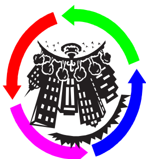
THE IMPACT OF

"OPERATION MURAMBATSVINA/RESTORE ORDER"

IN

ZIMBABWE

August 2005



Combined Harare Residents Association

actionaid international

PREFACE

The current ActionAid Southern Africa Partnership (SAAP- Zimbabwe) – Zimbabwe Operation Murambatsvina/Restore Order National Survey Report is one of several processes to assess the impact of the Operation since commencement of the operation on 18 May 2005 and enhance the National information base. ActionAid International Southern African Partnership Programme – Zimbabwe was responsible for conducting this study. The study on the impact of Operation Murambatsvina/Restore Order was conducted in collaboration with Combined Harare Resident's Association and the Zimbabwe Peace Project. The report details how the Operation impacted on the lives of millions of Zimbabweans as a result of GoZ actions. Furthermore it explores who were most affected and the type of assistance that is required and where this assistance needs to be channelled. Primary research was carried out to characterise the impact of Operation Murambatsvina/Restore Order. This report builds on the UN Special Envoys Fact finding mission by providing primary data, analysis and perspectives from affected people.

It is hoped that this Report will help in highlighting the humanitarian priorities and current response gaps and ultimately trigger meaningful support for affected families for all actors. This report intends to further build on the national data sets available on the impact of the Operation on affected families. It take into cognition other assessments carried out in the country by civil society and the UNCT and is a complementary process. This report is generally an advocacy tool to remind the nation and the international community of its humanitarian and developmental priorities as well as to alert the nation and other stakeholders of the emerging challenges.

ACKNOWLEDGEMENTS

ActionAid's Zimbabwe Operation Murambatsvina/Restore Order impact study is possible because of the commitment and conscientious contributions made by civil society, actors AAI partners. The preparation of the Report would not have been possible without the support and valuable contributions of a large number of individuals and organisations. ActionAid warmly acknowledges this invaluable support and the welcoming response from all households and communities contacted during this survey. The ActionAid team was greatly assisted by partners namely, Combined Harare's Residents Association (CHRA) and Zimbabwe Peace Project (ZPP) who recruited enumerators at short notice to make the whole data collection process possible. We also would like to thank ActionAid International Secretariat, AAI Africa Region Offices (AROs) and Southern African Partnership both for invaluable management and technical support and for their unwavering support to the AAI team in Zimbabwe. Finally, we also acknowledge the role of agencies and organisation who gave critical and meaningful feedback on the pilot Harare survey, which shaped this product.

EXECUTIVE SUMMARY

The Zimbabwe "*Operation Murambatsvina/Restore Order*" 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 communities.

A structured questionnaire was used in the collection of data from 23,511 respondents distributed in 66 affected high density wards in 6 urban cetres of Zimbabwe. 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 110 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 team leaders at ward level. Therefore, 520 researchers collected this information over a two day period. At least 500 homesteads were visited in each ward during the course of the study. This represents a third of homesteads 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.

National impact of the operation

Area	Projected Affected Population[1]	Proportion Total Affected (%)	Proportion Area population (%)
Harare	851,434	71	59
Bulawayo	196,635	16	29
Mutare	92,481	8	54
Kariba	12,793	1	37
Beitbridge	22,920	2	42
Victoria Falls	17,107	2	54
Total population	**1,193,370**	**100**	**49**

A total of 1,193,370 individuals were affected by Operation Murambatsvina in the six sampled urban areas. Harare was the hardest hit area accounting for 71% of individuals affected by the Operation.

Bulawayo was the second worst affected nationally, however, the proportion of individuals in Bulawayo affected were less than 30% and this figure is the lowest at city or town level. Other statistics for all areas are shown in the table above.

[1] Total population affected in sample*average national household size (4.2)*average households per homestead (3)*the real population in the high density suburbs. However, this does not take into consideration people in transit camps, people that have already relocated and other areas where the operation was effected but not sampled.

Socio-demographic data of the sampled wards

From the data generated from the survey, 88% (n = 20,689) of homesteads visited in the 66 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 127,587 with an average household size of 5.5
- The majority of respondents household heads were male compared to female heads (47% and 53%, respectively);
- The average age of the head of household is 40.7 years, with the youngest reported as 12 years old and the oldest as 90 years old.
- Female household heads were slightly younger than male household heads, 40 and 41 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).
- Furthermore, children aged between 0 -17 years made up 71,691 members (or 56%) of the total population. The proportion of male and female children was roughly equal (51% vs. 49%)
- Thirty one percent (31%) 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 into five categories[2]. Most households interviewed fall in 3 categories (39%), whilst in 1 category: 12%; 2 categories: 36%; 3 categories: 39%; 4 categories: 8% and only 4% in the 5 categories.
- Out of the 23,511 sampled homesteads, 22% of them reported that children were not attending school as a direct result of the Operation.
- In the 22% of the respondents who claimed children were not attending school as a result of the operation, a total of 24,332 were recorded, representing 19% of the population. Children in female headed households seem to have been affected slightly more compared to male headed households with 25% versus 21%, respectively. Furthermore, worryingly, was the increased non attendance rates for households hosting orphans against those not hosting orphans (40% vs. 15%).

Livelihoods

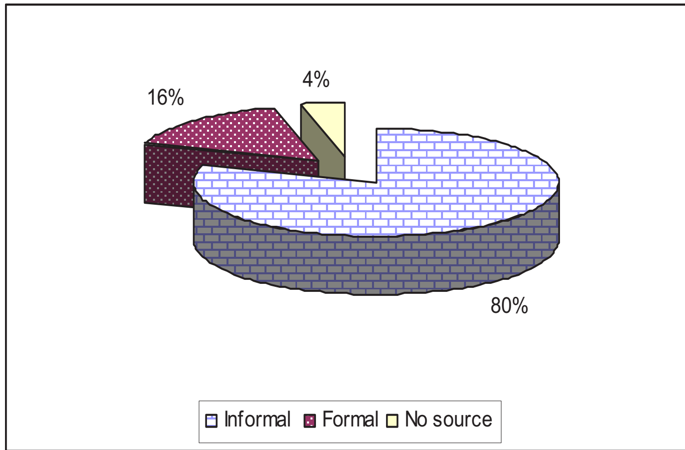
The survey inquired on the primary source of income affected by the *Operation* since secondary information suggests that the *Operation* has had an adverse effect on livelihoods.

- A majority (70%) of urban dwellers were engaged in informal trading[3] prior to "*Operation Murambatsvina/Restore Order*" from the sample.

---

[2] Hosting chronically ill persons, hosting orphans, hosting mentally/physically challenged persons, elderly headed households (plus 60 years) and child headed households.

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



- The primary sources of income that were cited to have been disrupted (70%) as a result of the *Operation* from the sample include: tuck shop ownership (9%), flea market (12%), fruit and vegetable vending (17%), offering accommodation (15%), cross border trader (7%), skilled trade/artisan (13%) and petty trade (6%) such as sale of firewood.
- Formal employment was only cited 16% of the respondents as a primary source of income, whilst a further 4% claimed not to have any source of income or livelihood activity they were engaged in before the Operation.

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. These losses are discussed below:

Shelter

- A majority (70%) 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, 76% of interviewed households reported that they had lost their sources of income. This figure is similar to the 73% that had lost primary 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, which was affected by the operation.

- School drop out was reported to be 22%. However, a further 44% of households interviewed reported that they were in 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.

Property

- Forty eight percent (48%) of households visited reported that they had incurred losses of property.

Health

- Slightly over 25% of people interviewed attributed the deterioration of health of their loved ones as a direct result of the operation.

Food security

- Approximately, 54% 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.

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 (44%) of the homesteads reported that household safety and security had been compromised as a result of the operation.

Disruption of family unit

Housing waiting list runs into hundreds of thousands in Zimbabwe. Sharing of homesteads and extension of houses was a way in which Zimbabweans sought to mitigate the accommodation problem.

- More than three quarters ($^3/_4$) of the respondents reported losing shelter.
- Almost 40% of homesteads visited reported that family units had been disrupted as a result of the operation. Mostly children and spouses had been relocated to the rural homesteads or other suburbs if this was possible.

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 36% of the interviewed homesteads claiming that they had lost their dignity as a result of the *Operation*.

Increased vulnerability for women, children and orphans (OVCs)

- It is saddening to note that 35% 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.

Loss of Quality care - Home Based Care (HBC)

- The national average from the households sampled was 14% of the respondents claiming that they had lost HBC. When this data was further disaggregated to capture households hosting chronically, it resulted in a subsequent increase to 40%. This could a result from HBC providers and recipients being dislocated by the operation.

Loss of Comprehensive treatment - retroviral treatment (ARTs)

Consistency in the administration of anti retroviral drugs is an important measure for effective results. No data was collected for the Harare survey.

- Approximately 15% of surveyed households reportedly had lost ARV treatment as a result of the Operation. Of these, 35% were households that had mentioned hosting chronically ill individual(s).

Psychologically affected (traumatised)

- Almost 35% 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.

Monetary value lost by communities in the studied population

	Sample population	Projected population[4]
	ZW$	ZW$
Harare	-	-
Bulawayo	46,381,457,000	185,526,000,000
Mutare	38,748,900,000	154,996,000,000
Kariba	23,702,670,000	94,801,680,000
Beitbridge	3,587,700,000	75,341,700,000[5]
Victoria Falls	9,712,700,000	38,850,800,000
Overall	122,132,027,000	488,534,000,000

- From these results almost ZW$500 billion (US$29,5 million) was reported to have been lost as a direct result of the operation in five of the six urban centres covered in the study. This excludes the Harare data, where over 60% of the affected resided.
- Furthermore, 30% of the respondents said they were not able to quantify in dollar terms how much they had lost. Therefore the figures presented here a just a drop as to exactly quantify the amounts individuals had invested before the Operation.

Coping mechanisms adopted by households

- Currently, only 49% households reported that they were using their own resources to sustain the family.
- A further 24% claimed to be getting assistance from relatives, whilst government, community based organizations and non-governmental organizations accounted for a mere 6%.
- Generally all the 5 vulnerable categories scored large proportions in the not managing response (plus 20%)

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 (18%), shelter (17%), monetary (7%), education for children (6%), relocation (4%), psycho-social support (9%) and legal help (4%). This clearly suggests that there are major gaps in the support that is being offered to the communities.

[4] Due to the sampling of a third, these figures are subsequently multiplied by 3.

[5] Due to problems encountered in sampling we only managed to a small sample as opposed to 1400, only 250 were survey. Therefore this figure was multiplied by 7 then 3.

Perceived assistance required

The table below clearly demonstrates the areas that when cited by respondents.

Proportion of assistance required	
Area of need	**Proportion (%)**
Shelter	68%
Food	76%
Compensation	54%
Relocation	45%
Education	54%
Legal help	39%
Monetary (financial help)	72%
Psycho-social support	36%

Sixty eight (68%) of surveyed homesteads require shelter, 75% require food and a further 72% require money (adjacent Table). Education for children and psycho-social counselling had 54% and 36%, respectively. A few (45%) required to be assisted in relocation, whilst slightly over half of the interviewed homesteads required compensation for lost property.

Conclusion

The foregoing sections clearly demonstrate the overall negative effect of Operation Murambatsvina has had on residents of the six areas surveyed, mainly in the high density suburbs. The destruction of accommodation has resulted in both increased pressure on houses that exist as well as the disintegration of families. The disruptive nature of the Operation has resulted in a large number of children missing school. Furthermore, rentals have also increased substantially in the last 3 months. Informal livelihoods were the main source of income for the majority of respondents. The actions taken by the GoZ towards the destruction of the informal sector so as to legitimise it, has crippled many households. This has resulted in many households claiming that they had become food insecure, have limited income, lost shelter, property, increased vulnerability to women and children, deterioration of health, orphans and women, physical safety of the household being compromised.

On HIV/AIDS, prevention efforts have been compromised by the destruction of tuck-shops and other informal sales points, which were a major sales and access point for condoms. The VCT component has also been highly compromised as people are not likely to opt for testing and counselling while they are displaced and desperate for humanitarian assistance. It can be argued that access to prevention information has also been diminished as the information focal points (work places, residential clusters) have been destroyed.

Comprehensive treatment and quality care have also been compromised and this is characterised by disruption of ongoing treatment and in most cases the complete cessation of drug compliance due to lack of access and or proximity to the dispensing outlets.

Assistance being received by affected communities remains sub-optimal and at times inappropriate to say the least. Social and safety networks have been exhausted and require urgent complementation. Areas of need have been identified by the communities and the most vulnerable by sectors have also been discussed.

RECOMMENDATIONS

It would suffice to mention that we are in agreement with the recommendations provided in the UN special envoys fact finding mission report (7.2.1, 7.2.2, 7.2.3, 7.2.4, 7.2.5 of that report).
The range of recommendations presented in this report is mentioned in summary form below:

Immediate Humanitarian Support

1. Immediate support to restore school attendance to at least 24,332 children recorded in the survey who are not attending school as a direct result of the operation.
2. Medium term measure support to ensure a further 26,244 children do not drop out of school.
3. Direct livelihood restoration support to at least 164,602 households of small traders who lost their livelihoods as a result of the operation.
4. Immediate assessment of people rendered homeless by the operation, where they are, and immediate provision of emergency shelter for this caseload.
5. Immediate targeted food aid to at least 811,899 individuals (139,982 households) affected not in holding camps and churches.
6. Immediate access to ART and quality care for people living with HIV and AIDS and are currently displaced.
7. Targeted support for displaced women headed households to reduce the multiple vulnerabilities that they face.
8. Humanitarian agencies should increase their coverage and scale up their responses to ensure greater and holistic support to the affected households.

Medium term policy support

1. Legislation review to support informal sector activities and restore income security for affected families that constituted 73% of the respondents in this study.
2. Inclusive planning and recovery process to ensure appropriate, pro-poor and people centred recovery and rehabilitation process.
3. The Government of Zimbabwe should be accountable for the upholding of civil and human rights for all affected households.
4. Greater donor response to the humanitarian imperative, and support to civil society response programmes for more effective coverage.
5. Deliberate scaling up of access to information and awareness to ensure that affected households are informed of their entitlements and where to secure them.

Table of Contents

Preface i
Acknowledgements ii
Executive Summary iii
Recommendations ix
Table of Contents x
List of Tables xii
List of Figures xiii
Acronyms and abbreviations xiv
1. Introduction 1
1.1 Background to "Operation Murambatsvina/Restore Order" 1
1.2 Zimbabwe background 1
1.3 Purpose of the study 2
1.4 Outline of report 3
2. Methodology 4
2.1 Sampling 4
2.2 Sample size 5
2.3 Areas surveyed 5
2.3.1 Harare 5
2.3.2 Bulawayo 5
2.3.3 Mutare 5
2.3.4 Victoria Falls 6
2.3.5 Beitbridge 6
2.3.6 Kariba 6
2.4 Limitations of the survey 6
2.5 Data capture and analysis 7
3. Survey Results 8
3.1 National impact of Operation Murambatsvina/Restore Order Overview 8
3.2 Socio-demographic data of the sampled affected wards in Zimbabwe 10
3.2.1 Vulnerable groups 11
3.2.1.1 Orphans 11
3.3.1.2 Chronically ill 12
3.3.1.3 Mentally ill and physically challenged 12
3.3.1.4 Elderly headed households 12
3.3.1.5 Child headed households 13
3.3.1.6 Women headed households 13
3.3.1.7 Multiple vulnerability 13
3.3.1.8 Children and education 13
3.3 Livelihoods 14
3.3.1 No income 15
3.3.2 Informal 15
3.3.2.1 Remittance 16
3.3.2.2 Begging 16
3.3.2.3 Cross border trading 16
3.3.2.4 Flea market 17
3.3.2.5 Tuck-shop 17
3.3.2.6 Skilled trade/artisan 18

3.3.2.6 Offering accommodation (rental income) ... 18
3.3.2.7 Petty trade ... 18
3.3.3 Formal ... 19
3.4 Impact of Operation at household level ... 19
3.4.1 Shelter ... 19
3.4.2 Sources of income ... 20
3.4.3 School enrolment ... 20
3.4.4 Property ... 21
3.4.5 Health ... 21
3.4.6 Food security ... 21
3.4.7 Household safety (physical) and human security ... 23
3.4.8 Disruption of the family unit ... 24
3.4.9 Women status and dignity ... 24
3.4.10 Lost health facilities ... 25
3.3.11 Increased vulnerability for children, orphans (OVCs) and women ... 25
3.3.12 Loss of Quality Care - Home Based Care (HBC) ... 25
3.3.13 Loss of Comprehensive treatment - Anti-retroviral treatment (ARVs) ... 25
3.3.14 Psychologically affected (traumatized) ... 26
3.4 Monetary value lost by communities as a result of the Operation ... 26
3.5 Coping mechanisms being employed by affected communities ... 27
3.6 Assistance being received by affected areas ... 28
3.7 Perceived assistance required by communities ... 29
4. CONCLUSIONS ... 30
5. EMERGING ISSUES ... 30
6. APPENDIX ... 32
6.1 Questionnaire used in the survey ... 32
6.2 Wards sampled in Harare ... 34
6.3 Wards sampled in Bulawayo ... 34
6.4 Wards sampled in Mutare ... 35
6.5 Wards sampled Kariba ... 35
6.6 Wards sampled in Beitbridge ... 35
6.7 Wards sampled in Victoria Falls ... 35
6.8 Household demographics ... 36
6.9 Impact of Operation on Households ... 37
6.10 Coping mechanisms being employed by communities ... 38
6.11 Assistance currently being received ... 38
6.12 Assistance required by Households ... 39
6.13 Marital status of Household heads ... 39
6.14 Sources of income ... 40
6.15 Map of Zimbabwe ... 41

List of Tables

Table 1: Sampled areas and proportions sampled....................5
Table 2: Projection of people affected by Operation Murambatsvina....................8
Table 3: Sample sizes for selected strata.................... 10
Table 4: Marital status of respondents.................... 11
Table 5: Percent of households with chronically ill and mentally/physically challenged persons.................... 12
Table 6: Vulnerability categories.................... 13
Table 7: Proportion of households affected by Operation Murambatsvina.................... 20
Table 8: Proportion of households affected by Operation Murambatsvina.................... 21
Table 9: Proportion of households affected by Operation Murambatsvina.................... 24
Table 10: Monetary value lost by communities.................... 26
Table 11: Assistance received by vulnerable categories.................... 28
Table 12: Proportion of assistance required.................... 29
Table 13: Assistance required by vulnerable categories.................... 29

LIST OF FIGURES

Figure 1: Households affected in more than 3 ways 9
Figure 2: Prevalence of Orphans in sampled areas 11
Figure 3: School drop out rates 13
Figure 4: Sources of income prior to the Operation 14
Figure 5: Source of income by Area surveyed 15
Figure 6: Livelihoods prior to the Operation 16
Figure 7: Households that reported losing shelter by area 19
Figure 8: Proportion of households that have education compromised 20
Figure 9: Vulnerable groups food security situation 22
Figure 10: "Not managing" vulnerable groups 27

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ARVs	Anti Retro Viral drugs
CBO	Community Based Organisations
CHRA	Combined Harares' Residents Association
FAO	Food and Agriculture Organization
GoZ	Government of Zimbabwe
HBC	Home Based Care
HIV	Human Immuno Deficiency Virus
HH	Household
INGOs	International Non-Governmental Organizations
IOM	United Nations - International Organization for Migration
MDC	Movement for Democratic Change
NGO	Non-Governmental Organization
SAPP	Southern Africa Partnership Programme
SPSS	Statistical Package for Social Sciences
TB	Tuberculosis
UNCT	United Nations Country Team
UNDP	United Nation Development Programme
UNICEF	United Children's Fund
UNOCA	United Nations Office for Coordination of Humanitarian Affairs
WFP	United Nations - World Food Programme
ZANU (PF)	Zimbabwe African National Union Patriotic Front
ZRP	Zimbabwe Republic Police
ZPP	Zimbabwe Peace Project

GLOSSARY OF TERMS

Term	Definition
Chronically Ill	A person who has had persistent and recurring illness during the last three months that has reduced his/her productivity.
Disabled	A person who has a mental and/or physical handicap that prevents him/her from full-productivity.
Head of the Household	The primary decision-maker in terms of allocating the natural, human, and financial resources available to the household.
Orphan	A child with one (single orphan) or both parents (double) that have died and abandoned children.
"*Operation Murambatsvina/Restore Order*"	An operation that commence on 18 May 2005 to rid the urban areas of filth (discard the filth), as well as illegal structures, and formalise the informal sector according to GoZ. In this report *Operation Murambatsvina* and *Operation Restore Order* refer to the same Operation.
Household	People living under the same roof and eating together from the same pot.
Ward	A political boundary, may have up to 15,000 voters
Elderly headed household	A household headed by a person above 60 and does not include a productive person (18 - 60 years old)
Child headed household	A household headed by a person below 18 years
Female headed household	A household headed by a woman, the woman is the primary decision maker.
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.

1. INTRODUCTION

1.1 Background to *"Operation Murambatsvina/Restore Order"*

The *Operation* that changed the lives of millions of people in Zimbabwe began on 18th May 2005; when the Government of Zimbabwe (GoZ) declared and rolled out bulldozers complemented by armed police across the cities of Zimbabwe to demolish all "illegal structures". The *Operation* witnessed the destruction of urban poor dwellings, livelihoods, the destruction of vending stalls and the confiscation of goods and property of informal traders. It is estimated that over 55,000 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.[6] Furthermore, more than 30,000 people were arrested and fined in the process.

To date, the *Operation* has received wide condemnation from both local and international sympathizers, agencies and actors alike. Recently the "Report of the Fact-Finding Mission to Zimbabwe to assess the Scope and Impact of Operation Murambatsvina by the UN Special Envoy on Human Settlements Issues in Zimbabwe" – Mrs Anna Kajumulo Tibaijuka emphases on the "wanton destruction of homes, business premises and vending sites" by the Operation. 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 city and rid it of illegal vendors, illegal dwellings and criminal elements who were among other things accused of fuelling the foreign currency black market.

After initial resistance by the GoZ, 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). Furthermore, the United Nations Country Team (UNCT) comprising of the International Organization for Migration (IOM), World Food Programme (WFP), United Nation Development Programme (UNDP), United Children's Fund (UNICEF), United Nations Office for Coordination of Humanitarian Affairs (UNOCA) 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.

1.2 Zimbabwe background

Zimbabwe is currently facing the worst food insecurity, economic and political crisis to hit the country since independence in 1980. This crisis is qualitatively deeper and more serious than that of 1992-1994. This has resulted from a range of "entangled crises" such as rainfall failure, widespread disruptions in food availability, failures of governance, extreme levels of prevailing poverty and the erosion of livelihood strategies through HIV/AIDS. Vulnerability has been driven upwards by often silent but intensifying conditions of political, socio-economic and environmental vulnerability, which requires a

[6] United Nations preliminary report

modest external threat such as an exceptional drought, to trigger widespread suffering.[7] ActionAid concurs with this perspective on increasing vulnerability recognising that as a result of the complex set of issues, including rapid decline, the erosion of traditional structures and increasing poverty of the most vulnerable households over the past decade, the burdens on already near-exhausted kinship support are becoming intolerable. In this context women and girls have been most affected and continue to be the most vulnerable.

Recently the Zimbabwe preliminary VAC results suggest at least 3,9 million people will require assistance over the year ahead. Government priorities include a mix of food and cash transfers to the most food insecure. It is further estimated that the number evicted from their homes has increased to 375,000 following Government's clean up campaign.[8]

Box 1: Zimbabwe facts at a glance

Topic	Variable
Inflation	+144%
Population	12.9 million
Unemployment	80%
Urban population	35%
GNI(per capita)[9]	US$480
HDI[10]	147th of 177 countries
HIV prevalence	24%
Life expectancy at birth	33 years
Sources: UNDP, Human Development Report 2004 UNFPA, The State of World Population 2004 UNICEF, The State of the World's Children 2005 World Bank, World Development Report 2005	

- Number of food insecure people is 3,9 million and this excludes at least 700,000 affected by the recent operation Restore Order/ Murambatsvina
- Maize retail price for June was US$0.34/kg, which is the highest in the region.
- Furthermore, Zimbabwe has a cereal deficit of 1,718 million metric tonnes, which includes stock replenishment, of which 308 million Mt is required as food aid.
- WFP, through its southern Africa, PRRO, has estimated its response at 213,436 Mt of cereal and still have a shortfall of 139,155 Mt

1.3 Purpose of the study

From 18 May 2005 Zimbabwe experienced the worst urban humanitarian crisis to date since independence in 1980. Currently only two major reports, which are mainly of a qualitative in nature have taken place through the UN Special Envoy on Human Settlements Issues in Zimbabwe" - Mrs Anna Kajumulo Tibaijuka to assess the impact of Operation Murambatsvina/Restore Order and the UNCT national report. This crisis has not attracted substantial emergency response commitments but has drawn international condemnation. Stakeholders such as donors (both multi and bi-lateral), International NGOs and other interested parties have been trying to assess the impact of the operation

---

[7] The Underlying Causes of the Food Crisis in the Southern African Region – Malawi, Mozambique, Zambia and Zimbabwe.

[8] UNRIACSO – Southern African Humanitarian Crisis Update

[9] Formerly gross national product or GNP. (GNI) is made up of GDP plus the net income earned from investments abroad (minus similar payments made to non-residents who contribute to the domestic economy).

[10] Measures human development by combining three dimensions of development - longevity (life expectancy at birth), knowledge (adult literacy and mean years of schooling), and income.

so as to be in a position of assisting the affected. The limited availability of clear evidence based on data to inform the response and this has been an impediment to meaningful coordination of response activities.

Currently, humanitarian assistance has been provided to those in holding camps (where access has been granted) and to those who found refuge in churches across the country. However, the nature and extent of responses is not only limited in its scope and coverage but it is lacking important and critical information necessary in providing a well coordinated and effective response. There is no socio-demographic profiling, location and economic information on those affected as well as accurate humanitarian information to inform appropriate responses. Lack of information is affecting response programme planning, implementation, vulnerability assessments and inability to ascertain the scale, effectiveness of relief efforts. The major challenge being experienced in providing 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); probably leaving other vulnerable members of the affected population. Therefore the purpose of this survey is to inform all interested parties of the impact of Operation Murambatsvina/Restore Order at both household and community level by providing an analysis of the different factors affecting those targeted by the Operation. Furthermore, HIV/AIDS, women and children are critically assessed in this report. Realising the broad nature of these areas, the study specifically sets out to:

1. develop a brief outline of the extent of the impact of the Operation in 6 specific areas;
2. profile the affected households with special emphasis towards the traditionally vulnerable categories;
3. identify the most affected and in need of immediate assistance;
4. quantifies in monetary terms how affected families lost income, assets, buldings and savings as a result of the Operation;
5. characterises the current assistance being offered;
6. raises important emerging issues as a result of report findings;
7. and finally develops recommendations that are gender sensitive for the GoZ, donors, NGOs, regional bodies and other actors on the above areas on how to address the situation in order to mitigate further suffering and ensure the restoration of peoples livelihoods in ways that enhance gender equity and promote of human rights.

1.4 Outline of report

The report is divided into 6 sections each addressing different topics of the study. These are as follow;

Section 1: The report gives a brief background to the Operation, followed by Zimbabwe's brief outlook. Then it details the purpose of the report;
Section 2: details methodology followed in data collection, capture and analysis and the limitations encountered;
Section 3: articulates the findings of the survey;
Section 4: concludes the impact of the Operation;
Section 5: discusses emerging issues and finally
Section 6: presents the appendix of the report.

2. METHODOLOGY

A structured questionnaire was used in the collection of data from 23,511 respondents in 6 urban centres of Zimbabwe, namely Harare, Bulawayo, Mutare, Kariba, Victoria Falls and Beitbridge. The quantitative household survey was designed to collect the following types of information from 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:** what 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, loss of comprehensive treatment and quality care and the psychological (trauma) effects, monetary value lost due to the Operation;
4. **Current coping mechanisms being employed**: using own resources, relatives support, aid agencies (NGOs), government support, community based organizations and those "not coping";
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 (counselling) and
6. **Assistance required by affected communities**: i.e. shelter, food, compensation, relocation, education for children, legal help, monetary (financial support) and psycho-social support (counselling).

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

Training of trainers: initially 110 trainers were trained on the administration, sampling techniques and data quality control.
Training of enumerators: a further 520 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, furthermore this made it certain that non-overlapping of areas covered occurred. Six urban areas (cities and towns) were purposively selected based on secondary information which suggested these were the worst affected areas. A total of 66 wards were surveyed and the distribution is shown in Table 1 also see Appendix 6.14. In Harare 26 out of 30 high density wards were surveyed for the purpose of this study. The reasons for the exclusion of the 4 were mainly of a security nature for enumerators. Wards not sampled include parts of Dzvivarasekwa (40,

39), Epworth (22) and Kuwadzana (44). The sample size for Beitbridge was only 242 due limited access and clearance restrictions to proceed. However a sample size of 242 is large enough to represent affected wards. 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 sampled ward. The ten researchers would allocate each other specific sections of the ward for the two days of data collection.

2.2 Sample size

A third (33%) of the homesteads were visited during the study in affected wards except for Beitbridge. The sample size is large enough to make sound inferences about the general population. Consequently, at least 500 homesteads per ward were visited during the exercise.

Table 1: Sampled areas and proportions sampled

Area	Number of wards	Sample size	Proportion of sample (%)
Harare	26	14,127	60
Bulawayo	20	4,171	18
Mutare	10	2,349	10
Kariba	4	1,516	6
Victoria Falls	4	242	1
Beitbridge	2	1,106	5
Total	**66**	**23,511**	**100%**

2.3 Areas surveyed

2.3.1 Harare

Harare is the capital city of Zimbabwe. This is a highly developed city with a population estimated at 1,444,534 based on the census results for 2002 (excluding Chitungwiza which home to 321,782 and Epworth, 113,884). Most industries and offices for companies are located in Harare. Harare has 45 administrative wards and of these 30 are high density suburbs. For Harare's geographical position, please refer to the Zimbabwe map on Appendix 6.14. Currently city council affairs of Harare are being run by a government appointed commission after the line minister responsible for local government fired the elected opposition MDC mayor.

2.3.2 Bulawayo

Located in the south western part of Zimbabwe, Bulawayo is the second largest city in Zimbabwe. Bulawayo has an estimated population of 676,787 people. Bulawayo has relatively developed infrastructure. It has numerous heavy industries. Until recently Bulawayo had a thriving industrial sector, however due to perennial water shortages and the general decline in the economy, Bulawayo's industrial base has been negatively affected. Bulawayo has 29 administrative wards and of these 19 are high density suburbs. The incumbent mayor for Bulawayo is from MDC.

2.3.3 Mutare

Mutare is located in the Eastern highlands of Zimbabwe and shares the border with Mozambique. It is the third largest city in Zimbabwe. Furthermore Mutare is endowed with tourist sites, Vumba, Nyanga and Chimanimani. Currently, the city council is headed by a mayor from the opposition party MDC. Mutare has a population of 170,106 in its 18 wards. Twelve wards are high density suburbs.

2.3.4 Victoria Falls

Victoria Falls town is located near the famous Victoria Falls. This is a main tourist resort. The main activity that provides jobs to the residents of the town is tourism. In the 1990s this was the fastest growing industry in Zimbabwe. Victoria Falls is home to an estimated 9,652 households with a total population of 31,375. Victoria Falls has 11 administrative wards and of these 7 are high density suburbs. The mayor for Victoria Falls is from ZANU (PF).

2.3.5 Beitbridge

Beitbridge is a border town located in the southern part of Zimbabwe. Beitbridge is the busiest border post in Zimbabwe, as this is the gateway to South Africa. Beitbridge town is home to 54,212 individuals. The main livelihood activities are associated with service provision for clearing agencies as well as civil servants.

2.3.6 Kariba

Kariba town is situated next to Zimbabwe's largest man made dam – Kariba. This is a prime tourist attraction. Furthermore, fishing companies are located in the area offering locals employment. Kariba is along the border between Zimbabwe and Zambia. 34,654 individuals reside in Kariba. The incumbent mayor for Kariba is from MDC.

2.4 Limitations of the survey

The "*Operation Murambatsvina/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 3 months after the first documented demolitions. Many changes may have taken 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, ActionAid wanted to collect as much information possible from all residents of the affected areas in Zimbabwe, however, fuel, money, researcher safety and manpower were limiting. Therefore rural areas were not sampled.
- ✓ **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 access to ART, HBC and health services were only covered in the other 5 surveyed areas except for Harare. However, data on mobility and migration were not captured.
- ✓ **Access to holding camps:** This survey did not take place in the holding camps and informal settlements an area that has a considerable number as well as those that are extremely vulnerable. Access to holding camps would have been denied, hence missing important information on the demographics. It is also in these where relief support has been largely centred.
- ✓ **Delayed implementation of the survey:** The late implementation of the survey, first demolition started on 18 May 2005, and this report is out exactly 90 days after the first demolition (time lapse).
- ✓ **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% of the total number of homesteads in the 66 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 (which in itself was by no means conclusive) in capturing as much information as possible and applying this to an agreed understanding of the factors that constitute impact of the *Operation*.
- ✓ **Spatial coverage:** the survey covered most affect urban centres and did not analyse the rural context specifically in relation to the reception and resettlement of the people who relocated to these areas.

2.5 Data capture and analysis

Immediately, after the survey, collected data was entered with the help of 48 data entry clerks over 4 days, cleaned, processed and analyzed in Statistical Package for Social Sciences (SPSS) Version 13.

3. Survey Results

This section sets out to review the impacts of *Operation Murambatsvina* on people's livelihoods, property, health, family unit, psychological well being, food security, looking particularly at the effects of the Operation on households and communities and recognising the role of gender relations. Furthermore, the section seeks to explore vulnerability at two levels: household and community. The Zimbabwe "*Operation Murambatsvina/Restore Order*" survey represents a unique opportunity to gain insights into the impact of Operation Murambatsvina on communities and households where the Operation was executed. Therefore the following sections attempt to give a factual account of the impact *Operation Murambatsvina/Restore Order.*

3.1 National impact of Operation Murambatsvina/Restore Order Overview

Approximately 88% of the 23,511 households surveyed in the high density suburbs of the 6 sites interviewed had been affected by Operation Murambatsvina in varying ways. The most affected areas were Victoria Falls, Harare and Mutare with 99%, 97% and 97%, respectively. Bulawayo and Beitbridge were also affected but to a lesser extent registering 83% and 78%, respectively (Appendix 6.8). Table 2 estimates the total people affected by the operation by areas surveyed (note these figures represent an underestimation because the figures do not represent all wards in Harare, some major towns and growth points were not sampled. However, due to the nature of the Operation, these figures are plausible to represent the main areas affected by the Operation).

Table 2: Projection of people affected by Operation Murambatsvina[11]

Area	Affected Population[12]	Proportion Total Affected (%)	Proportion Area population (%)
Harare	851,434	71	59
Bulawayo	196,635	16	29
Mutare	92,481	8	54
Kariba	12,793	1	37
Beitbridge	22,920	2	42
Victoria Falls	17,107	2	54
Total population	**1,193,370**	**100**	**49**

The proportion affected in a town is also a good indicator of the severity of the actions taken by the GoZ on its citizens. Using figures from the 2002 census results, the projected number of individuals affected by the Operation was divided into the census results. However, estimates from this study of 6 sites 1,193,370 individuals were affected by the Operation (Table 2). Clearly from the figures captured in Table 2, Harare was the worst affected by the Operation accounting for 71% of the total population followed by Bulawayo (16%). This attributable to the population size of Harare and Bulawayo (refer to section 2.3). Migration to Harare in the last decade has reached unprecedented levels

[11] Represents households affected in varying way, single effect and /or multiple effect (compound):- loss of income, shelter, education, property, deterioration in health, increased women vulnerability, disruption of family unit, loss of home based care and anti retroviral treatment.

[12] Total population affected in sample*average national household size (4.2)*average households per homestead (3)*the real population in the high density suburbs. However, this does not take into consideration people in transit camps, people that have already relocated and other areas where the operation was effected but not sampled.

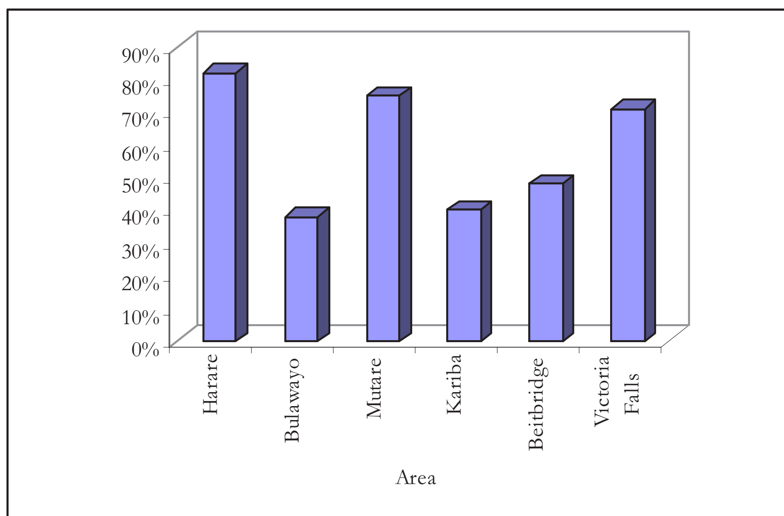
due to various factors including the search for employment. The major consequences of this, traditional safety nets and social linkages are used to mitigate suffering in periods of shock, however, the magnitude and extent of the operation has rendered these ineffective. Furthermore Mutare being the third largest city and capital to Manicaland the impact of the Operation was felt more. Despite the proportions that were recorded for Kariba (1%), Beitbridge (2%) and Victoria Falls (2%), the impact at town level is substantial with 37%, 42% and 54%, respectively.

On a localised scale, the impact in Bulawayo, of Operation Murambatsvina was only 29%, suggesting that Bulawayo residents were not as negatively affected compared to other areas. Bulawayo city councils for the past decades have been popular with the strict enforcements of urban by laws, this coupled with the migration of people to Botswana and South Africa to seek employment, may have limited growth in the population and ultimately pressure on accommodation and other activities that were targeted by Operation Murambatsvina/Restore Order.

Kariba and Victoria Falls are tourist resorts. After a boom in business from 1990 to 2000, business has been in low. The majority of individuals in these areas main source of livelihood was directly related to tourist arrivals. The influx of people in these areas was not matched with the increase in service provision with the respective councils and by the GoZ. Victoria Falls being the most popular resort probably had more people migrating to it, compared to Kariba. The subsequent result is evidenced by more people (54%) compared to (37%) in Kariba. Beitbridge is the busiest border post in Zimbabwe. This is the major link between Zimbabwe and South Africa and as such Beitbridge has been growing. Forty two percent (42%) of respondents in this area are estimated to have been affected by the Operation.

During the period of the Rhodesian Federation (1953 to 1963) (Zimbabwe, then South Rhodesia, Malawi, formally Nyasaland and Zambia, then North Rhodesia were one federation) movement across the borders was easy and this subsequently resulted in migrants from Malawi and Zambia living in Zimbabwe. Zimbabwe was the administrative capital of the federation. In addition, due to civil strife in Mozambique in the 1980s and 1990s, migrates from Mozambique also settled in Zimbabwe. As a result, Zimbabwe has a significant number of people of foreign origin. In this study, 4% of the sampled households were of foreign origin. This was uniform for all 6 sampled areas.

Figure 1: Households affected in more than 3 ways



In many instances, there was compound (multiple) impact on households surveyed. A household that may have lost shelter may have also lost a source of income and any other variable. This also increases the suffering of the household. Generally, most sampled households (76%) fell

into a category that had lost three or more aspects that were being investigated by the study (livelihood, shelter, health services, disruption of family unit, education and food security). Harare had 82% followed by Mutare with 75% and Victoria Falls (71%) households that fell into three or more categories affected by the operation. Beitbridge, Kariba and Bulawayo had fewer households that were in three or more categories (48%, 40% and 38%, respectively).

The preceding paragraphs clearly highlight the impact of the operation at town and city level. It is important also important to profile these households. The following section characterises the household demographics of the affected communities with special emphasises towards the traditional vulnerable groups.

3.2 Socio-demographic data of the sampled affected wards in Zimbabwe

Table 3: Sample sizes for selected strata

Strata/Category	Sub-strata	Sample Size (number of HHs)
Overall Population		127,587
Total number of households visited		23,511
Gender of respondent	Male	12,460 (53%)
	Female	11,051 (47%)
Gender of HH Head	Male	13,401 (57%)
	Female	10,110 (43%)
Total number affected by the operation[13]		**20,690 (88%)**

The table 3 above categorises the respondent's details that were sampled in the survey. Average age of the head of household is 40.7 years, with the youngest reported as 12 years old and the oldest as 90 years old. Female household heads are slightly younger than male household heads, 40 and 41 years old, respectively. The average size of sampled households is 5.5. Children aged 0 - 17 years made up 71,691 members (or 56.1%) of the total study population. The proportion of male and female children was roughly equal (51% vs. 49%). An average of 2.1 children was found per household interviewed. Additional observations are detailed below (disaggregated data is shown in Appendix 6.8).

- A consistent variation in the size of households in all four districts was maintained in both surveys.
- The proportion sex of household head was also different across the four districts.
- The proportion of children in the study population did not vary across sampled areas.
- Mutare still had the largest household size (6.1) and mean number of children (2.6) compared to other areas surveyed.
- Bulawayo also had the largest number of female-headed households (54%), whilst Mutare had the least (36%).

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

Table 4 summarizes the marital status of the study population. The majority (57%) of households are married and 19% are widowed. Only a small proportion of the households are divorced, separated or single (Table 4) (for further information on all areas surveyed please refer to Appendix 6.13). Slight differences were witnessed across the six urban areas (Appendix 6.13).

Table 4: Marital status of respondents

Marital status	Proportion (%)
Married	57
Widowed	19
Separated	5
Divorced	6
Single/never married	13

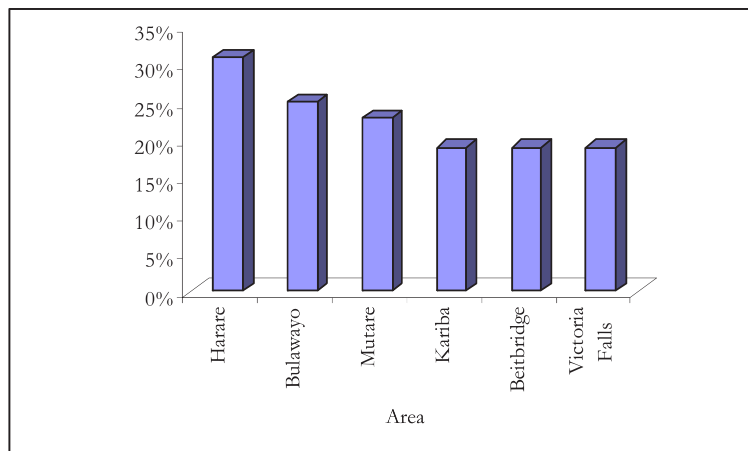
3.2.1 Vulnerable groups

The following section defines various vulnerable groups important in emergency relief programming 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. Two groups that were unfortunately left out are pregnant and lactating women.

3.2.1.1 Orphans

Orphans, for the purpose of the study, are defined as children under 18 years (0 – 17 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).

Figure 2: Prevalence of Orphans in sampled areas



One child out of every 3 in the study population was an orphan (23,349). Female-headed households bear much of the burden in caring for orphans, with over forty percent (36%) of their households hosting at least one orphan child, while about 22% 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. Furthermore, in this context where HIV/AIDS orphans are becoming an increasing concern, where the mother is the surviving parent, she should be supported to maintain her children in the household. From Figure 2 above, Harare recorded the largest number of orphans (31%) followed by

Bulawayo (25%) and Mutare (23%). The prevalence rate for households hosting orphans was the same (19%) in Kariba, Beitbridge and Victoria Falls.

3.3.1.2 Chronically ill

Sub-Saharan Africa is the region most affected, where HIV/AIDS is now the leading cause of adult morbidity and mortality. The HIV/AIDS pandemic reaches into most social and economic aspects of life in at least half the sub-Saharan African countries. The magnitude and depth of HIV/AIDS impacts in sub-Saharan Africa are staggering and Zimbabwe, in particular, which is ranked fourth on prevalence rate in the world. It has been estimated that the prevalence rate in Zimbabwe is approximately 25%. It is with this scope, that this study investigated this HIV/AIDS. Chronically ill individuals, in the study, are those who have been ill for 3 months or longer prior to the study and are suffering from a recurring illness, which results in loss of productive labour. This would include individuals with HIV/AIDS, TB and other long-term illnesses. Therefore, chronic illness is used as a proxy for HIV/AIDS since establishment of HIV/AIDS status would be both difficult and controversial.

Chronically ill individuals were present in 13.4% of households surveyed. Further analysis reveals in these 13.4% households a total of 23,344 individuals were chronically ill (i.e. 18% of the overall population). However, both these statistics 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. More detailed figures are presented in Table 5 below for several strata. Chronically ill individuals comprise the majority of the vulnerable in this category. There is a small but significant difference between the percentages of chronically ill found in male- and female-headed households.

Table 5: Percent of households with chronically ill and mentally/physically challenged persons

Category	Chronically Ill Individuals	Mentally/physically challenged individuals
	% of households	
General Population	13.4	6
Male-headed households	12	5
Female-headed households	16	6

3.3.1.3 Mentally ill and physically challenged

The surveyed also inquired on the presents of mentally and/or physically challenged individuals in a household. Six percent (6%) of households interviewed were hosting either mentally or physically challenged persons. No variation was noted between the male- and female headed households. Only 10,720 (approximately 8% of the population) individuals were reported to be either mentally or physically challenged. Similar results from the 6 areas were recorded with a range of 4 to 6% prevalence rate.

3.3.1.4 Elderly headed households

Approximately 10% of household heads surveyed in the study are above 60 years. A slight difference was observed for male heads of households compared to female heads (12% vs. 10%, respectively). The mean age of elderly headed households was 67 years (with a range of 60 to 90 years). Results obtained across the 6 areas were similar.

3.3.1.5 Child headed households

Only 1% (253) 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, 55% were headed by girls and the remainder by boys.

3.3.1.6 Women headed households

Close to half (47%) of the homestead visited were female headed households (of these 34% were widows compared to 8% for male headed households). 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).

3.3.1.7 Multiple vulnerability

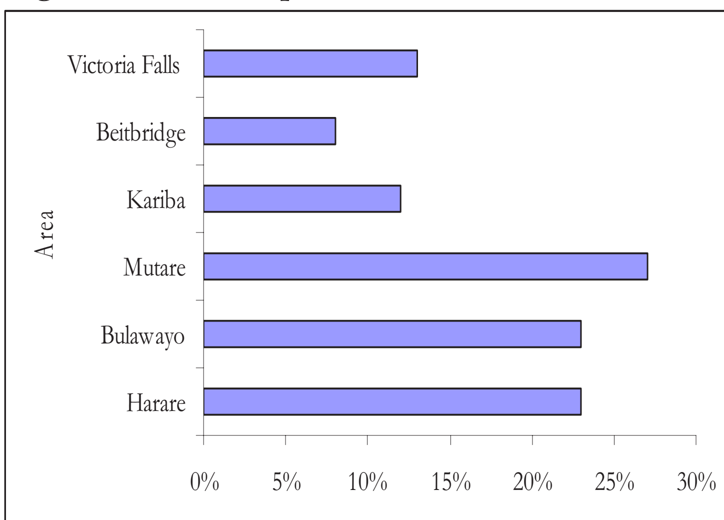
Any particular household can be in from none (zero) to all five of the vulnerable household categories above (this is refereed to as multiple vulnerability categories or compound vulnerability). For example, an elderly female head of household with chronically ill household members and hosting orphans would be in all five 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 explored this aspect and tries to explicitly show multiple vulnerability and the categories. Table 6 depicts the vulnerable categories that most households fall into from the sample. Information gathered shows that female- and child headed households are more likely to fall into two or more other vulnerable categories. This clearly demonstrates the vulnerability of female- and child headed households.

Table 6: Vulnerability categories

Category	Proportions in vulnerable categories
Category 1	12%
Category 2	36%
Category 3	39%
Category 4	8%
Category 5	5%

3.3.1.8 Children and education

Figure 3: School drop out rates



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 gender, and levels 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.

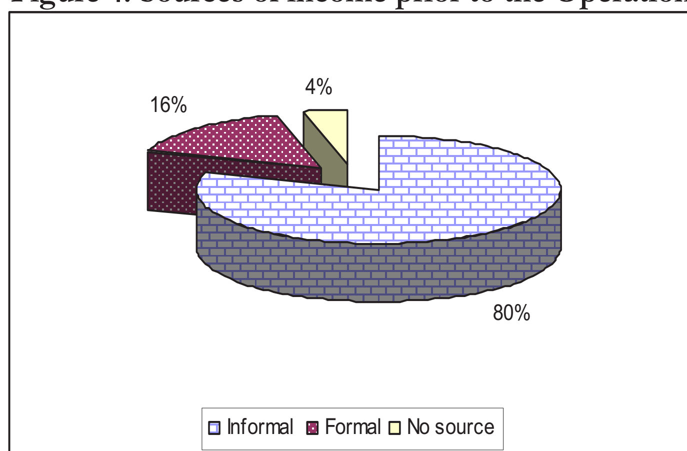
Out of 23,511 sampled households, 22% of them reported that children were not attending school as a direct result of the Operation. In the 22% of the respondents who claimed children were not attending school as a result of the operation, a total of 24,332 were recorded, representing 19% of the population. A marked difference in child school dropout rates across the six areas was witnessed. Harare, Mutare and Bulawayo recorded over 20% dropout rates whilst Victoria Falls, Beitbridge and Kariba recorded less than 15% (Figure 3). Children in female headed households seem to have been affected slightly more compared to male headed households with 25% versus 21%, respectively. Furthermore, worryingly, was the increased non attendance rates for households hosting orphans against those not hosting orphans (40% vs. 15%). The large numbers of children not attending school observed are a result of many reasons which may include the following;

1. Relocation to new residential areas.
2. Inability of families to pay fees for new schools as well as other material that is required for new schools such as school uniforms, text books etc.
3. Areas where the displaced families had been relocated do not have schools or alternatively the schools are full (student to teacher ratio)

The interpretations presented above rely on the assumption that socio-demographic criteria, such as elderly-headed household, female-headed household or presence of orphans, chronically ill or disabled members in the household, are good proxy indicators for potential vulnerability.

3.3 Livelihoods

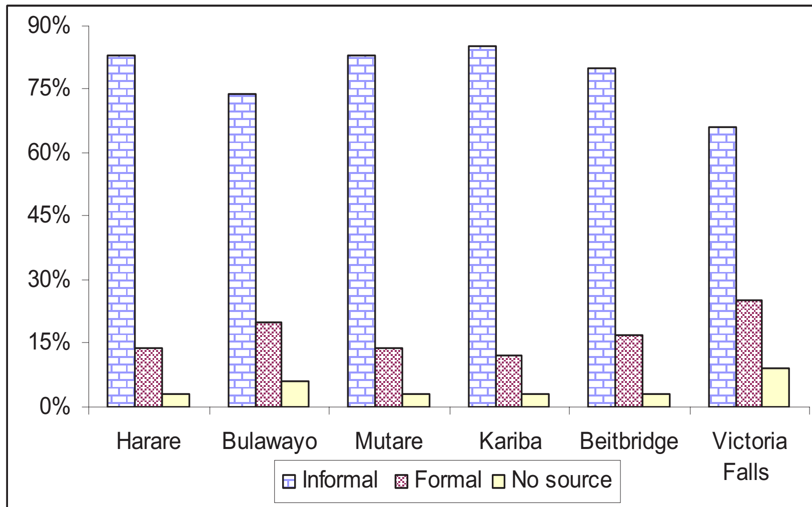
Figure 4: Sources of income prior to the Operation



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. Three categories will be discussed in the following sections on livelihoods, namely; no income source, informal source and formal source of income.

3.3.1 No income

Figure 5: Source of income by Area surveyed



Approximately 4% of households interviewed claimed that they had no source of income. Unique sampled areas include Ngozi mine, Killarney farm in Bulawayo (see Box) and Chinotimba in Victoria Falls. Habitants of this area survive off the dump sites through scavenging. Results obtained suggest that these settlements had a direct bearing on the proportion that claimed that they had no source of income. Highs of 6% and 7% were recorded for Bulawayo and Victoria Falls, and at least three quarters for sampled households in these mentioned areas had no source of income. Harare, Mutare, Kariba and Victoria Falls all recorded approximately 3% each. No differences were noted for all the vulnerable categories except for the child headed households, where 9% of the sampled households reported having no source of income prior to Operation Murambatsvina.

3.3.2 Informal

Informal sources of income include the following; remittance, flea markets, tuck shop, fruit and vegetable sales (vending), skilled trade/artisan, offering accommodation, begging, petty trade (includes firewood sales, street vending etc) and cross border trading. It is clear for Figure 5 that informal sources of income had recently become a major source of income for the majority (80%) of households sampled. A majority (73%) of urban dwellers were engaged in informal trading[14] prior to *Operation Murambatsvina/Restore Order* from the sample. Households derive income from a number of different sources. Figure 5 shows the proportion of households in the survey and their primary

Box 2: Informal settlements

Bulawayo – Ngozi Mine & Killarney Farm
Victoria Falls - Chinotimba

Ngozi Mine is a dump site located in Bulawayo. Approximately 80 households reside on the outskirts of the site. Residents of Ngozi mine sustain themselves by scavenging in the dump site.
Killarney Farm is a squatter camp located on the outskirts of Bulawayo. Makeshift homes were destroyed during the Operation.
Chinotimba is a suburb located in Victoria Falls. Adjacent to the suburb, makeshift homes were erected by people working in Victoria Falls.
There were strong accusations levelled by the authorities that these are safe havens for thieves and illegal activities. Consequently the three illegal structures were razed to the ground. This is however, not the first time the GoZ has taken such actions on these areas.

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

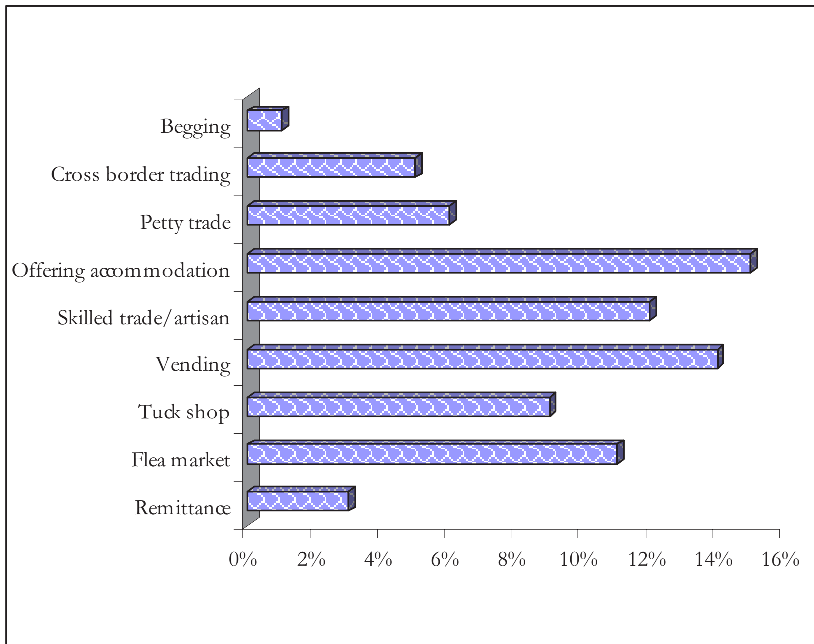
sources of income prior to the Operation. The primary sources of livelihood that have were cited to have been disrupted (73%) as a result of the *Operation* from the sample include: tuck shop ownership (9%), flea market (11%), fruit and vegetable vending (17%), offering accommodation (18%), cross border trader (6%) and petty trade (5%) such as sale of firewood. It is approximately 3 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, the question is how these households are currently managing with no income for the past two months in such a hyper-inflationary context.

3.3.2.1 Remittance

With over 3.5 million Zimbabweans living outside the country and diaspora, remittance has become a major source of income to households. This was investigated by the survey to establish the extent to which Zimbabweans were surviving through remittances. Only 3% of households sampled mentioned remittance as their main source of income. Disaggregated data by area shows only Bulawayo and Beitbridge were beneficiaries of remittance with 6 and 8% respondents citing this as their primary source of income. This may be partly because of their proximity to Botswana and South Africa. Furthermore, anecdotal evidence suggests that traditional links have been kept among these areas. The remaining areas recorded less than 2% of the households receiving remittance. No differences were noted for the vulnerable groups in all the six areas.

3.3.2.2 Begging

Figure 6: Livelihoods prior to the Operation



Only 1% (refer to Figure 6) of sampled households mentioned begging as their primary source of income. There was generally no relationship between area of study or vulnerable categories for responses obtained.

3.3.2.3 Cross border trading

Cross border traders are the main suppliers to flea markets. Until recently, cross border trading was predominately to South Africa and Botswana. However, increased flow of people to Mozambique, Zambia and Namibia has been reported recently. Some traders act as owners of flea market stalls. Shortage of basic commodities has also fuelled cross border trading, resulting in commodities such as cooking oil being sourced fom South Africa and Botswana and tooth paste from Zambia. Bulawayo (5%) and Harare (7%) recorded significantly high figures that were involved in

cross border trading compared to the other areas. For more detailed statistics, refer to Appendix 6.14. No differences were noted for most vulnerable categories apart from female headed households. Twice (8%) as many female headed households were engaged in cross border trading prior to Operation Murambatsvina. This confirms reports that suggest women are major players in this sector.

3.3.2.4 Flea market

Box 3: Flea Markets

Bulawayo CBD – Unity Village
After Operation Murambatsvina was in full swing established flea markets such as the popular Unity Village in Bulawayo city was closed. A total of 60 traders operate from vending stalls located in the village. The majority of traders in this market are women. This complex was officially opened by then Minister of Home Affairs, now Speaker of Parliament Honourable John Nkomo, in 1996. Unconfirmed reports claim that most of these traders were registered and paying levies to the city council of Bulawayo.

The emergence of flea markets in the mid 1990s as a result of opening of the market resulted in an increase of flea markets in all major urban areas.

Approximately, 12% of households surveyed mentioned flea markets as their primary sources of income. Our understanding of this is that some were employed to sell wears at the markets whilst some are owners of the vending stalls. Likewise in cross border trading, almost twice (18%) as many female headed households cited this as primary source of income. Other vulnerable groups recorded less than 8%, flea markets as source of income and this was very evident in child- and elderly headed households, with 3% and 2%, respectively.

3.3.2.5 Tuck-shop

Tuck contribution to the welfare of households was important prior to Operation Murambatsvina accounting for 9% of the respondents. Kariba recorded the largest proportion (16%) of households that sustained themselves from either tuck shop ownership or working in a tuck shop. Tuck shops in Kariba were mainly for sale of fish. Both Harare and Mutare reported 10% of households surveyed with a primary source of income coming from tuck shops. Fewer households in Bulawayo, Beitbridge and Victoria Falls reported tuck shops as their primary sources of income with, 6%, 5% and 6%, respectively. No differences were noted for the vulnerable categories, apart from the child- and elderly headed households (3% and 0%, respectively) who had fewer.

3.3.2.6 Skilled trade/artisan

Furniture making, carpentry, back yard garages, electrical caving, and plumbing services were among livelihoods grouped in the skilled trade and artisan category. Thirteen percent (13%) (See Figure 6 and Appendix 6.14) of sampled households mentioned a skilled trade as the primary source of income. Harare (12%), Bulawayo (10%), Mutare (19%), Kariba (15%) and Victoria Falls (14%) all recorded reasonably high proportions of households engaged in skilled trade. However, Beitbridge only recorded 5%. Substantially, more male headed households compared to female headed households cited this as a primary source of income (18% vs. 7%). Households hosting orphans, chronically ill and mentally ill individuals had similar proportions as those cited above. However, elderly- and child headed households had less than 2% that engaged in skilled trade.

Box 3: Skilled trade/artisan

Harare - Glen Norah
Furniture making along the highway between Glen View 8 and Budiriro was evident before Operation Murambatsvina. These informal traders had become main suppliers to some established furniture shops in Harare's CBD. The makeshift stalls erected by owners were razed down by bulldozers. Today, the ground is bare, with no evidence of ever being a hive of activity. Statistics at hand suggest more than 100 traders were located on this open space. Currently the GoZ is constructing stalls at this site.

3.3.2.6 Offering accommodation (rental income)

Offering accommodation was cited as the most popular primary source of income by the sample accounting for 15% (see Figure 6). Further disaggregating data by area revealed the following; Harare (18%), Bulawayo (10%), Mutare (11%), Kariba (16%), Beitbridge (18%) and Victoria Falls (12%). Women and male headed households had similar results with 16% and 14%. Strikingly though was that almost a third (33%) of elderly headed households mentioned offering accommodation as a primary source of income. Furthermore, 17% child headed households claimed to be subletting property for income. Other vulnerable groups had similar results to the overall results. The bulk of these respondents were from Harare – Mbare, Kambuzuma and Highfield, Bulawayo – Barbourfields, Mzilikazi, Makokoba and Mutare – Sakubva[15].

Box 4: Old suburbs

Harare – Mbare
Mbare is the oldest suburb in Harare. It is home to over 100,000 families. The majority of home owners in this suburb are retirees. The majority of Mbare dwellers had invested their pensions by extending their homes. These acted as an important source of income. This however, is no longer the case as these extensions were destroyed. This has resulted in many elderly headed households claiming that they have become susceptible to hunger.

3.3.2.7 Petty trade

Overall, 6% of households were engaged in petty trade prior to Operation Murambatsvina (refer to Appendix 6.14). All sampled had some proportion who were engaged in petty trade prior Harare, Bulawayo, Mutare, Kariba, Beitbridge and Victoria Falls, with 5%, 12%, 8%, 9% and 4% respectively. No differences were noted for gender of household head, households hosting orphans, chronically ill and mentally ill, elderly headed households. However, child headed households had 23% engaged in petty trade.

[15] These suburbs were established prior to independence (1980) and therefore would be home to elderly and pensioners.

3.3.3 Formal

Approximately 20% of surveyed households cited formal employment as their primary source of income. A majority of individuals engaged in formal employment are civil servants and industrial workers. These would be in the health, education, military, police and other government ministries. When you compare unemployment rates against the proportion that cited formal employment as the main source of income would give credence to unemployment estimates of over 70%. The proportions that are engaged in formal jobs are highlighted in Figure 6 and Appendix.6.14 Bulawayo and Victoria Falls recorded a large proportion of respondents reporting formal jobs as a primary source of income. Twice (20%) as many male headed households compared to female headed households primary source of income was formal employment. Only 5% of elderly- and 2% child headed households claimed to be formerly employed. However, no differences were noted for other vulnerable categories.

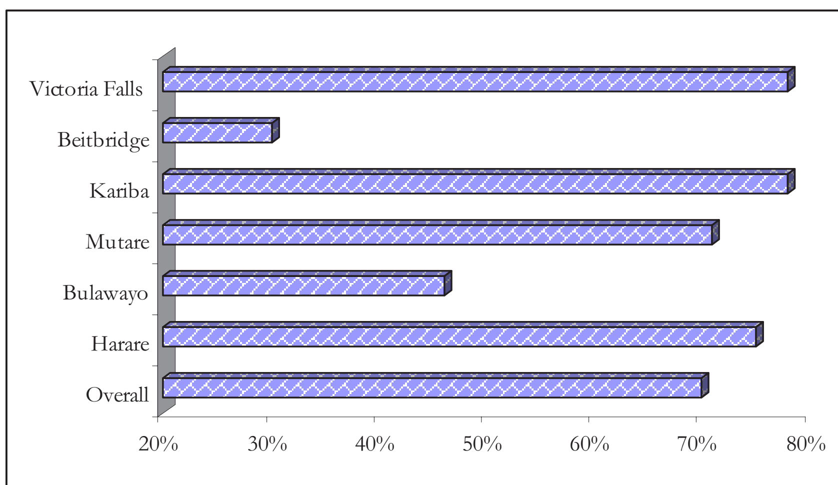
3.4 Impact of Operation at household level

As already highlighted, the impact of the operation has cut across a wide spectrum of households and social groups. However, the impact is generally the same - negative. The extent to which a household or communities were affected has not been quantified. Scant, inconsistent and at times conflicting information is available on the impact of Operation Murambatsvina/Restore Order. Therefore as one of the key findings of the survey, it was to investigate and detail what it is that households lost during the exercise. The areas examined included; 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, loss of health facilities, home based care and anti retroviral treatment as well as the psychological (trauma) effect on the family. These are discussed in the following sections:

3.4.1 Shelter

A majority (70%) of respondents reported that they had lost shelter. Loss of shelter was three 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 and 3) home owners losing a section or all of his/her home and being displaced.

Figure 7: Households that reported losing shelter by area



From information gathered Victoria Fall (78%), Kariba (78%), Harare (75%) and Mutare (71%) were the worst affected. Bulawayo and Beitbridge had 46% and 30% of respondents claiming that they had lost shelter as a result of the Operation, respectively. Further analysis shows that female headed

households, particularly widowed- (58%) and elderly headed (67%) households were also affected. 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.

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. This is supported by media reports, both electronic and print that reported doubling and in some cases tripling of rents in affected areas (Mutare and Harare).[16] It can be argued that this could form the foundation for increased incidences of communicable diseases and the erosion and destruction of the social fabric as some enumerators reported cases where women and men shared a room. Homelessness was reported in Victoria Falls, Harare, Mutare and Kariba.

3.4.2 Sources of income

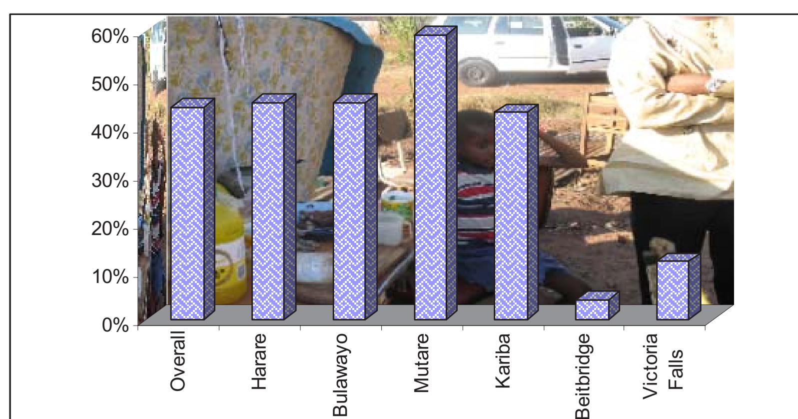
Seventy six (76%) of interviewed households reported that they had lost their sources of income. The most probable source of income includes those already highlighted above as primary sources of income. This figure is similar to the 73% that had lost primary sources of income (livelihoods) as a direct result of the Operation. The net increase of respondents may be attributable to multiple sources of income that households are engaged. Furthermore, there are individuals that have primary sources of income from the formal sector and are also engaged in informal activities. The nature of informal sources requires many households to be engaged in various activities so as to complement the total income. Strikingly this generally affected all households in the same proportion. Generally all households irrespective of their vulnerability status and location were affected almost at the same magnitude. Only Victoria Falls recorded fewer people (45%) (Table 7), whose sources of income were affected by the Operation.

Table 7: Proportion of households affected by Operation Murambatsvina

Area	Proportion (%)
Harare	79
Bulawayo	69
Mutare	85
Kariba	68
Beitbridge	78
Victoria Falls	45
Overall	**76**

3.4.3 School enrolment

Figure 8: Proportion of households that have education compromised



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, 44% of households interviewed reported

[16] Herald, 1 June 2005, Accommodation rates soar

that they were at a precarious position in funding and accessing schools for their children, currently and in future. Figure 8 captures the proportion of households that claimed that education for children had been compromised as a result of Operation Murambatsvina/Restore Order. Beitbridge and Victoria Falls were least affected. 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. Again 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. This therefore suggests that there is a greater likelihood of future school enrolment as a result of the Operation in households hosting orphans and female headed households. Other factors apart from pupil dislocation also include teacher dislocation, failure of children to sit for exams in June, disruption of children friends, problems accessing schools because of persistent fuel shortages coupled with increased transport cost.

3.4.4 Property

During the Operation Murambatsvina, 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 products at give away prices in order to minimize losses as a result of the Operation. Forty eight percent (48%) of homesteads visited reported that they had incurred losses of property.

Table 8: Proportion of households affected by Operation Murambatsvina

Area	Property (%)	Health (%)
Harare	46	21
Bulawayo	47	34
Mutare	70	56
Kariba	47	31
Beitbridge	31	7
Victoria Falls	39	10
Overall	**48**	**26**

Apart from Mutare that recorded a high of 70% of the sample that had lost property, other surveyed areas recorded almost similar results (Table 8). 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.

3.4.5 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 noted that slightly over 26% of people interviewed, attributed the deterioration of health of their loved ones as a direct result of the Operation. Moreover, considering the high prevalence of HIV/AIDS in Zimbabwe, it would be safe to assume that individuals who were receiving comprehensive treatment (ARTs) and quality support (food, HBC, counselling) had lost these services as a result of the Operation. These two aspects are further interrogated in following sections. Fifty four percent (54%) of households hosting chronically ill persons claimed that chronically ill individual health had further deteriorated as a result of the Operation.

3.4.6 Food security

Understanding the severity of food insecurity is essential for determining the best type of response. In livelihoods approach the best type of approach, the severity of food

Box 5: judging the severity of food insecurity

A population or livelihood group is considered acutely food insecure if:

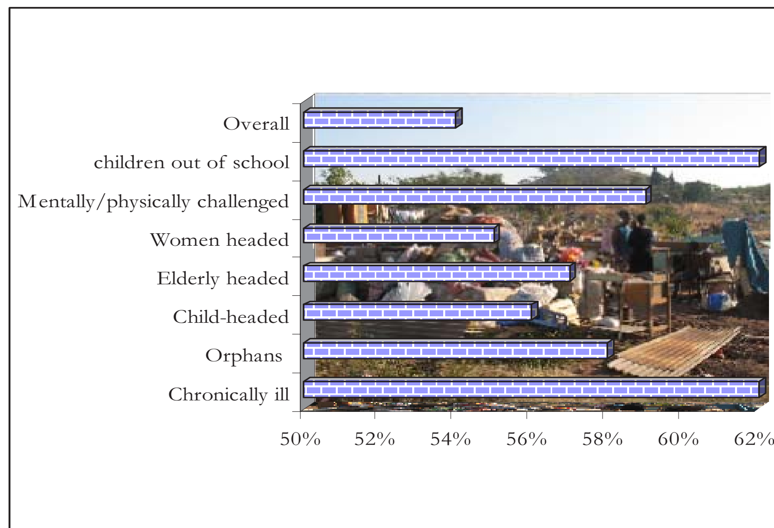
- ✓ People experience a large reduction in their major source of food and are unable to make up the difference through new strategies;
- ✓ The prevalence of malnutrition is abnormally high for the time of year, and this cannot be accounted for by either health or care factors;
- ✓ A large proportion of the population or group is using marginal or unsustainable coping strategies;
- ✓ People are using "coping" strategies that are damaging their livelihoods in the longer term, or incur some other unacceptable cost, such as acting illegally or immorally.

Source: Food Security Assessments in Emergencies: A livelihoods approach. Humanitarian Practice Network: ODI. 2001

insecurity is gauged by its impact on people's ability to feed themselves in the short term (risk to lives), and its impact on livelihoods and self-sufficiency in the longer term (risks to livelihoods). These two perspectives allow the severity of food insecurity to be judged (see Box 5). Food security[17] has four pillars, namely; access, availability, utilization and affordability. Approximately, 54% 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. The survey was not a technical quantitative assessment of food security but dealt with respondents perception of their food security position.

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. It seems Mutare's sample was hardest hit with 79% followed by Harare with 56%. Bulawayo and Kariba had similar proportions, 47% and 46%, respectively. A minority of respondents in Victoria Falls (18%) and Beitbridge (26%) reported that their food security situation had been affected.

Figure 9: Vulnerable groups food security situation



Nutrition and food security complement and reinforce each other. Special interest groups were analysed to establish their food security status. The nutrient requirements of HIV-infected persons differ from non-infected individuals. Current evidence suggests that as the infection progresses, the nutrient requirements change. The requirements are different for the two distinct phases of HIV infection. The

[17] Food security is defined as a situation when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life (USAID, Policy Determination Number 19, 1992)

phases of infection are characterized by the absence or presence of illness symptoms: asymptomatic and symptomatic.
During the asymptomatic phase:

- energy requirement for HIV-infected persons increases by 10 percent
- protein and micronutrient requirements for HIV-infected persons remain the same (compared to the level recommended for healthy non-HIV-infected persons for the same age, sex, and physical activity).

During the symptomatic phase:

- energy requirement for HIV-infected persons increases by 20-30 percent
- protein and micronutrient requirements for HIV-infected persons remain the same (compared to the level recommended for healthy non-HIV-infected persons for the same age, sex, and physical activity).

These recommendations are for all HIV-infected persons, regardless of whether they are taking anti-retroviral drugs or not[18].

From figure 9 shows all the interest groups in terms of vulnerability. General observations are as follows:-

- households hosting chronically ill members and those with children not attending school responses were most food insecure. 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;
- All vulnerable categories analysed were above the overall food insecure figure.

3.4.7 Household safety (physical) and human security

Household safety and security was defined as the family ability to protect and safe guard its assets (physical) and from exploitation. Almost half (44%) of the homesteads reported that this indicator had been compromised as a result of the operation. Mutare recorded almost two thirds of households claiming that their household safety and security had been compromised. Other areas recorded 48%, 32%, 38%, 14% and 16% for Harare, Bulawayo, Kariba, Beitbridge and Victoria Falls, respectively. 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), in Victoria Falls homeless people have been sleeping next to Chinotimba suburb, whilst in Mutare Sakubva bus terminus and the Oval sports arena.. in Kariba, in Mahombekombe near ZESA residential area, Chiwara and Baghdad holding camp, people are living in the open. Reasons cited for this were 1) inability to secure alternative

[18] FANTA recommendation for the nutrient requirements for PLHA (December 4, 2003).

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. Slightly over half of child- , elderly- and female headed households reported to being more vulnerable due to compromised security.

3.4.8 Disruption of the family unit

Housing waiting list runs into hundreds of thousands in Harare and all other urban areas in Zimbabwe.[19] Sharing of homesteads and extension of houses was a way in which Zimbabweans sought to mitigate the accommodation problem. One of the main aims according to the GoZ response to the UN Fact Finding Mission to Zimbabwe was to "stem disorderly or chaotic urbanization and its attendant problems that hinder the Government and local authorities from enforcing national and local authority by-laws and providing service delivery".[20]

Table 9: Proportion of households affected by Operation Murambatsvina

Area	
Harare	43
Bulawayo	26
Mutare	49
Kariba	27
Beitbridge	5
Victoria Falls	6
Overall	**38**

The Operation went around destroying 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 naturally the exorbitant rentals the landlords would require from tenants, the family unit suffers. It is worrying to note that 38% of homesteads visited reported that family units had been disrupted as a result of the operation. Results from all six surveyed areas are shown in Table 9. Mostly children and spouses had been relocated back to the rural homesteads where this was possible. Furthermore, it is disturbing to note that slightly over 40% of households hosting orphans reported families having been disrupted.

3.4.9 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 responsible authorities would move around marking what they deemed as illegal structures using paint. The marked buildings were either to be destroyed by the occupants or by the GoZ, the latter being an uncompromising exercise. Such actions resembled a war situation. Therefore, naturally, women primarily as custodians of the family were victims of these drastic measures and resulting fear. This is witnessed by 36% of the interviewed homesteads claiming that they had lost their dignity as a result of the Operation. Mutare recorded a high proportion (57%) of respondents whom were affected by the operation. Results obtained from all areas surveyed are depicted in Annex. Slightly more female headed households (40%) compared to male headed households (28%) responded to this question. Generally no major deviation from the 36% was witnessed across the other vulnerable categories.

---

[19] Report of the fact finding Mission to Zimbabwe to assess the Scope and Impact of Operation Murambatsvina – Mrs Anna Kajumulo Tibaijuka

[20] Statement by the Minister of Foreign Affairs on the Report of the UN Fact Finding Mission To Zimbabwe: A Preliminary Response

3.4.10 Lost health facilities

Council clinics and hospitals are dotted throughout the country. However, manpower, drugs and equipment have been limiting to the provision of good health facilities. About a third of households surveyed reported they had lost access to their traditional health facilities as a result of the operation. This was more evident in Mutare recording a high proportion of 43% followed by Bulawayo (31%) and Kariba (24%). Minimal disruption occurred in Beitbridge (4%) and Victoria Falls (5%). In addition to community based care, chronically ill persons with a deterioration in their health at times need to access clinics and hospital. Currently, from the survey results a high of 45% reporting that they were not accessing health facilities as a consequence of the Operation.

3.3.11 Increased vulnerability for children, orphans (OVCs) 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 35% of the interviewed homesteads acknowledged that women and children had become more vulnerable to abuse as a consequence of the Operation. Results from analysis show that respondents from Harare, Bulawayo, Mutare, Kariba, Beitbridge and Victoria registered, 37%, 28%, 55%, 24%, 12% and 9% respectively. Statistics recorded for Mutare on women dignity and safety is strikingly similar to those of those that expressed increased vulnerability of children, orphans and women (57% vs. 55%). Forty five percent (45%) of households hosting orphans acknowledged increased vulnerability for OVCs and women. Furthermore, a high proportion of these were from female-headed households. A major potential problem is sexual exploitation as women try to fend for children and in some cases adopt risky coping mechanisms. As earlier highlighted, the majority of child headed households are girls. This not only reinforces the earlier statement that they are increasingly becoming vulnerable.

3.3.12 Loss of Quality Care - Home Based Care (HBC)

As earlier highlighted the high prevalence of HIV and AIDS in Zimbabwe is of great concern. Recently with increase prevalence of HIV and AIDS, the health delivery system in Zimbabwe has been failing to cope with the number of patients. And as such households, communities, NGOs, business, GoZ, and national institutions have been advocating to HBC. Home based care providers were located in respective wards where they reside and offer help to the infected and affected using social networks. This system has been existence in the last decade and resources that have been channelled to this programme have been substantial to ensure success. HBC is organised as an initiative by the community a response by volunteers to the HIV/AIDS pandemic. It was therefore critical that this survey capture this information. Unfortunately, when the survey was conducted, this aspect was not captured, therefore no data is available for Harare. The national average from the households sampled was 14% of the respondents claiming that they had lost HBC. When this data was further disaggregated to capture households hosting chronically ill, it resulted in a subsequent increase to 40%. This could a result from HBC providers and recipients being dislocated by the operation.

3.3.13 Loss of Comprehensive treatment - Anti-retroviral treatment (ARVs)

Consistency in the administration of anti retroviral drugs is an important measure for effective results. Clinic, hospitals and health facilities strategically located in wards and specific sites were dedicated to the provision of anti retroviral drugs. Logically, HIV positive individuals were registered in their respective residential areas. However due to the disruptive nature of the Operation and secondary information from partners, there was great speculation on the actual figures that had been affected by the Operation in

accessing medication. General anti retrovirals and neveraprine are the ones that were listed under anti retroviral treatment. No data was collected for the Harare survey. Approximately 15% of surveyed households reported had lost ARV treatment as a result of the Operation. Of these, 35% were households that had mentioned hosting chronically ill individual(s). Results for specific areas are captured in Appendix.

3.3.14 Psychologically affected (traumatized)

The operation was swiftly implemented without prior warning in most urban areas then rural areas. Heavy machinery such as bull dozers and trucks were rolled out. To complement this armed police and riot personnel implemented the Operation. The scale of the Operation in some instances resembled a war situation. Skirmishes between civilians and the riot police was reported in Harare - Glen View, Budiriro and Chitungwiza. Approximately 34% of respondents nationally, claimed that they had suffered traumatically as a result of the graphic, detailed and heavy handedness of the implementers of the Operations. From the analysis done, this was generally the same across board with Harare (39%), Bulawayo (31%), Mutare (25%), Kariba (10%), Beitbridge (43%) and Victoria Falls (14%). Despite the low proportions for all areas apart from Beitbridge, child headed households overall recorded 48% had been traumatized. All other vulnerable categories recorded similar results (32%).

3.4 Monetary value lost by communities as a result of the Operation

The government of Zimbabwe has launched an operation code name "Garikai/Hlalani Khuhle (Better Life/Reconstruction/Resettlement) after it claimed that Operation Murambatsvina/Restore Order had been successfully completed. Three trillion Zimbabwean dollars (ZW$3,000,000,000,000 = US$300 million[21]). Our analysis of the situation was to approximate how much damage was caused in dollar. Respondents were asked to value their property and income lost as a result of the operation. It may be argued that this will be subjective in nature. True, however, most of the property destroyed were lifetime savings and to put any monetary value would be a gross under estimation of the true value of property.

Table 10: Monetary value lost by communities

	Sample population	Projected population[22]
	ZW$	ZW$
Harare	-	-
Bulawayo	46,381,457,000	185,526,000,000
Mutare	38,748,900,000	154,996,000,000
Kariba	23,702,670,000	94,801,680,000
Beitbridge	3,587,700,000	75,341,700,000[23]
Victoria Falls	9,712,700,000	38,850,800,000
Overall	122,132,027,000	488,534,000,000

Estimations for the Harare sample are not available as the questionnaire was modified after the pilot. Of the households surveyed, ZW$122 billion was lost as a result of the operation. From these results almost ZW$500 (US$29,5 million) was reported to have been lost as a direct result of the operation. Losses as result of the Operation include; cash, goods confiscated by ZRP, destruction of property, loss of revenue through livelihoods, losses incurred as a result of increased medical expenses, unplanned expenses such as relocation costs and costs associated with education. This excludes the Harare data,

[21] Using the official exchange rate, 17,500.

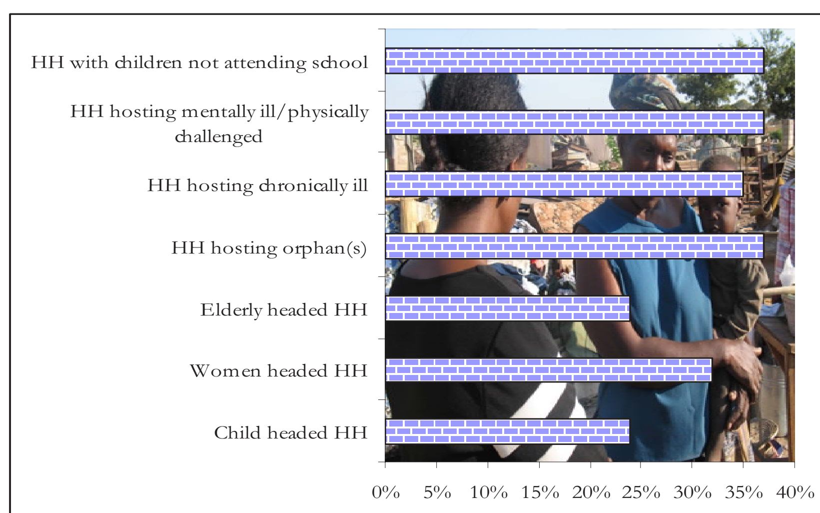
[22] Due to the sampling of a third, these figures are subsequently multiplied by 3.

[23] Due to problems encountered in sampling we only managed to a small sample as opposed to 1400, only 250 were survey. Therefore this figure was multiplied by 7 then 3.

where over 60% of the affected resided. Furthermore, 30% of the respondents said they were not able to quantify in dollar terms how much they had lost. Therefore the figures presented here a just a drop as to exactly quantify the amounts individuals had invested before the Operation.

3.5 Coping mechanisms being employed by affected communities

Figure 10: "Not managing" vulnerable groups



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. Furthermore, Coping strategies are the measures people resort to when normal livelihood options are not adequate to meet the needs of their households. The monitoring of trends (deterioration/improvement) in coping strategies can provide an early and fairly reliable indication of disaster and/or recovery.

Currently, only 49% households reported that they were using their own resources to sustain the family. A further 24% claimed to be getting assistance from relatives, whilst government, community based organizations and non-governmental organizations accounted for a mere 7%. Coping mechanisms across sites sampled were (refer to Appendix 6.10) more importantly is the realization that 28% of households were not managing at all. In this bracket, the majority were child-, elderly- and female headed households, households hosting orphans, chronically ill, mentally and physically challenged persons and those with children not attending school (Figure 10). 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.

The following are general observations made from the analysis;

- Harare had 35% of respondents claiming not managing currently, followed by Bulawayo with 22%;
- Fewer respondents in Mutare (12%), Kariba (13%), Beitbridge (5%) and Victoria Falls (11%) were not managing as a result of the Operation.
- Households in Kariba seem to have been coping better than all areas with 77% claiming to be surviving from own resources.
- Relative support was cited as the commonest (62%) coping mechanism being employed by people residing in Beitbridge. The remaining urban areas

recorded roughly the same proportion receiving support from relatives (about 20%, see Appendix 6.10).

3.6 Assistance being received by affected areas

Of those that reported receiving assistance (49%) from the various sources, the following categories are the nature of assistance being received; food (18%), shelter (15%), monetary (8%), education for children (7%), relocation (5%), psycho-social support (5%) and legal help (4%). For disaggregated data by area see Appendix 6.11. This clearly suggests that there are major gaps in the support that is being offered to the communities. Notable assistance being given fell into the food and shelter groups. Other than that other forms of assistance being received in minimal, hardly surpassing 10%. No difference was noted for all vulnerable groups that were surveyed with the following results;

Table 11: Assistance received by vulnerable categories

	Assistance being received proportions (%)							
Category	Shelter	Food	Compensation	Relocation	Education	Legal help	Financial	Psycho-social support
Female headed HHs	18	19	4	4	7	8	7	9
Child headed HHs	27	19	8	6	12	8	8	11
Elderly headed HHs	14	20	4	4	7	3	8	7
HH hosting orphans	17	21	4	3	9	4	8	9
HH hosting chronically ill persons	18	25	4	4	8	4	9	13
HH hosting mentally/physically challenged	21	23	5	4	7	5	9	14
HH with children not attending school	19	20	5	4	9	4	7	11

- little assistance is being offered to vulnerable groups;

- Shelter and food are the major areas of support that is being received, however from the earlier section it is important to note that this is mainly from relative's support. Continued support for these households is questionable with the current difficulties the general public in Zimbabwe is facing. Both shelter and food main sources from relative's support and to a lesser extent attributed to CBOs.

3.7 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 12 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. 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. Sixty eight (68%) of surveyed homesteads require shelter, 75% require food and a further 72% require money (Table 12). Education for children and psycho-social counselling had 54% and 36%, respectively. A few (45%) required to be assisted in relocation, whilst slightly over half of the interviewed homesteads required compensation for lost property.

Table 12: Proportion of assistance required

Area of need	Proportion (%)
Shelter	68%
Food	75%
Compensation	54%
Relocation	45%
Education	54%
Legal help	39%
Monetary (financial help)	72%
Psycho-social support	36%

Table 13: Assistance required by vulnerable categories

	Assistance being received proportions (%)							
Category	Shelter	Food	Compensation	Relocation	Education	Legal help	Financial	Psycho-social support
Female headed HHs	68	79	53	43	57	39	73	36
Child headed HHs	73	83	64	46	61	50	70	39
Elderly headed HHs	59	79	58	40	56	42	71	37
HH hosting orphans	68	84	55	45	65	41	76	38
HH hosting chronically ill persons	70	83	61	50	65	48	77	62
HH hosting mentally/physically challenged	69	82	60	51	66	47	78	43
HH with children not attending school	74	83	62	50	74	47	78	40

The results captured in Table 13, clearly areas of need by vulnerable categories interviewed. Assistance required for food, shelter and financial help were constantly high. Table 13 clearly suggests areas of assistance communities may be offered in any humanitarian response.

4. CONCLUSIONS

The foregoing sections clearly demonstrate the overall negative effect of Operation Murambatsvina has had on residents of the six areas surveyed, mainly in the high density suburbs. The destruction of accommodation building has resulted in both increased pressure on houses that exist as well as the disintegration of families. The disruptive nature of the Operation has resulted in a large number of children missing school. Furthermore, rentals have also increased substantially in the last 3 months. Informal livelihoods were the main source of income for the majority of respondents. The actions taken by the GoZ towards the destruction of the informal sector so as to legitimise it, has crippled many households. This has resulted in many households claiming that they had become food insecure, have limited income, lost shelter, property, increased vulnerability to children, deterioration of health, orphans and women, physical safety of the household being compromised. Evidence from the value projected lost as a result of the Operation are flightily high, and as such remedial channels need to be explored to restore normalcy.

On HIV and AIDS, it is clear that a large number of households had been affected by the Operation. Loss of access to health facilities, treatment (ARVs) and community based care had also been affected. The net effect is continued suffering for HIV and AIDS patients. Furthermore, the precarious food security situation of HIV positive individuals further drives them into a desperate situation, and ultimately a reduction in the years they will probably live.

Assistance being received by affected communities remains sub-optimal and at times inappropriate to say the least. Social and safety networks have been shown to be exhausted and require urgent complementation. Areas of need have been identified by the communities and the most vulnerable by sector have also been discussed.

5. EMERGING ISSUES

Emerging issues

The aforementioned statistics suggests that each category needs to be look at from a needs position remedial action as soon as possible to ameliorate continued suffering of the sample households.

National impact of Operation Murambatsvina/Restore Order

It is important that all stakeholders and the GoZ recognise the large number of people affected by the operation that still reside in urban areas. Estimates of over a million individuals detail the scale of need, this represent almost a tenth of Zimbabwe's population. Assistance towards Harare should be prioritised as Harare accounted for more than 70% of those affected by the operation.

Traditionally emergency support has targeted the rural areas. The urban emergency relief programming required in this instance is urgent and critical. Vulnerability categories and proportions documented in this report closely mimic those found in rural areas. Therefore, urban dwellers are equally susceptible to livelihood and food security failure as a result of the Operation.

The displacement of affected communities has raised some critical questions around the effectiveness of the national response to the HIV and AIDS pandemic. Prevention efforts have been compromised by the destruction of tuck-shops and other informal sales points, which were a major sales and access point for condoms. The VCT component has also been highly compromised as people are not likely to opt for testing

and counselling while they are displaced and desperate for humanitarian assistance. It can be argued that access to prevention information has also been diminished as the information focal points (work places, residential clusters) have been destroyed. Comprehensive treatment and quality care have also been compromised and this is characterised by disruption of ongoing treatment and in most cases the complete cessation of drug compliance due to lack of access and or proximity to the dispensing outlets. This situation has been further complicated by the break down of the quality care structures as care giving volunteers have also been affected by the operation and have re-prioritised their activities to focus on their own survival and recovery. The Home based care component that provided holistic support to the ailing and their families is currently not functional in the affected areas.
The overall impact of the operation Murambatsvina on the national response to HIV/AIDS in Zimbabwe is not likely to be felt in the immediate term and this poses another national threat in the medium and long term.

The 22% school drop out rate documented is extremely disastrous. The causal factors of this drop out rate being directly attributed to the effects of the operation means that there will be need for immediate support actions targeting the affected families and aimed at restoring these school children back to class. The ominous despair of some of the parents as a result of lost livelihoods, and their concerns that they may not be able to sustain school attendance of those children currently in school also draws specific attention to the urgent need for livelihood restoration programs targeting the affected communities and specifically the informal sector.

The underlying rights and governance issues cannot be ignored and the full protection of human and civil rights must be guaranteed by the GoZ. A pro-poor policy stance should dominate all legislation reform debates and all recovery and rehabilitation frameworks. The recovery and rehabilitation process should factor in the access, control and full exercise of rights of the displaced.
Accountability of the state to the recovery process should be ensured through meaningful participation in the process by all stakeholders and in particular the civil society. This recovery process should be inclusive to ensure appropriate, effective and realistic people centred planning and implementation of the recovery framework.

Finally, the repetitive and seemingly continuous trend of displacing people in Zimbabwe should be analysed further with the view to understanding the causal factors, and remedial policy and practice changes that need to take place to ensure that this emerging pattern of displacement and the abuse and denial of rights does not continue in Zimbabwe.

6. Appendix

Questionnaire ID: Prov District Ward Household

6.1 Questionnaire used in the survey

Province: HARARE 0 1

Suburb/District: HARARE 0 1

Ward Name:________________ **Ward Number:**

Household number:

Date of interview: Day Month Year 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? Day Month Year 0 5

HOUSEHOLD DEMOGRAPHICS				
1.	How old is the household head?		years	
2.	What is the sex of the household head?		1 = male 2 = female	
3.	Marital status of household head?		Married……………….….1 Widowed ………… …..…2 Separated…………………3 Divorced…………………4 Single/never married…….5	
4.	Total number of household members		members	
5.	How many are:	**Age range**	**Male**	**Female**
		Below 18 years (0-17 years)		
		Between 18 and 59 years		
		Above 60 years		
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?			99 = NA
8.	Are there any orphans in your household? (***Circle 1***)		1 = Yes	2 = No
9.	If yes, how many?			99 = NA
10.	Are there any children below 18 years not attending school? (***Circle 1***)		1 = Yes	2 = No
11.	If yes, how many?			99 = NA
12.	Are there any mentally/physically challenged members in your household?		1 = Yes	2 = No
13	If yes, how many?			99 = NA

Livelihoods		
14.	What was this household's primary source of income before Operation	

	Murambatsvina? **(Codes below)**		
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? *(**Prompt all answers**)*	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. Disruption of HBC	1 = Yes 2 = No
		k. Disruption of ARV treatment	1 = Yes 2 = No
		l. Increased vulnerability for children, orphans and women	1 = Yes 2 = No
		m. Psychologically affected (traumatised)	1 = Yes 2 = No
17.	How much in dollar value have you lost as s result of the Operation?		
18.	How is the family currently managing? (***Circle all responses***)	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			
19.	What assistance are you getting? (***Circle all responses***)	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. Psycho-social (counselling)	1 = Yes 2 = No
		i. Others specify (……………………………………………..)	
20.	What assistance do you require? (***Prompt all responses***)	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. Psycho-social (counselling)	1 = Yes 2 = No
		i. Others specify (……………………………………………..)	

6.2 Wards sampled in Harare

Ward Name	
1. Mbare (Matapi)	2. Highfield (Lusaka)
3. Mbare (Matererine)	4. Highfield (Jerusalem)
5. Sunningdale	6. Glen Norah A
7. Southerton	8. Glen Norah C
9. Mbare (National)	10. Glen View 8
11. Rugare	12. Glen View 1
13. Kambuzuma section 1	14. Glen View
15. Dzvivarasekwa 1	16. Budiriro 1
17. Old Mabvuku	18. Mufakose 1
19. New Tafara	20. Mufakose 2
21. New Mabvuku	22. Mufakose 3
23. Highfield (Egypt)	24. Warren Park D
25. Budiriro	26. Hatcliff

6.3 Wards sampled in Bulawayo

Ward Name	
1. Luveve	2. Magwegwe North
3. Gwabalanda	4. Enqameni
5. Pumula North	6. Enqotheni
7. Pumula	8. Emakhandeni
9. Pumula East	10. Entumbane
11. Magwegwe	12. Lobengula
13. Mpopoma South	14. Njube
15. Mabutweni	16. Pelandaba
17. Mathobana	18. Ngiboyena
19. Mzilikazi	20. Barbourfields
21. Tshabalala	22. Nkulumani
23. Sizinda	24. Nketa
25. Killarney	

6.4 Wards sampled in Mutare

Ward Name	
1. Dangamvura	2. New Chikanga
3. Hob House	4. Sakubva
5. Chikanga	6. Sakubva

6.5 Wards sampled Kariba

Ward Name	
1. Nyamhunga 1	2. Chitungwiza
3. Nyamhunga 2	4. Mahombekombe 1
5. Bhatonga	6. Mahombekombe 2

6.6 Wards sampled in Beitbridge

Ward Name	
1. Dulibadzimu 17	2. Dulibadzimu 18

6.7 Wards sampled in Victoria Falls

Ward Name	
1. Chinotimba 1	2. Chinotimba 2

6.8 Household demographics

Variable	Harare	Bulawayo	Mutare	Kariba	Beitbridge	Victoria Falls
Percent affected by the operation (%)	97	83	97	78	85	99
Proportion of female respondents (%)	46	49	50	45	49	48
Proportion of respondents whom are Zimbabwean nationals (%)	95	98	98	99	99	100
Average age of household head (years)	41	44	37	34	40	35
Average household size (years)	5.8	5.7	4.6	4.2	3.9	4.2
Average age of household head – female headed	5.8	5.7	4.5	4.1	3.6	4.3
Average age of household head – male headed	6	5.7	4.7	4.3	3.8	4.2
Proportion of individuals below 18 years (%)	58	55	54	56	52	57
Proportion of individuals between 18 and 60 years (%)	20	27	27	27	25	18
Proportion of individuals above 60 years (%)	22	18	19	17	23	25
Proportion of households hosting chronically ill members (%)	13	17	13	8	14	13
Proportion of households hosting orphans (%)	31	25	23	19	19	19
Proportion of households hosting mentally/physically challenged members (%)	6	5	7	4	4	6
Proportion of households with children not attending school (%)	23	23	27	12	8	14

6.9 Impact of Operation on Households

Variable	Harare	Bulawayo	Mutare	Kariba	Beitbridge	Victoria Falls
Lost shelter	75	46	71	78	30	87
Source of income	79	69	86	68	78	45
Education for children	45	45	59	34	4	12
Property	46	47	70	47	31	39
Deterioration in health	21	34	56	31	7	10
Food security	56	47	78	46	26	18
Household safety and security	48	32	65	38	14	16
Disruption of family unit	43	26	49	27	5	16
Women status and dignity	38	28	57	27	18	14
Increased vulnerability for children, orphans and women	37	28	55	24	12	9
Loss of access to health facilities	-	31	43	24	4	5
Loss of Home Based Care (HBC)	-	17	16	17	3	1
Loss of Anti-Retro Viral (ART) treatment	-	16	11	15	3	1
Psychologically affected (traumatised)	39	31	25	10	43	14

6.10 Coping mechanisms being employed by communities

Variable	Harare	Bulawayo	Mutare	Kariba	Beitbridge	Victoria Falls
Own resources (%)	47	47	42	77	43	53
Relatives support (%)	21	35	20	23	62	26
Aid agency (NGOs) (%)	2	4	9	7	7	8
Government support (%)	1	4	6	3	0	0
Community based organisations (%)	3	5	27	6	0	1
Not managing at all (%)	35	22	12	13	5	11

6.11 Assistance currently being received

Variable						
Shelter (%)	15	10	24	31	13	34
Food (%)	17	16	14	27	38	25
Compensation (%)	4	4	3	5	0	2
Relocation (%)	5	2	4	4	1	1
Education for children (%)	7	5	2	8	0	2
Legal help (%)	4	3	4	4	1	2
Monetary (financial help) (%)	8	7	2	6	2	5
Psycho-social support (counselling) (%)	5	5	5	3	3	3

6.12 Assistance required by Households

Variable	Harare	Bulawayo	Mutare	Kariba	Beitbridge	Victoria Falls
Shelter (%)	73	44	67	78	51	84
Food (%)	83	58	72	68	75	70
Compensation (%)	51	57	68	62	66	44
Relocation (%)	45	42	49	63	26	25
Education for children (%)	56	47	76	46	9	30
Legal help (%)	42	41	22	47	38	21
Monetary (financial help) (%)	74	60	91	69	83	50
Psycho-social support (counselling) (%)	42	38	16	25	80	26

6.13 Marital status of Household heads

Married (%)	60	50	54	59	43	68
Widowed (%)	19	24	18	17	16	10
Separated (%)	4	7	7	4	6	3
Divorced (%)	6	7	7	5	8	4
Single/never married (%)	11	13	14	15	27	15

6.14 Sources of income

Variable	Harare	Bulawayo	Mutare	Kariba	Beitbridge	Victoria Falls
Remittance	3	5	3	1	6	2
Flea market	11	13	14	9	11	11
Tuck shop	9	6	10	16	5	6
Fruit and vegetable vending	17	12	12	14	7	10
Skilled trade/artisan	12	10	19	14	5	14
Formal employment	14	21	14	13	17	26
Offering accommodation	18	10	11	16	19	12
Petty trade	5	12	8	9	9	4
Cross border trader	7	4	5	2	5	2
Begging, gifts and donations	6	2	9	1	2	1
No source of income	3	5	3	3	3	7

6.15 Map of Zimbabwe

Key

Sampled areas