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DWINDLING ACCESS TO BASIC SERVICES IN ZIMBABWE

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Abstract

The study narrates the decline in access to three basic publicly provided services, namely, health, education, and water and sanitation for Zimbabwe for the period covering 2000 to May 2009. Special emphasis is placed on the impact of fiscal fragility on the ability of the government to provide these services. Through interviews and newspaper articles, the research found that, for the period under study, very few Zimbabweans residing in the country were able to access these basic services because they were not supplied in sufficient amounts, were not supplied at all, or were exorbitantly priced.

Acronyms

ALC	authority, legitimacy and capacity
CIFP	Country Indicators for Foreign Policy
CPI	Corruption Perception Index
FSI	Failed State Index
IMF	International Monetary Fund
LICUS	Low-income country under stress
PITF	Political Instability Task Force
MDC	Movement for Democratic Change
MP	Member of Parliament
NCA	National Constitutional Assembly
NGOs	Non-Governmental Organizations
ZANU-PF	Zimbabwe African National Union – Patriotic Front
ZIMSEC	Zimbabwe Schools Examination Council
ZINWA	Zimbabwe National Water Authority

1.0 Introduction

Zimbabwe slipped from being a healthy economy post-independence to one on the verge of collapse three decades later. The collapse in access to basic services, the subject of this chapter, was a direct consequence of the economic decline. Statistical figures from the International Monetary Fund (IMF) on Zimbabwe indicates that the GDP growth rate for 1980 was 10.7%, and per capita GDP was US\$755; by 2009 GDP was shrinking at an annual rate of 6.1 percent and per capita GDP had fallen to US\$265. Life expectancy was above 65 years; by 2008 it had fallen to 34 years. By end of January 2009, it had reached 489,000,000,000 percent. Annual inflation was 11.8 percent in 1980. In 1980, ninety-five percent of all transactions were conducted using the Zimbabwean dollar and the highest denomination was Z\$20, with the official exchange rate of US\$1: Z\$0.6540. By 2009, less than five percent of transactions were denominated in local currency; the official exchange rate had fallen to US\$1:Z\$4 million, while the black market exchange rate had peaked at US\$1: 200 quadrillion; and the largest denomination of the local currency as of January 2009 was Z\$100 trillion².

The month-on-month (underestimated) ‘official’ inflation rate as of July 2008 was above 231 million percent and the independent analysts’ rate estimated to be 6.5 quinquicillion novemdecillion percent (that is 65 followed by 107 zeros).³ Even before the official introduction of the multi-currency regime beginning of February 2009, the most widely used currencies were the U.S. dollar, the South African rand, the British pound, the euro, and the Botswana pula. The Zimbabwean dollar was suspended as the national currency in April of that year. The unemployment rate is 94%. In 34 years, Zimbabwe fell from being the bread basket to the bread beggar of Africa.

Zimbabwe is an ideal case study of the dynamics of state fragility. As demonstrated in the stylized statistics above, Zimbabwe’s economic, social and political situation had been deteriorating significantly since 1980, and especially since 2000.⁴ A host of problems, including massive hyperinflation, political instability, and the collapse of the productive sector, have contributed to the post-conflict-like conditions that have proliferated. During the decade-long period from 2000 to the end of January 2009, the country’s gross domestic product (GDP) has declined by more than 50 percent (figures from the IMF).⁵ This rapid economic meltdown has caused Moss and Patrick (2005, 2006) to describe the country as “...suffering from war-like trauma to its polity and economy.”

² This really means 1 000, 000,000,000,000,000,000, 000. Yes, that is 1 Octillion (i.e., 1 and 27 zeros), taking into account the 13 zeros Zimbabwe's central bank has lopped off since August 2006 (3 zeros were chopped off on August 1st 2006 and further 10 zeros were chopped off on August 1st 2008) as a means of trying to make the country's currency somewhat more manageable.

³ As of December 2008.

⁴ 2000 marks the year in which a major politically unguided and disastrous land grabbing ‘policy’ was abruptly instituted. Although there were some bad policies prior to 2000 (such as the unbudgeted payment to war veterans in 1997 and the un-called for sending of soldiers (troops) to DRC in 1998), the economic dark age for the country seriously started in 2000.

⁵ <http://www.imf.org/external/np/sec/pn/2009/pn0953.htm>

This multifaceted economic decline has led to a collapse in access to public services, significantly harming citizen wellbeing.⁶ Zimbabwe, however, is neither in conflict, nor out of conflict. The state cannot be labeled as a post-war conflict country, nor one that has experienced a defined peace event. With international response often conditional on a peace agreement, foreign aid to Zimbabwe has been slow to arrive.⁷ There is little debate, however, that the political polarization between the Movement for Democratic Change (MDC), the main opposition party and led by Morgan Tsvangirai, and the Zimbabwe African National Union – Patriotic Front (ZANU-PF) in power and led by Robert Gabriel Karigamombe Mugabe has characterized the country for the past decade and the economic meltdown it spawned closely resemble the definition of a post-war conflict state.⁸

Given the above brief background, this chapter's main objective is to investigate the extent to which the political upheaval and collapse of the economy has resulted in decreased provision of public services, mainly health care, education, and water and sanitation for Zimbabwe for the period covering 2000 to May 2009. The paper will be a simple narration of the decline in access to these three basic services, with an emphasis on the impact of fiscal fragility on the ability of the government to undertake these functions. The paper concludes by providing policy recommendations to assist in the revival of public service delivery in the country.

The rest of the chapter is structured as follows: Section 2 provides a brief narrative of the development since 2000, particularly in terms of deterioration in access to basic services. Section 3 describes the methodology used to collect data and lays out evidence. Section 4 provides recommendation to reverse the deterioration in access to healthcare, education, and water and sanitation services. Section 5 concludes.

2 Post 2000 developments in Zimbabwe

Zimbabwe has not always faced such dire straits. IMF economic and social indicators, for example, indicate that Zimbabwe enjoyed positive economic growth for nearly 18 years after its independence in 1980, with the exception of 1984 and 1992 due to severe drought. This growth trend turned south in 1999, however, and growth rates have been continuously negative since. GDP per capita, a rough estimate of citizens' social and economic well-being, was US\$755 at independence, declining to **US\$265** in 2008 (Government of Zimbabwe, 16 July 2009). Simply put, Zimbabweans are poorer than they were at independence, with **85 percent** of the population considered by government as "drowning poor" whose lives need to be improved (Government of Zimbabwe, 2010 National Budget). The annual inflation rate was consistently below 10 percent for 16 years after independence, but since 2001 sky-rocketed; to triple-digits first, the to

⁶ Zimbabwe ranks second on the 2009 Failed States Index compiled by the Fund for Peace, eighth on the 2008 Index of State Weakness compiled by the Brookings Institution, 27th on the CIFP 2009.

⁷ The African Development Bank (ADB) has committed to help the country financially from its Fragile States Facility. Australia

⁸ The Zimbabwean Newspaper (13 May 2009), "Zimbabwe Needs \$200 Million in Urgent Aid to Avoid Collapse". Available at:

http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=21125&Itemid=103

quadruple-digits in 2006, before settling at 12-digits by end of 2008. The IMF has noted that, as a result of state fragility, the country's expenditure has declined by 83.3 percent within a space of three years, from approximately US\$1.5 billion (37 percent of GDP) in 2005 to US\$251 million (8 percent of GDP) in 2008 (IMF, March 2009). Furthermore, public sector wages declined to extremely low levels of below US\$3 a month,⁹ absenteeism rates of civil servants rose above 50 percent, and most schools and hospitals in the country have closed (ASI, 2007). Rampant hyperinflation meant the collapse of real average earnings, with the average real earnings index¹⁰ falling from its decade peak of about 105 in 2000 to an index of 10 by 2004. As Kanyenze (2009) points out, wage increases for the period 2000 to the end of 2009 failed to compensate for increases in inflation, resulting in real average earnings in 2004 being less than levels in the final years of the colonial period (1975–1979).

The rapid economic decline started in February 2000 when President Mugabe and former liberation fighters (also called war vets) abruptly instituted a land grabbing 'policy' (commonly known as farm invasions). Most white commercial farmers were forced off their land and replaced by black farmers most of whom were inexperienced and had no real intention of farming. Figures from Zimbabwe's 2010 national budget indicates that agricultural production declined drastically by a cumulative fall of 85.7% between 2002 and 2008; while manufacturing activities, which were concentrated in agro-processing, fell in tandem by a cumulative decline of 91.1% between 2000 and 2008.

Under the policy, farm land was distributed along party lines, such that most people given farms were either supporters or relatives of ZANU-PF party politicians. Subsequently, a new political party, MDC, emerged, and its manifesto promised an orderly land redistribution not conducted according to political party affiliation. The emergence of MDC intensified the political crisis, as ZANU-PF started unleashing propaganda in an effort to win back electorate support. This political antagonism was accompanied by human rights violations perpetrated by ZANU-PF thugs and supporters. These violations included abductions, torture, arbitrary arrests, and killings of those perceived to be MDC advocates.

Multilateral development aid to Zimbabwe decreased sharply as the economic and political crisis deepened after 2000. The World Bank imposed restrictive measures in May 2000 due to the accumulation of payment arrears and loans, and all undisbursed loans and grants were cancelled. The IMF suspended Zimbabwe's voting rights in 2003 and closed its Resident Representative Office in Harare in October 2004 over disputes with the Mugabe regime, as well as the government's payment arrears.¹¹ For seven years, interactions between the country and the international financial institutions were limited to policy advice and outreach to improve relations. In February 2010, however, the IMF agreed to restore voting rights to Zimbabwe.

⁹ Using the parallel black market rate

¹⁰ Using 2000 as base year

¹¹ The Independent Newspaper (4 February 2010), "US, UK Will Support Zim Bid for IMF Voting Rights — Finance Minister". Available at: <http://www.theindependent.co.zw/local/25279-us-uk-will-support-zim-bid-for-imf-voting-rights--biti-.html>.

During this time, many bilateral donors withdrew their development aid, but continued humanitarian assistance. As a result of the estrangement between the Zimbabwe and Western governments, much of this aid was channeled outside government systems directly to beneficiaries through United Nations (UN) agencies and Non-Governmental Organisations (NGOs).¹²

The decline in national production resulted not only in shortages of basic food products, but also in reduced exports. Reduced production activity also meant reduced government revenue due to a dwindling tax base. This combination of reduced government revenue, fewer foreign currency receipts from exports, and decline in financial support from international donors severely affected the country's financial base. In addition, the hyperinflation that characterized the period since 2000 further eroded the little revenue the country was generating. This meant that whatever was budgeted at the beginning of the fiscal year was unable to be implemented since the real value of funds collapsed with rampaging inflation.

The shortage of government revenue, coupled by hyperinflation, resulted in the suspension of basic public services. The public health sector, in particular, was acutely affected, resulting in the closure of several hospitals, clinics and other health centers across the country (Kanyenze, 2009). Doctor and nurse shortages, the scarcity of medicines, and obsolete medical equipment are the primary drivers of these closures.¹³ The education sector met a similar fate where, for whole of 2008, most schools, colleges, and universities failed to open their doors. Teachers and lecturers did not report for duty, either because they were not happy with the salaries offered or they had left the country altogether.¹⁴ The water and sanitary utilities also deteriorated to the extent that even the most posh and elite suburbs of Harare (e.g., Borrowdale, Mount Pleasant) went without these services for some days in the past few years. Water pipes have burst from lack of maintenance and repair, and the water gone untreated due to the government's failure to procure sufficient treatment chemicals from abroad due to lack of foreign exchange. Other infrastructure, such as roads, telecommunication networks, electricity grids, and railway links, were not spared from the general problems. Nearly Zimbabwe's entire public utility infrastructure was rendered not operational.

Following nearly a decade long political antagonism between Zimbabwe's main political parties, Movement for Democratic Change (MDC) and Zimbabwe African National Union Patriotic Front (ZANU-PF), on 13th February 2009, the two parties agreed to form a government of national unity (GNU). The creation of GNU has witnessed some revival in economic activity; bouncing from less than 10 percent of production capacity in January 2009 to between 30 percent and 50 percent by end of 2009 (Government of

¹² Simpson, Mark and Dale Doré. "International aid and its management: Some insights for Zimbabwe in the context of re-engagement." Working Paper 2. Comprehensive Economic Recovery in Zimbabwe Working Paper Series, UNDP. 2009.

¹³ South Africa's Independent online newspaper (3 January 2009), "Zim 'improves collapsing health service', available at: http://www.iol.co.za/index.php?set_id=1&click_id=68&art_id=nw20090103102054645C877705

¹⁴ The Zimbabwean Newspaper (5 January 2009), "Few Children Expected to Go to School in Zimbabwe", available at: http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=17606&Itemid=103

Zimbabwe, 2010 National Budget). At sectoral level, agriculture whose growth rate was minus 36% in 2008 registered a positive growth of 10% in 2009, while manufacturing rates were minus 12% (2008) and 8% (2009), with mining rates increasing from minus 30% (2008) to 2% (2009) (Ibid)

The formation of GNU has signaled hope for a new era for Zimbabwe despite the fact that there are still some ‘contentious’ issues surrounding the implementation of the Global Political Agreement (GPA).¹⁵ Among the contentious issues include the appointments of both the country’s central bank governor and attorney general, as sharing of provincial governors and ambassadorial posts between MDC and ZANU-PF. The two political parties formed the GNU as a temporal measure as they agreed to draft a new constitution within 18 months of the GNU with general (presidential and parliamentary) elections envisioned to be held soon after two years (i.e., 2013) since the formation of the GNU. Thus, most stakeholders (i.e., Zimbabweans, donors and the international community) have their hope for the permanent stability of Zimbabwe and return to normalcy hinged on the forthcoming 2013 general elections. To this end, the prosperity of Zimbabwe, along with the evolution of a new political dimension, will also depend on the revival of the country’s public utilities and service delivery systems.

Health, education, and water and sanitation services are by no means the only aspects of society that have been affected, however, and Appendix 1 provides a diagrammatic representation of the entirety of Zimbabwe’s weaknesses that contribute to fragility. The country’s political and legal environment has deteriorated to such an extent that most people are currently living in constant fear of politically-motivated violence, especially whenever there are elections. At the same time, the ZANU-PF-led government instituted a number of ‘laws’ which were tailor-made to support its continual rule by suppressing not only freedom of expression, but also by explicitly banning private media¹⁶ and censoring the few private media outlets that still operate. This censoring of media means that the quality of some of the information reported, especially by the government controlled newspapers such as The Herald and national radio and television stations is very much doubtful as they are mostly mouthpieces of propaganda for ZANU-PF. Other negative effects of fragility on the country include increased unemployment, hunger, and poverty; deterioration in the country’s infrastructure; increased corruption especially in public offices; and negative developments in both monetary and fiscal aspects (i.e., hyperinflation, local and foreign currency shortages, increased external debt and massive capital flight). On unemployment, United Nations’ (UN) Office for Coordination of Humanitarian Affairs (OCHA) report figures indicated that “At close of 2008, only 6% of the population was formally employed, down from 30% in 2003, with only 480 000 people out of the country’s 12 million population having formal jobs by end of 2008, down from 3.6 million in 2003 ”¹⁷. For the majority of citizens, living conditions and

¹⁵ The Global Political Agreement (GPA) is the legal document which brought about the formation of the GNU.

¹⁶ Even today some previously banned private media, such as the Daily News remained banned, with the process to get its license to resume its operations politically denounced.

¹⁷ OCHA report as quoted in:

The Zimbabwean Newspaper (29 January 2009), “Zim unemployment skyrockets”, available at: http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=18101&Itemid=103

personal wellbeing have fallen drastically with most people enduring increased levels of stress coupled with reduced hope for future.

3 Methodology and evidence of decline in basic services

The study employed two methodologies to collect data, the quality of which, for Zimbabwe, has been traditionally very poor. First, interviews were conducted with relevant government departments, private sector actors, and civil society organizations. The interviews were guided by a questionnaire.¹⁸ The administration of the interviews was restricted to government-run health, education, and water and sanitation facilities, as well as civil society organizations and NGOs also providing these services in Harare. Second, the study reviewed relevant and available public services data and local newspaper articles for the period under study to support the qualitative findings.

3.1 Health care system

Access to health care services retracted to the capital Harare due to lack of medical equipment, unavailability of medicine, the lack of medical personnel, the HIV/AIDS pandemic, and a recent outbreak of cholera. Each of the above is elaborated upon in some detail in the ensuing paragraphs.

Obsolete and unavailable medical equipment: The study's investigations found that in all public general hospitals (Chitungwiza, Harare, and Parirenyatwa) most, if not all, medical equipment had not been functioning since 2001. Health personnel interviewed reported that most medical equipment repairs or replacements were done only until 2000, with the government failing to replace or repair them since 2001 citing shortages of foreign currency. As such, Zimbabwean patients were being turned away from public health institutions to go and die at home. According to a clinical director with Harare Central Hospital, "...218 hernia patients had been operated on, but more than 700 children had been turned away because of lack of equipment..."¹⁹. Only the fortunate and wealthy Zimbabweans were able to seek medical treatment, either from the exorbitantly priced private clinics, or by traveling to neighboring South Africa. Increasingly, however, even the private practitioners were becoming unaffordable as they demanded up front cash payments in foreign currency after health insurance firms delayed (or stopped) payments to doctors.

Unavailability of medicine and ancillaries: Before 2000, most medicines and ancillaries were available in Zimbabwe. Both government health personnel and health sector NGO staff reported that by 2005, most drugs were very scarce. By end of December 2008, the situation was so severe that even the simplest pills like *paracetamol* (Tylenol or panadol), and health ancillaries like syringes, latex gloves, and bandages, were in critical shortage

¹⁸ The questionnaire and its analysis has been attached as separate files.

¹⁹ The Herald Newspaper (Thursday 26 March 2009). "Netherlands donates". Available at: <http://www.herald.co.zw/inside.aspx?sectid=2203&cat=1>.

in all government hospitals (ASI, 2007). In an interview, the new health minister reported that, “There are widespread staff shortages and no medicines, hospital equipment doesn’t work, and ambulances are broken down.”²⁰ The ZANU-PF government blamed shortage of foreign currency as the major reason behind the unavailability of medical drugs in public health institutions given that most drugs were imported.

Migration of doctors and nurses: From 1999 to 2008, it is estimated that more than **80 percent** of the doctors, nurses, pharmacists, radiologists and therapists in Zimbabwe left their positions, or the country entirely (UNDP, 2008). Most of these medical personnel went to the United Kingdom, Australia, and South Africa (CSO, 2006). The main reason for migration was the low state salaries in Zimbabwe, with doctors earning around US\$3 per month in 2008. Lack of basic medicines and functioning equipment also rendered many unable to properly care for their patients. Those health personnel interviewed that remained in Zimbabwe said they did so due to strong family responsibilities or lack of elsewhere to migrate. Of those healthcare professionals who remained in the country, a large proportion spent their time either on strike or not reporting for work. Their salaries were not enough to pay for transportation. According to one newspaper article: “*The crisis has left Zimbabwe’s health services in tatters, with government doctors and nurses on an indefinite strike to demand higher wages after hyperinflation turned their salaries into pittance. Even if the doctors were on the job, public hospitals and clinics have no money to buy medicine or equipment, no clean water, and often scant supplies of electricity.*”²¹

Unavailability of specialized medical services: The severe shortage of health personnel and absence of medical equipment resulted in the reduction or unavailability of specialized medical services. Treatments such as radiography (required for visa applications and therefore popular for those seeking to migrate) and heart surgeries became non-existent or only available from a few private institutions in Harare. Thus, a person who required these services in another city such as Masvingo or Kariba had to visit Harare to access the service.

Closure of health facilities: Due to the above mentioned problems, some health facilities were completely shut down in Harare. The situation became so dire that the number-two referral hospital in the country, Harare Central Hospital, was basically un-functional since November 2008 due to malfunctioning equipment, lack of drugs, unmotivated health workers, water shortages, and a general dearth of finances.²² Although it was re-opened in March 2009, it is still far from being fully operational.

²⁰ The Zimbabwean Newspaper (Wednesday 11 March 2009). “Zimbabwe’s unity government faces huge hurdles”. Available at:

http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=19597&Itemid=103

²¹ UK Online news (Jan 16 2009). “Zimbabwe unveils 100 trillion dollar note”. Available at:

<http://uk.news.yahoo.com/18/20090116/twl-zimbabwe-unveils-100-trillion-dollar-2ac392e.html>.

²² The Zimbabwean Newspaper (April 5 2009). “HEALTH-ZIMBABWE: Government Promises to Rebuild Health System”. Available at:

http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=20210&Itemid=103.

HIV/AIDS pandemic: According to Zimbabwe National AIDS Council's figures, one in seven Zimbabweans is HIV positive, and an estimated 1.3 million people are living with HIV/AIDS. Some 650,000 of them are women and nearly 133,000 children under the age of 14. Additionally, 260,000 are in urgent need of anti-retroviral treatment (ARVs).²³ Efforts to combat HIV/AIDS in the country are hampered, however, by the constant breakdown of the equipment used to calculate when infected people should begin ARV therapy. In May 2009, the Zimbabwe Health Workers Association (ZHWA) reported that the CD4 count machines at nearly all major public hospitals were broken down: "*The CD4 counts machines at Parirenyatwa hospital, Harare hospital and that of Mpilo hospital are all not working.*"²⁴ During the period under study, the country continued to be ravaged by the HIV/AIDS pandemic. Individuals interviewed said that many women and young girls did not attend school since their parents or guardians could not afford to pay the tuition fees. Instead, they ended up in prostitution where most of their clients insisted on unprotected sex. Furthermore, in some parts of the country, parents offered their young girls to older married men in exchange for maize and other food stuffs. Most of these women said they had no other survival options.

Cholera outbreak: Since August 2008, the country's already collapsed health sector was overstretched by the outbreak of a devastating cholera epidemic, which at the time of writing had left more than 4,000 people dead, according to United Nations statistics.²⁵ Most people interviewed and other analysts strongly indicated that, had it not been for the country's weak and fragile health system, this pandemic could have been controlled. They cite the country's history, which has been marked by a number of previous outbreaks that were swiftly contained by a then-sound public health system.

3.2 Education system

Zimbabwe's education system used to be highly rated, not only in southern Africa, but on the continent as a whole. Nevertheless, the sector has suffered in recent years from under-investment and political pressure (ASI, 2007). This demise mostly affected only certain segments of society, while other population groups managed to find alternatives. For instance, black farmers were more affected than their white counterparts. Most white farmers, however, compose a relatively high income group compared to black farmers. As such, the majority (if not all) white commercial farmers who remained in the country after 2000 managed to address the educational needs of their children by sending them to private schools in either Zimbabwe, or nearby countries, especially South Africa. Europe and America were also destinations.²⁶ On the other hand, the educational needs of the

²³ The Zimbabwean Newspaper (21 May 2009), "Breakdown hampers HIV fight". Available at: <http://www.thezimbabwean.co.uk/2009052121304/health/breakdown-hampers-hiv-fight.html>

²⁴ The Zimbabwean Newspaper (21 May 2009), "Breakdown hampers HIV fight". Available at: <http://www.thezimbabwean.co.uk/2009052121304/health/breakdown-hampers-hiv-fight.html>

²⁵ As of April 5, 2009.

²⁶ Private schools in Zimbabwe offer UK Cambridge syllabuses and examinations which are internationally recognized compared to Zimbabwe Schools Examination Council (ZIMSEC) syllabuses and examinations. As such tuition for private schools are expensive for ordinary Zimbabweans, with some schools currently charging as much as US\$2000 per term (amounting to US\$ 6000 per year for the three terms). This is

children of the black farmers were severely affected since this group could not afford to send their children to either private or foreign schools due to their low levels of income.

The problems that contributed to the rapid decline in provision of education services are similar to those for healthcare noted above. These included a shortage of teaching professionals and textbooks, and a rapid deterioration in physical infrastructure.

Migration of teachers/lecturers: Estimates from Progressive Teachers Union (PTU) suggest that more than 18,000 teachers left the country between 2000 and 2006, and the minister of education estimated that from 2007-2008 alone an additional 20,000 teachers²⁷ resigned. By the end of January 2010, the country was estimated to have only 80,000 working teachers, when 140,000 are necessary for the smooth running of both primary and secondary schools. Universities, technical and teachers' colleges experienced a similar loss of staff, with more than 80 percent of lecturers leaving since 2000 (Kanyenze, 2009). For instance, at the University of Zimbabwe's Faculty of Medicine, approximately 90 percent of lecturers left the country. Sixty percent of these were senior professors and specialists. According to the current Vice Chancellor of the University of Zimbabwe (UZ), "*Brain drain...mainly caused by poor working conditions, had resulted in the closing of the [UZ] departments of geology, metallurgy and surveying...In the last two years we lost a lot of academic staff*".²⁸

Most teachers migrated to South Africa and Botswana because their salaries were eroded by hyperinflation, and they were subjected to physical attacks, torture, and harassment by ZANU-PF supporters and militia demanding more 'patriotic' teachings. The latter was common in rural areas and in ZANU-PF strongholds, such as Mashonaland Central (including Bindura and Mount Darwin). Most teachers interviewed, and PTU pointed out, that the problem of victimization started as far back as 1999-2000 when teachers were blamed by ZANU-PF for campaigning and voting against the constitutional referendum that would have given all powers to the president, which in fact was rejected by the majority of the population.

Shortage of books: Education personnel interviewed said the unavailability of textbooks and other basic school supplies was another factor that contributed to the deterioration of the education sector. In the University of Zimbabwe's library, for example, one finds most textbooks are dated 2000 and before. One rarely finds a textbook written in 2004, let alone in 2008. Information gathered from interviews indicates that most government run schools' pupils only read the prescribed text in the syllabus, and never see the actual book. According to Kanyenze (2009), the pupil-textbook ratio in primary schools deteriorated from two- for English and two for mathematics in 2000, to three for the former and six for the latter by 2006.

extremely exorbitant in a country where more than 75 percent of the population currently live below US\$2 a day and where the GDP per capita is around US\$265 per annum.

²⁷ The Telegraph Newspaper (25 January 2010), Zimbabwe needs 10 000 school teachers". Available at: <http://www.zimtelegraph.com/?p=5613>.

²⁸ The Herald Newspaper (18 April 2009). "UZ appeals for US\$3,2m for operations". Available at: <http://www.herald.co.zw/inside.aspx?sectid=3252&cat=1>

Deterioration of school infrastructure: School infrastructure also deteriorated. In some remote areas and around former commercial farms, school buildings were dilapidated and crumbling from neglect. Previously, schools on commercial farms were routinely renovated by the white farmers as part of their social responsibility, and most of them were stocked with relevant textbooks and materials. Since the 2000 land invasion, however, new black ‘farmers’ occupy those farms, and, rather than renovating and repairing school buildings, most of them looted and vandalized the structures, stealing doors, window frames, and other detachable properties for their individual benefit.

Reduced government spending on education: During the period under review, there has been a decline in education spending by the government. Soon after independence in 1980, the ZANU government placed education at the top of its list of priorities, spending 25 percent of the national budget on education during that decade. Most of this money was spent on capital expenditure, including the building of schools and the training of teachers. This percentage declined to around 13 percent in 2006, and further down to 10.3 percent in the 2009 budget. In 2008, the value of government spending per child was equivalent to US\$0.18.²⁹ No significant improvement might be expected in 2010 given that the whole sector was allocated only **US\$107.8 million³⁰ (4.79%)** from the US\$2.250 billion 2010 Zimbabwe national budget (Government of Zimbabwe, 2010 National Budget).

Deterioration in examination standards: The country’s examination system was severely compromised with many instances of ‘leaking’ of ordinary (O) level and advanced (A) level examination papers before actual dates of exams. Compounding this has been the long delay in the marking and release of both “O” and “A” level exam results. Before 2000, both June and November examination results used to be released within two months after each respective exam sitting. These release timelines are now history given that the June 2008 examination results were released on February 27, 2009, and examination results for November 2008 had not been released at the time of this paper’s publication. According to one newspaper, The Herald (Zimbabwe), “*Most teachers have left the classroom to eek out a living elsewhere, and end-of-year examinations taken in November have yet to be graded after the markers demanded their wages in foreign currency.*”³¹

Failure of school to open in 2008 and 2009: For a large part of 2008 and 2009, most schools across the country failed to open. In the cases when they did open, oftentimes there were no teachers. This resulted in most pupils spending the school year sitting at home and opting to repeat the grades that they were supposed to have completed. According to one newspaper: “*Teachers worked an average 23 days only last year*

²⁹ The Zimbabwean Newspaper (March 4, 2009). “Zimbabwe Education in Desperate Circumstances”. Available at:

http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=19336&Itemid=103

³⁰ This figure includes US\$25 million from cooperating partners’ specific contribution earmarked for Basic Education Assistance Module (BEAM)

³¹ UK Online news (Jan 16 2009). “Zimbabwe unveils 100 trillion dollar note”. Available at: <http://uk.news.yahoo.com/18/20090116/twl-zimbabwe-unveils-100-trillion-dollar-2ac392e.html>.

[2008], protesting better working conditions and wages, a situation that seriously disrupted writing and marking of Grade Seven, O and A Levels examinations.”³²

3.3 Water and sanitation

The problems that contributed to the rapid decline in access to water and sanitation services are similar to those for healthcare and education noted above. These included a shortage of professionals and consumables, and a sharp deterioration of physical infrastructure.

Erratic water supplies: Residences in most Harare suburbs have been facing water cuts over the past ten years. In some residential areas, such as Ruwa and Mabvuku, water taps ran dry for as long as three to four months. For most of 2008, even the most posh and elite suburbs of Harare, including Borrowdale and Mount Pleasant, went without water for some weeks. According to one newspaper: “Most of Harare’s outer ring of western suburbs...namely Cold Comfort, Kuwadzana, Kambuzuma, Glen Norah, Glen View, Budiro and parts of Mufakose... has had no tap water since Sunday with residents getting supplies from bowsers or fetching water from unprotected sources, a serious hazard in the epicentre of the capital’s cholera outbreak.”³³

The situation was so severe that even some government ministries’ offices had been without a continuous supply of water for years. For example, the new minister of education said: “I arrived at the headquarters of the Ministry of Education, which is an 18-story building in Harare...The ministry takes up the entire building, and on the ground floor, I was met with the sight of Ministry of Education ladies with buckets of water on their heads, preparing to take the lift up, to as high as the 18th floor, because the building has been without water for well over six months”³⁴. Even institutions such as the UZ were not spared as reported by the current Vice Chancellor, “Water problems have been a major concern for sometime now as the institution has not had supplies since May [2008].”³⁵

Unavailability of water treatment chemicals: The erratic water cuts across the country were caused by a shortage of water purifying and treatment chemicals, among other factors. Personnel interviewed from the Harare City Council said that city and country authorities had been unable to import adequate stocks of water treatment chemicals due to the limited quantity of foreign currency allocated to them by the central bank (RBZ).

³² The Zimbabwean Newspaper (23 April 2009). “Government Re-takes Teachers”. Available at: http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=20717&Itemid=103

³³ The Herald Newspaper (Jan 16, 2009). “Western suburbs dry”. Available at: <http://www.herald.co.zw/inside.aspx?sectid=155&cat=1>.

³⁴ The Zimbabwean Newspaper (March 4, 2009). “Zimbabwe Education in Desperate Circumstances”. Available at: http://www.thezimbabwean.co.uk/index.php?option=com_content&task=view&id=19336&Itemid=103

³⁵ The Herald Newspaper (18 April 2009). “UZ appeals for US\$3,2m for operations”. Available at: <http://www.herald.co.zw/inside.aspx?sectid=3252&cat=1>

This has forced people to resort to shallow wells and rivers for drinking water, even in Harare suburbs.³⁶

Burst water and sewage pipes: Most cities and towns' water and sanitary pipes had not been repaired or replaced for more than 15 years. One paper reports that: "...a water pump that has been reportedly lying idle for thirty years was discovered by the City of Harare at Prince Edward water works while residents endured persistent water cuts that exposed them to cholera. This revelation is evidence to the negligence that was exercised by the authorities in charge of water and sewer management...The discoveries that have been made by the Council are clear evidence of ZINWA's incapacity that has plunged Harare into the worst cholera outbreak ever."³⁷ In another incident, the Harare City Council was said to have discovered that: "...the Firlle Water Works³⁸ has not been operational since 2005 when ZINWA took over the management of the water services in Harare. As a result, ZINWA was actually depositing raw sewage into Manyame River and Lake Chivero³⁹; a situation that has rendered the Harare water to be heavily polluted."⁴⁰

Burst sewage pipes have become part and parcel of daily life in Harare's high density suburbs and surrounding areas like Chitungwiza. Most of these pipes were installed more than four decades ago and were meant for a small population. As the urban population has increased, however, they have not been repaired or replaced, resulting in their capacities being over-stretched.

Obsolete equipment: Information gathered from the Harare City Council indicated that most of the equipment at the Firlle and Morton Jaffray water treatment plants was obsolete. Responding to complaints by councilors and Harare residents about the unavailability of water in their wards in April 2009, one Harare town clerk responded by saying: "...it would take up to six months for residents of Harare to access water without interruption if the required resources were immediately made available...Morton Jaffray Water Treatment Plant was operating at 50 percent capacity owing to breakdowns and obsolete machinery. Clarifiers and filters at the plant were also working at less than maximum capacity...Of the little water that is purified, 45 percent is lost through leakage. The pressure pumps have leaks."⁴¹

³⁶ South African Independent Online (January 3, 2009). "Zim 'improves collapsing health service". Available at:

http://www.iol.co.za/index.php?set_id=1&click_id=68&art_id=nw20090103102054645C877705.

³⁷ Harare Tribune Newspaper (30 March 2009), "ZINWA gross incompetence exposed". Available at: <http://www.hararetribune.com/our-town/1-news/444-zinwa-gross-incompetence-exposed.html>.

³⁸ Is one of the two water works, besides Morton Jaffray Water Works in Norton, that provides water for the city of Harare and surrounding areas.

³⁹ Harare water is also drawn from these two sources

⁴⁰ Harare Tribune Newspaper (30 March 2009), "ZINWA gross incompetence exposed". Available at: <http://www.hararetribune.com/our-town/1-news/444-zinwa-gross-incompetence-exposed.html>.

⁴¹ The Zimbabwe's Herald Newspaper (April 10, 2009). "Harare needs 63 million euros for water". Available at: <http://www.herald.co.zw/inside.aspx?sectid=2907&cat=1>

4 Conclusion

The aim of this study was to provide a simple narration of the decline in access to the basic services of healthcare, education, and water and sanitation for Zimbabwe during the period covering 2000 to May 2009. The paper's emphasis is specifically on how the government's fiscal fragility impacted its ability to provide these services. From the interviews and newspaper articles reviewed, the research found that very few Zimbabweans residing in the country were able to access basic health, education and water and sanitation services because they were exorbitantly priced, under-supplied relative to demand, or simply not supplied at all.

Investigations from the health sector indicated that access to healthcare was restricted by a number of obstacles, including, but not limited to, obsolete and/or unavailable equipment, medicine, and medical ancillaries; migration of doctors, nurses, and other medical specialists and staff; unavailability of specialized medical services; and closure of health facilities and institutions. Provision of education was severely hampered by factors such as migration of teachers and lecturers; shortage of books and stationery; deterioration of school infrastructure; reduced government spending on education; deterioration in examination standards; and failure of schools to open in 2008 and 2009. Citizens failed to access good quality and adequate water and sanitation services mainly because of erratic water cuts; unavailability of water treatment chemicals; busting of water and sewage pipes; and obsolete equipment, among other problems.

Many of these problems require increased government funding. There is some evidence that progress is being made. According to the 2010 budget, 12.7% is going to the health sector. This falls short, however, of the Southern African Development Community's (SADC) target of allocating 15 percent of national budget to health. For education, US\$107.8 million (4.79%)⁴² has been allocated, and for water and sanitation US\$109 million (4.8%)⁴³. Given that the current government does not have sufficient financial resources to implement some of the policy recommendations, donor involvement will be critical for the above. It is important to note that the ZANU-PF-controlled government perceives donors as sympathizers to the MDC party, and, as such, donors' activities were restricted since the beginning of 2008,⁴⁴ with the government completely banning NGO activities from June to August of that year.^{45 46} Since the formation of the GNU, however, the new government's attitude toward donors has been increasingly positive. As of late 2009, donors were actively involved in the provision of primary school feeding programs and agricultural inputs projects, including seed disbursement. The general positive perception toward former Western 'enemies' has been buttressed by the Prime Minister's

⁴² This figure includes US\$25 million from cooperating partners' specific contribution earmarked for Basic Education Assistance Module (BEAM)

⁴³ This amount will cover procurement of drugs and medical supplies as well as infrastructure rehabilitation. No amount is allocated for new infrastructure buildings such as clinics or hospitals.

⁴⁴ In March 2008 the country had harmonized general elections, where both parliamentarians and presidential candidates were selected through nation-wide ballot box, and NGO were perceived by ZANU-PF controlled government to be campaign for MDC party.

⁴⁵ http://wapedia.mobi/en/Second_round_of_voting_in_the_2008_Zimbabwean_presidential_election.

⁴⁶ <http://allafrica.com/stories/200809090003.html>.

(PM) visit to Europe and America in June 2009 where the main mission was to re-engage these countries and restore normal relations.

Perhaps the first step is for the government to assess its personnel requirements via a human resources audit. This needs assessment will help the government identify vacant positions and compile a list of practicing and available professionals can fill those slots. Crucial to the restoration of services is the return of skilled labor from abroad. It is estimated that there are four million Zimbabweans in the Diaspora, who are needed as doctors, teachers, and technicians in their home country.⁴⁷

⁴⁷ By 2009, Zimbabwe was ranked among the top ten emigration countries in sub-Saharan Africa alongside Mali, Burkina Faso, Ghana, Eritrea, Nigeria, Mozambique, South Africa, Sudan, and the Democratic Republic of Congo (Kanyenze, 2009).

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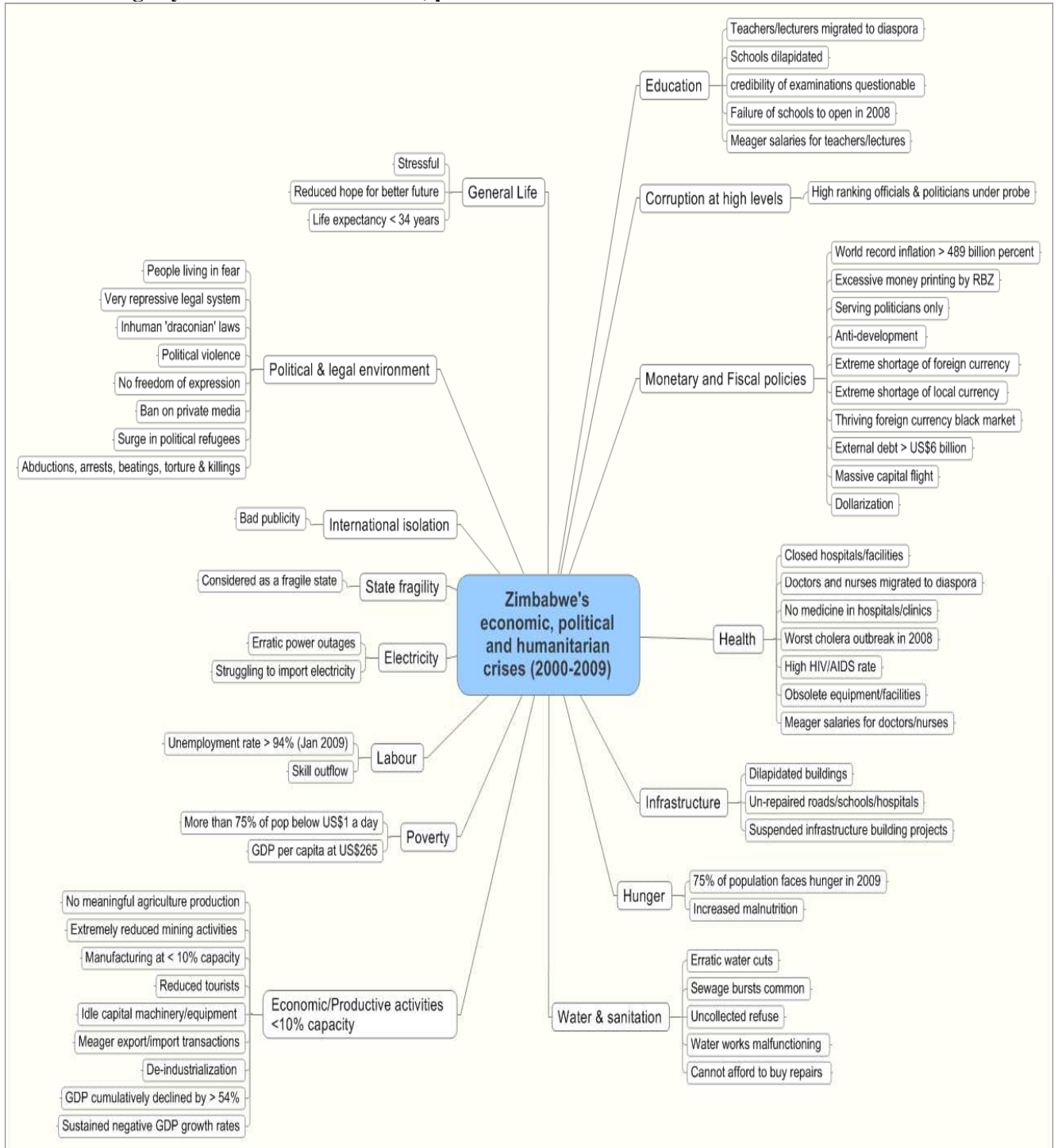
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Appendix 1

Figure: State fragility - Zimbabwe's economic, political and humanitarian crises: 2000 – 2009



Source: author compilation