

Zimbabwe Country Overview



1.0 Introduction

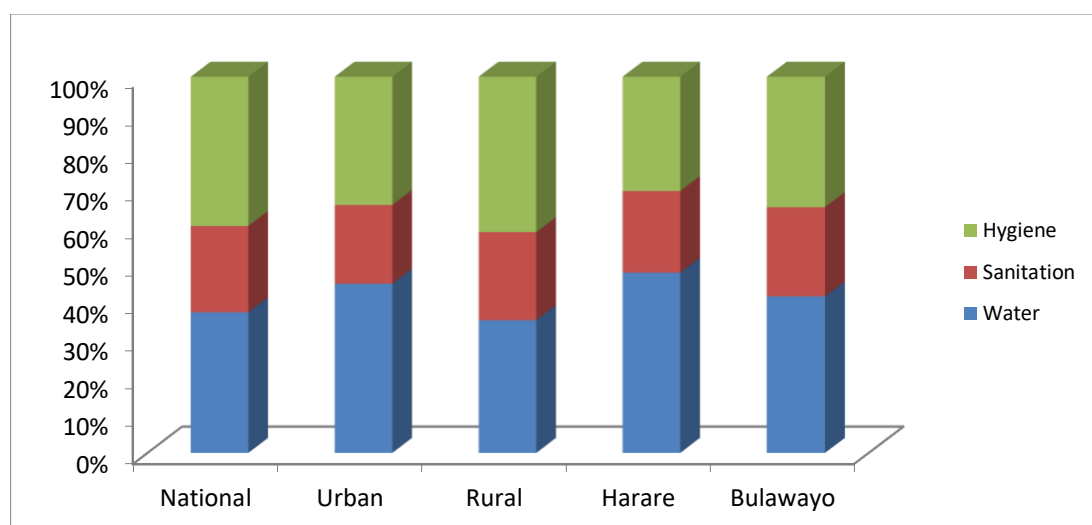
The Sanitation and Water for All (SWA) partnership convenes high-level meetings of ministers and development partners since 2009 to foster high-level political dialogue on the sector. The dialogue is critical now when governments are fighting the COVID-19 pandemic and arrest further spread through improved handwashing and upholding hygiene. The current pandemic has demonstrated the interconnectedness of health, social and economic systems. It has also brought out the need for multi-stakeholder involvement from different sectors and at different levels from the grassroots to policy levels. The SWA partnership addresses SDG 6 namely access to basic drinking water, basic sanitation services and basic hygiene (Government of Zimbabwe, 2019; UNICEF, 2019; ZIMSTAT, 2019). This country overview paper presents WASH opportunities for growth, existing service delivery levels, investment opportunities, and national commitments towards the sector.

Access to Water

In Zimbabwe, access to basic water is a critical ingredient for national, social and economic development. This basic water supply is defined by the minimum standards for drinking water as provided for by SDG 6.1, which refers to universal and equitable access to safe and affordable drinking water for all. In the context of Zimbabwe the aim is to ensure that collection time is not more than 30 minutes for the roundtrip i.e. to and from a water point (ZIMSTAT, 2019). These improved drinking water sources have the potential to deliver safe water defined by the nature of their design and construction. These include: (i) piped water, (ii) boreholes, (iii) protected dug wells, (iv) protected springs, (v) rainwater, and (vi) packaged or delivered water (ibid).

Statistics on access to basic water shows that about 60% of the population accesses basic drinking water with the highest coverage being in Bulawayo at 98%, followed by Harare at 88%, and lowest in Matabeleland North and South at 51% [Government of Zimbabwe (GoZ), 2019; ZIMSTAT, 2019], see Figure 1. A breakdown shows that 92% water access is in urban areas and 51% in rural areas. From the households without water, about 87% in urban areas spent an average of 30 minutes fetching water per day while in rural areas 54% of the population spent between 31 minutes and 3 hours (ibid).

Figure 1: Access to WASH in Zimbabwe by Province



Source: Government of Zimbabwe (2019)

Access to Sanitation

Basic sanitation services as defined by SDG 6.2, which focuses on access to adequate and equitable sanitation and hygiene for all and ending open defecation with a particular focus on the needs of women, girls and those in vulnerable situations. Improved sanitation facilities are designed to hygienically separate excreta from human contact. These include: (i) flush/pour flush to piped sewer system, (ii) septic tanks or pit latrines; (iii) ventilated improved pit latrines, and (v) composting toilets or pit latrines with slabs (ibid).

Access to sanitation lags behind water provision in the country. About 37% of the population has access to basic sanitation facilities (GoZ, 2019; UNICEF, 2019). In urban areas sanitation access is 43% while in rural areas it is 34% (ibid). In terms of provincial access figures Bulawayo has the highest access to sanitation at 56%, followed by Matabeleland South at 42%, Mashonaland East at 41%, the Midlands and Harare at 40% with the lowest being Matabeleland North at 24% (GoZ, 2019; UNICEF, 2019; ZIMSTAT, 2019).

Access to Hygiene

Basic hygiene services, as defined by the provisions of SDG 6.2.1 refers to the availability of a handwashing facility on premises with soap and water (ZIMSTAT, 2019). Unlike water and sanitation, handwashing facilities may be fixed or mobile. These include: (i) a sink with tap water, (ii) buckets with taps, (iii) tippy-taps, and (iv) jugs or basins designated for handwashing. The availability of soap is critical for hygiene. The soap includes: (i) bar soap, (ii) liquid soap, (iii) powder detergent, and (iv) soapy water but excludes ash, soil, sand or other handwashing agents (bid).

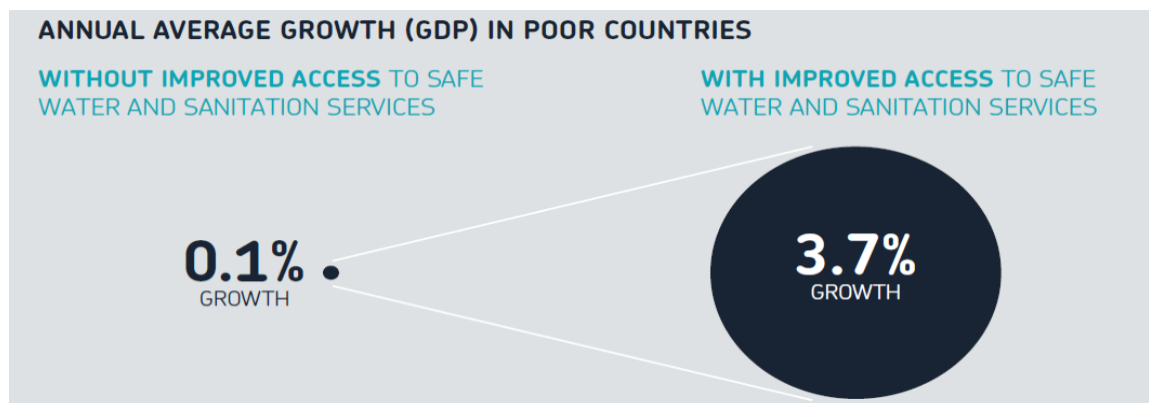
The access to hygiene in the country is slightly higher than the access levels for sanitation though lower than the access to water. About 64% of the population has access to basic hygiene services. Urban areas average 70% and rural areas 60% (GoZ, 2019; UNICEF, 2019). The highest access to hygiene is in Bulawayo at 82%, followed by Mashonaland East at 75%, Harare 71% and the lowest is Mashonaland West at 51%. It is noteworthy that education is critical towards practising hygiene,

as disparities were observed between hygiene practices for household heads with no education (47%) and those with higher education (82%) (GoZ, 2019; UNICEF, 2019).

2.0 Opportunities for Economic Growth

Massive benefits accompany investment in Water Sanitation and Hygiene (WASH). The annual average growth (GDP) in poor countries without improved access to safe Water and Sanitation Services is 0.1% (Stockholm International Water Institute, 2005). However, this growth increases to 3.7% with improved access to safe water and sanitation services (ibid) see Figure 2.

Figure 2: The relationship between GDP and WASH Service Delivery



Source: Stockholm International Water Institute (2005)

The cost of non-intervention in the WASH sector is manifested through the negative impact in the economy and society at large. Where access to basic drinking water is constrained, it affects the time communities spend to access water and hence their social and economic activities. For instance, locally, the collection of water is the primary responsibility of women aged 15 years and older (GoZ, 2019). Thus, interventions that improve access to WASH will directly empower women within the economy and society. To address these limitations, the Horticulture Revitalisation and Development Strategy of 2020-2025 makes commitment to have a borehole per village targeting 35,000 villages and a borehole per school (targeting 9,600 (GoZ, 2020).

Additionally, infrastructure development in the WASH sector creates jobs and livelihoods activities along the value chain. The opportunities range from large scale dam construction managed by ZINWA, to boreholes, water and sewer reticulation systems by local authorities and development partners. They can also be the construction of septic tanks, pit latrines, sinks and washing basing by households. WASH infrastructure development also creates business for hardware shops, local building contractors, technicians and labourers

3.0 Existing WASH Service Levels and Impact of COVID-19

The COVID-19 global pandemic's devastating impact on the world economies is sufficient proof that solving WASH challenges go beyond public health benefits in the society. The global pandemic highlights the vulnerability of populations with limited access to water, sanitation and hygiene among other factors. Thus, investments in access to WASH make substantial contributions towards health and catalyse social and economic development. For instance, hand washing is one of the principle methods towards reducing the spread of the COVID-19 pandemic. As such, access to water,

sanitation and hygiene significantly increases the health status of the society and makes it productive.

Locally, as highlighted above, the WASH service delivery varies from improved access in urban areas to poor services in rural areas. Within these identified gaps, about 3.7 million people in Zimbabwe need WASH support services and this has increased to 7.3 million people the COVID-19 pandemic [UN Office for the Coordination of Humanitarian Affairs (UNOCHA), 2020]. The limited hygiene services have resulted in diarrheal diseases in the country. The cumulative figures for typhoid by 18th October 2020 were 722 cases and 10 deaths, while for diarrhea the cumulative figures were 256,281 cases and 115 deaths in all provinces in Zimbabwe (MoHCC, 2020). To address these gaps, the Humanitarian Response Plan targets about 4 million people in rural and urban areas as well as an additional 2.1 million people under COVID-19 programs (UNOCHA, 2020).

However, geographically, the COVID-19 cases do not present a positive correlation between a health community, defined by WASH and reduced levels of incidence. The provinces of Bulawayo, Harare, Midlands and Matabeleland South have the highest incidences of COVID-19 (UNOCHA, 2019). However, Harare and Bulawayo have high access to WASH services by national standards. Among these four provinces, only Matabeleland South has low levels of access to water and sanitation while Midlands has low sanitation only. These statistics show that COVID-19 incidences in Zimbabwe are directly related to international travel for Harare (airport) and Bulawayo and Matabeleland South (Botswana and South Africa). However, improved WASH services will reduce the spread of COVID19.

Zimbabwe had more than 8,320 COVID-19 cases by October 2020, making it necessary that all Healthcare Facilities should have adequate WASH services to prevent infection. However, the situation is dire since water supply is not normally offered throughout the day (MoHCC, 2019). The Rural Water Information Management System reports that 3.5% of Rural Health Facilities do not have functional toilets and 12% have no handwashing facilities (ibid). An assessment by the International Organisation on Migration and the World Health Organisation show that only 62% of the COVID-19 quarantine centres have running water while only 40% of the handwashing stations had soap (ibid). In response to this challenge, the Humanitarian Response Plan has reached 452,637 people with access to safe water and 127, 771 people hygiene kits (ibid). Additionally, under the COVID-19 Programme, the Humanitarian Response Plan has reached 1,944 people with handwashing and 2, 4 million people with hygiene promotion campaigns (ibid).

4.0 Smart Investments: Options for Economic and Social Development

Investment in WASH has a domino effect on the economy as a dollar invested in water and sanitation brings a four-fold return (Figure 3). Globally, the total economic losses of inadequate WASH services are estimated at US\$260 billion annually, an equivalent to an average annual loss of 1.5% of global Gross Domestic Product [World Health Organisation (WHO), 2012].

Figure 3: Return on Investment in WASH

**EVERY DOLLAR INVESTED
IN WATER AND SANITATION = 4X RETURN**

Source: World Health Organisation (2012)

Locally, the central government and partners forecast that they need US\$60 million towards improved WASH services in the country but have only raised US\$1.8 which is 3% of the required investment (UNOCHA, 2019). Responding to the COVID-19 pandemic would require US\$7,228 billion out of which only US\$983.086 million was raised by the sector (ibid).

Socially, the gains of improved WASH translate to increased school attendance, greater privacy and safety (especially for women, children and the elderly) and a greater sense of dignity for all. However, despite the huge potential, the WASH sector suffers from multiple challenges of underinvestment and poor performance. Without the required investment, the sector performance declines undermining service delivery and discouraging further investment. This scenario affects the WASH sector and requires political leadership to bring change. According to the GoZ (2019), the critical intervention areas that can potential mobilise resources for WASH are:

1. Maximize the value from existing public funding by incentivizing sector performance, improving subsidy targeting and better sector planning and management.
2. Mobilize funding through cost recovery policies, tariffs reforms and cross-subsidization.
3. Increase domestic finance through pool funds at national, Municipal and community levels.
4. Encourage innovative funding such as climate funds and social impact bonds for WASH.
5. Strengthening the regulatory environment and governance structure of the WASH sector.

5.0 Identified Actions to Support National Priorities Through the Mutual Accountability Mechanism

Zimbabwe's WASH is anchored by the Ministry responsible for water and supported by the Health and Local Government Ministries that over policy, legislation and administer WASH service delivery. Through the Ministry of Finance, Government of Zimbabwe budget allocations towards WASH averaged 0.4% between 2015 and 2017 (GoZ, 2019; UNICEF, 2019)). From this allocation, the large part of the investment budget (60%) goes towards ZINWA for water resources management that includes dam construction and the remainder towards urban and rural WASH. Again, financing of the WASH sector has been mainly recurrent (accounting for 90%) and only 10% of capital projects (ibid).

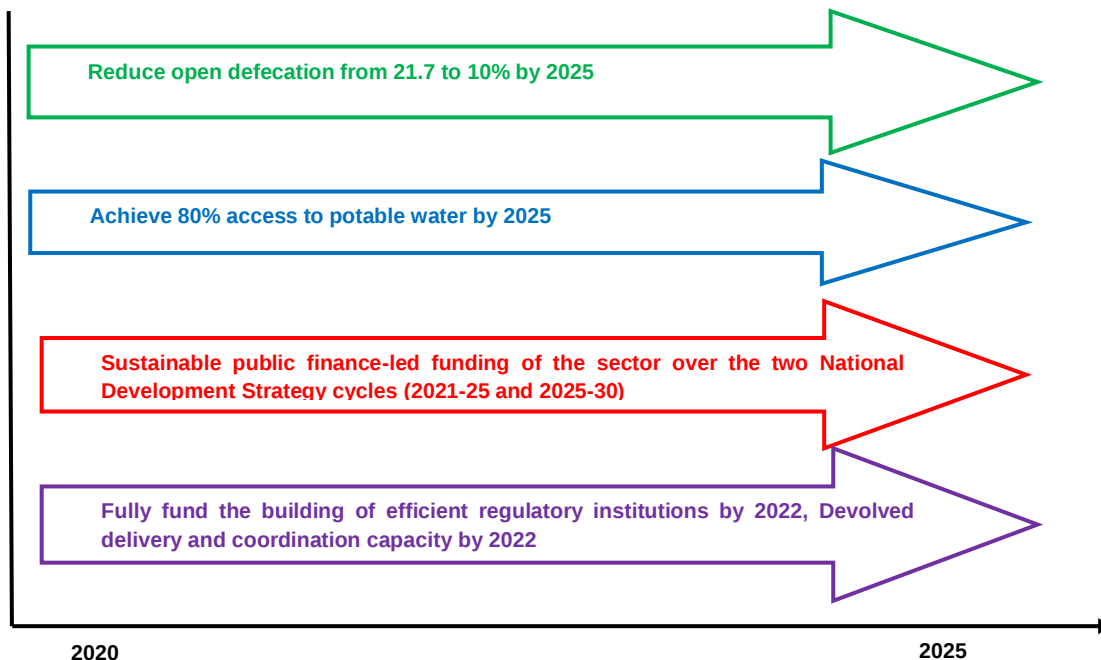
Compared to the Government commitment towards WASH that was made at the 2014 Sanitation and Water for All (SWA) High-level meeting amounting to 7% of the annual budget; the financing falls short of boosting the sector potential towards the country's socio-economic growth and transformation (GoZ, 2019; UNICEF, 2019). Given the unstable macro-economic environment, improving investment for the WASH sector is dependent upon creating an enabling environment for more financial inflows from taxes, tariffs and government transfers. In addition to national government efforts, local authorities, non-governmental organisations, UN agencies (especially UNICEF and WHO), development banks (the World Bank and African Development Bank), civil

society, private sector, community leaders, research and learning institutions are critical in financing WASH service delivery.

Within this framework, the Government of Zimbabwe SWA Commitments (Figure 4) is:

1. Reduce open defecation from 21.7 to 10% by 2025 by developing, launching and rolling-out a National Strategy by end of 2021 underpinning scaled-up demand led sanitation in all the 60 rural local authorities and participating in the 2028 Cholera Elimination Road Map;
2. Achieve 80% access to potable water by 2025 – through public-community-private sector water systems development, operation and maintenance. Additionally, a national roll-out of demand-led water safety and security programming for the sector will be instituted.
3. Sustainable public finance-led sector support during National Development Strategy I & II (2021-25 and 2025-30) through WASH national and council budget allocations that meet international thresholds by 2025, sustainable tariffs and plugging resource leakages, setting up Municipal Bond markets and other fiscal instruments to boost sector investments by Councils and private sector. Negative consumer attitudes will be tackled, and cost recovery strengthened
4. Fully fund building of efficient regulatory institutions & install devolved delivery and coordination capacity by 2022 – through approving DRAFT National Sanitation and Hygiene Policy, developing and rolling-out WASH devolution strategy, capacity of key institutions and strengthening WASH regulatory functions within national Ministries & local authorities.

Figure 4: Government of Zimbabwe SWA Commitments



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