

Harare Voluntary Local Review of Sustainable Development Goals (SDGs) Report, June 2020

FOREWORD



Local government is that arena of democratic governance that is closest to the people in terms of participation and the delivery of basic services. Over the years, the Ministry of Local Government and Public Works has forged sustainable partnerships aimed at improving service delivery in local authorities. An important area in this strategic thrust has been the focus on localisation of Sustainable Development Goals in line with Vision 2030.

The Constitution in Sections 274 to 276 provides for the establishment and functions of urban and rural local authorities whose mandate is to run the affairs of the people in their areas of jurisdiction. The service delivery mandate of local authorities in Zimbabwe by and large captures all the Sustainable Development Goals and the related targets.

The partnership with UNECA on Harare and Victoria Falls City Council came at an opportune time to kickstart Voluntary Local Reviews in all Councils in Zimbabwe as the Government is now seized with cascading the challenges and lessons learnt to all 92 local authorities in Zimbabwe.

Finally, the reports for Harare and Victoria Falls City Council are a good starting point for local authorities to walk the talk of sustainable development and improve on data collection and reporting. Our expectation is that every Zimbabwean council should become a repository of knowledge and good practice on Sustainable Development Goal reporting and implementation for achievement of an upper middle-income society by 2030.

Hon. J.G. Moyo [MP]

MINISTER OF LOCAL GOVERNMENT AND PUBLIC WORKS



List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CABS	Central Africa Building Society
CHRA	Combined Harare Residents Association
CMR	Child Mortality Rate
COVID-19	Coronavirus disease
CWA	Community Water Alliance
DM	Diabetes Mellitus
DPA	Distributed Power Africa
ECD	Early Child Development
ECDI	Early Child Development Index
FBC	First Banking Corporation
GFF	Global Financing Facility
HCC	Harare City Council
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICDS	Inter-Censal Demographic Survey
ILO	International Labour Organisation
IMR	Infant Mortality Rate
IPRSP	Interim Poverty Reduction Strategy Paper
IUD	Intra-Uterine Devices
LFCLS	Labour Force and Child Labour Survey
OCV	Oral Cholera Vaccine
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
NEET	Not in Employment, Education or Training
PGER	Primary School Gross Enrolment Ratio.
PICES	Poverty, Income, Consumption and Expenditure Survey
PNER	Primary School Net Enrolment Ratio
POPs	Progestin Only Pills
SDGs	Sustainable Development Goals
SGER	Secondary School Gross Enrolment Ratio.
SNER	Secondary School Net Enrolment Ratio
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US\$	United States Dollar
VIAC	Visual Inspection with Acetic acid and Cervicography
VLR	Voluntary Local Review
ZIMSTAT	Zimbabwe National Statistics Agency
ZWL\$	Zimbabwe Dollar

Profile of Harare

Introduction

The Sustainable Development Goals (SDGs) / 2030 Agenda are a universal call for the adoption of measures to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. National governments alone cannot achieve the ambitious goals of the 2030 Agenda – but cities and regions can contribute to achieving the Sustainable Development Goals (SDGs).

The City of Harare attaches great importance to implementing the SDGs. The SDGs provide a roadmap for more balanced and equitable urban development. Sustainable development is closely aligned with the city's strategic development vision of becoming a world class city by 2025 (i.e., Vision 2025). At the heart of the City's Vision 2025, is the commitment to fight poverty and hunger, provide good health and well-being and quality education and social services, provide clean water and sanitation, provide affordable clean energy through waste to energy projects, provide decent work and steering economic growth through promotion of the informal sector as well as mainstream gender into all our activities. The Vision 2025 is centred on structural transformation of municipal functions to ensure cost effective and efficient service delivery.

The City's 12 core functions are well aligned to the 3 pillars of sustainability (i.e. economic, environmental and social). The City's 6 key result areas (Governance and Administration; Water, Sanitation and Hygiene; Roads; Social Services; Public Health and Security Services; and Natural Resources and Conservative Management) are also well integrated into the SDGs. The City's 12 core functions include:

- i. To provide potable water and waste water management.
- ii. To provide trafficable roads.
- iii. To provide an efficient and effective public transport system.
- iv. To provide an efficient and effective solid waste management system.
- v. To provide decent and affordable accommodation.
- vi. To provide comprehensive and accessible health services.
- vii. To provide comprehensive and accessible social services.
- viii. To provide efficient public safety and emergency services.
- ix. To promote sound local governance.
- x. To promote sound environmental management systems
- xi. To provide coordinated and orderly spatial development.
- xii. To mobilise and ensure efficient utilisation of resources.

At national level, Zimbabwe has undertaken a progress review of SDGs. The progress review provides a comprehensive analysis and audit of the related progress, challenges, opportunities and successes. The review assessed the means of implementation as well as evaluating policies and strategies of implementation. The Voluntary Review Process (VLR) will complement the national progress review of SDGs. This VLR seeks to provide a fresh impetus and stimulant for enhancing the implementation of the SDGs in the country.

The SDGs are being implemented within the context of a very challenging socio-economic environment on an account of a number of factors. According to the 2020 National Budget, the economy is projected to contract by as much as -6.5 per cent in 2019 on account of sharp

contractions in the key sectors such as agriculture, mining, electricity and water. In particular, the agriculture sector has been adversely affected by climate induced disasters. The economy is expected to contract in 2020 owing to the combination of the COVID-19 pandemic and the drought. The COVID-19 pandemic has affected the economy through a number of channels which include: supply chain disruptions; disruptions in trade which have affected the capacity of the country to import raw materials; decline in tourist arrivals; decline in commodity prices; decline in foreign direct investment inflows (FDI) and remittances as well as diversion of government resources to fight the outbreak which will reduce funds available for key development priorities. The economy is projected to decline by 4.5 percent in 2020¹. The socio-economic effects of the COVID-19 pandemic have been more pronounced in the cities and urban settlements.

The successful implementation of Agenda 2030 requires an integrated approach, partnerships and participation through inclusive political processes and responsive, effective, accountable institutions. In the spirit of living no one behind, the City has developed a progressive stakeholder policy to provide a platform for smart partnerships with stakeholders. In particular, closer collaboration and partnerships with private sector, development partners, the diaspora, philanthropic organisations and civil society stakeholders can help to develop innovative financing mechanisms and service delivery models that balance the social, economic and environmental dimensions of sustainable development. In view of the structural barriers to disability inclusion, it is important to adopt and implement a City disability strategy and plan of action with clear priorities and measurable. The plan of action should clearly spell out specific actions to improve the well-being of people with disabilities. It is also critical to promote the effective participation of women in decision-making processes and ensure equal opportunities for all.

There is still a lot work that needs to be done to better incorporate the SDGs into sub-national frameworks. For instance, there is no local SDGs monitoring and evaluation framework to track progress in terms of implementation and achievement of SDGs. Local monitoring and evaluation ensures that SDG implementation remains on track, and support the development of local capacity for more responsive, transparent and accountable governance. Importantly, in view

Scope of the Progress Review

The year 2019 will close the first four-year cycle since the adoption of the Agenda 2030. If the country is to fully reap the dividends of the Agenda 2030, there is need to track progress in implementing them to ensure that no one is left behind. This VLR seeks to appraise the progress made by the city towards implementation and achievement of the 2030 Agenda. Moreover, the Agenda 2030 focuses on cities as drivers of growth and economic and social development, both for themselves and for the countries they are a part of. Therefore, even if the SDGs are global and mainly focused on national states, their achievement will also depend on the ability of cities to make them a reality.

The VLR audits and takes stock of ongoing trends and challenges based on available evidence and data. A trend analysis of the key indicators will be undertaken to identify key trends and developments. Qualitative information gathered through literature and interviews with key stakeholders will help to explain the emerging trends. Both the ends (goals and targets) and the

¹ The 2020 Mid-term Budget and Economic Review, the Ministry of Finance and Economic Development.

means (policies and processes) that are necessary to achieve sustainable development in the country will be reviewed. The VLR addresses a number of critical areas and issues necessary to ensure effective implementation and attainment of SDGs in the country. Given the data limitations in some areas, the analysis could be complemented by other data sources such as perception survey data.

Objectives of the Progress Review

Specifically, the objectives of the VLR include:

- To assess the city's progress towards the SDGs and the gaps which must be closed for them to be achieved by 2030. This assessment will be conducted through key trends analysis and key stakeholder interviews as noted above;
- To review the city's development policy framework to gauge its effectiveness in terms of contributing towards the attainment of SDGs;
- To contribute to the strengthening of the governance, policy and institutional framework underpinning the implementation of SDGs in the City;
- To provide evidence on local, regional and global best practices in terms of implementation of SDGs;
- To establish the level of knowledge and awareness of SDGs in the city through a perception survey as described under the methodology.
- To proffer policy suggestions to close the gaps, overcome obstacles and deal with emerging challenges; and
- To help to galvanise and mobilise strategic action towards the attainment of SDGs.

Methodology

The methodology for this review entailed a desk review, stakeholder interviews and consultations. A comprehensive review of statistical indicators was also utilised. The consultative process was highly participatory and involved consultations with government ministries, development agencies, private sector, unions, civil society organisations, communities and citizens. A purposive sampling approach was employed to select key informants.

Desk review

A detailed desk review of the relevant literature and current situation (including the relevant official policy documents, Central Government and city council reports as well as reports by UN agencies). These policy documents include: the City's Strategic Plan, the City's Budgets, and the City's Annual Reports. The desk review also included case studies to identify good practices in terms of the implementation of SDGs. A meta-analysis was used to weigh and compare and to identify emerging patterns and relationships.

Empirical Analysis

An empirical analysis of the key development, macroeconomic and social data and indicators were data was available to identify key trends, patterns and statistical associations. This empirical analysis will help to review the progress made against the agreed upon SDG targets and indicators and the baselines.

Consultations (for a detailed stakeholder mapping see Annex)

Consultations and interviews with key informants and stakeholders representing:

- Harare City Council (HCC) officials;
- The Ministry of Local Government, Public Works and National Housing;
- Harare residents' associations;
- Combined Harare Residents Association (CHRA);
- Community Water Alliance (CWA);
- The private sector.

The consultations helped to elicit information on the progress made in the implementation of SDGs, challenges encountered and opportunities that exist to upscale and optimise the implementation of policies and strategies for greater impact. These consultative meetings and interviews also helped to inculcate an inclusive and participatory approach to secure the buy-in of all relevant actors, which is key to advancing sustainable development efforts.

Consultative workshop

The workshop brought together all the key stakeholders in the City of Harare that include the City councillors, City officials, residents associations, civil society organisations, faith-based organisations, trade unions, and a number of experts/scholars from the universities and research institutes.

The main sources of data and information for the progress report included inter alia the following:

- City of Harare Annual Reports.
- The Zimbabwe Poverty Report of 2017. This provides the latest comprehensive data on poverty dynamics in the country.
- The 2017 Inter-Censal Demographic Survey (ICDS).
- Other national statistics provided by the ZIMSTAT and Institutional data and information from the various line ministries.
- UN reports.

Demographic Profile of Harare

According to the 2017 Inter-Censal Demographic Survey (ICDS), Harare has an estimated population of 1,973, 906 (14.5 per cent of the total) as at 2017 down by 7.6 per cent from the 2,123,132 (16.3 per cent of the total) recorded in 2012². The proportion of male and female population is 48.2 and 51.8 per cent respectively. The city's demographic profile is dominated by the productive age group (15-64). This demographic composition provides an opportunity as this young population implies a potential large labour force that can generate and accelerate economic growth and sustainable development.

Table 1.1: Percent Distribution of Population by Sex

	Male	Female	Total	Number	Percent	Sex Ratio
Harare	48.2	51.8	100	1,973,906	14.5	93.1
Total	47.9	52.1	100	13,572,560	100	91.8

Source: 2017 ICDS

² 2012 Population Census.

Harare has an estimated crude birth rate (per 1,000) of 30.6 in 2017 down from 33.3 in 2012 and a crude death rate (per 1,000) of 8.8 per cent in 2017 up from 7.7 per cent in 2012. The average rate of natural increase for Harare is 2.2 per cent in 2017 up from 2 per cent in 2012.

Table 1.2: Crude Birth and Crude Death Rate and Rate of Natural Increase

	Crude Birth Rate per (1000)		Crude Death Rate (per 1000)		Rate of National Increase (%)	
	2017	2012	2017	2012	2017	2012
Harare	30.6	33.3	8.8	7.7	2.2	2
Total	29.8	31.9	10.2	10.2	2	2.2

Source: 2017 ICDS

Harare has the highest in-migration and out-migration rates in the country at 50 and 44 per cent respectively. A person who leaves an administrative area to live in another within the same country is regarded as an out-migrant in the area of origin and is regarded as an in-migrant in the area of destination.

Table 1.3: Migration rates

	Population	In Migration	Out Migration	Net Migration	In Migration (%)	Out Migration (%0)	Net Migration Rate (%)
Harare	1,969,905	974,358	796,174	178,184	50	44	10

Source: ICDS 2017

Harare has an overall disability prevalence of 10.9 per cent which is above the national disability of 9.3 per cent. The disability prevalence for Harare is higher for males (12.3 per cent) compared with females (9.8 per cent). People with disabilities face economic, physical and psychosocial challenges/barriers. Most of the people with disabilities are informally employed. People with disabilities also experience a high incidence an prevalence of poverty.

Table 1.4: Disability Prevalence (%)

	Male	Female	Total
Harare	12.3	9.8	10.9
National	8.4	10.2	9.3

Source: 2017 ICDS

Table 1.5 presents the distribution of heads of private households by age group and sex for Harare. Most heads of the households are in the 30-34 (17.7 per cent) followed by the age groups 35-39 (15.8 per cent) and 25-29 (15.0 per cent). Child headed household that is to persons in the 5-17 age group constitute less than 1 per cent of the population. The proportions of male-headed households were higher than those of female-headed households for each age group except in the (65-69), 70-74 and (75-79) years age groups. There are marked differences in the proportions between male and female-headed households from age 25 to 59 years. The proportions of male-headed households ranges from 34 to 85 per cent, while those of female-headed households range from 14 to 65 per cent.

Table 1.5: Distribution of Heads of Private Households by Province, Age Group and Sex, Harare

Age Group	Numbers of households headed by:						
	Male	Female	Total	% Male	% Female	% Total	% Total
0-4	0	0	0	0.0	0.0	0.0	0.0
5-9	0	0	0	0.0	0.0	0.0	0.0
10-14	0	0	0	0.0	0.0	0.0	0.0
15-19	3,405	587	3,992	85.3	14.7	100.0	0.8
20-24	21,977	17,592	39,569	55.5	44.5	100.0	7.5
25-29	59,308	20,238	79,547	74.6	25.4	100.0	15.0
30-34	69,327	24,471	93,799	73.9	26.1	100.0	17.7
35-39	60,740	22,937	83,678	72.6	27.4	100.0	15.8
40-44	48,391	20,424	68,815	70.3	29.7	100.0	13.0
45-49	37,992	14,146	52,138	72.9	27.1	100.0	9.8
50-54	18,498	12,223	30,721	60.2	39.8	100.0	5.8
55-59	15,541	6,776	22,317	69.6	30.4	100.0	4.2
60-64	10,252	7,804	18,056	56.8	43.2	100.0	3.4
65-69	5,458	7,686	13,144	41.5	58.5	100.0	2.5
70-74	4,844	5,105	9,949	48.7	51.3	100.0	1.9
75-79	2,891	5,406	8,303	34.9	65.1	100.0	1.6
80-84	1,543	1,172	2,715	56.8	43.2	100.0	0.5
85+	2,334	980	3,314	70.4	29.6	100.0	0.6
NS	612	0	612	100.0	0.0	100.0	0.1
Total	363,120	167,548	530,668	68.4	31.6	100.0	100.0

Source: 2017 ICDS

Main Findings

SDG 1 End Poverty

Progress and Challenges

The prevalence of both individual and household poverty has been on a decline in Harare, with the prevalence of individual poverty declining from 43.7 per cent in 2011/12 to 37.3 per cent in 2017, while the prevalence of household poverty declined from 35.7 per cent in 2011/12 to 31.1 per cent in 2017. The prevalence of extreme poverty on the other hand has been on the rise and remains a major challenge. This is reflected in the increase in the prevalence of individual extreme poverty from 4.3 per cent in 2011/12 to 5.2 per cent in 2017 while the prevalence of extreme household poverty rose from 3.3 per cent in 2011/12 to 3.8 per cent in 2017. This increase is on account of a weak and unstable macroeconomic performance over the past years few years.

Table 2.1: Prevalence of Poor and Severely Poor People

	2017			2011/12		
	Proportion of poor people	Prevalence of poor people (%)	Prevalence of extremely poor people (%)	Percent poor people	Prevalence of poor people (%)	Prevalence of extremely poor people (%)
Harare	7.3	37.3	5.2	0	43.7	4.3
Bulawayo	2.2	29.9	1.3	0	43.2	5.5

All Zimbabwe	100	70.5	29.3	0	72.3	22.5
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Source: PICES 2017 Report; PICES 2011/12 Report.

Table 2.2: Household Poverty

	2017			2011/12		
	Proportion of poor households	Prevalence of poor households (%)	Prevalence of extremely poor households (%)	Percent poor households	Prevalence of poor households (%)	Prevalence of extremely poor people (%)
Harare	7.9	31.1	3.8	9	35.7	3.3
Bulawayo	2.1	22.3	0.9	3.3	34.7	3.4
All Zimbabwe	100	60.6	21.9	100	62.6	16.2

Source: PICES 2017 Report; PICES 2011/12 Report.

Table 2.3 presents the average annual household cash income by type of income and province. The highest gross cash income in Zimbabwe is earned by households living in Harare with US\$5,099 followed by households living in Bulawayo Province with US\$4,425. Households residing in Bulawayo Province receive the highest average annual net transfer income of US\$758 followed by households in Harare with US\$692. Households in Bulawayo have an average annual primary cash income of US\$2,928 and average annual household enterprises cash income of US\$1,371. Households in Harare in turn have average annual primary cash income of US\$4,019 and average annual household enterprises cash income of US\$704.

Table 2.3: Average Annual Household Cash Income by Type of Income and Province (US \$)

Type of Income	Harare	Bulawayo	Zimbabwe
Primary	4,019	2,928	1,591
Property	295	131	73
Agriculture	82	-5	276
Household Enterprises	704	1,371	461
Gross Cash Income	5,099	4,425	2,401
Income tax	-92	-47	-26
Net Transfers	692	758	338
Net Cash Income	5,699	5,137	2,712

Source: 2017 PICES

Conclusion and Next Steps

Economic growth remains a vital means to end poverty. However, economic growth has not been fast and inclusive enough to have a significant impact on poverty. There is need to ensure that more resources are directed towards the productive sectors of the economy such as health, education, social protection, agriculture and physical infrastructure (to ensure economic growth is inclusive. Importantly, investments in health, education and infrastructure have a positive effect on the accumulation of human and physical capital as well as total factor productivity, which are critical in harnessing the demographic dividend. The City needs to ensure that more resources are directed towards productive and poverty-reducing sectors such as health, water and sanitation and infrastructure to ensure that no one is left behind. To bridge the huge financing gap there is need to fully leverage public private partnerships (PPPs) in the provision of services.

SDG 3: Healthy Lives and Well-being

Progress and Challenges

Good health is essential for a productive and fulfilling life and is critical to spurring sustainable development. Healthier cities are wealthier and more productive cities. The city of Harare has a Health Services Department that is charged with the responsibility of providing Primary Health Care services to the residents of Harare and ensuring the general health of residents. The department has:

- 12 polyclinics. These are located predominantly in the high-density areas.
- Seven Primary Care Clinics.
- 38 satellite clinics.
- 10 Family Health Service Clinics.
- Four Dental Clinics.
- Two Infectious Diseases Hospitals, Beatrice Road and Wilkins Hospital.

In 2019, the country pioneered a pilot ‘one-stop clinics’ offering free diagnosis and treatment to those suffering from tuberculosis, diabetes and HIV in ten clinics. The project is expected to reach 46 health facilities across the country with additional funds from the World Diabetes Foundation, the Global Fund Against Aids and central government. One of the ten clinics is Rutsanana Polyclinic in Harare's high-density suburb of Glen Norah. The clinic, which opened in 2016, is staffed by 24 nurses and currently treats 120 TB patients. The introduction of these ‘one-stop clinics’ is the culmination of a pilot project launched between 2016 and 2017 in Harare to determine the feasibility of screening for diabetes mellitus (DM) among Tuberculosis (TB) patients. This was after finding that people with diabetes have a higher risk of developing TB, compared to people without diabetes. So, in a bid to integrate TB and DM treatment, Union Zimbabwe, the Ministry of Health and Child Care as well as the Harare City Council piloted a project at Rutsanana Council Clinic in Glen Norah, Harare, for the TB and DM integration.

Vitamin A deficiency is still high in Harare and Zimbabwe at large. The city in partnership with the United Nations Children’s Fund (UNICEF) is undertaking a programme to screen and identify children with signs of malnutrition and putting them on a feeding and vitamin A supplementation programme.

Following the outbreak of the COVID-19 pandemic, Harare’s two infectious diseases hospitals, Wilkins and Beatrice Road, have been upgraded and have capacity to handle more 300 Covid-19 patients with symptoms ranging from mild to critically ill. This upgrading which is worth US\$500,000 was undertaken in partnership with Chinese businesses operating in the country. As at 25 July 2020, Zimbabwe had a total of 2,434 confirmed cases, 518 recoveries and 34 deaths. Harare has been an epicentre of COVID-19 with a total of 771 confirmed cases representing 31.7 percent of the total national confirmed cases, as well as 76 recoveries and 10 deaths³.

Performance in terms of the key health indicators in the city has been mixed. The City recorded 9,998 registered deaths in the year 2018 when compared to 9,445 deaths in 2017, representing a 5.9 per cent increase in mortality. The crude death rate was 5.1 per 1,000 people in 2018, a slight improvement from the 5.7 per 1,000 people recorded in 2017. The highest percentage of

³ Ministry of Health and Child Care COVID-19 Update Issued on 25/07/2020.

mortality was registered in the 65+ year age-group as was also the case in 2017. Table 3.1 shows the leading cause of mortality for all ages by percentage in 2017 and 2018.

Table 3.1: Five leading causes of death for all ages (%)

Cause of death	2018	2017
HIV related	18.8	18.9
Pneumonia	8.6	9.6
Prematurity	4.1	5.0
Renal Failure	3.6	4.6
Hypertension	3.0	4.3

Source: 2018 Annual Report, Department of Health

The leading cause of death in the City is HIV related at 18.8 per cent in 2018, the same as in 2017. Pneumonia is the second leading cause of death followed by prematurity (4.1 per cent); renal failure (3.6 per cent); and hypertension (3.0 per cent). The number of deaths by suicide declined to 72 in 2018 from 74 in 2017. The number of suicide deaths occurred in in the 25-44 age group.

The number of deaths attributed to suicides has been on a decline over the years with the City recording 72 suicides in 2018 down from 74 in 2017 and 89 in 2016. In 2018, the highest suicide deaths 52 (61.8 per cent) occurred in the 25-44 age group. The most common method of suicide was ingestion of Organophosphate poisons (27). The number of deaths attributed to malaria were 15 (0.2 per cent) of the total deaths, of all malaria deaths 9 (0.09 per cent) were in the 25-44 age group. The number of deaths attributed to Malaria in 2017 were 17 (0.2 per cent) and 8 of these were in the 25 - 44 age group.

Tuberculosis remains a major public health concern in the City. There was a however a decrease in the number of new Tuberculosis (TB) cases notified from 3,226 in 2017 to 2,826 cases in 2018. On the other hand, the attendances for sexually transmitted diseases at the Genito-urinary Centre increased by 12 per cent from 3,663 in 2017 to 4,096 in 2018. These include both initial, repeat visits and VIAC patients. The City recorded a total of 10,924 cases of cholera in 2018 with 45 deaths recorded.

The City experienced outbreaks of Cholera and Typhoid in 2018. The City is also currently experiencing a typhoid outbreak with 695 cases and 10 deaths as of 12 July 2020⁴. Contaminated water sources, including wells and boreholes are suspected as the source of the outbreak. The water and sanitation situation in the City is characterized by erratic water supply and irregular collection of solid waste. There was a decrease in the number of TB cases notified and investigated in 2018 compared to 2017. Table 3.2 summarizes the infectious diseases investigated in 2018.

Table 3.2: Infectious Diseases investigated 2018

Disease	Central	Northern	Eastern	Southern	Western	Total 2017	Total 2018
PTB +ve	0	63	136	199	319	1503	717
PTB -ve	0	51	38	0	239	1210	328
Other forms of TB	0	28	1	754	111	500	894

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<https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Zimbabwe%20-%202024%20Jul%202020.pdf>

Typhoid (suspect + positive)	0	7	1	331	1016 (22 +ve)	272	1355
cholera	0	0	0	9	9430 (213+ve)	0	9439
Malaria	0	59	75	0	40	106	174
Shigellosis	0	0	23	0	0	6	23
Salmonellosis	0	0	0	0	0	8	0
hepatitis	0	0	0	1	0		1
Total	0	208	274	1294	11155	3605	12931

Source: City of Harare Department of Health Services 2018 Annual Report

The infant mortality rate initially rose from 61 per 1,000 in 2014 before declining to 54 in 2019. With respect to the child mortality rate, it increased from 17 in 2014 to 21 in 2019 and the under 5 mortality rate declined from 77 in 2014 to 43 in 2017 before rising to 75 in 2019. The vast majority of under-five deaths have been as a result of: AIDS, neonatal problems, pneumonia and diarrhoea. Findings show that socioeconomic status (such as household wealth) and the education level of the mother lead to lower mortality rates for children. Notwithstanding the improved immunisation coverage across the country, the high cost of obtaining treatment and the lack of easy access to safe drinking water and improved sanitation are major obstacles to reducing infant, child and under-five mortality rates.

Table 3.3: Infant and Under-five Mortality Rates per 1,000 live births

		Harare	Bulawayo	National
2019	Infant Mortality Rate (IMR)	54	33	53
	Child Mortality Rate (CMR)	21	7	21
	Under 5 Mortality	75	40	73
2017	Infant Mortality rate (IMR)	33	35	52
	Under 5 Mortality	43	50	72
2014	Infant Mortality Rate (IMR)	61	37	55
	Child Mortality Rate (CMR)	17	11	21
	Under 5 Mortality	77	48	75

Source: 2019 MICS; 2017 ICDS; 2014 MICS.

Table 3.4 shows the vaccination coverage for the under one over the period 2014-2018. Although vaccination coverages for all antigens were above 90 per cent. The children vaccinated in Harare include those from peri urban areas therefore there is need to intensify health education on the importance of vaccination and increase in outreach activities since pockets of unvaccinated children still exist in Harare. Booster doses continue to be a challenge for Harare as evidenced by Measles Rubella 2 which was below 90 per cent.

Table 3.4: Vaccination Coverages for the Under One year, 2014 – 2018

Antigen	Vaccination Coverages				
	2018	2017	2016	2015	2014
BCG Initial	113	128	108	100	104
Polio 1	99	102	106	107	100
Polio 3	92	93	101	102	99
Pentavalent 1	99	102	106	107	100
Pentavalent 3	92	94	100	104	98

PCV13-1	99	102	106	107	-
PCV13-3	92	94	99	101	-
Rota 1	96	103	106	107	69
Rota 2	94	95	100	102	
Measles	-	-	-	118	102
Measles Rubella 1	96	102	110	-	-
Measles Rubella 2	84	86	86	-	-
Vitamin A				97	86

Source: City of Harare Department of Health Services 2018 Annual Report

Two (2) new vaccines were introduced in 2018, the Human Papilloma Virus (HPV) and Oral Cholera Vaccine (OCV). The HPV was rolled out as a catch-up campaign where a multi-cohort of girls aged 10 to 14 years were targeted. The cholera vaccine was introduced as a control measure for the cholera outbreak.

Table 3.5: HPV Coverage

District	Target Population 10 to 14 years	Vaccinated in school	Vaccinated out of school	Total vaccinated	Coverage %
South Eastern & Central	5075	4157	57	4214	83
Eastern	7225	6429	22	6451	89.2
Northern	5405	3643	36	3679	68
North Western	7380	5958	2	5960	80.7
Western	7720	8142	0	8142	105.4
South Western	8815	8906	44	9806	111.2
West South West	12 255	10 479	77	10 556	86.1
Southern	7970	7166	90	7256	91.0
Uniformed Forces	2200	2274	0	2274	103
Grand Total	64 045	57106	0	57 447	89.7

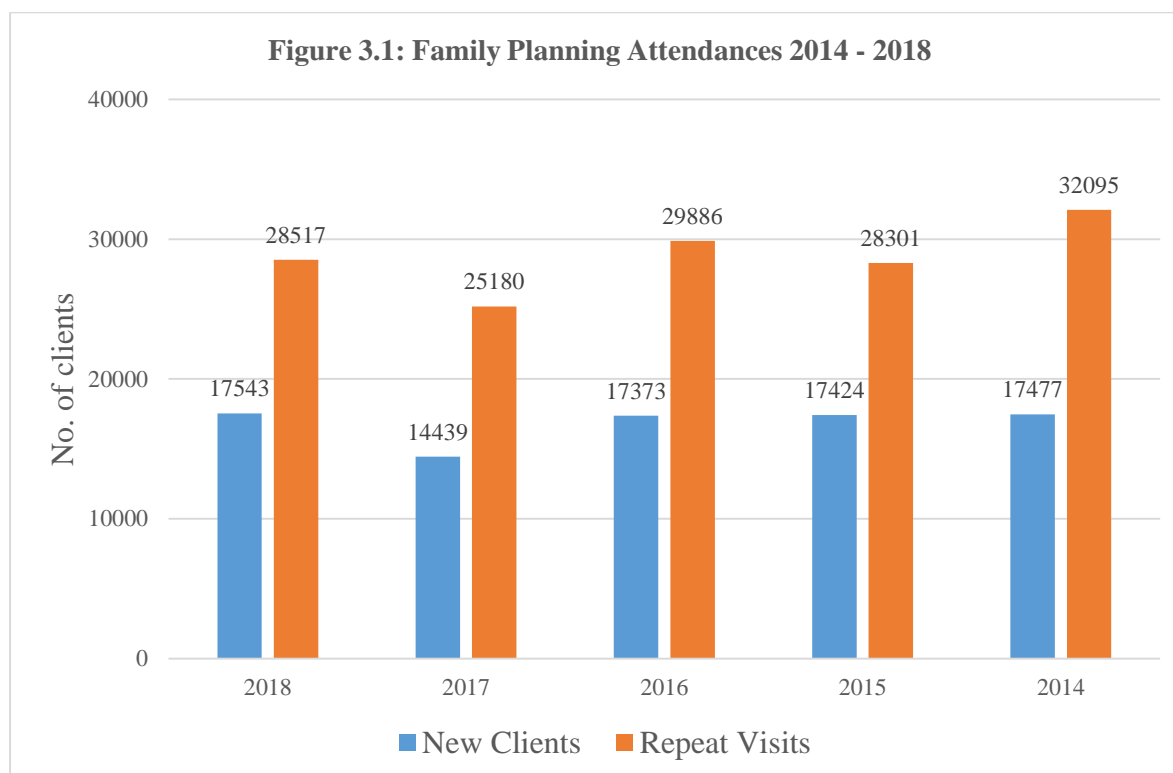
Source: City of Harare Department of Health Services 2018 Annual Report

Table 3.6: OCV coverage

Suburb	Target population	Total Vaccinated	Coverage %
Budiriro	131 889	99 219	75.2
Glen View	123 683	113 013	91.3
Glen Norah	79 486	87 125	110
Mbare	87 664	91 553	104
Dzivarasekwa	75 960	61 158	91
Kuwadzana	175 198	151 045	86
Waterfalls	34 787	29 339	84
Hopley	123 581	84 549	68
Mufakose	60 335	48 943	81
Hatcliffe	49 329	42 834	87
Mabvuku	48 055	38 065	79
Tafara	26 266	23 340	89
Caledonia	122 975	77 298	63
Total	1 139208	947 481	83

Source: City of Harare Department of Health Services 2018 Annual Report

In 2018, a total of 17,543 new and 28,517 repeat clients attended family planning clinics in City of Harare. Attendances increased from 14,439 new and 25,180 repeat clients recorded in 2017. Of the attendances recorded in 2018, new clients taking up various methods of family planning offered were 9668 (55 per cent). Progestigen Only Pills (POPs) continues to be the most commonly used method of family planning constituting 36% whilst Intra-Uterine Devices (IUD) the least used method constituting 0,8 per cent of new attendances.



Source: City of Harare Department of Health Services 2018 Annual Report

Even though there are no statistics for maternal mortality, the high costs and expenses associated with maternal health services have seen a number of expecting mothers shunning health centres preferring home-based maternal caregivers. The majority of deaths are from conditions that can be prevented if women receive the proper medical care throughout their pregnancies and during childbirth. The City of Harare has come up with a demand-side voucher programme to target the bottom 40 percent households for access to maternal and child health services. The program is funded by the World Bank's multi-donor Global Financing Facility (GFF), which provides subsidies to selected clinics based on their performance.

Case Study: Tariro Poly-Clinic and Youth Centre⁵

Tariro Poly-Clinic and Youth Centre was officially opened on 11 July 2019 in Hopley, Harare. Hopley is a peri-urban settlement that is located about 17 kilometres south of Harare with an estimated population of over 200,000, about 65,000 are aged between 10-24 years. The twin facility was constructed by youths from Hopley through a partnership between the City of Harare, the United Nations Population Fund, (UNFPA), the International Labour Organization, (ILO) and Lafarge, a cement manufacturing company. Through an apprenticeship programme

⁵ <https://spiked.co.zw/on-world-population-day-unfpa-government-of-zimbabwe-open-clinic-and-youth-centre/>

run by the ILO, selected youths from the community were enrolled in a skills development programme at St. Peters Vocational Training Centre in neighbouring Glen Norah before constructing the amenities under the guidance of experienced crafts persons. A total of 100 young people were part of the skills development project. They were trained in various construction industry skills such as electrical work, plumbing, bricklaying, and cobblestone technology. The young people were engaged as apprentices to build the clinic, the youth centre and the demonstration road as a way of giving them experience necessary to increase their chances of employment in the future. Of the total number of people trained, at least 56 per cent were young women. Beyond the livelihood skills, the young people also received training on Sexual Reproductive Health and Rights to equip them with information to live healthier lives.

Tariro Poly-Clinic and Youth Centre is part of the United Nations Joint Program on Adolescent and Youth Development. The polyclinic is expected to alleviate health problems in the densely populated settlement. The multi-purpose project is also set to improve sexual and reproductive health within the community. Tariro Clinic and Youth Centre will help to impart life skills and values to youths in an effort to address the key development challenges.



Source:

<https://www.facebook.com/UNFPA.Zimbabwe/photos/pcb.2457981080911579/2457978840911803/?type=3&theater>

Conclusion and Next Steps

A dwindling taxable formal sector has contributed to limited domestic resource revenue raising capacity and constrained public sector health financing across the country. In the case of Harare, a number of ratepayers both corporate and individuals have been failing to pay their

bills timeously thereby affecting service delivery. The Harare City Council is owed about ZWL\$1 billion (US\$40 million) in unpaid bills by ratepayers⁶.

There is a need for a formalisation strategy to formalise local businesses to maximise the City’s revenue potential from market fees and business licenses. There is also a need to develop additional strategies to maximise own source revenue potential especially around debt/arrears management and collection learning from best practices in other cities.

SDG 4: Inclusive and Equitable Quality Education Progress and Challenges

The country’s Constitution provides and protects the right to education under Sections 27 and 75. The Education Amendment Act, 2020 which came into effect on 6 March 2020 aligns the Education Act (Chapter 25:04) with the Constitution. The Education Amendment Act provides for compulsory basic state funded education. The Act provides that no pupil shall be excluded from school for non-payment of school fees or on the basis of pregnancy. The Act also provides that pupils are not subject to any form of physical or psychological torture or to cruel, inhuman, or degrading treatment at school, and prohibits corporal punishment. The Act guarantees the right of pupils with disabilities to be provided with suitable infrastructure.

In 2019, the City of Harare opened a school, Tariro Council Primary School bringing the number of functional council primary schools to thirty-three (33). The school was constructed in partnership with Mashambanzou Care Trust in order to ease educational challenges being faced in the area.

Table 4.1 shows the percentage of the population (age, 3-24 years), who are currently attending school by current level of education and sex for Harare. The percentage of children attending pre-school has increased from a total of 10.8 per cent in 2012 to 13.5 per cent in 2017. However, the percentage of children attending both primary and secondary schools has declined from 51.7 per cent in 2012 to 48.8 per cent in 2017 for primary schools and 32.8 per cent in 2012 to 31.1 per cent in 2017 for secondary schools in 2017. The percentage of the population attending higher/tertiary education increased from 4.2 per cent in 2012 to 6.2 per cent in 2017.

Table 4.1: Percent Population Age 3 - 24 years Currently Attending School by Current Level of Education and Sex in Harare

	2017			2012		
	Male	Female	Total	Male	Female	Total
Pre-School	13.7	13.4	13.5	11	10.7	10.8
Primary	48.5	49.2	48.8	51.7	51.6	51.7
Secondary	31.7	31.1	31.4	32.4	33.2	32.8
Higher/Tertiary	6.2	6.2	6.2	4.5	4	4.2
Not known	0.0	0.1	0.1	0.0	0.1	0.1
Missing	0.0	0.0	0.0	0.4	0.5	0.4
Total	100	100	100	100	100	100
Number	265,405	278,414	543,819	-	-	-

⁶ <https://www.newsday.co.zw/2019/12/ratepayers-1bn-debt-chokes-harare/>

Source: 2017 ICDS; 2012 National Census

Tables 4.2 presents the proportion of the population age 3 – 24 years who never attended school by sex for 2012 and 2017. Nationally, 11.9 per cent of the population have never been to school down from 12.6 per cent in 2012. In Harare, the proportion of the 3-24 years who have never attended school was 11.8 in 2017 up from 9.8 per cent in 2012. More males have never attended school at 12.9 per cent when compared with females at 10.7 in 2017.

Table 4.2: Population 3-24 who never attended school by sex and province

Province	2017			2012		
	Male	Female	Total	Male	Female	Total
Harare	12.9	10.7	11.8	10.6	9.2	9.8
Bulawayo	10.9	7.5	9.1	11.3	9.8	10.5
Zimbabwe	12.0	11.8	11.9	13.0	12.1	12.6
Number	421,736	420,486	842,222	429,122	414,144	843,266

Source: 2017 ICDS

The Early Child Development Index (ECDI) shows the percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains. The ECDI score for Harare has increased from 60.2 per cent in 2014 to 73.6 per cent in 2019. This is higher than the national ECDI scores but lower than the scores for Bulawayo, the second largest city in the country.

Table 4.3: Early Childhood Development Index Score

	2019	2014
Harare	73.6	60.2
Bulawayo	77.2	69.7
National	70.8	61.8

Source: 2019 MICS; 2014 MICS.

Early Childhood Education is provided through standalone ECD centres or Infant schools, and also at all Primary schools across the country. The Government, through its integration policy, has made it mandatory for every Primary school to have ECD as part of the Infant school module. As a result of the Ministry's policy to integrate ECD centres at all Primary schools, 99.3 per cent of primary schools now have ECD classes. Table 4.4 shows the percent of children age 36-59 months attending early childhood education.

Table 4.4: Percentage of children age 36-59 months who are attending early childhood education

Area	2019	2014
Harare	34.6	23.3
Bulawayo	45.9	18.4
National	28.4	21.6

Source: 2019 MICS.

Table 4.5 presents the percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education.

Table 4.5: Participation rate in organised learning

	Percent of children:				
	Attending an early childhood education programme	Attending primary education	Not attending an early childhood education programme or primary education	Total	Net attendance ratio
Harare	54.2	26.9	18.9	100	81.1
Bulawayo	50.2	39.8	10	100	90
Total	63.7	17.3	19	100	81

Source: 2017 ICDS

Table 4.6 shows the school enrolment ratio by sex. The Primary School Gross Enrolment Ratio for Zimbabwe is 111.4 per cent and is 109.3 per cent for Harare. The Primary School Gross Enrolment Ratio for Harare males is 108.1 per cent compared to 110.4 per cent for females.

Table 4.6: School Enrolment Ratios by Sex and by province

	Zimbabwe				Male				Female			
	PGER	PNER	SGER	SNER	PGER	PNER	SGER	SNER	PGER	PNER	SGER	SNER
Bulawayo	110.1	86.4	66.7	51.6	110	89.6	63.4	51.5	110.2	83.1	70	51.7
Harare	109.3	87.1	66.9	57.1	108.1	87.8	70	59.8	110.4	86.5	63.8	54.4
Total	111.4	88.6	53.3	45	112	88.9	51.6	44.7	110.9	88.3	55.1	45.8

Source: 2017 ICDS

Note: PGER –Primary School Gross Enrolment Ratio. PNER- Primary School Net Enrolment Ratio
SGER –Secondary School Gross Enrolment Ratio. SNER- Secondary School Net Enrolment Ratio

The literacy rate for Harare has remained steady at 99 per cent in 2019 which is higher than the national average of 91. With the exception of the year 2014, the female literacy rate has generally lagged behind that of males.

Table 4.7: Literacy rates for the population aged 15+ by sex

		Harare	National
2019	Male	99.6	89.4
	Female	98.1	92.1
	Total	99	91
2017	Male	98	96
	Female	96	97
	Total	97	97
2014	Male	94.9	86.1
	Female	98.1	92
	Total	97	89
2012	Male	99	97
	Female	98	95
	Total	99	96

Source: MICS 2019; ICDS 2017

The proportion of primary schools in Harare with electricity improved from 99.59 per cent in 2016 to 98.23 per cent in 2018. At secondary level, the proportion of schools with electricity increased from 95.35 per cent in 2016 to 96.39 per cent in 2018.

Table 2.8: Access to electricity, 2016-2018

	Primary		Secondary	
	Schools with electricity (%)	Schools without electricity (%)	Schools with electricity (%)	Schools without electricity (%)
2016	99.59	0.41	95.35	4.65
2017	97.63	2.37	96.98	3.02
2018	98.23	1.77	96.39	3.61

Source: 2018 Primary and Secondary Education Statistics Report

The proportion of primary schools in Harare with access to a water source rose from 98.78 per cent in 2016 to 100 in 2018 while the proportion of secondary schools with access to a water source improved from 98.14 per cent in 2016 to 99.60 per cent in 2018.

Table 2.9: Access to basic water, 2016-2018

	Primary		Secondary	
	Schools with water source (%)	Schools without water source (%)	Schools with water source (%)	Schools without water source (%)
2016	98.78	1.22	98.14	1.86
2017	98.02	1.98	98.28	1.72
2018	100	0.00	99.60	0.40

Source: 2018 Primary and Secondary Education Statistics Report

With respect to access to computers for learners, 92.23 of all primary schools in Harare have access up from 82.45 per cent in 2016, while 85.54 per cent of all secondary schools have access up from 72.09 per cent in 2016.

Table 2.10: Access to computers, 2016-2018

	Primary		Secondary	
	Schools with computers for learners (%)	Schools without computers for learners (%)	Schools with computers for learners (%)	Schools without computers for learners (%)
2016	82.45	17.55	72.09	27.91
2017	81.03	18.97	80.60	19.4
2018	92.23	7.77	85.54	14.46

Source: 2018 Primary and Secondary Education Statistics Report

Overall, 86.22 per cent of the primary schools In Harare have internet connectivity in 2018, with a lower percentage of 83.53 percent for secondary schools.

Table 2.11: Access to internet

	Primary		Secondary	
	Schools with internet (%)	Schools without internet (%)	Schools with internet (%)	Schools without internet (%)
2016	-	-	-	-
2017	-	-	-	-

2018	86.22	13.78	83.53	16.47
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Source: 2018 Primary and Secondary Education Statistics Report

Conclusion and Next Steps

There is need to improve learning outcomes at all levels in the education system. Prioritising the education and training of young girls and women in the STEM fields will help to bridge the gender gap. More public resources need to be invested to address the inadequate school infrastructure including Early Child Development (ECD) facilities, science laboratories, libraries, electricity, computers, water and sanitation among others.

SDG 5: Gender Equality and Women Empowerment Progress and Challenges

At the National level, the Constitution provides a robust legal framework for the promotion of SGD 5. In particular, Section 3(g) of the Constitution clearly spells out gender equality as one of the founding and guiding values placed on a par with values such as the rule of law and good governance. Section 56 (2) of the new Constitution clearly states that ‘Women and men have the right to equal treatment including to the right to equal opportunities in political, economic, cultural and social spheres.’ Section 56 (3) states that ‘Every person has the right not to be treated in an unfairly discriminatory manner on such grounds as custom, culture sex gender, marital status, age, pregnancy, disability among other grounds.’ Section 17 calls upon Government to ensure full gender balance and to take measures to promote the full participation of women in all spheres on the basis of equality with men. This includes equal representation in all institutions, agencies of government, commissions and other elective bodies at all levels. Women’s access to resources, including land on the basis of equality with men is also guaranteed. Furthermore, Section 124(1) (b) provides for seats reserved for women. The reservation of seats is aimed at promoting female participation in the political sphere.

Gender equality is a prerequisite for the well-being of citizens and the prosperity of cities. There is still a lot to be done to achieve gender equality for all women in the City. Table 5.1 shows the proportion of all employed persons who are in senior and middle management positions. The share of women in middle and senior management for Harare is 33.3 per cent which is slight below the national average of 33.7 per cent but above Bulawayo at 26.6 per cent. This shows that a lot of work still needs to be done.

Table 5.1: Share of women in middle and senior management by province

Province	Male	Female	Total Percent	Total Number
Harare	66.7	33.3	100	23,020
Bulawayo	73.4	26.6	100	9,360
Total	66.3	33.7	100	54,839

Source: 2019 LFCLS

Table 4.2 shows the proportion of women who are in executive management and council as at 2018. There are no women in executive management, while the proportion of women in council stands at 17.4 per cent.

Table 5.2: Proportion of women in Executive Management and Council

CATEGORY	TOTAL	Number of Men	Number of Women	2018 % of women
Executive Management	11	11	0	0
Councillors	46	38	8	17.4

Source: 2018 City Annual Report

The City has come up with two gender-based violence clinic one of which is a 24-hour clinic that provide comprehensive and specialist medical care to victims of gender-based violence. These establishment of these clinics were motivated by the need to give access to medical care to survivors of gender-based violence in light of the hitherto unavailability of such services on a 24-hour basis and even during weekends. The establishment of these clinics was also timely given that most violations occur at night and those affected would have to wait for the critical services or even go to the hospitals which are already congested with other emergencies.

Conclusion and Next Steps

While some progress has been registered, a lot of work still needs to be done to ensure more women are represented in the labour market as well as in middle and senior management. It is important to increase the representation of locally elected women and promoting the participation of all women in local decision-making.

SDG 6: Clean water and sanitation

Progress and challenges

Water and sanitation are at the heart of sustainable development and therefore key in the attainment of the other goals. Poor and inadequate water and sanitation is a leading cause of poverty, morbidity and mortality in a number of countries and cities. Providing water and sanitation in schools is key to keeping girls and children in school. The occurrence of drought and low rainfall patterns result in reduced availability of safe drinking water. Children, particularly girls, are then forced to walk long distances to fetch water in some cases from unprotected sources often affecting their ability to go to school.

The City is facing challenges in terms of supplying portable water to its residents owing to lack of long-term investments in new water sources. The available freshwater water resources have also been dwindling owing to rising and competing demands, climate change, as well as population growth. The contamination and pollution of water bodies is also a challenge. Water pollution is mainly caused by undertreated municipal sewage and industrial wastes. Harare's main water treatment plant Morton Jaffray was constructed in 1952 to cater for a population of 300,000, but the city's population has now increased to almost two million people. All these factors have resulted in erratic and intermittent water supply. This is exacerbated by the existence of ageing infrastructure and poor water loss management which has resulted in huge losses. The sporadic outbreaks of waterborne diseases (cholera, typhoid) in the City have been attributed to poor drinking water quality.

Notwithstanding, the percent of households in Harare with access to water for drinking and cooking was estimated at 75.6 per cent in 2017.

Table 6.1: Percent Distribution of Households in Harare, Main Source of Water for Drinking and Cooking and Distance (metres) to the Source

Source of Water	On premises	less than 500 m	500m to 1km	More than 1 km	Total	Number
Piped water inside house	100	0	0	0	100	203,914
Piped water outside house	89.4	9.6	1	0	100	153,402
Communal tap	0	79	21	0	100	9,996
Well/borehole protected	35.9	48.6	14.3	1.2	100	155,127
Well-unprotected	50	44.6	5.4	0	100	7,419
River/stream/dam	0	0	0	0	0	0
Other specify	100	0	0	0	100	810
Total	75.6	19.1	4.9	0.4	100	530,668

Source: Zimbabwe ICDS 2017.

The City also faces challenges with respect to waste management. Residents raised issues with non-collection of refuse, non-attendance to sewer blockages and burst water pipes. These challenges are aggravated by the absence of a reliable fleet and erratic fuel supplies, making it impossible to have regular and timeous refuse collection.

The majority of households in Harare, about 70 per cent use toilet facilities with flush to piped water system, followed by 15.6 per cent of households that use the flush to septic tank system.

Table 6.2: Percent Distribution of Households in Harare by Type of Toilet Facility Mostly Used by the Household

	Harare	Total
Flush to piped water system	70.1	28.7
Flush to septic tank	15.6	28.7
Flush to pit latrine	3.2	4.8
Flush to somewhere else	1.2	0.7
Flush don't know where pit latrine	0.1	0.3
Ventilated improved	0.4	
Pit latrine with slab	8.3	15.2
Pit latrine without slab/open pit	0.2	20.5
Bucket toilet	0.8	7.3
No facility/bush/field	0.1	0.3
Other specify	0.0	22.1
Total	100	0.1
Number	530,668	3,255,463

Source: Zimbabwe ICDS 2017.

The City of Harare has partnered with UNICEF, UNDP and Oxfam to build a water kiosk to supply safe and clean drinking water in Budiro, a high density suburb in Harare. for Prisca and her community. The established water kiosk gets its water from a high-yielding solar powered borehole, pumping 5,000 litres per hour and will benefit about 1,000 households. The members of the community, in partnership with the City of Harare will be responsible for managing the water kiosk and its day-to-day operations. The members of the water kiosk

management committee include women, men and the youth to ensure awareness and good management of the facility⁷.



© UNICEF Zimbabwe/2020/Rutendo Bamhare
A mother and her daughter collecting water from the newly established water kiosk in Budiri, Harare.

Conclusion and Next Steps

The provision of water and sanitation remains a major challenge for the City. The City must significantly increase investments in water supply, sanitation, and hygiene (WASH) investments. This should entail obsolete infrastructure to ensure water that is produced is not lost through leakages. It also entails rehabilitation of sewage and water treatment plants. In particular, more resources, targeted to areas of high vulnerability and low access such as high-density areas in order to close the gaps and improve poor water and sanitation services.

SDG 7: Affordable, Reliable, Sustainable and Modern Energy Progress and Challenges

In the 2020 National Budget, the country unveiled fiscal incentives for solar powered vehicles, solar batteries and other related accessories. These incentives include the removal of customs duty on Solar Home Lighting Kits (Solar Home Systems) and also expanding the list of energy saving products that are exempt from duty to include, Light-Emitting Diode (LED) Lamps and Solar Street Lights. This is over and above the incentives that government has been offering over the years which include: the duty-free importation of solar panels, inverters, regulators, geysers and energy saving bulbs, as well as, inputs used in the production of some solar related products.

⁷ <https://www.unicef.org/zimbabwe/stories/safe-water-now-available-harare-community>

The percent distribution of households with access to electricity in Harare initially declined from 75.8 per cent in 2012 to 73.6 per cent in 2014 before improving to 81.1 per cent in 2017 and 87.9 per cent in 2019. Harare has however lagged behind Bulawayo but has performed better than the national average.

Table 7.1: Percent Distribution of Households in Dwelling Units With Electricity in Harare and Bulawayo

		Harare	Bulawayo	National
2019	Yes (interconnected grid)	85.7	88.8	37.3
	Yes, off-grid	2.2	3.8	19
	No	12.2	7.5	43.7
	Missing/Don't know	0	0	0
	Total	100	100	100
2017	Yes	81.1	96.1	47.8
	No	18.9	3.9	52.2
	Total	100	100	100
	Number	530,668	184,692	3,255,463
2014	Yes	73.6	92.4	32.3
	No	26.4	7.6	67.7
	Total	100	100	100
2012	Yes	75.8	90.9	40.6
	No	21.1	6.1	55.5
	Missing	3.2	3	3.9
	Total	100	100	100
	Number	534,106	165,345	3059016

Source: Zimbabwe ICDS 2017.

Sixty-two (62) per cent of households in Harare use electricity for cooking when compared with 23.9 per cent for the whole country. Twenty (20) per cent of households use gas for cooking followed by wood (9.8 per cent), and paraffin (6.9 per cent).

Table 7.2: Percent Distribution of Households by Source of Energy Mainly Used by Households for Cooking in Harare.

	Wood	Paraffin	Electricity	Gas	Coal	Other	Total	Number
Harare	9.8	6.9	62.5	20	0.3	0.5	100.0	530,668
Bulawayo	10.9	2.7	68.6	17.9	0.0	0.0	100.0	184,692
Total	67.8	1.7	23.9	6.2	0.1	0.2	100	3,255,463

Source: Zimbabwe ICDS 2017.

Table 7.3: Percentage of household members living in households using clean fuels and technologies for cooking, space heating, and lighting

Area	Primary reliance on clean fuels and technologies for cooking, space heating and lighting
Harare	82.3
Bulawayo	79.2
Zimbabwe	27.7

Source: Zimbabwe MICS, 2019

Econet Wireless, Schweppes, Kefalos and Surrey go green

Leading companies in the country namely: Econet Wireless, Schweppes, Kefalos and Surrey have partnered with Distributed Power Africa (DPA), a Pan-African renewable energy solutions company to switch over to solar energy through a power lease financing arrangement. A total of 2.2MW of electricity will be collectively generated by these plants, for self-consumption. Econet Wireless, launched the country's first industrial solar power plant at its Willowvale Complex in Harare. The solar power plant has 1,435 panels, a generation capacity of 466 KW and is expected to contribute 780 MWh to the national grid per annum.

Schweppes, has invested in a 1MW rooftop solar solution and is the biggest single self-consumption solar plant in Zimbabwe and the largest in Southern Africa (excluding South Africa). Kefalos on the other hand has invested in a 600-kW solar installation while Surrey has invested in a 100kW solar PV plant. These investments in renewable energy will enable these companies to sustainably increase their production through enhancing operational efficiencies while reducing operating costs in the long run thereby contributing to the improvement of national competitiveness.

Other companies which have invested in solar energy include Nottingham Estates (Pvt) Ltd with a capacity of 1.5MW in Beitbridge; Padenga Holdings (Pvt) Ltd with a capacity of 0.33MW in Kariba; Riverside Power Station with a capacity of 2.5MW in Mutoko. There are also four operational biomass projects and these are: Triangle (Pvt) Ltd with a capacity of 33MW; Hippo Valley Estates (Ltd) with a capacity of 45MW; Green Fuel (Pvt) Ltd with a capacity of 18MW; Border Timbers with capacity of 0.5MW and they are generating energy for their own consumption.

Conclusion and Next steps

Inadequate and unreliable access to electricity remains one of the biggest binding constraints to sustainable development in the city and the country. Tackling the energy challenge can help to improve the doing business/investment climate, given the fact that energy is one of the biggest enablers to doing business.

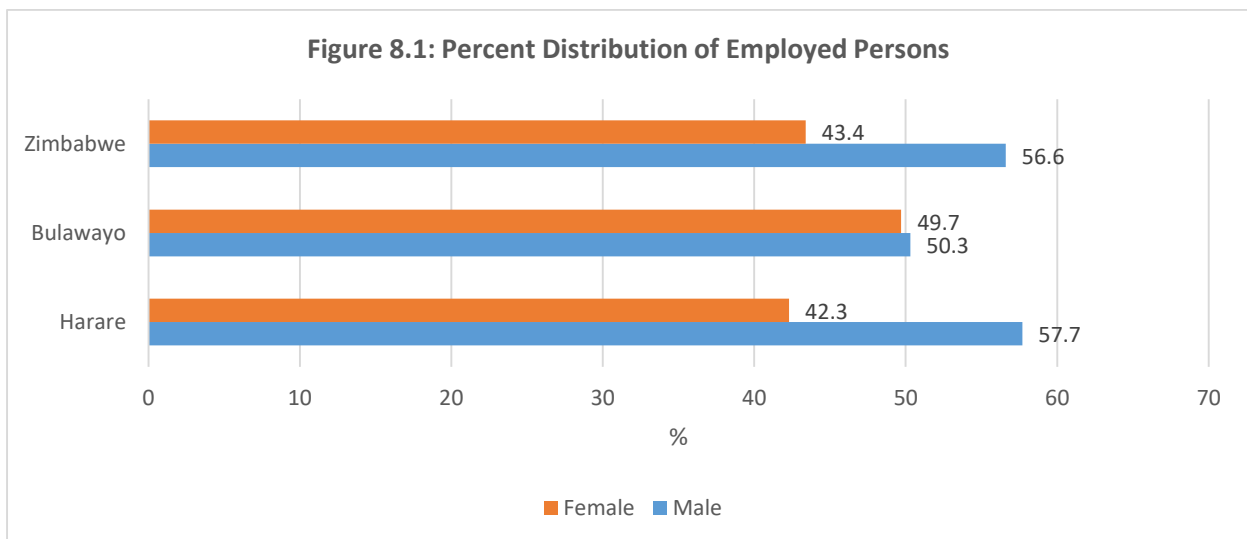
In view of the large renewable energy capacity there is need for leveraging of this capacity through more individual and private sector participation in the sector. There is an urgent need to expedite the reduction of regulatory and financial barriers for Independent Power Producers (IPPs) as a means to encourage and incentivise greater private sector participation in the country's energy sector.

SDG 8: Sustained, Inclusive and Sustainable Economic Growth and Decent Work Progress and challenges

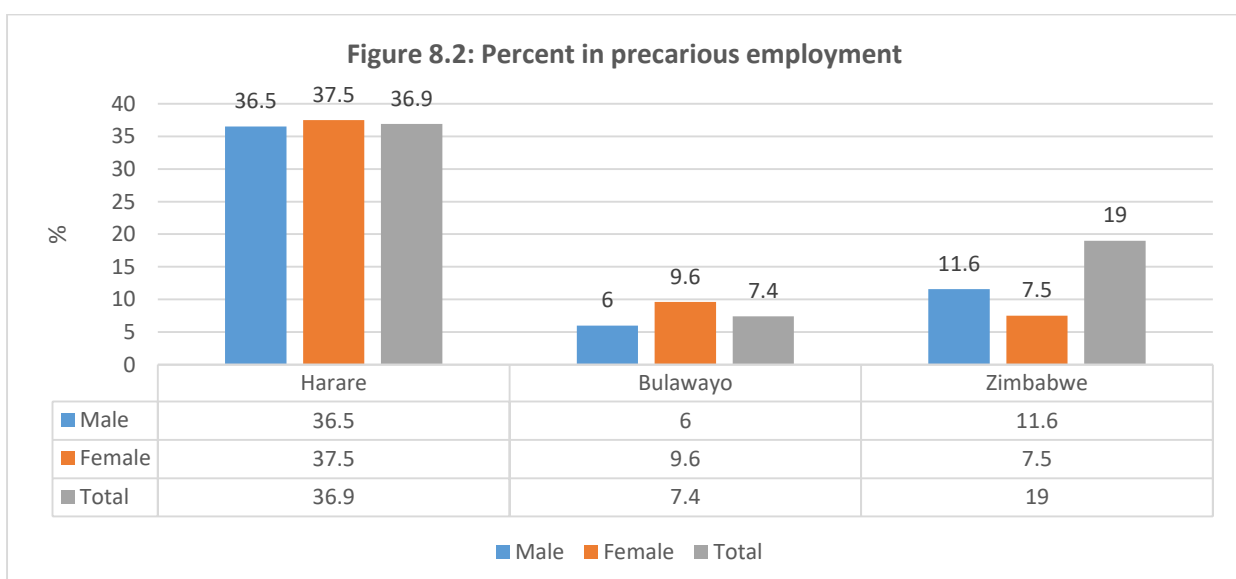
Harare faces formidable employment-related challenges. The shrinking of the formal economy through deindustrialisation has resulted in a boom in the non-formal economy through informalisation. More and more of the labour force is employed informally. Figure 8.1 shows

the shows the distribution of employed persons by area and sex. Of the employed population of Zimbabwe, about 57 percent were male while around 48 percent were female. The proportion of employed males was greater than that of females in both Harare and Bulawayo.

The 2019 LFCLS established that about 552 thousand (19 per cent) persons in employment were in precarious employment. Of these, the highest percentage, (37 per cent) was in Harare. There are more females than males in precarious employment in both Harare and Bulawayo as presented in Figure 8.2. Precarious is more widespread among the youths. In Harare, 41.9 per cent of the female age 15-24 were in precarious employment while 38.3 per cent of the male age 15-24 were in precarious employment. Persons in precarious employment are those whose contract of employment whether verbal or written is of a relatively short duration or whose contract can be terminated on short notice. Examples in this category include casual workers, seasonal workers and short-term workers. An upsurge in the indicator corresponds to a deterioration of the decent work situation in this dimension, as it points to an increasing number of jobs becoming unstable and/or insecure.

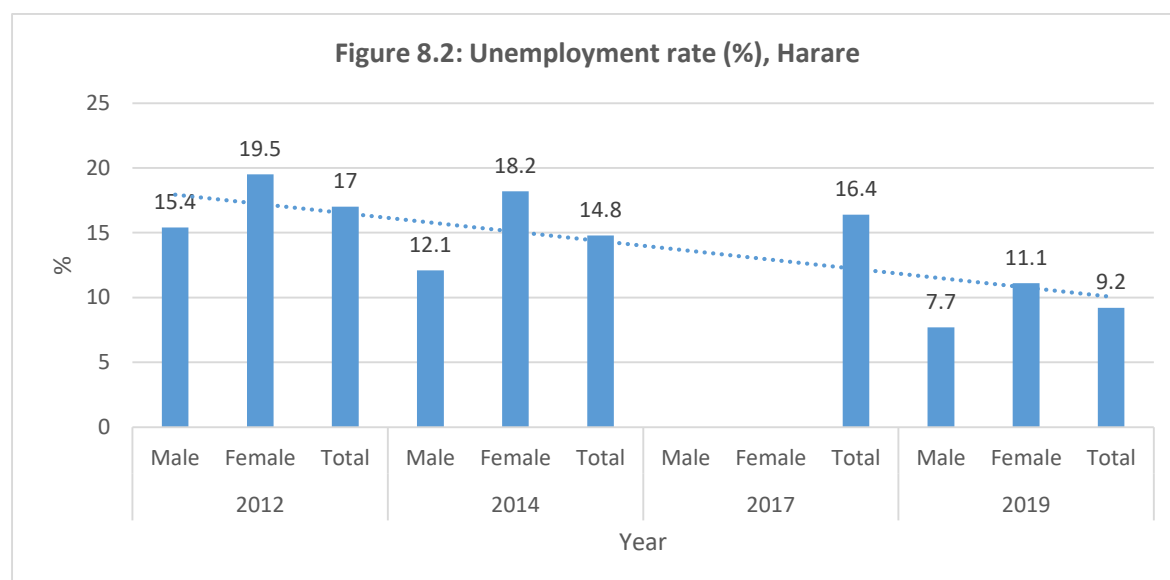


Source: 2019 LFCLS



Source: 2019 LFCLS

According to the 2019 LFCLS, the national unemployment rate was about 16 percent. The rate for males and that of females was almost the same at 16 and 17 percent, respectively. Unemployment in Harare is estimated at 9.2 per cent with the rate higher among females at 11.1 per cent than their male counterparts at 7.7 per cent. The unemployment rate for Harare has improved from about 16.4 per cent in 2017.



Source: 2019 LFCLS, ICDS 2017, 2014 LFS; 2012 National Census.

The national unemployment rate among youths aged 15-24 years was about 27 percent. The rates for males and females were about 25 and 30 percent, respectively, as shown in Table 8.2. In Harare the youth unemployment rate is 17.5 per cent, and the unemployment rate is much higher for females at 21.1 per cent than it is for males at 15.1 per cent.

Table 8.2: Youth Unemployment Rate (%), 15-24 years

Province	Male	Female	Total
Harare	15.1	21.1	17.5
Bulawayo	42.5	31.6	37
Zimbabwe	24.6	30.3	26.8

Source: 2019 LFCLS

Among the youths aged 15-35, unemployment rate was about 21 per cent up from the 15.3 per cent registered in 2014. The rates were about 20 and 23 percent for males and females, respectively, as shown in Table 8.3. The youth unemployment rate for Harare was much lower at 12.3 per cent in 2018, with the females continuing to bear a disproportionate brunt.

Table 8.3: Youth Unemployment Rate (%), 15-34 years

Province	2019			2014		
	Male	Female	Total	Male	Female	Total
Harare	10.1	15.2	12.3	26.4	48.6	38.6
Bulawayo	29.3	26.5	27.8	30.8	47.7	40.3
Zimbabwe	19.7	22.3	20.8	9.8	20.4	15.3

Source: 2019 LFCLS; 2014 FLCLS.

Table 8.4 presents the distribution of youth 15-24 years not in education, not in employment and not in training. At national level, almost 45 per cent of the youth population were not in education, not in employment and not in training. The proportion for males was about 37 per cent while for females it was nearly 53 per cent. In Harare, 34.5 per cent of the youths were NEET, with the percentage higher for female (44.6 per cent) than for male (24.5 per cent).

Table 8.4: Youth 15-24 NEET (%)

Province	Male (%)	Female (%)	Total (%)
Harare	24.5	44.6	34.5
Bulawayo	34.3	41.5	38.2
Total	36.5	52.9	44.7

Source: 2019 LFCLS

Table 8.5 shows the distribution of youth 15-34 years not in education, not in employment and not in training. At national level, 47.1 per cent of the youth population were not in education, not in employment and not in training. The proportion for males was 37.3 per cent while for females it was much higher at 56 per cent. In Harare, 32.7 per cent of the youths were NEET, with the percentage much higher for female (43.7 per cent) than for male (20.9 per cent).

Table 8.5: Youth 15-34 NEET (%)

Province	Male (%)	Female (%)	Total (%)
Harare	20.9	43.7	32.7
Bulawayo	34.2	43.5	39.4
Total	37.3	56	47.1

Source: 2019 LFCLS

Out of the 4.2 million children aged 5 to 14 years, about one percent were estimated to be in child labour. Boys were at higher chance of engaging in child labour than girls, about two percent and one percent, respectively. In Harare, boys (2.8 per cent) were more likely to engage in child labour than girls (0.9 per cent).

Table 8.6: Child Labour (%)

Province	Boys (%)	Girls (%)	Total (%)
Harare	2.7	0.9	1.8
Bulawayo	1.5	3.8	2.7
Zimbabwe	1.6	0.8	1.2

Source: 2019 LFCLS

Conclusion and Next Steps

A major challenge for creating decent employment opportunities is the unfavourable doing business environment and regulatory framework. Estimates from Enterprise Surveys for the African continent reveal that about 1.3–3.0 million jobs are lost every year owing to administrative hurdles, corruption, inadequate infrastructure, poor tax administration, and other red tape. Doing business reforms aimed at simplifying and streamlining the doing investment

environment in the City are vital to realising the full the potential of the private sector to create decent job opportunities.

SDG 11: Sustainable Cities and Communities

Progress and Challenges

The City's urban planning priority is based on creating a green city, a growing city and a just city. The City is conducting greening initiatives to restore the City to its former status as the 'Sunshine City'. This is part of its green city concept initiative. The greening initiatives include: the upgrading of 6,400 units 250W high-pressure sodium (HPS) street lights to less than 100W light-emitting diode (LED) lights under the solar street lighting project. To date, ±960KW have been completed off-grid. The city is also promoting the use of LED lighting with at least 3,000 streetlights having been upgraded. The City of Harare and the European Union (EU) are jointly funding the construction of an 800-cubic metre biogas plant in Mbare high density suburb. The gas from the digesters will be used to power a 100kVA electricity generator. The biogas project aims to improve the health and hygiene standards in Mbare through access to clean and affordable renewable energy. The energy generated will be fed into the national electricity grid.

The City of Harare has also identified investment in a Waste-to-Energy plant at Pomona (the Pomona Waste Management System) as a major component of its Integrated Municipal Waste Management Plan. This entails the setting up a biogas power plant and a solar energy plant. Combined, the two projects will generate 60 megawatts (MW) at an estimated cost of well over \$100 million. The City and the surrounding towns of Chitungwiza, Norton, Ruwa and Epworth generate approximately 1,000 tonnes of waste per day. The aim is to develop a waste-to-energy plant using available modern technology that will absorb municipal solid waste. The city intends to set-up at least a minimum 30MW solar power plant at one multiple use facility. The target is to ensure 25 percent of the city's energy mix comes from renewable energy sources. The project is expected to be financed through a PPP.

The City is also investing in the rehabilitation of pedestrian pathways and cycle tracks in order to promote cycling to work. The City has also signed a number of corporate social responsibility agreements for the greening of road islands, road verges and roundabouts.

The Harare City Council is paving the islands to create pathways



Source: <https://www.gemnation.news/see-how-council-is-restoring-the-beauty-of-harare/2/>

According to the 2017 ICDS, about 32 per cent of Zimbabwe's population resides in urban areas. The country's population has increased by an average annual rate of 2 per cent and the population is estimated at 13,572,560 according to the 2017 ICDS. The country has experienced de-urbanisation between 2012 and 2017. The urban population declined from 4,284,145 in 2012 (2012 Population Census) to 4,282,725 in 2017 (2017 ICDS). Harare has an estimated population of 1,973, 906 (14.5 per cent of the total) as at 2017 down by 7.6 per cent from the 2,123,132 (16.3 per cent of the total) recorded in 2012. The proportion of male and female population is 48.2 and 51.8 per cent respectively.

The city continues to experience a huge housing deficit in the cities as well as poor urban infrastructure and social services. Limited transport infrastructure has also made cities in the country heavily congested lowering the quality of life of most urban dwellers as well as the ease of doing business. Deficiencies in public transport systems have given rise to an informal transport sector. There has been a huge rise in the demand for urban housing which has pushed the prices of land and housing up. High inflation and interest rates have negatively affected housing affordability through increasing mortgage lending rates. A majority of urban residents are unable to access or afford land or housing in the formal sector. Hence, there has been a mushrooming of informal settlements⁸ across the country with inadequate infrastructure and services. The majority of the informal settlement dwellers eke out a living in the informal sector as informal entrepreneurs. The City has in some cases adopted informal settlement

⁸ Informal settlements are residential areas where housing units are constructed on land to which the occupants have no legal claim or which they occupy illegally and unplanned settlements and areas where housing does not comply with statutory plans and building regulations (unauthorized housing) and is often situated in geographically and environmentally hazardous areas (UN-Habitat, 2003).

regularisation and upgrading as a staged process of improvement of the quality of life in informal settlements based on incremental provision of services and tenure.

The demand for housing has been on an increase. This increase is reflected in an upsurge of new applicants from 13,054 to 15,162 who registered on the housing waiting list in 2017 and 2018 respectively. Table 1 below shows the monthly registrations for new applicants for the Year ending December 2017 and December 2018.

Table 11.1: New Monthly Registrations for 2017 and 2018

Month	Number of New Applicants in 2017	Number of New Applicants in 2018
January	924	1463
February	856	1557
March	840	1111
April	575	1121
May	1152	1213
June	1236	1120
July	798	1105
August	831	1152
September	887	1205
October	1431	1965
November	1529	1435
December	1995	715
TOTAL	13054	15162

Source: Department of Housing and Community Services, 2018 Annual Report.

The City of Harare has reviewed its housing policy and introduced Housing Pay Schemes as a housing delivery model replacing the housing cooperatives model. Currently there are forty-four (44) Housing Pay Schemes. 2018 saw the approval of a model Housing Pay Scheme Constitution to put systems in place for the management of Housing Pay Schemes. The City has also signed a number of Memoranda of Agreements with the private sector for strategic partnerships in housing developments under Public Private Partnerships (PPPs) in a move meant to speed up the provision of low-cost houses to mainly low-income earners. The City has partnered with two local financial institutions, National Building Society and FBC Group (Pvt) Ltd to develop residential stands for low-income earners. NBS will develop 333 stands while FBC will develop 858 stands.

A partnership for servicing of 2,500 unserviced residential stands in Mabvuku high density residential stands was entered into with Pure Gold Housing Trust in June 2017. Progress of the servicing of the residential stands has been going at a slow pace with actual progress on the servicing at 25 percent with indications that at the expiry of the duration of the partnership, less than 50 percent of the required work would have been done. A partnership with Shelter Zimbabwe is expected to develop 1,500 high density stands. However, the project faced challenges around offsite trunk sewer services. Another partnership with Homelink Private Limited was entered into for the development of flats in Crowborough. The project started in 2019.

Harare has established the Harare Slum Upgrading Project (HSUP). In Dzivarasekwa Extension, a pilot project run by Dialogue on Shelter for the Homeless in Zimbabwe Trust, Zimbabwe Homeless People's Federation and the City of Harare has shown how upgrading

slums and incorporating them into town plans can be an effective urban renewal strategy. The project has improved the living conditions of thousands of low-income people in Dzivarasekwa through secure land tenure and improved housing and urban services. A community resource centre has been constructed to provide a space for meetings, early childhood development, and for young people to learn about ICT-based documentation of slum-upgrading initiatives. Since the inception of the project, about 2,050 residents now have secure land tenure, 336 homes have been built and 1,344 people have been housed. Sanitation has been improved with the installation of 29 eco-san toilets (replacing pit latrines) and a solar-powered water system and roads have been tarred⁹.

During the year 2018 a total of 1,555 residential stands were allocated to applicants from the Housing Waiting List as shown in Table 11.2 below.

Table 11.2: Normal Residential Allocations

Location	Number of Stands
Glen View	19
Dzivarasekwa	18
Kuwadzana	254
Logan Park	14
Mabelreign	31
New Marimba	18
Tafara	202
Budiriro	277
Chadcombe Township	6
Hatfield Township	11
Greencroft	5
Glen-Lorne Township	17
Bluffhill Township	1
Highlands	3
Greystone Park	1
Westlea	52
Warren Park	185
Highfield	3
Glen Norah	4
Mufakose	187
Lochnivar	4
St Martins	234
Braeside	9
TOTAL	1 555

Source: Department of Housing and Community Services, 2018 Annual Report.

Allocation of stands in the City of Harare/CABS low income housing partnership continued at an increased pace. This increase may be attributed to the then prevailing financial market environment associated predominately with the multicurrency regime which was underpinned by the exchange rate between the US Dollar and the Bond note pegged at 1:1.

Table 11.3 below depicts the number of residential stands in Budiriro CABS that were allocated to applicants on the housing waiting list in 2018.

⁹ <https://world-habitat.org/world-habitat-awards/winners-and-finalists/dzivarasekwa-slum-upgrading/#award-content>

Table 11.3: Budiriro CABS

Month	Number of Stands Allocated
January	66
February	46
March	47
April	69
May	52
June	43
July	47
August	44
September	46
October	54
November	63
December	32
TOTAL	620

Source: Department of Housing and Community Services, 2018 Annual Report.

A total of 1,850 Budiriro CABS stands have been allocated to date from the commencement date and 947 stands are yet to be allocated from a total of 2,797.

Conclusion and Next Steps

The huge housing backlog in the country can be viewed as both a huge challenge and a tremendous opportunity to expand economic activity through housing investments and construction sector industrialisation which should help to create numerous employment opportunities. Housing sector investments have been found to have a huge economic multiplier with high labour intensity.

To deal with the problem of informal settlements/housing crisis there is need for a well-coordinated and collaborative effort involving all the key stakeholders, including the central government, local authorities, financial institutions, multilateral institutions, non-profit actors, and the private sector.

There is need to improve urban planning and land management practices to improve availability and access to land especially for the poor. Lowering of production costs will help to boost local production of building materials. Inclusive housing finance including affordable mortgage facilities and housing microfinance and micro-insurance are very crucial.

Further strengthening of the legal and institutional framework will also go a long way in crowding in the private sector in the housing sector investments.

It is also vital to enhance the capacity of government to be able to assess the fair value of land as a way of capturing the significant potential for domestic resource mobilisation related to land value capture.

A sound and stable macroeconomic environment is vital to lay a solid foundation conducive to developing sound housing development policies.

Summary of Key Challenges

The City of Harare continues to face a myriad of challenges adversely affecting the effective and efficient implementation of SDGs. The COVID-19 pandemic has exposed serious structural challenges in the country and in cities and most importantly highlighted the need to make the economy and cities more sustainable, resilient, diverse and innovative. Crises (including disasters and pandemics) are bound occur with disastrous socio-economic implications. A city's capacity to proactively and effectively respond to crises (e.g. COVID-19) is a function its social protection and healthcare systems as well as the state of its institutions and infrastructure. Harare City Council must build resilience and capacities for disaster preparedness and recovery, to empower economies and communities to better weather and recover from shocks.

The key challenges affecting the implementation of SDGs in the City include:

- Lack of access to cheap long-term development finance which has negatively affected investments in infrastructure. The high level of informality has affected the capacity of the City to mobilise resources to finance sustainable development. This is exacerbated by an unfavourable doing business and investment environment.
- High default rates among rate payers (both corporates and households) owing to the unstable macroeconomic situation affecting the City's financial sustainability.
- Rapid urbanisation, deindustrialisation and rising informality which have resulted in: rising incidence of urban poverty; inadequate provision of services; growing incidence of informal settlements; and environmental degradation among others. The existing infrastructure and services (education, health, water and sanitation, housing) have failed to keep pace with the rapid population increase as well the urbanisation the City is currently experiencing.
- Climate change has exposed the country and the City to natural disasters with adverse effects on food security, health, water and sanitation among others.
- Insufficient timely and disaggregated data for most indicators, making it difficult to track and monitor progress. A lack of good local data makes it a challenge for the City to design appropriate and specific policies. Collecting disaggregated data is important in order to address imbalances, and the progress made by cities. There is also need to collect more data and information about people with disabilities.
- Critical shortage of key staff in some districts and departments in the city. The City has also been affected by the brain drain especially of key healthcare staff.

Lessons learnt and best practices to be shared with others:

- The mobilization of adequate finance is an important means for the attainment of sustainable development in the country and in the city. This requires the proactive involvement and partnership of all the stakeholders as well as the integration of a number of sources of finance involving the central government, the private sector, international partners, residents, as well as the diaspora.

- The SDGs must be fully integrated and mainstreamed into the City's development plans and strategies. This will help to ensure the localisation of SDGs.
- Increasing public awareness, knowledge and perceptions of SDGs is necessary to empower especially local communities and citizens to take action in their own local communities.
- The City has come up with a Stakeholder Policy which provides a platform to enable effective stakeholder participation, involvement and partnership in all decision-making processes. The Ward Development Committees and the Budgetary Advisory Committee provide a platform for regular feedback meetings between the Council and the residents.
- The City has established two gender-based violence clinic one of which is a 24-hour clinic that provide expeditious comprehensive and specialist medical care to victims of gender-based violence.
- Optimising on the COVID-19 requires building resilience and innovation. This can be achieved by strengthening health systems and expanding social protection coverage. Comprehensive social protection systems and universal health coverage can help to lessen the fallout from crises such as the COVID-19 pandemic. To ensure universal health coverage and guarantee access to quality health care there is need to mobilise additional public funds to boost national and city budgets through implementing innovative and sustainable financing for health care delivery. The current health financing model remains unsustainable as it heavily relies on external financing as well as out of pocket financing of the health sector.

Recommendations

- There is need for the localisation of SDGs raising awareness of the SDGs at the local level, setting the stage for multi-stakeholder/sectoral deliberations and involvement, and prioritizing sustainable development through strong leadership and integrated governance mechanisms.
- The City should consider coming up with a local SDGs monitoring and evaluation system/framework that will be used to track the progress of implementation and achievement of SDGs in the City. Local monitoring and evaluation ensures that SDG implementation remains on track, and support the development of local capacity for more responsive, transparent and accountable governance.
- The City must come up with a Comprehensive Strategy and Implementation Plan for Gender Equality to among others: promote the effective participation of women in decision-making processes; ensure equal opportunities for all; ensure sexual and reproductive health and rights for all.
- There is need for a decentralized and autonomous local governance framework to ensure that political, administrative and fiscal powers of local governments are commensurate with their responsibilities. Closer collaboration and partnerships with private sector, development partners, the diaspora, philanthropic organisations and civil society

stakeholders to develop innovative financing mechanisms and service delivery models that balance the social, economic and environmental dimensions of sustainable development. Importantly, participatory approaches can help integrate informal firms into the formal urban sector and facilitate the development of an organised formal urban sector. Appropriate regulations and targeted incentives can enable informal employers to move beyond merely subsisting to saving for and investing in productivity growth.

- In view of the structural barriers to disability inclusion, it is important to adopt and implement a City disability strategy and plan of action with clear priorities and measurable, setting out the specific actions to improve the well-being of people with disabilities.

References

City of Harare Department of Health Services, 2018 Annual Report. Harare, Zimbabwe.

City of Harare Department of Housing and Community Services, 2018 Annual Report. Harare, Zimbabwe.

Ministry of Primary and Secondary Education, 2018 Primary and Secondary Education Statistics Report. Harare, Zimbabwe.

Zimbabwe National Statistics Agency (ZIMSTAT), 2019 Labour Force and Child Labour Survey Report. Harare, Zimbabwe.

Zimbabwe National Statistics Agency (ZIMSTAT) and UNICEF. 2019. Zimbabwe Multiple Indicator Cluster Survey 2019, Survey Findings Report. Harare, Zimbabwe: ZIMSTAT and UNICEF.

Zimbabwe National Statistics Agency (ZIMSTAT), 2017 Poverty, Income, Consumption and Expenditure Survey (PICES). Harare, Zimbabwe.

Zimbabwe National Statistics agency (ZIMSTAT), 2017 Inter-Censal Demography Survey. Harare, Zimbabwe.

Appendix A – Tables and Figures

Table 8.1: Percent Distribution of Economically Active Persons by Activity

	Harare			Zimbabwe		
	Male	Female	Total	Male	Female	Total
Paid employee	51.3	41.4	47.4	29.7	15.6	22.2
Employer	1.1	1.2	1.1	0.4	0.2	0.3
Own account worker-agriculture	2	3.1	2.4	42	62.7	52
Own account worker-other	27.9	34.3	30.4	16.3	13.1	14.8
Unpaid family worker	1.2	3.9	2.3	3.5	3.4	3.4
Looking for work/unemployed	16.5	16.2	16.4	8.2	4.9	6.6
Total	100	100	100	100	100	100
Number	460,603	297,085	757,688	2,902,115	2,709,694	5,611,809

Source: ICDS 2017

WOMEN DEVELOPMENT PROGRAMMES

DISTRICT	ACTIVITY	MEMBERSHIP
HIGHFIELD/ GLEN-NORAH SOCIAL SERVICES	<ul style="list-style-type: none"> • Psycho-social support • Money savings and groceries • Detergent making • Sewing and Embroidery • Gardening • Nurse Aid • Baking, cookery and catering • Interior décor 	<ul style="list-style-type: none"> • 170 • 390 • 60 • 210 • 23 • 57 • 180 • 108
	SUBTOTAL	1,198
MUFAKOSE SOCIAL SERVICES	<ul style="list-style-type: none"> • Savings (Mukando grocery buying, utensil buying) • Gardening • Crocheting, knitting • Dressmaking, cutting designing, pattern making • Baking • Hairdressing • ECD training 	<ul style="list-style-type: none"> • 147 • 53 • 33 • 221 • 153 • 28 • 309
	SUBTOTAL	944
MBARE/ SUNNINGDALE SOCIAL SERVICES	<ul style="list-style-type: none"> • Mukando • Baking • Sewing • Psychosocial Support • Beading • Gardening 	<ul style="list-style-type: none"> • 179 • 13 • 28 • 80 • 37 • 9
	SUBTOTAL	346
MABVUKU/ TAFARA SOCIAL SERVICES	<ul style="list-style-type: none"> • Cookery /Baking • Mukando /money savings • ECD Teacher Training 	<ul style="list-style-type: none"> • 91 • 40 • 48

	<ul style="list-style-type: none"> • Glass Recycling • Beadworks • Batik 	<ul style="list-style-type: none"> • 10 • 35 • 20
	SUBTOTAL	244
GLEN-VIEW/ BUDIRO SOCIAL SERVICES	<ul style="list-style-type: none"> • Savings • Crocheting • Health education • Making detergents • Friendly games • Crocheting 383 • Counselling 	<ul style="list-style-type: none"> • 15 • 30 • 15 • 60 • 60 • 103 • 100
	SUBTOTAL	383
DZIVARASEKWA/ KUWADZANA SOCIAL SERVICES	<ul style="list-style-type: none"> • Mukando • Baking • Detergents • Bags, beads • Dressmaking • Nurse Aide • Gardening 	<ul style="list-style-type: none"> • 412 • 33 • 40 • 26 • 14 • 25 • 9
	SUBTOTAL	559
	GRAND TOTAL	3,674

Source: Department of Housing and Community Services, 2018 Annual Report.

YOUTH DEVELOPMENT PROGRAMMES

DISTRICT	ACTIVITY	MEMBERSHIP
HIGHFIELD/ GLEN-NORAH SOCIAL SERVICES	<ul style="list-style-type: none"> • Psycho-social (discussions) • Arts and culture (traditional dance, poetry and drama) • Oral driving lessons • Projects (Gardening) • Modern dance 	<ul style="list-style-type: none"> • 50 • 115 • 40 • 71 • 7
	Sub Total	283
MUFAKOSE SOCIAL SERVICES	<ul style="list-style-type: none"> • Art and craft • Gardening • Rabbit rearing • Contemporary and traditional dance • Drama, peer education • Choral music /traditional dance 	<ul style="list-style-type: none"> • 103 • 39 • 27 • 72 • 47 • 96
	Sub Total	384
MBARE/ SUNNINGDALE SOCIAL SERVICES	<ul style="list-style-type: none"> • Mukando • Baking • Sewing • Psychosocial Support • Beading • Gardening 	<ul style="list-style-type: none"> • 179 • 13 • 28 • 80 • 21 • 9
	Sub Total	320
MABVUKU/ TAFARA SOCIAL SERVICES	<ul style="list-style-type: none"> • Sculpturing • Cutting & Designing, Catering and Brick laying • welding • Weight lifting • Mushroom production • Art, music, drama • Counselling • Drama (CAP) 	<ul style="list-style-type: none"> • 10 • 100 • 9 • 20 • 30 • 15 • 15 • 55
	Sub Total	254
GLEN-VIEW/ BUDIRO SOCIAL SERVICES	<ul style="list-style-type: none"> • Modern dances, tradition dances, drama and music rehearsals • Support groups formation, living well programs, drugs adherences sessions and drama • Marimba music and training. • HIV adolescent adherence programs, life skills, support groups, advocacy, peer education • Modern dances, public speaking, peer education. In and out School no SRH, Child rights, teenage health, legal issues • Dances, street theatre 	<ul style="list-style-type: none"> • 22 • 35 • 15 • 30 • 160 • 10
	Sub Total	272

DZIVARASEKWA/ KUWADZANA SOCIAL SERVICES	<ul style="list-style-type: none"> • SRH • Music, dance, etc • Welding • Dressmaking • ECD • Computers 	<ul style="list-style-type: none"> • 52 • 132 • 8 • 32 • 10 • 20
	Sub Total	254
	GRAND TOTAL	1,767

Source: Department of Housing and Community Services, 2018 Annual Report.

SPORTS AND RECREATION DEVELOPMENT PROGRAMMES

DISTRICT	ACTIVITY	MEMBERSHIP
HIGHFIELD/ GLEN-NORAH SOCIAL SERVICES	<ul style="list-style-type: none"> • Soccer • Netball • Karate • Gymnastics • Beach volley • Weight lifting • Body building • Basketball • Wrestling 	<ul style="list-style-type: none"> • 354 • 35 • 50 • 30 • 50 • 40 • 50 • 35 • 20
	Sub Total	690
MUFAKOSE SOCIAL SERVICES	<ul style="list-style-type: none"> • Soccer /netball • Basketball / volleyball • Karate /boxing • Aerobics • Tag rugby 	<ul style="list-style-type: none"> • 300 • 240 • 29 • 95 • 70
	Sub Total	1,424
MBARE/ SUNNINGDALE SOCIAL SERVICES	<ul style="list-style-type: none"> • Boxing • Karate • Soccer • Taekwondo • Traditional Dance • Acrobatics • Netball • Table Tennis 	<ul style="list-style-type: none"> • 20 • 78 • 31 • 22 • 12 • 16 • 94 • 8
	Sub Total	281
MABVUKU/ TAFARA SOCIAL SERVICES	<ul style="list-style-type: none"> • Hip hop dance • Volley ball • Net ball • Weight lifting • karate • soccer 	<ul style="list-style-type: none"> • 39 • 25 • 21 • 20 • 20 • 50
	Sub Total	175
GLEN-VIEW/ BUDIRIRO SOCIAL SERVICES	<ul style="list-style-type: none"> • Martial arts • Football • Boxing • Powerlifting • Netball 	<ul style="list-style-type: none"> • 30 • 38 • 40 • 10 • 22
	Sub Total	140
DZIVARASEKWA/ KUWADZANA SOCIAL SERVICES	<ul style="list-style-type: none"> • Martial arts • Body building • Netball • Soccer • Volleyball • Basketball • Gymnastics • Handball • Aerobic 	<ul style="list-style-type: none"> • 125 • 95 • 445 • 960 • 110 • 167 • 40 • 35 • 20

	Sub Total	1997
	GRAND TOTAL	4 707

Source: Department of Housing and Community Services, 2018 Annual Report.

PARTNERS IN COMMUNITY DEVELOPMENT

ORGANIZATION	ACTIVITIES	AREA OF OPERATION
Ministry of Women Affairs, Community Small and Medium Enterprise Development	Women empowerment programmes	All districts
Ministry of Youth, Sport, Arts and Recreation	Youth empowerment and sports development	All districts
Ministry of Primary and Secondary Education	Child welfare	All districts
ZRP	Child and adult welfare	All districts
Department of Social Welfare	Child protection, food distribution, birth and maternity registration assistance,	All districts
National AIDS Council	HIV/ AIDS programmes	All districts
Children Rehabilitation Unit	Physiotherapy and occupational therapy	All districts
Childline	OVC	Warren Park, Kuwadzana, Dzivarasekwa
Justice for Children	Provides legal aid to children	Warren Park, Kuwadzana, Dzivarasekwa
Hope Resources Foundation	OVC	Warren Park, Kuwadzana, Dzivarasekwa
CHAZ	HIV/AIDS affecting children	Warren Park, Kuwadzana, Dzivarasekwa
Kondwani community trust	Runs a feeding programme for children	Warren Park, Kuwadzana, Dzivarasekwa
St Joseph	Runs feeding programme at the Roman Catholic Church	Warren Park, Kuwadzana, Dzivarasekwa
CESSHAR	HIV/AIDS matters among sex workers	Warren Park, Kuwadzana, Dzivarasekwa
Mashambanzou	Palliative care/HIV AIDS	Warren Park, Kuwadzana, Dzivarasekwa
Katswe Sisterwood	Girl child	Warren Park, Kuwadzana, Dzivarasekwa
Hope for Adolescents and Youths	Youth empowerment	Warren Park, Kuwadzana, Dzivarasekwa
ACT	OVC, HIV/AIDS, Young mothers	Warren Park, Kuwadzana, Dzivarasekwa
PSZ	HIV/AIDS, VIAC, Circumcision	Warren Park, Kuwadzana, Dzivarasekwa
ZICHIRE	HIV/AIDS Sister to sister (Girl child development)	Warren Park, Kuwadzana, Dzivarasekwa
AFRIC AID	Sexual reproductive health (CRHR)	Warren Park, Kuwadzana, Dzivarasekwa
Restless Development	Youth development programs	Warren Park, Kuwadzana, Dzivarasekwa
AHF	HIV/AIDS treatment programs	Warren Park, Kuwadzana, Dzivarasekwa
L.R.F (Legal resource foundation)	Legal services programs	Warren Park, Kuwadzana, Dzivarasekwa

CPS (Child Protection Society)	Child protection programs	Warren Park, Kuwadzana, Dzivarasekwa
DIYA	Youth development programs	Warren Park, Kuwadzana, Dzivarasekwa
ZNNP+	Support groups for all	Warren Park, Kuwadzana, Dzivarasekwa
Partners for life	Gardening & Youth development programs	Warren Park, Kuwadzana, Dzivarasekwa
Faith, Love and Hope Community Trust	Works with people with disabilities	Warren Park, Kuwadzana, Dzivarasekwa
ZIMCARE	Runs Batsirai school for children	Warren Park, Kuwadzana, Dzivarasekwa
Hoops for Hope	Youth development through sports, basketball	Warren Park, Kuwadzana, Dzivarasekwa
Special Olympics	Unified sports	Warren Park, Kuwadzana, Dzivarasekwa
City Health	Health information/services	All districts
Administrator's office	Community development /services	All districts
Churches	Community development	All districts
Business community	CSR (Corporate Social Responsibility)	All districts
Private colleges	Educational programs	Warren Park, Kuwadzana, Dzivarasekwa

Mavambo	OVC	Mabvuku /Tafara
Harvest Orphan Care	OVC & family support	Mabvuku /Tafara
Community Arts Project (CAP)	Youth/Women development	Mabvuku/Tafara
Shingirirai Trust	OVC	Mabvuku/Tafara
Destiny Mission Foundation	Youths	Caledonia
ZNNP+	Living Positively	
New Dimension OVC Trust	Provision of an open learning education to OVC	Mabvuku/Tafara
Health Watch	Disability	Mabvuku/Tafara
Childline	OVC	Mabvuku /Hatcliffe
Padare	Domestic Violence,	Mabvuku/Tafara
AfricAid	OVC/HIV	Mabvuku/Hatcliffe
Island Hospice	OVC & palliative care	Mabvuku/Tafara
Mashambanzou	HIV, OVC, HBC etc.	Mabvuku/Tafara
Join Hands for Epilepsy		Mabvuku/Tafara
MoyoMunyoro	Disability	Mabvuku/Tafara
Faith in Action Ministries Network International (FAMNI)	Orphans, widows /widowers	Mabvuku/Tafara

Felly Orphanage	Psychosocial support, Soup kitchen,	Mbare/Sunningdale
With love Foundation	Soup kitchen, Psychosocial support	Mbare/Sunningdale

MSF	Sexual and Gender based Violence	Mbare/Sunningdale
Chiedza Child Care	Psychosocial Support	Mbare/Sunningdale
Vision and Hope	Tuition Support	Mbare/Sunningdale
ZNNP+	HIV/AIDS	Mbare/Sunningdale
Justice for Children Trust	Safer Cities Programme	Mbare/Sunningdale
Abandoned Babies Committee	Skills Training	Mbare/Sunningdale
Sahwira Support Group	Psychosocial Support	Mbare/Sunningdale
DAAC	HIV / AIDS	Mbare/Sunningdale
Mashambanzou Care Trust	HIV/AIDS	Mbare/Sunningdale
Childline	Child rights	Mbare/Sunningdale
Ministry of Sports, Art and Recreation	Sport, Art and recreation	Mbare/Sunningdale
National Art Gallery	Skills training in Art	Mbare/Sunningdale
ASCT And Dreams Organizations	HIV/AIDS and Psychosocial support	Mbare/Sunningdale
Mbare Sport development Committee	Sports	Mbare/Sunningdale
Just Joy Bridging Organisation	Psychosocial Support.	Mbare/Sunningdale

Source: Department of Housing and Community Services, 2018 Annual Report.

Appendix B – Stakeholder Meetings/Interviews List

Stakeholder	Organisation	Date
Inception Meeting with Ministry Local Government; Ministry of Public Service; and City of Harare officials		24 January
City Directors including the Town Clerk	City of Harare	30 January 2020
Councillors	City of Harare	30 January 2020
Trade Unions		31 January 2020
Residents Associations		31 January 2020
Ms Tafadzwa Bandama, Confederation of Zimbabwe (CZI)	Confederation of Zimbabwe Industries (CZI)	4 February 2020
Zimbabwe National Chamber of Commerce (ZNCC)		4 February 2020
Stakeholder consultative Meeting with various stakeholders including people with disabilities		7 February 2020

