

# Zimbabwe

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>13.72 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>5.36 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>8.36 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>2.88%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>9.80 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>55.7</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>89.8</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>58 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>3539</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>40%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>80%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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## Sanitation, drinking-water and hygiene status overview

The human rights to water and sanitation have been recognized in Zimbabwe since 2013. Additionally, there is a National Water Policy that has pronouncements with regards to sanitation and hygiene; however, there is a need to develop a stand-alone National Sanitation and Hygiene Policy. At the 2014 Sanitation and Water for All High Level Meeting (SWA HLM), the Government of Zimbabwe made a commitment to develop a sanitation and hygiene policy. Zimbabwe also committed to sustaining participatory health and hygiene education.

Zimbabwe has plans to reach disadvantaged groups such as poor populations and those living in remote or hard to reach areas. Monitoring and reporting templates exist for specific projects targeting disadvantaged groups and plans are currently underway to consolidate these templates into a national framework. To help improve access to water and sanitation in rural areas, the government and support agencies provide human and financial resources for the development of water, sanitation and hygiene (WASH) services.

There is no human resource strategy for water, sanitation or hygiene. The lack of strategies hinders human resource capacity development and makes it challenging to guide the nature of investments and type of trainings required.

At the 2014 SWA HLM, Zimbabwe made a commitment to commit financial and human resources to strengthen sector regulation and coordination. This may help water quality surveillance as monitoring urban and rural drinking-water quality is currently not done or insufficiently performed, in part due to capacity gaps at the institutional level including human resources, financial and material.

Zimbabwe has a financing plan/budget that is agreed, but insufficiently implemented for WASH. At the 2014 SWA HLM, Zimbabwe committed to advocate for 7% of the annual budget to go towards WASH and to link disbursements to service delivery performance, cost recovery and revenue collection, leveraging an equal amount from other public and private sources by the end of 2015.

# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

Two ministries and institutions share the lead for drinking-water services. The Ministry of Health and Child Care leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Environment, Water and Climate		✓	
District Development Fund		✓	
Ministry of Health and Child Care	✓		✓

Number of ministries and national institutions with responsibilities in WASH: **5**

Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✓ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	100	2015
Rural sanitation	✓	50	2015
Sanitation in schools	✓	100	2015
Sanitation in health facilities	✓	100	2015
Urban drinking-water supply	✓	100	2015
Rural drinking-water supply	✓	75	2015
Drinking-water in schools	✓	100	2015
Drinking-water in health facilities	✓	100	2015
Hygiene promotion	✓	50	2015
Hygiene promotion in schools	✓	100	2015
Hygiene promotion in health facilities	✓	100	2015

There are specific plans implemented for the reliability/continuity of urban water supply and replacing latrines when full or broken.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low ————— High
Improve reliability/continuity of urban water supply	Low ————— High
To rehabilitate broken public latrines	Low ————— High
Safely empty or replace latrines when full	Low ————— High
Reuse of wastewater or septage	Low ————— High
Ensure DWQ meets national standards	Low ————— High
Address resilience to climate change	Low ————— High

<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

## II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE	
<b>Latest national assessment</b>	November 2011		November 2011		November 2011	
<b>Use of performance indicators<sup>a</sup></b>	●		●		✓	
<b>Data availability for decision-making<sup>a</sup></b>					Health sector	
Policy and strategy making	✓		✓		✓	
Resource allocation	✓		✓		NA	
National standards	NA		✓		NA	
Response to WASH related disease outbreak	NA		NA		✓	
<b>Surveillance<sup>b</sup></b>	Urban	Rural	Urban	Rural		
Independent testing WQ against national standards	NA	NA	✗	✗		
Independent auditing management procedures with verification	NA	NA				
Internal monitoring of formal service providers	✓	✓	✓	✓		
<b>Communication<sup>a</sup></b>						
Performance reviews made public	✗	✗	✗	✗		
Customer satisfaction reviews made public	✗	✗	✗	✗		

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

There are no human resource strategies developed for sanitation or drinking-water. The most important constraints identified are the lack of financial resources and the emigration of skilled workers abroad. Policy development and monitoring and evaluation are areas that would most benefit from increased HR capacity.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE	
<b>Human resource strategy developed<sup>a</sup></b>	✗		✗		✗	
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>						
<b>Human resource constraints for WASH<sup>b</sup></b>						
Availability of financial resources for staff costs	✗		✗		✗	
Availability of education/training organisations	✓		✓		✓	
Skilled graduates	✓		✓		✓	
Preference by skilled graduates to work in other sectors	●		●		●	
Emigration of skilled workers abroad	✗		✗		✗	
Skilled workers do not want to live and work in rural areas	✓		✓		✓	
Recruitment practices	●		●		●	
Other						

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

A financing plan is in place and used for some WASH decisions, though there is an insufficiency of funds reported to meet MDG targets. There are also great differences between domestic budgets and actual disbursements mainly due to the government policy of cash budgeting.

### FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies <sup>a</sup>	●	●	●	●
<b>Use of available funding (absorption)</b>				
Estimated % of domestic commitments used <sup>b</sup>	✗	✗	✗	✗
Estimated % of donor commitments used <sup>b</sup>	✓	✓	✓	✓
<b>Sufficiency of finance</b>				
WASH finance sufficient to meet MDG targets <sup>b</sup>	✗	✗	✗	✗

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

### WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure <sup>1</sup>	
NA	
Expenditure as a % GDP	
Education <sup>2</sup>	2.5
Health <sup>2</sup>	NA
WASH <sup>3</sup>	NA

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

## V. Equity

As a step towards addressing equity in access to WASH services, eight disadvantaged groups are identified in WASH plans.

### EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Recognize human right in legislation	✓	✓	✓	✓
<b>Participation and reporting<sup>a</sup></b>				
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	●	●	✓
Effective complaint mechanisms	●	✗	●	●

<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. Remote populations
3. Indigenous populations
4. Displaced persons
5. People living with disabilities
6. Orphans and vulnerable children
7. PWLA
8. Elderly populations

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

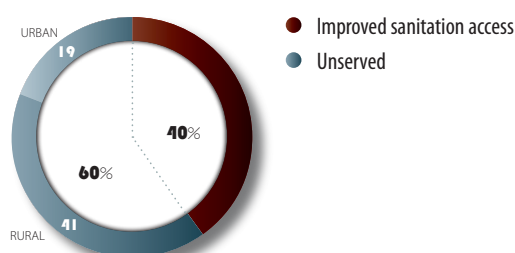
[ No data available. ]

**Figure 2.** Disaggregated WASH expenditure

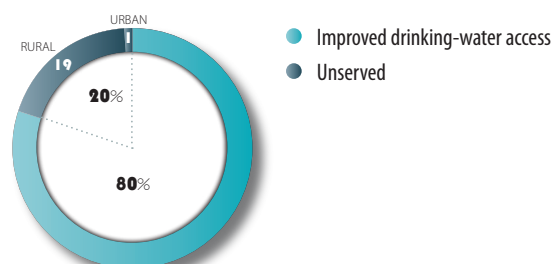
[ No data available. ]

### EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>1</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.