

**A STUDY ON THE IMPACT OF
“OPERATION MURAMBATSVINA/RESTORE ORDER”
IN 26 WARDS OF HARARE HIGH DENSITY HOUSING
AREAS**

DRAFT

**ACTIONAID INTERNATIONAL IN COLLABORATION WITH
COMBINED HARARE RESIDENTS ASSOCIATION (CHRA)**

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EXECUTIVE SUMMARY

The Harare Operation Murambatsvina Survey represents a unique opportunity to gain insights into the impact of Operation Murambatsvina on communities and households where the Operation was executed since 18 May 2005. This report attempts to give a factual account of the impact Operation Murambatsvina/Restore Order. This is done through analysis of the impact at both household level and community level.

A structured questionnaire was used in the collection of data from 14,137 respondents distributed in 26 affected high density suburbs. The quantitative household survey was designed to collect the following types of information from the interviewed households: 1) household demographics, 2) Livelihood activities affected by the operation, 3) household impact, 4) current coping mechanisms being employed by the communities in response to the operation, 5) assistance communities are currently receiving 6) assistance currently being offered and assistance perceived as required by the communities.

Initially 26 team leaders for each ward were trained on the administration of the questionnaire and sampling procedures. Thereafter, a further 9 researchers were trained by the trained by the team leaders at ward level. Therefore, 260 researchers collected this information over a two day period. At least 500 homesteads were visited during the course of the study. This represents a third of households per ward. Data collected was entered stored and exported into Statistical Package for Social Science (SPSS) Version 13. Subsequently, analysis was done to generate frequencies, descriptive and derived variables.

Socio-demographic data of the sampled wards

Assumptions:

1. At least 3 households stay at one homestead
2. Average household size is 5.8
3. Assume the remaining 4 high density residential wards are not different from the other samples wards.
4. 97% of households affected by the operation

Calculation Process:

1. 14,137 households were surveyed
2. total population surveyed is 81,995

Based on these figures and assumptions, the following are projected households that were affected by the operation;

Adding the remaining 4 wards – $30/26 * 14,137 = 16,311$ households in all 30 wards

Total population affected, households sampled*average household size*average households per homestead*

$$16,311 * 5.8 * 3 = 283\ 811$$

However the sample is only a third of the population in the wards. Therefore, the total population would be:

$$283\ 811 * 3 = \mathbf{851\ 434}$$

From the data generated from the survey, 97% (n = 13 712) of homesteads visited in the 26 wards were affected by the Operation in varying proportions and different ways. Demographic data for the general population is discussed below:

- Overall population sampled is 81,995 with an average household size of 5.8
- The majority of respondents and household heads were male (56% and 61% respectively)
- The total number of households affected by the operation (which includes; households that lost accommodation, had shelter lost, lost livelihoods, children not attending school as a result) was 97% (13,712) of sampled households.
- The average age of the head of household is 41 years, with the youngest reported as 12 years old and the oldest as 89 years old.
- Female household heads are slightly older than male household heads, 43 and 39 years old, respectively.
- Approximately 12% of homesteads visited are above 60 years (elderly headed) and only 1% (142) were headed by minors (commonly referred to as child headed, below 18 years).
- 32% of interviewed households were hosting orphans, whilst a further 13% were hosting at least a chronically ill individual. A minority of 6% were hosting at least a mentally/physically challenged person.
- As a measure of vulnerability, the analysis classified all households in five categories (see table below). Most households interviewed fall in 3 categories (39%), whilst in 1 category: 15%; 2 categories: 31%; 4 categories: 11% and only 4% in the 5 categories.
- Out of the 14,137 sampled homesteads, 22% of them reported that children were not attending school as a direct result of the Operation.

Livelihoods

The household survey inquired on primary sources of income of those affected by the Operation, since secondary information suggests that the Operation has had an adverse effect on the livelihoods.

- A majority (73%) of urban dwellers were engaged in informal trading¹ prior to Operation Murambatsvina/Restore Order from the sample.
- The primary sources of livelihood that have been cited to have been disrupted (73%) as a result of the Operation from the sample include: tuck shop ownership (9%), flea market (11%), fruit and vegetable vending (17%), offering accommodation (18%), cross border trader (6%) and petty trade (5%) such as sale of firewood.
- Unfortunately, the vulnerable strata mentioned earlier were mainly engaged in the informal sector as captured below:

Proportions who were engaged informal and formal sectors

Strata	Informal sector	Formal sector
Female headed households	91%	9%
Child headed households	100%	0%
Households hosting orphans	92%	8%

¹ Informal trading includes; flea market, tuck shop, vending, skilled/artisan, offering accommodation, and petty trade.

Households hosting chronically ill members	91%	9%
Households hosting mentally/physically challenged persons	91%	9%

Impact of the Operation at household level

The extent to which a households or communities were affected has not been quantified. Scant, inconsistent and at times conflicting information is available on this issue. Therefore as one of the key findings of the survey, it was to explore and detail what it is that households lost during the exercise. This are discussed below:

Shelter

- A majority (76%) of respondents reported that they had lost shelter. Loss of shelter was two fold 1) a tenant being evicted as a result of demolitions, 2) a land lord losing a section of his home as a result of the demolitions.

Source of income

- Overall, 79% of interviewed households reported that they had lost their sources of income. This figure is similar to the 73% that had lost sources of income (livelihoods) as a direct result of the Operation. The increase may be attributable to multiple sources of income that households are engaged in to ameliorate vulnerability.
- Strikingly this generally affected all households in the same proportion.

Education for children

The welfare of children especially in terms of their ability to attend school is a basic fundamental right, was affected by the operation.

- School drop out was reported to be 22%. However, 45% of households interviewed reported that they were at a precarious position in funding and accessing schools for their children, currently and in future. This may be a clear indication on the future prospects of school enrolment for children in the near future.

Property

- Forty five percent (45%) of homesteads visited reported that they had incurred losses of property. Unfortunately, the survey was not able to quantify in Zimbabwean dollar value what it was exactly the affected communities had lost and also the nature of the property.

Deterioration in health

- It is sad to note that slightly over 20% of people interviewed, attributed the deterioration of health of their loved ones as a direct result of the operation.

Food security

- Approximately, 60% of households sampled claimed that they had become food insecure as a consequence of the Operation. Being urban areas, most of the food supply to the family is sourced from the market. Little or no food finds its way from the rural areas if a family has rural linkages exists.

Household safety and security

Household safety and security was defined as the family ability to protect and safe guard its assets (physical) and from exploitation.

- Almost half (49%) of the homesteads reported that this indicator had been compromised as a result of the operation.

Disruption of family unit

Housing waiting list runs into hundreds of thousands in Harare and all other urban areas in Zimbabwe. Sharing of homesteads and extension of houses was a way in which Harareans sought to mitigate the accommodation problem.

- More than 75% of the respondents reported losing shelter.
- It worrying to note that over 40% of homesteads visited reported that family units had been disrupted as a result of the operation. Mostly children and spouses had been relocated back to the rural homesteads if this was plausible.

Women status and dignity

Humiliation and loss of dignity as a direct result of the operation was also reported. Prior to the demolition exercise, it is reported and accounted by respondents that the authorities would move around marking what they deemed as illegal structures using paint. The marked buildings were to be destroyed. Such actions resemble a war situation. This is witnessed by 39% of the interviewed homesteads claiming that they had lost their dignity as a result of the Operation.

Increased vulnerability for women and children

- It is saddening to note that 37% of the interviewed homesteads acknowledged that women and children had become more vulnerable to abuse as a consequence of the Operation. Furthermore, a high proportion of these were from female-headed households.

Psychologically affected (traumatised)

- Almost 40% of respondents interviewed claimed that they had been traumatized by the graphic, detailed and heavy handedness of the implementers of the Operations. From the analysis done, this was generally the same across board. Despite the low proportion of child headed households, this seemed to be reported in 82% of child headed households.

Coping mechanisms adopted by households

- Currently, only 37% households reported that they were using their own resources to sustain the family.
- A further 22% claimed to be getting assistance from relatives, whilst government, community based organizations and non-governmental organizations accounted for a mere 6%.
- More importantly is the realization that 35% of households were not managing at all. In this bracket, the majority were child- and women headed households accounting for 76% of the responses.

Assistance currently being received

- Of those that reported receiving assistance from the various sources, the following categories are the nature of assistance being received; food (17%), shelter (15%), monetary (8%), education for children (7%), relocation (5%),

psycho-social support (5%) and legal help (4%). This clearly suggests that there are major gaps in the support that is being offered to the communities.

Perceived assistance required

Table clearly demonstrates the areas that when cited by respondents. From the preceding paragraphs, it has been documented that major support gaps are in existence in the 26 wards.

Proportion of assistance required

Area of need	Proportion (%)
Shelter	73%
Food	83%
Compensation	4%
Relocation	45%
Education	56%
Legal help	4%
Monetary (financial help)	74%
Psycho-social support	42%

RECOMMENDATIONS

The range of recommendations presented in the report is mentioned in summary form below. These are aimed at those involved and responding to the crisis. Policy analysis is urgent and will be subsequent to this report.

General Recommendations:-

1. There is urgent need to resolve the accommodation/ shelter question for all affected families.
2. Urgent restoration of livelihoods for affected families should be prioritised to ensure recovery and long term sustainability of income for affected communities.
3. There is urgent need to grant and guarantee access to appropriate treatment and quality care for people living with HIV/AIDS.
4. There is urgent need to conduct an in-depth national survey to better inform responses and to develop a commonly agreed national data set of the current situation.
5. There is urgent need to scale up the national response and meet the needs of the affected families.
6. There is need to consolidate the different coordination processes and ensure the meaningful sharing of information and activities by all stakeholders involved.
7. Need for urgent donor commitment for additional support to affected communities.
8. Urgent need to create awareness on the impact, extent and effects of the operation on affected communities.

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ACRONYMS AND ABBREVIATIONS

UNCT	United Nations Country Team
IOM	United Nations - International Organization for Migration
WFP	United Nations - World Food Programme
UNDP	United Nation Development Programme
FAO	Food and Agriculture Organization
INGOs	International Non-Governmental Organizations
CBO	Community Based Organisations
HIV	Human Immuno Deficiency Virus
AIDS	Acquired Immuno Deficiency Syndrome
HH	Household
GoZ	Government of Zimbabwe

GLOSSARY OF TERMS

Child headed household	A household headed by a person below 18 years
Chronically Ill	A person who has had persistent and recurring illness during the last three months that has reduced his/her productivity.
Dependency ratio	Dependency ratios are useful parameters for defining vulnerable households, as they describe the ratio of non-productive to productive members of a household.
Disabled	A person who has a mental and/or physical handicap that prevents him/her from full-productivity.
Elderly headed household	A household headed by a person above 60 and does not include a productive person (18 – 60 years old)
Female headed household	A household headed by a woman, the woman is the primary decision maker.
Head of the Household	The primary decision-maker in terms of allocating the natural, human, and financial resources available to the household.
Homestead	A dwelling where one or more households could reside.
Household	A family unit comprising of a head and dependants. The head is not necessarily a relative of the dependant but is responsible for their well being.
Operation Murambatsvina/Restore Order	
Orphan	A child with one (single orphan) or both parents (double) that have died and abandoned children.
Ward	

1. INTRODUCTION

1.1 Background to "Operation Murambatsvina/Restore Order"

The Operation that changed the lives of thousands of people in Zimbabwe began on 18th May 2005; when the state declared and rolled out bulldozers with armed police across the cities of Zimbabwe to demolish all "illegal structures". The operation witnessed the destruction of dwellings, livelihoods, vending stalls and the confiscation of goods and property belonging to informal traders. It is estimated that over 55 000² households in 52 sites across the country and between 250 000 - 500 000 have been rendered homeless, or forced to migrate to the rural areas. Furthermore, more than 30 000 people were arrested and fined in the process.

To date, the operation has received wider condemnation from both local and international sympathizers, agencies and actors alike. The exercise has been described as inhuman and lacking proper planning. But the Government of Zimbabwe (GoZ) continuously defends its position as attempt to clean up the urban centres and rid them of illegal vendors, illegal dwellings and criminal elements who were among other things accused of fuelling the foreign currency black market.

The humanitarian relief support and response to the affected individuals and families is being carried out under the coordination of various faith based organizations these include churches, in coordination with local community based organizations (CBOs) and non-governmental organizations (NGOs).

The United Nations Country Team (UNCT) comprising of the International Organization for Migration (IOM), World Food Programme (WFP), United Nation Development Programme (UNDP) and the Food and Agriculture Organization (FAO) together with numerous International Non-Governmental Organizations (INGOs), have been providing support to community organizations and churches involved in providing relief to the affected communities.

However, the nature and extent of responses is not only limited in its scope and coverage but lacking important and critical information necessary in providing a well coordinated and effective response. There is no socio-demographic or economic information on those affected as well as needs information to inform appropriate responses. Lack of information is affecting response programme planning, implementation and inability to ascertain the effectiveness of relief efforts. The major challenge being experienced in providing the adequate relief is that it is biased towards those with access to relief assistance (in holding camps and those that have been sheltered in churches); leaving the most vulnerable members of the affected population.

This survey conducted by CHRA and ActionAid within the high density areas of Harare, as an attempt to fill the void created by the lack of basic information on those affected and needing assistance as a result of "Operation Murambatsvina/Restore Order".

2. METHODOLOGY

A structured questionnaire was used in the collection of data from 14,137 respondents. The quantitative household survey was designed to collect the following types of information from the interviewed households:

1. **Household demographic information:** including age, sex, status of parents (orphans), physical status of individuals (chronically ill and mentally/physically challenged), and school enrolment status,
2. **Livelihood activities:** that household members were engaged in during the previous months before the Operation,
3. **Household impact of the Operation:** estimates on lost shelter, source of income, education for children, property, deterioration of health (HIV/AIDS), food security, household safety and security, disruption of the family unit, women status and dignity, increased vulnerability for children, orphans and women and the psychological (trauma) effects,
4. **Current coping mechanisms being employed:** using own resources, relatives support, aid agencies (NGOs), government support, community based organizations and those not coping at all,
5. **Assistance currently being provided:** the questionnaire explored what the sampled communities are receiving as support i.e. shelter, food, compensation, relocation, education for children, legal help, monetary (financial support) and psycho-social support (counseling) and any other support.
6. **Assistance required by affected communities:** i.e. shelter, food, compensation, relocation, education for children, legal help, monetary (financial support) and psycho-social support (counseling).

Furthermore, enumerators took extra notes to complement the questionnaire (observational and other emerging issues).

Training of trainers: a total of 50 trainers were trained on the administration, sampling techniques and data quality control.

Training of enumerators: A further 210 enumerators were trained by the trained trainers at ward level.

2.1 Sampling

Administrative boundaries were used since these would help in the identification and prioritization of wards and assess the impact of the Operation and direct influence on defining livelihood characteristics of households. 26 out of 30 high density residential wards were surveyed for the purpose of this study. Wards not sampled because access by CHRA was not possible, include parts of Dzvivarasekwa (40, 39), Epworth (22), Kuwadzana (44).

A sampling interval of 2 was used to sample homesteads in a ward (*since we required interviewing a third of the homesteads*). A team comprising of 10 researchers (*1 team leader and 9 enumerators*) was responsible for data collection in each respective ward. The ten

researchers would allocate each other specific areas of the ward for the two days of data collection. Therefore, a representative coverage of the wards was met.

2.2 Sample size

Initially, CHRA wanted to visit each and every homestead to establish the true extent to which the "Operation Murambatsvina" had affected households. However, due to the lack of manpower and resources for this exercise only a third of the homesteads were visited in the affected wards. This is a statistically significant proportion of the communities to make sound inferences about the general population. Consequently, at least 500 homesteads per ward were visited during the exercise.

2.3 Limitations of the survey

The Operation Restore Order survey has several limitations which must be considered when interpreting and using the results to judge the impact of the Operation. First and foremost, the time frame covering the survey is approximately 2 months after the first documented demolitions. Many changes may take place between the survey data collection, entry and report write-up. Thus there may be real changes taking place that will not be revealed by the household survey alone. For this reason it is important to also consider contextual information as well as qualitative information collected. Additional limitations are captured below were noted by the team:

- ✓ **Survey coverage:** Initially, CHRA wanted to collect information possible from all residents in Harare of the affected wards, however, fuel, money, researcher safety and manpower were limiting. The survey therefore only covered the high density housing areas of the city. The Survey did not include Chitungwiza and this remains an area that should be assessed.
- ✓ **Comprehensive information:** The information collected in the questionnaire is not comprehensive, due to the debate between coverage (numbers) and in-depth interview (detailed analysis), a compromise was therefore the one third sample. Additional information such as ART, HBC and mobility and migration were all not captured.
- ✓ **Coverage of holding camps:** This survey did not take place in the holding camps and informal settlements.
- ✓ **Delayed implementation of the survey:** The first demolitions started on 25 May 2005, and this report is coming out two months after.
- ✓ **The time frame:** Like all studies conducted over a short period of time the final product is a mere snapshot of the bigger picture. While every effort has been made to paint as accurate a picture as possible of the household impact of the Operation, the representative sample used in this regard is 33.3% of the total number of homesteads in the 26 wards.
- ✓ **Baseline data and the extent of the impact:** The study is conducted within the context of various views and differing understanding of impact of the Operation and the current situation. For example, government reports estimates are inconsistent with those of the United Nations - IOM. In the absence of reliable and consistent baseline data the evaluators were dependent on using a sampling method in capturing as much information as possible and applying this to an agreed understanding of the factors that constitute impact of the Operation.
- ✓ **Additional Variables:** The study did not capture access to HIV/AIDS quality care and treatment (ART and HBC). The mobility and migratory patterns of affected communities were not captured. The study did not interrogate the cost

(in Z\$) of the loss in property and livelihoods. There is scope and need for further studies in these areas.

2.4 Data capture and analysis

Immediately after the survey, collected data was entered, cleaned, processed and analyzed in Statistical Package for Social Sciences (SPSS).

3. SURVEY RESULTS

The Harare Operation Murambatsvina Survey represents a unique opportunity to gain insights into the impact of Operation Murambatsvina on communities and households. This section attempts to give a factual account of the impact Operation Murambatsvina/Restore Order.

3.1 Socio-demographic data of the sampled affected wards in Harare

From the data generated from the survey, 97% (n = 13 712) of homesteads visited in the 26 wards³ were affected by the Operation in varying proportions and different ways.

Table 1: Sample sizes for selected strata

Strata/Category	Sub-strata	Sample Size (number of HHs)
Overall Population		81,995
Total number of households visited		14,137
Gender of respondent	Male	7,960 (56%)
	Female	6,177 (44%)
Gender of HH Head	Male	8,602 (61%)
	Female	5,532 (39%)
Total number affected by the operation⁴		13,712 (97%)

The average age of the head of household is 41 years, with the youngest reported as 12 years old and the oldest as 89 years old. Female household heads are slightly older than male household heads, 43 and 39 years old, respectively. The average size of sampled households is 5.8.

Table 2 summarizes the marital status of the study population. The majority (59%) of households are married and 19% are widowed. Only a small proportion of the households are divorced, separated or

Table 2: Marital status of respondents

Marital status	Proportion
Married	59%
Widowed	19%
Separated	4%
Divorced	6%
Single/never married	11%

³ Matapi; Matererine Flat; National Mbare; Sunnidale; Southerton; Kambuzuma 2; Kambuzuma 6; Dzvirasekwa; New and Old Mabvuku; New and Old Tafara Egypt, Lusaka, Jerusalem Highfields; Glen Norah; Glen Norah C; Glenview 1; Glenview 2; Budirio 1; Budirio 2; Mufakose 1; Mufakose 2; Mufakose 3; Warren Park D; and Hatcliff

⁴ Affected means 1) demolished structures at homesteads, lost shelter, lost livelihood and children not attending school.

single (Table 2).

3.1.1 Vulnerable groups

The following section defines various vulnerable groups important in emergencies and used as variables to disaggregate survey data. These groups include households hosting orphans, households with chronically ill members, female-headed households, elderly-headed households with no productive-age (18 to 60 years) members, and households headed by minors (less than 18 years) commonly referred to as child headed households.

3.1.1.1 Orphans

Orphans, for the purpose of the study, are defined as children under 18 years of age who have one or more parents deceased. Orphans have been further classified as those who have one parent deceased and the remaining parent lives in the same household, those who have one parent deceased and the remaining parent lives outside of the same household, and those who have both parents deceased (double orphans). Almost a third (32%) of households surveyed were hosting at least an orphan. Female-headed households bear much of the burden in caring for orphans, with over forty percent (41%) of their households hosting at least one orphan child, while about 26% of male headed households are doing the same. It is well documented in Africa that there is a greater probability in women headed households hosting orphans compared to male headed households. This not only creates extra load on women but also limits the amount of time dedicated to other survival needs.

3.1.1.2 Chronically Ill, mentally ill and physically challenged

Another vulnerable group are chronically ill members, physically challenged and mentally ill. Chronically ill individuals, for the purposes of the study, are those who have been ill for three months or longer prior to the study. This would include individuals with HIV/AIDS, and other long-term illnesses. Chronically ill individuals were present in 13% of households surveyed. However, this may be an underestimation due to stigma still attached to HIV/AIDS. Furthermore, due to the sensitivity and confidentiality of the information this survey did not exhaustively explore HIV/AIDS even though it is of great importance. Chronic illness in Zimbabwe is largely an HIV/AIDS issue, and to some degree it is used by in this study as a proxy for HIV/AIDS. More detailed figures are presented in Table 3, below for several strata. Chronically ill individuals comprise the majority of the vulnerable in this category. Almost 13% of households include at least one chronically ill individual, while 6% include at least mentally/physically challenged person.

There is a small but significant difference between the percentages of chronically ill found in male- and female-headed households. There is no difference, however, in the number of disabled individuals between the two household types.

Table 3: Percent of households with chronically ill and mentally/physically challenged persons

Category	Chronically Ill Individuals	Mentally/physically challenged individuals
	% of households	
General Population	13	6
Male-headed households	11	5
Female-headed households	15	6

3.1.1.3 Elderly headed households

Approximately 12% of household heads surveyed in the study are above 60 years. There were more male heads of households compared to female heads (62% vs. 38%, respectively). The mean age of elderly headed households was 68 years (with a range of 60 to 89 years).

3.1.1.4 Child headed households

Only 1% (142) of total homesteads visited were headed by children (below 18 years). The youngest household head recorded was 12 years with a mean age of 15 years. Of the 1% noted, 62% were headed by girls and the remainder by boys.

3.1.1.5 Women headed households

Close to half (44%) of the homestead visited were female headed households (of these 14% were widows). Information pertaining to this category has been captured earlier. The mean size of households was almost the same for female headed households compared to male headed households (5.7 and 5.8, respectively).

3.1.1.6 Multiple vulnerability

Any particular household can be in from none to all five of the vulnerable household categories above (this is referred to as multiple vulnerability categories or compound vulnerability). For example, an elderly female head of household with chronically ill

household members and hosting orphans would be in all four categories. Likewise, a 45 year old male-headed household with no orphans or chronically ill members would not appear in any of the vulnerable categories. Households, whose head is young, for example under 16 years of age, are also vulnerable. Therefore, the report

Table 4: Vulnerability categories

Category	Proportions in vulnerable categories
Category 1	15%
Category 2	31%
Category 3	39%
Category 4	11%
Category 5	4%

explores this aspect and tries to explicitly show multiple vulnerability and the categories. Table depicts the vulnerable categories that most households fall into from the sample. Information gathered shows that women headed households and child headed households are more likely to fall into two or more other vulnerable categories. This clearly demonstrates that these two strata probably felt most of the impact of the *Operation*.

3.1.1.6 Education

The pooled Harare data set provides a rare opportunity to explore school attendance and dropout rates for areas affected by the Operation. Education is a good measure of the vulnerability primarily of children and secondarily for the family. School attendance in Zimbabwe is normally high. It is unfortunate that detailed information pertaining to age categories and grades was not collected to give a clear representation of the impact of the Operation. However, from the information solicited from the respondents, some clear observations are made. Out of 14,137 sampled households, 22% of them reported that children were not attending school as a direct result of the Operation Murambatsvina/Restore Order. Children in women headed households seem to have been affected slightly more compared to male headed households with 24% versus 20%,

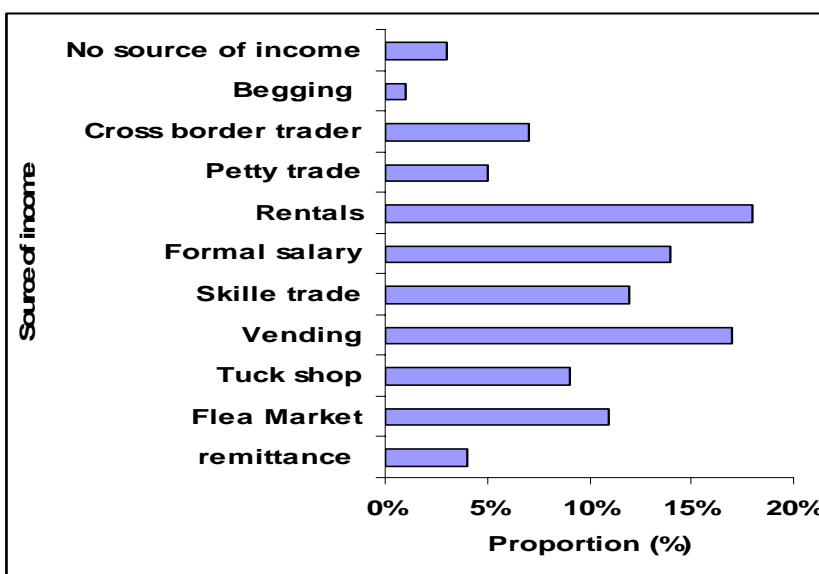
respectively. Furthermore, worryingly, was the increased incidence rate in non attendance rates for households hosting orphans against those not hosting orphans (40% vs. 14%).

3.2 Livelihoods

Currently, Zimbabwe is facing its worst economic crisis. Consequently unemployment is estimated at above 70%. The respondents were asked what their primary source of income was before the *Operation*. Secondary information suggests that the *Operation* has had an adverse effect on the livelihoods.

A majority (73%) of urban dwellers were engaged in informal trading⁵ prior to *Operation Murambatsvina/Restore Order* from the sample. Households derive income from a number of different sources. Figure 1 shows the proportion of households in the survey and their primary sources of income prior to the *Operation*. The primary sources of livelihood that have were cited to have been disrupted (73%) as a result of the *Operation* from the sample include: tuck shop ownership (9%), flea market (11%), fruit and vegetable vending (17%), offering accommodation (18%), cross border trader (6%) and petty trade (5%) such as sale of firewood. It is approximately 2 months since the *Operation* commenced and to date individuals are still waiting for police clearance, operating licenses from council, the construction and allocation of vending stalls. Considering that informal trading contributions towards the family are not large, one wonders how these people are currently managing with no income for the past two months in such a hype-inflationary country.

Figure 1: Livelihoods before the Operation



A further in depth analysis reveals that a majority of the respondents in the 5 vulnerable categories, primary source on income lies in the informal sector (range 91% - 100%). This gives credence to the claims that the *Operation* has had massive negative impact on families that were relying on informal trading as a livelihood. Moreover,

considering these would naturally have high dependency ratios (, fewer coping strategies access to social protection and safety nets. Income sources vary somewhat by strata (Table 5). Male and female-headed households vary most in the percentage that receive income from the formal sector (18% vs. 9%). Households with chronically ill members mimic closely the general population, while households hosting orphans rely less on formal employment, slightly more on vending and petty trade.

⁵ Informal trading includes; flea market, tuck shop, vending, skilled/artisan, offering accommodation, and petty trade.

Table 5: Proportions who were engaged informal and formal sectors

Strata	Informal sector	Formal sector
Female headed households	91%	9%
Child headed households	100%	0%
Households hosting orphans	92%	8%
Households hosting chronically ill members	91%	9%
Households hosting mentally/physically challenged persons	91%	9%

3.3 Impact of Operation at household level

As already highlighted, the impact of the operation has cut across a wide spectrum of households and age groups. However, the impact is generally the same - negative. The extent to which a households or communities were affected has not been quantified. Scant, inconsistent and at times conflicting information is available on this issue. Therefore as one of the key findings of the survey, it was to explore and detail what it is that households lost during the exercise. The areas investigated include; shelter, source of income, education for children, loss of property (apart from shelter), deterioration of health, food security, household safety and security, disruption of family unit, women status and dignity, increased vulnerability for children, orphans and women as well as the psychological (trauma) effect on the family. These are discussed below:

3.3.1 Shelter

A majority (76%) of respondents reported that they had lost shelter. Loss of shelter was two fold 1) a tenant being evicted as a result of demolitions, 2) a land lord losing a section of his home as a result of the demolitions. It becomes apparent that the increased demand for accommodation net effect is the escalation in the cost of accommodation and over crowding in the "legitimate" structures. It can be argued that this will form the foundation for increased incidences of communicable diseases and the destruction of the social fabric as some enumerators reported cases where women and men shared a room. From the analysis no differences were noted for the other vulnerable categories apart from the households headed by women and children in terms of impact.

3.3.2 Source of income

Overall, 79% of interviewed households reported that they had lost their sources of income. The most probable source of income includes those already highlighted above on the primary sources of income. This figure is similar to the 73% that had lost sources of income (livelihoods) as a direct result of the Operation. The increase may be attributable to multiple sources of income that households are engaged in to ameliorate vulnerability. Strikingly this generally affected all households in the same proportion.

3.3.3 Education for children

The welfare of children especially in terms of their ability to attend school is a basic fundamental right, was affected by the operation. School drop out was reported to be 22%. However, 45% of households interviewed reported that they were at a precarious position in funding and accessing schools for their children, currently and in future. This may be a clear indication on the future prospects of school enrolment for children in the near future. Reasons attributable to this may be due to the destruction of livelihoods and

the preoccupation that members of communities find themselves in meeting survival strategies. Households hosting orphans and female headed households according to the survey results were more likely to cite this as one aspect affected by the operation.

3.3.4 Property

During the Operation, property was lost as security of household property was compromised, breakage of property as a direct result of the demolitions, property seized by the police and council police. Furthermore, some artisans sold tools and products at give away prices in order to minimize losses as a result of the Operation. Forty five percent (45%) of homesteads visited reported that they had incurred losses of property. Unfortunately, the survey was not able to quantify in Zimbabwean dollar value what it was exactly the affected communities had lost and also the nature of the property. However, based on the figure quoted, this clearly demonstrates that the affected communities' had lost a lot of property. Generally, households assets are used as a source of revenue in extreme cases, now with the loss of property, this can only mean that household security and safety needs had been reduced. Nonetheless no apparent difference was noted for the type of household and the vulnerability category in this respect.

3.3.5 Deterioration in health

The well being of the community is one important indicator of social wellbeing. And as such the survey explored how individuals had coped health wise, after *Operation Murambatsvina*. It is sad to note that slightly over 20% of people interviewed, attributed the deterioration of health of their loved ones as a direct result of the operation. Moreso considering the high prevalence of HIV/AIDS in Zimbabwe, it would be safe to assume that individuals who were receiving medication (ARTs) and support (food, counselling) had lost these services as a result of the Operation. Furthermore, as already stated above, those with livelihoods that have been destroyed may not be able to meet their dietary requirements resulting in the increased deterioration of their health.

3.3.6 Food security

Food security has four pillars, namely; access, availability, utilization and affordability. Approximately, 60% of households sampled claimed that they had become food insecure as a consequence of the Operation. Being urban areas, most of the food supply to the family is sourced from the market. Little or no food finds its way from the rural areas if a family has rural linkages exists. With the continued escalation in the cost of basic commodities especially food in the country with the simultaneous destruction of livelihoods, communities have increasing become food insecure.

3.3.7 Household safety and security

Household safety and security was defined as the family ability to protect and safe guard its assets (physical) and from exploitation. Almost half (49%) of the homesteads reported that this indicator had been compromised as a result of the operation. Reasons attributed may be the influx of unemployed people as a result of the Operation. Furthermore, in Mbare some households were living in the open adjacent to Mbare Bus Terminus (wards 12, 3, and 4). Reasons cited for this were 1) inability to secure alternative accommodation because of the scarcity and cost, 2) shortage of buses to ferry displaced people to their rural areas, 3) in ability to secure bus fares and 4) people who had nowhere to go.

3.3.8 Disruption of the family unit

Housing waiting list runs into hundreds of thousands in Harare and all other urban areas in Zimbabwe. Sharing of homesteads and extension of houses was a way in which

Harareans sought to mitigate the accommodation problem. The Operation destroyed structures that were deemed as illegal in Harare's high density areas. More than three quarters (3/4) of the respondents reported losing shelter. If this is the case, due to the strain and the exorbitant rental rates that the landlords charge, the family unit is exposed to further economic strain. It worrying to note that over 40% of homesteads visited reported that family units had been disrupted as a result of the operation. Mostly children and spouses had been relocated back to the rural homesteads if this was plausible.

3.3.9 Women status and dignity

Humiliation and loss of dignity as a direct result of the operation was also reported. Prior to the demolition exercise, it is reported and accounted by respondents that the authorities would move around marking what they deemed as illegal structures using paint. The marked buildings were to be destroyed. Such actions resemble a war situation. Therefore, naturally, women primarily as custodians of the family, were victims of such draconian measures. This is witnessed by 39% of the interviewed homesteads claiming that they had lost their dignity as a result of the Operation.

3.3.10 Increased vulnerability for children, orphans and women

In a disaster (natural or man made in this case) children and women are more vulnerable to abuse and exploitation. It is saddening to note that 37% of the interviewed homesteads acknowledged that women and children had become more vulnerable to abuse as a consequence of the Operation. Furthermore, a high proportion of the these were from female-headed households. A major problem that normally ensues is sexual exploitation as women try to fend for children. As earlier highlighted, the majority of child headed households are girls. This not only reinforces the earlier statement that they are increasingly becoming vulnerable.

3.3.11 Psychologically affected (traumatized)

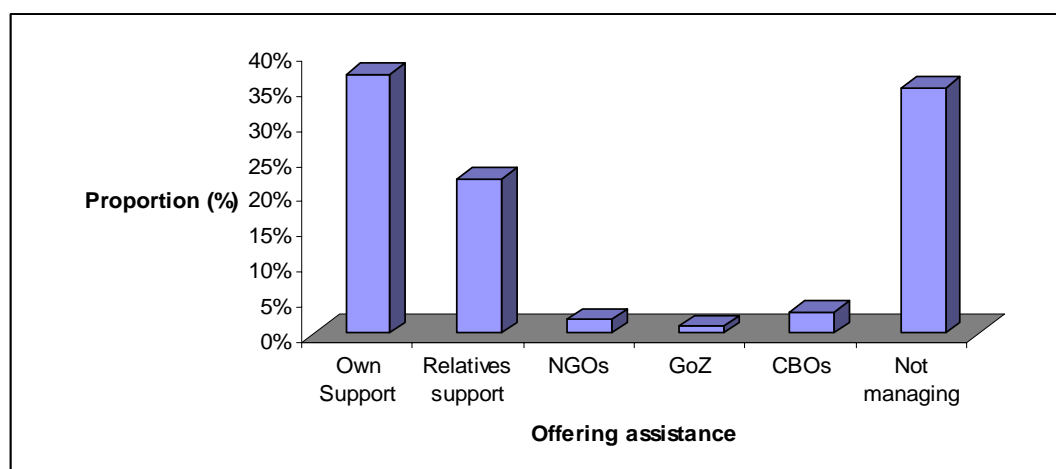
The operation was swiftly implemented without prior warning in most wards. Heavy machinery such as bull dozers and trucks were rolled out. To complement this armed police and riot personnel participated in the Operation. The scale of the Operation in some instances resembled a war situation. As a result almost 40% of respondents interviewed claimed that they had been traumatized by the graphic, detailed and heavy handedness of the implementers of the Operations. From the analysis done, this was generally the same across board. Despite the low proportion of child headed households, this seemed to be reported in 82% of child headed households.

3.4 Coping mechanisms being employed by affected communities

Coping mechanisms are behavioural changes made at household level to adjust to unexpected and expected shocks. It becomes extremely prudent to establish how households are coping as a result of the sheer magnitude of the operation. Coping mechanisms employed paint a good picture on the vulnerability status of the affected communities. Currently, only 37% households reported that they were using their own resources to sustain the family. A further 22% claimed to be getting assistance from relatives, whilst government, community based organizations and non-governmental organizations accounted for a mere 6% (see Figure 2). More importantly is the realization that 35% of households were not receiving any assistance at all and described themselves as not managing the situation at all. In this bracket, the majority were child- and women headed households accounting for 76% of the responses. This proportion is in urgent need of assistance, whilst those that are being supported by relative may not be in

immediate need, will require help in the near future, since relatives' support may be temporary and stretched as these find themselves in the same predicament.

Figure 2. Coping mechanisms being employed by communities



3.5 Assistance currently being received by affected areas

Of those that reported receiving assistance from the various sources, the following categories are the nature of assistance being received; food (17%), shelter (15%), monetary (8%), education for children (7%), relocation (5%), psycho-social support (5%) and legal help (4%). This clearly suggests that there are major gaps in the support that is being offered to the communities.

3.6 Perceived assistance required by communities

As follow up question, respondents were asked on assistance they felt were areas of need that had arisen as a result of the operation. Table clearly demonstrates the areas that when cited by respondents. From the preceding paragraphs, it has been documented that

Table 6: Proportion of assistance required

Area of need	Proportion (%)
Shelter	73%
Food	83%
Compensation	50%
Relocation	45%
Education	56%
Legal help	4%
Monetary (financial help)	74%
Psycho-social support	42%

major support gaps are in existence in the 26 wards. Therefore, the study sought to establish the communities perceptions as areas of immediate need for survival. This tie in with the emerging issues captured in this report. 73% of surveyed homesteads require shelter, 83% require food and a further 74% require money. Education for children and psycho-social counselling had 56% and 42%, respectively. Close to half the respondents (45%) required to be assisted in relocation, whilst half of the interviewed homesteads required compensation for lost property.

4. RECOMMENDATIONS

The range of recommendations presented in the report is mentioned in summary form below. These are aimed at those involved and responding to the crisis. Policy analysis is urgent and will be subsequent to this report.

General Recommendations:-

1. There is urgent need to resolve the accommodation/ shelter question for all affected families.
2. Urgent restoration of livelihoods for affected families should be prioritised to ensure recovery and long term sustainability of income for affected communities.
3. There is urgent need to grant and guarantee access to appropriate treatment and quality care for people living with HIV/AIDS.
4. There is urgent need to conduct an in-depth national survey to better inform responses and to develop a commonly agreed national data set of the current situation.
5. There is urgent need to scale up the national response and meet the needs of the affected families.
6. There is need to consolidate the different coordination processes and ensure the meaningful sharing of information and activities by all stakeholders involved.
7. Need for urgent donor commitment for additional support to affected communities.
8. Urgent need to create awareness on the impact, extent and effects of the operation on affected communities.

5. APPENDICES

5.1 Questionnaire used in the survey

Questionnaire ID:

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Prov District Ward Household

Province:	HARARE	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td></tr></table>	0	1				
0	1							
Suburb/District:	HARARE	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td></tr></table>	0	1				
0	1							
Ward Name:	_____	Ward Number: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>						
Household number:		<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>						
Date of interview:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td><td>5</td></tr></table>					0	5	
				0	5			
Name of Enumerator:	_____							
Name of Supervisor:	_____							
Name of Data Entry Clerk:	_____							

Name of the respondent: First name: _____ Surname: _____							
Sex of respondent:	1 = male 2 = female						
Physical address:	_____						
What is your nationality?	_____						
What is your citizenship?	_____						
When were you affected by Operation Murambatsvina?	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td><td>5</td></tr></table> Day Month Year					0	5
				0	5		

HOUSEHOLD DEMOGRAPHICS						
1.	How old is the household head?	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> years				
2.	What is the sex of the household head?	1 = male 2 = female				
3.	Marital status of household head?	Married.....1 Widowed2 Separated.....3 Divorced.....4 Single/never married.....5				
4.	Total number of household members	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> members				
5.	How many are:	Age range	Male			
		Below 18 years (0-17 years)	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
		Between 18 and 59 years	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
Above 60 years	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>					
6.	Are there any chronically ill members in your household? (a person who has been ill for more than 3 months with HIV/AIDS continuously)	1 = Yes	2 = No			
7.	If yes, how many?	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				99 = NA

8.	Are there any orphans in your household? (<i>Circle 1</i>)	1 = Yes	2 = No
9.	If yes, how many?	<input type="text"/>	99 = NA
10.	Are there any children below 18 years not attending school? (<i>Circle 1</i>)	1 = Yes	2 = No
11.	If yes, how many?	<input type="text"/>	99 = NA
12.	Are there any mentally/physically challenged members in your household?	1 = Yes	2 = No
13.	If yes, how many?	<input type="text"/>	99 = NA

LIVELIHOODS

14.	What was this household's primary source of income before Operation Murambatsvina? (Codes below)	<input type="text"/>		
Codes for 14 1 = remittance 2 = flea market 3 = tuck-shop 4 = fruit and vegetable sales (vending) 5 = skilled trade/artisan (e.g. carpenter) 6 = formal salary wages 7 = offering accommodation 8 = petty trade (freezit, sweets etc) 9 = cross border trader 10 = begging, gifts, donations 11 = no source of income 88 = other (specify -----)				
15.	How was your household affected by the Operation? (<i>Prompt all answers</i>)	a. Lost shelter	1 = Yes	2 = No
		b. Source of income	1 = Yes	2 = No
		c. Education for children	1 = Yes	2 = No
		d. Property	1 = Yes	2 = No
		e. Deterioration in health (AIDS/HIV)	1 = Yes	2 = No
		f. Food security	1 = Yes	2 = No
		g. Household safety and security	1 = Yes	2 = No
		h. Disruption of family unit	1 = Yes	2 = No
		i. Women status and dignity	1 = Yes	2 = No
	j. Increased vulnerability for children, orphans and women	1 = Yes	2 = No	
16.	How is the family currently managing? (<i>Circle all responses</i>)	1 = own resources 2 = relatives support 3 = aid agency (NGOs) 4 = government support 5 = community based organisations 6 = not managing at all 88 = others specify (.....)		

ASSISTANCE

17.	What assistance are you getting? (<i>Circle all responses</i>)	a. Shelter	1 = Yes	2 = No
		b. Food	1 = Yes	2 = No
		c. Compensation	1 = Yes	2 = No
		d. Relocation	1 = Yes	2 = No
		e. Education for children	1 = Yes	2 = No
		f. Legal help	1 = Yes	2 = No
		g. Monetary (financial help)	1 = Yes	2 = No
		h. Others specify (.....)		
18.	What assistance do you require? (<i>Prompt all responses</i>)	a. Shelter	1 = Yes	2 = No
		b. Food	1 = Yes	2 = No
		c. Compensation	1 = Yes	2 = No
		d. Relocation	1 = Yes	2 = No
		e. Education for children	1 = Yes	2 = No
		f. Legal help	1 = Yes	2 = No
		g. Monetary (financial help)	1 = Yes	2 = No
		h. Others specify (.....)		

5.2 Wards visited and Questionnaires administered

Ward Name	Ward Number	Number of Homesteads Visited
1. Mbare (Matapi)	3	552
2. Mbare (Matererine)	4	505
3. Sunningdale	10	530
4. Southerton	11	539
5. Mbare (National)	12	593
6. Rugare	13	526
7. Kambuzuma section 1	14	560
8. Dzvivarasekwa 1	15	576
9. Old Mabvuku	19	522
10. New Tafara	20	520
11. New Mabvuku	21	520
12. Highfield (Egypt)	24	572
13. Highfield (Lusaka)	25	549
14. Highfield (Jerusalem)	26	523
15. Glen Norah A	28	569
16. Glen Norah C	29	594
17. Glen View 8	30	570
18. Glen View 1	31	503
19. Glen View	32	526
20. Budiriro 1	33	576
21. Mufakose 1	34	524
22. Mufakose 2	35	518
23. Mufakose 3	36	520
24. Warren Park D	37	602
25. Hatcliff	42	513
26. Budiriro	43	513
Total		14,137