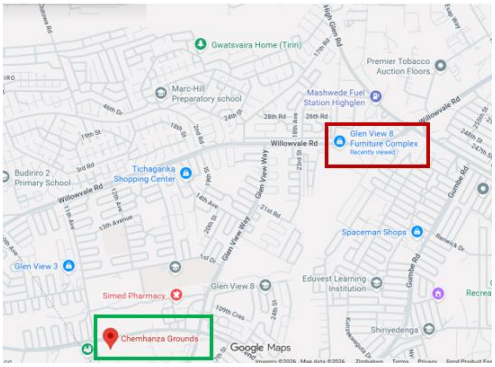
BRIEF

Health Impact Assessment of the Structural Modernisation of the Glen View Area 8 Home Industry Complex and Concurrent Relocation of Traders to Chemhanza Grounds, Harare, Zimbabwe[1]

October 2026

Key Messages

Health Impact Assessment (HIA) assesses the health effects of a policy, law or project and aims to improve the proposal before decisions are made. This HIA examined the City of Harare's plan to rebuild the Glen View Area 8 Home Industry Complex and, during reconstruction, to move about 4,000 informal traders to Chemhanza Grounds in Glen View 3 as ashown in the adjacent map. Area 8 has recorded 14 catastrophic fires in about 20 years, the latest on 25 September 2026 (1,2,3). The HIA was implemented during a 2026 regional EQUINET training programme. The HIA identified five priority health impacts, viz: (i) deficits in water, wastewater and sanitation; (ii) dust and chemical exposure; (iii) unverified fire and structural safety; (iv) fragile livelihoods during the move; and (v) food safety near industrial activities. These impacts are interconnected. Dust contaminates food, weak sanitation raises the risk of enteric disease, income loss reduces spending on transport, nutrition and healthcare, and poor emergency access combined with unsafe chemical storage increases the risk of fire-related injury or death.



Glen View 8 Furniture Complex (red box) and Chemhanza Grounds (green box), Harare. Source: Google Maps (2026), annotated by

The findings support modernisation, with conditional relocation as the preferred option for best promotion of socio-economic wellbeing. It is proposed that relocation proceed only after a joint inspection verifies implementation of recommendations, viz:

1. Commissioning of safe water, wastewater and sanitation, gender-sensitive facilities and handwashing; verification of borehole yield and water quality; and drainage testing.
2. Verification of fire access, hydrants, electrical safety, chemical and solvent storage, extinguishers, signage, evacuation arrangements and trained response teams.
3. Suppression of dust at least twice daily when dry or dust visible; and work slowed or stopped in extreme dust; and respiratory and eye protection provided where controls are insufficient.
4. Separation of woodworking and dust, metalwork, paint and solvent, and enclosed food areas; provide washable surfaces; and food and environment testing.
5. Provision of agreed transition relief where feasible; coordinating transport; communication relocation schedules; and income, costs and coping tracking.

If Chemhanza becomes permanent, repeating the HIA and design review with permanent population and service-demand levels can convert temporary safeguards into lasting standards.

The policy context

Area 8 hosts furniture makers, welders, mechanics, food vendors and apprentices. The City of Harare plans to rebuild the complex. During reconstruction it plans to move about 4,000 informal traders to Chemhanza Grounds, which could later become a permanent artisan centre. The future of Area 8, whether reconstructed for continued use or permanently replaced by Chemhanza, remains subject to official decision-making. By the end of August 2026 Chemhanza had fencing, lighting towers, internal roads, drainage and a borehole. Water reticulation was 20.5 percent

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complete and wastewater reticulation about 1 percent complete (City of Harare, Chemhanza Site Progress Report 24-08-26). This set the context for a prospective HIA to inform plans before they are finalised, with the Public Health Act [Chapter 15:17] mandating HIA in Zimbabwe. The findings aim to inform City of Harare decision-makers in Health Services, Works and Planning, and Harare Water, and the Ministry of Health and Child Care (MoHCC), the Environmental Management Agency (EMA), the Fire Brigade and Civil Protection Unit, the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MWACSMED), trader associations and Glen View residents.

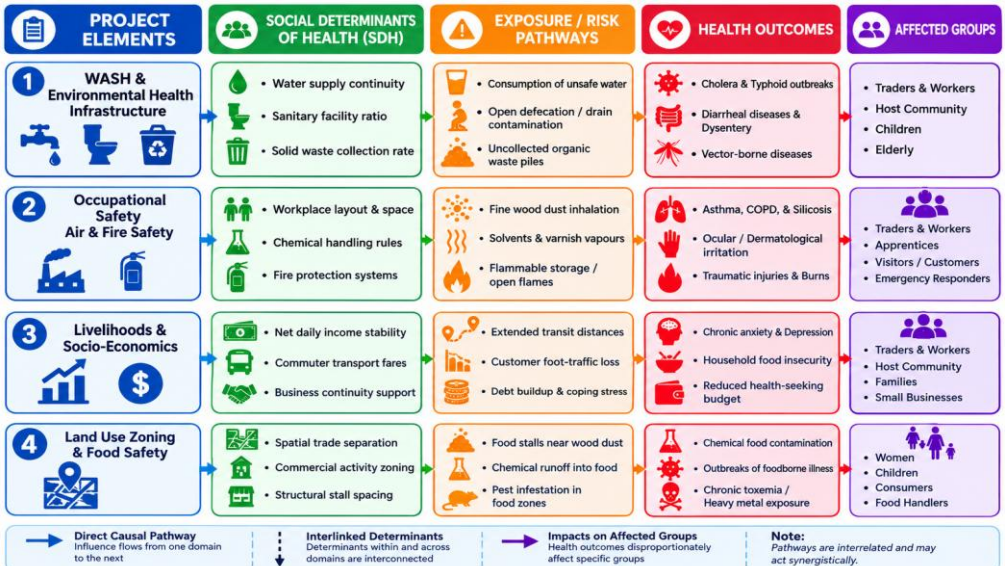
The Health Impact Assessment

The HIA was The HIA was started before relocation, in June 2026, with evidence on Chemhanza's development compiled to the end of August 2026 and the final report completed in October 2026, during the 2026 EQUINET regional training programme on HIA. It prospectively assessed health impacts before about 4000 traders occupy the new site. The HIA used an internationally recognised five-stage method: screening to identify feasibility, the causal pathways and focus of the HIA; scoping to identify the sources and forms of evidence; a profiling and assessment stage to identify the direction, magnitude, severity, likelihood and on this basis the significance of the health impacts assessed; and the setting of recommendations for significant impacts; and steps to report and communicate the HIA and propose areas for monitoring impacts and of implementation of the recommendations (4). From the screening and scoping stages, the HIA focused on four key elements:

a. Water, sanitation and hygiene (WASH) Infrastructure and Environmental Health Services
b. Occupational Health, Air Quality and Fire Safety
c. Livelihoods, Transport and Socio-economic Conditions
d. Land Use Planning, Market Zoning and Food Safety

The assessment drew evidence from published and grey literature, municipal and project status information; regulatory and policy documents and five key informant interviews with environmental health, water and sanitation, trader, women vendors' and fire safety representatives to fill secondary data gaps. With Chemhanza not yet operational, the HIA recommends verification and monitoring for data and measures that were not available. Overall, the data used gives reasonable confidence in the findings. A causal pathway shown in the figure adjacent was developed from background information and used as a framework for data collection.

The causal pathway linking the key elements to health impacts in the HIA



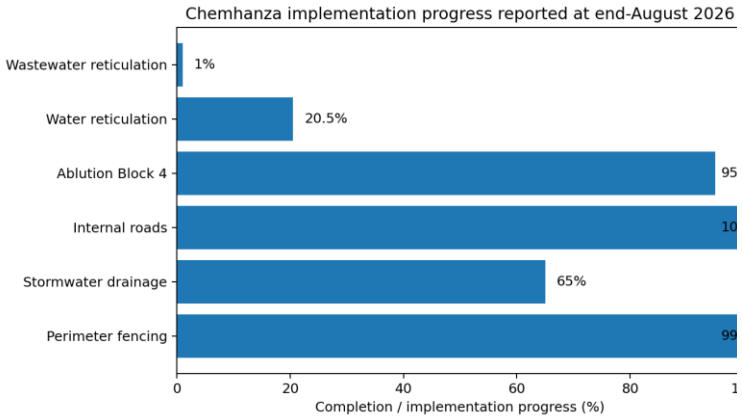
Findings of the HIA on health impacts

The HIA pointed to health impacts in each element assessed, with the five priorities shown below:

- **Water, wastewater and sanitation.** WASH deficits are the most urgent priority, noting a 2023 cholera incidence of 174.6/100 000 in Harare's high-density areas (5). Water reticulation was only installed at 21% of the required supply level, with no operational toilets in Chemhanza at start of occupation and only 10% of the required wastewater reticulation.

- **Dust and chemical exposure.** PM2.5 concentrations at Area 8 reached 148 µg/m³ and protective equipment use was below 5%, as relevant context information for Chemhanza (6).

- **Fire and structural safety**. Hydrants, emergency access, electrical systems and chemical storage at Chemhanza are yet to be verified (7).
- **Livelihood continuity.** Revenues are projected to fall by 30-45% in the first 60 days of relocation (8), while 42% of trader households already live below the consumption poverty line (9).
- **Food safety.** Vendors operate near sanding, spraying and welding activities that serve approximately 6 500 daily consumers, with solvent, lead, noise and mechanisms exposures (11,12).



Source: City of Harare, Chemhanza Site Progress Report 24-08-26.

The challenges identified do not affect all the groups evenly. The most affected groups are traders, apprentices and workers, women vendors and caterers, host-community residents in Glen View 3, children and visitors. Together, the impacts show the need for integrated safeguards before relocation proceeds.

Recommendations from the HIA

Based on the findings, various actions are recommended for the impacts identified as most significant due to their direction, magnitude, severity and likelihood and taking the input from local key informants and focus groups into account.

The 14 recommendations made are summarised in the Table below. Overall, the HIA recommends that relocation should proceed only after a documented joint inspection (pre-relocation verification).



Fire damage and fire-fighting at Glen View Area 8 on 25 September 2026. Source: Herald, 25-09-2026.

Recommendations	Responsible
WASH Commission safe water, wastewater and sanitation; Verify borehole yield and water quality; Provide accessible, gender-sensitive facilities and handwashing; Test drainage.	Harare Water (water supply and sewer works) and City of Harare Health Services (water quality, surveillance, sanitation facilities), with Works and MoHCC
Fire and electrical safety Ensure and verify: Fire access, hydrants and electrical safety; Chemical and solvent storage; Extinguishers, signage, and evacuation arrangements; Trained response teams.	City of Harare Fire Brigade and Civil Protection Unit, with Works, The contractor and trader associations
Dust and protective equipment Suppress dust at least twice daily in dry conditions and whenever visible; slow or stop work in extreme dust; Provide respiratory and eye protection where controls are insufficient.	City of Harare Works Department and the contractor (suppression); Health Services (protective equipment); EMA (air quality monitoring)

Recommendations	Responsible
Zoning and food safety Separate woodworking and dust, metalwork, paint and solvent, and enclosed food areas; Provide washable surfaces, drainage and clean water; Test food and environment representatively.	City of Harare Urban Planning (zoning), Works (food courts) and Health Services food safety unit (testing), With EMA and Harare Water
Livelihoods and transport Provide agreed transition relief where feasible; Co-ordinate transport; Communicate relocation schedules; Track income, costs and coping.	MWACSMED and the Social Welfare Department (relief, tracking) City of Harare (transport, trader register), With trader associations
Generally, if Chemhanza becomes permanent. Repeat the HIA and design review using permanent population and service-demand assumptions; Convert temporary safeguards into lasting standards.	City of Harare, with MoHCC, EMA and trader and host-community representatives

Monitoring and follow-up

The HIA recommends that monitoring of these recommendations to prevent or manage projected health impacts begin before occupation of Chemhanza, and continue for at least six months after relocation. It should track dust levels, water chlorine and bacterial quality, sanitation performance, food safety, income and transport costs, and fire safety. These measures should be disaggregated by gender, age, disability and poverty status wherever feasible. As part of the monitoring it is recommended that the City Health Services bring the trader population into routine disease surveillance, including acute watery diarrhoea. Disease outbreaks, water supply failures, fire incidents and material income losses would be triggers for corrective action.

Overall, Chemhanza has the potential to provide a safer and more sustainable setting for the artisan economy. However, relocation should proceed only once inspection confirms that the site can safely accommodate the approximately 4,000 traders. This precautionary approach ensures public health, and that health and safety safeguards are in place before occupation.

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