Chapter 3: Conceptual Framework and A Historical and Geospatial Spatial Context of Harare Metropolitan Region, Zimbabwe

Harare previously known as Salisbury is the capital city of Zimbabwe that became fully recognised as one in 1980 (Hove and Tyirimboi, 2011). The city is located in the north-eastern part of the country' It enjoys tropical continental climatic conditions that have the summer and winter seasons mainly characterised by hot, wet summers and cool, dry winters. It experiences distinct seasonal variations influenced by its geographical location. Kamusoko *et al*. (2013) contend that the average annual rainfall for the city ranges between 470mm and 1350mm that is recorded from November to March, however, due to climate change, there have been unpredictable variations in rainfall patterns. The city, located upstream of Manyame River Catchment, has an elevation of approximately 1483m and all the runoff that takes place in the city flows to Lake Chivero, the major source of water for the city (Tyirimboi, 2011). The chapter lays the foundation for the study by establishing the conceptual framework and providing a historical and geospatial context of the Harare Metropolitan Region. The chapter intends to provide an understanding of Harare's urban development and spatial dynamics, which influence epidemiological patterns, health service accessibility, and disease prevalence within the region.

The metropolitan province of Harare, has, as observed by Kamusoko *et al*. (2013), about four main districts that include Epworth, Harare urban, Chitungwiza and Harare rural. It covers about 942km^2 with an average altitude of 1500m. The province has various vegetation types and species that include grasslands and woodlands that are mainly characterised by the Brachystegia species and jacarandas. The geological has the Dolerite and Gabbro in the northern side, the granites in the south and eastern parts and lastly, the Phylite and Metagraywacke situated in the centre. The city is richly endowed with agriculturally rich soils and the practice of urban farming, though controversial has been the norm in the city and contributing to the livelihood of many people in the city (Muronda, 2008).

The metropolitan region encompasses the Harare City that is also the capital city, and the largest city in the country. The city's road network, that is one of the spatial components of the city, is radial with the central business district (CBD) at the centre and industries in the south and eastern parts. The low-density areas in the northern and northeastern parts of the city with an

average size of about 1000m^2 a plot. The high-density suburbs in the extreme south and southwestern parts of the city with at most 300m^2 plot size Kamusoko *et al.* (2013). The medium density suburbs ranging from at least 500m^2 to 1000m^2 and these are mainly found in the southern part of the country. Prior the attainment of independence, the city was divided as observed by racial lines. But this ended upon the attainment of independence where now it was classed as observed by socio-economic divisions. Figure 3.1 presents the map of Harare and its satellite towns.

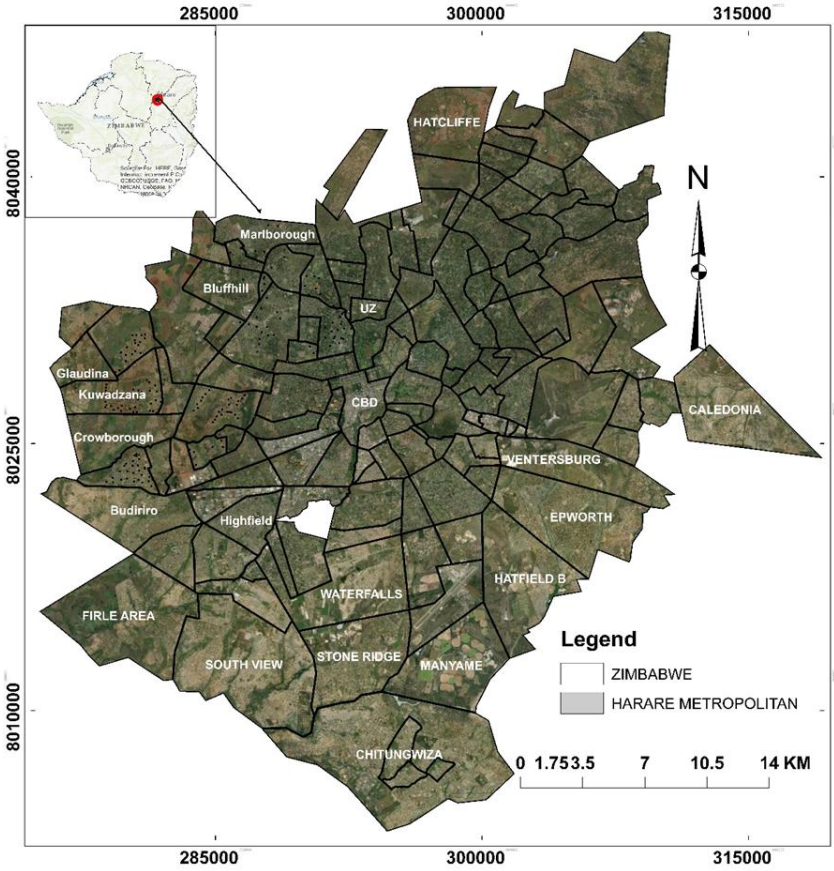

Figure 3.1: The Establishment Harare Core and its Satellites: Harare, Ruwa, Epworth and Chitungwiza

Harare was initially founded as a fort during the colonial period in 1890 by the pioneer column. The pioneer column was a force under Cecil John Rhodes, who was the head of the group. It was initially named Fort Salisbury and became popularly known as Salisbury. It had noticeable growth as compared to other forts that it was declared a municipality as of 1897 and in 1935, it became recognised as a city (Muronda, 2008). The growth and development of the city cannot be classified as parasitic but rather generic as its growth was influenced by heterogeneity rather than orthogenetic transformation. Geo-political and economic factors are the major influencers of growth in the city as compared to the socio-cultural and physical influences that often initiate development of a specific area as displayed in Byland's development model.

The development of the City of Harare fits in the Byland's model from stage 3 rather than from stage 1. This gives the city a unique background in its formation as compared to other cities. The colonial regime had a readily formulated plan to ensure that Harare becomes the central place or city and this was not in cognisance of any development model (Muronda, 2008). Mbare was the original Harare and is the oldest place in the city established around 1907 in the southern part of the CBD. The place initially had four large hostel flats that were intended to house single men and had a population of approximately 34 000. The city's core satellites began growing gradually. The married people had semi-detached, six roomed houses and rentals where ranging from at least $5 to about $18.50 a month. Home ownership commenced around 1963 under the 99year leasehold agreement (Munzwa and Jonga, 2010).

The development of Chitungwiza town began around 1970s. The town developed from the Seke and St Mary's townships. The St Mary's township was designated for missionary churches and related services. The original intent of the colonial government to develop the town was to locate the Africans away from Harare city. The town began to grow exponentially with a population of approximately 15000 as of 1969 and 354 472 in 2012 (ZIMSTATS, 2012). As observed by World Population Review (2021), the town's 2021 population is around 391 429. The major drive for the increase in population has been rural to urban migration. A greater part of this took place

during the 1970s liberation struggle. Despite being a standalone city, most of the working population in Chitungwiza have their jobs in Harare city (Kamusoko *et al*., 2013).

Epworth on the other hand, developed long back in the 1970s as an unplanned, informal settlement. It is situated in the southeastern part of the city. The settlement was formed because of people fleeing the liberation struggle as people sought accommodation in Harare city. The population grew rapidly soon after the attainment of independence as people who had no accommodation in the city joined the people in Epworth. As observed by ZIMSTATS (2012), the settlement had approximately 153 116 people. The area is administered by a local board and has been facing challenges of service provision as the residents lack access to the basic services such as water. Due to administration issues, the town has not been placed under the City of Harare but is managed by a local board.

The City of Harare is surrounded small, and growing towns of Norton, Epworth, and Chitungwiza and the population of these have outgrown the general population of the City of Harare. As observed by Mukamo (2015), the population of Epworth and Chitungwiza was estimated to be around 2.1 million above that of the City of Harare that was around 1.5 million as observed by ZIMSTATS (2015). Population in the city has been growing speedily with rural-urban migration being the major contributor. In 1982, it had about 656 011 people, 1 189 103 in 1992, 1 435 784 in 2012, and currently sits at 1 542 813 (World Population Review, 2021).

The major challenges striking the City of Harare include water shortages that have led the outbreaks of diseases such as cholera. As observed by Hove and Tyirimboi (2011), the cholera epidemic gripped many parts of the city particularly the high-density suburbs such as Budiriro and Glenview. At least 4 047 deaths from cholera were reported in 2009 (OCHA, 2009). Acute water shortages have been driving most of the population into unhygienic sources of water. For water accessed from boreholes, due to underground seepages and contact with wastewater, hasn't been safe for consumption (Jonga and Chirisa, 2009).

There are various laws that govern local urban authorities, and these ensure proper decision making and lay out the mandates of the councils. As observed by Chatiza (2020), these laws and regulations influence resident behaviour, ensure the meeting of public needs through determining public interest and effect the functioning of the economies. A well-functioning city is governed by regulations and laws to facilitate orderly development. However, laws have been a hindrance to development especially when they are rigid and outdated. Urban local authorities have been empowered to oversee general development issues within their jurisdiction. These issues involve the promotion of health, education, economic and social development that enhance city functioning and growth. Successful cities often have effective laws.

Harare City Council is an institution set aside to facilitate development within the city and the surrounding areas (Mukamo, 2015). In facilitating development within the city, the council makes use of by-laws that are key in regulating socio-economic activities to achieve sustainable and resilient development (Chatiza, 2020). Sustainable development is facilitated where the regulations are improved continuously to keep abreast with the changing environment and trends in urban development (Mandipa, 2014). As observed by Toriro (2018), the City of Harare makes use of existing statutory instruments to regulate development under its jurisdiction. One example is the Statutory Instrument 195 of 2014 (SI 195/2014) that controls street vending within the central business district. Other legislative frameworks include the Urban Councils Act (Chapter 29: 15) and the Regional Town and Country Planning Act (Chapter 29:12) that encompasses all development and planning issues on development.

The city has other subsidiary legislation that work hand in hand with the statutory instruments and Acts. As observed by the City of Harare (2020), the city has a strategic plan that exists to ensure effective planning by identifying the key challenges and the possible solutions to that so that resources are channelled towards sector where they are fully needed.

Chitungwiza, the name originates from the term 'Dungwiza', a mountain to that Chaminuka used to perform spiritual activities. It was formed during the

colonial period as a dormitory town meant to decongest the City of Harare (Hove and Tyirimboi, 2011). The municipality of Chitungwiza was established as observed by the provisions given in the Urban Councils Act (Chapter 29:15) as a local authority with the responsibility to deliver social services (Manjobo, 2015). The town continues to expand rapidly with rural to urban migration being the major contributor to the growth in population. As observed by Chiunya (2015) the town had approximately 350 000 and was reported to be the third largest town settlement in the country. It is located about 25 km in the southern part of Harare. The council's work is also provided for in the Urban Councils Act (Cha 29:15) and the Regional Town and Country Planning Act (Matimati and Rajah, 2015). However, it has other strategic plans that help it achieve specific local development one of which ran from 2014 to 2018 that promoted Result Based Management (IRBM) (Matsiwe, 2017).

Epworth developed as a satellite town located southeast of Harare at about 15km. As observed by Chirisa (2009), the town did not develop as a residential area and hence the development was haphazard. It is a peri-urban settlement that covers at least 3600 hectares. For ensuring proper administration, the settlement has been divided into 7 wards. Though initially recognised as an informal settlement, a local board was set to ensure administration of the area. The Ruwa local board was established in 1986 by the then government of Zimbabwe (Pawaringira and Madobi (2013). The local board has been relying on the state for assistance in managing the affairs of the town. As observed by the 2012 census, Epworth had approximately 162 000 people and the population continues to rise. Chatiza (2020) highlights that the local board has a water by-law that was put in place to manage water sources. However, due to water shortages and other inconsistencies, the by-law has been difficult to implement.

Ruwa is located on the eastern side of Harare at approximately 23 km along the Harare-Mutare Road. It was created as a growth point in the year 1986 and later as a local board to manage urban issues as appointed by the central government in 1991. This has been done in accordance to the provisions of the Urban Councils Act, section 14 as highlighted by Chirisa (2009). Prior 1991, Ruwa was under the administration of Goromonzi rural district council. Due

to the challenges in housing provision in almost any urban area, the Ruwa local board seems to have given the private sector powers in housing provision. As observed by Manyanhire *et al.* (2007), water supplies to the town have been from Harare City Council though this had its own challenges and inconsistencies. Due to the inadequacies in the municipal water supplies, many people have resorted to wells to supplement water supplies.

Disease prevalence has been a general issue countrywide, however, Harare, being the capital city with the largest population tends to be more vulnerable to disease outbreaks. Tuberculosis, Cholera, HIV and the new COVID-19 pandemic fall on the list of many diseases affecting the city. According *et al.* (2020), at least 12 702 cases of Tuberculosis that were mapped in the Harare city. Co-infection from HIV and tuberculosis was hovering around 72%. The subscription to World Health Organisation's End TB Strategy by 2035 program has been one of the steps taken nationally as a means to lower the case of TB (Timire *et al.*, 2019). Cholera is one of the frequenting epidemics in the city that is mainly because of poor service provision (Mason, 2009). The major areas that are affected are high densities that include Budiriro and Glenview due to water shortages and inconsistencies in refuse collection.

Cholera outbreaks and occurrences in Harare have been frequenting and the major cause being poor service provision. Mason (2009) reveals that Mabvuku/Tafara an dmany other locations in the capital city are highly affected by cholera outbreaks and their statistics often range from 2000 to 5637 cases since 1992. Chitungiwiza locations that include St Mary's and Zengeza are often affected by the same epidemic. The current pandemic of COVID-19 hasn't been selective of areas since it has hit worldwide. However, as observed by Murewanhema *et al.* (2020), efforts to ensure comprehensive testing have been done but the shortage of testing kits has been a limiting factor. Harare had the highest number of cases much of which were a result of overcrowding in the city.

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Health infrastructure facilities are generally fewer as compared to the size of the population. Urban expansion in the city hasn't been met with an equal improvement in the health system (Ray and Masuka, 2017). The health workers are often paid lower wages that demotivates their efforts towards

improving the health services. Isbell and Kronke (2018) reveals that the current facilities often fail to cater for mass populations during an epidemic. One such is cholera that claimed at least 4000 lives nationwide in 2008.

The Metropolitan City of Harare has revolved immensely since the attainment of independence. The city has been popularly known as a sunshine city. However, with the progressing development and the massive population increases have exacerbated urban challenges within the city. Poor urban governance and mismanagement of funds amongst many other challenges have led to the outbreaks of epidemics such as cholera due to poor service provision. Efforts to resuscitate the quality of the city have been made though some include the destruction of informal settlement structures that have led to an increase in homeless people.

The present chapter established the conceptual framework and historical-geospatial context of Harare Metropolitan Region to provide a foundation for understanding its urban development, spatial dynamics, and related challenges. Harare, formerly Salisbury, became the capital of Zimbabwe in 1980 and is characterised by a tropical continental climate with distinct seasonal variations. The chapter explored the city's physical geography, including its elevation, vegetation, geology, and water systems, particularly its reliance on Lake Chivero. Harare's spatial organisation was outlined, from its colonial origins to post-independence changes, highlighting its radial road network, socioeconomic residential divisions, and expansion of satellite towns such as Chitungwiza and Epworth. It examined key drivers of urban growth, including rural-urban migration and geopolitical factors. Furthermore, it discussed major urban challenges, particularly water shortages and disease outbreaks like cholera, exacerbated by governance inefficiencies. The role of local authorities and statutory instruments in urban management is also analysed.