MCCOD forms and Form 231, which provide medically certified causes of death. This differs from Chapter 5, which used death notification forms for all registered deaths in 2023 and 2024. Cause-of-death analysis presented in Chapter 6 is based only on medically certified deaths and therefore represents a subset of all registered deaths.

A total of 39,828 records were extracted for deaths that occurred in 2024 that had either MCCOD or Form 231 completed. Of these, 39,821 records had valid ICD codes and were analysed in this chapter. Coding causes of death and selection of underlying cause of death was primarily done by Digital Open Rule Integrated Underlying Cause of Death Selection (DORIS) tool. Records with No matches were manually coded by Ministry of Health and Child Care staff members using International Classification of Diseases (ICD) version 11.

ZIMSTAT checked data for consistency and plausibility using two tools developed by WHO: Analysing mortality levels and causes of death (ANACoD) version 3.0 and CoDEdit version 2.0. The tools enhance the value of mortality statistics by assessing the data and produce reports flagging the errors in the dataset. Data records with data quality issues from the WHO tools were not included in this analysis.

6.1 Age Distribution of the Reported Data

Mortality increases with age for both sexes, with the highest proportions observed in the 85+ age group (9.5% males; 12.9% females). Males have higher mortality between 20–59 years, peaking at ages 40–44, while females exceed males from 60 years and above.

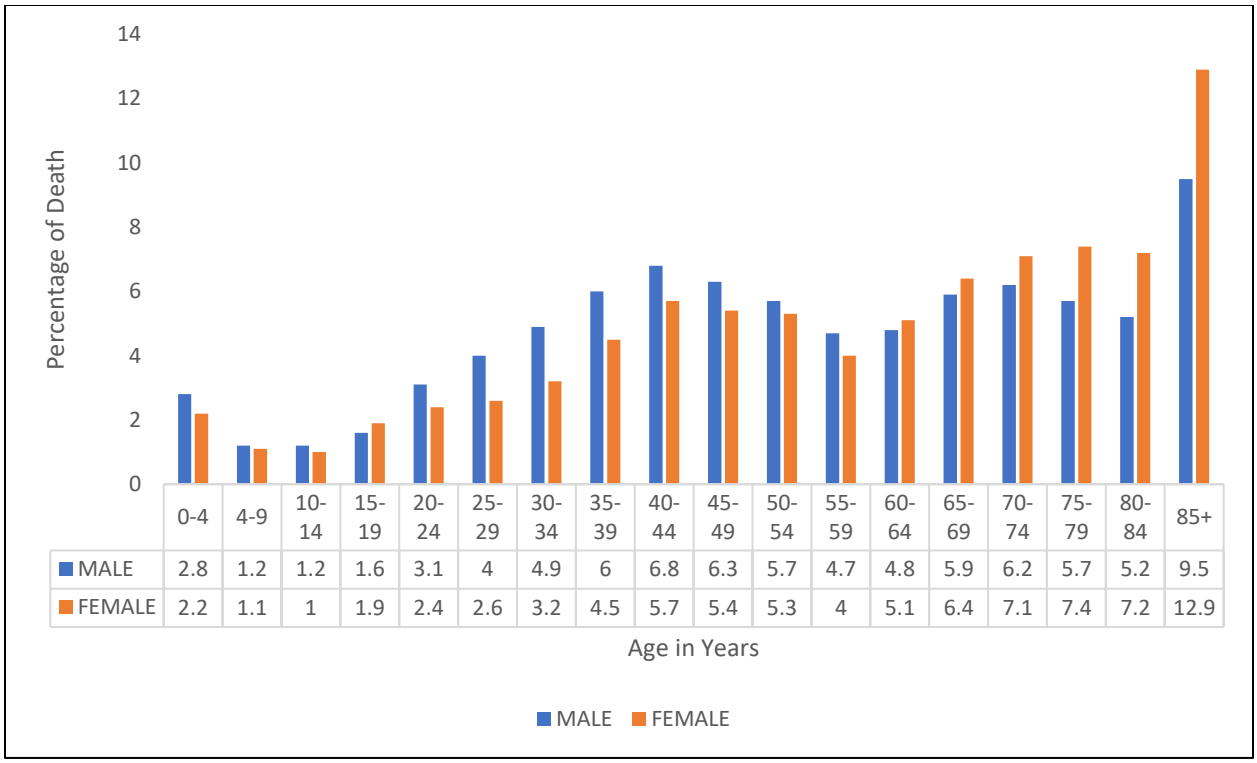


Figure 6.1: Age Distribution of Recorded Deaths

6.2 Ill-defined Causes of Death

Ill-defined diseases include symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded. The proportion of deaths assigned to this category is an indicator of data quality. A total of 39,821 causes of death were analysed in this report. Of these, 31,699 (79.8 %) had defined causes, Figure 6.2.

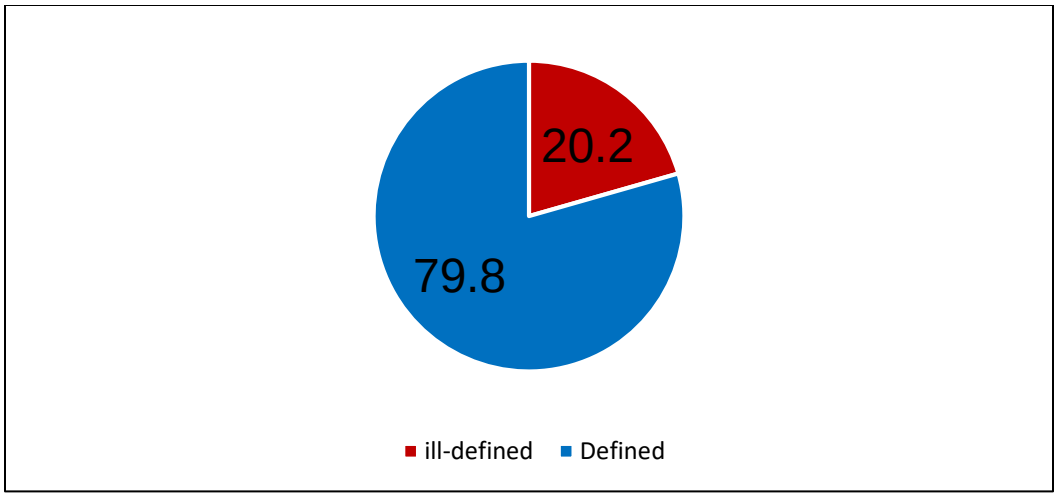


Figure 6.2 Percentage of Defined and Ill-defined Causes of Death

6.2.1 Breakdown of ill-defined causes of death

A total of 8,001 causes of death were ill-defined causes. Of these, Essential hypertension, unspecified had the highest frequency of 20.4 percent of all ill-defined causes.

Table 6.1: Frequency of Ill-defined Causes of Death

Rank	Ill-defined ICD code	Description	Number	% of ill-defined
1	BA00.Z	Essential hypertension, unspecified	1,631	20.4
2	BD1Z	Heart failure, unspecified	791	9.9
3	BD10	Congestive heart failure	744	9.3
4	GB61.Z	Chronic kidney disease, stage unspecified	489	6.1
5	1G40	Sepsis without septic shock	439	5.5
6	2D4Z	Unspecified malignant neoplasms of ill-defined or unspecified sites	353	4.4
7	MG2A	Old age	346	4.3
8	MH2Y	Other specified symptoms, signs or clinical findings, not elsewhere classified	315	3.9
9	GB60.Z	Acute kidney failure, stage unspecified	282	3.5
10	5C70.0	Dehydration	247	3.1
11	MC82.Z	Cardiac arrest, unspecified	233	2.9
12	MD11.5	Dyspnoea	185	2.3
13	CB41.2	Respiratory failure, unspecified as acute or chronic	161	2
14	PH2Z	Threat to breathing with undetermined intent, unspecified	155	1.9
15	MD11.1	Asphyxia	152	1.9
16	MH14	Other ill-defined and unspecified causes of mortality	140	1.7
17	MG40.1	Hypovolaemic shock	114	1.4
18	MA15.0	Bacteraemia	97	1.2
19	MC82.4	Cardiopulmonary arrest	94	1.2
20	DB99.7	Hepatic failure without mention whether acute or chronic	90	1.1

6.3 Distribution of Causes of Death According to Global Burden of Diseases

Group 2 (Noncommunicable diseases) were the most causes of the reported deaths for both males and females at 53.3 percent and 63.4 percent, respectively. There were higher proportions (12.7 percent) of deaths due to injuries for males as compared to 4.8 percent for females, Figure 6.3

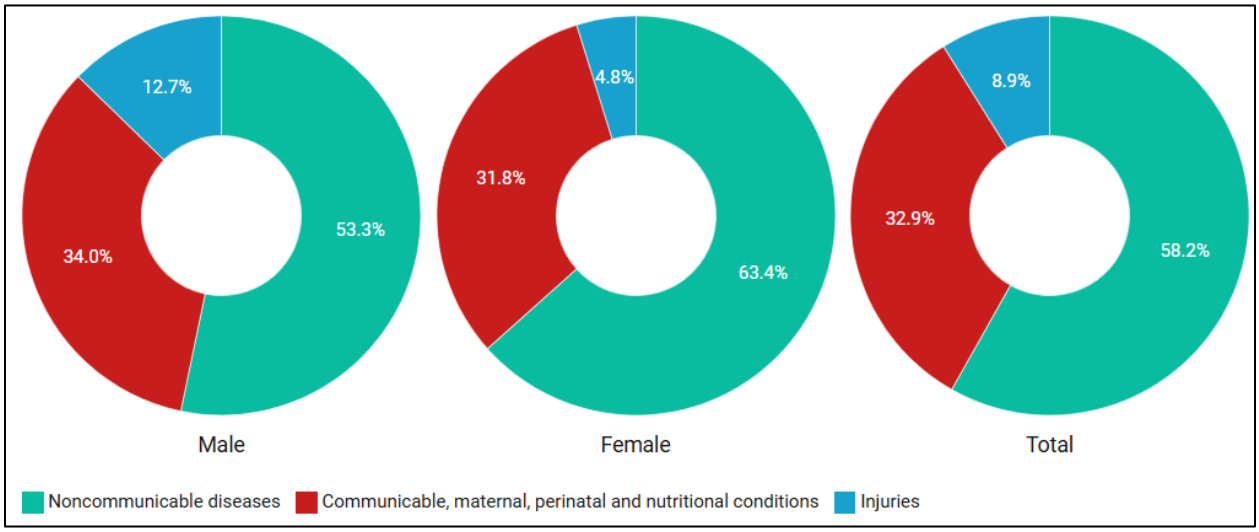


Figure 6.3: Distribution of Deaths by Global Burden of Diseases

Figure 6.4 illustrates age and sex pattern in the distribution of deaths by broad cause groups in Zimbabwe. In both males and females, communicable, maternal, perinatal, and nutritional conditions (Group 1) account for the largest share of deaths in early childhood, but their contribution declines steadily with age. Injuries (Group 3) peak during adolescence and young adulthood particularly among males before decreasing sharply in older ages. In contrast, noncommunicable diseases (Group 2) increase with age and become the dominant cause of death from around mid-adulthood onward, accounting for the majority of deaths among those ages 60 years and above, especially among females.

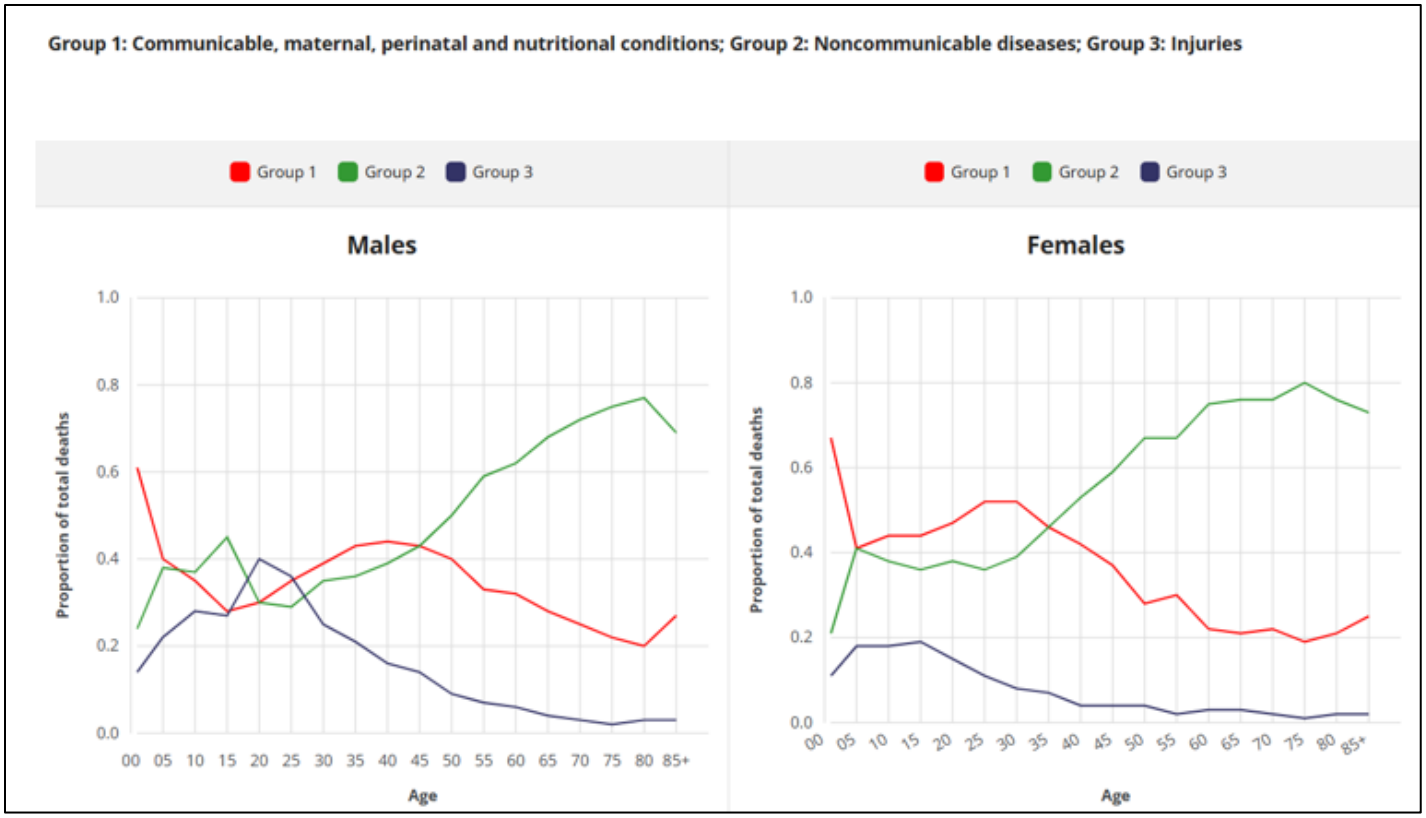


Figure 6.4: Age Distribution of Deaths Due to Major Causes of Death by Sex

6.4 Leading Causes of Death

Lower respiratory infections with 7.8 percent of the total deaths were the most leading causes of death for all sexes and ages combined. Hypertensive disease was the second leading cause of death. Table 6.2

Table 6.2: Leading Causes of Death, both Sexes for All Ages

Rank	Cause	Number of deaths	% of total deaths*
1	Lower respiratory infections	2,947	7.8
2	Hypertensive disease	2,736	7.3
3	Cerebrovascular disease	2,720	7.2
4	Conditions arising during the perinatal period	2,701	7.2
5	Diabetes mellitus	1,822	4.8
6	Tuberculosis	1,432	3.8
7	HIV	1,220	3.2
8	Nephritis and nephrosis	1,107	2.9
9	Endocrine disorders	1,096	2.9
10	Diarrhoeal diseases	1,046	2.8
11	Cervix uteri cancer	672	1.8
12	Prostate cancer	603	1.6
13	Road traffic accidents	538	1.4
14	Lymphomas and multiple myeloma	408	1.1
15	Breast cancer	312	0.8
16	Oesophagus cancer	308	0.8
17	Meningitis	299	0.8
18	Inflammatory heart diseases	297	0.8
19	Epilepsy	287	0.8
20	Maternal conditions	263	0.7

Table 6.3 and Table 6.4 present the leading causes of death for males and females, respectively. Among males, lower respiratory infections (7.8%) is the top cause followed by conditions arising during the perinatal period (7.2%). Infectious diseases such as HIV and diarrhoeal diseases remain prominent among men.

In contrast, females show a higher burden of noncommunicable diseases at the top of the ranking, with hypertensive disease (9.7%) being the top cause of death followed by cerebrovascular disease (8.7%). Female-specific conditions such as cervical cancer (3.7%) and breast cancer (1.6%) also appear among the leading causes.

Table 6.3: Leading Causes of Death, Males

Rank	Cause of Death	Number of Deaths	Percentage of Total Deaths
1	Lower respiratory infections	1524	7.9
2	Conditions arising during the perinatal period	1398	7.2
3	Cerebrovascular disease	1135	5.9
4	Hypertensive disease	955	4.9
5	Tuberculosis	932	4.8
6	Diabetes mellitus	707	3.6
7	HIV	685	3.5
8	Nephritis and nephrosis	645	3.3
9	Prostate cancer	603	3.1
10	Diarrhoeal diseases	553	2.9
11	Endocrine disorders	526	2.7
12	Road traffic accidents	403	2.1
13	Lymphomas and multiple myeloma	234	1.2
14	Alcohol use disorders	192	1
15	Drownings	180	0.9
16	Epilepsy	175	0.9
17	Meningitis	164	0.8
18	Chronic obstructive pulmonary disease	160	0.8
19	Oesophagus cancer	152	0.8
20	Liver cancer	142	0.7

Table 6.4: Leading causes of death, Females

Rank	Cause of Death	Number of Deaths	Percentage of Total Deaths
1	Hypertensive disease	1,781	9.8
2	Cerebrovascular disease	1,585	8.7
3	Lower respiratory infections	1,423	7.8
4	Conditions arising during the perinatal period	1,303	7.1
5	Diabetes mellitus	1,115	6.1
6	Cervix uteri cancer	672	3.7
7	Endocrine disorders	570	3.1
8	HIV	535	2.9
9	Tuberculosis	500	2.7
10	Diarrhoeal diseases	493	2.7
11	Nephritis and nephrosis	462	2.5
12	Breast cancer	301	1.6
13	Maternal conditions	263	1.4
14	Lymphomas and multiple myeloma	174	1
15	Oesophagus cancer	156	0.9
16	Inflammatory heart diseases	155	0.8
17	Meningitis	135	0.7
18	Road traffic accidents	135	0.7
19	Ischaemic heart disease	133	0.7
20	Alzheimer and other dementias	113	0.6

Table 6.5 shows ten leading causes of death for children 0-4 years. Lower respiratory infections are the leading cause, accounting for 170 deaths (18.3%). External causes are also prominent, with drownings (4.3%) and road traffic accidents (1.9%) ranking second and third. Neurological and chronic conditions such as epilepsy (1.6%) and nephritis and nephrosis (1.1%) contribute moderately, while protein-energy malnutrition (1.4%) and conditions arising during the perinatal period (1.2%) point to underlying nutritional and early-life health challenges.

Table 6.5: Ten Leading Causes of Death for Children Ages 0-4 for Both Sexes

Rank	Cause	Number of deaths	Percentage of total deaths*
1	Lower respiratory infections	170	18.3
2	Drownings	40	4.3
3	Road traffic accidents	18	1.9
4	Epilepsy	15	1.6
5	Protein-energy malnutrition	13	1.4
6	Conditions arising during the perinatal period	11	1.2
7	Nephritis and nephrosis	10	1.1
8	Leukaemia	10	1.1
9	Poisonings	5	0.5
10	Inflammatory heart diseases	4	0.4

CHAPTER 7. MARRIAGES AND DIVORCES

7.1 Marriages

This section reports on marriages and divorces that occurred in 2023 and 2024 through the courts or Ministers of Religion and were registered by the Civil Registry Department by December 2025. Data for this section was extracted from the Zimbabwe Population Registration database for marriages.

7.1.1 Types of Registered Marriages

There are two main types of registered marriages, the registered customary marriage and the civil marriage. A total number of 21,684 and 15,761 marriages were registered with the civil registry department for the years 2023 and 2024, respectively. In both years civil marriage had the highest percentage, 99.6 percent in 2023 and 99.3 percent in 2024, (Figure 7.1).

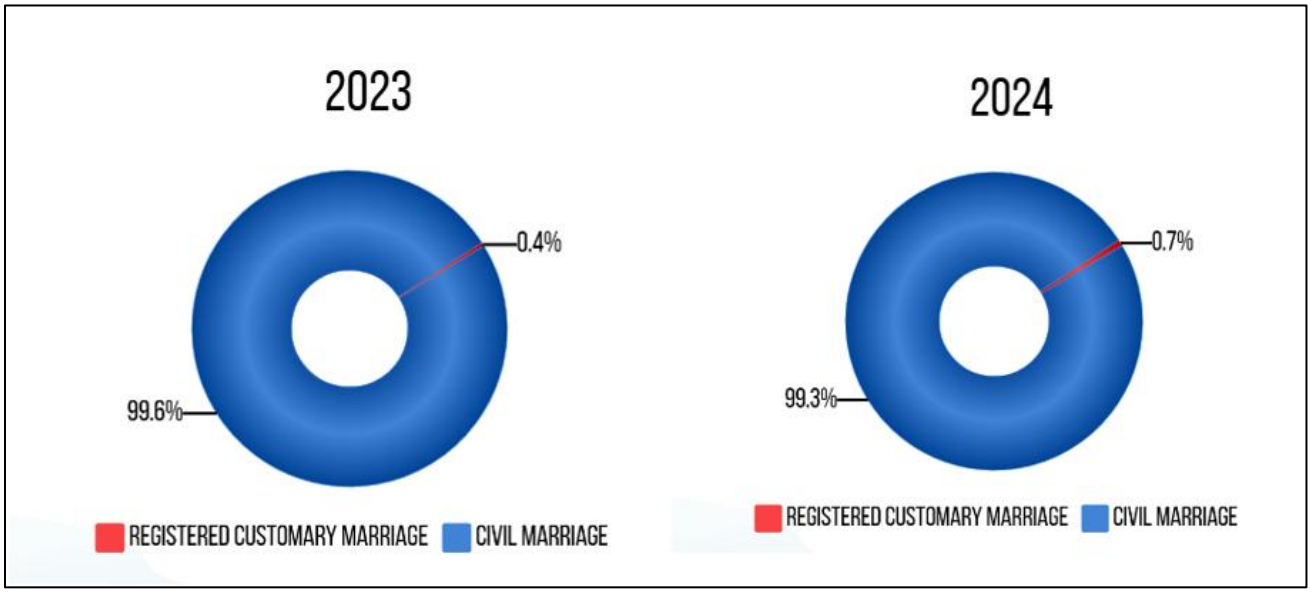


Figure 7.1: Types of Registered Marriages

7.1.2 Age of Bride and Groom

The highest proportion of grooms with registered marriages in 2023 was 24.5 percent among those ages 30–34 years, while brides were concentrated in a younger age group, with the highest proportion (27.6%) among those ages 25–29 years, (Figure 7.2)

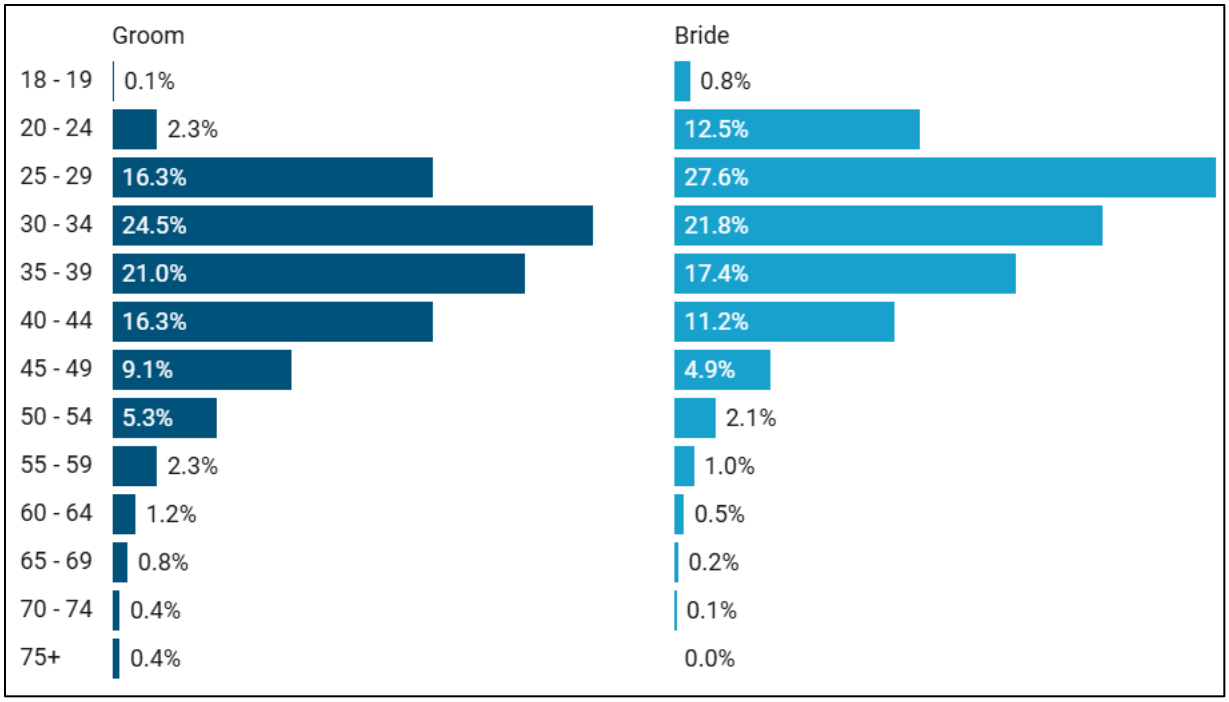


Figure 7.2: Age Distribution by Sex:2023

The 2024 data show a similar age pattern to that observed in 2023. Grooms had the highest proportion in the 30–34 age group (25.2%), followed by 25–29 (18.3%). In contrast, brides were concentrated at younger ages, with the highest proportion in the 25–29 age group (28.9%), followed by 30–34 (20.7%) (Figure 7.3)

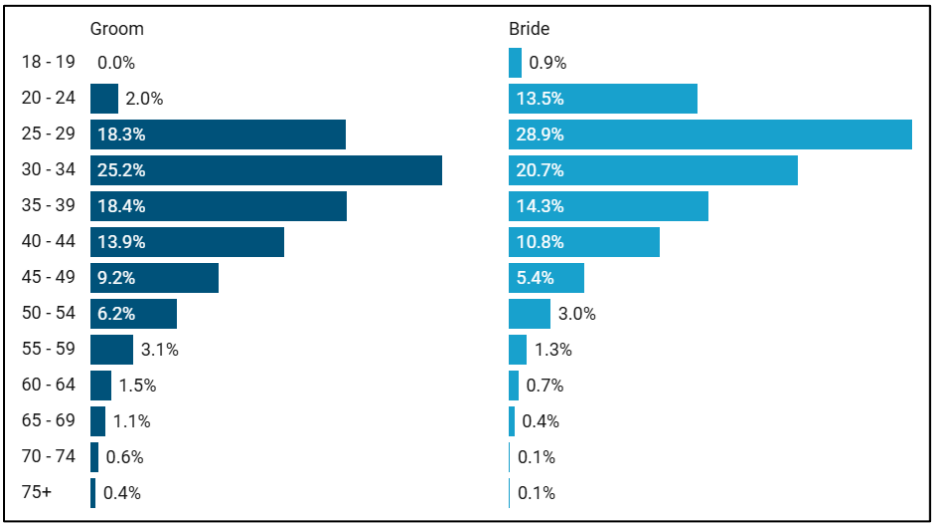


Figure 7.3: Age Distribution by Sex:2024

Table 7.1 shows age distribution by marriage type for the year 2023. Customary marriages are more concentrated at ages 40 to 44 and 45 to 49 (17.1% each) for grooms and brides at 40 to 44 (20.7%), while civil marriages peak at younger ages, with brides at 30–34 (27.7%) and grooms at 35–39 (24.5%). Across both marriage types, brides marry earlier than grooms, as seen in higher proportions at 25–34 (15.9%–19.5% in customary and 12.5%–27.7% in civil) compared to grooms concentrated at older ages.

Table 7.1: Age Distribution of Marriages by Type of Marriage:2023

Age Group	Customary		Civil	
	Groom	Bride	Groom	Bride
18-19	0.0	0.0	0.1	0.8
20 - 24	2.4	7.3	2.3	12.5
25 - 29	7.3	15.9	16.4	27.7
30 - 34	12.2	19.5	24.5	21.8
35 - 39	12.2	15.9	21.0	17.4
40 - 44	17.1	20.7	16.3	11.1
45 - 49	17.1	9.8	9.0	4.9
50 - 54	9.8	4.9	5.3	2.1
55 - 59	4.9	3.7	2.3	0.9
60 - 64	8.5	1.2	1.1	0.5
65 - 69	3.7	1.2	0.8	0.2
75+	4.9	0.0	0.8	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**

The 2024 data show a pattern broadly consistent with 2023, with clear differences between customary and civil marriages. In 2024, civil marriages remain concentrated at younger ages, with the highest proportion of brides in the 25–29 age group (29.0%), slightly higher than the 27.7 percent recorded at the same age group in 2023, while grooms peak at 30–34 (25.3%), compared to 35–39 (24.5%) in 2023.

For customary marriages, the distribution continues to be skewed toward older ages. In 2024, brides peak at 40–44 (17.3%), consistent with the 2023 pattern where the highest proportion was also at 40–44 (20.7%), although slightly lower in 2024. Grooms, however, show a shift from the 2023 peaks at 40–44 and 45–49 (17.1% each) to a younger peak at 30–34 (15.5%) in 2024, suggesting a modest movement toward earlier marriage among men in customary unions, Table 7.2.

Table 7.2: Age Distribution of Marriages by Type of Marriage: 2024

Age Group	Customary		Civil	
	Groom	Bride	Groom	Bride
18-19	0.0	0.0	0.0	0.9
20 - 24	5.5	15.5	2.0	13.5
25 - 29	13.6	18.2	18.3	29.0
30 - 34	15.5	13.6	25.3	20.8
35 - 39	8.2	16.4	18.5	14.3
40 - 44	11.8	17.3	13.9	10.7
45 - 49	13.6	5.5	9.2	5.4
50 - 54	8.2	5.5	6.2	3.0
55 - 59	8.2	5.5	3.1	1.2
60 - 64	7.3	1.8	1.5	0.7
65 - 69	3.6	0.9	1.1	0.4
75+	4.5	0.0	1.0	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**

Figure 7.4 presents the percent distribution of grooms' ages for brides ages 18 and 19 years. The figure shows that the majority of teenage brides (ages 18–19) are married to men ages 20–34 years, with the highest proportions in the 25–29 age group, increasing from 46.5 percent in 2023 to 48.3 percent in 2024.

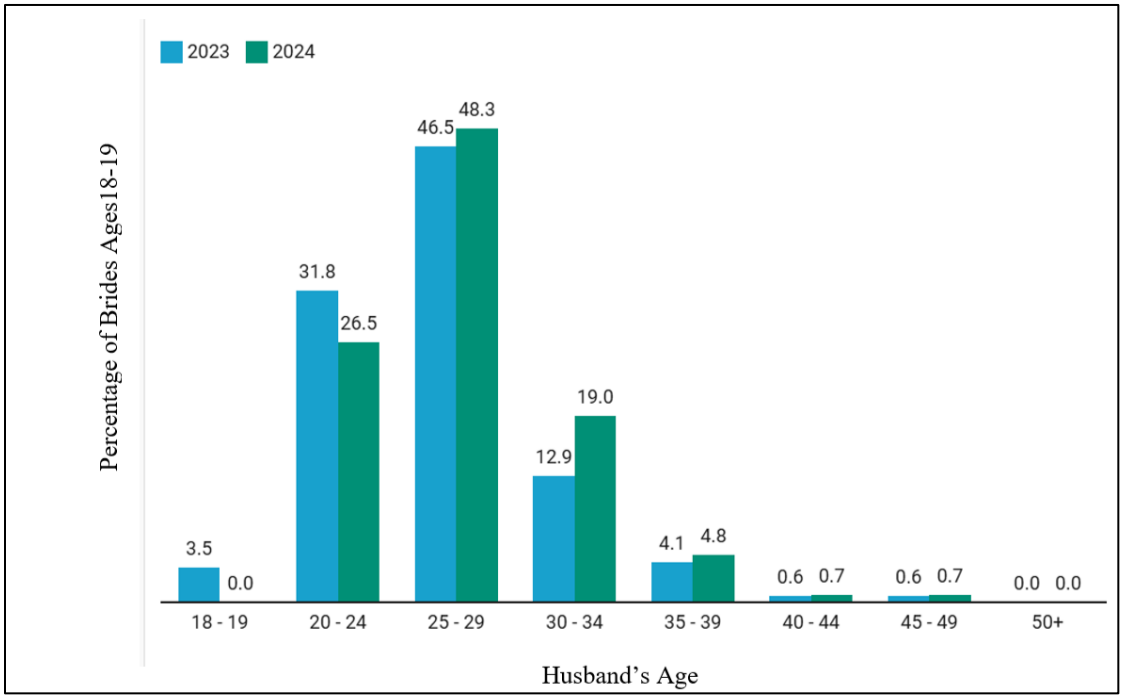


Figure 7.4: Distribution of Teen Brides by Age of Groom

7.2 Divorces

This section reports on divorces that went through the courts in 2023 and 2024, and were registered by the Civil Registry Department by December 2025. Data for this report was extracted from the Zimbabwe Population Registration system. A total of 3,777 and 2,852 divorces were analysed for 2023 and 2024, respectively.

7.2.1 Age at divorce

The distribution of divorces by age group shows distinct age patterns for males and females. In 2023, among males, the highest proportion of divorces occurred in the 45+ age group (34%), followed by 30–34 years (19.8%). For females, divorces were more concentrated in the younger adult age groups. The largest proportion occurred in 25–29 years (23.4%). Although women ages 45+ accounted for 19.1 percent of divorces, this was considerably lower than the proportion observed among men in the same age group, (Figure 7.6).

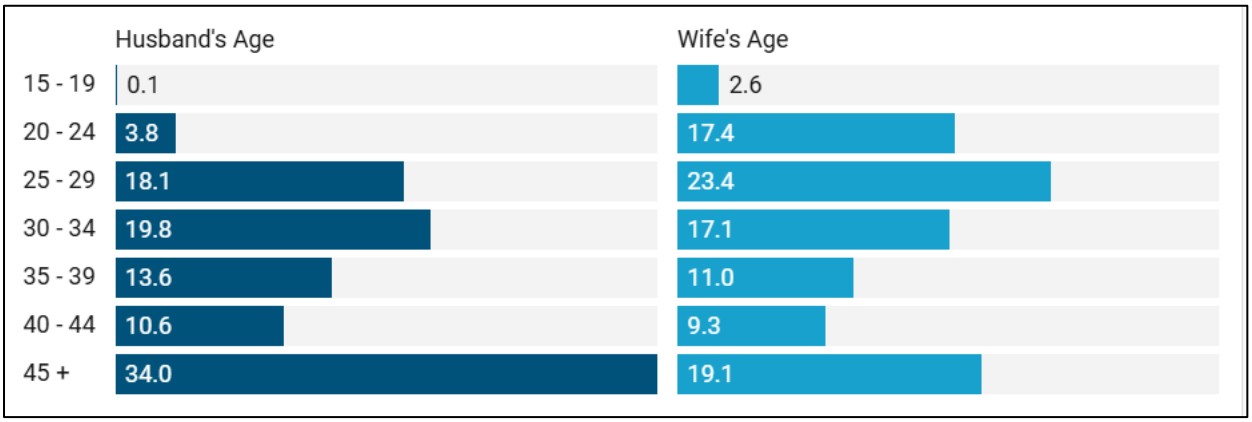


Figure 7.5: Age at Divorce by Sex,2023

For 2024, the distribution of divorces by age group shows a very strong concentration at older ages for both males and females. Among males, 75.5 percent of divorces occurred in the 45+ age group. For females, divorces were also heavily concentrated at older ages, with 62.2 percent occurring in the 45+ group.

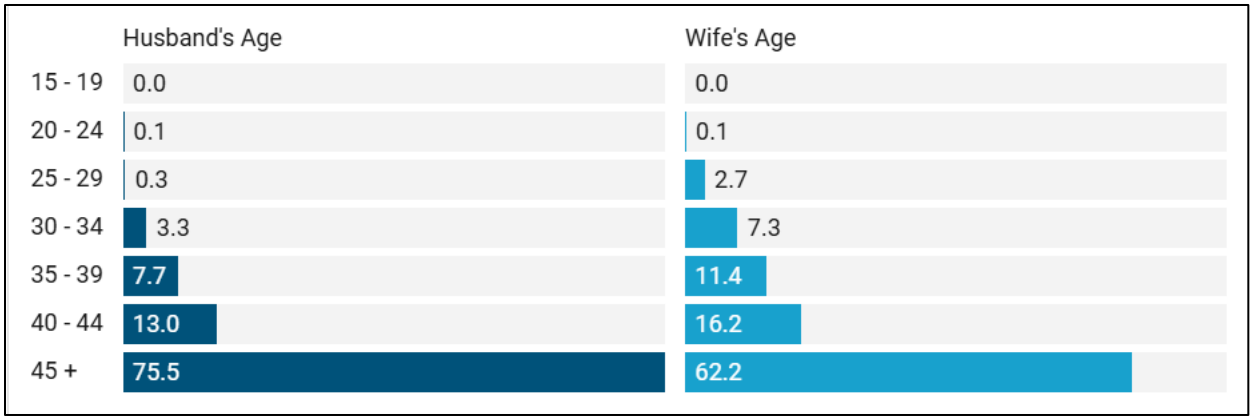


Figure 7.6: Age at Divorce by Sex,2024

Appendix

Table A.4.1 Distribution of Birth by Province of Birth and Sex

	2023			2024		
Province	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Bulawayo	5,341	5,415	10,756	4,167	4,311	8,478
Harare	25,877	26,485	52,362	21,415	21,796	43,211
Manicaland	4,823	4,873	9,696	4,997	5,152	10,149
Mashonaland Central	3,920	3,945	7,865	3,562	3,773	7,335
Mashonaland East	5,189	5,284	10,473	4,935	4,878	9,813
Mashonaland West	5,411	5,609	11,020	4,205	4,418	8,623
Masvingo	5,401	5,536	10,937	3,837	4,020	7,857
Matabeleland North	1,965	2,002	3,967	2,169	2,138	4,307
Matabeleland South	2,382	2,386	4,768	2,084	2,003	4,087
Midlands	6,279	6,474	12,753	5,224	5,301	10,525
Total	**66,588**	**68,009**	**134,597**	**56,595**	**57,790**	**114,385**

Table A.4.2 Distribution of Birth by Age of Mother and Year of Birth

	2023		2024	
Mother's Age	**Number**	**Percent**	**Number**	**Percent**
10-14	53	0.0	18	0.0
15-19	12,620	9.4	10,023	8.8
20-24	33,270	24.7	27,661	24.2
25-29	35,209	26.2	30,351	26.5
30-34	27,905	20.7	24,604	21.5
35-39	18,553	13.8	15,744	13.8
40-44	5,380	4.0	4,971	4.3
45+	293	0.2	268	0.2
Unknown Age	1,314	1.0	745	0.7
Total	134,597	100.0	114,385	100.0

Table A.4.3 Distribution of Births by Mother's Age and Province, 2023-2024

A. Year:2023

Mother's Age	Bulawayo	Harare	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Masvingo	Matabeleland North	Matabeleland South	Midlands
10-14	5	12	5	6	4	7	1	7	3	3
15-19	1,017	2,818	1,229	1,049	1,214	1,277	1,200	693	731	1,392
20-24	2,690	11,241	2,695	2,155	2,943	3,020	2,718	1,071	1,347	3,391
25-29	2,820	14,917	2,428	1,894	2,596	2,706	2,637	828	1,124	3,259
30-34	2,263	12,594	1,720	1,374	1,948	2,053	2,107	679	794	2,373
35-39	1,396	8,115	1,170	978	1,280	1,376	1,568	478	522	1,670
40-44	402	2,152	340	335	403	433	516	136	129	534
45+	35	99	19	21	24	14	38	8	11	24

B. Year: 2024

Mother's Age	Bulawayo	Harare	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Masvingo	Matabeleland North	Matabeleland South	Midlands
10-14	2	6	1	0	3	2	0	1	2	1
15-19	691	2,171	1,106	926	1,104	865	809	748	609	994
20-24	2,061	8,811	2,674	2,003	2,612	2,403	2,025	1,164	1,136	2,772
25-29	2,281	12,573	2,650	1,719	2,465	2,201	1,938	852	977	2,695
30-34	1,869	10,602	2,002	1,389	1,995	1,662	1,532	739	745	2,069
35-39	1,189	6,652	1,247	919	1,178	1,104	1,115	548	414	1,378
40-44	344	1,954	406	331	400	353	377	205	161	440
45+	16	98	26	27	22	9	21	15	8	26

Table A.5.1: Registered Deaths by Usual Residence and Province of Occurrence, 2023

	Province of Occurrence									
Usual Residence	**Bulawayo**	**Harare**	**Manicaland**	**Mashonaland Central**	**Mashonaland East**	**Mashonaland West**	**Masvingo**	**Matabeleland North**	**Matabeleland South**	**Midlands**
Bulawayo	5,314	78	6	3	0	8	2	78	123	36
Harare	141	14,563	51	45	93	93	11	4	10	44
Manicaland	10	332	6,307	19	87	11	25	0	11	26
Mashonaland Central	5	350	10	2,630	12	8	3	0	2	5
Mashonaland East	12	1,260	45	55	3,375	20	4	1	3	14
Mashonaland West	7	814	9	18	11	4,835	5	3	2	57
Masvingo	28	238	44	13	18	12	3,078	2	23	101
Matabeleland North	176	11	0	0	1	1	1	1,797	35	13
Matabeleland South	198	11	0	0	2	2	2	12	2,491	26
Midlands	102	181	13	17	18	68	32	22	36	6,042
Other Countries	2	7	13	5	5	5	0	1	6	1
Total	**5,995**	**17,845**	**6,498**	**2,805**	**3,622**	**5,063**	**3,163**	**1,920**	**2,742**	**6,365**

Table A.5.2: Registered Deaths by Usual Residence and Province of Occurrence 2024

	Province of Occurrence									
Usual Residence	**Bulawayo**	**Harare**	**Manicaland**	**Mashonaland Central**	**Mashonaland East**	**Mashonaland West**	**Masvingo**	**Matabeleland North**	**Matabeleland South**	**Midlands**
Bulawayo	5,679	51	6	2		2	1	58	102	27
Harare	49	15,880	46	35	85	65	13	1	3	43
Manicaland	15	323	5,897	11	100	8	23	1	8	22
Mashonaland Central	1	347	7	1,548	18	15	3		4	7
Mashonaland East	9	1,206	47	38	3,798	9	2			22
Mashonaland West	17	685	9	9	17	3,799	6	2		54
Masvingo	23	250	42	4	18	4	2,747	4	10	136
Matabeleland North	168	15				2	3	1,371	43	9
Matabeleland South	196	11		1	1		2	13	2,679	23
Midlands	86	160	15	6	15	70	40	45	44	5,732
Other Countries		3	8	2	3	7	2	2	4	2
Total	**6,243**	**18,931**	**6,077**	**1,656**	**4,055**	**3,981**	**2,842**	**1,497**	**2,897**	**6,077**

Table A.5.3: Registered Deaths by Usual Residence and Sex ,2023

	Number			Percent		
Usual Residence	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Bulawayo	2,919	2,729	5,648	51.7	48.3	100.0
Harare	7,883	7,172	15,055	52.4	47.6	100.0
Manicaland	3,651	3,177	6,828	53.5	46.5	100.0
Mashonaland Central	1,744	1,281	3,025	57.7	42.3	100.0
Mashonaland East	2,496	2,293	4,789	52.1	47.9	100.0
Mashonaland West	3,232	2,529	5,761	56.1	43.9	100.0
Masvingo	1,860	1,697	3,557	52.3	47.7	100.0
Matabeleland North	1,074	961	2,035	52.8	47.2	100.0
Matabeleland South	1,429	1,315	2,744	52.1	47.9	100.0
Midlands	3,396	3,135	6,531	52.0	48.0	100.0
Other Countries	28	17	45	62.2	37.8	100.0

Table A.5.4: Registered Deaths by Usual Residence and Sex ,2024

Usual Residence	Number			Percent		
	Male	Female	Total	Male	Female	Total
Bulawayo	3,020	2,908	5,928	50.9	49.1	100.0
Harare	8,470	7,750	16,220	52.2	47.8	100.0
Manicaland	3,372	3,036	6,408	52.6	47.4	100.0
Mashonaland Central	1,113	837	1,950	57.1	42.9	100.0
Mashonaland East	2,704	2,427	5,131	52.7	47.3	100.0
Mashonaland West	2,487	2,111	4,598	54.1	45.9	100.0
Masvingo	1,601	1,637	3,238	49.4	50.6	100.0
Matabeleland North	865	746	1,611	53.7	46.3	100.0
Matabeleland South	1,498	1,428	2,926	51.2	48.8	100.0
Midlands	3,347	2,866	6,213	53.9	46.1	100.0
Other Countries	29	4	33	87.9	12.1	100.0

Table A.5.5: Registered Deaths by Month of Death and Usual Residence, 2023

Month of Death	Usual Residence											Total
	Bulawayo	Harare	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Masvingo	Matabeleland North	Matabeleland South	Midlands	Other Countries	
January	342	1,195	571	260	390	625	260	238	108	524	1	**4,514**
February	432	1,026	485	214	427	496	234	204	152	549	4	**4,223**
March	495	1,060	612	224	372	500	296	157	190	563	5	**4,474**
April	509	1,091	575	238	356	438	279	186	195	518	0	**4,385**
May	392	1,159	586	306	401	462	280	165	223	543	3	**4,520**
June	468	1,235	505	289	373	445	300	163	259	563	3	**4,603**
July	549	1,590	604	340	389	513	337	150	328	640	10	**5,450**
August	529	1,459	527	259	488	598	370	131	275	599	2	**5,237**
September	418	1,265	503	227	385	449	262	135	272	520	2	**4,438**
October	499	1,237	605	220	412	358	294	164	280	491	6	**4,566**

November	493	1,252	699	229	383	404	339	152	244	486	5	**4,686**
December	522	1,485	555	219	412	472	306	190	216	533	4	**4,914**
Unknown	0	1	1	0	1	1	0	0	2	2	0	**8**

Table A.5.6: Registered Deaths by Month of Death and Usual Residence, 2024

	Usual Residence											
Month of Death	**Bulawayo**	**Harare**	**Manicaland**	**Mashonaland Central**	**Mashonaland East**	**Mashonaland West**	**Masvingo**	**Matabeleland North**	**Matabeleland South**	**Midlands**	**Other Countries**	**Total**
January	467	1,400	523	193	458	247	294	187	268	579	3	**4,619**
February	509	1,278	506	134	405	348	295	143	232	521	0	**4,371**
March	435	1,387	512	191	376	386	242	132	255	481	4	**4,401**
April	425	1,261	439	243	334	406	242	85	229	490	0	**4,154**
May	542	1,410	529	186	414	422	254	103	223	516	4	**4,603**
June	603	1,538	700	214	508	451	318	132	250	559	2	**5,275**
July	546	1,534	517	143	461	491	285	156	263	474	3	**4,873**
August	534	1,499	626	213	360	428	274	116	257	550	4	**4,861**
September	445	1,288	519	134	419	361	273	167	240	601	5	**4,452**
October	441	1,259	504	102	512	362	255	127	255	584	5	**4,406**
November	446	1,192	522	73	398	273	218	125	210	397	1	**3,855**
December	535	1,173	510	124	485	422	288	138	244	461	2	**4,382**
Unknown	0	1	1	0	1	1	0	0	0	0	0	**4**

Table A.5.7: Registered Deaths by Age Group and Sex, 2023

	Number			Percent		
Age_Group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Under 1	4,115	3,434	7,549	13.8	13.1	13.5
1-4	961	758	1,719	3.2	2.9	3.1
5-9	344	257	601	1.2	1	1.1
10-14	383	312	695	1.3	1.2	1.2
15-19	562	480	1,042	1.9	1.8	1.9
20-24	993	649	1,642	3.3	2.5	2.9
25-29	1,153	718	1,871	3.9	2.7	3.3
30-34	1,378	924	2,302	4.6	3.5	4.1
35-39	1,796	1,274	3,070	6	4.8	5.5
40-44	1,978	1,428	3,406	6.7	5.4	6.1
45-49	1,886	1,448	3,334	6.3	5.5	6
50-54	1,728	1,289	3,017	5.8	4.9	5.4
55-59	1,281	1,152	2,433	4.3	4.4	4.3
60-64	1,413	1,452	2,865	4.8	5.5	5.1
65-69	1,786	1,694	3,480	6	6.4	6.2
70-74	1,723	1,805	3,528	5.8	6.9	6.3
75+	6,232	7,232	13,464	21	27.5	24

Table A.5.8: Registered Deaths by Age Group and Sex, 2024

	Number			Percent		
Age_Group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Under 1	3,820	3,050	6,870	13.4	11.8	12.7
1-4	819	627	1446	2.9	2.4	2.7
5-9	328	249	577	1.2	1.0	1.1
10-14	348	292	640	1.2	1.1	1.2
15-19	433	461	894	1.5	1.8	1.6
20-24	897	591	1,488	3.1	2.3	2.7
25-29	1,050	694	1,744	3.7	2.7	3.2
30-34	1,326	863	2,189	4.7	3.4	4.0
35-39	1,657	1,164	2,821	5.8	4.5	5.2
40-44	1,931	1,466	3,397	6.8	5.7	6.3
45-49	1,739	1,439	3,178	6.1	5.6	5.9
50-54	1,667	1,370	3,037	5.8	5.3	5.6
55-59	1,375	1,037	2,412	4.8	4.0	4.4
60-64	1,360	1,371	2,731	4.8	5.3	5.0
65-69	1,720	1,683	3,403	6.0	6.5	6.3
70-74	1,880	1,914	3,794	6.6	7.4	7.0
75+	6,156	7,479	13,635	21.6	29.0	25.1

Table A.5.9: Registered Deaths for Children Under 5 by Usual Residence of Mother

	2023					2024				
Mother's Usual Residence	**Early Neonatal**	**Late Neonatal**	**Post Neonatal**	**Child Mortality**	**Total**	**Early Neonatal**	**Late Neonatal**	**Post Neonatal**	**Child Mortality**	**Total**
Bulawayo	456	120	250	139	**965**	438	127	256	138	**959**
Harare	1,659	295	820	529	**3,303**	1,473	329	840	503	**3,145**
Manicaland	352	86	208	243	**889**	230	61	198	189	**678**
Mashonaland Central	185	32	73	123	**413**	115	19	42	47	**223**
Mashonaland East	294	91	159	136	**680**	290	92	172	150	**704**
Mashonaland West	471	108	216	182	**977**	428	96	165	139	**828**
Masvingo	162	40	96	83	**381**	179	38	83	72	**372**
Matabeleland North	43	25	28	37	**133**	34	11	26	22	**93**
Matabeleland South	163	29	79	75	**346**	144	20	61	44	**269**
Midlands	571	126	311	169	**1,177**	533	117	253	142	**1,045**
Other Countries	0	0	1	3	**4**	0	0	0	0	**0**
Total	**4,356**	**952**	**2,241**	**1,719**	**9,268**	**3,864**	**910**	**2,096**	**1,446**	**8,316**

Table A.5.10: Registered Deaths by Site of Death,2023-2024

Year of Death	Province of Occurrence	Site of Death			
		Health facility	Home	Other	Total
2023	Bulawayo	4,772	1,156	67	5,995
	Manicaland	3,166	3,018	314	6,498
	Mashonaland Central	1,274	1,448	83	2,805
	Mashonaland East	1,803	1,664	155	3,622
	Mashonaland West	2,114	2,638	311	5,063
	Matabeleland North	408	1,414	98	1,920
	Matabeleland South	788	1,720	234	2,742
	Midlands	3,073	2,902	390	6,365
	Masvingo	1,175	1,873	115	3,163
	Harare	14,258	3,338	249	17,845
2024	Bulawayo	4,998	1,191	54	6,243
	Manicaland	2,868	2,909	300	6,077
	Mashonaland Central	678	911	67	1,656
	Mashonaland East	1,844	2,067	144	4,055
	Mashonaland West	1,793	1,921	267	3,981
	Matabeleland North	312	1,111	74	1,497
	Matabeleland South	766	1,923	208	2,897
	Midlands	2,946	2,734	397	6,077
	Masvingo	1,105	1,625	112	2,842
	Harare	15,828	2,906	197	18,931

Table A.6.1 Distribution of Deaths According to the Global Burden of Disease List,2024

Cause	Total	Male	Female
All Causes	**39,821**	**20,648**	**19,173**
Communicable, maternal, perinatal and nutritional conditions	**12,285**	**6,512**	**5,773**
Infectious and parasitic diseases	6,032	3,414	2,618
Tuberculosis	1,432	932	500
Sexually transmitted diseases excluding HIV	38	13	25
Syphilis	22	12	10
Gonorrhoea	2	1	1
Other STDs	14	-	14
HIV	1,220	685	535
Diarrhoeal diseases	1,046	553	493
Childhood-cluster diseases	7	5	2
Pertussis	2	-	2
Poliomyelitis	1	1	-
Measles	1	1	-
Tetanus	3	3	-
Meningitis	299	164	135
Hepatitis B	29	23	6
Hepatitis C	3	-	3
Malaria	74	42	32
Tropical-cluster diseases	3	2	1
Schistosomiasis	2	1	1
Lymphatic filariasis	1	1	-
Leprosy	1	-	1
Dengue	2	-	2
Intestinal nematode infections	1	-	1
Other intestinal infections	1	-	1
Other infectious diseases	1,877	995	882
Respiratory infections	2,988	1,546	1,442
Lower respiratory infections	2,947	1,524	1,423
COVID-19	2	2	-
Upper respiratory infections	34	16	18
Otitis media	5	4	1
Maternal conditions	263	-	263
Maternal haemorrhage	35	-	35
Maternal sepsis	12	-	12
Hypertensive disorders of pregnancy	96	-	96
Obstructed labour	8	-	8
Abortion	34	-	34
Other maternal conditions	78	-	78
Conditions arising during the perinatal period	2,701	1,398	1,303
Prematurity and low birth weight	1,114	528	586
Birth asphyxia and birth trauma	736	410	326
Other conditions arising during the perinatal period	851	460	391
Nutritional deficiencies	301	154	147
Protein-energy malnutrition	34	18	16
Iron deficiency Anaemia	7	4	3
Other nutritional disorders	260	132	128
Noncommunicable diseases	**21,688**	**10,187**	**11,501**
Malignant neoplasms	4,283	1,940	2,343

Mouth and oropharynx cancers	30	15	15
Oesophagus cancer	308	152	156
Stomach cancer	168	84	84
Colon and rectum cancers	181	90	91
Liver cancer	222	142	80
Pancreas cancer	115	49	66
Trachea, bronchus and lung cancers	175	108	67
Melanoma and other skin cancers	49	26	23
Breast cancer	312	11	301
Cervix uteri cancer	672	-	672
Corpus uteri cancer	37	-	37
Ovary cancer	58	-	58
Prostate cancer	603	603	-
Bladder cancer	58	26	32
Lymphomas and multiple myeloma	408	234	174
Leukaemia	94	51	43
Other malignant neoplasms	793	349	444
Other neoplasms	92	37	55
Diabetes mellitus	1,822	707	1,115
Endocrine disorders	1,096	526	570
Neuro-psychiatric conditions	1,017	619	398
Unipolar depressive disorders	10	5	5
Bipolar affective disorder	2	1	1
Schizophrenia	32	18	14
Epilepsy	287	175	112
Alcohol use disorders	196	192	4
Alzheimer and other dementias	161	48	113
Parkinson disease	26	15	11
Multiple sclerosis	1	1	-
Drug use disorders	11	9	2
Insomnia (primary)	1	1	-
Migraine	3	1	2
Other neuropsychiatric disorders	287	153	134
Sense organ diseases	8	5	3
Other sense organ disorders	8	5	3
Cardiovascular diseases	8,343	3,329	5,014
Rheumatic heart disease	30	10	20
Hypertensive disease	2,736	955	1,781
Ischaemic heart disease	243	110	133
Cerebrovascular disease	2,720	1,135	1,585
Inflammatory heart diseases	297	142	155
Other cardiovascular diseases	2,317	977	1,340
Respiratory diseases	1,552	965	587
Chronic obstructive pulmonary disease	206	160	46
Asthma	206	100	106
Other respiratory diseases	1,140	705	435
Digestive diseases	1,214	783	431
Peptic ulcer	152	93	59
Cirrhosis of the liver	69	56	13
Appendicitis	23	14	9
Other digestive diseases	970	620	350
Genito-urinary diseases	1,447	886	561
Nephritis and nephrosis	1,107	645	462
Benign prostatic hypertrophy	86	86	-
Other genitourinary system diseases	254	155	99
Skin diseases	118	45	73

Musculo-skeletal diseases	216	88	128
Rheumatoid arthritis	4	1	3
Osteoarthritis	13	7	6
Gout	2	1	1
Low back pain	66	28	38
Other musculoskeletal disorders	131	51	80
Congenital anomalies	430	224	206
Abdominal wall defect	154	77	77
Anencephaly	3	3	-
Anorectal atresia	1	-	1
Down syndrome	30	16	14
Congenital heart anomalies	21	14	7
Spina bifida	16	8	8
Other Congenital anomalies	205	106	99
Oral conditions	31	20	11
Periodontal disease	1	1	-
Other oral diseases	30	19	11
Sudden infant death syndrome	19	13	6
Injuries	**3,537**	**2,624**	**913**
Unintentional injuries	3,209	2,346	863
Road traffic accidents	538	403	135
Poisonings	96	65	31
Falls	77	40	37
Fires	3	1	2
Drownings	220	180	40
Other unintentional injuries	2,275	1,657	618
Intentional injuries	142	115	27
Self-inflicted injuries	74	59	15
Homicide	68	56	12
Ill-defined injuries/accidents	186	163	23
Ill-defined diseases	2,190	1,265	925

Table A.7.1: Distribution of Marriages by Age of Husband and Wife,2023

2023	Wife's Age															
Husband's Age	**18 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**50 - 54**	**55 - 59**	**60 - 64**	**65 - 69**	**70 - 74**	**75 - 79**	**80- 84**	**85 +**	**Total**
18 - 19	6	11	2	-	1	-	-	-	-	-	-	-	-	-	-	20
20 - 24	54	330	84	17	6	1	-	-	-	-	-	-	-	-	-	492
25 - 29	79	1,296	1,869	234	41	16	4	-	-	-	-	-	-	-	-	3,539
30 - 34	22	777	2,703	1,556	210	35	6	1	-	-	-	-	-	-	-	5,310
35 - 39	7	208	973	1,887	1,241	214	17	3	2	-	-	-	-	-	-	4,552
40 - 44	1	59	254	791	1,509	827	88	6	5	2	-	-	-	-	-	3,542
45 - 49	1	13	66	158	526	824	330	42	4	-	-	-	-	-	-	1,964
50 - 54	-	4	26	48	157	350	395	152	17	1	-	-	-	-	1	1,151
55 - 59	-	2	4	16	47	105	137	143	50	3	-	-	-	-	-	507
60 - 64	-	-	5	7	13	27	45	64	61	29	1	-	-	-	-	252
65 - 69	-	1	-	1	10	14	16	24	42	43	17	1	-	-	-	169
70 - 74	-	-	-	1	4	6	11	12	13	27	15	4	1	-	-	94
75 - 79	-	-	-	-	1	1	4	6	8	7	11	9	2	-	-	49
80- 84	-	-	-	1	1	1	4	3	4	4	1	4	-	-	-	23
85 +	-	-	-	-	-	2	2	2	1	2	3	1	3	4	-	20
Total	**170**	**2,701**	**5,986**	**4,717**	**3,767**	**2,423**	**1,059**	**458**	**207**	**118**	**48**	**19**	**6**	**4**	**1**	**21,684**

Table A.7.2: Distribution of Marriages by Age of Husband and Wife,2024

	Wife's Age															
Husband's Age	**18 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**50 - 54**	**55 - 59**	**60 - 64**	**65 - 69**	**70 - 74**	**75 - 79**	**80- 84**	**85 +**	**Total**
18 - 19	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	
20 - 24	39	215	57	5	3	1	-	-	-	-	-	-	-	-	-	320
25 - 29	71	1,078	1,555	147	24	6	2	-	-	-	-	-	-	-	-	2,883
30 - 34	28	638	2,062	1,101	106	29	4	1	-	-	-	-	-	-	-	3,969
35 - 39	7	150	640	1,313	674	95	17	2	-	-	-	-	-	-	-	2,898
40 - 44	1	27	175	512	910	506	53	11	-	-	-	-	-	-	-	2,195

45 - 49	1	9	49	124	361	628	254	25	3	-	-	-	-	-	-	1,454
50 - 54	-	3	15	50	104	301	335	149	17	1	1	-	-	-	-	976
55 - 59	-	1	6	8	47	70	118	168	60	9	-	-	-	-	-	487
60 - 64	-	1	1	2	16	31	36	62	62	28	2	-	-	-	-	241
65 - 69	-	1	2	1	11	15	12	32	34	41	19	2	-	-	-	170
70 - 74	-	-	-	1	1	7	12	16	15	18	26	1	2	-	1	100
75 - 79	-	-	-	1	1	6	2	3	5	4	6	4	5	-	2	39
80- 84	-	-	-	-	1	-	1	1	3	3	3	2	-	-	-	14
85 +	-	-	-	-	-	1	1	2	1	2	-	1	1	1	1	11
Total	**147**	**2,127**	**4,562**	**3,265**	**2,259**	**1,696**	**847**	**472**	**200**	**106**	**57**	**10**	**8**	**1**	**3**	**15,761**

Table A.7.3 Distribution of Divorces by Age of Husband and Wife,2023

	Wife's_Age							
Husband's Age	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 +**	**Total**
15 - 19	1	1	-	-	-	-	-	2
20 - 24	28	96	18	2	-	-	-	144
25 - 29	46	330	274	27	7	1	-	685
30 - 34	16	167	362	178	19	3	2	747
35 - 39	2	36	134	236	89	15	3	515
40 - 44	3	12	46	119	140	69	12	401
45 +	2	14	51	84	162	264	706	1,283
Total	**98**	**656**	**885**	**646**	**417**	**352**	**723**	**3,777**

Table A.7.4 Distribution of Divorces by Age of Husband and Wife,2024

	Wife's Age							
Husband's Age	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 +**	**Total**
15 - 19	-	-	-	-	-	-	-	-
20 - 24	-	-	3	-	-	-	-	3
25 - 29	-	1	4	3	-	1	-	9
30 - 34	-	-	43	39	9	3	1	95
35 - 39	-	-	21	97	80	16	5	219
40 - 44	-	1	6	45	159	139	22	372
45 +	-	1	1	25	78	304	1,745	2,154
Total	**0**	**3**	**78**	**209**	**326**	**463**	**1,773**	**2,852**