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Together for transformed Children

THE SITUATION FACING CHILDREN AT RISK IN HARARE

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Viva Network Zimbabwe
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EXECUTIVE SUMMARY

Viva Network Zimbabwe (VNZ) is a networking organization based in Harare whose sore mandate is to link churches, faith based organizations and other local groups for the betterment of the situation of children. The vision of VNZ is for churches and Faith based organizations to collaborate and improve the quality and amount of care for vulnerable children, addressing their physical, intellectual, social, emotional and spiritual needs so that they can live fulfilled lives that God intends for them. This campuses all vulnerable children in Harare's suburbs; children living and working on the streets, institutionalized orphans and vulnerable children and children in conflict with the law.

The network partners with Viva, an international organization seeking to inspire and enable effective collaborations among Christians, providing sustainable solutions to the needs of vulnerable children. Through 22 city-wide networks Viva is increasing the unity, quality and impact of work for children at risk globally. Through joint action Viva is changing the lives of over 104,000 children around the world. Viva is encouraging communities around the world to work together to transform the situation of children in their cities.

This report gives an overview of the situation of children at risk in Harare, with a specific focus narrowing down to the suburbs of Mbare and Rugare, looking at both needs and responses in order to determine gaps and opportunities for further mobilization of the Christian community towards collaborative effort for intervention.

The objectives of the research are:

• To obtain and present on the situation of children at risk in Harare, and particularly in two high-density suburbs of Mbare and Rugare.

• To establish the availability, capacity and interventions of Christian and faith based organization available in Mbare and Rugare.

• To utilize the findings of this study to make informed conclusions and recommendations for network action and collaboration for the betterment of the situation of children.

This report shall be pivotal to Viva Network Zimbabwe in programming, possible networking, collaboration with other organizations, policy development and engagement of responsible government ministries for the improvement of children's lives in Zimbabwe.

KEY RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Due to the volatile state of Zimbabwe's economic and political situation, children are at risk and highly subjected to socio-economic and psychological challenges. Children in different communities (both rural and urban) are faced with multiple challenges of which the communities are incapacitated to handle the challenges. Current challenges faced by children in Harare include but are not limited to:

- Substance abuse
- Child Vending
- Broken Families
- Child headed families
- Orphan hood
- Child Sexual Abuse
- Child Neglect
- Child Marriages
- Low birth registration
- Low access to education

The non-governmental organizations and the Government of Zimbabwe's Department of Social Welfare have programs designed to intervene in the situations of children but these programs are not actioned or the efforts are not enough to alleviate the problems in the communities.

In as much as there are plans and indications of organizations and government wanting to assist children, there is inadequacy of child protection policy implementation and very little evidence of collaboration with a common purpose to bring about change.

Local churches have a more informed position and are in contact with the children, giving them much potential to transform the children is they are to work together to increase responses to children and address local issues.

There is need for recognition and inclusion of local churches in the work of child protection and case management programs.

There is need for collaborative efforts between government, churches and faith based organizations for improving children's access to justice.

Key areas that need increased response are:

- Children's access to justice
- Advocacy for children's rights
- Family strengthening and support
- Access to quality education and healthcare
- Life skills and support for youth

The overall recommendation is that if responses are to be sustainable, they must be both holistic and community-based through networking and collaboration.

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LIST OF ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
AMTO	Assisted Medical Treatment Order
CBD	Central Business District
DSW	Department of Social Welfare
ESAP	Economic Structural Adjustment Programmes
FDG	Focus Group Discussion
GoZ	Government of Zimbabwe
HIV	Human Immunodeficiency Virus (HIV)
ILO	International Labour Organization
RBZ	Reserve bank of Zimbabwe
NAP for OVC	National Action Plan for Orphans and Vulnerable Children
NVU	National Vendors Union
UNCRC	UN Convention on the Rights of the Child (UNCRC) -
SME	Small and Medium Enterprise
WHO	World Health Organization
SRH	Sexual Reproductive Health
UNICEF	United Nations International Children's Emergency Fund
ZIMSTATS	Zimbabwe National Statistics Agency
ZNCWC	Zimbabwe National Council for the Welfare of Children

MESSAGE

This situational analysis report on the situation of children in Harare is a fulfilment of VNZ's information requirements for the development of a 5 year strategic plan. After every five years, the network renews its strategy and the new strategy has to be informed by findings from a situational analysis study which will provide empirical data on the situation of children. The study was done in the communities of Rugare and Mbare in Harare and it will help us to build up an understanding of the situation of vulnerable children in Harare, as well as across the nation. Communities may differ in context and culture but the results of this exercise give us a window into the situation children are facing in many of our urban communities. This information will assist Viva Network Zimbabwe in planning collaborative responses to issues faced by children and this report clearly brings out some key areas to be addressed.

Churches generally have the infrastructure, social standing to influence values in communities, political will and resources to transform the lives of children in our communities. By coordinating churches and organisations to work together, VNZ has made some great achievements in meeting the needs of children in the past. However, there is more that we can do to change the situation and we can do so much more and more effectively if we work together with many more who are involved. . The need for synergies and collaboration in the area of OVC is greater than we expected and the recommendations in this report indicate that there is a great opportunity for reengaging the network.

Henry Zihove: Viva Network Chairperson

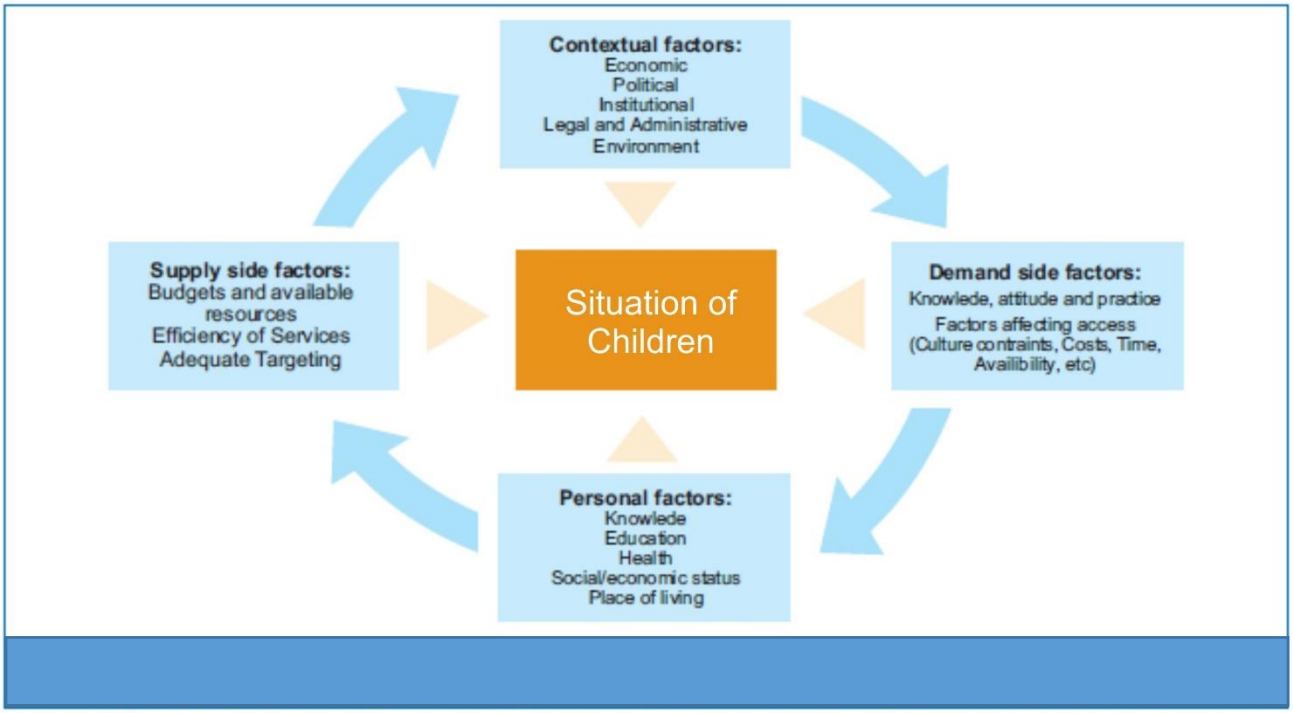
METHODOLOGY

➢ Research Design

The research took a mixed approach that combined qualitative and quantitative methods although due to the focus of the situational report became inevitably qualitative. While qualitative research uses naturalistic approach that seeks to understand phenomenon in a context specific setting, quantitative research focuses on statistical data. The researchers made visits to Mbare and Rugare to obtain firsthand information on the situation of children in these locations. A Community Participatory Rapid Appraisal Programme was run first in Rugare and then Mbare engaging community members in social mapping and open-ended interviews. In addition to the Situational Analysis, a VNZ Member Capacity Review was conducted to identify strengths and resources existing within the VNZ network to respond to the identified issues. A one day feedback/consultation meeting was held with 35 key members of the network as well as key representatives from partner organizations, the Department of Social Services and other stakeholders.

This analysis considers that the situation of children as part of a dynamic system that is influenced by contextual, supply, demand and personal factors.

Figure 1: Situational Analysis Model



Source: UNICEF, Based on 'How to design and manage equity-focused evaluations', New York, 2011, available at: http://mymande.org/sites/default/files/EWP5_Equity_focused_evaluations.pdf

➢ Research Instruments

This research used the survey design in which primary data was collected by way of questionnaires, in-depth interviews, focus group discussions and also key informant interviews which were conducted with key stakeholders working with children for their welfare and improvement of live standards. The key informant interviews were ideal in the study because they enabled the researchers to gather first-hand information from the authorities. Additionally, secondary data was gathered through document analysis, literature review and desktop research.

Table 1: Summary on research instruments

INSTRUMENTS	DESCRIPTION AND RATIONALE	TARGET POPULATION	COMMENT
Desktop Research	This involved internet research online targeting authentic websites, publications, press statements, e-forums among other sources. This was effective as it allowed for diverse and voluminous data to be obtained with ease from one location thus becoming effective, time saving and also cost effective.	- Global, - Regional, - National and Community	Desktop research was done exhaustively and yielded the desired results.
Questionnaires	Questionnaires were developed and distributed both physically by visiting the target participants and also electronically over calls, emails, Whatsapp, Facebook messenger and other means as requested by the recipient. The forms were received in two ways, both electronic and physical collections.	- VNZ Members - Stakeholders dealing with children in Harare - Potential Members - Stakeholders in the target communities	Questionnaires were effectively distributed and 82% response rate was yielded.
Focus Group discussions	Focus group discussion guides were some of the instruments that were used. These were very efficient in collecting data as data was collected from different people bringing out their different perspectives on the matter. Discussions were done with the target population under study, people who work with children and people who spent most of their time with them in order to collect rich data.	- Children - Parents - Caregivers - CCWs[1] - Youths	Focus group discussions were successfully done. Data gathered was more resourceful and informative.
Naturalistic Observation	Observing the situation of children proved to be an effective way in understanding the situation of children among other research instruments. Observers were able to collect first-hand information which showed the reality of challenges that children are facing.	- Children - Parents	Observations were done successfully and the participants were able to capture firsthand information from the targeted research population

➢ Scope of the study

This study focuses on the situation of children in Harare, Zimbabwe and narrows down to two high-density suburbs of the city; Mbare[2] and Rugare[3]. The research focuses on the situation of children analyzing the responses of churches, faith based organizations, other stakeholders and the community at large. The research findings are richly informed through a review of the currently available statistical and qualitative literature on the situation of children in Zimbabwe.

➢ Field Research

A team of Five (5) researchers conducted a Community Participatory Rapid Appraisal Programme in Rugare and Mbare, Harare. The researchers spent 6 days in each of the two communities studying and researching on the challenges faced by children, their current situations, organizations in the communities, interventions in place and opportunities within the community for children living there. This study took advantage of engaging community members in social mapping and open-ended interviews in coming up with the problem tree. The ultimate goal of the research was to make inferences on the whole of Rugare and Mbare communities through random sampling which assumes the sample will have the same composition and characteristics as the entire population. During this intensive 6 day period in each location, the research team gathered stories, accounts, opinions and statistical information to discover the perceptions and priority risks that need to be addressed within the two communities. In both locations, the research was concluded with a community presentation where attendees listened to findings and discussed possible solutions to address the situation. The participants were chosen using the simple random method and all ethical considerations including informed consent, debriefing, rights to freedom of withdrawal and confidentiality were strictly observed. Research instruments were designed and written in English but on the field, researchers did verbal translations to ensure that the participants clearly understood the questions.

The community stakeholders taken into account in this study included:

- Children and youth of various ages, abilities and orphan-status (or none)
- General community members including parents, grandparents and workers
- Church leaders

[1] Child Care Workers – These are members of the Department of Social Welfare installed in the community for child care.
[2] First Study Focus Area, Population: Approx. 167,000 as of 2012 according to Zimbabwe Population Services
[3] Second Study Focus Area, Population: Approx.: -15,000 as 2012 according to Zimbabwe Population Services

- School teachers
- Health service providers
- Social services officers
- The Local Council officers
- Police officers
- Department of housing officers
- Staff and beneficiaries of registered projects

➢ Data Presentation

When this research was completed, then followed the presentation of the Situational Mapping Report. This report is pivotal to Viva Network Zimbabwe in programming, possible networking, collaboration with other organizations, policy development and engagement of responsible government ministries for the improvement of children's lives in Zimbabwe. It can also be used by other agencies both within and outside Harare to give an up to date picture of the challenges and issues facing children in Harare today.

➢ Data Analysis

Data analysis was done through a dual parallel approach. Qualitative data was analyzed thematically narrowing down to pertinent issues that affected wider areas and higher populations within the target area. On the other hand quantitative data analysis was done through the Statistical Package for Social Sciences (SPSS), this allowed for descriptive statistics that show frequencies and distributions and other patterns noticeable in the data trends.

THE SITUATION OF CHILDREN

Zimbabwe is a land locked Southern Africa country with 16 official languages. The population of Zimbabwe is about 13.061 million with 52% being female. Children constitute 48% of the population, resulting in a high dependency rate. 'The high dependency rate condemns 25% of children to extreme poverty. Zimbabwe population is largely Christian with 82.7% protestant 6.7% Roman Catholic, other Christian 4.6%, traditional religion 0.6%, Muslim 0.4%, other 0.1% and none believers constitute the remaining 4.9%.

Zimbabwe's economy faces severe challenges. Unemployment and poverty are endemic and political strife and repression commonplace. Many Zimbabweans have left the country in search of work in South Africa and other close nations. Women are often paid less than men in paid employment, they tend to engage more in unpaid care work than men, and overall, they work more hours than men in non-economic activities (ZIMSTAT 2016). While education was made universal, children still face barriers to education, and there is no legislation which compels parents or the state to ensure that children are sent to school. Poor implementation, as well as lack of resources have continued to lower the standards of education (Education Coalition of Zimbabwe 2015). Literacy rate has declined from 95.41% in 1992 to 91.75% in 2015.

The past 10 years to 2016 have generally been drought years in Zimbabwe. The drought of 2016 left over 4 million people in need of food aid. Above normal rainfall, worsened by the effects of tropical cyclone Dineo in March 2017 resulted in severe floods affecting 36 districts in Zimbabwe and 166 216 children's education in 388 schools was disrupted (UN 2017).

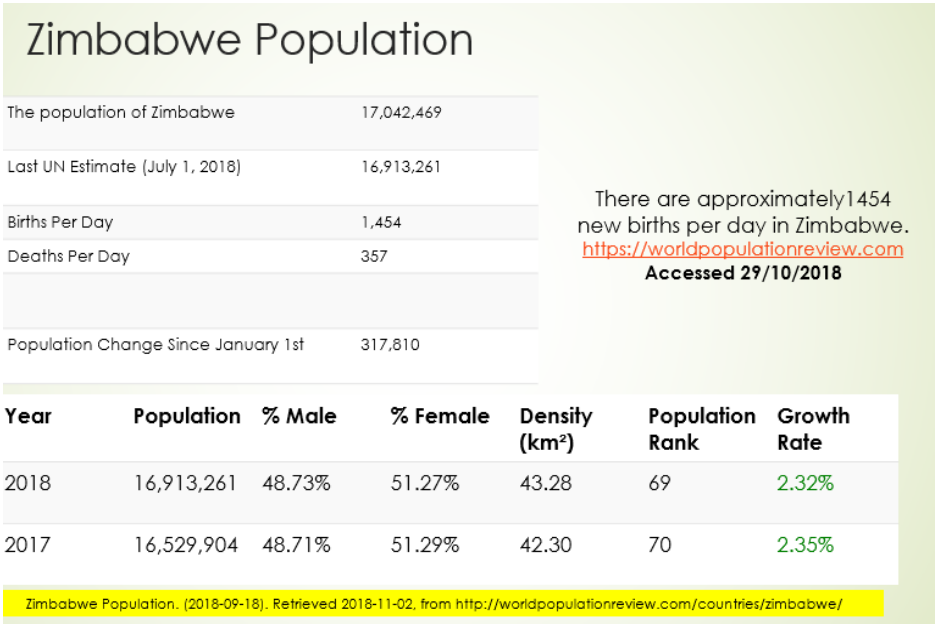
LEGISLATIVE FRAMEWORK GUIDING CHILD WELFARE IN ZIMBABWE

Zimbabwe ratified some of the regional and international child welfare frameworks and this includes the United Nations Convention on the Rights of Children (UNCR) and the African Charter on the Rights of Children. Additional to these international guidelines, there are a number policies guiding the legislative framework for children in Zimbabwe. Beginning with the constitution amendment 20 of 2013 being the main national legislation there are several legislative documents guiding the welfare of the children including the Children's Act Chapter 5:06, National Orphan Care Policy and National Action Plan (NAP) for Orphan Vulnerable Children (OVC). These pieces of legislation speaks into the rights, needs and responsibilities of parents or the family towards a child. The Children's Act clearly gives out the definition

of who a child is, stating their rights, NAP as a policy has a vision of seeing children living in a safe, secure and supportive environment that is conducive to child growth and development. The National Orphan Care Policy is also under the legislative framework that guides child welfare in Zimbabwe. It also talks of what a child in need of care is and many other aspects of Child Welfare in Zimbabwe. All policies and decisions that are made in Zimbabwe concerning children they are done according to the legislature that guides children. Apart from these, there are also many other pieces of legislation that speak into child welfare including the Marriage Act, Criminal Procedure and Evidence Act, Guardianship of Minors Act, Maintenance Act, etc. In general, Zimbabwe has a very sound and robust policy framework for child welfare which needs effective implementation and reinforcement.

RESEARCH COMMUNITIES

Figure 2: Zimbabwe National Population Distribution



According to the Zimbabwe National Statistics Agency, Census 2012, Zimbabwe's population was around an approximate 13 061 239. The nation is experiencing a fairly fast growth rate at 2.32% which in principle may suggest that there are more children now as compared to the previous 5 years.

Figure 3: Harare population distribution

Children constitute 44.1% of the population of Harare, resulting in a high dependency rate and also calls for a special need for attention for the welfare of Children in the Capital.

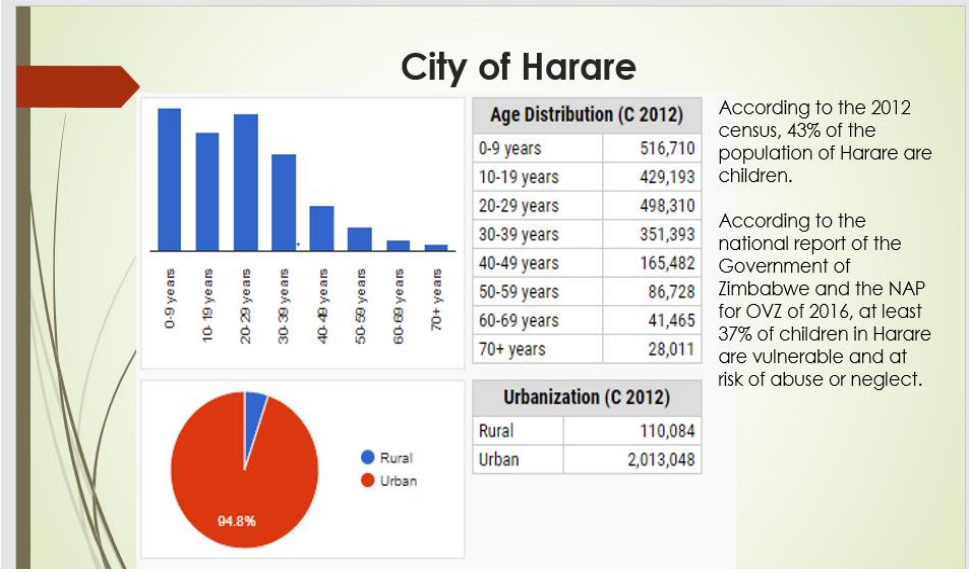


Figure 4: Map of Harare

There are an estimated 979,000 children in Harare, with a total adult population of 1.9 million (GoZ, 2012 Census), although it is hard to get accurate statistics for political reasons. Focusing on two high-density suburbs of Harare has enabled an in-depth understanding of the way that wider issues identified are having an impact and being addressed in the lives of children and families at community level.

Table 2: Situation of Children in Harare :: Fact Sheet

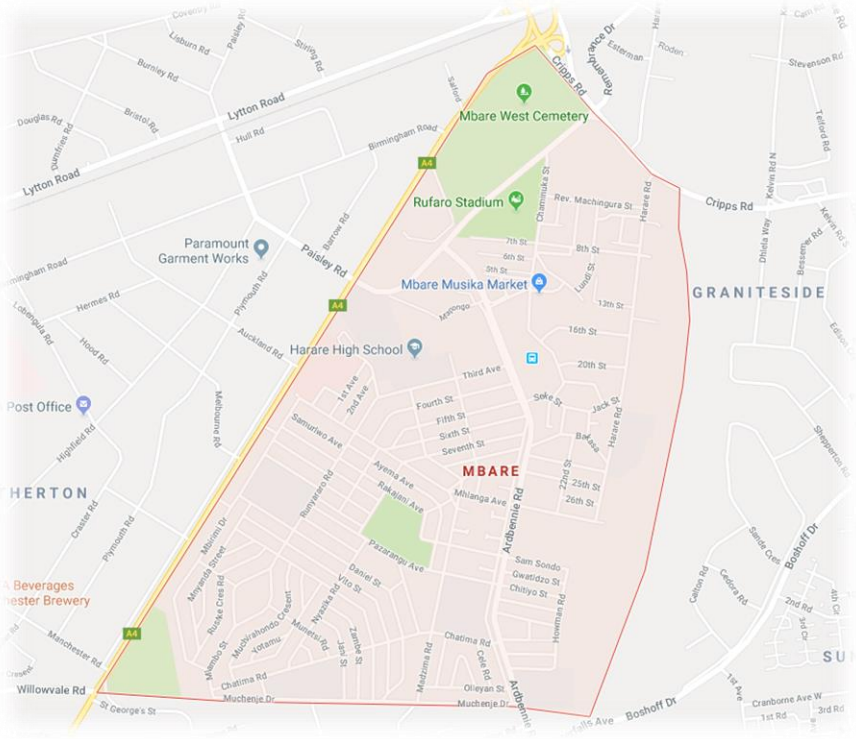
1	On education, In Harare, 3.6% Children aged 10-19 have never attended school
2	**27% of the children in Zimbabwe and 11.3% of children in Harare are Orphan Vulnerable Children (OVC).**
3	**The Multiple Indicator Cluster Survey (MICS) of 2014 indicated that only 32% of the children below the age of five in Zimbabwe have birth certificates, the number being 57% in urban areas (ZIMSTAT 2015).**
4	**A survey by the government shows that the number of children engaged in child labour between the ages of 5 and 17 increased from 341,000 in 2011 to 1.6 million in 2014. Some family members take girls with the promise of education or adoption, but recruited them to work as domestic workers**
5	**United Nation reports that about one in three women aged 15 to 49 in Zimbabwe have experienced physical violence and about 1 in 4 women have experienced sexual violence since the age of 15**
6	**When it comes to Children with Disabilities, Only 2.7% of the Zimbabwean schools are inclusive (Leonard Cheshire Disability Zimbabwe 2015).**
7	**In terms of Sexual reproductive health, Only 6% of those aged 10-19 years have comprehensive knowledge on pregnancy and 77% believe that contraceptive (condoms and pills) use is a sign of promiscuity"**

MBARE

Mbare is a high-density, southern suburb of Harare, Zimbabwe. It was the first high-density suburb (township), being established in 1907. At that time, it was located near the city cemetery, sewage works, and abattoir. It was originally called Harare Township, a name later on used for the capital city itself. Harare is a corruption of Havarari, meaning 'They never sleep' and this was the name given to the Zezuru Chief of this northeastern part of Zimbabwe, a Chief Harava. During the 1940s there was a big shortage of workers as in colonial Zimbabwe. The council built Matapi flats and hostels to accommodate local male workers. Today those flats are occupied by married couples which has brought a new problem of overcrowding in these areas.

Mbare is divided into two major voting wards[4], Mbare Musika (Ward 11) and Mbare National (Ward 12). Two smaller sub wards at the periphery of the community are Majubeki Cottages and Mbare Flats (Ward 3) and Magaba new-line houses and Magaba flats (Ward 4). Mbare National, where the research was carried out, is separated from other wards by the Pazarangu Road, marking the boundary during the mapping exercises.

Table 3: Map of Mbare



The population of Mbare was *approximately 54,000 eight years ago, but has since risen to nearly 162,000 showing an increase of 200%. Mbare National has 2,700 houses*. The average number of different households staying in the same house was four in a four roomed cottage. Each household had an average family size of six and an average number of six children under the age of 18 living in the house. The average number of orphans was three. 40% of the children represented by the sample did not go to school, either for lack of school fees or lack of birth certificates. 47% were orphans living with their grandparents and other guardians.

Mbare Residential areas

Mbare community has four types of residential areas. The flats are mostly for low income earners. Overcrowding is rife as the flats have families with an average of 18 family members living together in one room. Four-roomed cottages are generally for low to medium income earners. Medium density larger houses in Adbennie are mainly inhabited by the ethnic minority population with medium to high salaries. Finally, squatter camps, at the periphery of the community, mainly house people who were displaced in 2005 by the government initiative to destroy homes of illegal settlers on state-owned land under a policy called Operation Murambatsvina. Average rent, especially in the cottages, was $80 per room. The average income for a single family was below the poverty line (marked at $200 per month).

[4] Research adopted the widely used wards as defined by political jurisdiction.

Mbare Infrastructure

Good infrastructure and road transport links have produced an economic hub within Mbare, as Mbare has roads that link to several cities and towns across Zimbabwe and connections are made through the country's largest bus terminus. Mbare has 40 church buildings and an extra 50 churches that meet in schools, open playgrounds and community halls. Two community halls are very socially and politically active, and were perceived to have a significant place in the Mbare people and children's lives. They host the Social Service Offices, currently responsible for collecting data on orphans and vulnerable children in preparation for the government's National Action Plan Register.

There are two police stations, one in Mbare Musika which is the District Office and a smaller sub-station at Mbare National (Stodart police station). There are six primary schools and three secondary schools in Mbare. Additionally, there are private colleges, normally hosted in churches. The area has a vast number of recreational places which include a community swimming pool (currently managed by Faith Ministries in collaboration with the City Council) and two major sports stadiums for basketball and football.

Major economic activities in Mbare

Local economic activity includes small vegetable stalls at markets and selling second-hand clothes [5]apparently shipped to Zimbabwe from across Africa and the world. Many people, who do not have the capital to purchase second-hand clothes, work for those who can, running the business on commission. Others earn money by selling sweet beverages or mobile phone credit. Manufacturing of doors, hoes, couches, beds, building materials and carts is also common. The workers are normally self-employed and have a good reputation for designing durable products. Finally, farming along Mukuvisi River is common.

Daily life for children in Mbare

Children in Mbare mentioned churches, schools and playgrounds as some of the safe places where they enjoyed spending time. These are also the places where most of them spent much of their time. A child from primary school wrote that, "I wake up at 6am to bathe, go to school at 7am, come back home at 12pm and l eat my food. I then go and watch football at 4pm, I wash my uniforms at 6pm and watch TV from 8pm and go to bed at 10.45 pm." The second child from a secondary school wrote that, "From 6-8am l will be sweeping the house, then l prepare the school uniforms from 8-9 am, I wash and go to school. From 12pm-4.30pm l will be learning different subjects at school, from 4.30-6pm when l get back home will be cooking dinner and eating; after that I watch television from 6pm to 9pm and then go to bed. On Sunday l go to church." Parents involved in focus group discussions highlighted that children, specifically teenagers spend their time loitering around the streets and Mbare Musika (marketplace) while others are assumed to be engaged in obscene behaviors and activities including substance abuse, prostitution, masquerading (Zvigure), stealing and other socially deviant behaviors.

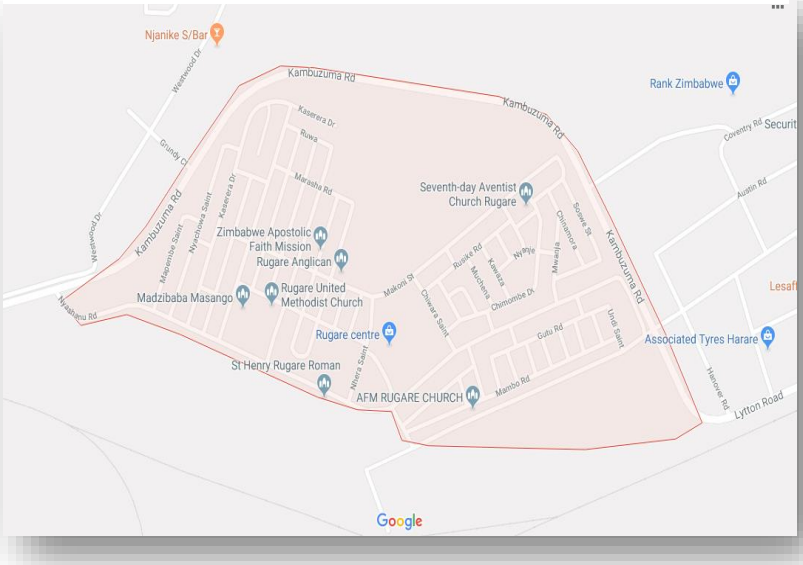
RUGARE

Surrounded by the Kambuzuma Road, there are only two junctions at either end of Rugare giving it feel of an enclosed community. It is mockingly called Komboni (meaning 'The Compound').

Historically, the community was developed by National Railways of Zimbabwe (NRZ) who built houses and gave land to their workers; the majority migrants from surrounding countries. The NRZ had a lot of control of resources within the area including a clinic and farming land that can only be accessed by NRZ

[5] Second-hand (popularly known as Mabhero) clothes are the basic support ground for approximately 73% of Mbare and 68% of Rugare communities. GoZ Survey, 2017.

Table 4: Map of Rugare



employees, the City council of Harare later took over the clinic from the NRZ. *There are an estimated 1,300 houses, and although the majority were two or three bedroom, the research team counted up to 16 people living in one home. Different sources suggested that between 5,000-15,000 people live in Rugare. The entire catchment area (including two larger communities) registered approximately 65,000 people of which 30.1% were under 15 years.*

Economic activity includes small shops, a grinding mill, bars and flea markets in the centre as well as street vendors serving bread, vegetables and other commodities from small stalls, and signs at house gates advertising shoe repair, cleaning, wood, and labour. There are many elderly people in the area who have retired from the railways. Many others are not working; the companies around only employ 30% of the community. Young people also suffer as a result and this leads to sexual activity, which many die from. Although close-knit, recent history has caused strain within the community. The economic crisis which has stretched since 2008 drove many foreign migrant workers to look for employment elsewhere. Educational services for children in the area are one Primary School, two private colleges" and a Viva Network Zimbabwe (VNZ) Bridging School based at one church. The government secondary school and clinic is in Kambuzuma, a 30 minute walk or a $1 return bus fare. There are 13 churches in the community and a few organisations supporting children at risk, such as the Rugare Parents Support Group and Rugare Orphan Care Organisation.

Rugare Residential areas

Rugare is one of the oldest high density areas in Harare. Established and then administered by the National Railways of Zimbabwe (NRZ) in colonial times, it served to house NRZ workers and their families close to the town and the main railway network in Harare. Once a prestigious location whose services and utilities were provided by the NRZ, current conditions in the residential area have deteriorated as the parastatal has been affected by economic hardships, laying off the bulk of its workforce, failing to pay its remaining staff and unable to provide traditional social services and amenities. The Government Housing Policy, initiated in 2005 resulted in overcrowding. Accommodation rentals are in the range of $40 to $60 per room per month and families spoke of inadequate sanitation facilities for the amount of people living there.

KEY ISSUES IDENTIFIED:

- **Marginalization of Children**

Mbare and Rugare have the very high number of children that face a number of barriers to access basic services.

In Rugare, 2.8% females aged 10-19 have never attended school and 3.2% females in Mbare have never attended school (ZIMSTAT 2012[6]).

[6] www.zimstat.co.zw/sites/default/files/img/publications/Population/National_Report.pdf

Vulnerable girl orphans often experience gender based violence, early marriages, dropping out of school and other challenges (Zimbabwe Youth Council 2014). 27% of the children in Zimbabwe are Orphan Vulnerable Children (OVC). Girls who are orphans or living in child headed households in Zimbabwe have higher chances of dropping out of school because of having insufficient money to pay school fees, teenage pregnancies, child labour, prostitution, household responsibilities (Kurebwa and Kurebwa, 2014).[7]

- **Low Birth Registration**

Lack of birth registration is one key factor hindering girls from accessing education. The Multiple Indicator Cluster Survey (MICS) of 2014 indicated that only 32% of the children below the age of five in Zimbabwe have birth certificates, the number being 57% in urban areas (ZIMSTAT 2015).

Children without birth certificates cannot sit for national examinations, because schools do not enroll children without birth certificates…(Teacher, Mbare)

Fees set to access birth certificates at a later stage are high, employees at the Registrar-General's office are largely unhelpful, bureaucratic procedures and corruption in acquiring the birth certificates are some of the barriers that hinder children from accessing birth certificates. Among multiple reasons given for low birth registration, the most cited included parental absence, parents not having legal documents themselves, broken families, orphan hood, unknown parents, distance to registration points, family strains and ignorance.

- **Child Labor**

According to a child labour survey done by UNICEF in 2016, it was found that about 13% of children between the ages of 5 to 14 are involved in economic activities. Of these children, 31% are said to have dropped out of school or never went at all. The major reason behind this is said to be poverty. In a report done by the UN Children Fund (UNICEF) in 2016, it was found that 14.9% of Zimbabwean children are involved in child labour. In Harare the number amounts to 23%. In the same report it was discovered that about 113.000 out of 1.3 million orphans live in child headed households, and usually drop out of school so as to make amends meet, thus they end up becoming vendors, labourers in farms, mines and plantations.

13% of children between the ages of 5 to 14 are involved in economic activities (UNICEF, 2016)

Zimbabwe has not yet made enough progress in eliminating child labour. Gaps remain in the country's legal framework against child labour, such as the lack of prohibitions of hazardous activities for children. According to UNICEF, children who are in economic child labour are less likely to be in school and of the total children aged 5 to 14 years in economic child labour, about 15 % were not in school. Children are pushed to economic child labour due to poverty, but their deprivation from education perpetuates the vicious cycle of poverty. A survey by the government shows that the number of children engaged in child labour between the ages of 5 and 17 increased from 341,000 in 2011 to 1.6 million in 2014.

"Some family members here take children with the promise of education or adoption, but recruited them to work as domestic workers, neither the child nor the employer see anything wrong, the employer actually

[7] Coping Strategies of Child-Headed Households in Bindura Urban of Zimbabwe. Jeffrey Kurebwa , Nyasha Yvonne Gatsi Kurebwa(2014).

feels like helping and the child celebrates having gotten a deliverance from abject poverty! It's just complex." Said one participant during an in-depth interview.

- **Harmful Social Norms and Traditional Practices**

Harmful Social Norms and Traditional Practices are common in Zimbabwe. United Nation reports that their findings indicate a failure at all levels of society to eliminate harmful cultural and social practices affecting the lives of children. The findings showed that early marriages were the most common harmful practice. Early marriages were reported as accompanied by abuse and increased vulnerability. One of the participants during the community mapping discussion in Mbare, Majubheki complained saying,

"kuno kuMbare kune mapositori[8] *anotora tuvana tune ma 11 years otoroora. Vabereki vacho vanotofara kuti vowana mubatsiri kubva kunhamo dzavo. Vana vari kubhinyiwa masikati machena pasina angavanunura nekuda kwenhamo"* (Here in Mbare there are members of the apostolic sect that take very young children aged 11 years for wives. The parents are even happy because that means economic support for them. Girls are being abused in daylight with no one to rescue them due to poverty).

The Zimbabwean cultural practices and value neglects the girl child. Children are getting married from the ages of 7years and 9 years to men of over 45 years of age. Religious ideologies are foundational to child marriages. (ZHRA, 2016)

States have obligations under human rights law to prevent and address harmful traditional practices. Human rights standards call for a holistic approach to the prevention and elimination of harmful practices. States must adopt legislative measures to expressly prohibit these practices, which are a form of gender-based violence, including providing for adequate sanctions, combined with other legal and policy measures, including social measures. Some of the issues are highly disturbing, a headmaster reported having school children withdrawn from school at grade 7.

"It is sad that most followers of these Mapositori are even withdrawing their children once they have completed grade seven, no matter how bright they are. The next thing is they are married because that is what they have to do and then the vicious cycle of poverty synonymous with Mapostori continues. I wish we could have some measures that drive attention to the root causes of harmful practices and probably do capacity-building programs at all levels, and protective measures for women and children who have been victims of harmful practices". Explained one of the key informants during an interview.

- **Extreme poverty**

Extreme poverty is both a consequence and a cause for challenges to children in Zimbabwe like other countries.

According to the 2012 Census Report, as little as 17% of the economically active people in Mbare are employed, with many being in some informal businesses for a hand to mouth daily sustenance; the majority are unable to afford basic needs (ZIMSTAT 2012).

For the parenting population, this translates into lack of money for school fees for the children which ostensibly compels children to drop out of school and engage in risky and abusive activities like child vending, prostitution, crimes and many other dangerous behaviors. Meanwhile findings by the SOS Children's Villages International (2016) an estimated 1.6 million Zimbabwean children live in extreme

[8] The apostolic movement constitutes 33% of the Christian population in Zimbabwe of which 80% of the country's 13 million Zimbabweans are said to be Christian.

poverty, without access to the most basic resources such as food, decent housing, and safe drinking water and sanitation facilities.

- **Children with disabilities**

Children with disabilities (CWD) in Zimbabwe are at high risk of abuse due to stigma and discrimination Children with disabilities and learning difficulties are at much higher risk of not going to school than any other child in Zimbabwe.

Only 2.7% of the Zimbabwean schools are inclusive (Leonard Cheshire Disability Zimbabwe 2015).

Some of the children are hidden from society by their parents and hardly possible to find people supporting them to go to school. There is a lack of teachers and resources for CWD. Children with disabilities are three to four times more likely to be victims of physical or sexual violence.

- **Teenage Pregnancies**

Pregnant Teenagers are often left behind in their education and the most marginalized. Factors associated with adolescent pregnancy includes lack of comprehensive knowledge and poor attitudes towards sexual reproductive health among teenage girls.

Only 4% of those aged 10-19 years (combining both locations) had comprehensive knowledge on pregnancy and 77% believed that "contraceptive (condoms and pills) use is a sign of promiscuity", highlighting the need for increased Comprehensive Sexuality Education (CSE) among this extremely vulnerable demographic (SOS, 2016)

- **Substances Abuse**

According to the Ministry of Health and child care (2016), 45% of all mental cases are triggered by drug and alcohol abuse. 57% of all admissions in psychiatric institutions are due to drug and alcohol abuse. Mutingwende, (2016) estimated that 60% of the youth are on illicit drugs. The voice of America (VOA) Africa, in 2015 estimated the unofficial number of addicts in Zimbabwe to be between a million and 1.2 million countrywide. Statistics from the Anti- Drug Abuse Association of Zimbabwe (ADAAZ) says up to 43% of students know of schoolmates found in possession of cigarettes.

The Chitungwiza Central hospital (2016) reported that 65% Zimbabwe youths suffer drug induced mental problems and 60% of them are youths between the ages of 15 and 24 years… (ADAAZ, 2016)

MBARE is mainly considered as the epicenter for illegal drugs. The problem has further spread to schools around the location where pupils have also been caught in the web. Illegal drugs have become a menace, threatening the eminence of the educational sector which has retrospectively blossomed because of the various policies being instituted by Government such as the STEM initiative.

"There are children who are being abused and some lured into prostitution and others ending up being trafficked because someone, somewhere is abusing drugs" Said one of the Participants during a focus group discussion.

"Because of drug abuse among children, which makes the children behave in very obscene behaviors, those who are supposed to be the protectors of the girl and boy child are ending up being the abusers of the very child which has been given to them by God," said one key informant who is a Pastor.

Commenting on the involvement of school children in drug abuse, one of the participants who is a headmaster remarked, *"Pupils have got a tendency of rationalizing that drugs like Marijuana help you gain a form of intelligence that will result in one excel in subjects like mathematics".*

In this ill-conceived process, one ends up getting addicted and apart from failing to achieve the pre conceived intelligence, they end up failing their school work and risk getting mental retarders and other diseases resulting from abusing drugs. Abuse of prescription drugs and pills seems to be on the increase among youths in Harare, some of the bases are at Copacabana, in the central business district, Rugare, Mabvuku, Kambuzuma, Mbare, Glen View, Mufakose, Warren Park and other high density suburbs. The consignment largely comprise of mental health tablets commonly known as the blue tablet or cough syrups such as BronCleer, also referred to as "Bronco'' in street language. Drug abuse is reportedly the most persistent issue currently particularly in Mbare where approximately 23, 000 drugs are distributed which most consumers being children and youth.

- **Child Vending**

In Zimbabwe, child vending has almost normalized such that among impoverished families of the nation, 6 to 15 year old children have to help parents sell wares on the streets. The parents openly declare that they do not have money to send them to school and if the children do not join in the vending, they may end up dropping out of school. According to the National Vendors Union of Zimbabwe, an organization that represents vendors' rights, Harare has some 20,000 vendors operating and 15 percent of these are underage children. It is very sad indeed in Zimbabwe where an entire city like Harare, from high density suburbs to the heart of the capital, 3,000 underage children are now vendors, all out of school because there are no school fees for them. The Coalition against Child Labor (2015) in Zimbabwe placed the number of child vendors across the country at 112,000 owing to the vicious cycle of poverty in the Southern African nation. In 2015, UNICEF went on record saying of Zimbabwe's 1.3 million orphans, some 113,000 were living on their own in child-headed households.

Zimbabwe has approximately 1.3 million orphans, 113,000 are living on their own in child-headed households… UNICEF (2016)

According to UNICEF, many such children were forced to leave school and find work as street vendors or laborers on tobacco farms, tea and sugar plantations, and in mines in order to support their younger siblings. Moreover, according to the Child Resource Institute Zimbabwe (2016) there were 188,356 child vendors operating in towns, cities and rural areas in Zimbabwe.

- **Child Prostitution**

According to the statistics found by the National Aids Council (NAC) IN 2017, 70% of prostitution done in Zimbabwe, are of the young girls under the age of 16 years. Child prostitution is one of the most sinister and horrific acts that children may endure. It presents serious violations of human and child rights on children who are among the most vulnerable and impressionable in society. According to the Preamble of the African Charter on the Rights and Welfare of Children (hereafter referred to as the ACRWC), the child, due to needs of his/her physical, mental and moral development requires particular care with regard to health, physical, mental, moral and social development and requires legal protection in conditions of freedom, dignity and security.

Child Resource Institute Zimbabwe (2016) found that there were approximately 18,356 child sex-vendors (prostitutes) operating in Harare Zimbabwe.

This emphasizes the vulnerability of children and their need for adult protection at the highest level. Sadly, the world over, adults are abusing and violating children's rights from all angles in the practice of child prostitution and in so doing destroying the lives of thousands of children. Moreover, according to the Child Resource Institute Zimbabwe (2016) there were approximately 18,356 child sex-vendors (prostitutes) operating in towns, cities and rural areas in Zimbabwe.

- **Low Access to Justice**

Access to justice is essential for the protection of the rights of children. It is especially important for protection from discrimination, violence, abuse and exploitation, and for ensuring their best interests in all actions involving or having an impact on them. Due to their dependent status, children in Mbare and Rugare are most vulnerable when they need the justice system or come into contact with it, as victims, witnesses and offenders, or when judicial or administrative intervention is required for their custody or protection. Children living in poverty are particularly exposed to denial of their rights and are at additional risk of exploitation.

> *"Imagine if we report the case of an abusive father and he gets arrested then they lock him up for 7 years! This same man is the bread winner here, what will the children eat? Which is better now? Of cause we cry out for justice, but this justice is punitive and sometimes we end up settling for not reporting at all. I am sure this is why many child abuse cases here are never reported."*

In recent years, there have been changes in the juvenile justice system. The system is increasingly becoming child-friendly through incorporating elements of restorative justice. The system is gradually moving from being retributive and punitive to becoming rehabilitative. A child-friendly justice system guarantees the respect and the effective implementation of all children's rights at the highest attainable level and gives due consideration to the child's level of maturity and understanding the circumstances of the case (UNICEF, 2013).

The Programme is guided by a set of principles which include the best interest of the child to be the paramount interest, detention to be used as a measure of last resort and for the shortest possible period of time, minimize the child's contact with formal justice system, protection from abuse, exploitation and violence is to be respected all times, all children are to be separated from alleged and convicted adult offenders throughout contact with the justice system and boys and girls are to be treated differently, where necessary, to ensure maximum benefit from their participation in the diversion process (Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe, 2012). However, the reach of the program is still very low and many children still do not have adequate assistance in getting justice. One respondent from Mbare complained:

> *"Children are abused every day, some cases are reported yes but there is never justice for the child, sometimes children and parents are even forced to withdraw cases by the perpetrators. Then some actually never report because it's regarded as a taboo to send your own father or uncle to the prison."*

- **Low Access to Education**

UNICEF Zimbabwe (2016) mentioned that a number amounting to more than 1.2 million children between 3 to 16 years are out of school and these are mostly those that are from low socio-economic backgrounds, remote areas, OVCs and those with disabilities who tend to drop out of school or get marginalized from normal education system in terms of quality and quantity of education provided.

According to Zimbabwe Human Development Report (2017) there has been a great decline in enrolment trends for both primary and secondary schools in Zimbabwe from 2012 to 2016.

Between 2012 and 2016, the primary school net enrolment ratio has declined from 96.20% to 88.46%... (Zimbabwe Human Development Report, 2017)

This is said to be due to climate change which brought drought and increasing temperatures leading to reduced availability of water and food leading to absenteeism.

The Global Journal of advanced research 2016, mentioned some of the reasons that causes failure for children to access education and these include poverty, economic crisis, unemployment, home- school distance, teenage pregnancies, family socialization and cultural beliefs.

Schooling in Rugare costs $30 per term in primary school. In Rugare, BEAM (Basic Education Assistance Module, school fees paid by the government) sponsors 72 children but over 400 had applied for assistance. Families, despite financial difficulties, were the key providers of schooling. In a survey of 184 orphans, the education of 36% was paid for by remaining kin parents, 12% by grandparents and 39.1% by other relatives. The school said, "This term many pupils missed 3-4 weeks at the start of the term because they did not have fees. Less than half ever pay the full amount." It was clearly a struggle for many families to raise funds for school fees, uniforms and scholastic materials.

In Mbare, 40% of the children in the sample did not go to school, because they lacked either school fees or birth certificates. One primary school visited had 1800 children. The school acknowledged that there were more children who could not pay their school fees, were not even attending school at all or who had dropped out. One teacher at the school said, every child pays a stipulated fee of $42 per term and most parents cannot afford to pay the fees. In Mbare, the BEAM government programme paid fees for only 3.2 per cent of the total school population. Other organizations covered fees for around 25% of the children. Some mothers spoke of large class sizes that affected the quality of the education that their children received. A teacher estimated that around 30% of children fail to finish primary education. Of those who do finish, only half manage to go on to high school. Other problems cited by the teachers were torn uniforms and a lack of classrooms. There was also an issue of strained communication between parents and teachers, often relating to financial issues. In both locations, the teachers perceived parents as uncooperative and uninvolved; "*some don't even come for consultation days to hear how their children are performing at school. Some meetings have ended in violence."* Said one teacher who was contributing in a focus group discussion.

Parents say they are angry at teachers who are charging extra money for extra lessons, but feel that they are not teaching children properly during school hours. One teacher said, the teacher-parent relationships are so distorted that it is affecting the quality of education received by the children.

- **Low Access to Healthcare**

In Rugare, there is no local clinic to serve the health needs of the area. The local clinic only serves workers of the NRZ and so people have to walk over one mile to the next community of Kambuzuma. At the Mbare Clinic, healthcare is difficult to access because of a lack of staff compared to the high demand for services. Mbare Clinic is very busy because it caters for people in Mbare and other outside areas because of its location near the nation's largest bus terminus.

There is a great need for more nurses to cater for the large number of patients who come to the hospital; approximately 2,000 patients come to the clinic out-patients department each month… (Doctor, Mbare Clinic)

It is very difficult for pregnant women to access healthcare and this affects the health of children in Mbare. The greatest challenge faced by the clinic in serving children was a lack of immunization mainly caused by parents failing to take their children to the clinic

➢ HIV-AIDS

The National Action Plan for Orphans and Vulnerable Children (NAP For OVC) Phase III (2016- 2020) an estimated number of 165.240 children aged between 0 to 14 were living with HIV/AIDS at the end of 2016, and some of them are orphans who either live with their extended families or child headed households which are in extremely poor conditions with less access to health care, education and basic clothing. The same children were said to be subjected to child abuse, including forced sex, which contribute to their contracting HIV. The National Aids Council reports that when looking at global levels, a child dies of an AIDS-related disease every minute; 2.3 million children live with AIDS worldwide; and more than 15 million are orphaned, 12 million in sub-Saharan Africa alone. These numbers cannot even begin to give insight into the difficulties that children living with HIV face.

Many children in the two suburbs under study live with and care for ailing parents, even if they are not infected themselves, and suffer deep and long-lasting psychological trauma. Less than 10% of children orphaned by AIDS receive public support and services. Many live in severe poverty and are vulnerable to abuse. Children, especially in sub-Saharan Africa, are indirectly affected by the loss of their teachers, who either die or need to look after sick relatives. A vicious circle of lack of education ensues and has a damaging effect on preventive efforts.

Children who are HIV positive, either through mother-to-child transmission or following sexual abuse, are often not told what could happen to them, and they will certainly be frightened when they experience symptoms. In low and middle income countries, less than 5% of HIV-positive children in need of treatment receive it. Without further concerted special efforts, however, many more generations of children will be permanently harmed by a world that cares too little for their future and too much for those adults with voice and power.

➢ Orphans and Vulnerable Children

The percentage of children who were not living with both parents increased with age, from just under half of children age 0-4 years to around 70 percent of children age 15-17 years. Looking just at children who were orphaned, the percentage rises rapidly with age, from 9 percent of children under age 5 to 36 percent of children age 15-17. Rural children (26 percent) were more likely to be orphaned than urban children (19 percent). Harare (18 percent) and Bulawayo (17 percent) had the lowest proportions of children orphaned, and Manicaland and Mashonaland East (28 percent each) had the highest. The percentage of children with one or both parents dead decreased with the wealth quintile.

The Local Councilor's report for Mbare National states that approximately 1 in 4 children are orphans. In Mbare, 47% of children sampled were orphans living with their grandparents and other guardians. The high number of orphans and levels of poverty contributed to overcrowding. The primary cause of orphaning in Rugare was death from HIV or other ill health, migration of parents to look for work elsewhere (often abroad), and abandonment. Of those surveyed, 43.5% were paternal orphans, 21.2% maternal orphans, and 29.9% double orphans. In both communities, financial difficulties led to problems accessing school fees and food. In Rugare, only 67.9% of orphans surveyed were enrolled in school. The rest were not, because of school fees, chronic illness, the young age of the child or the lack of a birth certificate.

➢ Online Sexual Exploitation of Child (SEC)

An estimated 160 000 children in Zimbabwe are feared to have fallen victims to sexual exploitation through online platforms according to National Council for the Welfare of Children (ZNCWC). The problem of Sexual Exploitation of Children (SEC) has increasingly become a major global [9]concern. Children

[9] 544 girls were rescued from online sexual exploitation in 2017: Zimbabwe Republic Police
The study showed that 78% of participants who were under 18 years had had a sexual eliciting message on social media
64% reported starting having sex below the age of 18 years after having an online sexual arousing chat with the partner

experiencing Sexual exploitation in Southern Africa including Zimbabwe are highly vulnerable to HIV, as the risks of being young and female in a high prevalence setting merge with those of commercial sex. Children experiencing Sexual exploitation are less able to negotiate safe sex, more likely to have higher risk sexual partners, and less likely to use available health services compared to older sex workers. Lack of awareness of CSEC, insufficient recognition of the complexities and difficulties of dealing with SEC by the relevant stakeholders and lack of awareness among the general public with regard to the manifestations of SEC and how to report cases were also cited as fueling the scourge. Stakeholders who attended the key informants' interviews suggested intervention;

"We need to develop alternative means of livelihoods for child victims/survivors and their families to prevent further sexual exploitation. We also need to develop an early identification response system and recruit and deploy a well-trained cadre of youth peer educators," Said one of the respondents.

➢ Children Living on the Streets

The Zimbabwean Government estimates that there are 12,000 children living on and off the streets (GoZ, 2016). Research carried out in 2009 found that a third of street children are on the street because of abusive step parents, 17% were orphans and 20% said that their home had been destroyed by the government. All street children interviewed were engaged in economic activity. Children were working in dangerous and low-paying jobs, including pimping, guarding commuter buses at night, and working for the police. They also frequently worked guarding cars, or in restaurants, being paid in leftover food. 85% of them had been arrested more than twice, 43% of girls had been beaten, and 35% had been raped. Street children found were as young as six years old. These children are missing out on HIV/AIDS education which takes place in schools and glue sniffing was also a significant issue. There is little understanding of children's rights and the police approach is to carry out regular roundups during which street children are collected and placed in secure detention units. There is no rehabilitation policy for street children (Wakatama, 2009)[10].

The street youth phenomenon is global. The concepts 'street youth' and 'street child' are now commonly used in Africa; in Europe and North America terms such as 'homeless' or 'runaways' are used to describe street youth. For Southern Africa the number of youth on the street began escalating from the 1970s. Today street youths are a very familiar part of urban areas.

According to the UNICEF Evaluation Report (2016), 56.9% of the street children interviewed were children of the street who worked and slept in the street. 31.4% of the children had homes to go at night. 11.8% are children who slept both on streets and their homes.

The Social Welfare as cited by Mananavire (2017) mentioned that Zimbabwe has an estimate of 4701 children living and working on the streets of the country's major cities which are Harare, Mutare, Bulawayo and Beitbridge.

Many street children do not have readily available addresses and fear the authorities, which makes it difficult to estimate their exact numbers. Overwhelmingly, street youths have a home base and are on the street to earn money. Many of them are victims of poverty and come from a low social economic background. In Zimbabwe, about 85% of street children once lived in a family at least some of their time (National Vendors Union Zimbabwe, 2016)[11]. About 58% of them came from parents who are unemployed. Many organizations including churches are willing to assist these children but are not fully informed on how to handle them.

[10] llah Wakatama Allfrey, OBE – Deputy Chairperson" Archived 9 April 2014 at the Wayback Machine., The Caine Prize, Council Members.

[11] The National Vendors Union Zimbabwe was founded in 2008, (then registered as a Trust in 2014), as a platform for solidarity that offers safety nets and ...

➢ Broken Families and Negative Parenting

Many families disintegrated at the height of the economic meltdown between 2004 and 2007. Breadwinners immigrated to different parts of the world in search of greener pastures, leaving their families under the care of relatives. Research in the field of psychology suggests that children brought up without proper parental guidance or in broken homes are more likely to lead a criminal life than their counterparts who live with both biological parents.

Most of the juveniles who show delinquent behavior of any form belong to families that could not give a firm foundation to the children. Broken families, single parent families, frequent parents fight, criminal parents or psychological problems in parents can be the most important reasons behind juvenile delinquency.

Research in crime and delinquency by Hope for a Child in Christ [12](HOCIC) indicate that the most dependable indicator of violence and crime in a community among juveniles is the proportion of fatherless families. Fathers typically offer economic stability, a role model for the boy child, greater household security and reduced stress for mothers, according to HOCIC. HOCIC concluded that this is especially true for families with adolescent boys, the most crime-prone cohort. Children from single-parent families, he argued, are more prone to use drugs, be gang members, be expelled from school and become juvenile murderers than children from two natural parent families.

Table 5: Summary of Problems Faced by Children in Mbare and Rugare

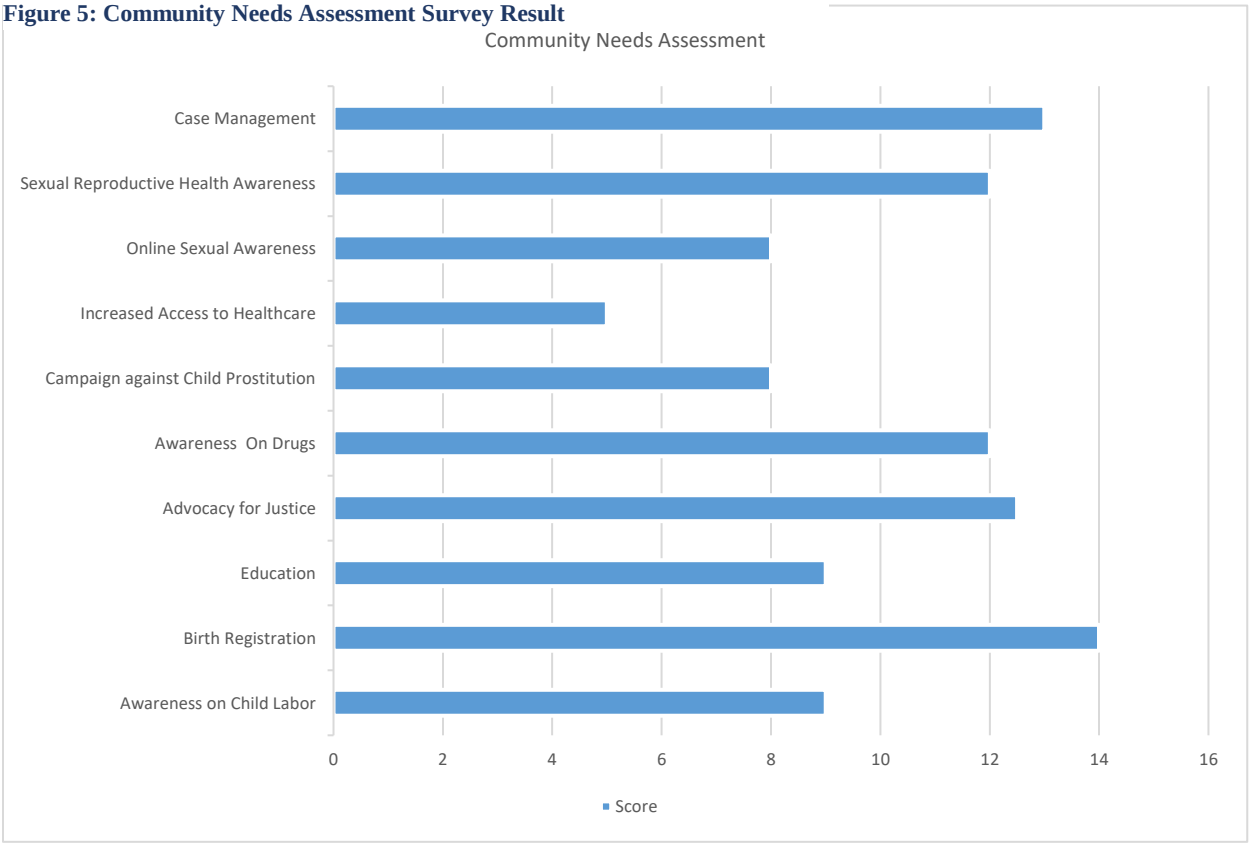
Challenge	Impact	Mbare	Rugare
Marginalization of children	2.8% females aged 10-19 have never attended school and 3.2% females in Mbare have never attended school	✓	✓
Low Birth registration	only 32% of the children below the age of five in Zimbabwe have birth certificates, the number being 57% in urban areas	✓	✓
Child labor	Child labor between the ages of 5 and 17 increased from 341,000 in 2011 to 1.6 million in 2014.	✓	✓
Harmful social norms and traditional practices	Children are getting married at 11. Some are withdrawn from school at grade 7.	✓	✓
Extreme poverty	As little as 17% of the economically active people in Mbare are employed. 1.6 million children in Zimbabwe living in extreme poverty	✓	✓
Children with Disabilities	Only 2.7% of the Zimbabwean schools are inclusive	✓	✓
Teenage pregnancies	Only 4% of those aged 10-19 years had comprehensive knowledge on pregnancy and 77% believed that use of contraceptives is a sign of promiscuity	✓	✓
Substance Abuse	65% Zimbabwe youths suffer drug induced mental problems and 60% of them are youths between the ages of 15 and 24 years	✓	✓
Child vending	Out of 20,000 vendors operating in Harare, 15 percent of these are children	✓	✓
Child prostitution	70% of prostitution done in Zimbabwe are of the young girls under the age of 16 years	✓	✓
Low access to Education	more than 1.2 million children between 3 to 16 years are out of school	✓	✓

[12] Hope for a Child In Christ (HOCIC), a Bulawayo-based Christian non-governmental organisation, in partnership with Catholic Relief Services

Low access to health	Approximately 2,000 patients come to the clinic out-patients department each month.	✓	✓
HIV and AIDS	Less than 10% of children orphaned by AIDS receive public support and services.	✓	✓
Orphan and Vulnerable Children	In Mbare, 47% of children sampled were orphans living with their grandparents and other guardians. The primary cause of orphaning in Rugare was death from HIV or other ill health, migration of parents to look for work elsewhere (often abroad).	✓	✓
Online sexual exploitation of child	An estimate of 160 000 children in Zimbabwe are feared to have fallen victims to sexual exploitation through online platforms	✓	✓
Children living on streets	An estimated number of 12,000 children living on and off the streets	✓	✓

NEEDS ASSESSMENT SURVEY

Figure 5: Community Needs Assessment Survey Result



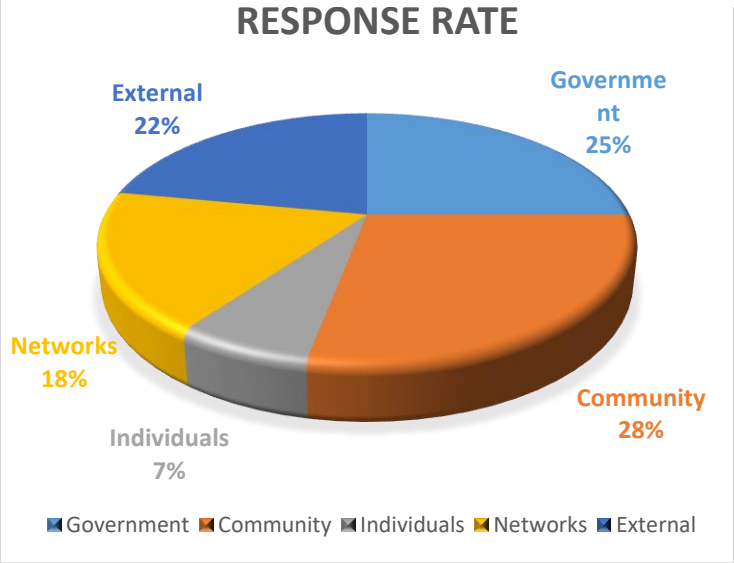
To create a foundation for intervention and effective collaborative networking of organizations for community transformation, Viva Network Zimbabwe engaged in a needs assessment survey in the communities of Mbare and Rugare. The needs assessment was done through a short questionnaire that was served to organizations seeking to intervene for the betterment of children's experiences in Mbare and Rugare. The responses to the survey were analyzed qualitatively and thematic areas were established that helped to come up with strategic and action plans for intervention.

RESPONSES TO THE NEEDS OF CHILDREN AT RISK

Fig. Responses to the needs of children

➢ Government Responses

Figure 6: Responses to the needs of children



The Government of Zimbabwe (GoZ) carried out the first National Action Plan for Orphans and Vulnerable Children (NAP 1)[13] between 2006-2010. The plan focused on coordination, child participation, birth registration, formal education, social services, extra-curricular education, and livelihoods support and child protection. It was coordinated by the Ministry of Labour and Social Services (MoLSS)[14], received international funding and was delivered through community based organizations. An independent review found that it achieved well in terms of reaching a large number of orphans and vulnerable children (OVC) (410,000), but its fragmented approach and focus on quantity rather than quality meant it was less successful than hoped. A child-rights approach was also lacking, family livelihoods and sustainability were not addressed, and few children with special needs were reached. Arguably NAP I also strengthened NGO service delivery capacity rather than the GoZ and there was a lack of clear strategy for capacity building.

In response to this, GoZ launched the National Action Plan for Orphans and Vulnerable Children II 2011-2015[15] (NAP II) which focused on cash transfers to most labor constrained households and increased child protection support services to vulnerable children. It focuses on the role of GoZ, using social workers with caseloads and measuring quality as well. The plan recognizes the importance of families and communities as the primary support system for vulnerable children and aims to strengthen them, as well as ensuring that OVC and their families have incomes, access to basic services and protection from abuse and exploitation. The plan emphasizes targeting OVC and their families, providing a comprehensive package of high quality interventions, developing minimum standards for service provision and strengthening monitoring and follow-up, as well as rebuilding the capacity of the GoZ to deliver needed social services. This plan was designed to be more child-friendly.

Despite the progress achieved through previous efforts under both NAP for OVC I and II, the situation of children in Zimbabwe remains serious in some areas, such as child protection including child marriages (particularly among girls), water, sanitation and hygiene (WASH) and child mortality. In order to realize the vision of the NAP for OVC III, different stakeholders will deploy their resources and efforts across four pillars, namely:

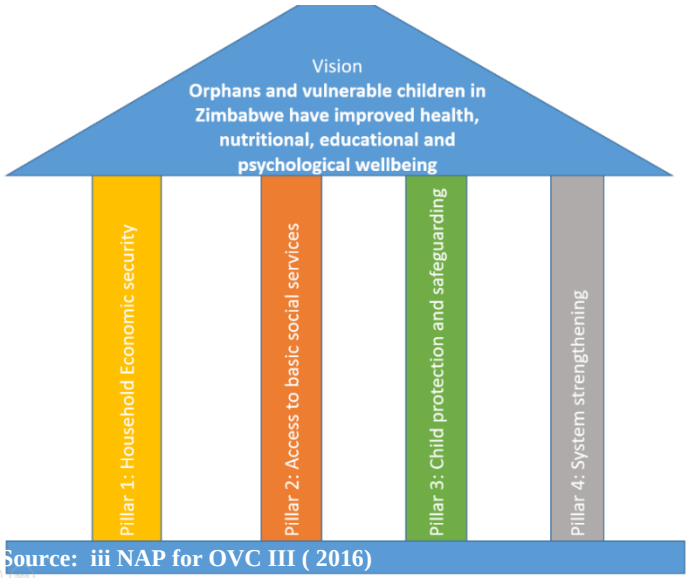
a. Pillar 1: Household economic security
b. Pillar 2: Access to basic social services

[13] GoZ, National Action Plan for Orphans and Vulnerable Children 2005-2010
[14] The Ministry of Labour and Social Services (MoLSS) is the arm of government with statutory responsibility for the protection of vulnerable populations in Zimbabwe
[15] GoZ, National Action Plan for Orphans and Vulnerable Children Phase II 2011-2015 (2010)

c. Pillar 3: Child protection and Safeguarding
d. Pillar 4: System strengthening

Gender, age, disability, HIV and AIDS are crosscutting issues that will be mainstreamed across all the four pillars. The design of the NAP for OVC III is presented graphically in Figure 1 below.

Figure 7: Structure of the NAP for OVC III



Source: iii NAP for OVC III (2016)

Structure of the NAP FOR OVC III

The four pillars presented in figure 1 will ensure continuity from NAP for OVC II into NAP for OVC III[16]. The continuity is necessary because children's needs, as defined in NAP for OVC II, remain largely unmet, as noted in the section on. Figure 1 provides a clear link between the pillars and the vision of the NAP for OVC III. The following sections provide a narrative description of the key elements of NAP for OVC III.

➢ Organizational Responses

There are a number of organizations that are already existing in the areas of Mbare and Rugare. These organizations all have focus areas that are different although they interlink. It is notable that there is great intervention efforts although mostly are still in planning stages and some could not be implemented due to financial constraints. There were indications from the organizations on the interest and willingness to collaborate with the other organizations, should opportunities arise. It however sufficed also that these organizations may not unite unless there is an inordinate goal or a collaborative goal. VNZ thus plans to pioneer programs that are holistic and require the services from more than one organizations being provided to a single beneficiary.

➢ Christian Responses

The Christian community although responsive and capable of bringing in transformation are ongoing collaborative efforts. There are strong national networks, including the Evangelical Fellowship of Zimbabwe, Zimbabwe Council of Churches, Zimbabwe Catholic Bishops Conference, and the Union for the Development of Apostolic and Zion Church in Zimbabwe. These boards network churches for effectiveness such that in future programing there is need for collaborative efforts between these boards as well as between their efforts. Of late the Union for the Development of Apostolic and Zion Church in Zimbabwe also came on board as a member of Viva Network Zimbabwe and the new relationship is expected to provide access to many children belonging to the apostolic movement. This could potentially lead to a more improved intervention for the betterment of the situation of children.

Figure 8: Networks/Boards for Christians and Faith Based Organisations

Network/Board	Nature of Members
Evangelical Fellowship of Zimbabwe	Pentecostal / Charismatic Churches
Zimbabwe Council of Churches	Main Line Churches
Zimbabwe Catholic Bishops Conference	Catholics and Anglican Churches
Union for the Development of Apostolic and Zion Church in Zimbabwe	Apostolic and White Garmented Churches

[16] The fourth pillar in the NAP for OVC II was "Programme Coordination and Management", which is captured in the form of a grounding foundation for NAP III, namely: Effective management and coordination systems.

➢ Community Responses

There are many examples of Christians responding to children at risk as individuals and in communities. From the interviews and focus groups held in the two focal areas, it was established that there are individuals who have housed some homeless children, who have gone through the formal processes and took in children under foster care system. There are so many reports of kin fostering systems where someone just takes in children who lose one or both of their parents either by death or by abandonment. The communities also have people who have recommended children to be taken through the processes of institutionalization, foster care and rehabilitation.

There were also reports in Mbare of members of the community who took it upon themselves to do awareness campaigns against drug abuse in collaboration with schools in the location. In response to the questions asked during this research, people indicated their concern for an improved community. It is a manifest desire for the community member to also participate in the betterment of the situation of children. Appeals were made to the government and the NGO community to also come together and assist children in the community.

➢ Need Specific Responses

There are responses that are need specific as obtained from this study. There are patterns of responses that reflected from the thematic analysis of data gathered from the community focus groups. There are cases that arose and needed immediate attention. Data gathered from this study showed that where problems like those do arise, the stakeholders in the community rapidly respond, particularly when it involves children. Cases recorded included Cholera outbreak that was experienced during the beginning of September 2018[17] and spanning for almost 2months, organizations like churches, companies, NGOs, the government and other stakeholders came together swiftly in intervention and the outbreak was quickly contained. Cumulatively, a total of 10,086 cases including 61 deaths had been reported by end of November 2018. The national government continued to provide leadership of the response through its inter-ministerial committee on the cholera outbreak. In addition, the Ministry of Health and Child Care (MoHCC) convenes regular Interagency Coordinating Committee on Health (IACCH) meetings to ensure effective coordination of the response and communication of response gaps to all stakeholders. Of these 10,086 people affected 4, 740 are children.

➢ Data Analysis

Nationwide State of Children

[17] On 6 September 2018, a cholera outbreak in Harare was declared by the Ministry of Health and Child Care (MoHCC) of Zimbabwe and notified to WHO on the same day

Of the 15 million plus 18 people in Zimbabwe, 48% are children. Most of them (72%), live in rural areas which, on average, are the worst off in terms of health, education, nutrition, water and sanitation, access to information and other basic indicators of well-being and quality of life. Urban vulnerability is also increasing, especially in the poor neighborhoods of big cities.

The precarious socio-economic situation in the first decade of the 2000s reached its peak in 2008, when the country almost collapsed. Much of the education and health infrastructure deteriorated, and infrastructure

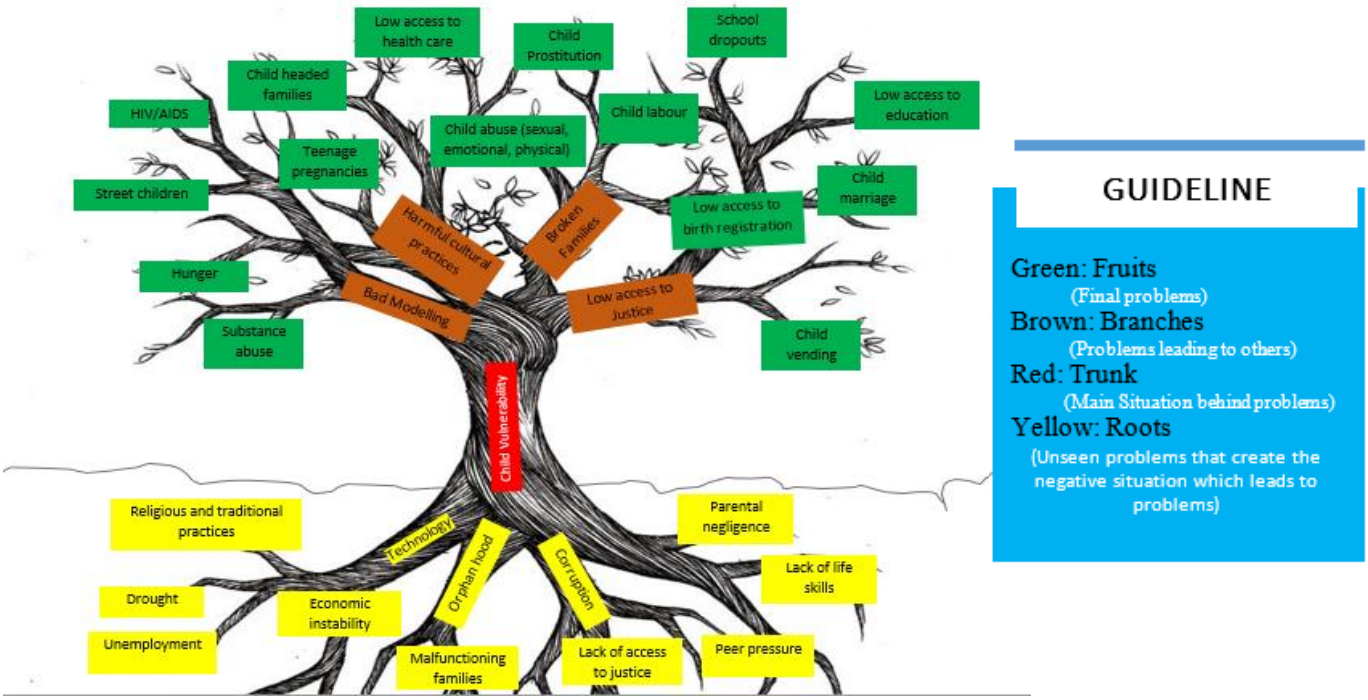
Figure 9; Foundational Problems Facing Children at National Level

related to water, sanitation and transport was also severely affected. Children were the ones who inherited the worst of this period's adverse consequences.

[18] 2012 Census Report pegs the population of Zimbabwe at

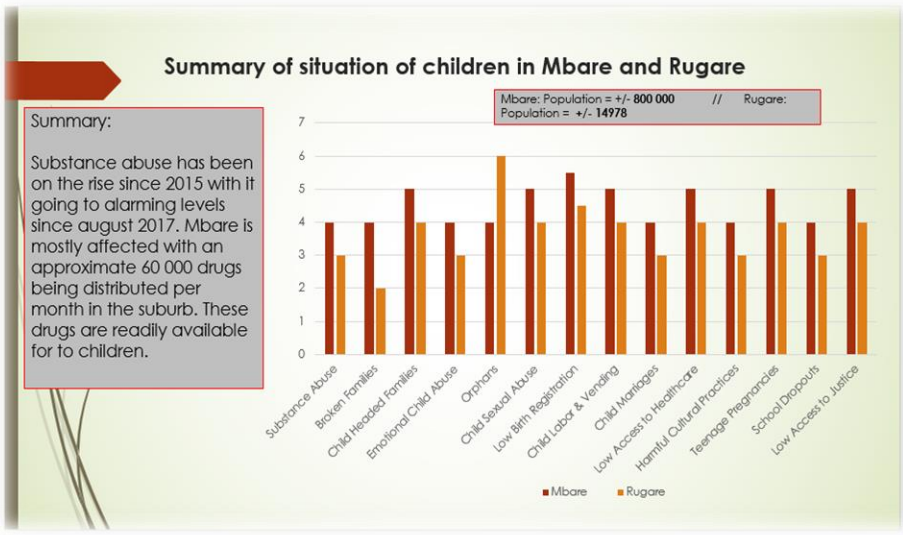
➢ Problems Faced by Children in Harare

Figure 10: Analysis of the causal relationships between problems facing children



This study established a causal relationship between the problems faced by children in Zimbabwe. As illustrated above (fig. 10), there are root problems (religious and traditional practices, drought, unemployment, economic instability, low technology, orphan hood, malfunctioning families, corruption, lack of access to justice, peer pressure, lack of life skills, parental negligence), these problems build up a huge pathway to child vulnerability which is perpetuated by Bad Modelling, Harmful Cultural Practices, Broken Families and Low access to justice for children. Resultant of these practices, children are experiencing multiple problems and challenges including school drop outs, low access to education and many more as illustrated in fig 10 above.

Figure 11: Summary of Situation of Children in Mbare and Rugare.



Interpretation of Data

The problems were ranked on a scale of 1 to 10 comparing the scores from both Mbare and Rugare to juxtapose prevalence. However, prevalence in each area is directly proportional to the area's population and thus may not necessarily imply that a higher prevalence in Rugare points to a literal higher number.

➢ Availability of organizations in Mbare and Rugare

Figure 12: VNZ's Membership status

Summary on Viva Network Zimbabwe's Membership

Focus Area/ Cluster	Number of Members in cluster
Child Protection	28
Child Discipleship	162
Family Strengthening	18
Child Rights	9
Child Evangelism	153
Children's Education	27
Children's Health	18
Trainings and Capacity Building	23
NB: There are some organisations and churches that are currently participating in more than one area.	

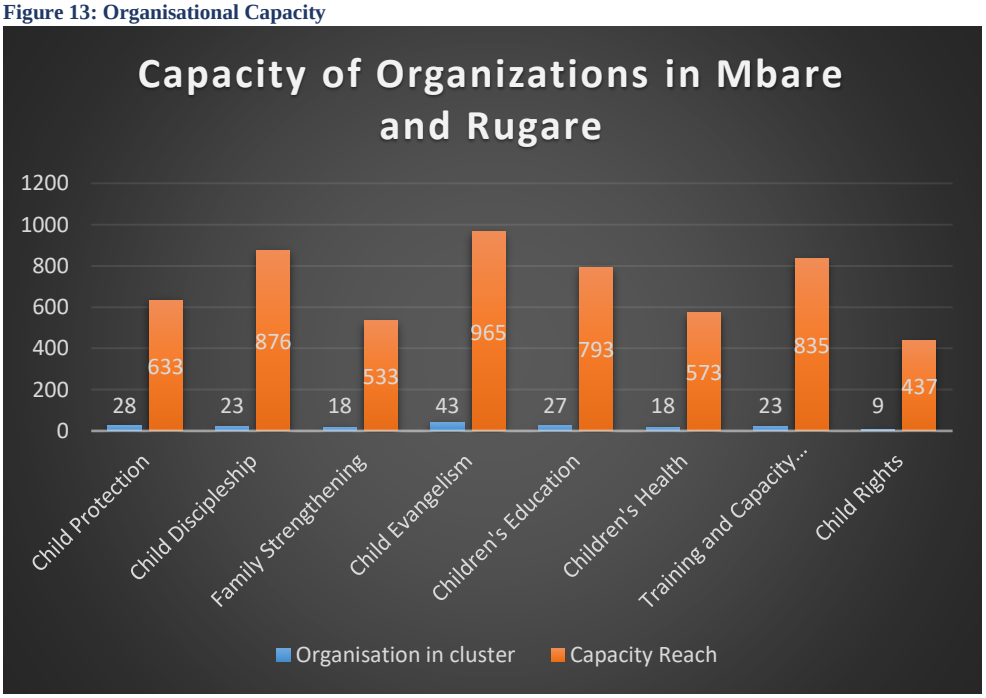
Summary:

VIVA Network Zimbabwe currently has a membership of 142 churches and 54 organizations across the suburbs of Harare and other close by areas like Chitungwiza and other areas. There has been a steady growth in terms of membership and although these member are from distant and divergent places, they exhibit great potential for collaboration.

Viva Network Zimbabwe is actively engaged with 169 members and an additional 53 prospective members who indicated their interest to join the network by the 1st of January 2019. The network is effectively connected with organizations participating in the areas of Child protection (28), Child Discipleship (23), Family Strengthening (18), Child Rights (9), Child Evangelism (43), Children's Education (27), Children's Health (18) and Training and Capacity Building (23).

➢ Capacity of Organizations in Mbare and Rugare

Figure 13: Organisational Capacity

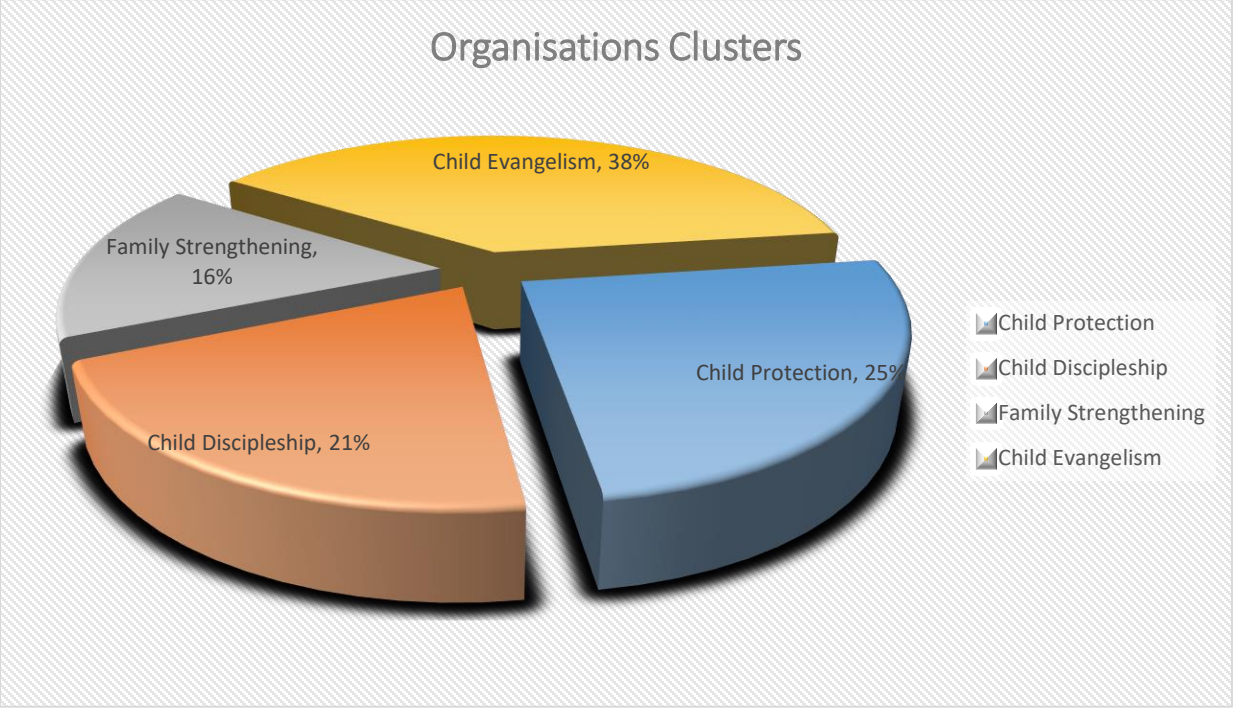


Summary:
VIVA network Zimbabwe currently has a membership of 196 across the suburbs of Harare and other close by areas like Chitungwiza and other areas. There has been a steady growth in terms of membership and although these member are from distant and divergent places, they exhibit great potential for collaboration.

➢ Responses to the Problems Faced By Children

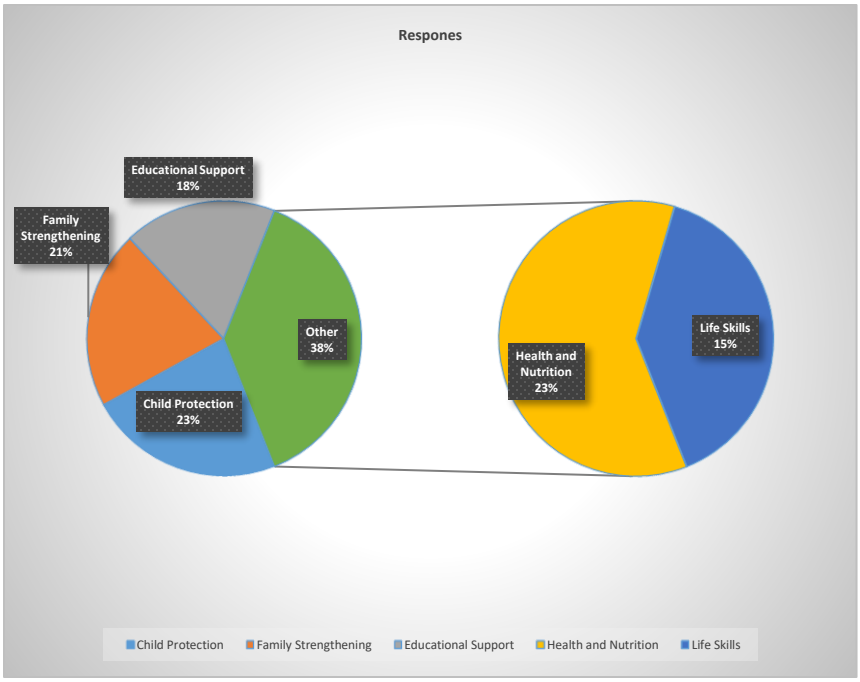
Children are put at risk and remain at risk because of a widespread inability to access education, healthcare and other services because of financial constraints. External factors such as political and economic instability and crisis have diminished families' resources and children's life chances are constrained. Bird and Prowse (2008)[19] argue that interventions to address poverty are essential. Without humanitarian intervention and without the type of intervention that helps to slow the erosion of assets and the decline in livelihoods into adverse forms of coping, the poor and very poor are likely to be driven into long-term chronic poverty that is very difficult to reverse.

Figure 14: Network Organisations by Cluster



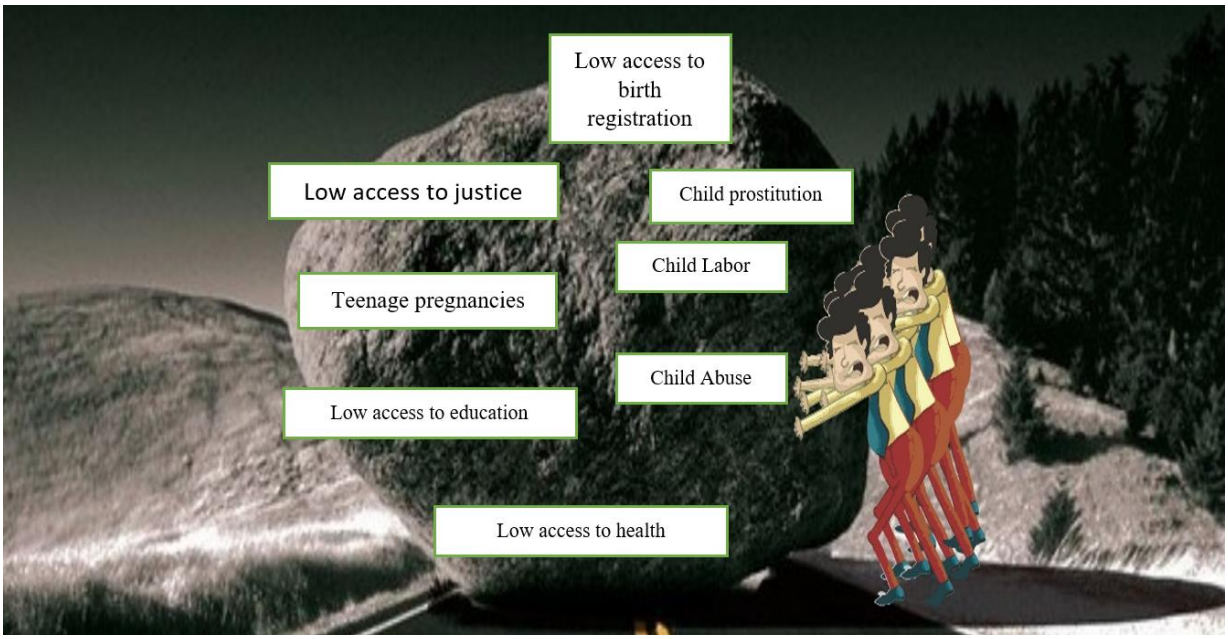
The analysis showed that there are many more issues contributing to children being at risk, and the root causes of poverty will not be addressed by simplistic and uncoordinated interventions simply providing school feels or food. The issues affecting children are interconnected and need to be addressed holistically and in a coordinated way. HIV, for example, is an issue which reaches beyond the children directly affected and needs responses which address education, counselling, access to healthcare and treatment. To really address poverty, organizations need to find more comprehensive and sustainable solutions for families to underpin their security and livelihoods. Policies need to focus more on promoting children's physical and psychological wellbeing, and the capacity and stability of their families. They need to address both their external vulnerability, by alleviating external stressor threatening households, as well as their internal vulnerability, by strengthening their resilience or ability to cope. Decisive, well-informed and holistic interventions should aim to break the potential negative cycle that threatens the wellbeing of Southern Africa's children.

[19] Bird, Kate & Prowse, Martin, 2008. "Vulnerability, Poverty and Coping in Zimbabwe," WIDER Working Paper Series 041, World Institute for Development



It is essential that interventions challenge sexual exploitation through education, advocacy, protection and counselling. It seemed that the church mimicked the wider community stance in seemingly avoiding issues of sexual abuse and child labour, and programmes to face them, aside from sporadic rights awareness lessons, were not on the agenda.

In a country with so many orphans… we have such a high level of child abuse, largely within extended families caring for OVCs.



The perpetrators are often the ones paying school fees and providing shelter. Child abuse is a big issue that needs to be worked on collaboratively. The community research identified particular activities and areas in the communities in which children felt particularly at risk and where abuse or crime was known to take place. In Rugare, the area of Mabaru needs to be reclaimed by the community, and the same should happen for Mukuvisi River in Mbare. Community members recommended shutting down brothels, addressing prostitution, and ending the sale of pornographic material to children.

➢ Existing Community Responses

The issue of OVCs is one which demonstrates the importance of community responses. In the research communities, it was found that most families were caring for at least one orphan.

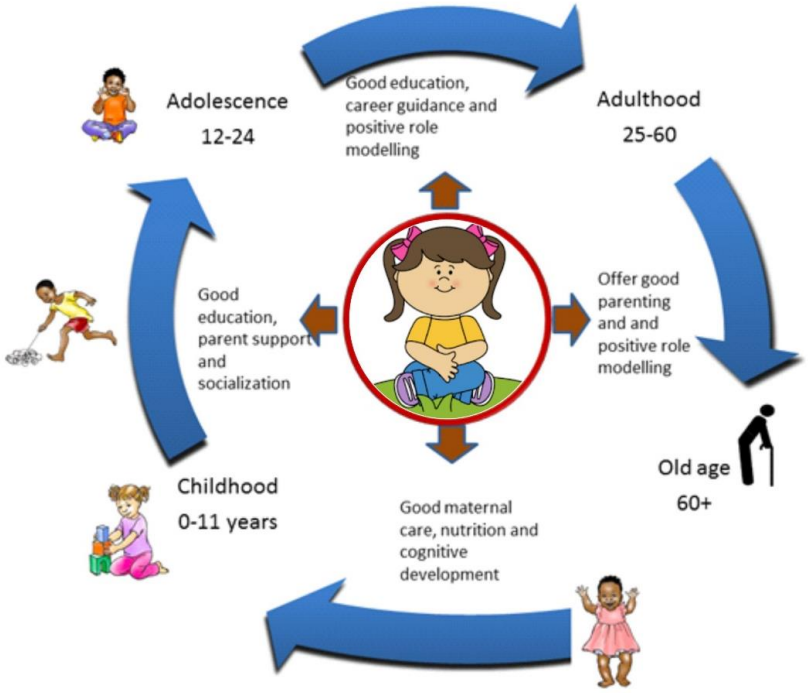
Figure 15: Illustration of current VNZ action for intervention.

VNZ in collaboration with other organisations, partners and individuals has been working to improve the situation of children in Harare. Families and communities need to be supported to be able to continue to care for OVC effectively, through interventions such as cash transfers, education, treatment, HIV prevention and treatment, family reunification and foster care options. Support should also be given to parents, encouraging more positive relationships between parents and teachers as well as teaching parenting skills. Programmes to keep children within the community, surrounded by leaders and peers they know and love, are ultimately less costly, both in terms of finance and the emotional cost to the child (Better Care Network, 2010)[20].

➢ Long and Short Term interventions

There are currently two forms of intervention noticeable as provided by different organizations present in Harare. There are interventions targeted at improving the current state of children, these are introduced at any level in the life of children. There are also long term interventions and aim at not only improving the life of children today but also at capacitation and security of the children's future. Fig 14 illustrates the desired interventions.

Figure 16: Desired outcome for both short and long term interventions



Source: iv: VNZ 2018.

[20] **Better Care Network** and United Nations Children's Fund (UNICEF) October 2015

➢ Gaps in interventions

While there is remarkable work being done both individually and collectively, there are still gaps in intervention for the improvement of the situation of children in Harare. Locally, the prevalence of feeding programmes or provision of school fees shows that responses are often addressing single issues where problems are in reality multi-dimensional and require a holistic response. There is a need for more thoughtful support for education and nutrition which address the root causes rather than giving school fees to a few. There is a need for practical support for families to empower them to meet their needs and to care for their children, and the orphans they have, in many cases, taken into their homes. There is a gap in practical support for healthcare issues, particularly in addressing HIV and AIDS. One of the most noticeable gaps was in interventions addressing abuse and exploitation, which through the research came up as one of the most serious issues affecting children, but it seems that it is a hidden issue which is rarely talked about openly meaning that much of this abuse is never addressed. There are few programmes directly reaching children in the community addressing these issues. Further, there is a serious gap in interventions seeking to work with youth; there is a need for programmes which would address the issues they are facing in lack of parental guidance and lack of opportunities and education.

There is local perception that no one is doing much to walk alongside local communities and families. Little is being done on life skills and to support young people, and community engagement and ownership is limited. There is also a risk of dependency where programmes do little to encourage engagement or to support responses which have emerged from the communities themselves. There is also an evident gap in provision of psycho-social support service both for broken families and abused children. A contentious political environment is a contributing factor to the lack of creative initiatives meeting the current needs of vulnerable children. In an area where economic deprivation is apparent, it is unfortunate that a more proactive stance was not being delivered to address the root causes of these problems. In particular, family breakdown was seen to be an area that the church could have a lot of influence upon, without reliance on external funding.

CONCLUSIONS

➢ Situation of Children in Harare, Mbare and Rugare.

In overall children in Harare particularly in Mbare and Rugare are facing almost similar challenges, challenges to do with child abuse, child exploitation and malfunctioning families. These challenges are being perpetuated by poverty and issues to do with economic instability. Gathered data has also shown how some of the problems that were prevalent in Mbare alone have also spread over to the whole of Harare and to Zimbabwe as a whole. Research has also shown that some of the organizations in these areas are doing credible work to reduce the intensity of the key challenges that are facing children. However in as much as they are trying to deal with such challenges their capacity for intervention is small to handle all cases taking into consideration that Mbare and Rugare are the most high density suburbs in Harare. It is worthwhile to note the collaborative work of churches and these organizations to minimize such challenges. The results of this study are of great importance in making informed conclusions and recommendations for network action and collaboration for the betterment of the situation of children which was one of the key objectives of the study

➢ Capacity of available organization for intervention

This research analysis concludes that the organizations available in the communities are in an average capacity state for them to be able to provide a transformative intervention for the betterment of the situation of children in Harare. Individual capacity of organisations is however not enough as the problems are multiple and all affective a single child. As such, there is need for collaboration for changes to be achieved.

➢ Interventions of Christian and faith based organizations

There are very effective interventions that are being implemented by Christian churches and faith based organizations in the communities. There is however need for trainings, capacitation and more equipment for these organizations to be responsive and adaptive to the problems being faced by children. Moreover,

there is need for synchronization and more networking between churches and other organizations to achieve and professional touch and impact.

RECOMMENDATIONS

Following the findings of this situational analysis study, the study came up with recommendations that suggested possible intervention strategies that in turn were used to project possible outcomes and the desired or expected impact thereof. Fig. 17 above summarizes the process followed in coming up with the recommendations as well as the perceived outcomes.

➢ Family strengthening Programs

- Partnering with organizations that are involved in family strengthening like SOS Children's Villages that has a family strengthening program that work as a separate entity
- Building the capacity of churches to strengthen families and influence community values on family for the protection of children.

➢ Mentor families/ Community fathers and mothers

- These will be mainly members in the community that volunteer to be mentors especially for child headed households with the main aim of instilling morals in these children and can be a source of support to which these children can look up to for help
- Mentor families can also be the church leaders to which as they do community visits to their church members can also utilize this opportunity to visit child headed households with the aim of assessing the conditions and ensure change is administered.

➢ Awareness Campaigns

- As the researchers did their situational analysis some caregivers mentioned that they were not aware of the child protection policies and were and how they can address the challenges experienced by children in their community, thus there is need for creation of awareness through development of fliers, use of street dramas and rallies with aim of information creation
- Further it is necessary for all key members like child line and justice for children to be at each focal point to which any child or caregiver can easily access. These areas should also be informed to people so that they may make use of them without fear or hesitation

➢ Bridging schools

- As the name in itself clearly states, it acts as a bridge that allow the passage for children who once did not qualify to be in a formal school due to lack of numerical and literacy skills. Thus this is a huge necessity for drop outs especially to which they learn how to read and write, and therefore needs to be spread out in the communities so that they can accommodate a large amount of children.

➢ Government partnership

- Since the government makes most of the policies that are utilised around the country it will be wise to partner with them with the aim of passing recommendations and ensure they are passed
- Partnering with the government will also allow the alterations of certain policies that restrict children's progress especially in areas to do with birth registration

➢ Nutritional/ Herbal gardens

- There is need for the community at large to be taught about herbal gardens which ensure the growth of natural herbs that can be used for medicinal purposes with no side effects
- Further there is need for nutritional gardens to which people can grow nutritious vegetables that will allow for healthy eating practices as well as reduce costs of buying food supplies every day.

➢ Strengthen health systems

- To ensure delivery of quality health services there is need for the solidification of health system within communities especially clinics to which all health supplies are available and delivered at the rightful time.
- Partnering with health facilities can ensure improved health service delivery, e.g. complimenting government through running mobile clinics.

➢ Counselling for children

- There is need for a partnership with counsellors that can provide services to the traumatised for example abused children and strengthen relationships in families
- Further there is need for a request to be passed for the placement of a counsellor in each school, clinic or health facility within the community which children can easily get hold of in times of need

➢ Encouraged justice for children programs

- To ensure justice is served there is need to partner with Justice for Children for example and encourage a strict application of policies that deal with offenders and ensure that cases reported by children are fairly addressed.
- There also is need for the justice for children practitioners to create awareness in communities about child policies and rights so that children will be able to report cases of abuse.

➢ Vocational skills training

- To address the issue of substance abuse and prostitution among youths there is need for the impartation of skills that can equip them with legal ways of earning income and keep them occupied to reduce loitering around in communities with nothing much to do
- Vocational skills is a way of empowering the youths to be able to fend for themselves and their families since they are the most active members of the community.

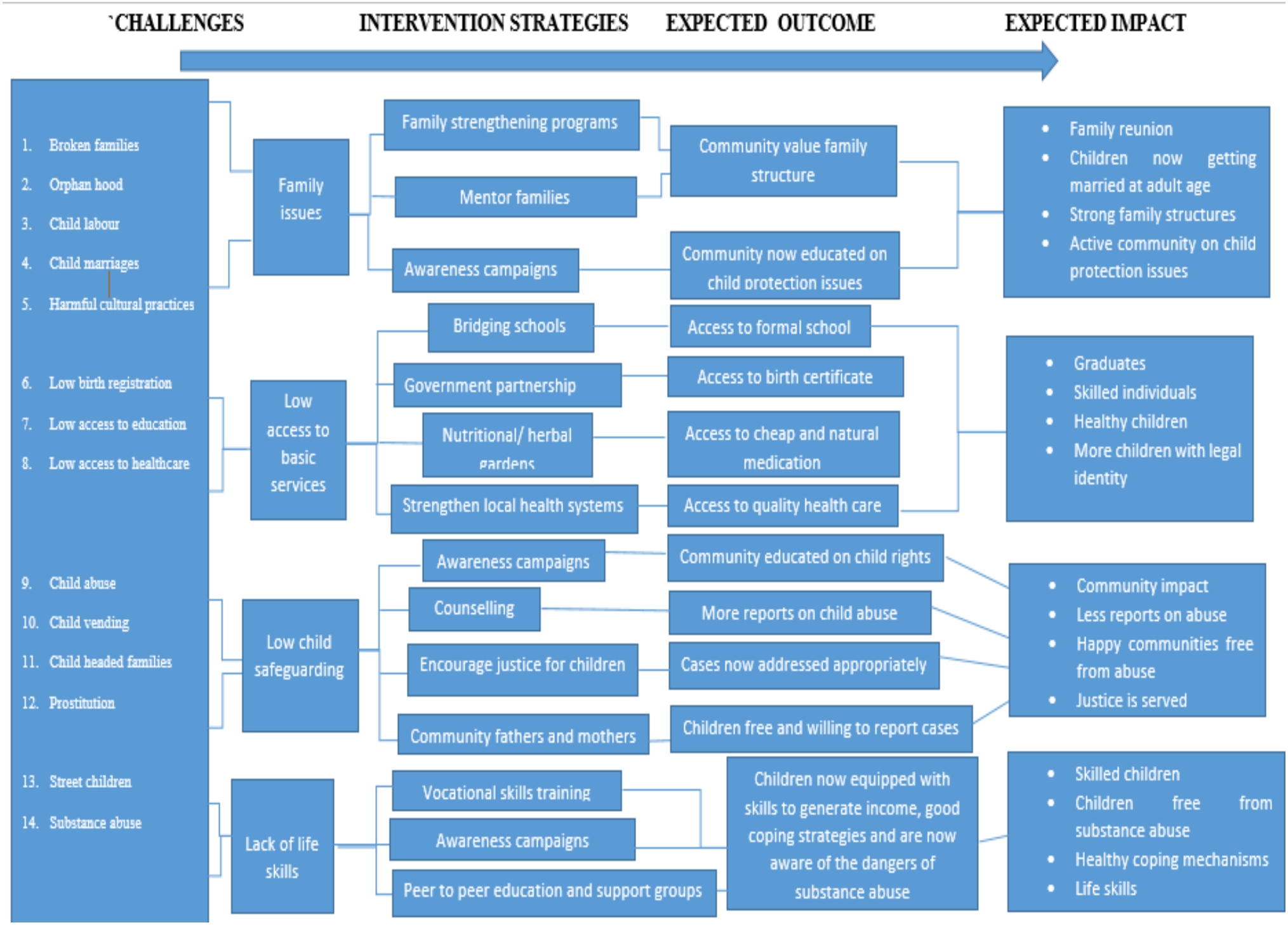
➢ Peer to peer education and support groups

- These forms of groups are necessary in communities for they allow sharing of ideas among same age people to which they can all relate to situations they come across every day and will encourage creation of a strong bond among people of the same community

➢ Recreational Centers

- There is need for creation of recreational areas to which youths can come together and partake in activities that allow wise use of time and sharing of ideas that can help build their community.

Summary of Findings on challenges and Possible Interventions



WORKING TOGETHER: THE KEY TO TRANSFORMATION

Table 6: The need for collaboration

While it may appear that the challenges in the communities of Harare are insurmountable for one organization to tackle them, it is certainly possible to eliminate these challenges if organizations work together. Although current collaborations appear to have a limited impact on the lives of children in urban communities, the prevalence of the church and high proportion of Christians mean that there is space for a united Christian response to the needs of children. Agencies concerned with children could be more effective by working together to find long-term, holistic responses, while the church could input on many of the areas of need.

REFERENCES AND RESOURCES

Unicef And Zimstat, Zimbabwe National Statistic Agency, Multiple Indicator Monitoring Survey (Mims) ‟. (August 2016)

Care of girls and women living with female genital mutilation: a clinical handbook. Geneva:

World Health Organization; (2018)

Muyengwa, S 'Eliminating Harmful Cultural and Social Practices Affecting Children: Our Collective Responsibility', (2014), A Report prepared for the Zimbabwe Youth Council.

V. Mabvurira, V Nyomi, C Chigevenga, R Kambarami F & Chavhi, R 'The Realities of Children in Prostitution in Zimbabwe: A Case of Beitbridge and Plumtree Border Towns', (2015), A Report produced for the Child Sensitive Social Policies Programme at the Women's University in Africa in collaboration with UNICEF Zimbabwe

Government of Zimbabwe (GoZ) Documents

GoZ, National Action Plan for Orphans and Vulnerable Children 2005-2010

GoZ, National Action Plan for Orphans and Vulnerable Children Phase II 2011-2015 (2010)

GoZ, National Action Plan for Orphans and Vulnerable Children Phase III 2016-2020 (2015)

GoZ, Children's Act (Chapter 5.06) (Amended 2013)

GoZ Constitution Amendment 2013 (Amended 2013)

GoZ, Guardianship of Minors Act, (2008)

International Instruments

African Charter on the Rights and Welfare of the Child (1990): Entered into force Nov 29 1999.

United Nations Convention on the Rights of the Child (1989): Adopted and Opened for Signature, Ratification and Accession by General Assembly Resolution 44/25 of 20 Nov 1989.

United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children: Adopted and Opened for Signature, Ratification and Accession by General Assembly Resolution 55/25of 15 Nov 2000.

Newspaper Articles

'Child Prostitution in Zimbabwe', Fairplanet 17 September, 2015.

'Zimbabwe's Vice Capital: As 12 year olds are roped into prostitution in Epworth' Sunday Mail 28 September, 2014.

'Zimbabwean children sell their bodies to put food on the table', The Telegraph 28 November, 2004.

'Child prostitution worst form of child labour', Newsday 11 November, 2013.

'Child prostitution cause for concern', Dailynews 27 April, 2014.

'Children selling their bodies to earn a living', Nehanda Radio.Com 1 April, 2015.

'Women, children sell sex as hunger bites', NewZimbabwe.Com 14 November, 2015.

'Bulawayo girls aged 13 engage in child prostitution', ZimDiaspora.Com 07 July, 2013.

‘Police saw Rotherham child sex abuse victims as prostitutes, says PCC’, The Guardian 05 May, 2015.

‘Zimbabwe AIDS orphans struggle to get back to school’, UNICEF Zimbabwe 8 July, 2004.

‘Parents Face Child Sex abuse Charges’, The Star 16 April, 2010.

SECONDARY DOCUMENTS

Abebe, T. (2008). Earning a living on the margins: Begging, street work and the socio-spatial experiences of children in Addis Ababa. Geografiska Annaler, Series B: Human Geography, 90: 271–284.

Aqil, Z. (2012). Nexus between Poverty and Child Labour: Measuring the Impact of Poverty. Kasur: Good Thinkers Organisation for Human Development.

Bourdillon, M. (2006). Children and work: A review of current literature and debates. Development and Change, 37(6): 1201–1226.

Corbin, J. a. (2015). Basics of Qualitative Research: techniques and procedures for developing grounded theory. SAGE publication Inc.

Creswell, J. (2014). Research Design: Qualitative, Quantitative and Mixed Approached . Boston: SAGE Publications, Inc.

Njaya, T. (2014). Nature, operations and socio-economic features of street food entrepreneurs of Harare, Zimbabwe, IOSR Journal of Humanities and Social Science, Vol.19, No.4, , 2014, pp49 ISSN2279-0837http://www.iosrjournals.org/iosr-jhss/papers/Vol19-issue4/Version-3/H019434958.pdf

Njaya, T. (2016). An evaluation of income disparities between male and female street vendors of Harare in Zimbabwe, Journal of Studies in Social Sciences and Humanities, ISSN2413-9270, Volume 2, No. 3, 2016, 106-114, http://www.jssshonline.com/wp- content/uploads/2016/02/JSSSH_Vol.2_No.3_2016-September_106-114_Sr-No.- 3.pdf(Accessed on 7 September 2016)