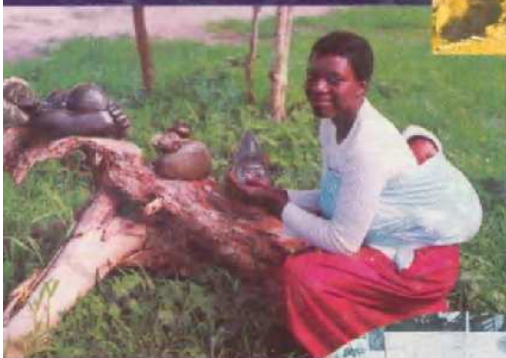


HUMAN DEVELOPMENT REPORT 1998

ZIMBABWE



Preface

In Zimbabwe today, stagnating economic growth, rapidly rising prices, a high rate of unemployment and the inequitable distribution of wealth and production resources are major preoccupations for policy makers. Many of these variables reinforce poverty. The 1998 and first National Human Development Report analyses policies and trends surrounding the perceived growing poverty problem in Zimbabwe. In so doing it rigorously scrutinizes policy and data at the various stages of Zimbabwe's development. This analysis is balanced on the promise of the early successes scored after independence and extended to Zimbabwe's entry into the global economy.

After independence, the government's policy fulcrum was "Growth with equity". During this period demographic and health indicators improved rapidly. Life expectancy increased, infant, child and maternal mortality declined. The country undertook major investments in the rural water and sanitation sector and built new health centres. The provision of education increased dramatically.

This early promise has not been sustained and the researchers use policy analyses and experiences in other countries to explain why this success was not sustainable. They indicate that the high public spending was financed by high taxation, international grants and borrowing. The expansion in provision of services in education and health also led to an increased civil service which had to be financed from public resources. The redistributive policies also entailed subsidising consumption through state enterprises (parastatals). In the labour market, minimum wages, unemployment benefits and job protection measures led to an unresponsive labour market and subsequent unemployment. Inevitably, the country faced resource constraints that led to the policy shifts towards a market led economic management and wealth redistributive mechanisms. The economy was effectively placed in the global context.

This report analyses how Zimbabwe has been coping with the global economy. Exogenous factors including the recurrence of drought and low commodity prices have resulted in limited growth and poverty eradication under the Economic Structural Adjustment Programme (ESAP). The Zimbabwe Programme for Social and Economic Transformation (ZIMPREST) has been implemented only since 1997. Its success seems threatened by global factors mentioned above. The global economy has also imposed constraints on policy makers. In reducing expenditure, the prioritisation of social sectors has not been consistent. Data shows that expenditures in social sectors have declined in real terms and in some cases in nominal terms. Some reversals on social indicators such as infant, child and maternal mortality have been captured by social sector data. These reversals, however, have to be taken in the context of the demands on the health sector and impact of the HIV/AIDS epidemic in Zimbabwe.

The report recommends means to move ahead and avert the apparent threat to Zimbabwe posed by increasing poverty. These recommendations are based on the premise that although the global economy has imposed constraints on policy makers, there are some issues in the domain of local policy makers that can be addressed. This is in line with a view to transform the country towards global competitiveness through investment in its people, and efficiency and effectiveness in its economic and social policy management.

These recommendations include:

- Providing a good environment for popular empowerment and participation in policy making by major stakeholders in the economic policies for Zimbabwe.
- Improving the targeting of social expenditure to reach the poor, achieve equity and avoid waste inherent in many programmes implemented today.
- Fighting corruption, which is at the centre of wastage and the inequitable distribution of resources and the wealth of the country.
- Focusing on pre-requisites to achieve poverty eradication, including a land redistribution programme, implementing macroeconomic policies that allow the re-invigorating of the social sectors and focusing on employment creation.

The Human Development Report has benefited from the vast data collected by the Poverty Assessment Study Survey (PASS) as well as other sources of data. The report has extended the analysis beyond the scope of PASS. In so doing the report has calculated Human Development Indices comparing provinces, rural and

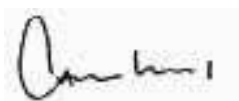
urban areas. The report also extends analyses to show gender disparities in the distribution of poverty. Similar indices are constructed for the district level. In addition, the report compares Zimbabwe with other regional and developing countries on the level of its human development based on the human development index (HDI). The report also measures levels of deprivation by calculating the Human Poverty Index (GDI) has also been developed at the provincial level. The analysis done complements the information provided by the annual global Human Development Report and the SADC Regional Human Development Report which has also been compiled for the first time in 1998.

At the World Summit for Social Development in Copenhagen, Denmark, in 1995 Heads of State and government from over 180 countries acknowledged the worsening problem of global poverty and pledged to take action combat it. The WSSD Declaration and Programme of Action endorsed and recognised the "Urgent need for national strategies to remove the structural barriers that prevent people from escaping poverty, with specific time-bound commitments to eradicate absolute poverty by a target date to be specified by each country in its national context".

For Zimbabwe the report has shown that poverty is both real and immediate. Stagnating economic growth, rapidly rising prices, and a high unemployment rate, which have worsened in the 1990s, as well as the highly skewed and inequitable distribution of resources are all contributing to increasing poverty levels with all the attendant social problems.

The institutional arrangements for the production of the Zimbabwe Human Development Report were comprehensive and involved consultations with various stakeholders and interest groups. Following consultations involving the government, UNDP and the University of Zimbabwe's Institute of Development Studies (IDS) in 1995, it was agreed that IDS should produce the report on behalf of UNDP and the Poverty Reduction Forum. A policy advocacy grouping involving civil society, NGOs, policy makers, academics and donors. Zimbabwean researchers provided all research inputs. The independent researchers and the Poverty Reduction Forum have infused the broad based stakeholder approach to the report compilation. The production of the Report therefore tried to take into considerations the views of the various interest groups to come up with a report that would be national in character and that they could all adopt.

The report does not purport to have all the answers to the poverty problem in Zimbabwe, we are confident that the involvement of the various stakeholders in its conceptualisation and production will enrich the information and analysis on human development and make the report an effective advocacy for anti-poverty strategies. We hope that the report will contribute to the debate on development and poverty eradication in Zimbabwe.



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Abbreviations

AFC	Agricultural Finance Corporation
AIDS	Acquired Immuno Deficiency Syndrome
BSAC	British South Africa Company
CBR	Crude Birth Rate
CDP	Community Development Project
PR	Contraceptive Prevalence Rate
CSO	Central Statistical Office
DHS	Demographic Health Survey
ECEC	Early Childhood Education and Care
ECLA	Economic Commission of Latin America
EPZ	Export Processing Zone
ESAF	Enhanced Structural Adjustment Facility
ESAP	Economic Structural Adjustment Programme
ETP	Employment and Training Programme
FAQ	Food and Agricultural Organisation
FDI	Foreign Direct Investment
GAD	Gender and Development
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GNP	Gross National Product
GOZ	Government of Zimbabwe
GP	General Practitioner
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immuno-Deficiency Virus
HPI	Human Poverty Index
ILO	International Labour Organisation
IMF	International Monetary Fund
IMR	Infant Mortality Rate
LDCs	Least Developed Countries
LEB	Life Expectancy at Birth
LSCF	Large Scale Commercial Farming
MCH	Maternity and Child Health
MMR	Maternal Mortality Rate
MoESC	Ministry of Education Sport and Culture
MOHCW	Ministry of Health and Child Welfare

MSEs	Micro-and small-scale enterprises
NACP	National Aids Co-ordination Programme
NEC	National Employment Council
NGO	Non Governmental Organisation
NHIS	National Health Information System
NSSA	National Social Security Authority
OECD	Organisation for Economic Cooperation & Development
PAAP	Poverty Alleviation Action Plan
PASS	Poverty Assessment Study Survey
RDCs	Rural District Councils
RPED	Regional Programme on Enterprise Development
SAP	Structural Adjustment Programme
SDA	Social Dimensions of Adjustment
SDF	Social Dimension Fund
SEDCO	Small Development Corporation
SWP	Social Welfare Programme
TB	Tuberculosis
TCL	Total Consumption Line
TFR	Total Fertility Rate
TNDP	Transitional National Development Plan
UDI	Unilateral Declaration of Independence
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VIDCO	Village Development Committee
WADCO	Ward Development Committee
ZABEC	Zimbabwe Adult Basic Education Course
ZANU	Zimbabwe African Nationalist Union
ZAPU	Zimbabwe African People's Union
ZCTU	Zimbabwe Congress of Trade Unions
ZDHS	Zimbabwe Demographic and Health Survey
ZFU	Zimbabwe Farmers Union
ZIMPREST	Zimbabwe Programme for Economic and Social Transformation
ZINTEC	Zimbabwe Integrated Teacher Education Course

- CHAPTER 1 -

HUMAN DEVELOPMENT — A BRIEF OVERVIEW OF THE DEVELOPMENT OF THE CONCEPT

The Concept of Human Development

The concept of human development incorporates notions of both material and non-material welfare aspects of the human condition. The 1990 UNDP Human Development Report defined human development as the “process of enlarging people’s choices” in a way that enables them to live “long, healthy and creative lives”. The 1994 Human Development Report linked this to creating environments in which people can expand their capabilities and opportunities, both for current and future generations. To these concepts have been added those of ‘sustainability’ as adopted in the 1992 UNCED Agenda 21 resolutions, identifying the interdependence of environmental, economic, social, cultural and political factors in improving and maintaining the standards of living of current and future generations.

Human development then refers to the enrichment of people’s lives and social progress in terms of

- improved social well being
- strengthening productive sectors and expanding employment
- enhancing and maintaining infra structures
- transferring knowledge, technology and skills while also enhancing use of traditional wisdom and culture and building local capacities
- exploiting and regenerating natural resources in a sustainable manner
- providing social protection and safety nets
- enhancing gender equity
- empowering people to participate in decisions that affect their lives
- providing for current and future needs (UNDP 1993).

Measures of human development are less clearly established than for economic growth. Nevertheless, there has been a shift in understanding that human welfare, not GNP should be the true goal of development. GNP is a poor measurement for development because it reflects neither distribution patterns nor the character or quality of economic growth. As a

Leading human development theorist has written:

“The human development paradigm performs an important service in questioning the presumed automatic link between expanding income and expanding human choices. Such a link depends on the quality and distribution of economic growth, not only the quantity of such growth. A link between growth and human lives has to be created consciously through deliberate public policy – such as public spending on social services and fiscal policy to redistribute income and assets. This link may not exist in the marketplace which can further Marginalize the poor” (UG Hag, 1995)

In order to measure the growth of human development, UNDP has developed the Human Development Index, discussed below.

Human development and economic growth

As will be shown in chapter two, poor economic growth, combined with high unemployment and unequal distribution of income and wealth are at the roots of poverty in Zimbabwe. High population growth has exacerbated, but does not in itself account for, the decline in per capita incomes, although it does intensify the demand for jobs and public services. Poor growth performance has reduced the overall level of resources available for public spending. This in itself has reduced per capita public spending in the two key human development areas of health and education, even while the share of the budget has remained constant or increased. A substantial share of public spending going to debt financing has also exacerbated this.

But the correlation between human development and growth is not automatic. The 1996 global Human Development Report notes that growth paths have become lopsided and flawed, producing:

- jobless growth (without expanding employment opportunities)
- ruthless growth (associated with increasing inequality and poverty)
- voiceless growth (without extending democracy or empowerment)
- rootless growth (that withers cultural identity)
- futureless growth (that squanders resources needed by future generations) (UNDP 1996)

Sustained growth is thus a factor in human development improvements, and poor growth performance certainly undermines the resource base for social progress. Growth is a necessary but insufficient condition for human development. Specific further policy measures are needed to translate economic progress into sustainable progress in human development and poverty reduction.

Translating economic growth into human development

For most people, development means housing, secure jobs, health facilities, schools and other things related to their standard of living and quality of life. Aggregate GDP growth has been equated with improvements in these through the questionable notion that delivering a larger aggregate quantity of goods and services will automatically improve people's standard of living. But this is not necessarily the case. For example, in a statistical review of SI countries, UNICEF shows that the positive correlation between gross national income and life expectancy disappears completely after controlling for the incidence of poverty and Coverage of public services (Mehrotra 1996).

The quality and structure of growth are thus critical determinants of poverty reduction and human development, incorporating issues of the increase in employment and the nature of jobs created;

- the extent to which inequality in wealth, incomes and access to credit and markets is widened or narrowed;
- the extent to which the opportunities for employment, production and enhanced incomes reach the poor;
- the extent to which surpluses due to growth are allocated towards ensuring social development standards in health, education, housing and social security;¹
- the extent to which cultural and political participation and legal rights are enhanced.

Where policies have directed public and community resources towards these areas of human development, remarkable social progress has been made despite low and even declining incomes. This has been noted in different continents of the world, in countries such as Zimbabwe, Cuba and in the Indian state of Kerala. In countries such as these, the state made deliberate and above average resource allocations to the poor, including high investments in education and specific interventions towards improving food security and the status of women.

Specific social programmes aimed at low-income groups need to be backed by a minimum level of public expenditure. In an analysis of 123 developing countries, those that achieved high health gains uniformly spent above 5% of their GDP on health and education. Such countries spent about 20-30% of their government budget on health and education and about 50% of this on basic social services including prevention, promotive and primary medical care, and primary and secondary education (Mehrotra 1996).

That these expenditures and their social objectives are central to development is reflected in the fact that social standards and poverty reduction are cast as human rights issues. They are embodied in UN conventions on economic and social rights and children's rights, in constitutional and general law, and translated into targets of service delivery or of social outcomes, such as in national action plans for children and health plans.

¹ This is commonly measured in health through indicators of life expectancy, infant and maternal mortality rates, nutritional status, per capita. The availability consumption against per capita food needs, communicable disease prevalence, coverage by specific health care interventions such as antenatal care delivery with trained health staff and immunisation and provision of health inputs such as housing, safe water and sanitation. In education, enrolment rates are commonly used indicators. There are also standards of budgets spending on social services, related to the proportional allocations within the total budget to social spending and the proportion within social budgets to high priority basis services, as well the resources base for and effectiveness of safety net.

These standards are monitored in the core set of health, education and social indicators included in most household survey programmes, such as the health, education and food security indicators included in the Zimbabwe Indicator surveys.

The human development paradigm in the context of development theory

The emphasis on human development has not always been apparent in development theory. The UNDP Human Development Report was developed in the context of the increasing human costs of structural adjustment programmes, the sweeping changes in Eastern Europe, and the increasing demands for democratisation in the 1990s. In the past, however, the emphasis on human welfare as the major objective of development, was not a central feature of economic strategies.

In the first development decade, dating roughly from the late 1940s to the early 1960s, modernisation theory largely shaped development strategies for developing countries.

This theory emphasised the transformation and “take off” of subsistence economies into modern industrial capitalist societies. Growth was premised on the development of a strong entrepreneurial class through appropriate savings and investment strategies. The results of such growth would be a trickle down of development benefits to the poor. In this scheme the major agent of economic development was the modernising elite, and the “appropriate” political framework placed strong emphasis on order and control.

Towards the latter half of the 1960s and early 1970s, the optimistic assumptions of modernisation theory came under increasing criticism. The work of the UN Economic Commission for Latin America and the dependency theorists cast serious doubts on the expected benefits of neo-classical trade theory, indicating an increased impoverishment of developing countries as a result of existing trade relations with the dominant capitalist centre. The “trickle down” effect was simply not taking place.

By 1976, with poverty growing in developing countries, the International Labour Organisation (ILO) began to lay emphasis on a “basic needs approach” to development. This, it was argued, would deal more directly with poverty issues. With the advent of structural adjustment programmes in the 1980s and 1990s, there has been a renewed emphasis on economic growth and the assumptions of modernisation theory, though tempered by the introduction of compensatory programmes for the poor. Under the harsh environment of economic liberalisation, the human development paradigm has sought to re-prioritise questions about economic and political power relations at both national and global levels.

The Zimbabwe Human Development Report is being undertaken 18 years after independence, against a backdrop of increasing economic crisis, growing poverty levels, and widespread concern over governance issues. The 1990s have witnessed decreased income levels, a contraction in social expenditure, and low levels of economic growth. Thus in the field of health, for example, geographical inequalities continue to persist as a result of inadequate funds, imprecise choice of target areas, or poor mobilisation of resources. Additional investments in rural areas are required to meet the target of a “clinic within eight kilometres for all”. Although racial inequity has been attenuated, there is a more pronounced gap between “poor” and “rich”, as reflected in mortality and risk of disease indicators.

Poverty, which has worsened since the late 1980s, is one of the strongest factors in the prevalence of various infectious and non-infectious diseases. Poverty has a direct bearing on the health status of people and causes an increase in sick people. Health is thus a factor in sound economic development. At the same time, a prosperous society promotes the health status of the population. The two-way relationship between health and economic developments suggests that poverty reduction is a precondition for the success of health reforms. It also suggests that health managers need to play an active advocacy role in the fight against poverty.

The theme of this Human Development Report, *Poverty in Zimbabwe*, is intended to focus attention on various aspects of this growing problem and to reiterate the need for a multi-dimensional policy approach.

Measuring the HDI and HPI

The Human Development Index (HDI) developed by UNDP provides a composite measure for assessing performance based on income, life expectancy and educational attainment, all of which have equal weighting in the calculation of the HDI. As a composite indicator, this provides a mechanism for comparing human development performance against performance in specific aspects of economic and social development, between countries or between groups within countries. It thus offers the opportunity, where disaggregated data exists, for regional, sectoral, gender, racial and other comparisons to be carried out, and to focus policy attention on areas of progress or deprivation. The HDI also serves as an "early warning system" for emerging development problems.

The HDI is used as one of two key measures of human progress in this report. The second measure is the Human Poverty Index (HPI). The latter concentrates on three areas of deprivation in human life also reflected in the HDI. These are:

Longevity: This is measured as the percentage of people who die before the age of 40. **Knowledge:** This area relates to exclusion from the world of reading and communication, and is measured by the percentage of adult illiteracy. **Decent Standard of Living:** Deprivation in this area is measured by a composite of three variables: access to health services, safe water, and the extent of malnutrition in children under five.

The HPI makes a useful contribution to the development of a multi-dimensional analysis of poverty, and can be used as an advocacy tool for targeting and planning poverty reduction policies in a country. However, the HPI does not measure indicators such as freedom of expression, participation in decision-making, personal security, participation in community life, and sustainability and inter-generational equity. Such indicators are both politically sensitive and difficult to measure.

The Zimbabwe Poverty Assessment Study Survey (PASS) carried out in 1995 provides the basis upon which the HDI and HPI have been developed for the current report.

Political Background

The country that came to be known as Southern Rhodesia was occupied by the British South Africa Company (BSAC) of Cecil John Rhodes in the 1890s. The BSAC governed the colony until 1923 when the white electorate voted for "self governing colony status", rather than be incorporated into the Union of South Africa. Between 1923 and 1953 white settler hegemony was extended over the black population through a series of discriminatory political and economic laws and policies. In particular the Land Apportionment Act (1931), the Maize Control Act (1931) and the Land Husbandry Act (1951) consolidated minority control over land and agricultural markets, confining the black majority to increasingly overcrowded areas of poor soils and low and erratic rainfall.

In 1953 Southern Rhodesia merged with the then Northern Rhodesia (later Zambia) and Nyasaland (later Malawi) to form the Central Africa Federation. In the face of increasing nationalist opposition to Southern Rhodesia domination of the Federation, the latter came to an end in 1963.

Anticipating a growing nationalist presence in Southern Rhodesia and Central Africa as a whole, white voters brought the right wing Rhodesian Front to power in 1962. In order to forestall black rule "for a thousand years" the Rhodesian Front led the colony into a Unilateral Declaration of Independence (UDI) from Britain in 1965. The British Government responded by imposing bilateral economic sanctions and sponsored mandatory economic sanctions imposed by the UN in 1966.

The major challenge to white rule came from the two dominant nationalist parties, the Zimbabwe African Nationalist Union (ZANU) and the Zimbabwe African People's Union (ZAPU). After limited guerrilla campaigns in the 1960s, the war gathered.

Zimbabwe Profile

Land area

3 90 580 sq km
Percentage Rural
Percentage Urban

Population

11.9m (mid 1998 EIU estimate)²
69% (Population Census 1992)
31%

Sex Ratio (Males/100 females): 95³
Percentage Female

Main Towns Population in 000,1998 (EIU estimates)

Harare (capital)	1500
Bulawayo	800
Chitungwiza	600
Gweru	170
Mutare	165
Kwekwe	100
Kadoma	90
Masvingo	70

Climate Subtropical

Languages English (official) Shona, Ndebele and local dialects

Measures Metric system

Currency Zimbabwe dollar (75) = 100 cents.
Average exchange rate in 1997:7511.89 = US\$1.
Average exchange rate January to October 1998:7521.89 = US\$1.
Rate on November 5 1998 1536.90 US\$1.

Time 2 hours ahead of GMT

momentum after 1972. There was a series of failed negotiations between the British Government and the Rhodesian Front regime in the 1960s and 1970s. But an increasing array of economic problems facing the Rhodesian economy coupled with a changing Southern Africa political environment in the late 1970s led to British-sponsored settlement talks at Lancaster House in 1979. These talks resulted in the Lancaster House Agreement, which ushered in Zimbabwean independence in 1980.

Since independence, Zimbabwe's political scene has largely been dominated by the Zimbabwe African National Union (ZANU-PF) particularly after the merger of the two major political parties, ZANU (PE) and ZAPU (PF). In the economic sphere the focus of policy during the 1980s was on a large public expenditure programme aimed to redress some of the worst social inequities inherited at independence. The programme made great strides in expanding health, education and safe water access to the general population, but became difficult to sustain in the face of declining economic performance. In 1990, the government launched its Economic Structural Adjustment Programme (ESAP) with the aim of arresting economic stagnation.

² The unconfirmed 1998 Inter Censal Demographic Survey gives a preliminary population estimate of 12.37 million.

³ The as yet officially unconfirmed Inter Censal Demographic Survey shows a major change in the sex ratio from 95 males per 100 females in 1992 to 92/100 in 1998, suggesting a relative rise in male mortality

From the late 1980s and particularly in the 1990s there has been growing concern expressed by students, the labour movement, intellectuals and small opposition parties over issues ranging from the de facto one-party rule, corruption and lack of accountability, to taxation and constitutional reform. The crisis has been worsened by the increasing poverty levels particularly since the launch of the Economic Structural Adjustment Programme in 1991.

Corruption

Corruption is of increasing concern in Zimbabwe. Numerous cases have gone before the courts of law, the government set up commissions to investigate some of the cases while some have received extensive media coverage.

In addition to the mistargeting and inefficiency of social spending programmes, corruption contributes significantly to poverty and inequality. "Every available measure of corruption is inversely related to per capita income, while every measure of bureaucratic efficiency, rule of law and enforceability of contracts is directly related to per capita income" (Mauro, 1995, Barro 1997 and Alesina 1997). Richer countries have lower levels of corruption and political instability, while political stability and institutional capacity are positively correlated with GDP growth (Alesina 1997).

Using a large sample of countries, Gupta, Davoodi and Alonso-Terme (1998) demonstrate that higher levels of corruption increase income inequality. "A worsening in the corruption index of a country by one standard deviation ... is associated with the same increase in the Gini coefficient (ie greater inequality) as a reduction in the average secondary schooling of 2.3 years". This is a very powerful result given the fact that high levels of secondary schooling reduce inequality. The results are valid for countries at different stages of economic development, with different growth experiences and using differing indices of corruption.

High levels of corruption increase poverty for two reasons:

i) A higher growth rate is associated with poverty reduction (as argued in Chapter 2), but corruption by reducing growth slows the rate of poverty alleviation.

ii) Income equality is harmful to growth, and to the extent that corruption increases such inequality, this will also slow growth and with it, poverty reduction. Other adverse effects of corruption include:

(a) Corruption can lead to tax evasion, poor tax administration and exemptions that favour disproportionately the better-off and well-connected. This narrows the tax base and the progressiveness of the tax system.

(b) Corruption results in mistargeting of social programmes because of the diversion of funds to the relatively wealthy and the siphoning of funds from poverty-alleviation programmes by well-connected individuals.

(c) A high concentration of asset ownership — in Zimbabwe's case, land — can result in a situation where powerful asset-owners lobby the government for favourable policies and treatment.

(d) Corruption may affect income distribution and poverty through its impact on human capital formation and the distribution of human capital. Higher corruption has been found to be associated with lower education and health spending, while corruption may increase the share of public spending devoted to wages as opposed to operations and maintenance (Tanzi and Davoodi, 1997). This means lowering the quality of health and education services, primarily those provided by the public sector for the poorer sections of the community.

Corruption and poverty

Gupta, Davoodi and Alonso-Terme show that a 1% standard deviation increase in the growth rate of corruption (a deterioration of 0.78 percentage points) is associated with a decline in the income growth of the bottom 20% of the population of 1.6 percentage points a year.

Furthermore, income growth of the poor is faster with:

- lower education inequality
- lower initial Gini coefficient for land, and
- higher social spending.

Box: 1

Zimbabwe Government's Position on Poverty Reduction

With the adoption of the Economic Structural Adjustment Programme (ESAP) in 1991, Government embarked on a course of economic reform aimed at establishing an environment conducive to sustainable growth and development. Government recognised that social hardships of reform could be significant and that the alleviation of these effects must be an integral part of the reform programme itself.

Thus, in 1991 in addition to the Economic Reform Programme (ERP), Government adopted the Social Dimensions of Adjustment Programme (SDA). The SDA is a programme of action to mitigate the social cost of adjustment, following which the Social Development Fund (SDF) was established to coordinate the formulation and implementation of Poverty Alleviation Action Programmes.

The SDA aims at protecting and supporting vulnerable groups who may suffer adverse effects from policy implementation during the transition period of economic reform. An integral part of the SDA programme is the monitoring over time of the impact of structural adjustment, with particular attention to the poor and disadvantaged groups, in the country.

Government introduced social safety net programmes covering assistance with school and examination fees, health fees and the food money programme and continued with drought relief programmes in the rural areas.

In implementing the reform programme government realised that while transitional hardships were bound to arise and marginalise some segments of our society, these would only be additions to those already poor. Therefore, in addition to the current social safety net programmes, designed to take care of "the new ESAP induced poor", government adopted the Poverty Alleviation Action Programme (PAAP) in 1994. The PAAP seeks to broaden the scope of the current SDA so as to address wider issues of poverty.

The overall objective of the PAAP is the reduction of poverty and unemployment through the implementation of programmes targeted at the poor and vulnerable segments of the population, and those adversely affected by the structural changes occurring in the economy.

The purpose of the Plan seeks to provide additional impetus to existing efforts of both Government and non-governmental organisation directed at poverty alleviation and supporting employment creation.

During the World Summit for Social Development in 1995, World Leaders including Zimbabwe committed themselves, inter alia, to eradicating absolute poverty by a target date to be set by each country, to supporting full employment as a basic policy goal, and to promoting social integration based on the enhancement and protection of all human rights.

These objectives are linked with one another and reflect a renewed commitment on the part of the individual countries and the international community as a whole to fight the scourge of poverty that affects a quarter of humanity.

The fundamental objective of Zimbabwe Programme For Economic and Social Transformation (ZIMPREST) seeks to:

Achieve a sustained high rate of economic growth and speedy development in order to raise incomes and standards of living of all people and expand productive employment of rural peasants and urban workers, especially the former.

In 1995 a nation-wide Poverty Assessment Study Survey (PASS) found that 61% of the population was living below the Poverty datum line established by the survey. The prevalence of poverty was higher in the rural areas (72%) and (46%) in the urban areas. These findings constitute one of the primary challenges that ZIMPREST seeks to address, which is to bring about adequate and sustainable rate of economic and social development to reduce poverty and create the basis for all Zimbabwe's citizens to provide a better life for themselves and their children.

Under ZIMPREST there are two main types of interventions on poverty reduction you have the indirect and direct poverty reduction programmes.

The indirect poverty reduction programmes include the macroeconomic stabilisation (low inflation and interest rates, stable exchange rate) these interventions impact positively on the poor since they create growth and hence reduce poverty. All sectors of the economy are involved.

The levels of vulnerable groups 45% of the population require direct interventions and the programmes are targeted. These interventions are captured in the Poverty Alleviation Action plan framework.

The strategy emphasises the following:

- Empower beneficiaries using participatory methods of work which give recognition to beneficiaries expertise and knowledge.
- Engage not-governmental organisation, the private sector and a broad range of civil society in partnership in the various tasks of poverty alleviation.
- Target public expenditure to those areas with potential for highest benefits for the poor.
- Decentralise decision making in such a manner that the poor will be able to participate effectively.
- Mobilise popular support for the implementation of poverty substantive policies that move the poor from welfare into income earning productivity.
- Greater emphasis on social policy and monitoring of poverty alleviation programmes for sustainable human development.
- Allocate resources to facilitate the consultative process amongst partners for community involvement.

Most sector ministry programmes now pay specific attention to the Poverty Reduction impact of their projects and programmes.

The Government has establishment of an information framework known as the and Analysis System IPMAS is to provide comprehensive on a continuous, timely crate a better understanding in Zimbabwe and enable other development agents project concept of this IPMAS through collaborative effort the Ministry of Public Service Welfare and involving research groups and financing The Zimbabwe Human Development important advocacy tool information for monitoring of policy intervention and internationally.

Mrs. Florence Chitauru
The Minister for Public Service, Social Welfare

- CHAPTER II -

ECONOMIC GROWTH, DEVELOPMENT AND POVERTY

At the close of the 1990s, poverty in Zimbabwe has its roots in:

- (a) initial conditions from the colonial era, especially the highly inequitable distribution of wealth, most notably land and human capital;
- (b) the slow growth of the economy over the past 25 years; and
- (c) the pattern of that growth, which has had a limited spillover in respect of poverty alleviation especially in the form of formal sector employment generation.

The following sections examine the relationship between economic growth, development and poverty in the light of Zimbabwe's growth performance, especially since 1980, and the weak implementation of macroeconomic policies under adjustment (1990 — 1997). Poverty alleviation, and by extension improvements in human development, depend on faster—and more equitable—economic growth than in the past.

Increased levels and efficiency of public spending on education, health, housing and other social amenities, as well as on land redistribution, require resources. There is a clear, finite limit to which those resources can be assured merely by the reallocation and redistribution of existing expenditure programmes or as a result of increased levels of taxation. It follows that faster—and more equitable—GDP growth is a priority for poverty reduction and human development in Zimbabwe.

The Background

Growth, Development and Poverty

Until the 1970s, the focus of development strategies worldwide was on increasing gross domestic product (GDP). But on the eve of the third millennium, governments and policy-makers have a much broader agenda, including equitable and environmentally sustainable development, poverty alleviation and democratic development along with a steady improvement in living standards.

Economic growth, as measured by rising per-capita incomes, does not ensure that everyone will share in its benefits. But the incidence of poverty — defined as the proportion of the population living below a calculated poverty line — falls rapidly with rising consumption per capita. According to Bruno (1994), cross-country studies show an elasticity of -2 . That means that for each percentage point increase in consumption per head, there is a reduction of two percentage points in the incidence of poverty.

Experience in Asia and Latin America shows that growth and poverty alleviation can occur together, although this does not mean that growth is sufficient for poverty alleviation. It is clear that the extent of poverty alleviation is influenced by both the pattern of growth on the one hand and the initial conditions in the country or region on the other. In particular, the Latin American experience shows that growth may be both slow and increasingly inequitable where policy is biased against rural development (Bruno, 1994).

However, the basic premise remains that sustainable per capita income growth is a necessary, though insufficient, condition for poverty reduction. Two links between growth and poverty are crucial:

- (i) the poor benefit from increased demand for labour and thereby from increased consumption; and
- (ii) strong income growth increases the capacity of the state to undertake mainly public expenditure programmes that benefit the poor (land redistribution, increased and better-quality health and education service).

The “Kuznets Hypothesis” (Kuznets, 1955) postulates that income inequality increases during the early stages of economic growth. In recent years the theory has been widely tested and in a growing number of instances, rejected. For example, Bruno, Ravallion and Squire (1996) show that the cases in which growth is associated with rising inequality are matched by at least as many cases of falling inequality.

They find no “systematic tendency” for income distribution to improve or worsen with economic growth. In spite of this, absolute poverty on average declines as GDP expands. Their study of 20 countries concludes that a 10% increase in average incomes results in a roughly 20% decline in the proportion of people living on US\$1 a day.

Ravallion and Chen (1996) find “strong evidence that higher rates of growth in average living standards are associated with higher rates of poverty reduction”. They conclude that the adverse distributional effect of recent growth in a number of developing countries “has not been strong enough to change the conclusion that growth has benefited the poor”. At zero growth rates, the expected rate of poverty reduction is also zero.

This conclusion is supported by Deininger and Squire (1996) who find a strong link between overall growth and poverty reduction. The evidence shows that economic growth benefits the poor in the large majority of cases, while economic decline generally hurts the poor.

Box:2.1

The Critical Role of Industrialisation on Human Development and Poverty Reduction

The alleviation of poverty is a major theme under the Zimprest package of economic reforms. The focus on poverty alleviation was borne out of the realisation that economic reforms in the past failed to address the problem of poverty, which has worsened over the years. According to the Poverty Assessment Study Survey, 62% of the population was living below the poverty datum line in 1995. Poverty was more entrenched in rural areas where 72% of the population is poor compared to 46% in urban areas.

Economic transformation the world over has been led by industrial development or the process of industrialisation. Industrial development denotes the extent to which the country's citizens add value to locally produced or import e raw materials. The value adding process is what creates wealth. Modern communications and technology now make it feasible to create national wealth using resources found or develop in other parts of the world. Such investment in wealth creation is what results in increased employment of labour and the creation of further opportunities such as in services and distribution Higher levels of investment and new opportunities imply fewer and fewer people living in poverty. Industrial development creates employment opportunities every year for graduates from the education system.

Macroeconomic and other policy factors have made it difficult for Zimbabwe to create enough jobs for the hundreds of thousands of new entrants to the job market annually. Employment in the manufacturing sector in particular has been declining, reaching 183 500 in 1996. This represents a significant drop from the 205 500 achieved in 1991. The unstable macroeconomic environment has been the major impediment to industrialisation. The high inflation and interest rates that prevailed throughout the period of ESAP and up to this day have prevented many business enterprises from increasing their investment in the country.

A critical prerequisite for industrialisation is therefore the attainment of macroeconomic stability. Zimbabwe must formulate and implement clear policies for industrial development. A task force of the National Economic Consultative Forum is now actively looking at the industrialisation policy framework. The Confederation of Zimbabwe Industries (CZI) is participating in this process.

Small and medium scale business enterprises (SMEs) are capable of generating more jobs than large-scale enterprises. It is therefore imperative that we give special attention to addressing the needs of SMEs so that they can spur employment creation and industrialisation. Due to the small size of the local market, trade policies that complement the industrial development strategy must focus the nation on exporting activities.

The CZI is confident that if government, the business community and labour work closely together, the stage would be set for the greater industrialisation of our country. Zimbabwe is rich in natural resources and we therefore need to create an environment where we can successfully harness these resources for the improvement in the quality of life of all Zimbabweans.

A. J. Ross
Chief Executive, CZI

There is a strong association too between the rate of growth in average living standards and the rate at which absolute poverty falls. According to Ravallion and Chen (1996):

“For developing countries as a whole, stagnation in average living standards entails stagnation for the poor too”. This suggests that stagnant average real incomes may have contributed significantly to growing poverty in Zimbabwe (Figure 1).

Initial conditions are important of crucial importance in Zimbabwe too is the finding that there may be large differences in the way in which a distribution-neutral growth process impacts on absolute poverty. Significantly, the gains to the poor of such growth will be lower the higher is the degree of initial poverty. Under distribution neutrality a smaller share of total income implies a smaller absolute gain by the poor for any given rate of economic expansion.

Equally crucial for the analysis of poverty in Zimbabwe is the probability that even where the growth process does benefit the poor, there will always be some unable to share in the fruits of growth. In Zimbabwe, inequitable land distribution, the skewed pattern of access to credit, education, skills, technology and public infrastructure are factors that dilute the impact of economic growth on the living standards of the poor.

A highly unequal society UNCTAD classifies Zimbabwe as a “highly unequal society” in which the richest 20% of the population receive 60% of the income. About 30% of income accrues to the middle 40% of the population and only 10% to the poorest 40% of the people. Typically in such 60:30:10 societies, the average income of the poorest 40% is only one-quarter of the national average, while average incomes of the richest 20% are 12 times as great as those of the poor and four times those of the middle-class (UNCTAD 1997).

Of 24 Sub-Saharan countries listed in Deininger and Squire (1996), only South Africa, Gabon and Sierra Leone have a more inequitable pattern of income distribution (Table 1). Using Gini Coefficients to measure income inequality — the higher the Gini, the more inequitable the pattern of income distribution — Zimbabwe emerges with one of the most unequal income distributions not just in Sub-Saharan Africa, but in the entire world.

From data covering 108 countries (682 observations), Zimbabwe, with a Gini Coefficient of 56.83 in 1990, is ranked number five in the world in income inequality, after South Africa (62.30), Gabon (61.23), Sierra Leone (60.79) and Brazil (57.32).

Table 1:

Income inequality: Sub-Saharan Africa: selected countries

Region/Country	Average Gini Coefficient	Ratio of top quintile' share of income to bottom quintile's share
Botswana	54.21	16.36
Cameroon	49.00	—
Côte d'Ivoire	39.18	7.17
Gabon	61.23	19.79
Ghana	35.13	5.97

Kenya	54.39	18.24
Lesotho	56.02	20.90
Madagascar	43.44	8.52
Mauritius	40.67	6.62
Nigeria	28.90	8.67
Sierra Leone	60.79	22.45
South Africa	62.30	32.11
Tanzania	40.37	6.63
Uganda	36.89	6.01
Zambia	47.26	12.11
Zimbabwe (1990)	56.83	15.66
Sub-Saharan Africa	44.71	11.61

Source: Klaus Deininger and Lyn Squire: A new Data Set Measuring Income Inequality World Bank Economic Review. Vol 10, No 3 September 1996

Poverty in Zimbabwe

The availability of basic information on poverty and its incidence is critical if poverty alleviation programmes are to effectively target the poor. In the face of the lack of data on the magnitude of poverty in Zimbabwe, the government took steps to establish its geographical distribution and causes, in addition to the gender, class and race determinants of poverty. In 1995 the Social Development Fund of the Ministry of Public Service, Labour and Social Welfare conducted the Poverty Assessment Study Survey (PASS) covering 19 173 households, 671 communities and 518 homeless persons in 809 enumeration areas. Among other issues, PASS addressed the following:

- Distribution of poverty
- Constraints and other causes of poverty
- Measuring the access of the poor to public services
- Geographical and sectoral distribution of poverty in Zimbabwe down to the district level
- Environmental dimensions of poverty such as land degradation, deforestation, agriculture, wildlife, etc.
- Local perceptions of poverty and what the poor themselves see as solutions to their problems.

The PASS final report (MOPSLSW-SDF, 1997) found that 61% of Zimbabwean households are "poor", and of these, 45% are "very poor". Using two poverty lines, "poor" households are defined as those with incomes below the national Total Consumption Poverty Line (TCPL), calculated as Z\$2 132.33 per person per year, that is, they are unable to provide basic needs. "Very poor" households are those with income per person below the national Food Poverty Line (FPL) of Z\$1 289.81 per year, that is, they are unable to meet basic nutritional needs. Those with incomes above the TCPL are termed as "non-poor".

The FPL represents the cost of a basket of basic food needed by an average person each year. The TCPL is the amount needed to buy a basket of food and non-food items (clothing, housing, education, health, transport, etc) by the average person each year. Based on the national TCPL of Z\$2132.33 and the national average household size of 4.6 persons, this translates into Z\$817 per household per month.

Poverty is therefore defined by PASS as the "inability to afford a defined basket of consumption items (food and non-food) which are necessary to sustain life." The study says the food basket should "satisfy the nutritional requirements of a population taking into account both the main consumption patterns in rural and urban areas and also local prices." Compared to the national poverty lines, the rural FPL is Z\$1 180.49 and the rural TCPL is Z\$1 924.20. The urban FPL is Z\$1 511.77 and the urban TCPL is Z\$2 554.89.

In addition to the finding that 61% of Zimbabwean households live below the total poverty consumption line and 45% below the food poverty line, the survey found that:

- Poverty is more prevalent in rural areas with 75% of households in the total poor category compared with 39% of urban households.
- The highest incidence of poverty is in the communal lands (84% of households), followed by the resettlement areas and small-scale commercial farms (70%), large-scale commercial farms (57%), and urban areas (39%).
- Households headed by females (31% of the total) have a greater incidence of poverty than those headed by males. About 57% of female-headed households are very poor compared to 40% of male-headed households. About 72% of female-headed households fall into the combined poor and very poor category compared to 58% of male-headed households.
- At district level, Binga has the highest percentage of households in the total poor category (92%), while Umguza has the lowest (41%).

The PASS findings resulted in the development of a poverty index, which ranks the 20 poorest districts according to the most severe incidence of poverty. The government's Poverty Alleviation Action Plan Programme (PAAP) targets these 20 districts.

The historical context

Zimbabwe's colonisation in the 1890s created the conditions that still influence the pattern of income and wealth distribution. Through colonisation the settlers took control of the country's sources of wealth — most importantly land and the associated mineral resources, but also access to income-generation and wealth, especially through education. The creation of "Native Reserves" in 1898 gave birth to the dual agrarian structure that still exists 100 years later and which remains a major source of poverty and inequitable income and wealth distribution. The Land Apportionment Act of 1931 divided the country into:

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- white land (19.7 million hectares)
- black land (11.7 million hectares), and
- Native area (2.8 million hectares).

The number of large-scale, white- and corporate-owned large-scale farms increased from 545 in 1904 to a peak of 6255 in the mid-1950s, declining to 4500 in 1990.

The pre-World War II economy was driven by agriculture and mining which accounted for over a third of GDP. Mining's significance declined rapidly in the 1950s as gold production became increasingly uneconomic and in the mid-1960s manufacturing overtook agriculture to become the lead sector. The number of indigenous people engaged in wage labour grew rapidly from a quarter of a million in the mid-1920s to 600 000 in 1956 and more than a million at independence in 1980.

While Table 2 shows that average per capita incomes improved substantially between 1924 (the first year for which data are available) and independence in 1980, no indication is given of how the benefits of economic growth were shared between the different income and racial groups. Such data have only become available in recent years.

Demographic factors

The 1992 census recorded a population of 10.4 million with an annual growth rate of 3.1% between 1982 and 1992. The Central Statistical Office has since estimated the population in 1997 at 12.37 million, implying a growth rate of 3.4% a year between 1992 and 1997.

Zimbabwe's population growth rate exceeds that of sub-Saharan Africa as a whole of 2.7% (World Bank, 1997). Indeed, if the post-1992 estimates are accurate, Zimbabwe's population growth rate is the third highest in Africa after Djibouti (4.9% p.a.) and the Gambia (3.8%).

Some analysts dispute these growth estimates. The World Bank believes that Zimbabwe's population has grown at only 2.5% a year since 1990 while the Aids pandemic is believed to have slowed the rate of population growth, though there is little hard evidence to support that view.

Zimbabwe is currently in the second stage of demographic transition — low mortality and continuing high fertility. The Total Fertility Rate (TFR), defined as the average number of children born to each woman, has fallen steeply from 7.8 in 1969 to 4.3 in 1994. This is attributed to government and NGO health programmes, but specifically to the rapid increase in the use of modern contraceptives. The crude birth rate (CBR) has declined from 48 per 1,000 in 1969 to 31.6 in 1994, while the crude death rate (1994) is estimated at 14.4 per 1,000.

Life expectancy at birth is 49 years (1994), having increased from 45.3 in 1960. Life expectancy is higher for females (50.1) than males (48.1). However, the world Human Development Report (1997) estimates that life expectancy in Zimbabwe declined 8.1% between 1993 and 1994, reflecting the growing impact of the Aids pandemic.

Fertility rates are higher in rural areas (4.85 in 1994) than urban areas (3.09), and also inversely related to educational standards. Mothers with no formal education have a TFR of 5.21 (1994), while for those with primary education the fertility rate falls to 4.65 and for mothers with secondary education to 3.32.

The 1994 Zimbabwe Demographic and Health Survey (ZDHS) estimates that the contraceptive prevalence rate (CPR) — the percentage of married women using family planning methods — rose to 48% in 1994 from 38% 10 years earlier. Use of modern methods has risen

Table 2
Economic performance 1953-1997

Year	GDP Per Capita Growth % p.a.	Per Capita Income Growth % p.a.	Development Strategy
1924-1939*	4.8	3.0	Export-led growth driven by primary product development in mining and agriculture
1939-1953*	12.0	9.8	Strong agricultural growth allied with the development of manufacturing industry actively fostered by 'state capitalism' Growth stimulated also by heavy investment in infrastructure and high levels of white immigration
1954-1965	4.4.	2.0	Steady economic growth fuelled by the creation of the Federation of Rhodesia and Nyasaland of which Zimbabwe (then Southern Rhodesia) was the leading economic beneficiary. Growth slowed in the early 1960s as it became clear that the Federation would be dismantled and as political uncertainty increased.
1965-1980	4.7	1.7	Growth driven by import substitution industrialisation along with some diversification in agriculture and mining. Economy went into reverse in the mid-1970s as the liberation struggle intensified and the economy suffered from exogenous shocks — most notably sharp increases in oil prices.
1980-1990	4.3	1.1	After a brief boom in 1980/81, the economy slowed in the face of adverse exogenous shocks — drought and depressed primary product prices. import substitution lost momentum and increased government intervention and controls discouraged investment which was seriously constrained by inadequate foreign exchange. In the late 1980s export incentives were introduced in an effort to alleviate the foreign exchange crisis.
1990-1996	1.8	-1.3	Economic Structural Adjustment Programme introduced in 1991, but despite increased investment and impressive growth of non-traditional exports, real living standards declined. Most macroeconomic targets were missed, inflation accelerated, unemployment and poverty increased. A new economic reform programme (Zimprest) was launched in early 1998, but its macroeconomic targets are also unlikely to be met.

* = nominal prices

Sources: Central Statistical Office, National Accounts of Zimbabwe 1965,1993 and 1997

from 27% in 1984 to 42% in 1994, while the use of traditional methods halved from 12% to 6% over the 10-year period.

The CPR is higher in urban areas (58%) than rural areas (44%), while urban women are more likely (54%) to use modern techniques than those in the countryside (37%).

Distribution

The majority of people live in rural areas with just over half (51%) residing in communal lands. Another 11% live on large-scale commercial farms, while almost a third of the population is urbanised.

Table 3

Land Sector	Proportion of Total Population
Communal Lands	51.4
Large-Scale Commercial Farms	11.3

Small-scale Commercial Farms	1.6
Resettlement Areas	4.1
State Land	0.4
Urban areas	31.2

Source: (50:1994, Census 1992 National Report

Population Density

Population density nationally increased from 19 per square kilometre in 1982 to 27 in 1992 and is currently estimated at 32. In rural areas, population density is highest in Manicaland province (42 per sq km in 1992) followed by Mashonaland East (33) and Mashonaland East (32). Density is lowest in Matebeleland North (8.5). Some 60% of the urban population live in the two main cities, Harare and Bulawayo. The urban population increased 63% from less than 2 million in 1982 to 3.2 million 10 years later — an annual growth rate of 5%.

Sources of Poverty

Poverty in Zimbabwe has its origins in three main influences:

- A weak economic growth performance. Over the past 31 years CDP growth has averaged a little over 4% annually which, with population growth of more than 3% a year, means that real per capita incomes have improved by only 0.8% a year (Table 4).
- High and rising levels of unemployment, the result of both low rates of GDP growth and the capital-intensive pattern of that growth. Table 6 shows that the proportion of formal sector breadwinners in the total population fell from a peak of over 17% in 1975 to just above 12% (estimated) in 1997. Consequently, dependency ratios have risen substantially (37%) from 5.9 people per formally employed worker in the mid 1960s to 8.1 people per employed worker in 1997. Without wage employment, the bulk of the population is dependent on land, but the highly inequitable pattern of land ownership along with limited access to water, credit, and technology reinforces and deepens poverty.
- A highly skewed pattern of income and wealth distribution largely resulting from the limited access, until the 1980s, of more than 95% of the population to education, especially at secondary and tertiary levels. While this situation has since been remedied, access to finance, but especially to land, continues to be severely constrained.

Land Ownership

The highly inequitable pattern of land ownership is a major source of poverty and inequality. An estimated 4 660 large-scale commercial farms, owned mainly by white farmers, occupy 11.2 million ha with 34.6% of this land in Natural Regions I and II, 2 1.5% in region III and 43.9% in regions IV and V. The Communal Areas, with a population of about 6 million blacks, are made up of 16.4 million ha, or 42% of land in the country, with 74.2% of this land situated in the poorest agro-ecological zones, namely natural regions IV and V (Moyo, 1995).

With about 30% of householders practically landless, and particular groups such as young men and single, separated, and *de facto* women heads of households most in need of land, there are clearly heterogeneous experiences of land shortage (Moyo, 1995). Not surprisingly these differential experiences of the land problem have resulted in different forms of land struggle including squatting, trespassing on large scale commercial farms for access to better national resources, and migration across communal areas (Moyo, 1995). The leading black farmers organisation, the Zimbabwe Farmers Union, represents a variety of interest and policy demands. These range from the demand for more community land in small quantities by peasants short of land, to the call for increased freehold tenure for productive purposes by the more elite black farmers who dominate the ZFU leadership. In the process the priorities of the elite tend to dominate policy demands (Moyo, 1996).

The 1994 Land Tenure Commission concluded that:

"Local level institutions administering tenure have been characterised by conflicts particularly between the traditional authority and 'elected' leadership. The intractable nature of these land administration disputes have, however been further complicated by the subsequent superimposition of local ruling party structures and later, of government village and ward development committees. This profusion of overlapping and incongruent local organisational structures, each with its own boundaries and drawing on different sources of legitimacy, has thus created weak and disparate local institutions"(GoZ, 1994).

The Commission notes that the dissolution of traditional authority at independence was premature and that "over time people in communal areas have gravitated towards traditional leaders on issues of land and natural resource management"(GoZ, 1994). In fact, even during the period of the liberation struggle, the role of traditional leaders was not as discredited as was once supposed. In the post independence period, the demobilisation of party structures and the "authoritarian and modernisation ethic of the development bureaucracies has breathed new life into the popularity of traditional authorities" (Alexander, 1993).

Despite mounting political pressure for land reform, land redistribution has been constrained by inadequate finance and the limited capacity of the state to carry through an integrated resettlement programme. The authorities have attempted to offset this constraint by increasing the access of black farmers to inputs and market outlets. As a strategy against poverty this has had, for the most part, a limited effect on the majority of rural producers.

A new land initiative was launched in 1997, when the Government listed for compulsory acquisition 1 471 farms in the LSCF sector, representing about 30% of the total number of farms in this sector. Details of the programme remain sketchy and the precise nature and effects of this strategy await future analysis. However, as Moyo observes, the government appears at present to be continuing with its approach of transferring land to "better off" black farmers (small and medium scale operators) and to the landless poor but capable farmers in overcrowded Communal Areas" (Moy'o 1998). A communiqué issued at the end of a three-day donors conference on land reform envisages broader participation in Zimbabwe's land reform programme (see Box 2.1).

Although economic performance has fallen well short of potential since 1980, Zimbabwe's GDP grew marginally faster than that of Sub-Saharan Africa as a whole (Table 5). On a per capita income basis, however, after allowing for slightly faster population growth, the decline in real income per head was perhaps fractionally greater. Given the quality of the data and the very crude estimates of sub-Saharan performance; this per capita income comparison is unlikely to be meaningful.

Economic growth

Over the period since 1965, for which there are reasonably consistent data, GDP growth has averaged just over 4% annually which, with population growth of more than 3% a year, implies real per capita income expansion of less than 1% annually. (See table in the pdf file).

Table 4

Economic growth in Zimbabwe
% per annum (constant prices)

Year	GDP (Market Prices)	Population	GDP per head \$ (1990)
1965-1970	8.9	3.4	4.5
1970-1975	4.7	3.0	1.7
1975-1980	0.8	3.0	- 2.0
1980-1985	4.1	3.2	0.8
1985-1990	4.6	3.1	1.4

1990-1996	1.8	3.2	- 1.3
Memorandum items			
1965-1980	4.7	3.1	1.7
1980-1990	4.3	3.2	1.1
1965-1996	4.1	3.2	0.85

Sources: Central Statistical Office Harare National Accounts 1993 and 1997

Box 2.2

International land conference launches second phase of reform and resettlement programme

In September 1998, the government held an International Donor's Conference on Land Reform and Resettlement in Zimbabwe to mobilise support for its programme to acquire 5 million hectares of land in the next five years to resettle about 150 000 families.

In an opening statement at the conference, President Mugabe outlined the objective of the programme to establish a more efficient and rational structure of farming, achieve optimal utilisation of land and natural resources and provide equitable access to land to all Zimbabweans.

Representatives of donor countries and international organisation, as well as representatives of government, civil society organisation and other stake- holders attended the conference.

Donors unanimously endorsed the need for land reform and resettlement in Zimbabwe and affirmed that this was essential for poverty reduction, economic growth and stability. It was agreed that an inception phase covering 24 months should start immediately. A significant number of donors pledged technical and/or financial support for the programme.

During the three-day conference, donors had a unique opportunity to observe and talk to rural communities during field visits. The visits provided a valuable insight into the problems of growing land pressure and widespread poverty.

The conference agreed that effective implementation of the land reform and resettlement programme will be enhanced by improvements in the following areas:

- Policy refinements including introduction of an agricultural land tax, streamlining land subdivision regulations and improved land tenure arrangements as part of measures to integrate the programme with national macroeconomic reforms and poverty alleviation action plans.
- Continued consultations with stake- holders and cooperating partners locally and internationally. Selection of beneficiaries of land reform from among the poor, those living in congested communal areas and those with farming aptitude, together with such vulnerable groups as farm workers.
- More adequate attention to gender aspects such as equal access and ownership of land by men and women and the involvement of women in planning and implementation processes.
- Integration of communal area reorganisation and equitable allocations of resources and development opportunities in resettlement and communal areas.
- Transparent, fair and sustainable implementation of the programme, which should broaden stakeholder and beneficiary participation and be affordable, cost effective, and consistent with economic and financial management reforms.
- Institutional arrangements to include consultations with all stakeholders, beneficiaries and civil society, including the National Economic Consultative Forum, the Commercial Farmers Union, the Zimbabwe Farmers Union, the Indigenous Commercial Farmers Union, women's organisation and other NGOs.

A communiqué issued at the end of the conference listed the main elements of the inception phase as;

- Immediate implementation of resettlement beginning with 118 farms on offer.

- Implementation of current government resettlement model with opportunities for testing alternative approaches such as market driven and beneficiary initiated models.
- Encouragement of community based land redistribution initiatives through ongoing programmes such as the PAAP Community Action Programme.
- Various financing arrangements including sector specific and scheme-based project proposals.
- Undisbursed funds in programmes currently supported by donors will kick-start the inception phase.
- Ongoing monitoring during the inception phase with an evaluation at the end of the 24-month period. The conference established a Task Force of government and donor representatives willing to substantially contribute to the programme. The Task Force has begun work to elaborate specific implementation and financing arrangements for the inception phase and beyond.

Table 5

Regional comparisons: Real GDP and GUP per head

Period	Zimbabwe % pa	Sub-Saharan Africa % pa
1981-1989	3.0	2.5
1990-1994	1.0	1.6
1995-1997	3.7	4.3
1981-1997	2.9	2.6
GOP Per Head		
1981-1989	- 0.2	- 0.5
1990-1994	- 2.0	-1.2
1995-1997	0.4	1.8
1981-1997	- 0.37	- 0.33

Sources: International Monetary Fund:World Economic Outlook April 1998 and CSO:National Accounts 1973 and 1997 and own estimates (for 1991)

The impact of economic reform

A striking feature of Tables 4 and 5 is that Zimbabwe's economic performance has deteriorated since 1990, falling behind that of the Sub-Saharan region as a whole. The most arresting aspect of Table 4 is the marked slowdown in economic growth since the launch of the Economic Structural Adjustment Programme in 1990. This underlines the "transitional" rather than developing country nature of parts of the modern sector of the economy, specifically manufacturing, where output in 1995 fell to a 10-year low and which in 1997 was still 13% below its 1991 peak.

The data also highlight the inappropriate strategy underlying ESAP, repeatedly denied by the World Bank and IMF, but recently acknowledged in the External Evaluation of the IMF's Enhanced Structural Adjustment Facility (ESAF) (Botchwey et al, 1998). Exogenous influences, notably severe drought in 1991/92 and again in 1994/95 also contributed to the disappointing performance during the reform period, though this should not be exaggerated (Botchwey 1998).

Partly as a consequence of stagnation since 1991, during which period GDP grew at only 1.4% annually or about half the rate of population growth, Zimbabwe's post-independence economic performance has been

disappointing, even by Sub-Saharan standards. GDP per head of population in 1997 of Z\$2 025 (at 1990 prices) was barely higher than at independence in 1980 (Z\$1 980) and 7.5% lower than in 1975.

In the absence of household survey data, it is impossible to estimate accurately the trend in poverty over the period since independence. It is likely that the distributional impact of the 1980s public expenditure policies helped alleviate poverty to some extent. But equally likely is that stagnating real incomes, rapidly rising unemployment, the worsening Aids crisis and, since the early 1990s, declining public spending on social services have resulted in increased poverty.

Table 6

Employment as a proportion of the total population

	Population Millions	Formal Sector Employment* Millions	Ration of Employees to Population (%)
1964	4.36	0.74	16.9
1970	5.30	0.85	16.1
1975	6.15	1.05	17.1
1980	7.05	1.0 1	4.2
1985	8.37	1.21	14.5
1990	9.79	1.34	13.7
1995*	11.53	1.40	12.1
1997*	12.20#	1.50#	12.3

*Recent employment figures have been adjusted using National Social Security Association data

= estimated

Source: Central Statistical Office and own estimates

Employment

Clearly, increasing formal sector employment (a function of GDP growth) plays a substantial, if not *the* substantial, role in poverty reduction. Over the long-term, employment growth in Zimbabwe has been correlated with GDP growth. Table 7 shows that since the mid-1960s formal sector employment has, in fact, had an elasticity of 0.56— a 1% increase in real GDP generating a 0.56% rise in formal sector employment.

Recently, this relationship has become less robust. Since 1980, the employment elasticity of growth has fallen slightly to 0.49, possibly reflecting the global tendency for growth to become less employment-intensive as a result of technological progress on the one hand and structural change on the other.

Table 7

Zimbabwe: Growth and formal sector employment

Years	GDP Growth %p.a.	Employment Growth %p.a.
1965-1970	8.9	2.7
1970-1975	4.7	4.4
1975-1980	0.8	- 0.5
1980-1985	4.1	2.3
1985-1990	4.6	1.9
1990-1996	1.8	1.4
1965-1996	4.1	2.2

* Official employment figures have been adjusted upwards to take account of the higher figures reported by NSSA.

Macroeconomic policy and poverty

In addition to economic and employment growth, macroeconomic policy will influence both the nature and extent of poverty. Citing Demery and Squire's study of six African countries, Bruno, Ravallion and Squire (1996) conclude: "improvements in macroeconomic policy are consistent with declines in poverty even in the short run. This in turn is consistent with evidence on growth; poverty fell where growth was positive and increased where growth was negative."

Box 2.3

Economic policy and poverty reduction

It is increasingly accepted that a failure of ESAP was its narrow focus on the formal sector without bringing benefits to the majority of people. Adjustment strategies thus need to be rethought to ensure that the bulk of Zimbabweans can take advantage of new opportunities.

The Zimbabwe Programme for Economic and Social Transformation (Zimprest), the successor to ESAP, states that "no attempts to improve the social and economic well-being of Zimbabweans will be possible, without rapidly expanding opportunities for employment" (Zimprest, 1998). A "quantum change" in the job generation performance of the economy is therefore needed. The programme's macroeconomic projections point to an increase in employment elasticity from 0 to 0.7. It remains unclear, however, how the long-run deterioration in this elasticity can be so dramatically reversed in so short a period.

Many of the policies outlined in the Zimprest policy matrix are designed to tackle poverty directly through, for instance, land reform, indigenisation, direct poverty alleviation, the fostering of small-scale enterprise, and a national Aids strategy. None of these was included in ESAP, which was predicated on the mistaken belief that "getting prices right" would generate employment thereby reducing poverty.

Demery and Squire (1995) demonstrate that the change in poverty was primarily determined by the change in mean income with changes in inequality playing a secondary role, but working in the same direction, thereby improving the relative status of the poor.

The important conclusion is that successful adjustment usually leads to faster economic growth, which in turn reduces poverty first and usually also inequality. These findings are crucial in the Zimbabwe context where poverty has deepened despite not only some improvement in macroeconomic policies but also repeated assertions by the World Bank and the IMU that structural adjustment in Zimbabwe has been successful. But according to Robinson (1997), the loss of macrostability has "exacerbated the negative impact of the reform programme on the poor" and rapid inflation has had "a devastating impact" on poor households. In addition, high nominal and real interest rates, falling real wages and stagnant per capita incomes have created a hostile environment in which new small-scale enterprises have to operate.

Education and poverty

Higher (primary and secondary) school enrolment rates tend to be associated with lower inequality. A one percent increase in the proportion of the labour force with secondary education increases the share of income received by the bottom 40% or 60% by between 6% and 15% (Bourguignon and Morrison, 1990).

Economic Structure

Mineral and agricultural exports increase inequality where rents are concentrated in the hands of relatively few mining companies or farmers. In developing countries where mineral exports accounted for more than 5% of GDP, Bourguignon and Morrison found that the income share of the bottom 40% of the population was reduced by 4% to 6%. A similar situation applies where agricultural exports account for more than 5% of GDP, but only where the exports are generated by large rather than small and medium-scale farms. In Zimbabwe where exports on large-scale farms accounted for over 10% of GDP in 1996 and mining exports 7.7% of GDP, the pattern of exports must have contributed significantly to greater income inequality.

Protection and trade liberalisation

Trade theory predicts that protection lowers the reward for the most abundant factor of production — in Zimbabwe's case unskilled and semiskilled labour — and increases returns to scarce factors, thereby worsening income distribution (Bourguignon and Morrison, 1990). In Zimbabwe where high levels of protection in the form of blanket import controls were the norm between 1965 and 1991, the gains from employment growth in manufacturing industry were partly offset by this influence, reflected in the slow growth of average real wages in manufacturing. Between 1990 and 1996, however, trade liberalisation resulted in average real manufacturing wages falling by more than a third, while 12 000 people — 6% of the number of workers employed in manufacturing — lost their jobs.

Table 8

Manufacturing value-added and employment growth under protection and trade liberalisation

Years	MVA constant 1990 prices % pa.	Employment % pa.	Average Real Wages % pa.
1965-1990	4.9	3.6	1.55
1990-1996	- 1.9	- 1.0	- 53

Source: National Accounts 1993 and 1991

Table 8 shows that Zimbabwe's experience under trade liberalisation has been very different from that predicted in the theory or indeed experienced by some developing, and especially non-African, countries. Under protection from 1965 to 1990, manufacturing output grew at almost 5% annually, while employment increased 3.6% a year and real wages improved 1.5% a year. Under ESAP, output, employment and real average earnings all declined.

This is in stark contrast to the expectations of those who designed ESAP. Manufacturing industry was slated to be the lead sector, but in the event, Zimbabwe experienced de-industrialisation with MVA's share of GDP (at current prices) falling from 20.5% in 1990 to 17.1% in 1996.

Distributional effects

The combination of the slowdown in GDP growth and structural adjustment had a radical impact on distribution. The share of GDP going to wages and salaries, which averaged 57.3% in the latter half of the 1980s, fell sharply to an average of 45% between 1990 and 1996. By contrast, the share of gross operating profits in GDP increased substantially from just over 40% to almost 55% (Table 9).

Table

Share of gross profits and wages in GDP

9

Years	Wages	Gross Operating Profits
1980-84	56.7	41.6
1985-89	57.3	40.5
1990-96	45.0	54.8

Sources: SCO National Accounts 1993 and 1997

Clearly, this had a positive influence to the extent that the share of both savings and investment in GDP increased. But the payoff from increased investment since 1990 has yet to materialise in the form of faster growth and greater job creation.

Productivity — a widening gap

Since 1980, productivity has grown substantially faster than average real earnings resulting in a widening gap between a worker's output and remuneration. Productivity (value added per formal sector employee) grew at 1.7% a year, but with average real wages declining by 1.8% annually, the gap between value-added and average real earnings widened at the rate of 4% a year. As a result, workers failed to share in the benefits of real productivity growth, which were largely appropriated by capital as reflected in the declining share of wages in GDP and the increased share of profits.

Table 10

Productivity and real earnings

Years	Value-Added per worker	Average Real earnings	Gap
1980—1985	14230	7125	7105
1985—1990	15516	6673	8843
1991—1996	16123	5067	11056

Source: Nation& Accounts 1993 and 1997

This may be explained in part by the growing capital intensity of production, which has contributed to increased poverty. Table 11, using estimates of Zimbabwe's capital stock, shows that capital per worker declined during the 1980s as employment grew significantly faster than the capital stock, but has since increased significantly reflecting the upsurge in capital investment during the ESAP period.

Table 11

Capital stock, output and productivity (Constant 1990 Prices)

Years	1980	1990	1996
Estimated Capital Stock (\$ billions)	55.5	63.6	71.2
Employment (millions)	1.0	1.19	1.24
Capital per worker (\$1990)	54 900	53 350	57 400
Value-added per worker (\$1990)	13 350	16 580	17 500

Source: National Accounts 1993 and 1997 and own estimates

Inflation and poverty

Rapid inflation — averaging 25% annually since 1990— has contributed substantially to the growth of poverty, especially in urban areas. High inflation and associated high interest rates

have curbed economic growth and job creation, imposing severe downward pressure on average real earnings.

This is essentially a macroeconomic problem to be solved through state fiscal policies. The necessity for the central bank to maintain a tight monetary policy and high real interest rates has compounded the difficulties of emergent businesses in raising affordable capital to finance business start-ups or expansion.

Box 2.4

The Critical Role of Agricultural Development in Poverty Eradication and in Promoting Human Development

Agriculture will continue to be the backbone of Zimbabwe's economy in the foreseeable future. The fact that agriculture contributes 11-14% of the GDP understates the true importance and dominance of the agricultural industry in Zimbabwe. Agriculture provides employment for some 70% of the population, about 60% of all raw materials for industry, and about 45% of the country's exports are of agricultural origin. In the light of agriculture's importance, policies aimed at eradicating poverty among the majority of people should promote agricultural development.

Agricultural Development in Zimbabwe

The Zimbabwe Agricultural Policy Framework, 1995-2020 (ZAPF) identifies commercialisation of smallholder agriculture as one of the fundamental goals for agricultural development in Zimbabwe. The strategies for achieving this transformation will be through realising the potential of the smallholder human resource base. Provision of direct training to farmers through tailor-made courses and the delivery of effective advisory, research and extension services will assist in developing this human resource which is crucial to raising productivity and hence incomes of smallholder agriculture. Following the review of the agricultural education system up to diploma level, it has been decided that Kushinga Phikelela Agricultural College be converted into a farmer training college to ensure that farmers have adequate access to training facilities. As identified in the ZAPF, transformation of the smallholder sector is the most direct route towards eradicating poverty and other challenges such as hunger, malnutrition and unemployment.

The other fundamental goals in Zimbabwe's agricultural policy are to expand agricultural output at a faster rate than the population growth rate, to stop all land degradation and restore soils to their full productive capacity. The following components are identified as important pillars for an agricultural revolution:

- Technical change to diversify farming, particularly that of small holder farmers. This should involve a rise in cereals yields, the expansion and more effective use of water for irrigation, more efficient livestock production systems, greater participation of small- holders in high value enterprises, the upgrading of rural infrastructure and extension of agro-industrial processing plants.
- Land and Agrarian reform to ensure that land is used more productively, tenure is more secure with all farmers having the opportunity to participate in commercial farming for a strong incentive to conserve natural resources.
- Institutional development focusing on more efficient and cost effective strategies to achieve their primary objectives, create greater flexibility innovative methods and improve collaboration between the different institutions.
- Marketing and agro-industry development focusing on developing value- added produce particularly in rural areas. Efficient low cost technologies to be developed to ensure smallholder farmers are able to participate fully in development.

Investment Programme (ASIP) with the purpose of operationalising long-term policy objectives by way of investment projects as set out in the ZAPF document. Five key areas for investment under ASIP were identified and Working Groups formed to map out strategies, identify financial needs and prioritise programmes. These areas are land administration and farm settlement, rural credit and finance, crops and livestock, agricultural education and farmer training and smallholder irrigation development. Much work is being undertaken under these key investment areas with the objective of ensuring that the limited resources available are used in the most effective manner.

Conclusion

Since Zimbabweans are largely rural people deriving their livelihood from agriculture and other related rural economic activities, the effective means of raising the standards of living and eradicating poverty, hunger and malnutrition would be through increased productivity and incomes of smallholder agriculture. Coupled with the greater participation of smallholder farmers in commercial agriculture through effective human, agrarian and land reforms, this can lead to transformation of the rural economy through the development of rural based agroindustries and private sector investment. With higher farm and rural incomes and purchasing power, Zimbabwe's economy can be put on a solid and broad base for full industrialisation, leading to social, economic and environmental sustainability.

Honourable KM Kangai, MP
Minister of Lands and Agriculture

Preparation of the Agriculture Sector

Poverty Reduction Policies in Zimbabwe

Following independence in 1980, the new government declared a policy of “national reconciliation”, which in economic terms sought to improve the conditions of the majority of blacks neglected during the colonial period. In February 1981, less than a year after independence, the new administration published its “Growth with Equity” economic policy programme targeting rapid growth rates of GDP, increased incomes and social expenditures and the promotion of rural development.

The document set out the need for explicit policies to redress past imbalances, namely: “...economic exploitation of the majority by the few, the grossly uneven infrastructure and productive development of the rural, urban and distribution sectors, the unbalanced levels of development within and among sectors and the consequent grossly inequitable pattern of income distribution and of benefits to the overwhelming majority of this country (GoZ 1981).

The broad objectives of Growth with Equity were

- (a) The establishment of a socialist society
- (b) Rapid economic growth
- (c) Balanced development and equitable distribution of income and productive resources
- (d) Economic restructuring
- (e) Development of human resources
- (f) Rural development
- (g) Worker participation
- (h) Development of economic infrastructure and social services
- (i) Fiscal and monetary reform.

Growth with Equity was followed by the country’s Transitional National Development Plan (TNDP), which was intended to “provide a programme for transition from the war economy to a normal situation, and to allow the development of an appropriate planning infrastructure” (GoZ 1986).

The TNDP projected GDP growth at 8.2% annually for the 1982-1985 period, with the expectation that revenues achieved from rapid economic high growth would be ploughed back into redistributive programmes in the social services sector. As a result, real recurrent expenditure by the Ministry of Health and Child Welfare rose from Z\$10.25 million in 1980 to a peak of Z\$14.78 million in 1990. In education, real government recurrent expenditure rose from Z\$29.55 million in 1980 to Z\$38.91 million in 1989 (Chisvo and Munro 1994). In the primary school sector the number of schools increased 43% from 3 161 in 1980 to 4 530 in 1990, while the number of pupils enrolled rose 75% from 1 235 423 in 1980 to 2 117 209 in 1990. At the secondary level the number of schools increased from 197 in 1980 to 1 512 in 1990, with enrolment figures increasing more than nine-fold from 72 197 in 1980 to 672 465 in 1990.

Land reform

The redistribution of wealth was tackled by land reform and, by the end of the 1980s, the state had acquired over 3 million hectares of land, although 44% of this was in the dry and infertile Natural Regions TV and V. As a proportion of total public spending, government expenditure on agriculture increased until 1987/88, after which there was a decline (ZCTU, 1996). During this period the government’s land policy has been described as “cautious and conservative”, avoiding laws on farm sub-divisions and a land tax as a vehicle for the restructuring of the large-scale commercial farm sector, thereby freeing up available land for redistribution.

Even where land was purchased, it was not fully utilised, with over 235,000 hectares of land acquired for resettlement not being used by 1990 (ZCTU). At the end of the 1980s land policy in Zimbabwe was described as follows:

“Little emphasis was ...given to the need to address the land question within the context of developing national democracy and national reconciliation in the early nation-building agendas in Zimbabwe. Rather land reforms were generally perceived to be an invidious ‘political balancing act’ played by the Zimbabwe state under

Mugabe, in an attempt to address what tended to be received as 'irrational' political demands, which it was thought were subsidiary to the need to promote development" (Moyo, 1996).

Decentralisation

Pressure for land reform exerted through decentralisation of local government has also been limited. In 1984 and 1985, the Prime Minister's Directive on Decentralisation provided for the establishment of representation at village, ward, district and provincial levels. Village Development Committees (VIDCOs) were to be elected and given the responsibility of identifying needs at a local level. Decisions made at this level were then to be passed on to Ward Development Committees consisting of VIDCO representatives from six villages, which would then pass on local needs to District Councils and thereafter to the more powerful Provincial Councils. The attempt to provide a focus for more localised decision-making has proved problematic for several reasons. These include the continued domination of central government, particularly at provincial level, the tendency for small elites to "represent" local interests, poor planning skills at local levels, the continued influence of traditional leaders, and the ever present role of the ruling party (Stewart, Klugman Helmsing, 1994).

Labour policy

During the first five years of the post-colonial period, a state corporatist strategy was developed, taking the form of a loose pact between the state, organised labour and employers, mainly to suppress strikes, though this agreement did not necessarily include individual unions (Sachikonye 1997). The state's strategy towards labour constituted a mixture of control and some measure of protection, achieved through new legislation.

Following the Riddell Commission, the Government passed the Minimum Wages Act (1980) which set wage levels for low-income workers. The Employment Act (1980) which attempted to restrain dismissals in the private sector was complemented by the Employment (Conditions of Service) Regulations (1981), prohibiting the retrenchment of workers without the approval of the Minister of Labour. The organisational rights of Unions, Workers Committees, Works Councils, National Employment Councils and National Employment Boards, were specified in the Labour Relations Act (1985), but this legislation also restricted the right of trade unions to strike.

Average real wages rose more than 20% immediately after independence, but for the 10-year period from 1980 they rose just 3%. In the lowest wage sectors of agricultural and domestic workers, wages increased above 1980 levels for most of the decade but did not reach the poverty datum line set by the Riddell Commission (1981).

Table 12
Trends in Average Real Annual Consumption Earnings, 1980-96 (Indices).

Sector	1980	1982	1984	1986	1988	1990	1992	1994	1996
Agriculture	100	164	143	137	130	130	70	75	86
Mining	100	130	113	103	113	116	97	90	78
Manufacturing	100	116	109	103	101	103	83	73	65
Electricity	100	110	90	93	96	94	79	85	167
Construct	100	120	107	98	85	78	57	46	49
Finance	100	103	85	87	89	93	89	78	85
Distribution	100	115	92	94	88	85	70	58	57
Transport	100	108	79	82	80	90	66	61	52
Pub.Adn.in.	100	89	66	63	62	61	41	35	32
Education	100	59	69	73	77	82	64	49	37
Health	100	102	79	85	81	90	68	56	50
Domestics	100	115	82	100	92	82	48	31	21
Other Services	100	107	84	81	76	80	61	55	52
Total	100	122	100	102	101	103	78	67	63

Shadur concludes that statutory minimum wage adjustments for much of the 1980s did not result in an increase of real wages for all low-income workers. Nor did they result in a narrowing of the income gap (Shadur 1994). In almost all sectors of the economy, real average consumption earnings declined substantively between 1980 and 1996 (Table 12). The combination of declining real wages, especially since 1990, the growth of a more autonomous labour movement and the adoption of ESAP in 1990 resulted in the gradual breakdown of the fragile corporatist pact between the state and labour.

A new approach (1990-1997)

The strategy adopted at independence had two core components (Botchwey et al, 1998):

- an extensive system of economic controls, mostly inherited from the previous regime, but extended and intensified by the post-independence administration;
- a public expenditure policy designed to redistribute the existing high levels of social expenditures, especially on education and health, in favour of low income groups.

The two policies were mutually incompatible. The pervasive controls and high levels of state intervention, coupled with adverse climatic conditions, weak commodity prices and South African-inspired destabilisation in the region resulted in GDP growing at little more than the annual rate of population expansion of 3.1%.

During the 1980s the state had attempted to address poverty issues using welfarist social expenditure programme, increased expenditure in the agricultural sector, limited land reforms, and minimum wage regulation. By the end of the 1980s, it was clear not only that these strategies were not working, but that they were also unsustainable. Constraints on growth meant that living standards would not rise, and additionally any hope of a trickle down effect for the poorest, could not be achieved (Jenkins, 1995). In 1990, real per capita incomes were only 7% higher than in 1980, while slow economic growth meant that the high levels of public spending, averaging 46% of GDP during the 1980s, had become fiscally unsustainable by 1990.

Economic reform

Accordingly in 1990, the government embarked on its Economic Structural Adjustment Programme (1991-1995). This represented a departure from the previous state controls and state intervention in the economy along lines recommended by the World Bank and the IMF. ESAP was a five-legged stool:

- Trade liberalisation, including the abolition of quantitative controls and the reduction and harmonisation of tariffs and duties;
- Deregulation of prices, wages, interest rates and the exchange rate;
- Public sector restructuring, entailing the downsizing of the civil service and the reorganisation and commercialisation of parastatals;
- Economic policy reform;
- A social safety net in the form of a much underfunded Social Development Fund (SDF) for those vulnerable to the adverse effects of structural adjustment.

The key ESAP targets were:

- a) GDP growth of 5% annually (1990-1995);
- b) A rise in investment to 25% of GDP;
- c) An increase in savings also to 25% of GDP;
- d) Export growth rate of 9% a year;

- e) A halving of the budget deficit to 5% of GDP from 10.4%;
- f) A slow-down in inflation from 17.7% in 1990 to 10% during the ESAP period; g) A 25% reduction of the civil service;
- h) A reduction in direct subsidies from Z\$629 million in 1990/91 to Z\$60 million.

ESAP and poverty

An ILO study has noted that ESAP severely affected urban households in Zimbabwe as a result of declining real wages, stagnant formal sector employment levels (see Table 13), reduced investment in education and health coupled with cost recovery measures in these areas (ILO, 1993). Between 1990 and 1997 average real wages fell by a third, despite rising productivity. Output per worker—at constant 1990 prices—increased 10% over the period, underlining the economy-wide shift in income distribution from wages to profits.

Declines in social service expenditure have also contributed to the deteriorating conditions of labour. In the first half of the 1990s, public spending on education declined by 30% as a proportion of the government's total budget. Similarly, health expenditure declined from 18% of the government budget in 1990/91 to approximately 15% in 1994/95 (World Bank, 1996). A study of a middle income site-and-service suburb in Harare, carried out in 1992 indicated that expenditure on food had declined by 5% for the top quartile of income earners, and 23% for the bottom quartile. Moreover most households interviewed were eating less or cheaper cuts of meat, and reducing their intake of chicken, fruit and eggs. Predictably, women and children suffered most from the reduced consumption levels (Kanji & Jazdowska).

Research has also shown a decline in the capacity of workers to save and a worsening of food consumption levels, with 80% of informal sector households reporting changes of diet, 68% consuming less meat and 59% less bread. The most recent study of urban poverty in two high-density suburbs in Harare has revealed the following results. In Dzivarasekwa it was found that the average household income of Z\$935, was lower than both the national Food Poverty Line of Z\$1 331.87 and the Total Consumption Poverty Line of Z\$2 213.28. Findings also indicated "food shortages, inadequate clothing, poor accommodation, failure to pay school fees and poor health services". Similar findings were reported in the area of Tafara, where average monthly household income was Z\$359 (Matshalaga, 1997 a+b). Both studies indicate an increasingly impoverished urban workforce, especially among women.

Table 13
Trends in Rates of Growth in Employment Before and During Economic Reforms, 1981-1996.

Sector	1981-84	1985-90	1991-96
Tradables of which	- 2.9	1.5	1.3
Agriculture	- 4.5	1.2	2.3
Mining	- 4.6	- 0.9	2.6
Manufacturing	1.2	2.9	- 0.9
Non-trades of which	3.0	4.0	1.8
Electricity	2.2	3.0	- 5.9
Construction	2.1	9.2	0.6
Finance	5.9	2.0	2.9
Distribution	3.4	3.1	0.6
Transport & Communications	2.4	1.0	- 0.8
Not-For Profit Sectors			
Public Administration	1.1	0.8	- 3.8
Education	- 2.4	4.4	1.0
Health	6.0	3.9	0.7
Domestics	0.7	0.7	0.0
Other services	- 2.9	5.0	3.4
Total	3.0	2.4	0.7

Along with the deterioration in the living conditions of low-income groups, ESAP has affected workers through the deregulation of industrial relations and a growing pattern of retrenchment, intensification of work and job enlargement. In 1991 the Labour Relations Act was amended to streamline hiring and firing procedures, thereby reducing delays in retrenchment. Moreover, granting plant-based works councils the power to negotiate collective bargaining agreements and codes of conduct created the potential for undermining agreements negotiated by unions at national level. Such problems were compounded by labour's vulnerability during the 1991/92 drought, which provided conditions conducive to the spread of company based

arrangements to help ease the plight of desperate workers. The paternalistic cast of such interventions, when combined with the extension of casual labour in industry, added to the problems of union activities (Sachikonye, 1995).

The growth of the informal sector has also presented new challenges for labour organisation. A 1991 study of the informal sector estimated that there were approximately 1.04 million micro and small scale enterprises in Zimbabwe (Mcpherson, 1992). However, despite the expansion of the sector, its capacity to substantively expand employment, output, and income has been exaggerated. According to Mhone:

“The sector has not demonstrated a tendency to expand efficiently by increasing productivity and real incomes, nor by upgrading its production into previous formal sector activities or by subsuming activities downgraded by the formal sector. The sector has also failed to develop efficient forward and backward linkages with the formal industrial sector” (Mhone, 1993).

Nevertheless there is a growing trend for formal sector workers to also engage in informal sector activities. Sachikonye’s survey of textile and clothing workers showed that 24% of such workers participated in the informal sector, largely through knitting and vending clothes and blankets (Sachikonye, 1995). A ZCTU study carried out in 1993 also indicated that about 36% of the 673 workers interviewed were engaged in supplementing their wage income. Such supplementary activities ranged from selling clothes, cross-border shopping and security guard work, to engaging the women and children of their households in various informal sector vending activities (ZCTU, 1993).

a). In many of these informal sector activities, it is the older women who bear the brunt of increased work and family responsibilities.

Given the erosion of security in the wage sector, workers have been forced into other survival strategies, many of which are an intensification of labour initiatives and structural relationships developed during the colonial period. Most workers maintain a “straddling” structural relationship with their families in the rural areas. A survey of trade unions in 1991/92 indicated that 64.1% of those sampled had permanent rural homes, while 34% stated that their permanent homes were in urban areas. Moreover, 85% of the respondents noted that the permanent homes of their parents were in rural areas, while 90% indicated that their earnings were supplemented through agricultural activities such as growing maize, vegetables and fruits or rearing cattle, goats and chickens. Over 50% of the wives of these workers lived permanently in the rural area, ensuring a regular source of food supplements (ZCTU 1993b).

Workers also form savings clubs at the workplace, from which they can take low interest loans. Such savings are occasionally used, if they accumulate sufficiently, to form the basis of housing cooperatives (Sachikonye 1995). However these savings clubs have many limitations, such as the “limited capacity of the savers to handle credit matters, erratic member participation and excessive absenteeism” (Bond, undated). Moreover as Bond writes,

“...the transition from savings club to formal credit oriented institutions is an immensely difficult one when temporal and spatial constraints are added to the general difficulties of mere survival in the Zimbabwean countryside.”

Social programmes

As part of the ESAP programme, a Social Development Fund (SDF) was established in 1991 with the aim of cushioning “vulnerable groups and poor communities against the negative effects of the reform programme”, through specifically targeted interventions. It comprised two main programmes:

- the Social Welfare Programme (SWP) intended to compensate the poor for new or increased user charges in education and health, and for deregulated maize prices. Payments were designed to finance exemptions from health fees, school fees and examination fees for households with incomes below Z\$400 per month

together with a per capita cash food benefit of Z\$4 per month for urban households earning less than Z\$200 per month.

- The two-pronged Employment and Training Programme (ETP), which provided an introductory one week training course in starting up a new business, along with loans for small enterprise start-ups.

In the event, both programmes have had serious limitations, not the least of which was funding. After increasing the SDF budget from Z\$20 million in the fiscal year 1992/93 to Z\$150 million in 1993/94, expenditure declined to Z\$100 million and Z\$50 million in the next two years, while donor assistance fell short of expectations.

In the Social Welfare Programme (SWP) the following problems have been noted:

- a) The majority of qualifying households remained outside the scheme.
- b) In the case of school and examination fee exemptions, there was evidence of a gender bias against girls.
- c) The administrative procedures involved were slow, cumbersome and over-centralised.
- d) Insufficient staffing at central and provincial levels.

Problems experienced in the Small-Enterprise Loan Scheme included:

- a) A slow delivery system.
- b) The distribution of loans showed a bias towards retrenched from the public sector.
- c) A gender bias against women, who made up just 9% of beneficiaries.
- d) A strong urban bias.

In the Employment and Training Programme, it was found that training programmes were too short, and that retrenched had limited options, mainly participation in a micro- enterprise scheme. Many retrenched have had neither the skills nor the motivation to succeed in such schemes (Moorsom, Matanda & Sachikonye).

The Poverty Alleviation Action Plan (PAAP)

The Economic Structural Adjustment Programme (ESAP) was formally launched by the government in early 1991 with the main objective of creating an environment conducive to sustainable economic growth. Learning from the experiences of other countries implementing similar programmes, the government anticipated transitory economic difficulties, such as high levels of inflation and unemployment. The removal of subsidies on basic social services like education, health and food was likely to result in severe hardships for the poorer members of society.

Based on this assumption, the government in November 1991 introduced the Social Dimensions of Adjustment (SDA) programme to cushion the poor from the social effects of ESAP. The main components of the SDA were assistance with health fees, assistance with education and examination fees, food money in urban areas, training and provision of soft loans for retrenched workers from the public and private sectors wanting to start their own businesses. This resulted in the establishment of the Social Development Fund (SDF) in the Ministry of Public Service, Labour and Social Welfare to coordinate programmes targeting the most vulnerable groups.

The devastating drought of 1991/92 led to the diversion of most resources earmarked for the SDA programme to drought relief efforts. As a result, the SDA programme was slow to take off and had difficulties in achieving its intended objectives. It moreover became difficult to distinguish between ESAP-induced poverty and drought-related and other forms of poverty. The HIV/Aids epidemic also had its toll on human suffering. At this stage it became apparent that ESAP did not address structural poverty and that people were not able to cope with the effects of drought, inflation and reduced price subsidies.

Within this context, the government sought the assistance of UNDP to mobilise donor support and to help redefine the SDA programme. This led to elaboration of the Poverty Alleviation Action Plan (PAAP), adopted as government policy in 1994. PAAP was intended to build and expand on existing programmes and projects to

alleviate

poverty.

The PAAP strategy differed from previous government efforts to address poverty and its other social programmes in that it was the first to truly target the poor. The main objective of PAAP is the overall reduction of poverty and unemployment through the implementation of programmes targeted at the poor. It aims to address all forms of poverty (basic needs, food, housing, clothing, health, education and employment and lack of access to goods, services and rights).

Among other things, the PAAP strategy emphasises the following (GoZ, 1994b):

- Targeting social expenditures
- Decentralising programme implementation
- A participatory approach to poverty alleviation
- A partnership approach to address distortions in social provision and poverty alleviation

A PAAP implementation plan was developed by the SDF coordinating unit with the assistance of UISTDP. In 1995, UNDP and the Zimbabwe Government developed a programme to implement the PAAP. The PAAP implementation programme is intended to reduce poverty and unemployment through social mobilization and the implementation of programmes targeted at the poor. PAAP aims to increase involvement in the productive economy of poor and vulnerable groups, such as women, youth and people with disabilities. Increased levels of self-respect and independence of communities and beneficiaries is critical to PAAP's success.

UNDP support under PAAP includes the following:

- Support to capacity building and institutional strengthening
- Poverty assessment follow-up and monitoring
- Capacity strengthening at community level
- Support to policy advocacy, publicity and awareness
- Capacity development in NGOs for PAAP implementation
- UN Volunteers support to PAAP
- Capacity development for microfinance
- Women's health and poverty reduction
- Mobilisation of civil society and community support through information, awareness training and capacity building to ensure that poor and vulnerable groups assume ownership of development processes
- Monitoring and evaluating the implementation of the programme as well as the effects of changes in the socio-economic and policy environment on the welfare of vulnerable households and communities.

One of the strategies adopted by PAAP is the empowerment of beneficiaries using participatory methodologies, which recognise the knowledge and expertise of beneficiaries. A poverty index has been developed based on the PASS results and combining indicators on income, health, education, food and environment. The index ranks the 20 poorest districts according to poverty levels. These are the districts targeted under PAAP.

PAAP sought funding for activities over three years as follows:

	US\$
• Social mobilisation	10m.
• Literacy programmes	1.9m.
• Information awareness campaign	1 m.
• Poverty Assessment Study Survey	1 .7m.
• Community development	22.5m.
• Informal sector development	57.5m
• Capacity building	3m.
• Targeted social safety nets	49m.
• Social policy development & monitoring	2.1m.
Total:	150 million

Some of the funding targets have been met and even surpassed, notably in the area of community development, where US\$60.7 million has been channelled. However, some of the funding will only be drawn down at the end of the programme's three-year duration, resulting in delays in the impact of the programme.

Some of the limitations of PAAP are related to the problem that the programme is not big enough to combat growing poverty. The lack of a national budget to complement resources from donors is a shortcoming that needs to be addressed. Donor funds should essentially build on national efforts and not constitute the core of funding. PAAP needs to be reviewed and institutional mechanisms developed to place the programme at the centre of the development debate in Zimbabwe.

The Community Action Project (CAP) is a major component of PAAR. It is envisaged that the CAP will finance small grants and technical assistance for investments in social and economic infrastructure, improve natural resource management, and other small-scale activities identified by communities. This intervention is designed to strengthen local structures, in the context of the redefined responsibilities between the state and civil society that has taken place under the structural adjustment programme. The local power structures in which it is intended to build up the CAP are described as follows:

"—local leaders, both male and female, are often among the wealthier members of their communities and thus tend to represent vested interest with direct personal concerns about how additional resources enter their community. This situation has often created a barrier or distortionary impact on pro-poor oriented activities. In such cases, participation and involvement of local communities often turns out to mean co-optation of local elites and leadership. Furthermore, one of the characteristics of Zimbabwe is the tight integration of the various sectors of the economy through the very mobile labour force... making the urban-rural modern-informal sector dichotomies less glaring than in other African countries. At the same time, however, traditional leaders and values remain very strong and real influences on the lives of ordinary people"(GoZ 1997).

While such developments should be encouraged, the success of institutional structures put in place to empower local communities through decentralisation may depend on more substantive local government reforms and a coordinated decentralisation strategy.

Economic effects of ESAP

Although the policy environment improved considerably during ESAP, the growth response (though not the investment response) was disappointing. By 1997, per capita incomes were lower than in 1990, while manufacturing production fell to a 10-year low in 1995 and unemployment continued its relentless rise. There is wide acknowledgement that the programme failed in two crucial respects:

(i) Not only were virtually all the macro-economic targets missed but the government also failed to meet a number of institutional targets such as the creation of a Monopolies Commission, the enactment of new banking legislation, and the establishment of a Securities Exchange Commission.

(ii) From the broader perspective of poverty and human development ESAP undoubtedly had an adverse distributional impact.

The IMF's External Evaluation of ESAP programmes, which includes a case study of Zimbabwe, notes that the reform programme "potentially changed distributional outcomes both through its effect upon public service delivery (the downsizing of the state) and through its effect on personal incomes" (Botchwey et al 1998). It notes further: "Whereas the programme envisaged that between 1991 and 1996 per capita private consumption would rise by around 8%, in the event it declined by 37%. This alone transformed the group of those who lost from the reforms from a minority to a majority".

Further, the programme failed to recognise that even had per capita consumption not declined, "there would have been large groups of losers consequent upon large resource reallocations, which would result from liberalising such a highly-controlled economy". In addition: "Given the combination of the deregulation of the

labour market and the decontrol of manufacturing, it was therefore reasonable to anticipate that both employment and wages would decline sharply in the manufacturing sector” (Botchwey et al 1998).

Summarising the social impact of ESAP, the Evaluation concludes:

- during the reform period (1991-1996) average private consumption levels declined by about a quarter;
- there was a powerful redistribution of income from urban wage earners to the rural population. As a result consumption levels of the rural poor “may have risen a little”;
- by contrast urban households suffered severely — there are fewer jobs and real wages are “very much lower”;
- in addition to the fall in private incomes, household welfare suffered further from the decline in public spending on social services;
- the brunt of the fall in public expenditures was borne by those working in the social services — doctors, teachers and nurses, and the reduction in their real wages is “likely to have resulted in reductions in service quality”, with some evidence that this was more pronounced in health than in education;
- the analysis underlying the programme design radically underestimated its social consequences (Botchwey et al 1998).

Reform and the poor

The recent deterioration of the social services sectors in Zimbabwe is in sharp contrast to the achievements of the 1980s. Between fiscal years 1979/80 and 1987/88 government spending on health rose 48% in real per capita terms while life expectancy increased from 56 in 1980 to 61 in 1990. Between 1980 and 1993 infant mortality rates virtually halved from 100 per 1000 live births to 50 and child immunisation rates increased from 25% to 80%.

A study of *Economic Reform and the Poor in Africa* (Sahn 1996) concludes that reform will “generally have positive effects on growth and income distribution”. On the whole, the losers from economic reform are more likely to be the better off than the poor. That this has not been the case in Zimbabwe is a reflection of both:

- the failure to complete the reform programme which seven years after its launch remains unfinished, and
- serious flaws in the content and, as the Botchwey report states, the sequencing of the programme.

Low priority for poverty alleviation

Accordingly, it would be wrong to throw the baby out with the bath water. Reform design and implementation were at fault, not the concept itself. In any event, the main scope for poverty reduction through rising incomes occurs only after the often-painful stabilisation phase has been completed. In Zimbabwe with a budget deficit estimated at over 9% of GDP in 1998— barely different from the 9.3% pre-ESAP level – and with annual inflation still averaging well over 20% annually, poverty reduction has been relegated to the back-burner. This is evidenced by the reduction in the social services budget, the loss of jobs through the downsizing of the public service, and the deterioration in the quality of social services reported in subsequent chapters of this study.

Land reform

At present, Zimbabwe has over 1 million households (5.6 million people) living on 1.6 million hectares in the communal areas, while some 4 660 large-scale commercial farms covering 10 million hectares support only 1.3 million people, almost all of whom are farm workers and their families. In contrast with the modest target

to resettle 162 500 families by the mid-1980s, only 56 000 families had been resettled on 3 million hectares of land by 1996, many without the infrastructure and finance to use the land effectively.

Health and the Economy

Health indicators improved greatly over the first decade of independence as healthcare resource allocation targeted previously disadvantaged groups in rural areas and the urban poor. As a result life expectancy increased, infant, child and maternal mortality declined, contraceptive prevalence rose and fertility began to decline.

The poor were adversely affected by subsidy removal or reduction in the 1990s, exacerbated by the introduction of cost-recovery policies and the steep rise in healthcare expenses. Between 1990 and 1996 Medicare expenses increased more rapidly than any other component of the consumer price index, rising at an average annual rate of 33% compared with 25% for consumer prices as a whole.

Earlier declines in standard indicators – infant, child and maternal mortality rates – have been reversed, reflecting the impact of increasing poverty, the declining quality of healthcare services and the HI V/Aids pandemic. Zimbabwe is one of 30 countries listed in the UNDP Human Development Report 1997 where the Human Development Index fell between 1993 and 1994. The main explanation for this is a significant (8%) fall in life expectancy largely due to the worsening impact of Aids (UNDP, 1997).

In real terms, health spending grew during the 1980s, increasing — as a share of GD² — from 2% in fiscal 1980 to a peak of 3% in fiscal 1990. By fiscal 1995 it had fallen to 2.2% of GDP. Over the same period, health spending as a percentage of total government spending declined from 5.3% in 1980 to 4.2% by the mid-1990s.

On a per capita basis, having increased more than 60% between 1980 and the launch of ESAP in 1990/91, health spending is now marginally lower than at independence (see Table 14).

Table 14
Health Expenditure (Selected Years)

Fiscal Year	Real Expenditure as A percentage of: GDP	Government Expenditure	Real Spending per capita
1980/81	2.0	5.3	35.62
1985/86	2.5	5.3	39.48
1990/91*	3.0	6.2	57.72
1995/96	2.2	4.2	35.86

* = peak year

Source: Poni and Wekwete: Zimbabwe human Development Report. Background Paper. Demography and Health

Education and the Economy

While the provision of education at all levels has increased dramatically since independence, Zimbabwe's experience sustains the view that basic education is only a necessary, and not a sufficient, condition for economic growth. The economy's weak performance, especially since 1990, has meant that the education system is poorly resourced and both quality and efficiency have declined.

The existing centralised system provides relatively few resources for children of poor families especially those in remote, rural communities. Such children receive fewer resources at the primary level and are therefore less likely to enter secondary schools and complete their education. Because of rising entry standards at tertiary level, including vocational and technical education, children of the poor are most likely to be under-represented. As a result, education no longer provides a promising vehicle for poverty alleviation.

Value-added in education increased very rapidly during the 1980s from 4.9% of GDP in 1980 to 6.1% in 1985 and a peak of 6.5% in 1987 before slipping to 5.7% in 1996. Between 1985 and 1995, education spending by

the state grew 2.1% annually while enrolments increased by 1.7% a year. As a result, expenditure per primary and secondary school pupil was virtually the same in the mid-1990s as in 1985.

In theory, real exchange rate depreciation and trade liberalisation should have resulted in faster employment growth after 1990. In the event, this did not happen, partly because the real exchange rate was allowed to appreciate between 1992 and the final weeks of 1997, but also because there is at least some evidence to suggest that capital intensity increased (Table 11).

Particularly disappointing has been the failure of formal sector employment to respond to the steep fall in average real wages. In fact employment grew more rapidly during the 1980s, a period of stagnant average real earnings.

The relevance of unemployment data to poverty has been called in question by studies suggesting that as much as 29% of the labour force is employed in the informal sector. It is clear that informal sector activities make some contribution to poverty alleviation. But most informal sector participants live in poverty, except those whose households have supportive remittances from members employed elsewhere in the economy.

Table 15
Unemployment in Zimbabwe

	1982 Millions	1996 millions
Population	7.5	11.9
Workforce (age 15 to 64 years)	3.9	6.1
Economically Inactive (37%)	1.4	2.2
Labour force	2.5	3.9
Communal Farmers	1.0	1.2
Formal Sector Employees	1.0	1.46
Unemployed*	0.5	1.24
Unemployed as % of workforce	20%	32%

* = includes informal sector employees, other than communal farmers

Sources: GoZ: Zimbabwe Statistical Yearbook (1981) and own estimates

The estimate of unemployment in Table 15 is extremely crude since figures for economically inactive and communal farmers are highly speculative. Various estimates of informal sector employment imply that many of those classified as communal farmers, economically inactive or unemployed are more accurately classified as underemployed. The government's Labour Force Survey (1986/87) estimated one fifth of the labour force employed in the informal sector while the Gemini studies (1991 and 1993) put informal sector employment at between 1.3 million and 1.6 million people.

Unemployment rates will rise

Education data suggest that the number of pupils leaving or dropping out of school each year has averaged approximately 250 000 during the 1990s. Since 1990, the formal sector has created less than 25 000 new jobs annually. Even assuming that 75 000 jobs become vacant each year due to retirements and mortality, unemployment (including informal sector employment) has been growing at an annual rate of 150 000, or 900 000 in total between 1990 and 1996. This suggests that the crude estimate in Table 15 is more likely to be an underestimate than an exaggeration.

Informal sector job generation is no panacea. Informal sector enterprises are low-technology activities, with a high turnover and a short life span. Incomes are lower than in the formal sector and there is no safety net in terms of pensions or access to medical aid schemes. Moreover many, probably most, of the participants are unable to find formal sector employment, or have been driven into informal activity by low income levels in the communal farming sector.

In any event, high levels of informal sector employment are in themselves indicative of low levels of economic development. Informality and labour productivity are negatively correlated and countries with the largest

informal sectors are those with the lowest levels of GDP per head (World Bank, 1995). Research in Latin America finds that the size of the informal sector depends on the severity of the tax burden and the extent of labour market restrictions. Furthermore, an increase in informal sector activity impacts negatively on economic growth (Loayza, 1997).

A successful development strategy implies that workers move out of low productivity informal or even formal employment into better-paid, higher productivity positions in the industrial and services sectors.

In Zimbabwe, there can be no quick fix solution to the unemployment crisis. At current employment elasticities, formal sector employment growth of 150 000 jobs a year (10% of estimated formal sector employment in 1997) implies initial real GDP expansion of between 15% and 20% a year, in turn pointing to investment/GDP ratios in the region of 50% and above.

Accordingly, formal sector employment will not grow rapidly enough to keep pace with the number of educated school-leavers, while informal sector employment is no more than a transitional solution to the extent that average earnings are significantly lower there.

Falling fertility and rising mortality resulting from the Aids pandemic and the deterioration in health services, will reduce the number of school-leavers coming onto the labour market and increase the number of "replacement" jobs in the formal economy. At the same time, however, most projections of the impact of Aids on economies, suggest that GDP growth will also slow leading to a commensurate reduction in the rate of job creation.

Land reform and employment

Where land is held in excessively large and relatively capital-intensive farms, enjoying preferential access to credit and agricultural infrastructure (dams, roads, electricity, marketing networks), a land redistribution programme will contribute to greater employment, equity and poverty alleviation. Land reform is probably best carried out within a market framework, possibly assisted by appropriate tax policies in respect of underutilised properties.

However, it is unrealistic to expect land reform to provide more than a very partial solution to the unemployment crisis. As per capita incomes rise so the share of agricultural employment falls. Given the current degree of land degradation in the communal areas, there is very little likelihood of agriculture being able to support a larger absolute number of people on the land. Indeed, if rural poverty is to be alleviated there will have to be a combination of a more equitable pattern of land ownership and substantially increased output per head on the farms, which in turn implies much lower labour capital ratios than at present, especially in the smallholder sector.

Foreign investment and poverty reduction

The establishment of export processing zones is designed to attract investment, especially foreign direct investment (FDI), into largely labour-intensive manufacturing and service activities. Rapid technological progress has meant that, increasingly, the quality, rather than the cost, of labour attracts foreign investment. In the 21st century, EPZ investment is unlikely to generate low-wage jobs on the scale experienced globally in the past 25 years. Under current conditions, including the deterioration of the quality of education, it is questionable whether foreign investors promoting footloose manufacturing projects will be attracted by Zimbabwe's landlocked position and its proximity to a much larger market with clear logistical advantages, South Africa.

In Zimbabwe, for the foreseeable future, FDI is more likely to create relatively low-skilled jobs in the primary (mining and to a very limited extent agriculture) and service (primarily tourism) sectors. Such investment will contribute to higher rates of job generation but, given the worldwide trend towards reduced labour-intensity in production and service activities, foreign capital is unlikely to solve the unemployment crisis.

Investment and growth

Links between investment, productivity, economic growth and employment are far from automatic. Relatively high levels of investment, as in Zimbabwe since 1991, do not necessarily generate growth and jobs. According to Easterly (1997), there is "no empirical or theoretical justification for assuming a short-run proportional relationship between investment and growth".

Growth of both output and jobs depends on the quality of inputs, the technology embodied in them and the efficiency with which they are exploited. Fast growing economies certainly invest more, but their success depends on a variety of influences, not just the volume of investment.

The role of finance

Financial market and interest rate liberalisation under ESAP was seen as a vehicle for improving the mobilisation of savings and the efficiency and volume of investment. In the event, both savings and investment ratios did increase, but the impact on employment and GDP growth was disappointing. The Gemini Survey (1991) of micro- and small-scale enterprises found that only one percent of MSEs had ever received credit from formal sector lending institutions. Virtually all MSEs were reliant on family savings and other informal sources of funding. The Regional Programme on Enterprise Development (1996) found that a lack of credit and poor demand for products were the two main constraints on growth experienced by 200 small and medium-scale manufacturing enterprises in Zimbabwe.

Various institutions were established, especially after 1980, to lend to small-scale enterprises. Notable among them are the Small Enterprises Development Corporation, the Agricultural Finance Corporation and the small business divisions of leading commercial banks. However, the bulk of their lending is to the formal, as distinct from the informal sector, and borrowers are invariably turned away if they are unable to offer collateral.

Besides the unfamiliarity of obtaining finance from the banking system, access to loans in particular since 1990 has been limited by the business failure of some established companies. This made banks more cautious than ever, while high nominal and real interest rates and the "crowding out" of private sector borrowing by government restricted the flow of finance to new enterprises (Robinson 1997).

While the proliferation of financial institutions, especially merchant banks and discount houses, since 1995 has increased competition in the financial sector, this has made little impact on the level of flows to small enterprises. The new financial institutions are all urban-based and have tended to compete with the established banks for medium and large formal sector clients. Furthermore, the advent of the 1998 banking crisis resulted in a flight to quality whereby a two-tier financial system evolved. This, in fact, accentuated the difficulties of small, medium and high-risk borrowers since the newer indigenous institutions have been forced to pay more for their deposits. As a result they have both raised their lending rates and increased their risk aversion.

Education, growth and poverty

Recent data question whether heavy investment in education capital necessarily pays off in the form of faster economic growth (Pritchett 1996). As the World Bank has argued, the payoff to education is conditional on the economic and incentive environment. If this environment is inappropriate or unattractive, the return on investment may well be very low. According to the bank: "Education at all levels increases growth, but education alone will not generate growth" (World Bank, 1994). In other words, a holistic approach is essential.

Donors, NGOs and Poverty Reduction

While Table 16 below indicates an increasing dependence on aid in Zimbabwe, particularly during the 1990s, the use of aid as part of an overall poverty reduction strategy has been problematic.

Table 16
Aid Dependency indicators for Zimbabwe and Africa

		Zimbabwe	Sub-Saharan Africa Average
Aid per capita (US\$)	1990	35	34
	1994	52	32
Aid as % GNP	1990	5	13
	1994	10	16
Aid as % investment	1990	21	34
	1994	39a	34
Aid as imports	1990	15	20
	1994	19	18

Source: World Bank, 1997 Table 6-10

Note: a author's estimate

Quoted in 1. Killick, J. (1997), A Kiegegaard: European Aid and the Reduction of Poverty in Zimbabwe." ODI Draft 1997.

A recent study of European aid to Zimbabwe observed that, with regard to poverty reduction policies, none of the donors involved offered any substantive analysis of the forms that poverty has taken in Zimbabwe. Moreover there was little attempt to identify target groups or the interventions that could best address problems of poverty (Killick, Carlson & Kiegegaard, 1997). The study also noted, that apart from UNDP, the World Bank and the African Development Bank, "no bilateral donor has yet contributed to PAAP on more than a minor scale". Two main reasons account for this:

i) Uncertainty about the status of PAAP;

ii) Several donors are already supporting programmes to strengthen the Rural District Councils, both "as a means of reinforcing democratic institutions and as a vehicle for reaching the poor."

Thus as Killick et al (1997) observe: "Donors anxious to work within the existing formal political framework may naturally be reluctant to appear to be financing an institutional framework of uncertain status within GoZ, parallel to and potentially in competition with a constitutionally established system of local government in which the ruling party is deeply entrenched". Assessing the impact of European donor projects on poverty in Zimbabwe, the authors conclude that projects have contributed positively to improving welfare, particularly in the enhancement of knowledge. They however express doubt whether such projects represent "good examples" of aid for poverty reduction (Killick, Carlson and Kiegegaard, 1997).

Moreover a recent overview of the effects of aid on poverty states: "While aid administrations devote a lot of rhetoric to poverty, most official aid simply does not reach people living in poverty. Only a small proportion is directly focused on poverty eradication and basic services; and there is little evidence that the rest of it reaches people living in poverty through 'trickle down' economic growth" (Eurostep JCVA, 1997).

Box 2.5

Churches and Poverty Reduction

The Church is one of the oldest welfare organisation in the world. In Zimbabwe the church has played a vital role both as a vehicle for community development and as an agent of socio-economic transformation of the entire country. By its very nature, the church exists to take care of the spiritual and material needs of society. God's preferential option for the poor as reflected in the gospels is a major criterion for the involvement of the church in tackling the problems of the poor.

We in the Church believe that the problems of poverty can only be solved if we have a radical shift in the development paradigm. We believe that development must be seen as an enterprise in favour of the poor and that by putting the poor at the centre of development, poverty can at the very least be reduced and at best eliminated.

The Church is very aware that more than 62% of Zimbabweans are living below the Food Poverty Line and that 45% are very poor. The Church is aware of the extent and depth of poverty in communities because these are the same poor people who fill up our churches.

The Church is also aware of the global trend of poverty. Globalisation has brought opportunities for economic integration for some, but for Southern countries generally, it has created marginalisation, exclusion and disintegration. In a country where 41% of the population live on less than US\$1 a day, where 48% of the population does not have access to sanitation, and where 50% of the employable population is unemployed, the church can only be relevant if it responds both at the international and national level to reduce poverty. More importantly the Church must urge the establishment of principles of a moral economy where economic justice is a criterion of economic, social and political development.

The role of the Church

The Church, particularly the ecumenical movement in Zimbabwe, has been characterised by a conscious effort to respond to and challenge oppression whenever it surfaces. The formation of the Zimbabwe Council of Churches (ZCC) in 1964 was a result of this consciousness and the desire to tackle the problems wrought by colonial rule. The formation of the service welfare arm of the churches by the ZCC in 1967 was again a way of addressing poverty. These institutions were tasked with the duty of mobilising resources to support the poor families of combatants and detainees at a time when these were being marginalised by a society run on racial lines. The church took a deliberate stance with the marginalised.

Through the activities of Christian Care, the quality of life of communities where services of this agency are discharged has improved. Activities have focused on reducing poverty and distress, aiding in the physical needs of adults, children, families, as well as promoting gender sensitivity and environmental awareness programmes. We can only hope that the Church's efforts will be counted among those who are waging a war with and for the poor.

Zimbabwe council of Churches

Non-Governmental Organisation

Most poverty-related activities of NGOs are rarely anything more than ameliorative. This problem is related to the donor community's lack of meaningful consultation with civil society, including NGOs, about the development agenda and priorities. NGOs point out that they have little scope to influence the agenda within the specific parameters set unilaterally by donor organisation. In theory, the policy actors in poverty issues are government ministries, donor organisation and civil society. In practice, however, it is the government and bilateral donor organisation who establish an agreed basis for operation, with NGOs and other civil society groups placed at the bottom of a vertical process (Raftopoulos & Jazdowska 1997).

Conclusions

Several conclusions can be drawn:

- Two very different policy regimes — fiscally-driven redistribution in the 1980s and a strategy of "getting prices right" through structural adjustment in the 1990s — have failed to turn the tide of mounting poverty. Economic policy is a necessary, but insufficient condition, for poverty reduction.

- In the 1980s, fiscal redistribution became unsustainable without strong economic growth, substantial investment in employment-generating activities and exports, and a growing tax base. By the late 1980s, the country was slipping into a domestic debt- trap, employment growth was inadequate and the fiscal deficit untenable.
- The switch in 1990 to a reform strategy also failed, but for different reasons. Not only was political commitment inadequate, but the assumption that market-driven reforms would by themselves kickstart the economy, as in Ghana or Uganda, proved unrealistic.
- Reform in the 1990s failed for three main reasons:
 - a lack of political commitment
 - failure to achieve “critical mass”
 - an unwillingness to tackle structural reform.
- Critical mass is crucial. Reform programmes work only where there is progress across the broad front of trade liberalisation, deregulation, public sector restructuring, financial sector reform, labour market flexibility and privatisation. Zimbabwe progressed on some fronts — trade and financial market liberalisation and deregulation — but failed to progress, or progress sufficiently, on public sector reform.
- Structural change to address initial conditions is equally vital. In Zimbabwe’s case this means tackling land reform and investment in, and access to, human capital — specifically education and health.
- Policymakers have been too willing to treat the informal sector as a sponge that will absorb excess labour, albeit at poverty wages. The larger the informal sector, the less developed the economy and the greater the burden “outsiders” pose for “insiders” in the formal sector who constitute the tax base. Development needs to be inclusive which means formalising the informal sector so that it enjoys rising productivity, improved technology, higher incomes and consumption levels, while also paying its share of taxes.

In the first half of the 1980s the Government adopted a welfarist economic thrust that placed great emphasis on the improvement of human development through increased expenditure in the health and education sectors. Developments in these areas proved impressive in the early years of independence. By the late 1980s, however, it had become apparent that large expenditure on social services, outside of broader economic growth and the increase of employment levels, had begun to impact negatively on earlier improvements in human development. The era of structural adjustment has brought with it further challenges to human development and the reduction of poverty, which remain major challenges for the future.

Planning for poverty eradication is currently being carried out at the localised level of specific initiatives and projects with little linkage between them or between project/programme level planning and macro-level development planning along conventional sectoral lines (Goericke 1997). Without a central role for poverty reduction in national economic policy, programmes such as the SDF are unlikely to make serious inroads into the problem of poverty in Zimbabwe, especially during a time of falling aid budgets.

- CHAPTER III -

THE STATE OF HUMAN DEVELOPMENT IN ZIMBABWE

Introduction

The state of human development in Zimbabwe is measured here primarily in relation to the Human Development Index (HDI). This provides a composite measure for assessing performance based on income, life expectancy and educational attainment⁴. The educational attainment index is broken down here into adult literacy and combined enrollment rate (average years of schooling), giving four indicators of human development.

Of these, three are related to developments in Zimbabwe's health and education sectors. Life expectancy depends to a large extent on the individual's measure of health, which in turn relates to child nutrition and immunisation, as well as access to clean water, health care facilities, midwives, farm health workers, etc.

Likewise, to understand how adult literacy and educational attainment contribute to the HDI needs an analysis of conditions in the education sector in Zimbabwe. This chapter explores trends in health and education as a way of assessing their contribution to the HDI.

In addition to the four key indicators, this chapter explores the question of land, which has emerged as the foremost political, economic and human development issue in Zimbabwe. At the level of policy making, patterns of land distribution are considered to reflect the human development status of most Zimbabweans.

This chapter also looks at human development from the perspective of gender, which is considered as a key defining force. Furthermore, geographical variations in Human Development are explored as a critical aspect of understanding differences in human development and because they can guide targeting initiatives. As will be shown, the performance of the core human development indicators is strongly influenced by gender and by geographical location.

A fifth element examined is the manner in which information and communication structures address the state of human development, inform policy-making, and are otherwise responsive to development needs. An additional important function of communication is providing people with the information they need to participate in the country's political life. Lack of political participation is recognised as an important feature of human deprivation.

The approach adopted in this chapter is justified by the empirical link between the four core elements of income, life expectancy, adult literacy and average years of schooling on the one hand and landlessness and poverty on the other. People with lower incomes generally have lower rates of literacy, send children to school for fewer years, and have a poorer diet, worse health, and a shorter life than do people with higher incomes and greater access to land. There appears to be a strong relationship in the movement of variables, with change in one affecting the others, as a number of studies show. Greater movement has been noted as market reforms occur.

Looking at these variables in terms of gender and location, the tendency will be for women to be disadvantaged and for geographical disparities to emerge, as discussed later. But these disparities do not of

⁴ Elements covered by the HDI indicators include,
- GDP/income levels. GDP/income growth (economic growth)
- Employment levels, employment growth
- Investment, sectoral diversification
- Income distribution, inequality/equity, poverty
- Literacy, educational attainment
- Mortality, life expectancy
- Health, morbidity and nutrition

themselves prevent the human development index from rising Employment. As noted already in chapter two, human development can be seen to take place even

while inequality persists, as long as there is a general gain in the social wellbeing of the POOL UNDP (1996) nevertheless identifies inequality as a brake on sustainable growth, while equity has been identified as a specific policy objective of public interventions in areas where inequality exists.

In Zimbabwe, periods of reasonable growth coincided with racially skewed, highly unequal human development prior to 1980, leaving huge social deficits. Equally large social development gains were made even under conditions of low growth in the first decade of independence. Explicit public sector mechanisms aimed at distributing resources towards such social progress were determinant in these social outcomes. Equally, however, such policies aimed at enhancing social entitlements were not sustainable without complementary policies aimed at broadening economic entitlements, meaningfully expanding employment or redistributing productive assets in a manner that enables the uptake of these social investments.

Hence poverty and inequality are persistent features of Zimbabwe's economic environment and have themselves become a significant obstacle to human development and to the uptake of social infrastructure and services. In more recent decades, issues of public participation and public administration have become more central concerns in ensuring that economic policies are oriented towards achieving the combined objectives of growth and human development.

An analysis of the problem of land distribution serves to focus on how inequality impacts on growth in Zimbabwe, as well as on the investment and redistributive strategies needed to build human development.

Human Development in Zimbabwe: A Comparative Picture

Zimbabwe's human development ranking has deteriorated from number 111 out of 160 countries in 1991 to 130 out of 174 countries in 1998. This is due to the incorporation in the later global Human Development Reports of new countries with HDI's higher than that of Zimbabwe. In spite of this, Zimbabwe's own HDI value increased from 0.397 in 1992 to 0.513 in 1997, representing an average annual growth rate of 4.87% over the six year period. This compares well with the world annual increase of 4.38% and is high compared to other regions ranging from -0.13% for industrial countries to 1.57% for the least developed countries (Figure 1 and Table 34 Appendix 1).

The finding is surprising in the context of a rise in poverty, confirmed by the PASS data, since the start of economic reforms. In particular, the introduction of cost recovery measures in health and education, as part of market reforms, increased the financial pressure on poor households. Studies by UNICEF, for instance, show a decline in schools attendance since structural adjustment began, and changes in the health-seeking behaviour of poor households (UNICEF 1994, Chisvo and Munro 1994).

The finding partly confirms the non-symmetrical relationship between growth and human development. But while the human development trend has been generally upwards, figure 2 shows significant fluctuations in Zimbabwe's performance during the ESAP period. Thus the HDI declined between 1991 and 1993, coinciding with the big drought and a period of severe macroeconomic instability, rose sharply in 1994 and 1995, falling again in 1996 and 1997.

While adult literacy, average years of schooling, and the adjusted real GDP per capita have shown an overall increase, life expectancy plummeted between 1991 and 1995. From 59.6 years in 1991, life expectancy fell to 53.4 years in 1993 and 48.9 years in 1995. The decline is largely attributed to the impact of the Aids epidemic, which by early

1998 was estimated to be claiming at least 700 lives a week. Changes in the health seeking behaviour of poor communities following the introduction of cost recovery may also have contributed to a rise in morbidity and a lowering of life expectancy. The positive adjustments in educational attainment, on the other hand, largely reflect a marked broadening of access to education since independence. By virtually any standard, Zimbabwe has the highest average education provision and attainment indicators of any country in sub-Saharan Africa

and compares favourably with countries with similar income levels in other continents (World Bank, 1996). Compared to most low-income countries, Zimbabwe allocates an unusually high share of its budget to its education and training sector. But increases in such allocations are unlikely, and this raises questions about the quality and efficiency of education in Zimbabwe.

An overview of Zimbabwe's economic, poverty and human development experience since the 1960s demonstrates the complex relationship between growth and human development. Between 1965 and 1974, economic growth rates exceeded 7% while the HDI increased by 3.6% per annum. The economic decline from 1974 to 1979 was reflected in a stagnant HDI at 0.386.

The first decade of independence (1980-1990) provides an interesting contrast to the above. The decade witnessed fairly modest growth at 2% per annum. But due to public expenditure programmes in social services, reconstruction of rural infrastructure and other public services, the IEIDJ improved significantly from 0.386 to 0.576 (or 49.2%) between 1980 and 1987.

The positive difference between the HDI rank and the GNP rank (+7) indicated faster progress in human development than in economic growth. Towards the end of the 1980s,

Box 3.1

Land, Human Development and Poverty

Land is one of the key inputs for social reproduction. Many rural and urban households depend for their livelihood on the use of land for food, food security and some cash income, which in this era of cost recovery contributes towards the cost of schooling and health care. Land is a key variable in the economic, social and environmental wellbeing of the bulk of Zimbabweans and, therefore, to a large part determines the state of their human development.

Poor access to productive assets, especially land, industrial capital and finance, have been identified at all levels to be major sources of poverty and income inequality. In Zimbabwe, land distribution has been demonstrated to be a major constraint in addressing poverty. Zimbabwe's performance in land redistribution has been limited. Land and agriculture policies and practices have not widened the entitlements to productive land and productive capacities or the performance in the small holder sector. As a result of limited access to land, technology, extension, credit, markets and skills/human development inputs in communal areas, land productivity and earnings have been restricted.

More than 6 million people live in Zimbabwe's marginal rural lands without fertile soil and reliable rainfall and with limited access to the country's natural resources. An inequitable land distribution pattern thus constrains the human development of at least 60% of the population that is dependent on subsistence agriculture for its livelihood. Land is not just an essential economic resource, it provides a wide range of products that meet household needs for water, woodfuel, organic fertilizer, medicine, shade, fruit, housing materials, game meat, and so on (Moyo 1997).

During the 1980s, land pressure increased as ranching, tourism and farming expanded. Demand for wood-based resources for fuel, crafts and construction have increasingly been met by natural resource privatisation and commodification, while rural people are yet to regain their entitlement to land and land products (Moyo 1997).

The existing pattern of access to land and natural resources was heavily influenced by settler colonialism, under which a small European minority came to control land and other vital natural resources such as water. While 4 500 large scale farmers occupy the best farmland, the skewed access to land and land-based resources has seen landlessness grow to 30%.

Inequitable access to land and natural resources undermines the growth of rural incomes and the growth of domestic markets to the extent that more than 60% of rural dwellers are poor and cannot afford basic health and education. This inefficient economic structure constrains the development of human capital, under utilises people, and degrades the quality of life.

Land reform is seen as a key plank in the government's poverty alleviation strategy. The current land redistribution programme seeks to transfer 5 million hectares of productive land from the commercial sector to smallholders. In November 1997, the government listed 1 471 large farms, representing 4 million hectares, for compulsory acquisition. The criteria for acquisition of these farms suggest that a key government strategy government is to target a number of

very large farms of between 15 000 hectares and 100 000 hectares that are under utilised. A policy focusing on such farms might conceivably achieve the objective of equitable redistribution without causing undue economic downturn (Moyo 1998).

As a result of the reorganisation of landholdings, some commercial farm workers may need to be resettled. The more enduring human development problem however concerns the rights of farm worker communities in terms of their limited access to schools, clinics, sanitation, protective clothing, information, and land for nutrition gardens and family welfare. Insecurity of both employment and tenure remains a critical issue for the bulk of farm labourers who are seasonally or temporarily employed.

The gender dimensions of land access are critical given that the bulk of rural farmers are women, who head 40% of rural households. Women's low access to land in rural areas and their marginalisation in land distribution programmes has resulted in a sidelining of 60% of women who live in rural areas, exacerbating poverty trends. Women cultivate marginal and inadequate land with the least access to technology and credit, perform the bulk of farm labour and manage natural resources even though they often lack decision-making powers.

Access to land and land resources is a key determinant of rural poverty. A central cause of rural impoverishment is the fragile environment which is becoming increasingly unsuitable for centuries-old farming systems. Land remains central to the economic and social reproduction of the majority of Zimbabweans.

Most of Zimbabwe's prime lands are devoted to the production of cotton, sugar, tobacco, tea, beef and coffee. Export earnings depend highly on these six commodities. But in most small farming enterprises, the productivity of land and labour is probably less than 40% of its agronomic potential. The socio-economic transition from subsistence to cash-based economies, together with population increases in areas of high agricultural potential, have led to mounting pressure on land for settlement and cultivation (Moyo 1997).

Water resources are controlled by a minority and are inaccessible to most Zimbabweans. Problems of access are compounded by a low level of investment in water storage and distribution infrastructure. Zimbabwe draws about 5% of its available water resources, much of it for agricultural purposes. Less than 10% of irrigation water is available to smallholders.

growth stagnated and the MDI dropped by 31%, suggesting that human development achieved through public expenditures could not be sustained in the absence of significant growth in the economy, significant reductions in poverty, or significant improvements in the distribution of incomes, employment and access to productive assets.

The 1997 Global HDR statistics show that while life expectancy for Zimbabweans was worse than for other world regions, adult literacy and combined enrolment rates were higher only in the industrialised countries (see table 35 Appendix I and Figure 1). The adjusted real income per capita (1994 PPP\$) was higher for Zimbabwe than for the Sub-Saharan Africa and Least Developed Countries, but lower than for All Developing Countries, Industrial Countries and the World average (see Table 35 Appendix 1 and Figure 1).

In relation to its neighbours, in east, central and southern Africa, Zimbabwe's human development performance has been high (see table 36 Appendix 1). It leads the region with an adult literacy rate of 84.7%. In 1997 it ranked fourth in terms of HDI value, real GDP per capita, and combined enrolment, behind South Africa, Botswana and Namibia. In terms of life expectancy at birth, it ranked seventh ahead of Uganda, Malawi, Zambia, Mozambique and Angola.

Trends in Human Development in Zimbabwe

Trends in the Health Sector

Gross inequalities in wealth distribution and social welfare inherited by the Government at independence were reflected in the health sector through differences in terms of race, class, sex and geographical area. The infant mortality rate (IMR) among White infants in 1980 was 14/000 compared to 120/000 among Black children. Health care expenditure per person was 100 times greater for Whites than Blacks and the average income was 39 times greater (Chandiwana, et al, 1997). Poverty was highest among the rural population and urban Blacks. This also led to insufficient health care and facilities among the poor, who showed the worst health indicators. Disease patterns among Whites were similar to those of industrialised countries, while diseases among Blacks included measles, pneumonia, tuberculosis, diarrhoea, malaria, meningitis and neonatal tetanus (Loewenson and Chisvo, 1994). This pattern of disease was associated with the socio-economic patterns that existed during the pre-independence period, caused by poor incomes, poor food security and inadequate housing, water and sanitation systems (Gilmurray et al, 1979).

As a result, the majority of rural Zimbabweans suffered from preventable illnesses related to poverty or poor socio-economic conditions, such as nutritional deficiency, communicable diseases and pregnancy related diseases. Thus, the Government's major thrust in economic development was to promote a policy of 'Growth with Equity', and to strengthen the communal sector by improving physical and social infrastructure. In a bid to improve the quality of health care services in rural areas, the Family Health Project targeted 24 districts in two phases for the building and upgrading of rural health care facilities, improvement of equipment, transport and communication, and training of nurses in each district in maternity and child health care (MCH). The focus of policy changes in the health sector is outlined in box 3.2.

The 1986 Health for All Action Plan identified high risk groups in terms of ill health, and programmes to meet their health needs. In line with the primary health care approach, there was a shift in the focus of health service provision from curative to preventative services, although budgetary allocations continued to be heavily curative. With the expansion of health care services to rural communities, child immunisation coverage, contraceptive prevalence and life expectancy all increased. A reduction in infant and child mortality and declining child morbidity from malaria, measles and skin diseases soon confirmed Zimbabwe's health services as among the best in Africa.

Changes in economic policy after the 1980s, however, put a strain on health resources. Economic and financial problems brought about by drought and the impact of structural adjustment during the 1990s have led to a significant reduction in health care expenditure.

The emphasis on equity has shifted to one on management issues within the Ministry. Access to health services has declined, while basic health indicators have shown a marked deterioration. The resurgence of old diseases such as malaria or tuberculosis (TB), largely associated with the emergence of the new HIV pandemic, has not been met with strong public health initiatives and enforcement of preventive measures. Abuse of the post-independence system of free medical care also increased the burden on the health system. The child supplementary feeding programme, which successfully averted catastrophe during the big 1992 and subsequent droughts, required a diversion of resources, which also put a strain on the health budget. In 1994, the MOHCW revised the fee scheme, exempting from payment those earning less than Z\$400 a month, those attending rural and primary level clinics, and those receiving basic services and treatment.

Eighteen years after Independence, geographical inequalities continue to persist as a result of inadequate funds, imprecise choice of target areas, or poor mobilisation of resources. Additional investment in rural areas is required to meet the target of a "clinic within eight kilometres for all". Although racial inequity has been attenuated, there is a more pronounced gap between "poor" and "rich" in terms of mortality and risk of disease.

Poverty, which has worsened since the late 1980s, is one of the strongest factors in the prevalence of various infectious and non-infectious diseases. Poverty has a direct bearing on the health status of people and causes an increase in sick people. Health is a factor in sound economic development. At the same time a prosperous

society promotes the health status of the population. The two-way relationship between health and economic developments suggests that poverty reduction is a precondition for the success of health reforms. It also suggests that health managers need to play an active advocacy role in the fight against poverty.

Child nutrition

Child nutrition improved from 1980 to 1984, stagnated until the 1990s, and thereafter declined, most markedly during the 1992 drought year. In 1980 the national underweight (below the line) average was about 21% and levels of under-weight ranged from 50% in LSCF to 22% in mines and 6-10% in urban areas. The national average for the underweight was 17.7% in 1984, 16% in 1985, 11% in 1988, rising again to 17% in 1994.

Stunting — indicating chronic under-nutrition among children — has become less prevalent in the past decade, declining from 36% in 1982 to 29% in 1988 and 23% in 1994. The incidence of wasting — measured by weight for height and indicating acute or recent under-nutrition — improved to 1% of children observed in 1988, but worsened to 6% of children in 1994. However, the rate of clinical malnutrition per 1 000 under-fives reported by health institutions remained at 11 out of 1 000 in 1995.

Weight for age is the reference measure used in all Zimbabwean health centres to detect and monitor under-nutrition in under-five children. Of the three measures, any significant increase in the proportion attributed to wasting is a sign of worsening nutritional standards. There was a worrying rise of wasting in 1994. Facility-based data gleaned from NHIS forms also show the incidence of underweight (below the line) peaked at 9.7% in 1992, the year of the big drought, declined in 1993, and rose again to 7% in 1995. The 1992 drought, which was declared a national disaster, occasioned a national child supplementary feeding programme. Compared to 250 000 children who received a supplementary meal during 1982, almost 1.5 million children did during the 1992 drought, and more than 1 million received supplementary feeding in 1994.

BOX 32

Policy changes in the Health sector after 1980

Policy changes in the health sector after Independence were focused on the following:

- Adoption of Primary Health Care as a strategy for addressing the inequities that existed prior to independence in 1980.
- Reconstruction and rehabilitation of rural health services.
- Expansion of the water and sanitation programme, as a strategy to control diarrhoea diseases.
- Expansion of the immunisation programme for children under five and expectant mothers, aimed at improving the health status of the two.
- Provision of free health care services for those earning less than the minimum monthly salary, who constitute the majority of the population.
- Training of traditional midwives, community health workers and farm health workers to improve the quality of care for mothers who do not deliver at health facilities and for sick people, at the community level.

However; Zimbabwe is normally self-sufficient in food. Thus the consistent pattern of under-nutrition in children is related more to persistent inequalities than to drought and other natural disasters.

In general, there is a rough correlation between the distribution of poverty and the percentage of children below the line, with the exception of Umzingwane District, which has only 47% of households below the poverty line. Further research is needed to confirm this pattern. In 1995, 20 districts in Matebeleland South, Matebeleland North and Mashonaland Central showed under-weight percentages above the national mean of 7.1%, ranging from 23% in Binga to 9.4% in Beitbridge.

Maternal under-nutrition and foetal development (real pre-term and small-for-gestational age) influences the chances of survival of the baby. In 1987, according to a Ministry of Health MCH report, the national average was 5.1%. In Chitungwiza it was 1.6% and in Mashonaland Central it was 7.9%. Routine NHIS forms showed a consistent worsening of the situation from 7% of all live births occurring in health institutions in 1990 to 8.4% in 1992 and 11.5% in 1995.

Mortality

Mortality indicators are key to assessing the quality of life, showing as they do a trend that can be confirmed by other indicators. During the first decade after independence Zimbabwe's mortality rates improved, but have worsened since the early 1990s. The worsening mortality rates since 1992 highlight the remaining social inequalities between rural and urban populations.

The crude death rate can be used as an indicator of the general health status of the population. In Zimbabwe, the crude death rate dropped from 10.8 in 1982 to 6.1 in 1987, rising again to 9.49 in 1992. However, this is a gross measure only. The infant mortality rate (IMR/1 000 births) measures the health status of infants and also gives a general picture of the health and overall socio-economic development of a population. The IMR is also a sensitive indicator of the availability, utilisation and effectiveness of health care, particularly perinatal care. The trend in Zimbabwe shows a strong decline from 85 deaths per thousand live births in 1978 to 61 infant deaths per thousand in 1988, worsening to 66 deaths in 1990. Using a different calculation method from the national census, the 1994 DHS-CSO also reflects worsening IMR and CMR trends from 1988.

Improvements in the IMR were largely in post neonatal mortality, while perinatal mortality remained constant (GoZIUNICER 1992). This reflected a greater focus on post neonatal causes of death, such as immunisation, than on perinatal causes. The marked differences between rural and urban infants, which were most dramatic around the time of independence, remain significant in the 1990s. In 1978, the IMR was 88 in rural areas against 64 in urban, while the Child Mortality Rate (CMR) was 40 against 25. Nevertheless, a marked decline in rural IMR from 140/000 to 73/000 between 1980 and 1990 reduced rural-urban differences by about half (Loewenson and Chisvo, 1994).

During the period 1978 to 1990, the rural IMR decreased by about 20%, from 88 to 71. The difference between the rural and urban IMR rates, equivalent to 27% in 1978, declined to 22% in 1990. However, the 1990 difference was narrower not because the rural rate declined, but because the urban one increased.

The child mortality rate (CMR/1 000 children aged 1-4 years) is a sensitive indicator of socio-economic development, reflecting as it does the level and degree of poverty. As with the IMR, the CMR declined in Zimbabwe during the early 1980s from 37 in 1978 to 23 in 1988, rising again to 26 in 1990. Since CMR reflects environmental factors affecting child health, such as nutrition, sanitation, childhood communicable disease and accidents occurring in and around the home, it can be assumed that the exposure of children to these factors is increasing.

Life expectancy at birth

Life expectancy at birth (LEB) is widely used as an indicator of general health. An increase in the LEB from 56 years in 1980 to 61 in 1990 (GoZ 1996, CSO 1992) is associated with an overall initial decline in mortality from 10% to 6%. The LEB in 1990 was higher for females at 62, than for males at 58. All female groups, by age and geographic area, show mortality rates lower than for males. For instance, the female IMR in 1988 was 57 compared to 65 for males, while the CMR in 1990 was 24 for females compared to 29 for males. During the period 1978-1990, female mortality indicators were all consistently lower than male indicators.

From the mid-1990s there has been a levelling off and a real decline in LEB, which is expected to fall below 60 by 2000. A decline in LEB in urban areas, from 66 in 1988 to 63 in 1990 could be due to the impact of HIV, given that seroprevalence is higher in urban than in rural areas. Life expectancy in rural areas remained constant at 60 years between 1988 and 1990. HIV seroprevalence in the adult population was 18.1% in 1994 and 21% in 1997. LEB projections by the Blair Research Institute (Blair), the US Bureau of the Census (US), and the UN Population Division indicate that the impact of HIV on the national death rate will be quite significant in Zimbabwe. However, the influence of other variables may result in a positive population growth rate of 1-2%.

The maternal mortality rate (MMR/1 000 live births) is influenced by general socio-economic conditions, nutrition, access and coverage of health care services, and is another important health indicator, especially

for women. Maternal deaths reported via the routine NHIS forms show a rise in the rate from 73.6/100 000 in 1987 to 159.5/100 000 in 1994. Other surveys show conflicting results. The Demographic Health Survey estimated the MMR at 283 per 100 000 live births in 1992. The 1992 census indicated a rate of 395 per 100 000 live births. On the other hand, a 1991 community based maternal mortality survey in Masvingo Province showed a rate of 168 per 100 000 live births (Mbizvo).

The major causes of maternal mortality remained constant throughout the 1980s and 1990s. These were under-nutrition leading to nutritional anaemia, abortions, pre and post-partum haemorrhage, obstructed labour and locally endemic infectious diseases such as malaria, schistosomiasis and tuberculosis (Loewenson and Chisvo, 1994). Puerperal sepsis is the leading cause, accounting for 28% of maternal deaths, followed by haemorrhage (21.4%). Hypertension also has a significant impact on maternal deaths.

HIV/Aids

About 1.4 million people in Zimbabwe are believed to be infected with the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome (Aids). The number of Aids cases reported by the National Aids Co-ordination Programme (NACP) between 1987 and 1994 was 63 937. The age groups most affected by the virus are those between 20-29, 30-39, and 40-49, which include the most sexually active groups. In terms of the gender distribution, out of the 63 937 cases reported to the NACP 34 912 (54.6%) were males, while 28 333 (44%) were females. The HIV/Aids pandemic has increased the dependency burden since the economically active cohort is the most seriously affected by the disease. The number of children orphaned by Aids could reach one million by the year 2000.

Health Policy and Resource Distribution

Health services in Zimbabwe are provided by:

- Government rural health centres, district, provincial and central hospitals
- Municipalities & RDCs
- Missions
- Private Sector GPs, clinics, hospitals and specialist practices, mainly in urban areas
- Employers notably mines and major industrial undertakings, plus some public sector undertakings, eg armed services

The Ministry of Health and Child Welfare (MoHCW) is involved in the funding and supervision of facilities run by municipalities, mission and Rural District Councils (RDCs), but plays a minimal regulatory role with respect to services run by the private sector and employers. The public sector, comprising the MoHCW, other ministries, donors and local government authorities in urban and rural areas, provides 51% of health services in Zimbabwe, while the private sector accounts for 49%. The proportion of expenditure by the Ministry of Health declined sharply from 40.2% in 1986/87 to 29% in 1995.

The distribution of public funding is not based on equitable criteria. Thus, although Manicaland has the highest population, Midlands receives the largest share of the government budget, followed by Mashonaland West, while Mashonaland East receives the smallest share. Moreover, government spending is heavily tilted towards provincial and central hospitals, rather than primary level clinics and rural health centres, or secondary level district hospitals.

Trends in Health Expenditure

Real per capita expenditure increased from Z\$37 in 1983/4 to Z\$58 in 1990/91. Thereafter it started to decline, falling to Z\$36 in 1995/96. The real budget allocations for health were reduced. The decline in real per capita expenditure took place even as capital expenditure continued to grow. Thus large construction programmes, such as the building of over 90 new hospitals and clinics in 1992/93, placed a stress on recurrent funding of staff, stock and the running costs of these new facilities (Loewenson and Chisvo, 1994).

Although employer-based and private health insurance schemes are well developed, most Zimbabweans are not covered by any health insurance scheme. Instead, the majority is covered by fees exemptions for those living in rural areas or earning below Z\$400 a month. About 75% of rural households and 25% of urban households have incomes below the \$400 threshold for free medical care. With the Government seeking to provide free health care for the majority of people, against a financing base too small to support such a system, there has been a deterioration in the quality of care delivered.

At the same time, a 1996 study carried out for the MoHCW suggests that economic hardships are affecting the health-seeking behaviour of even those above the \$400 threshold. Of 323 people surveyed by KPMG Management Consultants, about half of those paying for health care found it difficult to do so, while 30% of total respondents indicated inability to seek health care at some time because they could not afford fees. Only for those with incomes above Z\$2 000 did the proportion fall significantly. The most common means of financing health care was to cut back on expenditure on food, school fees, farm or business inputs or other household expenses. This suggests that the current exemption threshold of \$400 is too low. Those with an income above Z\$1 000 were more likely to draw on savings, while those with an income below this amount were more likely to borrow money.

The Social Development Fund was set up under the Social Dimensions of Adjustment programme to pay the cost of fee exemptions. But with many hospitals reporting that only 20% of outstanding accounts are settled, there is a risk that some health institutions will refuse to treat poor patients or could introduce discriminatory measures.

Demographic and health indicators improved greatly during the first independence decade. Life expectancy increased, infant, child and maternal mortality declined, contraceptive prevalence increased and fertility started to decline. There was massive investment in rural water and sanitation and in the building of new health centres.

But economic growth could not keep pace with the policies of redistribution. Economic structural adjustment policies led to the removal of subsidies, which had helped to cushion the poor. Health cost recovery policies increased the barriers in access to health services, except at the primary level. Standard indicators like IMR, CMR and MMR started to worsen due to the combined effects of growing poverty, a decline in the quality of health care, and the HIV/Aids epidemic.

There is still a significant gap between rural and urban areas in terms of access to health facilities. Geographical imbalances in the distribution of health resources are yet to be corrected.

The poor — and women — are disadvantaged and more vulnerable to diseases because they have limited sexual choices and less access to basic education (Chandiwana et. al, 1997). There is evidence that low socio-economic groups are at greater risk of developing and dying from Aids. Women, who typically have limited access to productive resources, education, skills and employment opportunities, have equally limited access to health resources.

As the Government faces the challenge of eradicating poverty, health sector policy needs to win the inter-sectoral support of various Ministries towards the elimination of geographical imbalances in health access between rural and urban areas, as well as the achievement of a sound and qualitative public health care system. At independence, free health care was seen as a universal right, but is now associated with low quality service or none at all. The current debate on the best health financing system must recognise that the failure to deliver health services to the poor will result in an increase in the burden of expensive diseases and in the death toll. It is likely that for a long time to come, health financing will have to rely on a mixed system of free health services funded by the government budget, a social health insurance scheme, user fees, and private medical aid.

The promotion of health for the poor should not imply a cheap package of low quality curative health care. The challenge of future health reforms is for health managers and local authorities to provide a comprehensive package of qualified public health action, preventive services and infectious disease control measures for rural as well as urban populations.

Trends in the education and training sector

Early Childhood Education

In Zimbabwe, Early Childhood Education and Care (ECEC) is seen as a community responsibility with an extremely low level of support provided by the Government. The MOESC employs approximately 50 ECEC District Trainers who are involved in community mobilisation, administration of funds for “registered” pre-schools, and delivery of some training services and site visits. On average, less than Z\$6 was spent through central government funds annually per child enrolled. This varied significantly between regions, averaging about Z\$18 per child in Mashonaland Central and Z\$3.18 per child in Masvingo. While a substantial share of overall costs is generated at the community level, central funding is clearly inadequate and unfairly distributed. There is a high incidence of resignation and turnover among ECEC staff and very few ECEC teachers are trained and qualified.

In 1994, just under 400,000 pre-school children were enrolled in ECEC centres out of an estimated national population of 1 253 000 children aged 3-6. While the number of facilities is relatively equally distributed by region, enrolments differ substantially as shown in Figure 4. In most regions, gender equity seems reasonable; however girls are over-represented in Manicaland and under-represented in Mashonaland West. It would be useful to conduct research to develop a better understanding of these gender differences in enrolment by region.

Primary Education

Figure 3 shows a growth in primary enrolment from 1978 to 1997. It can be seen that total enrolment grew rapidly during the first four years following independence, 1980- 1984, and levelled-off thereafter. Initially, enrolment grew rapidly in the lowest grades, with a time-lagged growth in higher grades.

In response to the urgent need for classroom teachers, the Government implemented the Zimbabwe Integrated Teacher Education Course (ZINTEC) programme. ZINTEC successfully provided a means of sourcing classroom teachers while new teachers completed their qualifications through a combined distance education in-service and residential training approach. With the increase in upper secondary enrolment in the mid to late 1980s, there was an acute need for teachers with both adequate teaching skills and substantive mastery of the more advanced curriculum. However, unqualified teachers taught a substantial proportion of classes. From 1981 to 1990, over 40 percent of all primary teachers were untrained. The proportion of untrained teachers has been declining since 1990, but remains at over 25 percent of the primary teaching force. A good measure of the internal efficiency of the primary education system is the ‘survival rate’ of grade 1 entrants in a given year, compared to grade 7 enrolment seven years later. Figure 6 shows the survival rate for six cohorts of primary students who entered grade I between 1984 and 1989.

The quality of education is reflected in the resources and inputs learning. One of the essential requirements for quality education qualified and motivated teachers. The massive expansion of independence resulted in a short-term crisis in the availability available to support is the availability of education following of trained teachers.

On average, only about three-quarters 73.7 percent of girls and 76.5 percent of boys) complete the primary cycle. In every period for which data are available, boys experienced a higher survival rate than girls. Survival rates appear to differ substantially by cohort. Declines in the 1986-92 cohort suggest that the severe 1992 drought resulted in students being withdrawn from school. The unusually high survival rate of boys in the 1987-93 cohort may reflect the re-entry of boys who had been forced to leave school during the drought. A similar, but less pronounced, pattern coincides with the 1994 drought. In both instances, the subsequent re-entry of girls appears to be lower than that of boys.

While the growth of primary enrolment following independence was extremely rapid, it was outpaced, in proportional terms, by the growth of the secondary system.

Unlike primary enrolment, secondary enrolment continued to grow for a whole decade after independence. As noted earlier, this was a “time lagged” response to the expansion of primary education. In proportional terms, the growth of the system was phenomenal, increasing by 900 percent in 10 years. Total secondary enrolment declined in 1992, probably due to the effects of the severe drought, and failed to reach 1991 levels until 1996. This pattern of reduced growth reflects a deliberate government decision in the early 1990’s to shift emphasis in this sector from quantitative growth to qualitative improvement.

In 1994, the number of children aged 10-14 was approximately 1 762 000. Of these, about 711 000 were enrolled in secondary school. Nationally, about 40 percent of the age-relevant cohort were in secondary school with proportions relatively equal across regions.

When looking at equity in access to secondary education by gender, a different pattern emerges. Figure 7 shows the proportion of the relevant age cohort (14-19) enrolled in each region by gender. In every region except Matebeleland North, girls were under represented relative to boys. Regional analyses mask differences between income groups and land use area. In future years, when data become available, this indicator should be constructed with more detailed units of comparison.

The extremely rapid expansion of secondary enrolment resulted in increased demand for secondary school teachers. Given the relatively small size of the secondary sector, prior to independence, qualified teachers and candidates for teacher training were in short supply.

Training of secondary teachers increased steadily from 1983 to the present. Despite the increase, demand for teaching staff outstripped the capacity of the teacher training system, resulting in the deployment of a substantial number of untrained secondary teachers, particularly in the latter half of the 1980s. Overall, Zimbabwean students have an extremely low pass rate at Ordinary (“O”) Level examinations, a matter of great concern to parents and the government.

Fewer than one-third of candidates sitting a single paper (presumably re-writing an examination in most cases) pass. The proportion of students passing all papers written drops steadily from one to five papers with only 1.3 percent of candidates who attempt five papers passing them all. Interestingly, the success rate increases for candidates who write more than five papers — although these are relatively few — and particularly for those writing eight papers or more. This is a clear indication that there is a small minority of extremely well-performing schools in a generally inefficient system. It is particularly noteworthy that fewer than 2 percent of students attempting five papers (the standard criterion of an “O” level) were successful in all papers, while almost half the small number of students who attempted 11 papers were successful in all papers. The key criterion of success upon completion of Form IV is attaining an “O” level certificate. This requires a minimum of Grade C passes in five subjects.

Two factors largely explain the number of papers that students attempt to write. The first is the quality of secondary schooling and preparation. As indicated by the high failure rates, few Zimbabwean secondary students are adequately prepared to attempt five subjects. A second factor is the examination fees associated with each paper. Students from more affluent families clearly attend better schools and are also able to afford the cost of examination fees.

Box 3.3

Education for Self-Reliance: The Community Publishing Approach

In Community Publishing, the starting point for transformation is helping those **with** the lowest incomes and least power to overcome mental oppression and dependency, discover and develop their own capacities and enter into new, more equal and enabling relationships and build strong, economic, political and cultural organisation. We use publishing as a tool for self-reliance as all human power agreements are expressed and recorded in written form.

Through our Chiyubunuzyo ("revelation") Programme, we are using an innovative form of development education to uproot poverty and build self-reliance in 12 villages in Nenyunga and Simchembu wards of Gokwe North.

Strategy

- The Chiyubunuzyo strategy involves liberating the minds and spirits of Chiyubunuzyo participants and residents of the Simchembu and Nenyunga wards of Gokwe North through:
- Community-based research and writing, and the stimulation of all forms of creativity; Building strong organisation based on participatory methods and self-managed workshops at village and ward level; and
- Promoting economic and social development by setting up a wide range of facilities and services.

Organisation

A local team has organised 158 young participants from backgrounds of extreme poverty into 12 units in which a variety of roles and leadership are shared. Special support is given to children and grandmothers as these two groups are most seriously affected by poverty. Musicians, storytellers, artists and craftspeople are also being encouraged.

Each unit has a one-day workshop once a month, managing its own training and training budget in a way that directly contributes to poverty reduction. Detailed records are kept of all activities. The curriculum includes:

- Uprooting Poverty
- Creating Employment: Entrepreneurship for Youth
- Building Whole Communities
- Basic financial management
- Advanced organisational skills
- Environmental education
- Civic manuals on voter education, participation, development and power, civic institutions, basic rights and production skills.

The programme is generating a great deal of creative energy, new confidence and skills, self-reliance and real practical improvements to people's lives. In a poem about positive change in people's lives, one participant said the two wards were becoming a "living university". The following poem is based on participants' comments after their first year with Chiyubunuzyo.

Chiyubunuzyo is:
the Tonga word for Revelation;
the process of revealing what was previously secret;
the reality of our poverty as well as our creativity;
through research the root of everything.

Chiyubunuzyo is:
a clear structure for uprooting poverty, developing our area through developing our minds.
creative effort, power in development beauty

Chiyubunuzyo is:
our process of becoming leaders, researchers, writers, artists, teachers, producers and decision-makers;

feeling: happy, proud, hopeful, independent in minds and heart; feeling freedom.

The Community Publishing approach to education for self-reliance is now being extended to 12 villages in Kezi and Umzingwame districts of Matebeleland South.

Africa Community Publishing and Development Trust

Community Views on Poverty

During the preparatory phase of activities leading up to the formulation of the Poverty Alleviation Action Plan, community views on poverty were sought to enhance the understanding of poverty in Zimbabwe.

The most common statements heard were:

- To be described as poor is an insult because it suggests we have a lower value as human beings.
- Poverty is having nothing of one's own.
- Poverty is being unable to meet one's needs even though one works very hard.
- Poverty is continual suffering.
- Poverty is living without choices and without a belief in a better future.

Asked for her definition of poverty, one woman responded:

"You want to know how I define poverty. How can you ask that question when you yourself see that I live in poverty? The definition of poverty is right in front of you. Look at me, I stay alone. I don't have enough food I have no decent clothing or accommodation. I have no clean water to drink nearby. Look at my swollen leg. I can't get to the clinic which is too far for me to walk. So what kind of definition do you expect me to give you which is better than what you are seeing with your naked eyes?"

Source: *Uprooting Poverty: Creating Wealth, making economic choices, produced by Africa Community Publishing and Development Trust for the Government of Zimbabwe and UNDP*

Adult education

In 1994, about 80 000 adult learners were enrolled in government-supported literacy and distance education programmes, drawing upon some 5 000 tutors and 500 mentors. About 23 000 of the learners were enrolled in Distance Education Study Groups, where the emphasis was on post-literacy activities directed to completing formal academic qualifications. The year marked the transition from centrally-supported provision of adult education to community-based and community-funded initiatives. The decrease in central funding resulted in a decline in overall participation rates.

A total of 40 529 adult learners were enrolled in Basic Literacy classes in 1994 as shown in Figure 8. In all regions except Mashonaland West the participation of women greatly outnumbered that of men. Nationally the ratio was more than 3:1. Participation in Harare was extremely low, perhaps reflecting the more urban and presumably higher education levels of the population.

Approximately 11 000 adults participated in functional literacy programmes in 1994. Enrolment patterns in Functional Literacy programmes by gender and region are very similar to those of basic literacy classes. In all regions other than Mashonaland Central, women substantially outnumbered men. An additional 11 737 adults participated in the tutor-based Zimbabwe Adult Basic Education Course (ZABEC) which provided an alternative delivery system for basic literacy tuition.

Unlike basic and functional literacy programmes, study group-based distance education programmes are targeted at literate adult learners who want to continue their education and attain formal academic certificates. In 1994, approximately 23 000 adults participated in these programmes.

Regional and gender patterns in the distance education programmes are markedly different from those of basic and functional literacy. Unlike literacy programmes, male enrolment exceeds female enrolment in every region. Harare, which had the lowest incidence of literacy programmes has the highest incidence of distance education enrolment. Clearly, while women are substantially over-represented in literacy programmes, they are under-represented in programmes associated with obtaining academic credentials.

In 1994 there were 153 "continuing education centres" in the country. These centres provide part-time tuition to students wishing to complete academic credential programmes, mostly at the secondary level. Unlike distance education study groups with a ratio of approximately 50 learners per mentor, continuing education centres have a student:teacher ratio of less than 10:1.

Patterns of access to continuing education are similar to those for distance education. In both of these academically-oriented programmes, men substantially outnumber women and enrolment is particularly high in Harare.

The following sections take a closer look at rural-urban, provincial and district-level human development comparisons in Zimbabwe.

Provincial human development comparisons in Zimbabwe

In designing approaches for targeting assistance, location is important in differentiating the performance of the variables used to measure human development. Geographical differentiation in Zimbabwe is crucial in determining human development because of the highly skewed distribution of infrastructure and services between urban and rural areas, and among the 10 provinces. Moreover, the highly differentiated quality of land available in terms of agro-ecological potential offers extremely varied chances for human development across the provinces. These factors are tracked by analysing data collected from Zimbabwe's major administrative units.

Several patterns emerge from the analysis of human development at the provincial level.⁶ First, Harare and Bulawayo top the HDI rankings at the aggregate level while Masvingo, Mashonaland Central and Manicaland are at the bottom. Second, only Harare and Bulawayo have HDIs higher than the average HDI for Zimbabwe. A breakdown of the HDI components shows that the relatively high incomes in Harare and Bulawayo largely account for this difference. This reflects the high concentration of economic activities in the two major cities.

But given that Harare and Bulawayo provinces are urban areas while the remaining eight provinces comprise both urban and rural areas, the next section looks at the provincial human development comparisons in terms of urban/rural categories.

Provincial human development comparisons in Zimbabwe by urban-rural

When human development is analysed in urban areas by province, Bulawayo's HDI ranking drops from two to four while Midlands and Masvingo improve their HDI rankings from three to two and from eight to three respectively. In this case, both Midlands and Masvingo outperform Bulawayo in adult literacy, average years of schooling, and average incomes. The fact that both provinces are below Bulawayo in HDI ranking at the aggregate level and higher than Bulawayo in the urban provincial HDI comparisons suggests that human development is lower in rural areas than in urban areas. Another finding is that four of the 10 provinces do better than the Zimbabwean average in terms of human development compared to two in the aggregated case. Mashonaland West, Matebeleland North, and Manicaland are now at the bottom of the HDI rankings.

An analysis of human development by province in rural areas shows that Rural Matebeleland South and Mashonaland East are high in the HDI ranking while Rural Mashonaland West, Masvingo and Mashonaland Central are at the bottom. The good performers in this case had a comparative advantage in adult literacy and life expectancy rather than in incomes or average years of schooling.

All rural areas have HDIs lower than that for the country as a whole. This is consistent with the earlier observation that rural areas lag behind urban areas in terms of human development. As Figure 10 shows, urban areas have a higher HDI than rural areas in all provinces, and the 1-IDIs for rural areas are persistently lower than that for Zimbabwe as a whole.

Provincial comparisons of adult literacy between urban and rural areas show patterns similar to those observed in the life expectancy comparisons, with Mashonaland East and Manicaland being the exceptions this time (see Figure 23). Figures 24 and 25 show that both the average years of schooling and the average adjusted incomes are persistently higher in urban areas than in rural ones.

Disparities between urban and rural areas are more pronounced in average incomes and average years of schooling than in adult literacy and life expectancy. A number of policy implications emerge from this analysis. First, policies that are aimed at improving human development should begin with rural areas. Secondly, such policies should aim at improving the average incomes and educational attainment of the rural

Box 34**Human Development Comparisons at the District Level**

The provinces show strong similarities in the district-level profile of human development. Because of this, the chapter presents a detailed analysis of human development in one province, Manicaland, and makes generalized conclusions. In the rest of the provinces only exceptions to the generalized conclusions are reported.

Manicaland Province comprises nine districts, two of which are urban centres. Rusape district is, however, excluded from this analysis. Since the 10 households covered in Rusape by the Poverty Assessment Study Survey⁷ were all highly educated non-poor households, the sample cannot be treated as representative.

The HDI values for the remaining eight districts of Manicaland Province range from 0.36 in Chipinge to 0.65 in Mutare Urban (see Table 6 in Appendix 2). Mutare Urban not only has the highest HDI value but also the highest life expectancy, adult literacy rate, average years of schooling and mean per capita income. The disparity between Mutare Urban and the remaining districts is most marked in mean per capita incomes, average years of schooling, and adult literacy rates. For instance, while Mutare Urban has a mean per capita income of Z\$2487.03, Makoni district, which comes second in HDI ranking, has a mean per capita income of almost half this amount, and Chipinge (the lowest ranked) has a mean per capita income of Z\$916.65. Mutare Rural and Buhera districts are at the bottom of the mean per capita income ranking with mean per capita incomes of Z\$871.90 and Z\$810.93 respectively. Average years of schooling range from 3.98 years in Chipinge to 6.93 years in Mutare Urban, while the adult literacy rate ranges from 53.5% in Chipinge to 94% in Mutare Urban. Disparities in life expectancy are less pronounced but marked, ranging from 52 years in Chipinge to 61 years in Mutare Urban.

Human development is generally higher for males than for females. Women tend to live longer than men but their mean incomes, adult literacy rates and mean years of schooling are generally lower than for men.

Several patterns emerge. First, there are great disparities between urban and rural areas in terms of human development, with the former outperforming the latter. This is clearly demonstrated by comparing Mutare Urban and Mutare Rural. While Mutare Urban ranks highest in human development, Mutare Rural is second from last. In terms of mean incomes Mutare Urban ranks highest while Mutare Rural is next to the bottom of the mean income rankings. This indicates that most development takes place in urban centres.

Second, it appears that the level of human development diminishes as one moves further away from urban centres. Thus, Makoni District with an HDI ranking of 2 (excluding Rusape) is very close to Rusape. Mutasa and Nyanga, which rank 3 and 4 in HDI values respectively, are very close to Mutare, while Buhera and Chipinge, which are far from both Mutare and Rusape, are at the bottom of the HDI rankings. This is particularly true for mean income rankings. This may be explained by the fact that infrastructural development becomes poorer the further away one moves from urban centres. Third, women have higher life expectancy at birth, but lower mean incomes and educational attainment.

Other District Level Human Development Comparisons

Mashonaland Central Province has eight districts, including one urban centre, Bindura Urban. All districts in Mashonaland Central Province have HDIs lower than that for Zimbabwe. Bindura Urban outperformed the Zimbabwean averages in life expectancy, adult literacy rate and average years of schooling while Mazowe did as well as the Zimbabwean average in terms of life expectancy. Bindura Urban has the highest HDI of 0.67 followed by Shamva (0.58) and Mazowe (0.54) while Centenary and Rushinga are at the bottom of the HDI ranking with HDI values of 0.42 and 0.41 respectively (see Table 9 in Appendix 2). Disparities in human development between districts are not as pronounced as in the case of Manicaland Province. Mean per capita incomes range from Z\$1025.97 in Rushinga to Z\$2719.78 in Bindura Urban while average years of schooling range from 3.89 years in Centenary to 7.22 years in Bindura Urban. The adult literacy rate ranges from 53.8% in Rushinga to 88.3% in Bindura Urban, and life expectancy at birth ranges from 55 years in Centenary to 63 years in Bindura Urban.

The general observations made for Manicaland also apply in Mashonaland Central Province with urban areas dominating rural areas in human development performance and males dominating females in all human development indicators except life expectancy.

Mashonaland East Province comprises 10 districts, of which one is urban. Marondera Urban has the highest HDI ranking followed by Chikomba District, Hwedza and Seke while UMP, Mutoko and Mudzi are at the bottom of the HDI ranking (see Table 12 in Appendix 2). Disparities in human development are even less pronounced than in Mashonaland Central Province. Life expectancy at birth ranges from 60 years in Mudzi to 63 years in Mutoko while adult literacy and average

years of schooling range from 61.86% (Mudzi) to 92.76% (Marondera Urban), and 4.15 years (Mudzi) to 6.99 years (Marondera Urban) respectively. Mean per capita incomes are however more varied than in Manicaland with Mudzi having the lowest mean per capita income of Z\$709.36 and Marondera Urban the highest mean per capita income of Z\$2850.59. Most of the generalisations made for Manicaland Province are applicable here. One exception is to the general finding that the level of human development diminishes as the distance from urban centres grows. While it is true that Mutoko and Mudzi—probably the districts furthest from urban centres—have some of the lowest human development indicators, Hwedza and Chikomba districts clearly outperform Goromonzi and Seke, both of which are nearer to urban centres than the former. This seems to be explained by mean per capita incomes, which are substantially higher in the former.

Mashonaland West Province is an interesting test case, comprising 11 districts of which live are urban centres — Chegutu Urban, Karoyi, Kariba Urban, Kadoma Urban and Chinhoyi. Table 15 in Appendix 2 gives a summary of the human development comparisons in Mashonaland West Province. From the table it can be seen that all urban centres have HDIs higher than those for rural areas. In fact with a few exceptions all the human development indicators are higher in urban centres compared to rural areas. Chegutu Urban ranks highest in HDI values and also outperforms the Zimbabwean average. It is followed by Karoyi and Kariba Urban while Makonde, Hurungwe and Kariha Rural are at the bottom of the HDI ranking. The generalisations made for Manicaland Province seem also to apply here.

Matebeleland North Province. The results of human development comparisons between the nine districts of Matebeleland North are presented in Table 18 in Appendix 2. All the districts have HDI values lower than the Zimbabwean average. Umguza has the highest HDI value followed by Victoria Falls and Hwange Urban while Hwange Rural and Binga are at the bottom of the HDI ranking. Life expectancy at birth ranges from 60 years in Binga to 68 years in Bubi while the adult literacy rate ranges from 49.29% (Binga) to 91.16% (Victoria Falls) and average years of schooling range from 3.49 years (Binga) to 6.92 years (Victoria Falls). Umguza (rural) outperforms Victoria Falls and Hwange Urban (both urban centres) in HDI values. Disparities in human development are more pronounced in mean per capita incomes and average years of schooling. Most of the observations made in the Manicaland case also apply in Matebeleland North.

Matebeleland South Province shows great disparities between urban and rural areas. Gwanda Urban—the only urban centre among the province's seven districts—can be likened to an oasis in a desert, outperforming Zimbabwe in all human development indicators (see Table 21 in Appendix 2). The mean per capita income for Gwanda Urban is almost double the per capita GDP for Zimbabwe and the educational attainment indices are all well above the Zimbabwean averages. While life expectancy in Gwanda is lower than that for a number of districts in the province, the adult literacy rate, the average years of schooling and the average per capita income are all above those of the other districts. Excluding Gwanda Urban, the level of human development in this province is more or less evenly distributed among the six rural districts. As in Manicaland, males have a higher level of human development than females.

Midlands Province is similar to Mashonaland West in that it has an unusually large number of districts, 12, of which five are urban. Table 24 in Appendix 2 shows that all urban centres in Midlands fare better than rural areas in terms of human development. Gweru Urban has the highest HDI value followed by Shurugwe Urban, Redcliff, Kwekwe Urban and Zvishavane. At the bottom of the HDI ranking are Kwekwe Rural, Zvishavane Rural, Gokwe and Mberengwa. Compared to other provinces, Midlands has districts with relatively high human development indicators. Life expectancy at birth ranges from 57 years (Gokwe) to 65 years (Gweru Rural), while the adult literacy rate ranges from 74.86% (Gokwe) to 95.11% (Gweru Urban), average years of schooling range from 4.55 years (Mberengwa) to 7.79 years in Shurugwe Urban. The mean per capita incomes are also relatively high ranging from Z\$1137.29 in Zvishavane Rural to Z\$4352.24 in Shurugwe Urban. These high human development indicators can be explained by the fact that Midlands is the major mining and industrial region in Zimbabwe.

Masvingo Province comprises eight districts with just one urban centre. Masvingo Urban has the highest HDI ranking, followed by Bikita, Chivi and Chiredzi. Gutu, Zaka and Mwenezi rank lowest. Masvingo Urban outperforms Zimbabwe in all the human development indicators except life expectancy where it is marginally lower than the national average. Masvingo Urban is one of Zimbabwe's highest performing districts, but the province is also home to one of the country's worst performing districts, Mwenezi. If we exclude these two extreme cases, Masvingo's districts are at more or less the same human development level, with HDI values ranging from 0.45 to 0.50.

Zimbabwe's Three Major Cities:

Harare, Bulawayo and Chitungwiza. People live longer in Bulawayo, but earn more in Harare. While Harare and Bulawayo show only minor differences in terms of adult literacy, the average years of schooling are higher in Harare — 8.15 years compared to 7.67 years for Chitungwiza and 7.18 years for Bulawayo (see Table 30 in Appendix 2). Harare and Bulawayo have HDI values higher than that for Zimbabwe while that for Chitungwiza is lower. In general, females in the three cities have higher life expectancy at birth compared to males, while their educational attainment indicators and mean per capita incomes are lower than for males. As in the case of Manicaland, urban areas dominate rural areas in

human development performance, and males dominate females in all human development indicators except life expectancy.

population. The analysis, as presented above, does not say anything about the population sub-groups within rural areas that should be targeted. For example it does not say whether females should be targeted rather than males, or the old generation rather than the young generation. Nor does it indicate whether attention should be focused on communities in communal areas, resettlement areas, or commercial farming areas. Because of a paucity of data, this human development profile addresses the gender issue only in a following section.

Gender and Human Development

Issues of human development must be concerned with equity, social justice and human rights. An equitable society puts value and worth to each human being's contribution to the overall society, at all social levels. Gender analysis is concerned with issues of social justice. Gender refers to the relations between men and women that shape the processes of production, reproduction, consumption and distribution. Gender and Development (GAD) analysis highlights the incentives and constraints associated with the work of women and men, and contrasts differences in their roles, workloads, access to resources and decision-making, the impact of interventions on them and the implications for planning and implementation. It also emphasises participatory approaches as a tool to empower women through their greater articulation of their needs, rights and capabilities (FAO 1995).

Box 3.5

Gender dimensions of poverty

The majority of female as opposed to households are among or poor population. There are various reasons why the majority of female headed households are among the very poor in Zimbabwean society. The majority of women in Zimbabwe have limited access to and control of resources such as land education, health, skills, employment opportunities and many other crucial resource bases in society.

In areas where most women may have access and control of resources such as land they tend to have limited benefits from such resources. For example most women in rural Zimbabwe have access to land but have limited benefits from the products and that land. This is the reason why we have so many harvest suicides in Zimbabwe. For instance last last year 153 women committed suicide in Gokwe because their husbands had squandered all the money from farm proceeds.

Education levels partly determines the poverty status by gender More females than males have lower levels of education and are found among the total poor population. This is generally true for rural locations. In urban areas locations there are minor gender disparities in educational qualifications.

More females as opposed to males have little or no skills. The colonial educational system and the current educational institutions have partly contributed to skills endowment by gender in favour of males.

Most males are permanently employed in the formal sector which, in a way guarantees stable incomes hence less severe poverty status. While there are relatively fewer females employed in this sector, most of them are employed as non-permanent workers which implies less stable incomes and more severe poverty status.

The situation calls for an educational curriculum that equips people to make a living or create employment at whatever level of the school system they drop out or finish. Macro policies that create poverty situations should be avoided at all costs.

Source: Gender Department
Office of the President

Males have a higher HDI

In terms of the empowerment of women politically and economically, Zimbabwe scores quite highly on a global measure, ranking number 45 in IJNDP's Gender Empowerment Measure (GEM). But it still ranks only 109 in the global gender related development index. This reflects the low status of most Zimbabwean women.

In all 10 provinces in Zimbabwe, males have a higher HDI than females. As Figure 11 shows, the disparities in HDI levels between males and females are marginal in Harare, Midlands, Mashonaland East and West, and profound in all other provinces, particularly in Matebeleland North and South.

This is in spite of a number of initiatives to enhance women's worth and contribution to the development process. Since independence, Zimbabwe has passed several pieces of legislation to address the worst gender-based inequities. The Legal Age of Majority Act (1982) gave women the right to enter into marriage and other contracts without the consent of male family members or spouses. Maintenance and inheritance laws have given women the right of ownership of family resources.

Table 17
Regional comparisons of Human Development Values (1994)

Human Development Index (HDI) Value	0.513
Gender-Related development Index Value	0.503
Gender-Empowerment Measure (GEM) Value	0.429
HDI Value as a % of Highest in Region	67%
GEM Value as a % of highest in Region	81%

Source: Zimbabwe Information extracted from the Human Development Report UNDP, Ioll y R et al, New York Oxford Unversity, 1997pp 146—148.

In early1991 Zimbabwe ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women. However, Zimbabwe still has no written law that prohibits discrimination on the basis of sex. An amendment in the Labour Relations Act of 1985 does provide for affirmative action for female job-seekers to help create gender balance. Public sector workers are not, however, covered by the act.

The government's policy on women's empowerment has, however, been felt in the field of education in programmes such as the University of Zimbabwe's Affirmative Action Programme, which was introduced in 1995. Since then, positive discrimination in favour of women has increased female enrolment at other tertiary institutions and technical colleges. During 1997 a national committee was set up to develop a gender policy for Zimbabwe.

Women in politics

Women's political participation is an important indicator of human development. Political participation is regarded as an indicator of gender sensitivity and equity. Women still lag behind men on many fronts, most glaringly at decision-making levels. This is despite women's historical role in Zimbabwe's war of liberation. The Constitution and Electoral Act of 1990 gives women the franchise to vote in elections and run for public office on equal terms with men (CEDAW, 1997:). But while these two legal provisions make it possible for women to participate actively in political life, male politicians have continued to dominate.

Of the 150 Members of Parliament elected into office in 1990, 17 were female. Of these, 12 won their seats through the ballot box, while another four were presidential appointees and one was appointed ex-officio at Provincial Governor level. The 1995 elections saw an increase to 21 female MPs, of whom two are presidential appointees and one is an ex-officio member, also appointed by the President.

In the old Senate—abolished in 1985 when a unicameral parliament was created— women took up only three of the 40 Senate seats. In the House of Assembly, women increased their presence from 8 per cent in 1980-1984 to 11.3 per cent, in 1985-1990 and 14 per cent in the 1990-1995 election period.

A recent study on gender inequalities and democratic governance in Zimbabwe (Chiroro, 1997) observed that most female parliamentarians are “single mothers or divorcees”, and that in order to “get ahead”, female politicians must be “under the patronage of a politically powerful and influential male politician in the most powerful political party of the day”. It noted, furthermore, that women politicians have to “mobilise considerable financial resources”. Among opposition parties too, similar patterns are observed.

Table 18

Executive Office by Gender

	1985		1990		1995	
	Female	Male	Female	Male	Female	Male
Ministers including Ministers of State	25	3	29	2	21	
Deputy Ministers	2	14	6	67	4	11
Governor/Resident Minister	7	1	7	1	7	

Source: UNICEF, CEDAW, 1991: 19, Harare.

	Female	Male	Total
Permanent Secretary	21	2	21
Permanent Secretary	54	5	59
Under Secretary	104	21	125
Assistant Secretary	135	58	193
Senior Administrative Officer	243	103	346
Total	557	189	746

Source: Public service Commission quoted in UNICEF, CEDAW, 1997:20

In the judiciary, a similar pattern is evident. In 1994, out of 20 judges, only two were female judges. Of 150 magistrates throughout the country, only 37 were females, even though the ombudsman was a female.

At local government level, disturbing gender imbalances persist. Taking for example the issue of urban housing, only in 1996/1997 did a gender-sensitive policy shift make it possible for female home-seekers to have their names listed in their own right rather than under a male guardian. Other local government policies are insensitive to women's interests. For example, many women in Zimbabwe work in the informal sector, yet the urban by-laws governing informal sector entrepreneurial activities were only recently lifted to allow operatives to work from home. With the subsequent mushrooming of informal sector activities in urban locations, many urban informal sector female operatives now run tuck shops from their homes.

By 1994, there were only four women at the level of town clerk and above. However, female councillors have increased their presence in urban councils. The stronger traditional and cultural constraints in rural areas mean that still few women aspire to rural council positions.

A 1989 presidential directive sought to promote more female civil servants into higher decision-making echelons. But as table 16 demonstrates, much work remains to implement this directive, as top civil service jobs continue to be dominated by men. Likewise, senior ambassadorial positions are dominated by men. Of Zimbabwe's 33 ambassadors/high commissioners, only four are women. The absence of high-ranking female civil servants means that women are excluded from both domestic and international and foreign policy initiatives, putting Zimbabwe out of step with global political trends which have seen women playing a greater role in conflict resolution and peace initiatives.

Similar gender imbalances persist in civic society organisation. Trade unionism, for example, is yet another area where female participation lags behind that of men. There are just two women in the executive body of the Zimbabwe Congress of Trade Unions (ZCTU), and few women workers participate in union activities.

Women in the economy

Women have historically been marginalised in the economy. Although women are de facto managers of essential economic resources, they lack control over decision-making. Post-independence policies to introduce gender equity have yet to empower women economically.

Most Zimbabwean women are employed in the rural sector and rural females account for the highest number of economically active females in Zimbabwe. More than a third of females (35.11%) are "own account" or self-employed workers, compared to 17.54% of males. Many females do not rely on the formal sector for their income. Earnings come mainly from economic activities carried out in the informal sector. The only government intervention focusing on the informal sector that seems to be underway is to develop means to collect revenue from the sector. Such a move will impact heavily on women in the sector.

In the private sector, 85% of women are employed in agriculture, followed by services (7.9%) and commerce (3.37%). This compares with 68% of all men employed in the private sector in agriculture, followed by manufacturing (11%) and commerce (4.75%).

Table 20
Female and Male Employment by Sector

Sector	Numbers Employed Females	Males	Contribution to GDP
Agriculture	601 779	565 613	12%
Services	226158	155517	11%
Manufacturing	90621	153376	25%
Business and Finance	31 416	59335	
Clerks and Secretaries	35 788	61 430	
Mining & Construction	16268	215 607	7%
Administration	6122	15047	
Management	5 666	26 569	
Law & Security	3 696	983 222	
Transport	667	54845	
Public Administration	433	1 927	10%

Table 20 shows a predominance of women in agriculture and the services industries, where they outnumber men. In all other sectors of the economy, bar the informal sector, there is a clear bias in favour of male employment. In the area of business and finance, however, women appear to be closing the gap. The issue of women in business and finance has received treatment following the emergence of a number of groups such as the Indigenous Women's Business Organisation, Women in Business, Zimbabwe Women's Finance Trust, OMA Bank, Women's Multi-Million Round Table, and the Women's Business and Professional Association.

Barriers to greater female participation in the economy include the restrictive credit facilities available in most major banking and financial institutions, in addition to the weak business and managerial expertise required to run a viable enterprise. Most credit given to women has gone to those in the formal sector although most women operate in the informal sector, where they constitute an estimated 67% of small scale enterprises (GoZ, CEDAW Report 1995). A 1990 survey showed that only 3% of women sourced business start-up funds from banks and other financial institutions. Most women in the informal sector started their businesses from personal savings, loans from family and friends (GoZ, CEDAW Report, 1995).

Until recently, banks required women's loan applications to be guaranteed by a male guardian. Banks have been reluctant to give credit to women, who are seen as a high credit risk because they lack collateral. Banks often prefer to give loans to women in groups, such as cooperatives, rather than singly. Interestingly though, women have a good loan repayment track record.

Women have over the years found alternatives to the formal banking system. Informal savings clubs are an effective means of providing short-term credit for small-scale women's projects that would normally be difficult to finance. The Zimbabwe Women's Finance Trust is one organisation providing financial assistance to women. The Small Enterprises Development Corporation (SEDCO) provides financial and managerial support to small entrepreneurs, but as Table 21 shows, although the number of loans to women has increased, only a

few dozen women benefit from SEDCO's programme each year. More women benefit from Agricultural Finance Corporation (AFC) lending (Table 22).

Table 21
Number of loans approved by SEDCO by sex

Year	No. of loans to women	No. of loans to men	Total loans	% of total to women
1985/86	5	73	78	6.4
1986/87	16	109	115	13.9
1987/88	17	167	184	9.2
1988/89	29	238	267	10.9
1989/90	23	248	271	11.2
1990/91	26	325	351	7.4
1991/92	73	470	534	13.0
1992/93	46	349	395	11.6

Source: SEDCD 1005 and 1998

Table 22
Number of beneficiaries under AFC Group Lending scheme

Year ended March	No. of beneficiaries		%Women	Loans to total beneficiaries	
	Female	Male		Number	Value 7\$ (?)
1992	1191	3220	27	191	4.5
1993	1191	2568	43	246	6.6
1994	7007	10083	41	1065	30.6
1995	9878	15864	38	1583	48.0

Source: Agricultural Finance Corporation, 1995 and 1998

Various studies have demonstrated that women work considerably longer hours than men each day. The fact that women have greater life expectancy than men also means that women contribute more work hours over a longer period of time than men. Yet women are far from achieving income parity with men.

Women's worth in national development is marginalised because much of their labour is classified as unproductive and is not therefore shown in national accounting systems. Women's work is undervalued by a gender bias that defines economic growth only in terms of what is produced and exchanged on the market (Batezat 1991). What women do in the private sphere is erased or non-valorised rendering their work invisible, marginal and irrelevant. Women's function in childbearing, mothering and nurturing is often classified as their central activity. At the same time though, women's biological or physiological difference is often used as the basis for their exclusion from labour force participation, given their need for maternity leave or to breastfeed. Such exclusion undermines their reproductive rights.

Women have little access to and ownership of land. At the same time, women's knowledge of indigenous agriculture and food production activities is underrated and subordinated to western modern knowledge. Without critical support, a mechanized agricultural system becomes inaccessible to rural women who are key to food production.

Current agricultural policies and programmes are not differentiated by gender. However, the government is currently working with the UN Food and Agriculture Office to begin disaggregating agricultural-related data by gender. This will assist planners to design appropriate interventions.

The key to a reduction of high poverty levels lies in agricultural and food production policies, strategies and programmes that are based on consultation and collaboration with stakeholders, together with a growth of employment in both formal and informal sectors. Women must be assisted through training and placement to gain equal opportunity to participate in the labour force in all sectors of the economy. Development policies need therefore to become more people-centred and more socially inclusive.

Education and employment issues

Adult literacy is higher for males than for females in all provinces of Zimbabwe, with pronounced disparities in Matebeleland North, Mashonaland West and Central, Masvingo and Manicaland. Similar patterns are observed for average years of schooling and average adjusted incomes.

Disparities between males and females are more pronounced in adult literacy, average years of schooling and average adjusted incomes. The policy implication of this is that females need empowering more in the areas of educational attainment and incomes.

Women with university education make up 0.1% of the total employed in all Zimbabwe's provinces except Harare (0.9%) and Bulawayo (0.5%). Most women employed with no education are own account workers, whereas most men employed with no education are paid employees. This shows a labour market bias in favour of men. Men and women with primary education constitute the largest proportion of employed persons — 30% of men and 21% of women. Most women and men with secondary education, a diploma or university education are paid employees; however 23.7% of women with secondary/diploma qualifications are own account workers (CSO, 1995:).

Women are affected by trends towards the casualisation of employment, since this denies them benefits such as pensions, health insurance, maternity benefit, promotion and training opportunities, and job security — critical components for the valorisation of labour. Denial of such benefits marginalises women even further.

Moves towards the establishment of export processing zones (EPZs) in Zimbabwe have raised concern that the suspension of labour laws in the zones will impact heavily on women workers, as well as children. Female participation in trade union activities in Zimbabwe is minimal.

Human development and the social conditions of women

Part of the legacy of the colonial labour migratory policies favouring the recruitment of male labour over female labour is the high number of female-headed households in rural areas as compared to urban. In urban areas women head 20% of households compared to 41% of households in rural areas (CSO 1993:).

Women in Zimbabwe's rural areas increasingly bear the social costs of family reproduction and household production through their roles in agriculture, domestic management, trade, and part-time employment. Beyond their roles as home managers and mothers, 90% of Zimbabwean women are also farmers, informal sector workers and community organisers (UNICEF 1994).

Women are de facto managers of energy and natural resources but do not control these strategic resources. Women's energy requirements are sourced while undertaking other economic and household activities, for instance on the way home from fields. Most rural (and some urban) households rely on biomass and inter-dependent fuels for cooking, such as wood, charcoal, tree and plant branches and leaves, crop wastes and cow dung. When fuel is scarce, women and children have to spend more time gathering and preparing fuel.

Economic structural adjustment during the 1990s has increased the challenges to women. Current macroeconomic policies fail to appreciate the role played by traditional household welfare or coping strategies against increased impoverishment, especially as a result of structural adjustment. Households have traditionally relied on women's labour to provide household general welfare needs, but structural adjustment has forced a new shift in welfare priorities and women are no longer coping with traditional welfare activities (Harper 1997). The burden of family and household reproduction is now shifting to other household members and the community as a whole. New economic and welfare pressures are forcing many households to engage in numerous income-generating activities.

There is worrying evidence of families turning to anti-social behaviour, and an increase in domestic violence, insanity, drug trafficking and drug consumption, as well as in prostitution, child abuse and incest. Children, especially girl-children are dropping out of school, while the household's economic status deteriorates even further. Families and households are no longer able to cope. Traditional reciprocity is breaking down. Family form is changing and disintegrating under economic pressures. As a result there is social honest and acute poverty in rural and urban areas (Harper 1992).

The "commuter family" created under the labour migration policies resulted in a rural-urban income dependency in the African extended family and kinship network system. Under ESAP, this inter-dependancy is beginning to fall away, deeply affecting rural communities who have for long depended on income from urban remittances. This has affected women in particular, contributing to the feminisation of poverty. Many urban households and waged workers are unable to adequately support their nuclear families. Rural households who relied on these remittances are now experiencing severe

poverty. With the shift towards cash crop production, food production has declined and many rural and urban communities now need cash to buy food items and other household requirements.

There are many welfare programmes that are targeted at women, seen as recipients of welfare, while men are targeted as income earners and family and household providers. When the female population is turned into a welfare category, women, who are the reproducers of families, households, the labour force and the nation, become marginal participants in national development.

The soaring costs of medical care since 1990 following cutbacks in health care delivery programmes and in the national primary health care programme affects women. The national health cost burden, especially the growing health-care burden of HIV/AIDS, is being transferred to women as the main care providers.

Targeting for Human Development

Human development comparisons are intentioned to direct policy towards the achievement of higher levels of human development. To achieve this, it is necessary to know the target group and the areas of human development that need improving. The major disadvantage of using the HDI and its components for this purpose is that the assessment of human development is limited to just four variables.

Targeting can be done at the provincial or regional levels, or by gender, age and (or rural) urban categories. The aim of targeting is to make sure that the people most in need of assistance receive it. Towards this end, targeting works best at the most disaggregated level. The regional data used in this report provides a useful point of departure. Table 33 in Appendix 2 gives human development indicators for the 77 districts in Zimbabwe arranged in descending order of HDI values. Ideally, policies aimed at improving human development should target those regions/districts that are at the bottom of the list. Using this criterion it would follow that priority should be given to Kariba Rural, Chipinge, Binga, Mwenezi, Rushinga, Mudzi, Centenary, Buhera, Hurungwe and Hwange in that order, to mention just the most deprived districts.

Having identified the target districts it would be ideal to know which sub-groups within the districts are more deprived than others. While Table 33 in Appendix 2 does not furnish that information, the analysis of human development by urban/rural and by gender indicated that rural areas have lower levels of human development than urban areas, and that females have lower levels of human development than males. Since the worst-case districts are all found in rural areas, targeting these areas would be in line with the findings of this study. The finding that females have lower levels of human development than males suggests that females should be given greater priority than men even in these districts.

The identification of the target group is a necessary but insufficient step to effectively address the problem. Further information is required about the areas in which assistance is most required. The identification of the target group is based on the HDI values, which give equal weighting to the life expectancy index, the educational attainment index and the income level index. It would follow therefore that the absolute values of these three indices would give us an indication of the areas where assistance is most required. Comparing these indices for the neediest districts, as listed above, shows that priority should be given to income levels and educational attainment in that order. It is, however, difficult to say whether higher incomes lead to higher education or vice versa, and these two may need to be pursued concurrently.

The experiences of the world's high and middle human development performers provide clues as to the human development indicators that contribute most to HDI levels at various stages of development. To determine this, the means of the life expectancy index, educational attainment index, income level index and HDI values for the top 10 performers, middle 10 performers and bottom 10 performers were computed. From these the percentage contributions of the life expectancy index, the educational attainment index and the income level index to the HDI value were computed. The results are presented in Table 23 below.

Table 23
A Comparison of the Percentage Contributions of the Life Expectancy Index, Educational Attainment Index and Income Level Index to the HDI

Percentage Contribution to the HDI				
Performers	Life Expectancy Index	Educational Attainment Index	Income Level Index	Total
High	28	34	38	100
Middle	39	38	23	100
Low	45	41	15	100

Table 23 shows that the high performers have income as the highest component of their HDIs, while the low performers have life expectancy as the highest component of theirs. Clearly, improving human development requires that emphasis be placed on improving people's incomes over and above education.

Drawing upon the analysis of trends in the sectors that influence the human development index, it becomes possible to pinpoint areas for further analysis. For instance, how does the low level of government support to early childhood education and care limit the career paths of females in the economy and in political life? To what extent does it explain the tendency for girls to have a lower education 'survival rate' than boys, and how can girls be better targeted for human development? Likewise, the data on health suggests that since persistent inequalities, rather than drought and other natural disasters, account for child malnutrition, human development policies must concern themselves with issues such as local and gender access to land and other productive resources.

Political Participation and Information

Access to information and communication systems are a prerequisite for public participation. Public participation is often included as one of the mechanisms in linking human development and poverty reduction policies with those aimed at growth. In fact it may be perceived as the driving force. Redirecting resources towards new investments will not happen unless strong and informed public pressure interacts with transparent and accountable public systems. Driving a people-oriented development strategy through non-participatory systems is a paradox. Equity policies can neither be implemented nor sustained without the demand, understanding and participation of the people. "Good governance" is a commonly used phrase with variable intent. Key features of a conducive political environment include recognition of and tolerance for cultural and ethnic diversity, transparency with and information to civil society, promotion of social rights and participatory forms of industrial democracy.

But public participation cannot flourish when the bulk of people have no access to basic information and systems of communication. Information and Communication issues are thus an important factor of human poverty.

Conclusion

Economic growth and human development trends in Zimbabwe point to a number of conclusions.

The first decade of UDI confirms that high economic growth, in the presence of high levels of inequality in access to land and income and low social expenditures, is unlikely to lead to significant human development. While sustained economic growth is a necessary condition for sustained human development, it does not on its own produce human development.

The early 1980s suggest that human development is possible, in the short term, even under conditions of fairly low economic growth, if high priority is given to social sector expenditures under a mildly stable macroeconomic environment. Zimbabwe owes the improvement in the HDI in the early to mid 1980s to the priority given to social spending and meso politics aimed at the low-income majority.

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The decline in the HDI towards the end of the 1980s suggests that human development cannot be sustained, in the long term, if it is achieved mainly through social sector inputs without significant improvement in incomes, economic growth and macroeconomic stability, or in the absence of significant reductions in poverty, improvements in the distribution of incomes and employment or access to productive assets.

Zimbabwe's experience with structural adjustment demonstrates that macro-economic reforms, per se, trans'ate into neither higher economic growth nor improvements in the human development condition. Economic reform must integrate meso-policies and specific measures aimed at enhancing access to employment and productive assets, particularly for marginalised groups, while prioritising and protecting social sector expenditures that reach these groups.

- CHAPTER IV -

HUMAN POVERTY COMPARISONS

The Relationship between the HDI and the HPI

It is generally tempting to associate high levels of human development with low levels of human poverty. While this is often the case, it is not a general rule for several reasons. First, the HPI contains variables that are not included in the HDI (underweight children, access to safe water and access to health care) and excludes some variables that are included in the HDI (school enrolment ratios or average years of schooling and the income variable). Second, those variables that are included in both the HPI and the HDI (adult literacy rate and life expectancy at birth) are treated differently in the two indices. In the HDI, adult literacy and life expectancy are computed for both the poor and non-poor.

In the computation of the HPI, on the other hand, life expectancy at birth is substituted with the proportion of the population that is not expected to survive to age 40, while the percentage of illiterate adults is used instead of the adult literacy rate. The distinctions between the HDI and the HPI mean that while the HDI comparisons are important for measuring, comparing and monitoring progress in human development, the HPI can also be used for advocacy, targeting and soliciting funds for poverty alleviation projects. The HPI is therefore more relevant for poverty alleviation policy making.

Using the HPI computed for Zimbabwe, the following sections compare human poverty between provinces, between provinces by gender and by urban/rural, and between districts in Zimbabwe.

Comparisons of Human Poverty in Zimbabwe at the Provincial Level

Human poverty comparisons in Zimbabwe are presented in Table 24 and Figure 12. Mashonaland Central, Manicaland and Masvingo have high HPI rankings while Bulawayo and Harare have the lowest. Bulawayo, Matebeleland South and Matebeleland North have low probabilities of people dying before reaching the age of 40 while the probabilities are high for Manicaland, Mashonaland Central and Masvingo. A similar pattern is observed for child malnutrition with Bulawayo, Matebeleland North and South having low percentages of malnourished children, while Masvingo, Mashonaland East, Mashonaland West and Mashonaland Central have high incidences of child malnutrition.

With the exception of Bulawayo and Harare, which have exceptionally low rates of illiteracy, illiteracy rates are fairly evenly distributed between the provinces. Mashonaland Central has the highest illiteracy rate at 33%, while Midlands has the lowest rate at 18.48%.

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While Bulawayo has the lowest proportion of people without access to safe water (0.07%), it has the highest share of people who lack access to health care (14%). Outside Bulawayo, the proportion of those without access to health care ranges from 3.1% of the population in Masvingo to 11.2% in Mashonaland West. Access to health care is the most evenly distributed of the human poverty indicators, and is also the indicator that carries the least weight in the poverty profile.

In Zimbabwe, 23.39% of the population do not have access to safe water, 19.62% of the adult population are illiterate, 16.85% of the population do not survive to age 40, 13.3% of the children under the age of 5 are malnourished and 8.8% of the population lack access to health care.

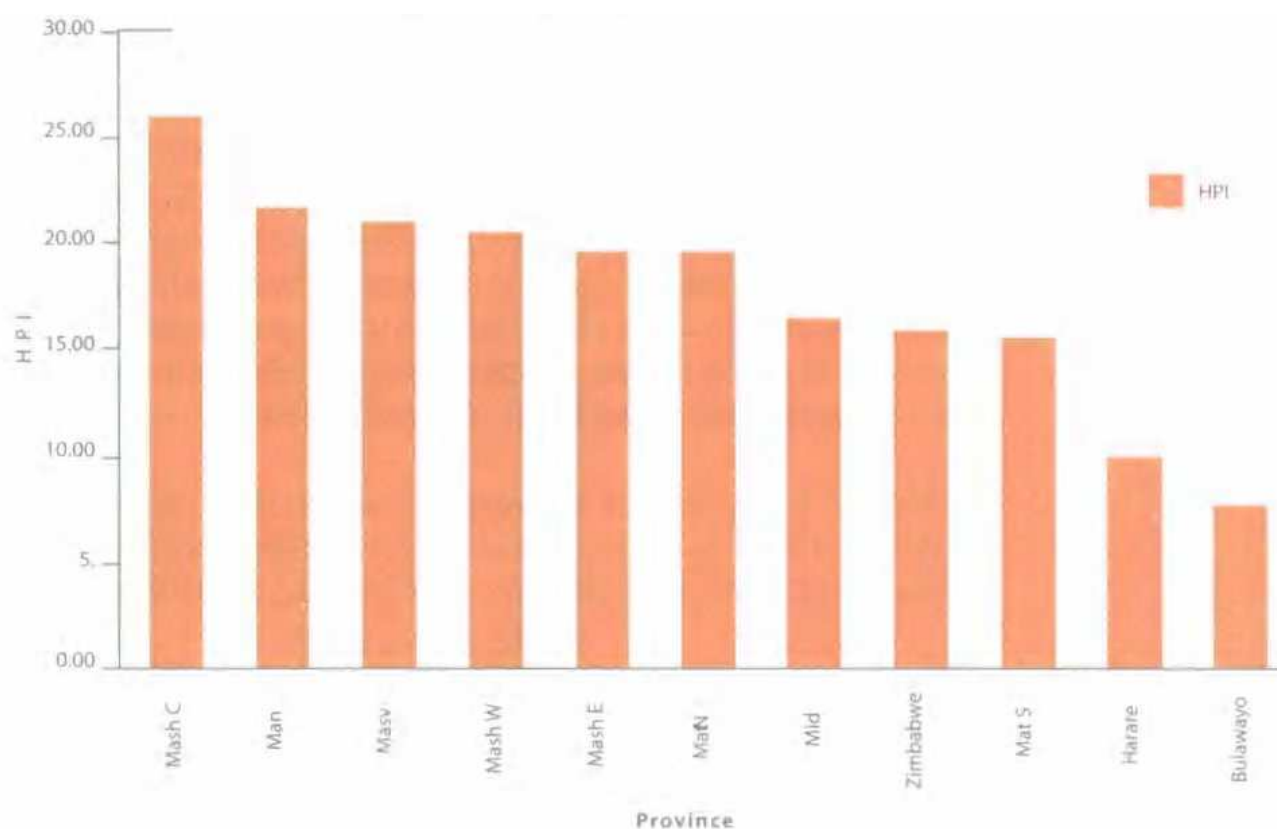
These indicators confirm the trends already discussed in chapters two and three. Because of the massive investments in education and health, particularly in the 1980s, access to health care and illiteracy levels are fairly evenly distributed across the provinces. However, gross inequalities in access to land mean there are wide differences in the I-WI between rural and urban areas. In spite of this, it is worth noting that linkages between urban workers and their rural families mean there is no artificial divide between urban and rural poverty. The fact that a quarter of the population does not have access to safe water is a reflection of the minority control of water resources and the lack of investment in water storage.

Province	Non-survival 40 Years	Illiteracy	Under-weight Children	No Access to Clean Water	No Access to Health Care	Living Standard Deprivation	Human Poverty Index
Mash. Central	20.65	33.00	16.9	0.07	9.6	18.30	25.69
Manicaland	21.95	24.78	11.7	28.38	9.3	17.00	21.71

Masvingo	19.37	24.15	23.2	29.98	3.1	19.36	21.20
Mash. West	18.10	24.58	17.6	31.77	11.2	17.14	20.49
Mash. East	16.85	20.12	16.3	22.64	7.0	21.57	19.71
Mat North	11.96	26.28	9.1	41.42	8.8	13.93	19.59
Midlands	16.85	18.48	11.0	23.88	9.9	17.44	17.61
Zimbabwe	16.85	19.62	13.3	31.42	8.8	15.16	17.40
Mat South	10.78	22.00	6.8	23.39	6.3	13.97	16.96
Harare	13.16	5.96	10.7	28.76	7.3	6.50	9.73
Bulawayo	9.70	6.35	4.0	1.54	14.0	6.02	7.73

Figure 12

Human Poverty Comparisons in Zimbabwe by Province



Provincial Rural Areas Comparison of Human Poverty between Urban and Provincial comparison of HPIs between urban and rural areas

Figure 13 compares the HPIs between urban and rural areas. With the exception of Manicaland, human poverty is higher in rural areas than in urban areas. Disparities between urban and rural HPIs are more pronounced in Mashonaland Central, Mashonaland West, Masvingo, Midlands and Matebeleland North.

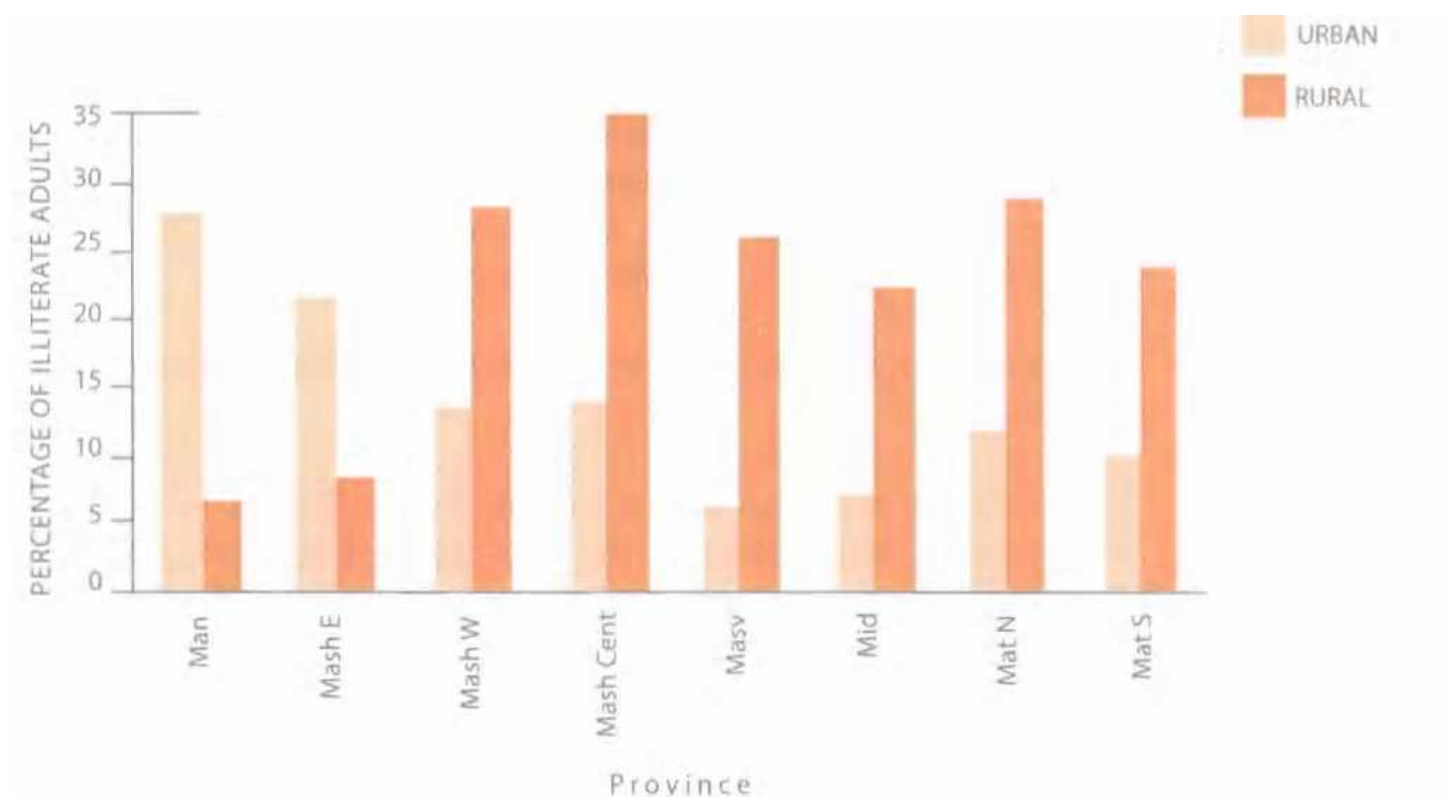
Figure 13
Provincial HPI comparisons in Zimbabwe by Urban/Rural



Provincial comparison of illiterate adults between urban and rural areas

Figure 14 compares the percentages of illiterate adults between urban and rural areas in the various provinces of Zimbabwe. Surprisingly two provinces, Manicaland and Mashonaland East, have a higher number of illiterate adults in urban areas than in rural areas. In all other provinces rural areas have a higher proportion of illiterate adults than urban areas. Disparities between urban and rural illiteracy rates are more pronounced in Masvingo, Midlands and Mashonaland Central. In rural areas the illiteracy rate is highest in Mashonaland Central and lowest in Manicaland, and in urban areas it is highest in Manicaland and lowest in Masvingo and Midlands.

Figure 14
Provincial Comparisons of percentage of illiterate adults in Zimbabwe by urban/Rural



Provincial comparison of life expectancy deprivation between urban and rural areas

The life expectancy deprivation index is measured by the probability that a person will not survive to age 40. With the exception of Mashonaland East, Matebeleland South and Matebeleland North, the life expectancy deprivation index is higher in rural areas than in urban areas. Manicaland has the highest life expectancy deprivation index in the rural areas and Matebeleland South has the lowest.

Provincial comparison of population without access to safe water between urban and rural areas

Safe water is defined to include piped water inside the house, piped water outside the house, and water from communal taps, protected wells or boreholes. Figure 15 compares the proportions of those without access to safe water between urban and rural areas at the provincial level. Rural areas show a striking lack of access to safe water compared to urban areas in all provinces. The proportion of those without access to safe water in rural areas ranges from 28.4% in Matebeleland North to 44.64% in Mashonaland East. This compares with a range in urban areas of 0.07% (Bulawayo) to 2.68% (Mashonaland Central). This clearly points to the need to hasten and expand the provision of safe water in rural areas.

Figure 15
Provincial comparisons of percentages of the population without access to safe water in Zimbabwe by Urban/Rural



Provincial comparison of underweight children between urban and rural areas

Underweight children are defined in this report as those below the age of 5 with a mid-upper arm circumference of less than 13.5 cm. This is a departure from the definition used in the global HDR where underweight is defined by weight for age. This departure was necessary to avoid the limitation in data analysis that would have occurred had the other definition been used. Masvingo has the highest incidence of underweight children in both urban and rural areas while Midlands has the lowest incidence in urban areas and Matebeleland South in rural areas.

Provincial comparison of population without access to health care between urban and rural areas

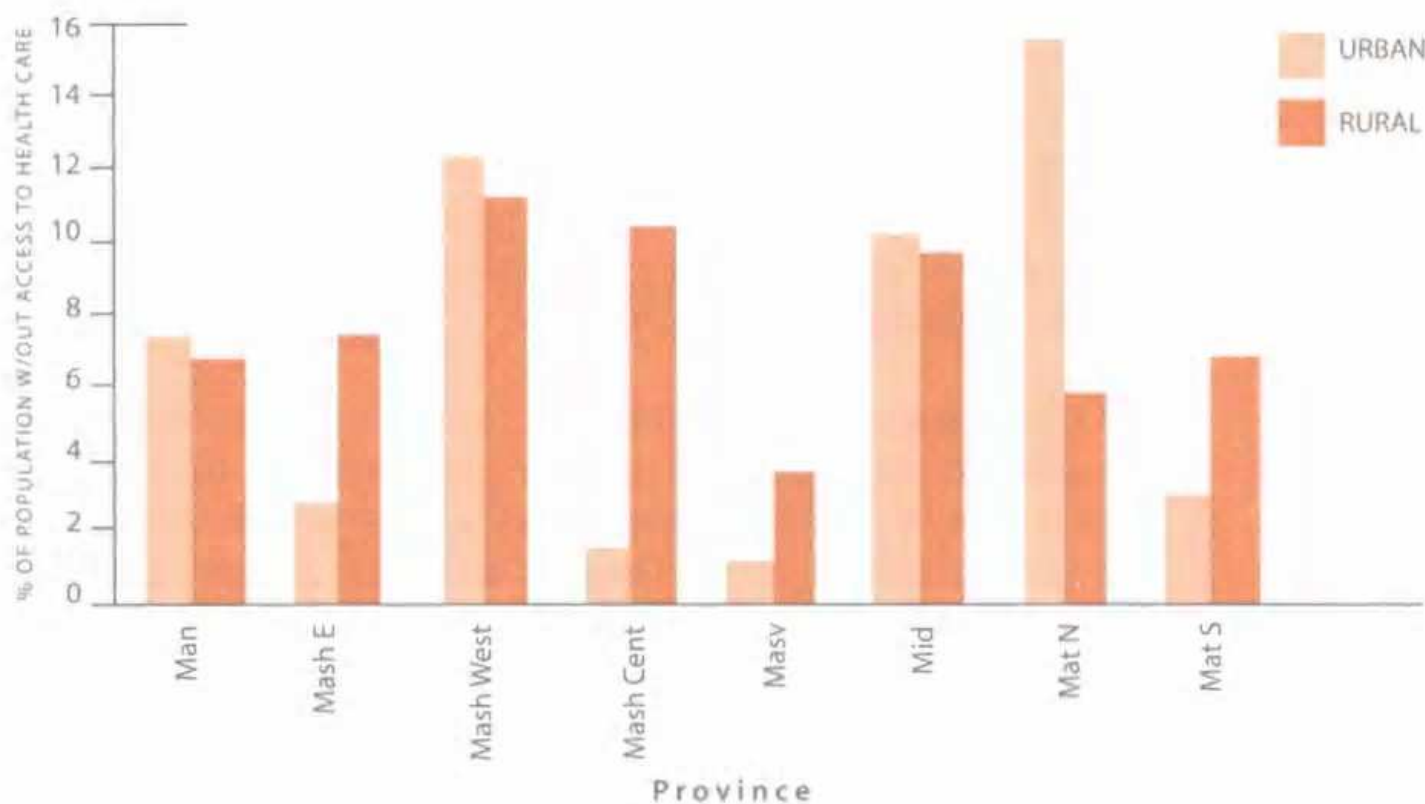
Lack of access to health care is defined in this report as being unable to visit medical facilities either because the medication is too costly or because the health facility is too far. This again is a departure from the global HDR's definition of lack of access to health care. The global HDR defines lack of access to health care as having to walk more than an hour to the nearest health facility. A paucity of data made that definition unworkable in this report.

Figure 16 compares urban and rural access to health care. Interestingly, health care is accessible by a greater proportion of people in rural areas than in urban areas of Manicaland, Mashonaland West, Midlands and Matebeleland North. The opposite is true in Mashonaland East, Mashonaland Central, Masvingo and Matebeleland South, where health care is less accessible in rural areas than in urban areas. In urban areas the highest inaccessibility is recorded in Matebeleland North, followed by Mashonaland West, then Midlands and finally Manicaland. Urban accessibility is greatest in Masvingo, followed by Mashonaland Central, then Mashonaland East and Matebeleland South. Disparities between urban and rural areas are pronounced in Matebeleland North and Mashonaland Central with the former having higher inaccessibility in urban areas and the latter in rural areas.

Table 25 shows the reasons for lack of access to health care. A high proportion, 65.4% of those lacking access to health care said services were unaffordable, while 34.6% said health facilities were too far. A similar pattern is observed for both males and females. In urban areas, about 96% of those lacking access to health care said this was because they could not afford the cost, while 3.4% said the facilities were too far. In rural areas, by contrast, 51.2% of those who said they did not have access to health care said this was because they could not afford the cost of the services, while 48.8% said it was because the facilities were too far.

Figure 16

Provincial Comparison of Percentages of the Population without Access to Health Care in Zimbabwe by Urban/Aural



Excluding Harare and Bulawayo, Masvingo has the highest proportion of those lacking access to health care because of the distance to health facilities. Mashonaland West and Manicaland have high proportions of those who lack access to health care because they cannot afford services.

Table 25
Analysis of Those Lacking Access to Health Care by Reason

Province	Aggregated level		Males		Females		Urban		Rural	
	Facility Too Far	Can't Afford	Facility Too Far	Can't Afford	Facility Too Far	Can't Afford	Facility Too Far	Can't Afford	Facility Too Far	Can't Afford
Manicaland	36.8	63.2	38.1	61.9	36.0	64.0	0.0	100.0	40.3	59.7
Mash Central	48.1	51.9	47.0	53.0	49.3	50.7	0.0	100.0	48.9	51.1
Mash East	45.6	54.4	46.2	53.8	45.1	54.9	0.0	100.0	46.6	53.4
Mash West	33.7	66.3	33.9	66.1	33.5	66.5	3.6	96.4	40.5	59.5
Mat North	42.7	57.3	42.4	57.6	43.1	56.9	3.6	96.4	53.4	46.6
Midlands	53.3	46.7	57.9	42.1	50.0	50.0	0.0	100.0	58.5	41.5
Masvingo	45.7	54.3	43.4	56.6	47.5	52.5	8.9	91.1	56.6	43.4
Harare	72.5	27.5	66.7	33.3	76.0	24.0	0.0	100.0	76.3	23.7
Bulawayo	0.6	99.4	0.0	100.0	1.0	99.0	0.6	99.4	0.0	100.0
National	5.5	94.5	6.7	93.3	4.6	95.4	5.5	94.5	5.5	94.5
Average	34.6	65.4	34.5	65.5	34.7	65.3	34*	96.6*	48.8**	51.2**

Notes:

* Of the males who did not have access to health care in the urban areas 43% said the facility was too far while 95.7% said they could not afford it; the corresponding figures for females were 2.7% and 97.3% respectively.

****** Of the females who did not have access to health care in the rural areas 47.4% said the facility was too far while 52.6% said they could not afford it; the corresponding figures for males were 49.9% and 50.1% respectively.

The Gender Dimensions of Human Poverty in Zimbabwe

Several points need to be made about the calculation of HPI from a gender perspective. First, it is possible to calculate the percentage of people not expected to survive to age 40 and the percentage of illiterate adults by gender. These two indicators are therefore different for males and females. The data for underweight children is not disaggregated by gender and therefore it is not possible to separate the proportion of underweight children by gender. The figures given for underweight children are therefore the same for males and females.

When it comes to the proportion of the population that does not have access to either safe water or health care, there is little need to separate these along gender lines. The 'public good' nature of these services means that the conditions that make a protected water source available or a health facility too far will affect males and females equally. Figures for inaccessibility of safe water and health care are therefore the same for males and females. Any gender differences in the disaggregated HPIs are therefore due to gender differences in the illiteracy rates and/or the probability that a person will die before reaching the age of 40.

Gender comparisons of human poverty are therefore restricted to overall HPIs, illiteracy rates and life expectancy deprivation. The analysis is also restricted to the provincial level since it is felt that the generalisations made at that level adequately cover any other forms of regional disaggregation. The results of these analyses are presented in Figures 17, 18 and 19.

Figure 17 compares the HPIs for each province in Zimbabwe by gender. As the figure shows clearly, females have a higher level of human poverty in all provinces. Human poverty among females is highest in Mashonaland Central, Manicaland, Masvingo and Mashonaland West and lowest in Bulawayo, Harare and Matebeleland North.

Figure 18 shows provincial differences in life expectancy deprivation in Zimbabwe by gender. The difference between males and females is not very great. On average, though, females have a higher probability than men of dying before reaching the age of 40.

Figure 19 analyses provincial adult illiteracy rates in Zimbabwe by gender. Illiteracy rates are lowest in Harare and Bulawayo and highest in Mashonaland Central. In all provinces females have a higher level of illiteracy than men. The disparity between males and females is most pronounced in Mashonaland Central, Manicaland, Masvingo, Mashonaland West and Mashonaland East. The disparity is less pronounced in Harare and Bulawayo.

Regional Human Poverty Comparisons in Zimbabwe

Human poverty comparisons are aimed at facilitating poverty reduction policies and programmes through the identification, monitoring and analysis of human poverty. As noted earlier, human poverty analysis can be a useful tool for advocacy and mobilising funds for poverty alleviation. This section analyses human poverty among the districts in Zimbabwe with the aim of identifying districts where poverty indicators are particularly intense.

Table 26 lists Zimbabwe's 67 districts by descending HPI ranking. Mutasa has the highest HPI ranking of 27.10. The 10 districts with the highest HPI also include Chikomba, Binga, Lupane, Chirumhanzu, Chivi, Centenary, Mwenezi, Mberengwa and Kariba Rural. The 10 least poor districts by HPI ranking are Rusape, Shurugwe Urban, Gwanda Urban, Victoria Falls, Zwishavane Urban, Redcliff, Karoyi, Kariha Urban, Kwekwe Urban and Chegutu Urban. Predictably, the lowest HPI districts are urban centres while the high HPI districts are all rural areas.

Low HPI districts are characterised by relatively low proportions of the population without access to safe water and/or health care compared to the proportion of the population that is either illiterate and/or not

expected to survive to age 40. By contrast, high HPI districts are characterised by high rates of illiteracy and high proportions of the population without access to safe water.

Figure 17
Provincial Comparisons of HPIs in Zimbabwe by Gender



Figure 18
Provincial Comparisons of life Expectancy Deprivation in Zimbabwe by Gender

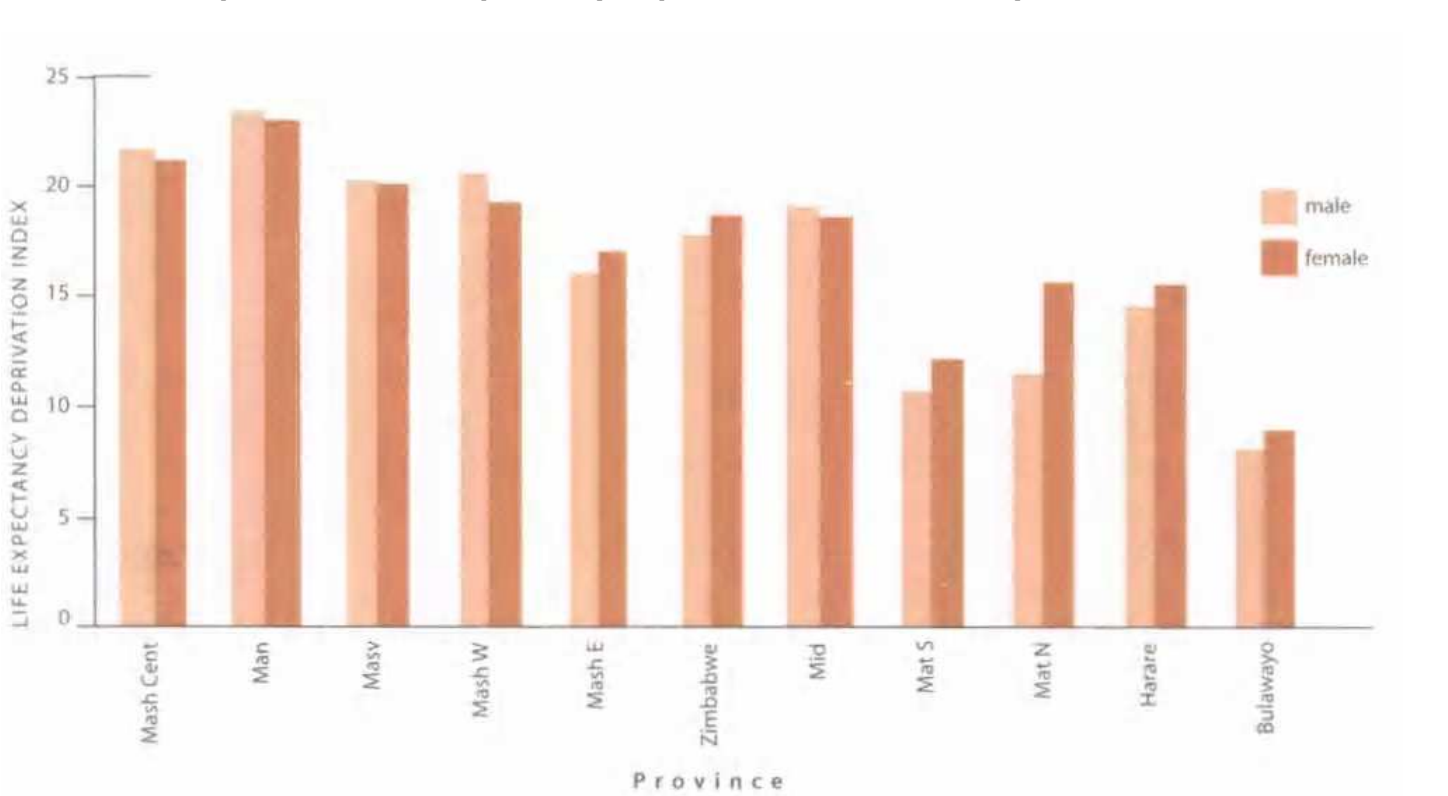


Figure 19
Provincial Comparisons of Adult Illiteracy Rates in Zimbabwe by Gender

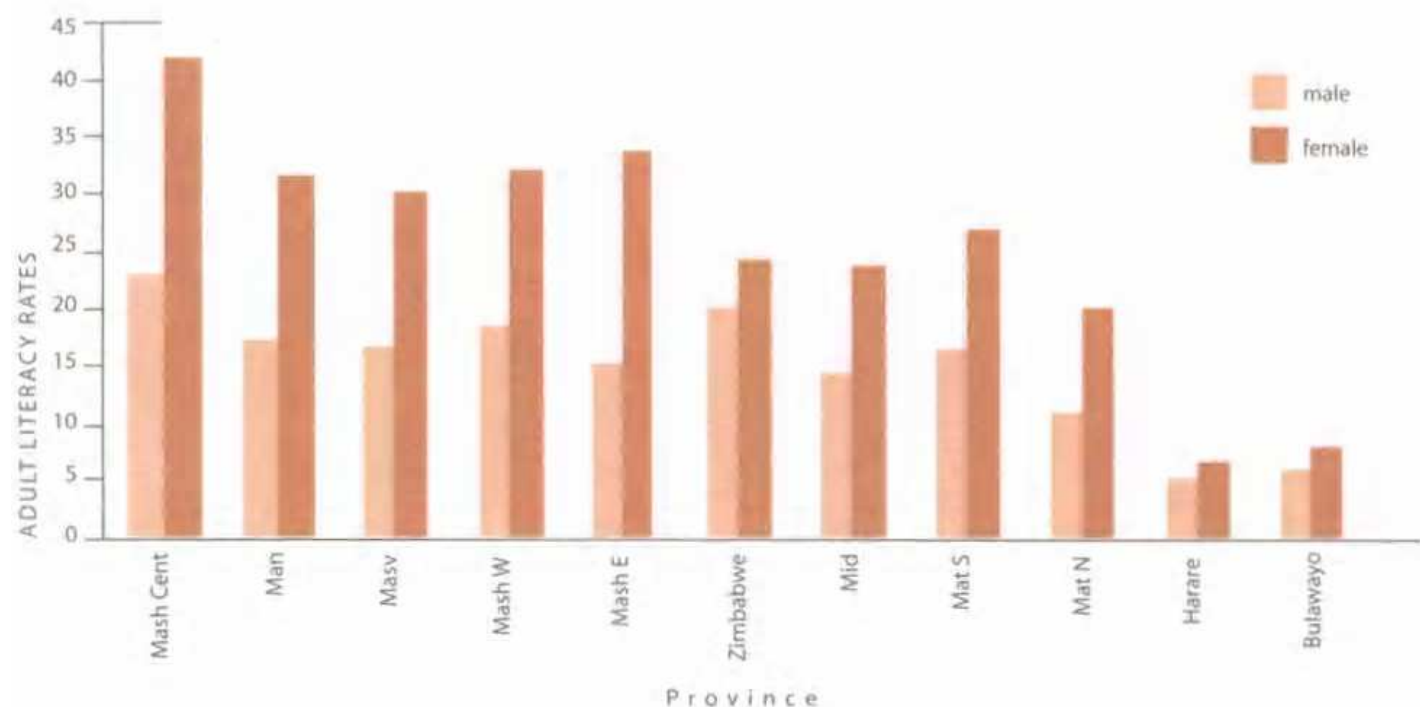


Table 26
Human Poverty Comparisons in Zimbabwe at the District Level (All Districts)

District	Non-survival 40 Years	Illiteracy	Under-weight Children	No Access to (lean Water	No Access to Health Care	Living Standard Deprivation	HPI
Mutasa	16.85	37.83	10.0	14.49	3.40	930	27.10
Chikomba	19.37	32.09	10.6	38.05	9.50	19.39	25.13
Binga	15.61	26.76	8.0	77.09	1.40	28.83	25.01
Lupane	21.95	25.14	11.2	59.15	11.50	27.28	24.98
Chirumhanzu	21.95	29.80	23.5	29.47	6.10	19.70	24.60
Chivi	19.37	28.70	23.5	27.38	18.30	23.07	24.33
Centenary	14.38	27.38	15.5	47.79	14.50	25.92	23.89
Mwenezi	18.10	25.89	20.1	44.89	9.20	24.74	23.40
Mberengwa	19.37	30.80	9.6	17.77	9.70	12.34	23.39
Kariba Rural	19.37	28.42	15.9	21.12	10.00	15.68	2248
Seke	21.95	21.64	11.7	50.60	5.70	22.67	22.09
Hwedza	21.95	18.36	17.2	43.27	14.10	24.85	22.03
Shamva	11.96	30.12	10.0	1945	10.30	13.25	21.87
Bikita	19.37	25.86	1.7	34.73	15.70	17.38	21.50
Nyanga	16.85	27.70	10.4	26,76	6.50	14.54	21.33
Guruve	10.78	25.83	17.0	35.82	1290	21.92	21.31
Bulalimamangwe	15.61	24.61	12.8	41.02	8.60	20.79	20.98
Chegutu Rural	19.37	22.96	20.5	37.10	1.20	19.62	20.78
Marondera Rural	19.37	13.67	27.9	47.72	1.60	25.75	20.77
Kadoma Rural	15.61	17.73	14.3	54.24	8.60	25.71	20.64
Matobo	16.85	22.80	20.2	38.82	4.10	21.03	20.52
Chimanimani	9.70	27.16	7.8	17.69	16.10	13.87	19.89
Goromonzi	9.70	24.68	6.4	37.48	11.70	18.53	19.52
Makoni	1937	20.37	21.5	1748	1330	1730	19.15

Masvingo Rural	21.95	17.48	3.8	30.45	12.50	15.57	18.72
Gweru Rural	19.37	19.75	19.1	27.48	1.60	16.05	18.54
Zvimba	16.85	19.86	11.0	32.69	11.20	18.28	1841
Chipinga	14.38	17.39	27.9	34.56	2.30	21.59	18.27
Mutare Rural	10.78	23.96	8.7	29.84	5.30	14.60	18.21
Insiza	15.61	12.97	20.6	44.19	2.80	22.53	17.97
Zimbabwe	15.61	16.34	23.4	31.01	4.80	19.74	17.42
Shurugwe Rural	15.61	19.38	19.0	2543	5.90	16.79	1740
Nkayi	16.85	19.62	13.3	23.39	8.80	15.16	1740
Mazowe	15.61	20.80	7.8	26.08	6.60	13.50	17.20
Zvishavane Rural	16.85	12.98	12.8	39.12	7.30	19.73	16.96
Tsholotsho	16.85	17.65	18.4	25.53	4.70	16.21	16.92
Kwekwe Rural	8.66	23.74	7.4	9.51	6.30	7.73	16.90
Masvingo Urban	15.61	16.59	18.6	33.52	2.70	18.27	16.89
Hwange Rural	11.96	18.95	6.7	26.94	13.50	15.70	16.04
Gwanda Rural	7.67	18.54	9.0	34.07	9.30	17.46	15.94
Rushinga	9.70	19.13	5.2	34.13	6.90	1540	15.68
Makonde	14.38	17.23	17.6	25.96	1.10	14.90	15.60
Chirecizi	14.38	17.35	6.8	26.03	9.40	14.08	15.41
Umzingwane	10.78	17.92	2.8	30.70	5.40	12.98	14.52
Beitbridge	18.10	13.24	6.3	1.63	16.80	8.23	14.32
Chinhoyi	19.37	10.92	0.0	0.19	0.00	0.06	14.19
Gweru Urban	18.10	4.85	40.0	0.06	0.00	13.35	14.11
Bubi	16.85	14.49	7.7	0.20	4.8	4.23	13.81
Chitungwiza	18.10	10.85	9.1	0.27	840	5.92	13.52
Harare Urban	18.10	6.59	5.9	0.04	2.10	2.68	12.76
Umguza	13.16	15.38	7.8	7.50	3.70	635	12.72
Hwange Urban	16.85	7.24	13.2	0.17	3.30	5.56	12.11
Bulawayo	16.85	7.31	5.4	0.13	9.10	4.87	12.08
Kadoma Urban	15.61	10.97	14.8	0.08	0.00	4.97	12.05
Marondera Urban	16.85	5.91	12.0	0.12	430	5.47	11.97
Mutare Urban	9.70	14.72	9.3	18.67	1.00	9.64	11.85
Bindura Urban	15.61	9.96	4.5	132	0.00	2.02	11.69
Chegutu Urban	1438	11.70	10.2	0.02	4.90	5.04	11.62
Kwekwe Urban	14.38	11.63	9.5	0.58	0.00	3.37	11.52

Table 26 (Continued)
Human Poverty Comparisons in Zimbabwe at the District level (All Districts)

District	Non-survival 40 Years	Illiteracy	Under weight children	No Access to Clean Water	No Access to Health (are	Living Standard Deprivation	HPI
Kariba Urban	14.38	10.10	10.8	0.02	8.80	6.53	11.26
Karoyi	11.96	1146	10.0	0.16	8.10	6.09	10.47
Redcliff	14.38	6.56	0.0	0.00	0.00	0.00	10.27
Zvishavane Urban	13.16	8.84	0.0	0.11	5.40	1.84	9.97
Vic. Falls	13.16	4.89	13.0	0.18	10.30	7.84	9.86
Gwanda Urban	13.16	5.96	10.6	11.9	6.80	6.41	9.72
Shurugwe Urban	11.96	6.60	0.0	0.80	0.00	0.27	8.73
Rusape	9.70	6.35	4.0	0.07	14.00	6.02	7.73

Lupane, Chirumanzu, Seke, Hwedza and Masvingo Rural rank high in terms of the probability of dying before reaching the age of 40. Chimanimani, Goromonzi, Kwekwe Rural, Rushinga, Mutare Urban and Rusape have the lowest probabilities of people dying before reaching the age of 40.

Illiteracy is highest in Mutasa, Chikomba, Mberengwa and Shamva. It is low in Gweru Urban, Victoria Falls, Gwanda Urban, Marondera Urban, Rusape, Redcliff, Harare, Shurugwe Urban, Hwange Urban and Bulawayo. In general illiteracy is higher in rural districts than in urban district centres.

Living standards deprivation is the arithmetic mean of the proportion of underweight children, the proportion of the population without access to safe water and the proportion of the population without access to health care. This is highest in Binga. Other districts with high living standards deprivation include Lupane, Centenary, Marondera Rural, Kadoma Rural, Hwedza, Chivi, Insiza, Guruve and Matobo. Living standards deprivation is low in Redcliff, Chinhoyi, Shurugwe Urban, Zvishavane Urban, Bindura Urban and Harare.

Child malnutrition is prevalent in Gweru Urban, Marondera Rural and Chipinge. Only four districts—Chinhoyi, Redcliff, Zvishavane Urban and Shurugwe Urban— recorded no underweight children. At the district level there is no clear-cut distinction between urban and rural areas in terms of child malnutrition.

Shortage of safe water is most pronounced in Binga, Lupane, Kadoma Rural, Seke, Centenary, Marondera Rural, Mwenezi and Insiza. In general, urban areas have better access to clean water than rural areas.

Access to health care is best in Chinhoyi, Gweru Urban, Kadoma Urban, Bindura Urban, Kwekwe Urban, Redcliff, Shurugwe Urban, Mutare Urban, Makonde, Chegutu Rural, Binga, Marondera Rural and Gweru Rural. Access to health care is worst in Chivi, Beitbridge, Chimanimani, Bikita, Centenary, Hwedza and Rusape.

How Contradictory are HPI and HDI Comparison Results?

The temptation to expect that HDI analysis should give results that are consistent with HPI analysis results has already been noted. As stated earlier, while this is usually the case, it is not a general rule. The link between the two is tested in Table 27, which compares HDI and HPI rankings for Zimbabwe's 10 provinces. For easy interpretation, the provinces are ranked here by ascending HPI values. The expectation would be to have high HDI values associated with low HPI values.

The HPI rank of each province is obtained by subtracting the order of ranking of each province from 11. By subtracting this ranking from the HDI rank of each province, a zero would indicate perfect consistency between the HDI and the HPI rankings. A small absolute figure would indicate minor departures between policy prescriptions arising from the HDI analysis and those arising from the HPI analysis. Table 27 shows that of the 10 provinces there is perfect consistency between HDI and HPI rankings in two of Zimbabwe's 10 provinces (Matebeleland North and Masvingo), while in the remainder the rankings differ by only one unit either way. This means that policy prescriptions based on 1-HPI analysis would not differ substantially from those based on HDI analysis.

Table 27
Comparing Provincial HDI and HPI Rankings

Province	HDI	HDI Rank	HPI	HPI Rank	11-(HPI Rank)	HDI Rank - (11-HPI Rank)
Harare	0.79	1	9.73	9	2	-1
Bulawayo	0.75	2	7.73	10	1	1
Zimbabwe	0.72		17.40			
Midlands	0.58	3	17.61	7	4	-1
Mat South	0.57	4	16.96	8	3	1
Mat North	0.53	5	19.59	6	5	0
Mash West	0.52	6	20.49	4	7	-1
Mash East	0.52	7	19.71	5	6	1
Masvingo	0.51	8	21.20	3	8	0
Mash Central	0.51	9	25.69	1	10	-1
Manicaland	0.47	10	21.71	2	9	1

Key Issues Raised by the Data

Based on the above analysis of HPI data, several issues deserve to be highlighted:

- i) At the provincial level, human poverty is highest in Mashonaland Central, followed by Manicaland, Masvingo, Mashonaland West, Mashonaland East, Matebeleland North, Midlands, Matebeleland South, Harare and Bulawayo. It is interesting to note that three of the five provinces ranking highest in HPI are in Mashonaland, which historically has been among the highest maize selling areas. As Rukuni and Jayne (1995) have observed, a high concentration of sales among a small proportion of well-equipped producers "explains why many communal areas may be grain surplus in the aggregate despite the fact that the majority of households are grain deficit." It should also be noted from Table 21 that these Mashonaland Provinces have amongst the highest levels of children under-weight. Already in the late 1980s it was reported that:

"Households which may be selling maize and other food commodities under 'distress' may not be retaining enough supplies to meet annual food requirements and as a result may suffer from a certain amount of undernutrition and some resulting malnutrition"(Amin, 1988).

Such anomalies are in a significant way related to inequalities of land distribution and tenure, technology extension credit markets and skills development. It is of further interest to note that in the government's 1997 land reform initiative Mashonaland Central and Mashonaland East are among the areas least affected by the proposed land acquisition programme (Moyo, 1998).

A fact worth noting is that these provinces have high concentrations of farm workers. In Mashonaland West, for example, more than 50% of the population of the province constitutes farm workers (Population Census 1992). More detailed analysis of HPI and HDI between different land tenure systems is needed to draw further conclusions.

- ii) Generally human poverty is higher in rural areas than in the urban sector. An analysis of the different components of the HPI reveals that with the exception of access to health care, rural areas are clearly worse off than their urban counterparts in the constituent aspects of human poverty. The greater poverty in the rural sector is reflected in the fact, shown by the PASS data, that the population in the communal areas receives 35% of its income from largely urban transfers.

Lack of access to clean water is the most significant indicator of human poverty, especially in rural areas with a striking lack of access. Minority control of water rights mean that almost a quarter of Zimbabwe's total population lack access to safe water. Urgent action is therefore needed to broaden control over water resources and increase access.

- iii) In all provinces female levels of human poverty are higher than males. In rural areas, particularly in communal and resettlement areas, this situation is in large measure related to the tenuous position of women with regard to land tenure. As one commentator has observed:

"In the communal and resettlement farming areas, where polygamy is higher than the national average, usually the eldest son or brother of the registered male farm owner takes over the farm and its stock and assets. The rest of the non-inheriting wives and their children are not guaranteed survival and, in many instances, they have been run off the farm... Some widows have been disinherited by their sons who are designated heirs on the farms. These disinherited women and their children usually join the landless rural poor who provide cheap labour to commercial and communal farmers, or they migrate into towns and stay with relatives in low-income urban areas" Caidzanwa, 1998).

The level of adult illiteracy is fairly evenly distributed at a provincial level with Mashonaland Central, Matebeleland North, Manicaland and Masvingo showing the highest levels. In all provinces females show a higher level of literacy than males. This reflects the lower priority given to female education in families.

In addition, the importance of the figures on illiteracy relates to issues of empowerment, in particular in areas of information and communication. Those unable to read have limited access to sources of information. This problem is exacerbated by the limited sources of information for people in the rural areas more generally. Thus in the communal areas only 27% of households have access to radio/TV while 73% rely on rallies and local meetings for information on government programmes. On a more general level most Zimbabwean households rely on radio/TV (54%), word of mouth (53%), and rallies (41%) for information concerning government policies and programmes (see Table 28 below).

Table 28
Source of Information on Government Policies / Programmes

Source	No.	%
TV/Radio	3809	54
Word of Mouth/Neighbours/School Children	4024	63
Newspapers/Magazines	3708	30
Posters/Bulletins	3691	10
Rallies/ Local Meetings	3713	41
Other	2090	3

Source: Fourth Round of Sentinel Surveillance for SDA. Monitoring June 1994.

Creating the channels through which the majority of people can receive information and participate in the process of communication is a key to human development and the eradication of poverty. Poverty is not only a state of economic deprivation, but can also be viewed as a state in which people lack the basic information and knowledge to improve their social and material condition. This suggests a strong link between economic poverty and "information poverty". Moreover, a two-way exchange of information makes it possible to elicit more information from rural people themselves in order to guide development planning (FAO, 1994).

- iv) There are an unacceptable number of people in Zimbabwe with no access to health care, two-thirds of them because of the high cost of health care and the remaining third because of the distance to health facilities. In urban areas the high cost of health care is an almost universal concern, while in rural areas, costs and distance are of equal concern to users. Contrary to expectations, urban access to health care is better than rural access in only half of Zimbabwe's eight provinces. In the light of these findings, the growing cost of health care under structural adjustment in both urban and rural areas, and its relationship to the spread of poverty, pose particular challenges to policy makers and development agents.

- CHAPTER V -

CONCLUSIONS AND RECOMMENDATIONS

Zimbabwe's history since 1980 serves to confirm the lessons of experience elsewhere in the world. "Major efforts to improve the distribution of income cannot rely on populist promises of higher wages and extensive direct economic controls and regulations — efforts that are temporary at best. The initial improvements in distribution through these paths come from arbitrary gains in income, gains that later evaporate as adjustment inevitably occurs," (Fishlow 1995).

Applying this analysis to the Zimbabwe experience, chapter 2 showed that the command economy measures of the 1980s affecting prices, incomes, wages, the creation of state-owned enterprises, taxes and public spending, have all been reversed since the adoption of ESAP in 1990. By any objective yardstick—unemployment, real average wages, real public spending on health and education, average real income per capita, real consumption per capita—the average Zimbabwean is no better off than 18 years ago.

Although Zimbabwe pursued what was officially described as a "Growth With Equity" strategy during the 1980s, as this report shows, the results in respect of both growth and equity were disappointing. A redistributive fiscal policy was combined with labour market instruments — high minimum wages, generous unemployment benefits and job protection measures — to benefit those at the bottom of the income distribution pyramid.

The strategy involved increased public spending, targeting education and health and higher levels of public sector employment, partly financed by a highly progressive tax system, and foreign assistance. It was bolstered by two main structural inputs:

- the creation of new state-owned enterprises, and
- the plan to resettle 162 500 families between 1982 and 1985.

The result was that government spending increased to 47% of GDP, funded by high levels of taxation (37% of GDP) and public sector borrowing, mainly in the domestic market, culminating in a serious domestic debt-trap. Accordingly, by the late 1980s, it was clear that not only was the strategy failing to deliver in terms of poverty alleviation

—especially the creation of wage employment in the formal sector—but that it was also fiscally unsustainable. At the same time, the intended—and actual—institutional and structural changes to the economy, had either failed to materialise on the scale envisaged, as in the case of resettlement, or been unsuccessful as in the proliferation and expansion of state-owned enterprises.

The 1990 adoption of the Economic Structural Adjustment Programme (ESAP) shifted the focus of poverty alleviation from fiscally-driven redistribution to one targeting increased private sector investment and exports. The expectation was that this would generate faster economic growth and rapid job-creation, along with a broader tax-base that would ease the fiscal burden. Institutional change was to be driven by public sector restructuring, including privatisation, underpinned by indigenisation and acceleration of the stalled land resettlement programme.

After nearly eight years of economic reform, the failure of this strategy can be traced to a combination of adverse exogenous influences most notably drought and weak commodity markets and prices — and inconsistent policies, erratic implementation, growing corruption and a continuing failure to tackle land reform. Moreover, the failure of two different economic strategies — one socially inspired and the other market driven — suggests that poverty alleviation strategies can only be successful where economic policies are backed by sufficient political momentum (UNDP, 1997).

The political dimension

The Zimbabwean state finds itself weakened by a combination of weak macroeconomic management, the state's incapacity to respond to pressure for more transparency in governance and the growing impact of globalisation on state control of economic policymaking.

As a basis for political renewal, an effective national response to global order, the state will need to provide more political space for democratic debate, and popular empowerment and participation. Already the government has moved towards the idea of a broad social contract between the major stakeholders of the economy and recent initiatives such as the National Consultative Economic Forum need to be nurtured.

The Role of the State in Combating Poverty

At the end of the 20th century, it is generally agreed that poverty in the midst of plenty is socially unacceptable. Accordingly, governments in poor countries should not only pursue pro-growth policies, but policies that will ensure that the entire community shares in the benefits of that growth, not necessarily equally.

In the industrialised economies of the OECD, governments seek to provide safety-nets to counter high levels of social inequality. But in developing economies, such as Zimbabwe, governments lack the resources—and very often also the capability—to reduce inequality and alleviate poverty (Chapter 2). In poor countries, governments are often unable to produce the most basic public goods and infrastructure necessary for development. According to Alesina, (1997) "In sub-Saharan countries and even several Asian countries (the Philippines and Indonesia), public consumption and transfers are often mistargeted, do not reduce income inequality, and largely support special interest, defined socially, geographically or by occupation".

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Government failure

Alesina argues that governments "fail" either because they are too large as in the OECD, or because they are both small and inefficient as is the case throughout Africa. "Better government performance to achieve social goals implies switching from a tax-evading economy with no infrastructure and with mistargeted safety nets, to a tax-paying formal economy with a relatively small, but efficient safety nets," (Alesina 1997). These reforms are unlikely to succeed, however, without increased bureaucratic efficiency on the one hand and a reduction of corruption on the other.

A Holistic Approach

Poverty eradication in Zimbabwe is a formidable task and all the more difficult, as the experience of the 1990s has shown, when the policy has emphasised budget deficit reduction rather than creating an environment for sustainable economic growth and poverty reduction.

The deterioration in the global aid climate and the growing reliance of emerging economies on private capital inflows and investment, are making it increasingly difficult to fund poverty reduction programmes, such as land redistribution and infrastructure development.

The challenge to Zimbabwe policymakers in the 21st century is securing complementarity between policies that:

- a. foster growth and
- b. enhance equity.

There is no necessary trade-off between growth and poverty reduction. Distributional objectives such as poverty alleviation and increased income equality can be achieved within the framework of a growing economy. Growth with redistribution depends on securing an improvement in initial conditions—in Zimbabwe's case more equitable land ownership and increased and better-distributed human capital through education and health programmes—combined with a policy environment conducive to employment generating sectors, notably agriculture and exports (Ahluwalia 1995).

A. The Economy

The essential ingredients of a poverty alleviating macroeconomic strategy are:

- Policies designed to achieve relative price stability, rapid economic growth and viable external payments and foreign debt profiles;
- Structural policies to enhance growth by creating an enabling environment to foster savings and investment;
- The promotion of good governance, transparency and accountability and the reduction or elimination of corruption;
- A system of easily administered taxes with a broad tax base, moderate tax rates and the minimum of exemptions;
- The reduction of unproductive expenditure (military spending, subsidies to inefficient state enterprises) and the efficient reallocation of public spending to activities most beneficial to the poor, especially healthcare and education;
- Well-targeted social safety nets.

1. Land redistribution

That land redistribution and resettlement must be a major part of any poverty alleviation strategy for the 21st century is widely acknowledged. There is some encouraging evidence to suggest that land can be redistributed in such a way as to both alleviate poverty and stimulate faster economic growth. Kinsey (1998 forthcoming) shows that average incomes at constant prices increased more than fivefold on some 350 to 400 farms that were resettled in the early 1980s. The IMF's External Evaluation report notes that in this case, resettlement may well have been more effective in protecting the poor than the short-run targeted policies adopted under structural adjustment.

2. Economic policy

Equally as important as land redistribution, if not more so, is the implementation of economic policies designed to ensure that the economy expands at an average rate of at least 6% a year — almost double that achieved since 1980. Although there is some evidence to suggest that rapid economic growth may be associated with greater income and wealth inequality, the bulk of the research shows a strong positive correlation between per capita income growth and a reduction in poverty and income inequality.

Globalisation demands an open economy, increased levels of joint private-public investment in infrastructure to "crowd in" greater private sector investment and strong competition policies to eliminate, or at least reduce, entry barriers and regulations that constrain the growth and development of small and medium-scale enterprises.

3. Re-building and re-engineering the state

The background papers prepared for this report give ample evidence that the emphasis on so far unsuccessful budget deficit reduction has damaged Zimbabwe's social, administrative and institutional fabric. The state needs to be re-engineered to ensure that it is better able to perform the reduced role that it is being called upon to fulfill as a result of public sector downsizing, commercialisation and privatisation.

At the same time, substantially increased levels of public sector investment, especially in the physical and social infrastructure, will be required. Given the constraints on the public purse this will require major public sector restructuring.

4. Reinvigorating the social services sector of the economy

Urgent attention must be given to social services over the next few years. As the Botchwey report (1998) pointed out, resources to public healthcare have been dramatically reduced at a time when the "demand for healthcare was rising enormously and predictably". The Aids crisis, which accounts for the decline in life expectancy and Zimbabwe's 1997 downgrading in the UN Human Development Report, calls for substantially increased expenditure on public health. Similarly, the development of a globally competitive enterprise sector in Zimbabwe is dependent on a much deeper and broader skills base than that currently available to potential investors.

5. Focusing on employment

Sustained, rapid economic growth will generate more job opportunities in the formal sector which must become the most important single engine of poverty reduction. To that end, efficient macroeconomic policies in respect of taxation and public spending, industrial 'protection and competition, will be necessary.

6. A focus on competitiveness and export-led growth

In a globalised economy, employment creation and income generation are a function of competitiveness in the enterprise sector. A rich natural resource base and a large pool of unskilled labour is no longer a platform for self-sustained economic development.

Given the small domestic market economic growth will have to be export led. That in turn requires greater and better co-ordinated efforts to attract foreign direct investment, a competitive exchange rate policy and effective fiscal and monetary strategies that will curb inflation.

There is a great deal of evidence to show that export-led growth is both more job-intensive and more likely to secure the transfer of technology than inward-focused industrial strategies. In any event, inward-focused growth has no attraction for a small economy like Zimbabwe.

7. Political commitment

Economic reform since 1990 has been beset by two key problems:

- (i) political commitment has been insufficient to keep the economic reform programme on track and meet key targets; as a result ESAP stalled and unemployment poverty increased.
- (ii) the programme was flawed in the sense that it assumed that "getting prices right" would stimulate the manufacturing- and export-led economic and employment growth needed to alleviate poverty.

If Zimbabwe is to avoid repeating the ESAP experience, the lessons of both policy design and implementation must be learned. Without greater political commitment than in the period 1990 to 1997, the targets set by Zimprest in the areas of GDP, export and employment growth may be unreachable.

B. Education

1. The provision of education at all levels has increased dramatically since independence. While basic education is widely recognised as a necessary pre-condition for economic growth, the Zimbabwean experience clearly demonstrates that, in itself, it is not sufficient.
2. Data systems within the two ministries of education are currently weak. Much information is collected, but little is analysed or disseminated. Annual Reports of both ministries are now three years behind schedule. Substantial improvements in information systems are underway and/or planned in both ministries and, in subsequent years, a much richer source of indicators will be available.
3. Due to failures in the economy, the existing education system is poorly resourced, relative to its objectives and structure. Compared to most low-income countries, Zimbabwe allocates an unusually high share of the budget and GDP to the education and training sector and increases in such allocations are unlikely. As a consequence, quality has declined and this has adversely affected efficiency, as well.
4. Because of poor market conditions and the excessively academic and credential-oriented nature of the system, external efficiency is low and education no longer provides a promising vehicle for poverty alleviation. The existing centralised system provides relatively fewer resources to children of poor families at all levels of the system. At the level of ECEC this takes the form of extremely low levels of public support, conditional on communities' ability to finance and construct facilities which qualify for registration. At the primary level, the disparity takes the form of a centralised teaching force where poorer, remote, rural communities, receive a smaller share of resources due to their inability to attract or retain highly qualified teachers. At the secondary level, children from poorer communities are less likely to enter or complete their education, because of inferior preparation. At the secondary level, significant differences in gender equity begin to appear. The vocational technical sector is highly subsidised (divorcing it from market forces and the need to improve efficiency). Because of increasingly higher entry standards (due to the expansion of secondary education), children of the poor are most likely to be under-represented.
5. While the education system was extremely successful in increasing access during the expansion years of the early 1980's, in its present form, it is probably relatively inequitable and inefficient in poverty alleviation.
6. As noted in the introduction, investments in education can assist in poverty alleviation in two basic ways. To the extent that these investments increase the rate of economic growth, opportunities for all citizens increase, on average. To the extent that educational interventions and subsidies are targeted at the poor, the relative position of families and children in poverty can improve (relative to the general population).
7. In the current economic situation, investments in education do not appear to be working effectively in either way. Poor economic management, high budget deficits, and a regulatory environment which discourages investment, are impediments to economic growth. The current system of centralised management, particularly finance and subsidies, appears to negatively discriminate against the poor.
8. The Government is committed to new policies of decentralisation and devolution of power to local authorities and institutions as well as to economic reform. A newly- formed Presidential Commission of Inquiry will be reviewing the curriculum and other aspects of the education and training system. Progress in both economic reform and restructuring of education will be essential, if investments in education and training are to be effective in poverty alleviation.

C. Health

1. Demographic and health indicators improved greatly during the first independence decade. Life expectancy increased, infant, child and maternal mortality declined, contraceptive prevalence increased and fertility started to decline. There was massive investment in rural water and sanitation and in the building of new health centres. But economic growth could not keep pace with the policies of

redistribution. Economic structural adjustment policies led to the removal of subsidies, which had helped to cushion the poor. Health cost recovery policies increased the barriers in access to health services, except at the primary level. Standard indicators like IMR, CMR and MMR started to worsen due to the combined effects of growing poverty, a decline in the quality of health care, and the HI V/Aids epidemic. There is still a significant gap between rural and urban areas in terms of access to water and sanitation and health facilities. Geographical imbalances in the distribution of health resources are yet to be corrected.

2. The poor—and women—are disadvantaged and more vulnerable to diseases because they have limited sexual choices and less access to basic education (Chandiwana et al, 1997). There is evidence that low socio-economic groups are at great risk of developing and dying from Aids. Women, who typically have limited access to productive resources, education, skills and employment opportunities, have equally limited access to health resources.
3. As the government faces the challenge of eradicating poverty, health sector policy needs to win the intersectoral support of various Ministries towards the elimination of geographical imbalances in health access between rural and urban areas, as well as the achievement of a sound and qualitative public health care system. At independence, free health care came to be seen as a universal right, but is now associated with low quality service or none at all. The current debate on the best health financing system must recognise that the failure to deliver health services to the poor will result in an increase in the burden of expensive diseases and in the death toll.
4. It is likely that for a long time to come, health financing will have to rely on a mixed system of free health services funded by the government budget, a social health insurance scheme, user fees, and private medical aid.
5. A cheap package of low quality curative health care will not meet the health needs of the poor. The challenge of future health reforms is for health managers and local authorities to provide a comprehensive package of qualified public health action, preventive services and infectious disease control measures for rural as well as urban populations.

Appendix 1: Human Development Comparisons in Zimbabwe

Table 1
Provincial HDI Comparisons in Zimbabwe

Province	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Harare	64	94.04	8.06	3876.24	4613.17	0.65	0.79	0.92	0.79	1
Bulawayo	67	93.65	7.18	3252.17	3252.17	0.70	0.77	0.77	0.75	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Midlands	61	81.52	5.56	2009.76	2009.76	0.60	0.66	0.47	0.58	3
Mat South	66	78.00	5.27	1746.99	1746.99	0.68	0.63	0.40	0.57	4
Mat North	65	73.72	4.89	1508.47	1508.47	0.67	0.59	0.34	0.53	5
Mash West	60	75.42	5.10	1644.66	1644.66	0.58	0.61	0.38	0.52	6
Mash East	61	79.88	5.46	1350.89	1350.89	0.60	0.65	0.31	0.52	7
Masvingo	59	75.85	5.06	1530.64	1530.64	0.57	0.61	0.35	0.51	8
Mash Central	58	67.00	4.93	1841.34	1841.34	0.55	0.55	0.43	0.51	9
Manicaland	57	75.22	4.96	1204.54	1204.54	0.53	0.60	0.27	0.47	10

Table 2
Provincial HDI Comparisons in Zimbabwe by Gender (Male)

Province	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Harare	63	95.04	8.37	3882.00	4783.75	0.63	0.81	0.93	0.79	1
Bulawayo	66	94.74	7.38	3501.33	3501.33	0.68	0.79	0.83	0.77	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Midlands	66	82.95	5.51	2015.78	2015.78	0.68	0.67	0.47	0.61	3
Mat South	60	86.98	5.92	2156.06	2156.06	0.58	0.70	0.50	0.59	4
Mat North	65	88.96	5.24	1709.56	1709.56	0.67	0.70	0.39	0.59	5
Mash West	58	82.04	5.65	1758.00	1758.00	0.55	0.66	0.41	0.54	6
Mash East	61	84.89	5.80	1431.27	1431.27	0.60	0.69	0.33	0.54	7
Masvingo	58	83.48	5.37	1709.72	1709.72	0.55	0.67	0.39	0.54	8
Mash Central	57	77.00	5.48	1921.90	1921.90	0.53	0.63	0.45	0.54	9
Manicaland	56	82.55	5.22	1356.10	1356.10	0.52	0.66	0.31	0.50	10

Table 3
Provincial HDI Comparisons in Zimbabwe by Gender (Female)

Province	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Harare	64	92.88	7.73	3869.34	4430.79	0.65	0.78	0.92	0.78	1
Bulawayo	67	92.53	6.98	2995.44	2995.44	0.70	0.76	0.71	0.72	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Midlands	62	76.58	5.21	1868.33	1868.33	0.62	0.62	0.43	0.56	3
Mat South	66	74.06	5.06	1495.60	1495.60	0.68	0.60	0.34	0.54	4
Mat North	62	75.52	5.15	1280.11	1280.11	0.62	0.61	0.29	0.51	5
Mash West	65	67.37	4.57	1324.21	1324.21	0.67	0.54	0.30	0.50	6
Mash East	61	68.66	4.54	1531.61	1531.61	0.60	0.55	0.35	0.50	7
Masvingo	59	5.80	4.40	1763.64	1763.64	0.57	0.48	0.41	0.49	8
Mash Central	60	69.79	4.78	1365.85	1365.85	0.58	0.56	0.31	0.48	9
Manicaland	58	69.22	4.73	1063.95	1063.95	0.55	0.56	0.24	0.45	10

Table 4
Provincial HDI Comparisons in Zimbabwe by Urban/Rural (Urban)

Province	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Midlands	62	93.30	7.26	3606.36	3606.36	0.62	0.77	0.86	0.75	1
Masvingo	60	93.37	7.42	3676.86	3676.86	0.58	0.78	0.88	0.75	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	3
Mat South	64	89.74	6.84	3228.11	3228.11	0.65	0.74	0.77	0.72	4
Mash Central	61	85.80	7.00	3450.67	3450.67	0.60	0.72	0.82	0.71	5
Mash East	61	78.97	7.15	3020.43	3020.43	0.60	0.68	0.72	0.67	6
Mash West	61	86.25	6.95	2752.46	2752.46	0.60	0.72	0.65	0.66	7
Mat North	65	88.15	6.21	2244.75	2244.75	0.67	0.72	0.53	0.64	8
Manicaland	61	72.33	6.44	2245.26	2245.26	0.60	0.62	0.53	0.58	9
Midlands	62	93.30	7.26	3606.36	3606.36	0.62	0.77	0.86	0.75	10

Table 5
Provincial HDI Comparisons in Zimbabwe by Urban/Rural (Rural)

Province	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Mat South	66	76.63	4.95	1457.08	1457.08	0.68	0.61	0.33	0.54	1
Mash East	62	91.82	5.32	1221.29	1221.29	0.62	0.72	0.27	0.54	2
Mat North	65	71.25	4.72	1418.25	1418.25	0.67	0.57	0.32	0.52	3
Midlands	60	77.19	4.91	1423.14	1423.14	0.581	0.62	0.32	0.51	4
Manicaland	56	93.06	4.71	1032.04	1032.4	0.52	0.72	0.23	0.49	5
Mash West	59	71.53	4.56	1324.22	1324.22	0.57	0.57	0.30	0.48	6
Masvingo	59	73.91	4.71	1221.03	1221.03	0.57	0.59	0.27	0.48	7
Mash Central	58	65.10	4.54	1532.78	1532.78	0.55	0.53	0.35	0.48	8

Table 6
Regional HDI Comparisons in Zimbabwe Manicaland Province

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Rusape	63	93.44	8.34	3930.294	6866.09	0.63	0.80	0.94	0.79	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Mutare Urban	61	94.09	6.93	2487.03	2487.03	0.60	0.77	0.58	0.65	2
Makoni	61	82.35	5.32	1245.80	1245.80	0.60	0.66	0.28	0.51	3
Mutasa	57	78.36	5.12	1456.91	1456.91	0.53	0.63	0.33	0.50	4
Nyanga	59	67.91	5.00	1363.58	1363.58	0.57	0.56	0.31	0.48	5
Chirimanmani	59	74.14	4.62	1106.90	1106.90	0.57	0.59	0.25	0.47	6
Mutare Rural	57	82.52	5.05	871.92	871.92	0.53	0.66	0.19	0.46	7
Buhera	57	81.64	4.81	810.93	810.93	0.53	0.64	0.17	0.45	8
Chipinge	52	53.50	3.98	916.65	916.65	0.45	0.20	0.44	0.20	9

Table 7
Regional HDI Comparisons in Zimbabwe by Gender (Manicaland Province – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Rusape	60	93.08	9.59	3913.72	6020.17	0.58	0.82	0.93	0.78	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Mutare Urban	60	94.61	6.99	2785.37	2785.37	0.58	0.78	0.66	0.67	2
Makoni	60	84.49	5.48	151246	151246	0.58	0.68	0.35	0.54	3
Mutasa	56	83.37	5.26	1532.46	153246	0.52	0.67	0.35	0.51	4
Nyanga	57	77.43	5.25	1638.55	1638.55	0.53	0.63	0.38	0.51	5
Chirimanmani	58	8142	4.99	1269.62	1269.62	0.55	0.65	0.29	0.50	6
Mutare Rural	57	85.58	5.22	931.75	931.75	0.53	0.68	0.20	0.47	7
Buhera	55	87.79	4.91	796.58	796.58	0.50	0.69	0.17	0.45	8
Chipinge	51	70.10	4.44	1035.80	1035.80	0.43	0.56	0.23	0.41	9

Table 8
Regional HDI Comparisons in Zimbabwe by Gender (Manicaland Province – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Rusape	65	93.80	7.17	3960.01	7806.00	0.67	0.77	0.95	0.80	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Mutare Urban	61	93.49	6.85	2126.04	2126.04	0.60	0.77	0.50	0.62	2
Makoni	62	80.64	5.17	1008.55	1008.55	0.62	0.65	0.22	0.50	3
Mutasa	59	74.24	4.99	1393.03	1393.03	0.57	0.60	0.32	0.50	4
Nyanga	59	77.22	4.73	822.80	822.30	0.57	0.61	0.18	0.45	5
Chirimanmani	57	80.02	4.89	819.14	819.14	0.53	0.64	0.18	0.45	6
Mutare Rural	60	60.54	4.80	1146.42	1146.42	0.58	0.50	0.26	0.45	7
Buhera	59	67.94	4.25	945.45	945.45	0.57	0.54	0.21	0.44	8
Chipinge	54	41.38	3.51	793.94	793.94	0.48	0.35	0.17	0.33	9

Table 9
Regional HDI Comparisons in Zimbabwe (Mashonaland Central Province)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Bindura urban	63	88.30	7.22	2719.78	2719.78	0.63	0.74	0.64	0.67	1
Shamva	57	70.20	5.09	2672.05	2672.05	0.53	0.57	0.63	0.58	2
Mazowe	61	72.30	5.14	1883.62	1883.62	0.60	0.59	0.44	0.54	3
Bindura Rural	59	71.30	5.12	1949.91	1949.91	0.57	0.58	0.45	0.53	4
Mt. Darwin	60	63.50	4.29	1557.89	1557.89	0.58	0.51	0.36	0.48	5
Guruve	56	64.00	4.55	1528.85	1528.85	0.52	0.52	0.35	0.46	6
Centenary	55	59.30	3.89	1226.80	1226.80	0.50	0.48	0.28	0.42	7
Rushinga	57	51.80	4.80	1025.97	1025.97	0.53	0.46	0.23	0.41	8

Table 10
Regional HDI Comparisons in Zimbabwe by Gender (Mashonaland Central Province – Male)

Province	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Bindura urban	62	91.90	4.74	2727.93	2727.93	0.62	0.71	0.64	0.66	1
Shamva	55	78.60	7.95	2718.75	2718.75	0.50	0.69	0.64	0.61	2
Bindura Rural	59	78.80	5.28	2052.71	2052.71	0.57	0.64	0.48	0.56	3
Mazowe	59	80.10	4.62	2018.83	2018.83	0.57	0.63	0.47	0.56	4
Mt.Darwin	60	75.80	5.42	1589.08	1589.08	0.58	0.62	0.36	0.52	5
Guruve	56	75.10	5.78	1628.98	1628.98	0.52	0.62	0.37	0.50	6
Rushinga	60	69.00	5.77	1061.28	1061.28	0.58	0.58	0.24	0.47	7
Centenary	54	69.60	5.19	1378.96	1378.96	0.48	0.57	0.31	0.45	8

Table 11
Regional HDI Comparisons in Zimbabwe by Gender (Mashonaland Central Province – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Bindura urban	64	84.40	3.06	2712.87	2712.87	0.65	0.63	0.64	0.64	1
Shamva	58	62.20	6.61	2626.64	2626.64	0.55	0.55	0.62	0.57	2
Bindura Rural	60	63.40	4.95	1841.53	1841.53	0.58	0.53	0.43	0.51	3
Mazowe	62	64.60	3.98	1739.26	1739.26	0.62	0.51	0.40	0.51	4
Mt. Darwin	60	53.50	4.24	1529.85	1529.85	0.58	0.45	0.35	0.46	5
Guruve	57	54.60	4.46	1439.51	1439.51	0.53	0.46	0.33	0.44	6
Centenary	55	49.60	3.98	1068.15	1068.15	0.50	0.41	0.24	0.38	7
Rushinga	57	42.30	4.43	993.66	993.66	0.53	0.37	0.22	0.37	8

Table 12
Regional HDI Comparisons in Zimbabwe (Mashonaland East Province)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Maro. Urban	61	92.76	6.99	2850.59	2850.59	0.60	0.76	0.67	0.68	1
Chikomba	62	87.03	5.96	1816.15	1816.15	0.62	0.70	0.42	0.58	2
Hwedza	61	87.02	6.31	1562.28	1562.28	0.60	0.71	0.36	0.56	3
Seke	62	83.66	5.88	1552.56	1552.56	0.62	0.68	0.36	0.55	4
Gororionzi	62	80.62	5.65	1599.21	1599.21	0.62	0.66	0.37	0.55	5
Maro. Rural	62	83.41	5.77	1282.49	1282.49	0.62	0.68	0.29	0.53	6
Murehwa	62	82.27	5.23	1016.10	1016.10	0.62	0.66	0.22	0.50	7
UMP	62	73.24	4.92	1238.65	1238.65	0.62	0.59	0.28	0.50	8
Mutoko	63	72.62	5.01	867.71	867.71	0.63	0.59	0.19	0.47	9
Mudzi	60	61.86	4.15	709.36	709.36	0.58	0.50	0.15	0.41	10

Table 13
Regional HDI Comparisons in Zimbabwe by Gender (Mashonaland East Province – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Maro. Urban	62	93.96	7.33	3060.14	3060.14	0.62	0.78	0.72	0.71	1
Chikomba	61	90.38	6.26	1946.46	1946.46	0.60	0.73	0.45	0.59	2
Flwedza	61	89.78	6.62	1801.51	1801.51	0.60	0.74	0.42	0.59	3
Goromonzi	61	84.76	6.05	1692.52	1692.52	0.60	0.69	0.39	0.56	4
Seke	61	85.3	6.23	1624.71	1624.71	0.60	0.70	0.37	0.56	5
UMP	61	81.93	5.61	1446.49	1446.49	0.60	0.66	0.33	0.5	6
Maro. Rural	60	85.26	6.06	1312.98	1312.98	0.58	0.69	0.30	0.52	7
Murehwa	60	85.41	5.38	956.17	956.17	0.58	0.68	0.21	0.49	8
Mutoko	62	80	59	74.22	4.56	751.33	751.33	0.57	0.59	9
Mudzi	59	74.22	4.56	751.33	751.33	0.57	0.59	0.16	0.44	10

Table 14
Regional HDI Comparisons in Zimbabwe by Gender (Mashonaland East Province – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.65	0.72	
Maro. Urban	60	91.58	6.64	2644.42	2644.42	0.58	0.75	0.75	0.65	1
Chikomba	63	84.32	5.73	1109.94	1709.94	0.63	0.68	0.68	0.57	2
Flwedza	63	81.36	5.52	1486.87	1486.87	0.63	0.66	0.66	0.54	3
Goromonzi	61	84.67	6.04	1373.47	1373.47	0.60	0.69	0.69	0.53	4
Seke	64	81.57	5.31	1254.29	1254.29	0.65	0.66	0.66	0.53	5
UMP	62	76.67	5.29	1512.58	1512.58	0.62	0.62	0.62	0.53	6
Maro. Rural	61	79.63	5.10	1071.50	1071.50	0.60	0.64	0.64	0.49	7
Murehwa	62	68.23	4.35	1060.90	1060.90	0.62	0.53	0.53	0.46	8
Mutoko	63	52.73	4.78	847.12	847.12	0.63	0.54	0.54	0.45	9
Mudzi	61	52.73	3.82	676.22	676.22	0.60	0.43	0.43	0.39	10

Table 15
Regional HDI Comparisons in Zimbabwe (Mashonaland West Province)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Chegutu Urban	62	89.03	8.01	3503.51	3503.51	0.62	0.76	0.83	0.74	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Karoyi	63	88.37	6.78	2821.58	2821.58	0.63	0.73	0.67	0.68	2
Kariba Urban	61	85.51	7.22	2879.10	2879.10	0.60	0.72	0.68	0.67	3
Kadoma urban	60	89.15	6.61	2620.18	2620.18	0.58	0.73	0.62	0.64	4
Chinhoyi	60	86.76	6.64	2605.70	2605.70	0.58	0.72	0.61	0.64	5
Chegutu Rural	61	80.14	5.46	1988.54	1988.54	0.60	0.65	0.46	0.57	6
Kadoma Rural	59	79.63	5.88	1522.92	1522.92	0.57	0.65	0.35	0.52	8
Zvimba	59	71.58	4.49	1778.50	1778.50	0.57	0.57	0.41	0.52	8
Makonde	59	69.20	4.42	1281.52	1281.52	0.57	0.55	0.29	0.47	9
Hurungwe	59	66.63	4.65	1090.91	1090.91	0.57	0.54	0.24	0.45	10
Kariba Rural	55	59.17	3.43	550.61	550.61	0.50	0.47	0.11	0.36	11

Table 16
Regional HDI Comparisons in Zimbabwe by Gender (Mashonaland West Province – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
hegutu Urban	62	92.76	8.08	3455.29	3455.29	0.62	0.79	0.82	0.74	1
Karoyi	61	92.10	7.60	3490.14	3490.14	0.60	0.77	0.83	0.73	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Kariba Urban	59	90.45	8.10	3138.80	3138.80	0.57	0.77	0.74	0.69	3
Chinhoyi	59	91.04	7.32	2950.47	2950.47	0.57	0.76	0.70	0.68	4
Kadoma Urban	60	92.32	6.94	2737.79	2737.79	0.58	0.76	0.65	0.66	5
Chegutu Rural	61	83.85	5.82	2071.29	2071.29	0.60	0.68	0.48	0.59	6
Kadoma Rural	58	84.23	6.29	1666.29	1666.29	0.55	0.69	0.38	0.54	7
Zvimba	58	78.9g	5.07	1861.96	1861.96	0.55	0.63	0.43	0.54	8
Makonde	57	77.84	5.13	1388.83	13388.83	0.53	0.63	0.32	0.49	9
Hurungwe	58	77.05	5.17	1132.13	1132.13	0.55	0.62	0.25	0.47	10
Kariba Rural	55	72.77	4.13	626.93	626.93	0.50	0.57	0.13	0.40	11

Table 17
Regional HDI Comparisons in Zimbabwe by Gender (Mashonaland West Province – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Chegutu Urban	63	85.12	7.92	3555.50	3555.50	0.63	0.73	0.85	0.74	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Kadoma Urban	61	85.89	6.24	2496.84	2496.84	0.60	0.70	0.59	0.63	2
Kariba Urban	62	78.94	6.03	2554.47	2554.47	0.62	0.65	0.60	0.62	3
Karoyi	64	84.30	6.02	2171.86	2171.86	0.65	0.69	0.51	0.62	4
Chinhoyi	62	82.12	6.00	2286.36	2286.36	0.62	0.67	0.54	0.61	5
Chegutu Rural	61	76.54	5.09	1902.55	1902.55	0.60	0.62	0.44	0.55	6
Kadoma Rural	61	75.01	5.44	1366.53	1366.53	0.60	0.61	0.31	0.51	7
Zvimba	61	63.63	3.91	1696.52	1696.52	0.60	0.51	0.39	0.50	8
Makonde	61	59.87	3.73	1176.63	1176.63	0.60	0.48	0.26	0.45	9
Hurungwe	59	58.72	4.13	1050.74	1050.74	0.57	0.48	0.23	0.43	10
Kariba Rural	55	46.36	2.85	483.95	483.95	0.50	0.37	0.09	0.32	11

Table 18
Regional HDI Comparisons in Zimbabwe (Matebeleland North Province)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Umguza	64	84.62	6.17	2942.11	2942.11	0.65	0.69	0.70	0.68	1
Victoria Falls	64	91.16	6.92	2200.16	2200.16	0.65	0.75	0.51	0.64	2
Fiwange Urban	65	88.54	6.15	2200.10	2200.10	0.67	0.72	0.51	0.63	3
Tsholotsho	67	72.84	4.13	1364.97	1364.97	0.70	0.57	0.31	0.53	4
Bubi	68	76.04	4.67	104740	104740	0.72	0.61	0.23	0.52	5
Nkayi	66	76.04	4.64	1222.58	1222.58	0.68	0.60	0.27	0.52	6
Lupane	66	74.17	4.77	1220.28	1220.28	0.68	0.59	0.27	0.51	7
Fiwange Rural	65	69.88	4.55	647.13	647.13	0.67	0.56	0.13	0.45	8
Binga	60	49.29	3.49	66244	66244	0.58	0.40	0.14	0.37	9

Table 19
Regional HDI Comparisons in Zimbabwe by Gender (Matebeleland North Province – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Umguza	64	86.36	6.55	3241.47	3241.47	0.65	0.71	0.77	0.71	1
Hwange Urban	65	91.15	6.67	2658.05	2658.05	0.67	0.75	0.63	0.68	2
Vic Falls	65	93.47	7.71	241129	241129	0.67	0.78	0.37	0.67	3
Tsholotsho	67	79.13	4.26	1455.70	1455.70	0.70	0.62	0.33	0.55	4
Bubi	68	79.58	4.98	1284.31	1284.31	0.72	0.63	0.29	0.55	5
Lupane	66	80.36	4.86	1388.93	1388.93	0.68	0.64	0.32	0.55	6
Nkayi	66	81.11	4.81	1355.30	1355.30	0.68	0.64	0.31	0.54	7
Hwange Rural	65	78.05	4.79	698.93	698.93	0.67	0.62	0.15	0.48	8
Binga	60	62.22	3.99	654.32	654.32	0.58	0.50	0.14	0.41	9

Table 20
Regional HDI Comparisons in Zimbabwe by Gender (Matebeleland North Province – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Umguza	64	82.42	5.80	2639.40	2639.40	0.65	0.67	0.62	0.65	1
Vic Falls	64	87.59	6.00	1960.51	1960.51	0.65	0.71	0.46	0.61	2
Hwange Urban	65	85.27	5.47	1662.78	1662.78	0.67	0.68	0.38	0.58	3
Tsholotsho	67	68.62	4.02	1294.94	1294.94	0.70	0.54	0.29	0.51	4
Nkayi	66	72.07	4.50	1107.14	1107.14	0.68	0.57	0.25	0.50	5
Lupane	66	69.17	4.69	1055.64	1055.64	0.68	0.56	0.23	0.49	6
Bubi	67	73.00	4.37	831.92	831.92	0.70	0.58	0.18	0.49	7
Hwange Rural	65	62.09	4.30	594.56	594.56	0.67	0.50	0.12	0.43	8
Binga	60	38.27	3.09	668.66	668.66	0.58	0.32	0.14	0.35	9

Table 21
Regional MDI Comparisons in Zimbabwe (Matebeleland South Province)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Gwanda Urban	65	93.40	7.69	3916.19	6137.76	0.67	0.78	0.93	0.79	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Umzingwane	67	85.28	5.77	1685.86	1685.86	0.70	0.69	0.39	0.59	2
Gwanda Rural	66	82.08	5.69	1591.86	1591.86	0.68	0.67	0.37	0.57	3
Bulalimamangwe	67	75.32	4.34	1744.67	1744.67	0.70	0.59	0.40	0.56	4
Insiza	67	80.87	5.38	1416.05	1416.05	0.70	0.65	0.32	0.56	5
Beitbridge	61	62.17	5.84	2202.87	2202.87	0.60	0.54	0.51	0.55	6
Matobo	69	81.46	4.84	1240.66	1240.66	0.73	0.64	0.28	0.55	7

Table 22
Regional HDI Comparisons in Zimbabwe by Gender (Matebeleland South Province – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Gwancia Urban	66	94.29	7.88	3957.30	7736.71	0.68	0.79	0.94	0.80	1
Zimbabwe	61	8038	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Umzingwane	68	88.40	6.26	2204.46	2204.46	0.72	0.72	0.52	0.65	2
Gwanda Rural	66	86.36	5.89	1860.91	1860.91	0.68	0.70	0.43	0.60	3
Bulalimamangwe	67	80.25	4.44	1998.12	1998.12	0.70	0.63	0.46	0.60	4
Beitbridge	60	7033	6.17	252044	252044	0.58	0.60	0.59	0.59	5
Insiza	66	85.60	5.95	1471.80	1471.80	0.68	0.69	0.34	0.57	6
Matobo	70	84.72	4.74	1300.05	1300.05	0.75	0.66	0.29	0.57	7

Table 23
Regional HDI Comparisons in Zimbabwe by Gender (Matebeleland South Province – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Gwanda Urban	64	92.37	7.53	3879.34	4702.80	0.65	0.77	0.93	0.78	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Insiza	68	76.68	4.94	1369.67	1369.67	0.72	0.61	0.31	0.55	2
Matobo	69	78.94	4.93	1186.31	1186.31	0.73	0.63	0.27	0.54	3
Gwanda Rural	66	78.27	5.49	1344.32	1344.32	0.68	0.64	0.30	0.54	4
Bulalimamangwe	67	72.06	4.25	150848	150848	0.70	0.57	0.34	0.54	5
Umzingwane	67	8242	5.17	1040.71	1040.71	0.70	0.66	0.23	0.53	6
Beitbridge	62	55.98	5.53	191932	1919.32	0.62	0.49	0.45	0.52	7

Table 24
Regional HDI Comparisons in Zimbabwe (Midlands Province)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Gweru Urban	64	95.11	7.37	3507.02	3507.02	0.65	0.79	0.83	0.76	1
Shurugwe Urban	59	89.08	7.79	3866.06	4352.24	0.57	0.76	0.92	0.75	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.12	
Redcliff	60	93.41	7.57	335645	335645	0.58	0.78	0.80	0.72	3
Kwekwe Urban	61	92.69	7.16	3203.61	3203.61	0.60	0.77	0.76	0.71	4
Zvishavane Urban	62	90.04	7.22	3033.32	3033.32	0.62	0.75	0.72	0.70	5
Chirumanzu	63	82.61	5.59	1954.70	1954.70	0.63	0.67	0.45	0.58	6
Shurugwe Rural	63	82.77	5.75	1907.66	1907.66	0.63	0.67	0.44	0.58	7
Gweru Rural	65	81.05	5.26	1688.37	1688.37	0.67	0.65	0.39	0.57	8
Kwekwe Rural	62	79.20	5.27	1557.65	1557.65	0.62	0.64	0.36	0.54	9
Zvishavane Rural	63	82.65	5.39	1137.29	1137.29	0.63	0.66	0.25	0.51	10
Gokwe	57	74.86	4.84	1689.48	1689.48	0.53	0.60	0.39	0.51	11
Mberengwa	v62	75.39	4.55	1249.32	1249.32	0.62	0.60	0.28	0.50	12

Table 25
Regional HDI Comparisons in Zimbabwe by Gender (Midlands Province – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Redcliff	62	95.15	8.05	3792.00	3792.00	0.62	0.80	0.90	0.17	1
Gweru Urban	64	96.30	7.43	363546	363546	0.65	0.80	0.87	0.77	2
Shurugwi Urban	59	91.37	8.02	3887.24	4953.18	0.57	0.78	0.93	0.76	3
Zvishavane Urban	62	92.70	7.78	3478.85	3478.85	0.62	0.78	0.83	0.74	4
Kwekwe Urban	61	94.98	7.67	3366.26	3366.26	0.60	0.79	0.80	0.73	5
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Shurugwe Rural	62	87.16	5.98	2109.93	2109.93	0.62	0.71	0.49	0.61	6
chirumanzu	61	86.81	6.11	2141.96	2155.52	0.60	0.71	0.50	0.60	7
Gweru Rural	63	85.03	5.33	158419	158419	0.63	0.68	0.36	0.56	8
Kwekwe Rural	61	84.10	5.56	1687.68	1687.68	0.60	0.68	0.39	0.56	9
Zvishavane Rural	62	88.18	5.68	1294.80	1294.80	0.62	0.71	0.29	0.54	10
Gokwe	56	82.19	5.27	1809.42	1809.42	0.52	0.66	0.42	0.53	11
Mberengwa	60	83.95	4.91	130546	130546	0.58	0.66	0.30	0.51	12

Table 26
Regional HDI Comparisons in Zimbabwe by Gender (Midlands Province Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Gweru Urban	65	93.85	7.30	3366.47	3366.47	0.67	0.78	0.80	0.75	1
Shurugwi Urban	59	87.08	7.54	3751.30	3751.30	0.57	0.74	0.89	0.73	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Kwekwe Urban	61	90.40	6.72	3063.98	3063.98	0.60	0.74	0.73	0.69	3
Redcliff	59	91.38	6.98	2847.18	2847.18	0.57	0.75	0.67	0.66	4
Zvishavane Urban	62	87.71	6.70	2624.91	2624.91	0.62	0.72	0.62	0.65	5
Gweru Rural	66	77.22	5.20	1780.73	1780.73	0.68	0.62	0.41	0.57	6
Chirumanzu	65	79.09	5.05	1746.16	1746.16	0.67	0.63	0.40	0.57	7
Shurugwe Rural	64	78.77	5.51	1694.53	1694.53	0.65	0.64	0.39	0.56	8
Kwekwe Rural	62	74.77	4.97	1422.86	1422.86	0.62	0.60	0.32	0.51	9
Gokwe	59	68.50	4.45	1575.95	1575.95	0.57	0.55	0.36	0.49	10
Zvishavane Rural	63	77.49	5.16	1003.97	1003.97	0.63	0.62	0.22	0.49	11
Mberengwa	63	68.69	4.24	1196.61	1196.61	0.63	0.55	0.27	0.48	12

Table 27
Regional HDI Comparisons in Zimbabwe (Masvingo Province)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Masvingo Urban	60	95.15	7.71	3868.37	4406.98	0.58	0.79	0.92	0.76	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Bikita	59	77.04	4.73	1590.97	1590.97	0.57	0.61	0.37	0.52	2
Chivi	61	77.20	4.99	135339	1353.39	0.60	0.62	0.31	0.51	3
Chiredzi	57	61.24	4.85	2087.78	2087.78	0.53	0.51	0.49	0.51	4
Masvin9o Rural	59	80.25	5.19	1315.62	1315.62	0.57	0.64	0.30	0.50	5
Gutu	59	86.33	5.27	1087.12	1087.12	0.57	0.69	0.24	0.50	6
Zaka	60	74.11	4.95	1248.63	1248.63	0.58	0.60	0.28	0.49	7
Mwenezi	57	60.88	4.12	638.25	638.25	0.53	0.49	0.13	0.38	8

Table 28
Regional HDI Comparisons in Zimbabwe by Gender (Masvingo Province – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Masvingo Urban	61	96.26	8.00	3872.47	4510.45	0.60	0.81	0.92	0.78	1
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Bikita	59	85.81	5.10	2034.29	2034.29	0.57	0.68	0.47	0.57	2
Chiredzi	56	72.00	5.52	2473.44	2473.44	0.52	0.60	0.58	0.57	3
Masvingo Rural	61	89.14	5.65	1423.56	1423.56	0.60	0.71	0.32	0.54	4
Chivi	60	85.19	5.17	1281.93	1281.93	0.58	0.68	0.29	0.52	5
Gutu	58	90.73	5.41	1178.49	1178.49	0.55	0.72	0.26	0.51	6
Zaka	59	83.12	5.00	1300.64	1300.64	0.57	0.66	0.29	0.51	7
Mwenezi	56	71.24	4.33	660.33	660.33	0.52	0.57	0.14	0.41	8

Table 29
Regional HDI Comparisons in Zimbabwe by Gender (Masvingo Province – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Masvingo Urban	62	94.01	7.46	3864.58	4318.73	0.57	0.78	0.32	0.50	1
Zimbabwe	61	71.09	4.83	1415.23	1415.23	0.60	0.65	0.27	0.50	
Bikita	59	79.42	4.76	1215.43	1215.43	0.62	0.57	0.22	0.48	2
Chiredzi	61	83.03	5.15	1008.03	1008.03	0.60	0.63	0.27	0.47	3
Masvingo Rural	59	67.46	4.91	1203.39	1203.39	0.57	0.66	0.27	0.47	4
Chivi	58	70.79	4.41	1207.64	1207.64	0.60	0.55	0.38	0.45	5
Gutu	58	51.94	4.04	1638.68	1638.68	0.57	0.56	0.13	0.37	6
Zaka	59	52.65	3.94	618.35	618.35	0.55	0.43	0.92	0.76	7
Mwenezi	61	80.38	5.56	3819.91	3819.91	0.55	0.43	0.91	0.72	8

Table 30
Regional HDI Comparisons in Zimbabwe (Harare, Bulawayo and Chitungwiza)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Harare Urban	64	94.04	8.15	3889.87	5043.37	0.65	0.80	0.80	0.79	1
Bulawayo	67	93.65	7.18	3252.17	3252.17	0.70	0.77	0.77	0.75	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.65	0.72	
Chitungwiza	63	89.90	7.67	2727.93	2727.93	0.63	0.76	0.76	0.68	3

Table 31
Regional HDI Comparisons in Zimbabwe by Gender (Harare, Bulawayo and Chitungwiza – Male)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Harare	63	95.04	8.49	3895.12	5233.99	0.63	0.81	0.93	0.79	1
Bulawayo	66	94.74	7.38	3501.33	3501.33	0.68	0.79	0.83	0.77	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Chitungwiza	63	95.04	7.84	2756.36	2756.36	0.63	0.80	0.65	0.69	3

Table 32
Regional HOI Comparisons in Zimbabwe by Gender (Harare, Bulawayo and Chitungwiza – Female)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Harare	67	92.53	6.98	2995.44	2995.44	0.65	0.78	0.93	0.79	1
Bulawayo	64	92.88	7.79	3883.71	4837.45	0.70	0.76	0.71	0.72	2
Zimbabwe	61	80.38	5.56	3819.91S	3819.91	0.60	0.65	0.91	0.72	
Chitungwiza	64	92.88	7.49	2698.89	2698.89	0.65	0.78	0.64	0.69	3

Table 33
HDI Rankings of the 77 Districts in Zimbabwe

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Gwanda Urban	65	9340	7.69	3916.20	6137.76	0.67	0.78	0.93	0.79	1
Harare Urban	64	94.04	8.15	3889.87	5043.37	0.65	0.80	0.93	0.79	2
Rusape	63	93.44	8.34	3930.29	6866.09	0.63	0.80	0.94	0.79	3
Masvingo Urban	60	95.15	7.71	3868.37	4406.98	0.58	0.79	0.92	0.76	4
Gweru Urban	64	95.11	7.37	3507.02	3507.02	0.65	0.79	0.83	0.76	5
Shurugwe Urban	59	89.08	7.79	3866.06	4352.24	0.57	0.76	0.92	0.75	6
Bulawayo	67	93.65	7.18	3252.17	3252.17	0.70	0.77	0.77	0.75	7
Chegutu Urban	62	89.03	8.01	503.51	3503.51	0.62	0.76	0.83	0.74	8
Zimbabwe	61	80.3	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Redcliff	60	93.41	7.57	3356.45	3356.45	0.58	0.78	0.80	0.72	9
Kwekwe Urban	61	92.69	7.16	3203.61	3203.61	0.60	0.77	0.76	0.71	10
Zvishavane Urban	62	90.04	7.22	3033.32	3033.32	0.62	0.75	0.72	0.70	11
Umguza	64	84.62	6.17	2942.11	2942.11	0.65	0.69	0.70	0.68	12
Marondera Urban	61	92.76	6.99	2850.59	2850.59	0.60	0.76	0.67	0.68	13
Chitungwiza	63	89.90	7.67	2727.93	2727.93	0.63	0.76	0.64	0.68	14
Karoyi	63	88.37	6.78	2821.58	2821.58	0.63	0.73	0.67	0.68	15
Bindura Urban	63	88.30	7.22	2719.78	2719.78	0.63	0.74	0.64	0.67	16
Kariba Urban	61	85.51	7.22	2879.10	2879.10	0.60	0.72	0.68	0.67	17
Mutare Urban	61	94.09	6.93	2487.03	2487.03	0.60	0.77	0.58	0.65	18
Kadorna Urban	60	89.15	6.61	2620.18	2620.18	0.58	0.73	0.62	0.64	19
Victoria Falls	64	91.16	6.92	2200.16	2200.16	0.65	0.75	0.51	0.64	20
Chinhoyi	60	86.76	6.64	2605.70	2605.70	0.58	0.72	0.61	0.64	21
Hwange Urban	65	88.54	6.15	2200.10	2200.10	0.67	0.72	0.51	0.63	22
Umzingwane	67	85.28	5.77	1685.86	1685.86	0.70	0.69	0.39	0.59	23
Chirumanzu	63	82.61	5.59	1954.70	1954.70	0.63	0.67	0.45	0.58	24
Shurugwe Rural	63	82.77	5.75	1907.66	1907.66	0.63	0.67	0.44	0.58	25
Chikomba	62	87.03	5.96	1816.15	1816.15	0.62	0.70	0.42	0.58	26
Shamva	57	70.20	5.09	2672.05	2672.05	0.53	0.57	0.63	0.58	27
Gwanda Rural	66	82.08	5.69	1591.86	1591.86	0.68	0.67	0.37	0.57	28
Chegutu Rural	61	80.14	5.46	1988.54	1988.54	0.60	0.65	0.46	0.57	29
Gweru Rural	65	81.05	5.26	1688.37	1688.37	0.67	0.65	0.39	0.57	30
Bulalimamangwe	67	75.32	4.34	1744.67	1744.67	0.70	0.59	0.40	0.56	31
Insiza	67	80.87	5.38	1416.05	1416.05	0.70	0.65	0.32	0.56	32
Hwedza	61	87.02	6.31	1562.28	1562.28	0.60	0.71	0.36	0.56	33
Seke	62	83.66	5.88	1552.56	1552.56	0.62	0.68	0.36	0.55	34
Beitbridge	61	62.17	5.84	2202.87	2202.87	0.60	0.54	0.51	0.55	35
Matobo	69	81.46	4.84	1240.66	1240.66	0.73	0.64	0.28	0.55	36
Goromonzi	62	80.62	5.65	1599.21	1599.21	0.62	0.66	0.37	0.55	37
Mazowe	61	72.30	5.14	1883.62	1883.62	0.60	0.59	0.44	0.54	38
Kwekwe Rural	62	79.20	5.27	1557.65	1557.65	0.62	0.64	0.36	0.54	39
Bindura Rural	59	71.30	5.12	1949.91	1949.91	0.57	0.58	0.45	0.53	40
Marondera Rural	62	83.41	5.77	1282.49	1282.49	0.62	0.68	0.29	0.53	41
Tsholotsho	67	72.84	4.13	1364.97	1364.97	0.70	0.57	0.31	0.53	42

Table 33 (Continued)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Kadoma Rural	59	79.63	5.88	1522.92	1522.92	0.57	0.65	0.35	0.52	43
Bubi	68	76.26	4.67	1047.40	1047.40	0.72	0.61	0.23	0.52	44
Nkayi	66	76.04	4.64	1222.58	1222.58	0.68	0.60	0.27	0.52	45
Zvimba	59	71.58	4.49	1778.50	1778.50	0.57	0.57	0.41	0.52	46
Bikita	59	77.04	4.73	1590.97	1590.97	0.57	0.61	0.37	0.52	47
Lupane	66	74.17	4.77	1220.28	1220.28	0.68	0.59	0.27	0.51	48
Zvishavane Rural	63	82.65	5.39	1137.29	1137.29	0.63	0.66	0.25	0.51	49
Makoni	61	82.35	5.32	1245.80	1245.80	0.60	0.66	0.28	0.51	50
Chivi	61	77.20	4.99	1353.39	1353.39	0.60	0.62	0.31	0.51	51
Chiredzi	57	61.24	4.85	2087.78	2087.78	0.53	0.51	0.49	0.51	52
Cokwe	57	74.86	4.84	1689.48	1689.48	0.53	0.60	0.39	0.51	53
Masvingo Rural	59	80.25	5.19	1315.62	1315.62	0.57	0.64	0.30	0.50	54
Murehwa	62	82.27	5.23	1016.10	1016.10	0.62	0.66	0.22	0.50	55
Cutu	59	86.33	5.27	1087.12	1087.12	0.57	0.69	0.24	0.50	56
Mberengwa	62	75.39	4.55	1249.32	1249.32	0.62	0.60	0.28	0.50	57
Mutasa	57	78.36	5.12	1456.91	1456.91	0.53	0.63	0.33	0.50	58
UMP	62	73.24	4.92	1238.65	1238.65	0.62	0.59	0.28	0.50	59
Zaka	60	74.11	4.95	1248.63	1248.63	0.58	0.60	0.28	0.49	60
Mt.Darwin	60	63.50	4.29	1557.89	1557.89	0.58	0.51	0.36	0.48	61
Nyanga	59	67.91	5.00	1363.58	1363.58	0.57	0.56	0.31	0.48	62
Makonde	59	69.20	4.42	1281.52	1281.52	0.57	0.55	0.29	0.47	63
Mutoko	63	72.62	5.01	867.71	867.71	0.63	0.59	0.19	0.47	64
Chimanimani	59	74.14	4.62	1106.90	1106.90	0.57	0.59	0.25	0.47	65
Guruve	56	64.00	4.55	1528.85	1528.85	0.52	0.52	0.35	0.46	66
Mutare Rural	57	82.52	5.05	871.92	871.92	0.53	0.66	0.19	0.46	67
Hwange Rural	65	69.88	4.55	647.13	647.13	0.67	0.56	0.13	0.45	68
Hurun9we	59	66.63	4.65	1090.91	1090.91	0.57	0.54	0.24	0.45	69
Buhera	57	81.64	4.81	810.93	810.93	0.53	0.64	0.17	0.45	70
Centenary	55	59.30	3.89	1226.80	1226.80	0.50	0.48	0.28	0.42	71
Muczi	60	61.86	4.15	709.36	709.36	0.58	0.50	0.15	0.41	72
Rushinga	57	53.80	4.80	1025.97	1025.97	0.53	0.46	0.23	0.41	73
Mwenezi	57	60.88	4.12	638.25	638.25	0.53	0.49	0.13	0.38	74
Binga	60	49.29	3.49	662.44	662.44	0.58	0.40	0.14	0.37	75
Chipinge	52	53.50	3.98	916.65	916.65	0.45	0.44	0.20	0.36	76
Kariba Rural	55	59.17	3.43	550.61	550.61	0.50	0.47	0.11	0.36	77

Notes

1. Data for life expectancy at birth and adult literacy rates are from The 1992 Population Census.
2. Average years of schooling and per capita household incomes are from the 1995 Poverty Assessment Study Survey

Table 34
A Comparative Analysis of Human Development between Zimbabwe and other Regions of the World

Region/Country	HDI Value	HDI Value	Annual % In crease 1992–97
	1997	1992	
Developing Countries	0.576	0.541	1.08
Least Dev. Countries	0.336	0.307	1.57
Sub-Saharan Africa	0.38	0.357	1.07
Industrial Countries	0.911	0.918	-0.13
World	0.764	0.605	4.38
Zimbabwe	0.313	0.397	4.87

Source: UNDP Human Development Reports, 1992 and 1997.

Table 35
Comparative Statistics of Human Development Indicators Between Zimbabwe and Other Regions of the World (1994)

Region/Country	Life Expectancy at Birth (Yrs)	Adult Literacy Rate (%)	Combined Enrollment Ratio(%)	Adjusted Real GOP Per Capita (PPP\$)	HDI Value
All Developing Countries	61.8	69.7	56	2904	0.576
Least Dev. Countries	50.4	48.1	36	965	0.336
Sub-Saharan Africa	50.0	55.9	42	1377	0.380
Industrial Countries	74.1	98.5	83	6037	0.911

Source: UNDP 1991 Human Development Report

Table 36
Comparative Statistics on Human Development Between Zimbabwe and The Neighbouring States

Region/Country	Life Expectancy at Birth (Yrs)	Adult Literacy Rate (%)	Combined Enrollment Ratio(%)	Adjusted Real GOP Per Capita (PPP\$)	HDI Value
Angola	47.2	42.5	31	1600	0.335
Botswana	52.3	68.7	71	5367	0.673
Kenya	53.6	77.0	55	1404	0.463
Malawi	41.1	55.8	67	694	0.320
Mozambique	46.0	39.5	25	986	0.281
Namibia	55.9	40.0	84	4027	0.570
South Africa	63.7	81.4	81	4291	0.716
Tanzania	50.3	66.8	34	656	0.357
The D.R.C	52.2	76.4	38	429	0.381
Uganda	40.2	61.1	34	1370	0.328
Zambia	42.6	76.6	48	962	0.369
Zimbabwe	49.0	84.7	68	2196	0.513

Source: IJNDP 1997 Human Development Report

Table 37
Trends in Human Development Indicators in Zimbabwe

Region/Country	Life Expectancy at Birth (Yrs)	Adult Literacy Rate (%)	Combined Enrollment Ratio(%)	Adjusted Real GOP Per Capita (PPP\$)	HDI Value
1985		62.3			
1986					
1987					
1988				2	
1989				2.9	
1990		66.9		2.9	
1991	59.6		2	3.1	41.3
1992	56.1	68.6	2.9	5.56	39.7
1993	53.4	84	2.9	2	39.8
1994	49	84.7	3.1	2.9	474
1995			5.56		53.9
1996					53.4
1997					51.3

Source: UNDP Development Report

Note: The years from which components of the various HDIs did not necessarily coincide with those of HDI.

Table 38
Provincial HDI Comparisons in Zimbabwe

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Harare	64	94.04	8.06	3876.24	4613.17	0.65	0.79	0.92	0.79	1
Bulawayo	67	93.65	7.18	3252.17	3252.17	0.70	0.77	0.77	0.75	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Midlands	61	81.52	5.56	2009.76	2009.76	0.60	0.66	0.47	0.58	3
MatSouth	66	78.00	5.27	1746.99	1746.99	0.68	0.63	0.40	0.57	4
Mat North	65	73.72	4.89	1508.47	1508.47	0.67	0.59	0.34	0.53	5
Mash West	60	75.42	5.10	1644.66	1644.66	0.58	0.61	0.38	0.52	6
Mash East	61	79.88	5.46	1350.89	1350.89	0.60	0.65	0.31	0.52	7
Masvingo	59	75.85	5.06	1530.64	1530.64	0.57	0.61	0.35	0.51	8
Mash Central	58	67.00	4.93	1841.34	1841.34	0.55	0.55	0.43	0.51	9
Manicaland	57	75.22	4.96	1204.34	1204.54	0.53	0.60	0.27	0.47	10

Table 39
Provincial HDI Comparisons in Zimbabwe by Urban/Rural (Urban)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Midlands	62	93.30	7.26	3606.36	3606.36	0.62	0.77	0.86	0.75	1
Masvingo	60	93.37	7.42	3676.86	3676.86	0.58	0.78	0.88	0.75	2
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Mat South	64	89.74	6.84	3228.11	3228.11	0.65	0.74	0.77	0.72	3
Mash Central	61	85.80	7.00	3450.67	3450.67	0.60	0.72	0.82	0.71	4
Mash East	61	78.97	7.15	3020.43	3020.43	0.60	0.68	0.72	0.67	5
Mash West	61	86.25	6.95	2752.46	2752.46	0.60	0.72	0.65	0.66	6
Mat North	65	88.15	6.21	2244.75	2244.75	0.67	0.72	0.53	0.64	7
Manicaland	61	72.33	6.44	2245.26	2245.26	0.60	0.62	0.53	0.58	8

Table 40
Provincial HDI Comparisons in Zimbabwe by Urban/Rural (Rural)

District	Life Expectancy	Adult Literacy	Average Years of Schooling	Adjusted Income	Unadjusted Mean Income	Life Expectancy Index	Educ. Attain Index	Inc. Level Index	HDI	Rank
Zimbabwe	61	80.38	5.56	3819.91	3819.91	0.60	0.65	0.91	0.72	
Mat South	66	76.63	4.95	1457.08	1457.08	0.68	0.61	0.33	0.54	1
Mash East	62	91.82	5.32	1221.29	1221.29	0.62	0.72	0.27	0.54	2
Mat North	65	71.25	4.72	1418.25	1418.25	0.67	0.57	0.32	0.52	3
Midlands	60	77.19	4.91	1423.14	1423.14	0.58	0.62	0.32	0.51	4
Manicaland	56	93.06	4.71	1032.04	1032.04	0.52	0.72	0.23	0.49	5
Mash West	59	71.53	4.56	1324.22	1324.22	0.57	0.57	0.30	0.48	6
Masvingo	59	73.91	4.71	1221.03	1221.03	0.57	0.59	0.27	0.48	7
Mash Central	58	65.10	4.54	1532.78	1532.78	0.55	0.53	0.35	0.48	8

Appendix 2

Table 1

Provincial Human Poverty Comparisons in Zimbabwe

Province	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Livingq Standard Deprivation	HPI
Mash Central	20.65	33.00	16.9	28.38	9.60	18.30	25.69
Manicaland	21.95	24.78	11.7	29.98	9.30	17.00	21.71
Masvingo	19.37	24.15	23.2	31.77	3.10	19.36	21.20
Mash West	18.10	24.58	17.6	22.64	11.20	17.14	2049
Mash East	16.85	20.12	16.3	41.42	7.00	21.57	19.71
Mat North	11.96	26.28	9.1	23.88	8.80	13.93	19.59
Midlands	16.85	18.48	11.0	3142	9.90	17.44	17.61
Zimbabwe	16.85	19.62	13.3	2339	8.80	15.16	1740
Mat South	10.78	22.00	6.8	28.76	6.30	13.97	16.96

Table 2

Provincial Human Poverty Comparisons in the Urban Areas in Zimbabwe

Province	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Livingq Standard Deprivation	HPI
Manicaland	16.85	27.67	114	0.58	7.30	641	20.60
Mash East	16.85	21.03	16.1	2.11	2.70	6.98	16.88
Zimbabwe	16.85	19.62	10.1	1.00	12.20	3.69	16.04
Mash West	16.85	13.75	13.5	1.30	1.30	8.99	13.93
Mash Central	16.85	14.20	12.4	2.68	1.10	5.46	13.75
Masvingo	18.10	6.63	26.5	0.12	10.20	9.26	13.27
Midlands	15.61	6.70	9.1	0.28	15.60	6.52	11.34
Mat North	1196	11.85	10.0	046	2.90	8.69	11.03
Mat South	13.16	10.26	8.7	0.79	14.00	4.13	10.46
Bulawayo	9.70	6.35	4.0	0.07	7.30	6.02	7.73
Harare			10.7	1.48	7.30	648	4.50

Table 3

Provincial Human Poverty Comparisons in the Rural Areas in Zimbabwe

Province	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Livingq Standard Deprivation	HPI
Mash Central	20.65	34.90	17.9	32.36	10.60	20.28	27.09
Mash West	19.37	28.47	18.7	30.61	11.00	20.10	23.40
Masvingo	19.37	26.09	22.8	36.64	3.40	20.94	22.51
Mat North	11.96	28.75	9.0	2840	7.80	15.08	21.28
Midlands	18.10	22.81	11.6	43.82	9.80	21.75	21.08
Manicaland	23.25	6.94	11.8	36.18	6.70	18.21	18.49
Mat South	10.78	23.37	6.6	32.57	7.10	15.42	18.06
Zimbabwe	16.85	19.62	14.7	36.50		17.05	17.93
Mash East	15.61	8.18	16.3	44.64	7.30	22.75	17.52

Table 4
Provincial Human Poverty Comparisons in Zimbabwe by Gender (Male)

Province	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Province	p1	p2	p31	p32	p33	p3	HPI
Mash Central	21.95	23.00	16.9	28.38	9.60	18.30	21.27
Manicaland	23.25	17.45	11.7	29.98	9.30	17.00	19.66
Masvingo	20.65	16.52	23.2	31.77	3.10	19.36	19.00
Mash West	20.65	17.96	17.6	22.64	11.20	17.14	18.71
Mash East	16.85	15.11	16.3	41.42	7.00	21.57	18.26
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Midlands	18.10	13.02	11.0	31.42	9.90	17.44	16.49
MatSouth	10.78	17.05	6.8	28.76	6.30	13.97	14.39
Mat North	11.96	11.04	9.1	23.88	8.80	13.93	12.43
Harare	14.38	4.96	10.7	1.54	7.30	6.50	10.39
Bulawayo	10.78	5.26	4.0	0.07	14.00	6.02	8.14

Table 5
Provincial Human Poverty Comparisons in Zimbabwe by Gender (Female)

Province	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Mash Central	21.48	42.20	16.9	28.38	9.60	18.30	31.21
Manicaland	22.77	30.78	11.7	29.98	9.30	17.00	24.82
Masvingo	20.21	30.21	23.2	31.77	3.10	19.36	24.31
Mash West	18.95	31.34	17.6	22.64	11.20	17.14	24.22
Mat North	14.05	32.63	9.1	23.88	8.80	13.93	23.76
Mash East	17.70	24.48	16.3	41.42	7.00	21.57	21.60
Midlands	17.70	23.42	11.0	31.42	9.90	17.44	19.92
Mat South	12.86	25.94	6.8	28.76	6.30	13.97	19.52
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Harare	15.25	7.12	10.7	1.54	7.30	6.50	11.17
Bulawayo	11.69	7.47	4.0	0.07	14.00	6.02	9.06
Mash Central	21.48	42.20	16.9	28.38	9.60	18.30	31.21

Table 6
Human Poverty Comparisons in Zimbabwe at the District Level (Manicaland Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Chipinga	28.61	46.50	14.1	25.56	7.20	15.63	34.92
Nyanga	19.37	32.09	10.6	38.05	9.50	19.39	25.13
Mutasa	21.95	21.64	11.7	50.60	5.70	22.67	22.09
Buhera	21.95	18.36	17.2	43.27	14.10	24.85	22.03
Chimanimani	19.37	25.86	1.7	34.73	15.70	17.38	21.50
Mutare Rural	21.95	17.48	3.8	30.45	12.50	15.57	18.72
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Makoni	16.85	17.65	18.4	25.53	4.70	16.21	16.92
Mutare Urban	16.85	5.91	12.0	0.12	4.30	5.47	11.97
Rusape	14.38	6.56	0.0	0.00	0.00	0.00	10.27

Table 7
Human Poverty Comparisons in Zimbabwe at the District Level (Mashonaland Central Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Rushinga	21.95	46.20	12.5	14.76	10.10	12.45	33.33
Centenary	24.58	40.70	13.8	39.11	10.00	20.97	31.24
Mt.Darwin	18.10	36.50	18.8	37.58	12.70	23.01	28.12
Guruve	23.25	36.00	19.4	26.59	10.00	18.65	27.98
Shamva	21.95	29.80	23.5	29.47	6.10	19.70	24.60
Bindura Rural	19.37	28.70	23.5	27.38	18.30	23.07	24.33
Mazowe	16.85	27.70	10.4	26.76	6.50	14.54	21.33
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Bindura Urban	14.38	11.70	10.2	0.02	4.90	5.04	11.62

Table 8
Human Poverty Comparisons in Zimbabwe at the District Level (Mashonaland East Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Mudzi	18.10	38.14	15.2	44.00	10.50	23.24	29.10
UMP	15.61	26.76	8.0	77.09	1.40	28.83	25.01
Mutoko	14.38	27.38	15.5	47.79	14.50	25.92	23.89
Murehwa	15.61	17.73	14.3	54.24	8.60	25.71	20.64
Chikomba	15.61	12.97	20.6	44.19	2.80	22.53	17.97
Seke	15.61	16.34	23.4	31.01	4.80	19.74	17.42
Goromonzi	15.61	19.38	19.0	25.43	5.90	16.79	17.40
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Hwedza	16.85	12.98	12.8	39.12	7.30	19.73	16.96
Marondera Rural	15.61	16.59	18.6	33.52	2.70	18.27	16.89
Marondera Urban	16.85	7.24	13.2	0.17	3.30	5.56	12.11

Table 9
Human Poverty Comparisons in Zimbabwe at the District Level (Mashonaland West Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Kariba Rural	24.58	40.83	19.4	35.18	6.70	20.44	31.24
Hurungwe	19.37	33.37	28.2	39.18	13.70	27.02	27.76
Makonde	19.37	30.80	9.6	17.77	9.70	12.34	23.39
Zvimba	19.37	28.42	15.9	21.12	10.00	15.68	22.48
Kadoma Rural	19.37	20.37	21.5	17.48	13.50	17.50	19.15
Chegutu Rural	16.85	19.86	11.0	32.69	11.20	18.28	18.41
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Chinhoyi	18.10	13.24	6.3	1.63	16.80	8.23	14.32
Kariba Urban	16.85	14.49	7.7	0.20	4.8	4.23	13.81
Kadoma Urban	18.10	10.85	9.1	0.27	8.40	5.92	13.52
Chegutu Urban	15.61	10.97	14.8	0.08	0.00	4.97	12.05
Karoyi	14.38	11.63	9.5	0.58	0.00	3.37	11.52

Table 10
Human Poverty Comparisons in Zimbabwe at the District Level (Matebeleland North Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Binga	18.10	50.71	8.7	51.58	7.00	22.41	36.64
Hwange Rural	11.96	30.12	10.0	19.45	10.30	13.25	21.87
Lupane	10.78	25.83	17.0	35.82	12.90	21.92	21.31
Tsholotsho	9.70	27.16	7.8	17.69	16.10	13.87	19.89
Nkayi	10.78	23.96	8.7	29.84	5.30	14.60	18.21
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Bubi	8.66	23.74	7.4	9.51	6.30	7.73	16.90
Umguza	13.16	15.38	7.8	7.50	3.70	6.35	12.72
HwangeUrban	11.96	11.46	10.0	0.16	8.10	6.09	10.47
Vic Falls	13.16	8.84	0.0	0.11	5.40	1.84	9.97
Binga	18.10	50.71	8.7	51.58	7.00	22.41	36.64

Table 11
Human Poverty Comparisons in Zimbabwe at the District Level (Matebeleland South Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Beitbridge	16.85	37.83	10.0	14.49	3.40	9.30	27.10
Bulalimamanqwe	9.70	24.68	6.4	37.48	11.70	18.53	19.52
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Matobo	7.67	18.54	9.0	34.07	9.30	17.46	15.94
Insiza	9.70	19.13	5.2	34.13	6.90	15.40	15.68
Gwanda Rural	10.78	17.92	2.8	30.70	5.40	12.98	14.52
Umtsinzwane	9.70	14.72	9.3	18.67	1.00	9.64	11.85
Gwanda Urban	11.96	6.60	0.0	0.80	0.00	0.27	8.73

Table 12
Human Poverty Comparisons in Zimbabwe at the District Level (Midlands Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Gokwe	21.95	25.14	11.2	59.15	11.50	27.28	24.98
Mberengwa	15.61	24.61	12.8	41.02	8.60	20.79	20.98
Chirumhanzu	14.38	17.39	27.9	34.56	2.30	21.59	18.27
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Kwekwe Rural	15.61	20.80	7.8	26.08	6.60	13.50	17.20
Gweru Rural	11.96	18.95	6.7	26.94	13.50	15.70	16.04
Shurugwe Rural	14.38	17.23	17.6	25.96	1.10	14.90	15.60
Zvishavane Rural	14.38	17.35	6.8	26.03	9.40	14.08	15.41
Shurugwe Urban	19.37	10.92	0.0	0.19	0.00	0.06	14.19
Redcliff	18.10	6.59	5.9	0.04	2.10	2.68	12.76
Kwekwe Urban	16.85	7.31	5.4	0.13	9.10	4.87	12.08
Zvishavane Urban	15.61	9.96	4.5	1.52	0.00	2.02	11.69
Rweru Urban	13.16	4.89	13.0	0.18	10.30	7.84	9.86

Table 13
Human Poverty Comparisons in Zimbabwe at the District Level (Masvingo Province)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Mwenezi	21.95	39.12	30.3	31.68	0.70	20.89	29.82
Chiredzi	21.95	38.76	20.0	9.68	2.30	10.66	28.58
Zaka	18.10	25.89	20.1	44.89	9.20	24.74	23.40
Bikita	19.37	22.96	20.5	37.10	1.20	19.62	20.78
Gutu	19.37	13.67	27.9	47.72	1.60	25.75	20.77
Chivi	16.85	22.80	20.2	38.82	4.10	21.03	20.52
Masvingo Rural	19.37	19.75	19.1	27.48	1.60	16.05	18.54
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Masvingo Urban	18.10	4.85	40.0	0.06	0.00	13.35	14.11

Table 14
Human Poverty Comparisons of the Three Major Cities in Zimbabwe

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Zimbabwe	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Chitungwiza	14.38	10.10	10.8	0.02	8.80	6.53	11.26
Harare Urban	13.16	5.96	10.6	1.79	6.80	6.41	9.72
Bulawayo	9.70	6.35	4.0	0.07	14.00	6.02	7.73

Table 15
Human Poverty Comparisons in Zimbabwe at the District Level (All Districts)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
UMP	18.10	5071	8.7	51.58	7.00	22.41	36.64
Gokwe	28.61	46.50	14.1	25.56	7.20	15.63	34.92
Hurungwe	21.95	46.20	12.5	14.76	10.10	12.45	33.33
Mutoko	24.58	40.70	13.8	39.11	10.00	20.97	31.24
Gutu	24.58	40.83	19.4	35.18	6.70	20.44	31.24
Murehwa	21.95	39.12	30.3	31.68	0.70	20.89	29.82
Buhera	18.10	38.14	15.2	44.00	10.50	23.24	29.10
Zaka	21.95	38.76	20.0	9.68	2.30	10.66	28.58
Mudzi	18.10	36.50	18.8	37.58	12.70	23.01	28.12
Bindura Rural	23.25	36.00	19.4	26.59	10.00	18.65	27.98
Mt.Darwin	19.37	33.37	28.2	39.18	13.70	27.02	27.76
Mutasa	16.85	37.83	10.0	14.49	3.40	9.30	27.10
Chikomba	19.37	32.09	10.6	38.05	9.50	19.39	25.13
Binga	15.61	26.76	8.0	77.09	1.40	28.83	25.01
Lupane	21.95	25.14	11.2	59.15	11.50	27.28	24.98
Chirumhanzu	21.95	29.80	23.5	29.47	6.10	19.70	24.60
Chivi	19.37	28.70	23.5	27.38	18.30	23.07	24.33
Centenary	14.38	27.38	15.5	47.79	14.50	25.92	23.89
Mwenezi	18.10	25.89	20.1	44.89	9.20	24.74	23.40
Mberengwa	19.37	30.80	9.6	17.77	970	12.34	23.39
Kariba Rural	19.37	28.42	15.9	21.12	10.00	15.68	22.48
Seke	21.95	21.64	11.7	50.60	5.70	22.67	22.09
Hwedza	21.95	18.36	17.2	43.27	14.10	24.85	22.03
Shamva	11.96	30.12	10.0	19.45	10.30	13.25	21.87
Bikita	19.37	25.86	1.7	34.73	15.70	17.38	21.50
Nyanga	16.85	27.70	10.4	26.76	6.50	14.54	21.33
Guruve	10.78	25.83	17.0	35.82	12.90	21.92	21.31
Bulalimangwe	15.61	24.61	12.8	41.02	8.60	20.79	20.98
Chegutu Rural	19.37	22.96	20.5	37.10	1.20	19.62	20.78
Marondera Rural	19.37	13.67	27.9	47.72	1.60	25.75	20.77
Kadoma Rural	15.61	17.73	14.3	54.24	8.60	25.71	20.64
Matobo	16.85	22.80	20.2	38.82	4.10	21.03	20.52
Chimanimani	9.70	27.16	7.8	17.69	16.10	13.87	19.89
Goromonzi	9.70	24.68	6.4	37.48	11.70	18.53	19.52
Makoni	19.37	20.37	213	17.48	13.50	17.50	19.15
Masvingo Rural	21.95	17.48	3.8	30.45	12.50	15.57	18.72
Gweru Rural	19.37	19.75	19.1	27.48	1.60	16.05	18.54
Zvimba	16.85	19.86	11.0	32.69	11.20	18.28	18.41
Chipinge	14.38	17.39	27.9	34.56	2.30	21.59	18.27
Mutare Rural	10.78	23.96	8.7	29.84	5.30	14.60	18.21
Insiza	15.61	12.97	20.6	44.19	2.80	22.53	17.97
Zimbabwe	15.61	16.34	23.4	31.01	4.80	19.74	1742
Shurugwe Rural	15.61	19.38	19.0	2543	5.90	16.79	1740

Table 15 (Continued)

District	Non—survival 40 Years	Illiteracy	Under—weight Children	No Access to clean Water	No Access to Health Care	Living Standard Deprivation	HPI
Nkayi	16.85	19.62	13.3	23.39	8.80	15.16	17.40
Mazowe	15.61	20.80	7.8	26.08	6.60	13.50	17.20
Zvishavane Rural	16.85	12.98	12.8	39.12	7.30	19.73	16.96
Tsholotsho	16.85	17.65	18.4	25.53	4.70	16.21	16.92
Kwekwe Rural	8.66	23.74	7.4	9.51	6.30	7.73	16.90
Masvingo Urban	15.61	16.59	18.6	33.52	2.70	18.27	16.89
Hwange Rural	11.96	18.95	6.7	26.94	13.50	15.70	16.04
Gwanda Rural	7.67	18.54	9.0	34.07	9.30	17.46	15.94
Rushinga	9.70	19.13	5.2	34.13	6.90	1540	15.68
Makonde	14.38	17.23	17.6	25.96	1.10	14.90	15.60
Chiredzi	14.38	17.35	6.8	26.03	940	14.08	1541
Umzingwane	10.78	17.92	2.8	30.70	540	12.98	14.52
Beitbridge	18.10	13.24	6.3	1.63	16.80	8.23	14.32
Chinhoyi	19.37	10.92	0.0	0.19	0.00	0.06	14.19
Gweru Urban	18.10	4.85	40.0	0.06	0.00	13.35	14.11
Bubi	16.85	1449	7.7	0.20	4.8	4.23	13.81
Chitungwiza	18.10	10.85	9.1	027	840	5.92	13.52
Harare Urban	18.10	6.59	5.9	0.04	2.10	2.68	12.76
Umquza	13.16	15.38	7.8	7.50	3.70	6.35	12.72
Hwange Urban	16.85	7.24	13.2	0.17	3.30	5.56	12.11
Bulawayo	16.85	7.31	54	0.13	9.10	4.87	12.08
Kadoma Urban	15.61	10.97	14.8	0.08	0.00	4.97	12.05
Marondera Urban	16.85	5.91	12.0	0.12	4.30	5.47	11.97
Mutare Urban	9.70	14.72	9.3	18.67	1.00	9.64	11.85
Bindura Urban	15.61	9.96	4.5	1.52	0.00	2.02	11.69
Chegutu Urban	14.38	11.70	10.2	0.02	4.90	5.04	11.62
Kwekwe Urban	14.38	11.63	9.5	0.58	0.00	3.37	11.52
Kariba Urban	14.38	10.10	10.8	0.02	8.80	6.53	11.26
Karoyi	11.96	11.46	10.0	0.16	8.10	6.09	1047
Redcliff	14.38	6.56	0.0	0.00	0.00	0.00	10.27
Zvishavane Urban	13.16	8.84	0.0	0.11	540	1.84	9.97
Vic Falls	13.16	4.89	13.0	0.18	10.30	7.84	9.86
Gwanda Urban	13.16	5.96	10.6	1.79	6.80	641	9.72
Shurugwe Urban	11.96	6.60	0.0	0.80	0.00	0.27	8.73
Rusape	9.70	6.35	4.0	0.07	14.00	6.02	7.73

Technical Note 3

Computing The Human Development Index (HDI)

Introduction

The HDI includes three components, namely, longevity, knowledge and income. Longevity is measured by life expectancy at birth. Knowledge is measured by two stock variables, adult literacy and mean years of schooling. The knowledge variable is arrived at by assigning a weight of two-thirds to the adult literacy variable and one-third to the years of schooling variable and adding them up. Thus if we call E the education variable, AL the adult literacy variable, and YS the years of schooling variable then

$$E = \frac{2}{3} * AL + \frac{1}{3} * YS$$

The Income variable is based on Atkinson's formulation of diminishing marginal utility of income. This can be written as:

$$W(y) = \frac{y}{1-\epsilon}$$

where $W(y)$ is the well-being derived from income y , and ϵ is the elasticity of the marginal utility of income. $\epsilon = 0$ then there is no diminishing marginal utility with respect to income. Diminishing marginality of income increases as ϵ increases. ϵ has values ranging from 0 to 1. The limit of $W(y)$ as ϵ approaches 1 is $\log y$. For purposes of the HDI incomes are divided into multiples of Zimbabwe's per capita GDP, y^* . For incomes below y^* $W(y)$ is set equal to the actual income, y . For incomes above y^* $W(y)$ is calculated using the following formulae:

$$W(y) = y^* + 2(y-y^*)^{\frac{1}{2}} \text{ for } y^* \leq y \leq 2y^* \\ = y^* + 2(y^*)^{\frac{1}{2}} + 3(y-2y^*)^{\frac{1}{3}} \text{ for } 2y^* \leq y \leq 3y^*$$

etc.

The HDI is the arithmetic mean of three indices, namely the life expectancy index, the educational attainment index and the income level index. The educational attainment index is a weighted average of the mean years of schooling index and the adult literacy index with the latter receiving a weight of one third. All the indices are computed using the general formula:

$$\text{Index}_i = \frac{\text{Actual}(x_i) - \text{Minimum}(x_i)}{\text{Maximum}(x_i) - \text{Minimum}(x_i)}$$

where X_i is the human development indicator such as adult literacy, average years of schooling, life expectancy or adjusted income.

(a) Life expectancy Index (L)

$$L = \frac{\text{Actual}(L) - \text{Min}(L)}{\text{Max}(L) - \text{Min}(L)}$$

Where $\text{Actual}(L)$ is the actual life expectancy, $\text{Min}(L)$ is the minimum life expectancy and $\text{Max}(L)$ is the maximum life expectancy. Following the Global Human Development Report $\text{Min}(J)$ and $\text{Max}(L)$ are set equal to 25 years and 85 years respectively in the calculation of the Zimbabwean HDI. Harare has a life expectancy of 64 years and therefore its life expectancy index is calculated as follows:

(b) Educational Attainment Index (E)

(i) Adult Literacy Index (AL)

$$AL = \frac{\text{Actual}(AL) - \text{Min}(AL)}{\text{Max}(AL) - \text{Min}(AL)} = \frac{\text{Actual}(AL)}{100},$$

Min(AL) = Minimum Adult Literacy Rate

Max(AL) = Maximum Adult Literacy Rate

Actual(AL) = The Actual Adult Literacy Rate

Following the Global Human Development Report Min(AL) and Max(AL) are set equal to 0 and 100 respectively. Harare has an adult literacy rate of 94.04 and therefore its adult literacy index is 0.9404.

(iii) Average Years of Schooling index (YS)

$$YS = \frac{\text{Actual}(MYS) - \text{Min}(MYS)}{\text{Max}(MYS) - \text{Min}(MYS)} = \frac{\text{Actual}(MYS)}{\text{Max}(MYS)} = \frac{\text{Actual}(MYS)}{16}$$

Actual(MYS) = Actual Mean Years of Schooling

Min(MYS) = Minimum Mean Years of Schooling

Max(MYS) = Maximum Mean Years of Schooling

In the calculation of the Zimbabwean HDI the minimum mean years of schooling is set equal to 0 just like in the Global Human Development Report, however the maximum used is 16 as opposed to 15 used for the Global Report. The actual mean years of schooling for Harare is 8.06 and therefore its average years of schooling index is 0.5038.

(iv) Educational Attainment Index (E)

$$E = \frac{2}{3} * AL + \frac{1}{3} * YS$$

$$\text{For Harare } E = \frac{2}{3} * 0.9404 + \frac{1}{3} * 0.50375 = 0.79$$

(c) Income Level Index (ID)

$$ID = \frac{W(y) - W(\text{Min}(y))}{W(\text{Max}(y)) - W(\text{Min}(y))}$$

W(y) is the adjusted income calculated from equation (3)

Min(y) is the minimum of the adjusted per capita income

Max(y) is the threshold adjusted per capita income

W(Min(y)) is the adjusted minimum per capita income

W(Max(y)) is the adjusted maximum per capita income

Following the Global HDR Min(y) and Max(y) are set equal to Zimbabwean dollars 100 and 40000 respectively. With y set equal to Zimbabwe's per capita GDP of Z\$ 3819.91 W(Min(y)) and W(Max(y)) are equal to Z\$ 100 and Z\$ 4183.85 respectively. For Harare W(y) = Z\$3876.24 and hence its income level index is therefore equal to

$$ID = \frac{3876.24 - 100}{4183.85 - 100} = 0.92$$

(d) The Human Development Index (HDI)

$$HDI = \frac{1}{3} (L + E + ID)$$

For Harare $HDI = \frac{1}{3}(0.65 + 0.79 + 0.92) = 0.79$

Technical Note 4

Computing the Human Poverty Index (H.P.I.)

Human poverty is measured by the human poverty index (HPI). The HPI comprises three composite indices, namely the life expectancy deprivation index, the educational attainment deprivation index and an index for the deprivation of a decent living standard. In the global HDR life expectancy deprivation index, P1, is measured by the percentage of people not expected to live beyond the age of 40. The educational attainment deprivation index, P2, is measured by the percentage of illiterate adults. The index for the deprivation of a decent living standard, P3, is a composite index comprising the percentage of underweight children, the percentage of the population without access to safe water and the percentage of the population without access to health care. The derivation of the Zimbabwean HPI follows closely that of the global HDR. The life expectancy deprivation index is computed using the Mortpak-Lite software package developed by the UN Population Division. The life expectancy rates used in the model are those supplied by the Central Statistical Offices (CSO) 1992 Population Census. The percentage of underweight children, the percentage of the population without access to safe water and the percentage of the population without access to health care are computed using the 1995 Poverty Assessment Study Survey. The Poverty Assessment Study Survey (PASS) measured the mid-upper arm circumference (MUAC) for children below the age of 5. Children with MUAC of less than 13.5cm are deemed to be underweight. Using this information the percentage of underweight children is calculated. The proportion of the population without access to safe water is calculated using the information on water supply in the PASS data. The possible responses in the PASS data on the question about the sources of water were:

1. Piped inside the house;
2. Piped outside the house;
3. Communal tap;
4. Well/borehole — protected;
5. Well — unprotected;
6. River/Stream/Dam; and
7. Other.

Safe water was then defined to include options 1 to 4. Those who indicated options other than 1 to 4 as their sources of water were then expressed as a percentage of the total sample size to give the proportion of those without access to safe water. The global Human Development Report defines lack of access to health care as having to walk more than an hour to get to a health facility. In the absence of such data the proportion of the population without access to health care had to be arrived at in a rather round about way. The PASS data contains information on those who visited a medical facility and those who did not. The data set also has information on the reasons why those who said they did not visit a health facility didn't. The range of responses were:

- Facility too far;
- Cannot afford;
- Received treatment at home;
- Treatment was not necessary; and
- Treatment was not taken for religious reasons.

Those who said they did not visit a health facility either because it was too far or because they could not afford the treatment were taken not to have access to health facilities. These were then expressed as a proportion of the sample that was asked whether they visited a health facility or not to get the proportion of those without access to health care.

The human poverty index (HPI) is computed using the following indicators:

P1 = percentage of people not expected to survive to age 40;

P2 = percentage of illiterate adults;
P31 = percentage of underweight children;
P32 = percentage of the population without access to safe water;
P33 = percentage of the population without access to health care.
P3 is the arithmetic mean of P31, P32 and P33.

$$HPI = \left[\frac{(P_1^3 + P_2^3 + P_3^3)}{3} \right]^{\frac{1}{3}}$$

The data for Mashonaland Central give:

P1 = 20.65%;
P2 = 33%;
P31 = 16.9%;
P32 = 28.38%;
P33 = 9.6%;
P3 = 18.3;

This gives an HPI of 25.69 for Mashonaland Central

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Note 1

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