



HUMAN  
RIGHTS  
WATCH

## TROUBLED WATER

Burst Pipes, Contaminated Wells, and Open Defecation  
in Zimbabwe's Capital





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Open Defecation in Zimbabwe's Capital**

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# Troubled Water

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## Summary

Abigail Chomo, a widow, lives in a small brick house with her three children in Dzivarasekwa, a working class suburb west of Harare, Zimbabwe's capital. She used to have four children. In November 2012, her youngest daughter, Helen, contracted typhoid fever at age 4, probably from drinking contaminated water. Although typhoid fever is treatable with antibiotics, Helen was also HIV positive and had a weak immune system, and died.

Abigail's daughter was not the only family member who died from a waterborne disease. Four years earlier, her mother was one of an estimated 4,200 people in Zimbabwe to die from cholera. With prompt and proper treatment, cholera, like typhoid, can have a mortality rate below 1 percent. Without prompt treatment, however, mortality rates can soar. The Zimbabwean government's response to the cholera outbreak was characterized by denial, neglect, and cover-up. Overall, between 2008 and 2009, 100,000 people in the country fell ill with cholera. It was Africa's worst cholera epidemic in 15 years.

Children are particularly vulnerable to waterborne disease. In Zimbabwe, diarrhea is responsible for 10 percent of deaths of children under the age of five. Access to potable drinking water and appropriate sanitation can prevent waterborne diseases, including typhoid, cholera, and diarrhea.

Today, the same conditions that allowed the 2008-09 cholera epidemic to flourish—poor sanitation, high-density living conditions, lack of access to potable water, official denial of the magnitude of the problem, and lack of information about the safety of the public water supply—persist. Corruption, which has a negative impact on water governance globally, appears on the rise in Zimbabwe. In 2012, Transparency International ranked Zimbabwe the 13<sup>th</sup> most corrupt country in the world, a slip from its 2008 rank as 24<sup>th</sup>. According to the group, "When corruption leads to contaminated drinking water and destroyed ecosystems, the detrimental consequences are often irreversible."

The risk of another cholera outbreak in Harare is significant and the number of people sick from lack of access to potable water and sanitation is startling; in the past year there have been over 3,000 typhoid cases reported in Harare alone. Healthcare workers believe the actual number of people infected is much higher. According to the World Bank, the amount of municipal water available in Harare has dropped to the levels recorded during the cholera epidemic. The risk of another public health crisis cannot be discounted.

For people in Harare—and around the world, the denial of the right to water and sanitation has a significant impact on the realization of other fundamental human rights. Water and sanitation access are closely tied to the rights to life and to health. When lack of water and sanitation prevents children from attending school, the right to education suffers. The rights to participation and information, particularly for women and vulnerable groups, go hand and hand with ensuring equitable access to water, and are often violated by governments and policy makers. These links between water and sanitation rights and many other basic rights are increasingly acknowledged – most notably in authoritative commentary by UN experts. Upholding the rights to water and sanitation is necessary for demonstrating respect for human rights more broadly.

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Human Rights Watch investigated the availability of potable water and sanitation in Harare between September 2012 and October 2013. We conducted 80 interviews in eight high-density areas in Harare and found a city with a considerable proportion of its population living in desperate and dangerous conditions.

Our specific findings include: 1) the government’s failure to provide access to potable water, 2) its failure to provide adequate health information, 3) the government’s inability to address poor sanitation, and 4) public sector corruption and a lack of political will at all levels of government to address these problems.

## **Failure to Provide Access to Potable Water**

Although many houses in Harare have the infrastructure for piped water, residents reported that water flow into homes was inconsistent, and sometimes as rare as a few hours every two weeks. The infrastructure for piped water in the capital was developed before Zimbabwe’s independence in 1980, when the population was about 600,000. The city’s population is nearly four million today. Old, unmaintained pipes and leaks in both the water and sewage system mean that tap water that does flow can be mixed with sewage. Several residents told Human Rights Watch that adults and children were drinking the tap water even when it smelled bad and they believed it caused diarrhea. To completely replace this piped infrastructure would require US\$5 to 6 billion.

People rely on water from boreholes—narrow shafts drilled into the ground—many of which are contaminated. Women and children, frequently the ones in the family responsible for going to the borehole, often have to wait up to five hours to collect water. Some Harare residents who spoke to Human Rights Watch said they often had to collect water from

shallow, unprotected wells they dig themselves. Shallow wells are susceptible to sewage and other groundwater contamination.

## **Failure to Provide Health Information**

Despite Harare's water crisis and the known risk of drinking contaminated water, there appears to be little or no specific official information on safe water sources.

Residents said that health clinics and donor agencies gave them mixed and inconsistent messages about water safety, sometimes giving away free water-cleaning tablets though typically not making clear if they were for tap, borehole or well water. People told Human Rights Watch that it was not clear if the water had become safe to drink when the clinics stopped handing them out.

Likewise, some residents told Human Rights Watch they occasionally heard from healthcare workers or through government statements on the radio or in the newspapers that they should boil water, but they were not sure if that meant tap or borehole water. Also, because of the sporadic supply of electricity and its high cost, people said that boiling water was often not a realistic option.

During the cholera epidemic, donor and United Nations agencies and international nongovernmental organizations (NGOs) drilled over 200 boreholes in areas around Harare to provide safe drinking water. While those boreholes provided a needed source of potable water four years ago, they have not been maintained and many are now contaminated. Although some residents believed that boreholes were a safe water source because they were drilled by international organizations, a January 2013 study by Harare Water found that one-third of boreholes tested were contaminated.

## **Poor Sanitation**

Having to defecate outdoors jeopardizes people's health, dignity, economic development and safety. Poor sanitation practices, including open defecation, lack of water for hand washing, and open sewers, lead to outbreaks of waterborne disease such as cholera and typhoid in communities. The lack of sanitary toilets is one of the principal contributors to childhood diarrhea, a major killer of children under 5 in Africa.

For people who lack access to sanitary toilets, open defecation also has an impact on personal dignity and safety, with women and girls facing particular challenges. As they move farther away from crowded areas in order to have privacy, they are more at risk for



physical attacks and sexual violence. The lack of sanitary toilets in schools also impacts girls' ability to receive education. Without a clean and private area to use, many girls are unable to attend school while menstruating.

Despite government statistics pointing to a low rate of open defecation in urban areas, people we interviewed said they often resorted to open defecation because they were unable to flush their toilets as a result of lack of water, or their toilets were clogged and overflowing, rendering the toilets unusable.



A sign indicates that a public toilet is closed. © 2012 Jane Cohen/ Human Rights Watch

Open sewers and flowing sewage are common sights in the suburbs of Harare, posing significant health risks. In addition to contaminating nearby water sources, such as wells, the concentration of human waste attracts flies and other disease vectors. Flies flourish in areas with poor sanitation, contributing to the spread of a number of diseases, including cholera and typhoid, but also trachoma, a disease of the eye that causes permanent blindness and affects 40 million people worldwide, including in Zimbabwe.

Contributing to a poor sanitation environment is an inadequate system for refuse disposal. Refuse piled up on the street, especially refuse that contains human waste such as dirty diapers, also acts as a breeding ground for various types of diseases.

## **Public Sector Corruption, Mismanagement and Lack of Political Will**

Along with an old and crumbling infrastructure that is inadequate for the population of Harare, public sector corruption, mismanagement and lack of political will severely hamper efforts to improve water and sewage service delivery to residents. Budget guidelines for City Councils provide that only 30 percent of the budget is to be spent on salaries; the rest is to be allocated to capital development, such as improving the water delivery system.

According to media reports and sources who spoke to Human Rights Watch, water revenue in Harare now represents the largest source of revenue for the Harare City Council. However, rather than being ploughed back into the system for service upgrades and infrastructure projects, much of that money is diverted from the water account into the general City Council coffers. The money is poorly accounted for and may be unlawfully allocated towards paying the salaries and benefits of City Council members.

Residents themselves expressed confusion and distress over the water billing system in Harare. Many had huge debts, sometimes as high as \$3,000, which they were unable to pay, resulting in disconnections from the public water supply. Even some people whose water had been disconnected said they were still being charged for water they did not use. Since there is a reconnection fee, most people with municipal debts and disconnected water rely on water from their neighbors' unprotected wells or from boreholes.

One week before the July 31, 2013 national elections, the minister of local government, who oversees the country's local governments, including the Harare City Council, announced that all debts residents owed municipal authorities in urban areas throughout the country would be cancelled. The revenue generated from water bills provides a significant portion of the operating funds for the Harare City Council. While cancelling the debts provided relief for residents who struggled to pay bills, it has also bankrupted the City Council and Harare Water, the department of the council responsible for providing clean water to residents. Not only does cancelling the debts affect past money owed, but it may also affect the willingness of people who have been paying consistently to continue to pay future bills.

Whatever the merits of the debt cancellation, the move seemed to be a political decision by President Robert Mugabe's Zimbabwe African National Union – Patriotic Front (ZANU-PF) to deprive the rival Movement for Democratic Change (MDC) of votes in Harare. Consequently, an already barebones water service budget has now been reduced significantly.

Both MDC and ZANU-PF officials blamed the other party for manipulating tenders in order to profit from the wholesale purchase of water treatment chemicals for the city. Water treatment chemicals are essential for the water delivery system, necessary for treating municipal water before distribution. For residents, one result of officials using the purchase of these chemicals for personal financial gain is that Harare Water often does not have adequate chemicals to treat the water and then must produce less water.

At the national level, there is little financial commitment to improving water and sanitation delivery in Harare. The national government has not articulated a comprehensive plan to address the crisis. Ministry of Water officials cite lack of resources for paying scant attention to these pressing service delivery issues. Likewise, in September, an official from the Ministry of Health noted in a meeting that it would have little to no resources to dedicate to another outbreak of a waterborne disease. As long as infrastructure and health crises are not given attention by the national government, it is unlikely that the situation will improve.

## **International Law**

### *Right to Water*

The human right to water is included – implicitly or explicitly – in a number of international treaties and declarations. The Universal Declaration of Human Rights states that everyone has the right to “a standard of living adequate for [their] health and well-being,” including food and housing. This right cannot be realized without access to a minimum amount of water. The International Covenant on Civil and Political Rights (ICCPR) stipulates a number of rights whose fulfillment requires access to water. It provides that no people can be deprived of their own means of subsistence and that “every human being has the inherent right to life.” The International Covenant on Economic, Social and Cultural Rights (ICESCR) also recognizes the right to water implicitly. The rights to an adequate standard of living and the enjoyment of the highest attainable standard of physical and mental health, both enshrined in the ICESCR, have been interpreted to include the right to water.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) mentions water explicitly by stating that rural women have a right to “adequate living conditions, particularly in relation to . . . water supply.” The Convention on the Rights of

the Child states that all children have a right to the highest attainable standard of health guaranteed, including “through the provision of adequate . . . clean drinking water.” The Convention on the Rights of Persons with Disabilities recognizes “the right of persons with disabilities to social protection ... including measures to ensure equal access by persons with disabilities to clean water.”

Regional agreements also increasingly recognize the importance of sanitation and the human right to water. The African Charter on Human and Peoples’ Rights, for example, includes the right to “a general satisfactory environment” favorable to peoples’ “development,” which is unattainable without access to water and sanitation. A number of international political declarations and resolutions also include the right to water. For example, the Abuja Declaration adopted at the first Africa-South America Summit in 2006 affirms “the right of our citizens to have access to clean and safe water and sanitation.”

In 2003, the Committee on Economic, Social and Cultural Rights, the international expert body that provides authoritative interpretations of the ICESCR, defined the right to water in its General Comment No. 15 as the right of everyone to “sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.” According to the committee, access to water must be continuous, and the amount of water available must be “adequate for human dignity, life and health,” and suffice for drinking, cooking, and personal and domestic hygiene. “The adequacy of water should not be interpreted narrowly,” but rather go beyond simple quantities and recognize water as a “social and cultural good, and not primarily as an economic good.”

General Comment No. 15 specifies core obligations of governments that are of immediate effect, including ensuring access to a “minimum essential amount of water” at a reasonable distance from homes on a non-discriminatory basis and with special protection for vulnerable and marginalized groups, “ensuring access to adequate sanitation,” creating and implementing a national water strategy, and monitoring progress on realizing the right to water.

In 2010, 121 countries, including Zimbabwe, voted in the United Nations General Assembly to establish the right to water and sanitation as a freestanding right. The recognition of this right firmly acknowledges that water and sanitation are crucial not only for health, but also for other key aspects of development, such as gender equality, education and economic growth.

### *Right to Sanitation*

Despite the international recognition of a right to sanitation, the content and progress of this right lags behind the right to water. According to UN figures, in sub-Saharan Africa, open defecation has actually increased over the last 20 years. Globally, 15 percent of the population still practices open defecation. At time of writing, over 2.5 billion people were without access to adequate sanitation, putting them at significant risk for waterborne and other diseases.

The public health necessity of improved sanitation has been well documented. Diarrhea, as a result of poor access to water and sanitation, is the biggest cause of death for children under 5 in Africa. Globally, diarrheal diseases kill 1.4 million children every year. Poor sanitation and hygiene also has a negative impact on maternal and newborn health. Unsanitary toilets and open defecation have negative impacts on both health and cognitive development. Due to lack of sanitation, more than half of school-age children in Africa suffer from worm infections.



A mother gives medicine to her child with chronic diarrhea. © 2012 Jane Cohen/ Human Rights Watch

Various studies have documented how girls' education is hindered by lack of sanitary and private toilets in schools; menstruating girls often do not attend school because they do not have a clean and appropriate environment to take care of their personal hygiene. Open defecation and poor sanitation make children and adults sick, which disrupts education and time at work, impacting on a community's development.

Despite the dire impact that the lack of sanitation has on populations around the world, the 2015 UN Millennium Development Goal of cutting in half, from 1990, the number of people, without access to sanitation services, remains far-off as of 2013. According to WaterAid, an NGO working on water and sanitation issues, at the current rate of progress, the 2015 Millennium Development Goal will not be met until 2049, and in sub-Saharan Africa not until the 23<sup>rd</sup> century.

Unlike the right to water, where the content of the right is fairly clear and there are basic indicators on which a country can be evaluated, part of the challenge of the right to sanitation is that its content has still not been well defined. This contributes to piecemeal and incomplete approaches to improving sanitation in many country settings.

## **Domestic Law**

Zimbabwe's constitution and domestic laws protect the right to water and, through protections on the environment, the right to sanitation. For the first time in May 2013, Zimbabwe's government ratified a new constitution that includes an explicit right to water.

Although sanitation is not specifically protected in the new constitution, sanitation issues clearly fall within "environmental rights" that have appeared in Zimbabwean law for several years. For example, the 2002 Environmental Management Act contains specific rights related to the environment, including the rights to a "clean environment that is not harmful to health; protect the environment for the benefit of present and future generations; secure ecologically sustainable management and use of natural resources while promoting justifiable economic and social development."

The new constitution also contains a chapter on "Environmental Rights," which reiterate the rights already outlined in the Environmental Management Act. While these rights do not directly address sanitation, a healthy environment includes an environment in which human waste is properly disposed of and people's lives are not compromised by waterborne disease.

## Moving Forward

Zimbabwe's water and sanitation problems are severe and complex. However, despite the overwhelming nature of Zimbabwe's crisis, there are affordable measures that the government of Zimbabwe can and needs to take in order to protect the health of its population and to fulfill its obligations to respect and protect the right to water and sanitation. The government should invest in lower-cost sanitation technologies that will allow its citizens to use safe and sanitary toilets without having to wait for a major infrastructure upgrade. In some areas, pit latrines are illegal, forcing residents to either defecate openly or use broken indoor toilets. The pressure on the dilapidated sewage infrastructure from the use of home toilets contributes to the burst pipes that result in sewage flowing openly on the streets. Regulations that prevent low cost and healthier alternatives for toilets should be repealed, and the government should invest in pit latrines and community toilets.

The Harare City Council should ensure that refuse is picked up weekly. Burdensome policies that keep people from using these services, like the mandatory use of expensive city-issued waste bins, should be lifted. The Harare City Council should put oversight mechanisms in place to ensure that its officials do not harass women who are putting out their refuse for pick up. An accessible and easy-to-use complaint mechanism would also ensure accountability and offer an avenue of recourse for women who have been harassed. While extremely low-cost, these measures would go far towards clearing the streets of refuse. Residents do not want trash heaps in their homes, their streets or in public areas, and our research suggests that if there were a reliable and affordable system for refuse removal, people would use it.

Although ultimately the piped water infrastructure will need to be upgraded, in the meantime the government should make use of lower-cost options to ensure that people have sufficient potable water. Boreholes, which are a major source of water for many people, should be tested for quality regularly and maintained consistently. There should be an easy-to-use system for reporting problems with the boreholes, so that they can be properly fixed by professionals, rather than local residents improvising a solution so that they can continue to pump water from it. These homemade fixes often do not last and can cause more permanent harm to the boreholes.

The government should also invest in water-saving initiatives like rainwater harvesting. Human Rights Watch saw several UN-sponsored rain-harvesting cisterns in one high-density area, but this has not been introduced throughout the area. Harare does have a

significant rainy season, and rain collection measures would lessen the burden on other sources of water.

Providing regular information to residents on water quality of both taps and boreholes would make them aware of the health risks and benefits of available water sources. Informing people about impending water cut-offs due to problems in the system would help them prepare for times when they will have no piped water, and to maximize water collection when water is available in the pipes. Refraining from disconnecting people from municipal water would help ensure that everyone has access to a minimum amount of water, regardless of ability to pay. Providing consistent information on water quality, including when a water-cleaning agent should be used, would also build trust between residents and the City Council and health workers, which has severely eroded during water and health crises over the last few years.

These low cost initiatives will afford people their dignity, safety and greatly improve public health. However, that will take real determination by politicians to fix the problems, true financial management, and inter-ministerial coordination. Without a serious commitment from government officials at all levels to make the provision of safe water and sanitation a priority, the people of Harare will continue to suffer, with no end in sight.



# Recommendations

## To the Government of Zimbabwe

- Implement necessary legislative and other reforms to ensure the full promotion, protection and enjoyment of the right to water enshrined in international law and article 77 of the 2013 Constitution.
- Adopt a strategy with the Ministry of Water, Environment and Climate for the long-term rehabilitation and upgrading of the water and sewage network in Harare. Develop this strategy with meaningful participation and consultation with Harare residents, and especially with women, people with disabilities, people living with HIV, children and their guardians, and other groups at particular risk from poor water and sanitation conditions.

## To Ministry of Water, Environment and Climate

- Work with local urban councils to develop and implement a system, such as sliding fees, that would ensure the delivery of affordably and safe piped water to low-income families.
- Support the creation of alternate toilet arrangements so that residents without proper sewage systems can use facilities in dignity and health.
- Develop a financing plan for replacing old water infrastructure.
- Provide alternative sources of potable water, such as boreholes and protected wells, to supplement the piped water system.
- Develop and invest in alternative sources of water, such as rain cisterns.
- As head of the water, sanitation and hygiene (WASH) sector:
  - Empower the National Action Committee to:
    - oversee inter-ministerial coordination to increase people's access to potable water and sanitation.
    - strengthen accountability mechanisms throughout all levels of government working in the WASH sector.

## To the Ministry of Health and Child Welfare

- Ensure that all public boreholes are regularly tested for water quality and that these results are disseminated to residents.

- Ensure that all health clinics are equipped with the basic resources to enable them to respond promptly to an outbreak of waterborne disease.
- Develop and implement public education campaigns on hygiene and sanitation. Ensure that the campaign promotes gender equality and is sensitive to the particular challenges facing people with disabilities, women and girls, and children under five years old in the WASH sector:
  - Conduct public education to end open defecation.
  - Develop and implement low-cost sanitation measures.
- Conduct public awareness on steps parents can take to provide safe drinking water to children under the age of five, including the promotion of breastfeeding.

### **To the Ministry of Local Government, Rural and Urban Development**

- Enforce the budget policy of 30:70 employment costs to service delivery to ensure that revenue from water is ploughed back into the water structure.
- Develop and enforce transparency and accountability measures to ensure that finances are properly allocated.
- Make public all salaries and benefits for local government, including all managers, directors and the town clerk.

### **To the Harare City Council and Harare Water**

- Refrain from disconnecting people from the piped water supply for lack of payment.
- Prioritize resources to ensure that water treatment chemicals can be purchased consistently.
- Develop a system to disseminate information on water quality to all residents; reinstitute and strengthen system to inform residents when their area will receive piped water.

### **To the Donor Community**

- Provide technical assistance and expertise currently unavailable in Zimbabwe to help address the water and sanitation issues in Harare.
- Promote measures to ensure that all programming conforms with Zimbabwe's human rights obligations under international law, including participation, access to information, gender equality, and non-discrimination.

## Methodology

This report is based on interviews and information collected during eight weeks of field research in Harare, Zimbabwe, between September 2012 and October 2013. Harare was chosen for this study because of its continued threat of outbreak of waterborne diseases since the cholera epidemic of 2008 to 2009.

A Human Rights Watch researcher, along with a local consultant, conducted 80 interviews with residents of eight high-density suburbs of Harare: Warren Park, Mabvuku/Tafara, Mufakose, Dzivarasekwa, Budiro, Glen View, Glen Norah and Kuwadzana. Of the 80 interviewees, 74 interviews were women, 6 were men. These eight areas were selected because of their accessibility and relatively secure environment for research. Interviewees were identified in the communities with the help of local consultants.

Interviews were conducted in Shona and English. All participants provided oral consent to participate and were assured that they could end the interview at any time or decline to answer any question without any negative consequences. No incentives were offered to persons interviewed. To protect their anonymity, pseudonyms have been assigned to each individual interviewed.

Human Rights Watch also interviewed a policy manager from the Ministry of Water, Environment and Climate; an engineer and customer relations manager from Harare Water; two councilors from Harare City Council, including the chief whip; an engineer and water expert based in Harare, two local healthcare workers; 14 domestic and international NGO workers; officials from four international agencies; and local and international journalists based in Harare. We also participated in a government forum on water and sanitation and a Ministry of Health conference on Zimbabwe's water and sanitation policy. We participated in an open and interactive meeting between Ignatius Chombo, the minister of Local Government and Urban and Rural Development, and Harare residents. Human Rights Watch sent questions to the minister, but to date we have received no response.

# I. Introduction

For almost two decades after Zimbabwe's independence in 1980, Harare's water and sanitation infrastructure ran relatively smoothly. In 1988, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) reported that over 84 percent of Zimbabweans had access to safe drinking water.<sup>1</sup> By the mid-1990s, a combination of drought, a ballooning population and increasing neglect of infrastructure began to impact urban areas, and water shortages in the high-density suburbs became more frequent. Water quality also became a problem as public sector corruption and mismanagement led to the neglect of infrastructure.

The lack of basic water and sanitation services in urban areas was exacerbated in 2005, when the ruling party Zimbabwe African National Union – Patriotic Front (ZANU-PF) launched Operation Murambatsvina (Operation Restore Order), aimed at demolishing illegal business and housing units mushrooming in urban areas. Over several months, police destroyed numerous homes and businesses, leaving at least 700,000 people homeless or with their livelihoods destroyed.<sup>2</sup> According to the UN special envoy to Zimbabwe, Anna Kajumulo Tibaijuka, “in addition to the already significant pre-existing humanitarian needs, additional needs have been generated on a large scale, particularly in the water, shelter, sanitation and health sectors.”<sup>3</sup> Those left homeless had little choice but to retreat to rural areas, or to set up squatter camps that mostly lacked access to potable water, sanitation, or refuse pick up.

In 2008, as the country's economy declined, the appalling water and sanitation situation gave way to the most devastating outbreak of cholera on the African continent in 15 years. Between 2008 and 2009, over 4,200 people died and at least 100,000 people became sick. In the high-density suburbs of Harare, the lack of water, sanitation facilities, information about the epidemic, and healthcare services, all contributed to the ferocious nature of the epidemic. Rather than muster resources to slow the epidemic, the government denied its severity and prematurely declared an end to the outbreak, although thousands were still suffering.

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<sup>1</sup> WHO Global Alert and Response “Cholera in Zimbabwe - update 4,” June 2009, [www.who.int/csr](http://www.who.int/csr) (accessed August 8, 2013).

<sup>2</sup> UN Special Envoy on Human Settlements Issues in Zimbabwe, Anna Kajumulo Tibaijuka, “Report of the Fact-Finding Mission to Zimbabwe to Assess the Scope and Impact of Operation Murambatsvina,” July 18, 2005, [http://www.sarpn.org/documents/d0001387/UN\\_Zimbabwe\\_July2005.pdf](http://www.sarpn.org/documents/d0001387/UN_Zimbabwe_July2005.pdf), (accessed August 8, 2013), pp.45-46.

<sup>3</sup>ibid.

After the hyperinflation that led to the economic collapse in 2008, Zimbabwe's economy is now beginning to stabilize. The July 2013 elections were free of the extreme violence that characterized elections in 2008, indicating a more stable political environment.<sup>4</sup> Despite this increased political and economic stability, the water and sanitation conditions for the millions of people who live in high-density urban areas remains almost the same as it was in 2008. Typhoid, another waterborne disease, continues to pose a serious threat to the health of Zimbabweans, underscoring the urgent need for the government of Zimbabwe to provide these most basic services to its population. As long as people in Zimbabwe have almost no access to drinking water and water needed for basic hygiene, and are forced to defecate openly in public, their human right to the highest attainable standard of health, as well as other rights, will be in jeopardy.

Government officials at all levels talk of efforts to address the water and sanitation service breakdown, often referencing the cholera crisis as a tragedy that cannot be repeated. But rhetoric needs to be matched by actions, and over the last five years there has been little concrete commitment to address these issues. Although donors agencies and governments have provided millions of dollars to support the country's water and sanitation sector, the situation of ordinary Zimbabweans living in high-density areas of Harare – those hardest-hit by cholera -- have not changed.

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<sup>4</sup> In the lead-up to the 2008 presidential run-off, the ZANU-PF government at all levels systematically abused, tortured and killed many perceived MDC supporters. See generally Human Rights Watch, *Bullets for Each of You: State-Sponsored Violence since Zimbabwe's March 29 Elections*, June 9, 2008, <https://www.hrw.org/reports/2008/06/09/bullets-each-you>.

## II. Findings

People are suffering in this area because there is no water and it is a big problem. Hopelessness is now the order of the day.

—Penelope, mother in Budiro, October 2012

Zimbabwe's severe water and sanitation crisis is well known. Government officials readily acknowledge that the infrastructure for the delivery of potable water is insufficient to serve the growing population of Harare. However, beyond the need for costly improvements in infrastructure, many other improvements are needed, including low cost improvements.

For example, maintaining the usability and quality of water points, such as boreholes, would increase people's access to water in their community. Developing alternate sources of water, such as the collection of rainwater in communal cisterns, would help to relieve pressure on the scant existing water resources. Investing in alternative non-flush toilets for communities would provide people with dignity and discourage open defecation, impacting greatly on the spread of waterborne diseases. Implementing a low-cost, fee system for piped water to address the needs of low-income families, and refraining from disconnecting household water for families unable to pay, would be a step towards ensuring access to water for the entire population.<sup>5</sup>

These interventions, and many others, are low cost and implementable by the government of Zimbabwe. However, despite the continued suffering of Zimbabweans from preventable waterborne diseases, the government has failed to uphold its obligations under international law and protect the health of its people. Consequently, lives are unnecessarily lost.

Human Rights Watch's research in Harare found that lack of access to potable water, lack of health information, and lack of sanitation were violating the rights to water, to health, and to life.

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<sup>5</sup> Despite the July 23, 2013 directive from the minister of local government to relieve all municipal debts, people as recently as September were already receiving notices that their water will be turned off for non-payment, even if they are not in any real debt.

## Failure to Provide Access to Potable Water

Across the eight high-density areas Human Rights Watch visited, people related similar accounts of difficulty obtaining potable water. We consistently heard stories of poor water quality, lack of available water, piped water being disconnected for non-payment, discrimination in access to water, and violence and insecurity at water points.

### *Quantity/Availability*

Sometimes we go for two weeks without getting water in the tap, so I have to go to the borehole. I have to bring a wheelbarrow with me to carry the buckets home. Because of the long lines, it usually takes me six hours to get four buckets filled up for my family.

—Gladys, mother in Budiro, October 2012

Everyone we interviewed in the high-density areas of Harare reported a longstanding lack of access to water. While each home we visited had the infrastructure for piped water, everyone told us that water was only available erratically. Matilda, a mother of three in Mabvuku/Tafara said:

Water from the tap is very inconsistent. We might go a week without getting any water from the tap. We stopped getting water last Wednesday and then didn't have any for the whole week, and then had it a little bit again this Wednesday. It's really a problem. When there is no water in the tap I go to the borehole where I wait in line for six hours.<sup>6</sup>

In Warren Park, one of the areas hit hardest by the cholera epidemic in 2008-2009, Juliet, a mother, said:

We used to get water from the tap, but our tap has now been disconnected from the city water supply because we couldn't pay our debt. So then we relied on the borehole for water even though the lines were very long. But now that borehole is broken so we have no choice but to resort to getting water from unprotected wells.<sup>7</sup>

Because of acute lack of access to water, people described having to ration water, and forgo basic needs, like sanitation and hygiene.

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<sup>6</sup> Human Rights Watch interview with Matilda, Mabvuku/Tafara, October 2012.

<sup>7</sup> Human Rights Watch interview with Juliet, Warren Park, October 2012.

Beauty, a mother in Warren Park said:

When there is not enough water our lives become very unhygienic. Dirty nappies [diapers] just get thrown in empty buckets because we can't wash them. There are flies everywhere.<sup>8</sup>

Heather, a mother in Warren Park who shares one toilet with 14 people, told Human Rights Watch, "When there is no water there is a rule about the toilet. Only urine. For everything else, go to the bush."<sup>9</sup>

According to WHO, every person should have access to between 50 and 100 liters of water per day to ensure sufficient quantity to meet basic needs. At a minimum each person should have access to between 20-25 liters per day, but this amount is not enough for basic hygiene and sanitation, and therefore raises serious health concerns.<sup>10</sup>



Desperate for water, residents flock to a burst public pipe. © 2012 Jane Cohen/Human Rights Watch

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<sup>8</sup> Human Rights Watch interview with Beauty, Warren Park, October 2012.

<sup>9</sup> Human Rights Watch interview with Heather, Warren Park, October 2012.

<sup>10</sup> Office of the High Commissioner for Human Rights, WHO, UN Habitat, The Right to Water: Fact Sheet no. 35, 2006, <http://www.ohchr.org/Documents/Publications/FactSheet35en.pdf> (accessed August 8, 2013), p. 8.



Most of those Human Rights Watch interviewed reported that their daily water access was much less. In Tafara, Debra, a mother of three explained:

We use tap water when it is available but that only happens twice a week at most. Otherwise I go to the borehole. The lines at the borehole can be really long, so usually I just go once and get 20 liters of water to last my family for two days.<sup>11</sup>

In Mufakose, James, a father with two children, said:

We usually get 20 liters of water from the borehole. I budget the water so the 20 liters can last the four of us for several days. Even people who have more family members make 20 liters last—because can you imagine waiting in that line again? When there is no water going to the borehole is really stressful, waiting in the lines for hours and all the violence. So we have to make our 20 liters last.<sup>12</sup>

In Dzivarasekwa, Olivia, a mother of two, said:

Every day we get 19 liters' of water from the borehole. We can't drink the tap water because it rarely comes out and when it does it smells like sewage. My son was recently attacked by typhoid. We were very worried and he was hospitalized for three days.<sup>13</sup>

Primrose, a mother of four in Budiro, explained that she spends her whole day trying to get enough water for her family:

I go to the borehole twice a day. I have to go twice because I can't carry enough water back in one go. So after I get home I have to go back and line up all over again. I usually leave home the first time around 7 a.m., waiting in line sometime for a few hours, and then I go back again in the afternoon and wait in line again.<sup>14</sup>

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<sup>11</sup> Human Rights Watch interview with Debra, Mabvuku/Tafara, October 2012.

<sup>12</sup> Human Rights Watch interview with James, Mufakose, October 2012.

<sup>13</sup> Human Rights Watch interview with Olivia, Dzivarasekwa, October, 2012.

<sup>14</sup> Human Rights Watch interview with Primrose, Budiro, October 2012.

According to WHO, water collection time should not exceed 30 minutes.<sup>15</sup>

Gloria, a mother in Glen Norah, said:

Usually we use borehole water for drinking and cooking. I send my two sons to the borehole. They are 10 and 17. Because the line is so long, I often send them to go at 3 a.m. when it will be shorter. Otherwise they might have to wait six hours.<sup>16</sup>

In Mabvuku/Tafara, Janine told us:

We get water from the borehole every day. We have to wake up at 4 a.m. to get our water, otherwise it is too overwhelmed with people and becomes a big problem.<sup>17</sup>

### *Quality*

The water we get from the tap is not good. Sometimes it smells like fish, sometimes it smells like raw sewage. But when it comes in we have no choice and we have to drink it anyway.

—Stella, a mother in Dzivarasekwa, October 2012

Water must not only be available, but to prevent illness it also has to be of good quality. Nearly all the people we spoke to expressed reservations about the quality of the tap water provided for a charge by the government water utility, Harare Water.

Some residents reported that when they drink the tap water it makes them sick.

Laiza, a mother in Dzivarasekwa whose two-year-old was sick with the flu and diarrhea when we visited, said:

We use the tap water for cooking and cleaning and bathing but we try not to drink it, because it is dirty. Sometimes if I can't go to the borehole we drink the tap water. When I had to care for my grandmother everyone in the house

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<sup>15</sup> Guy Howard and Jamie Bartram, "Domestic Water Quantity, Service Level and Health," 2003, World Health Organization, [http://www.who.int/water\\_sanitation\\_health/diseases/WSH03.02.pdf](http://www.who.int/water_sanitation_health/diseases/WSH03.02.pdf) (accessed August 8, 2013), pp. 22-26.

<sup>16</sup> Human Rights Watch interview with Gloria, Glen Norah, October 2012.

<sup>17</sup> Human Rights Watch interview with Janine, Mabvuku/Tafara, October 2012.

had to drink the tap water because I couldn't get to the borehole. We really don't like drinking the tap water because it gives us diarrhea.<sup>18</sup>

In Mabvuku/Tafara, Wanda said:

Because the tap water is dirty when we drink it, we get stomach pains and diarrhea. When there are long lines at the borehole sometimes we just drink it anyway, even though I know it is a risk. We usually end up drinking it once or twice a week because we have no choice, but we always end up getting diarrhea.<sup>19</sup>

Some people told us that at times instead of water there is raw sewage coming out of the water taps.

A mother in Warren Park, Naome, said:

Our tap water is really dirty. It smells like sewage and often has visible particles floating in it. My 4-year-old son has constant diarrhea, diarrhea almost every day. I don't know what to do.<sup>20</sup>

Stella, a mother with three young children, told us:

Usually we try not to drink the tap water. Like last week, it was mixed with raw sewage. When we opened the tap and it smelled like sewage and then sewage came out of our water tap. The raw sewage came out of our water tap for seven days. Even when there is not actual sewage coming out of the tap, we know the water quality is not good. But at times we have no choice and we have to drink it anyway.<sup>21</sup>

A water expert in Harare explained that because there are leakages in both the water and sewage pipes, if there is not constant pressure going through the system, sewage can be absorbed into the piped water system and that is why people smell or see sewage

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<sup>18</sup> Human Rights Watch interview with Laiza, Dzivarasekwa, October 2012.

<sup>19</sup> Human Rights Watch interview with Wanda, Mabvuku/Tafara, October 2012.

<sup>20</sup> Human Rights Watch interview with Naome, Warren Park, October 2012.

<sup>21</sup> Human Rights Watch interview with Stella, Dzivarasekwa, October 2012.

coming through their taps. He said, “It’s not right, the water is not safe to drink and people should really be told.”<sup>22</sup>

In Tafara, Isabel, a mother of two, said:

We don’t drink the tap water because it’s often a reddish color, like rust. A health worker said we should boil the water, but we don’t know why. We don’t usually have electricity anyway because of load shedding [a shut-off to avoid electrical overloads]. If there is no water anywhere else sometimes we just drink the tap water anyway.<sup>23</sup>

Among residents we spoke to there was a clear sense that water obtained from a borehole was preferable to tap water. Many people said that this was because the boreholes had been drilled by donor agencies, like UNICEF, and so they assumed that the water quality was good. People we interviewed told us that getting drinking water from the borehole was a big priority.

One mother in Glen View, Catherine, told us:

We get our drinking water from the borehole and we just drink it without cleaning it. The borehole water is safer than the tap water. We only use tap water for bathing and cleaning. We don’t drink the tap water because it’s dirty, even if we put disinfectant pills in it.<sup>24</sup>

Even when going to the borehole resulted in very long waits in line, many people said they preferred the wait because they believed borehole water was safer to drink. In one area of Kuwadzana, where people reported that new pipes had recently been put in and that the tap water flowed more regularly, a man named Joseph told us: “Even with the new pipes, the line at the borehole is still really long, usually two hours. No one trusts the tap water, and everyone wants to drink the borehole water.”<sup>25</sup>

In Glen View, Memory, a mother said:

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<sup>22</sup> Human Rights Watch interview with water expert, Harare, October, 2012.

<sup>23</sup> Human Rights Watch interview with Isabel, Mabvuku/Tafara, October 2012.

<sup>24</sup> Human Rights Watch interview with Catherine, Glen View, October 2012.

<sup>25</sup> Human Rights Watch interview with Joseph, Kuwadzana, October 2012.

We use tap water for every purpose but drinking, and for drinking water I go to the borehole. The nearby borehole is broken, and it has been broken for about six or seven months, so I have to go much further to the borehole, and wait in a long line, usually at least an hour.<sup>26</sup>

Although borehole water is widely seen as safer than tap water to drink, a recent survey of boreholes in Harare shows that among boreholes that have been tested, at least one-third are contaminated.<sup>27</sup>

Many people we spoke with told us that because of the lack of other options, they rely on shallow wells they dig themselves to access water. Although well water can be safe to drink, the wells must be deep enough to avoid groundwater contamination and at distance from latrines or areas where people defecate.<sup>28</sup> Because of sewage leakages in the piped water system, it is well known that the groundwater in most areas is contaminated. In addition, all the self-dug wells we saw, which were in every area we visited, were unprotected. Usually these wells had a dirty bucket and rope that were kept outside the well and dipped back in when retrieving water, providing another opportunity for contamination.

Even though many residents expressed an intuitive fear that this water was not safe for drinking, many said they had no other option.

A woman, Yvonne, in Mabvuku/Tafara said:

We usually fetch our water from our neighbor's well. We use the water for drinking and cooking. Sometimes we put in Waterguard [a disinfection product] and sometimes we just drink it the way it is. At the clinic they told us that well water isn't clean and that we should use Waterguard, but we don't usually have any.<sup>29</sup>

Promise, a mother in Budiriro said:

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<sup>26</sup> Human Rights Watch interview with Memory, Glen View, October 2012.

<sup>27</sup> "33pc of Harare Boreholes Contaminated," *Sunday Mail*, January 28, 2013, [http://www.sundaymail.co.zw/index.php?option=com\\_content&view=article&id=33431:33pc-of-harare-boreholes-contaminated&catid=38:local-news&Itemid=131#.UgUVcdK-2uI](http://www.sundaymail.co.zw/index.php?option=com_content&view=article&id=33431:33pc-of-harare-boreholes-contaminated&catid=38:local-news&Itemid=131#.UgUVcdK-2uI) (accessed August 9, 2013).

<sup>28</sup> Although the exact distance differs according to specific factors, according to WaterAid, 30 meters between a latrine and a water source is an estimate that can be used across many contexts.

<sup>29</sup> Human Rights Watch interview with Yvonne, Mabvuku/Tafara, October 2012.

Sometimes I get water from the well. When the tap water does not come out regularly, and when there is a bad water shortage the lines at the borehole are very long and there can be fights. That's why we use well water for drinking and cooking and for all household chores.<sup>30</sup>

Shallow wells are extremely prevalent in Harare, and we saw them in every area we visited. Often while speaking with residents, they would show us the well they used for water. In many cases the wells were covered by rusty metal pieces that did not lie flat over the well. In some cases the cover lay next to the well, leaving the opening completely uncovered. People used dirty buckets attached to ropes to retrieve water from the well. Generally the rope and bucket were placed on the ground next to the well when they were not being used.



Unprotected well in Harare. © 2012 Jane Cohen/ Human Rights Watch

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<sup>30</sup> Human Rights Watch interview with Promise, Budiriro, October 2012.

In Glen Norah, a woman named Elizabeth said:

I worry about the water in the wells, but sometimes we just have no choice. There is no lid on the well, sometimes water spills back on the ground and then flows back into the well. I know that is not safe.<sup>31</sup>

Even when people in the home are sick and there is a suspicion that well water is contributing, people expressed a sense of helplessness at their complete lack of safe options for potable water. In Mufakose, Jane, a mother of three told us:

The tap water is not usually available but the well water always is so that's what we drink. I and all of my kids had cholera last year. Right now everyone in this house has diarrhea. But what else can we do?<sup>32</sup>

### *Water Disconnections*

We really struggle and sacrifice to pay our water bill, but we have no choice. If we don't pay it, the city will disconnect our water.

—Esther, mother in Glen Norah, October 2012

According to the UN Committee on Economic, Cultural and Social Rights, governments have an obligation to provide access, at the very least, to a minimum amount of water.<sup>33</sup> This means that officials cannot disconnect a water system for failure to pay, if doing so jeopardizes access to this minimum essential amount of water. International standards are clear that “under no circumstances shall an individual be deprived of the minimum essential level of water.”<sup>34</sup> The committee has emphasized that the government must ensure water services are affordable and that the lack of access to water does not threaten the realization of other basic rights.<sup>35</sup>

Due to the severe water scarcity in Harare, in all of our interviews people described a patchwork approach to accessing any source of water available. This fragile balance was

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<sup>31</sup> Human Rights Watch interview with Elizabeth, Glen Norah, October 2012.

<sup>32</sup> Human Rights Watch interview with Jane, Mufakose, October 2012.

<sup>33</sup> UN Committee on Economic, Social and Cultural Rights, General Comment No. 15: The Right to Water, UN Doc. E/C.12/2002/11, adopted January 20, 2003, [http://www.unhcr.ch/tbs/doc.nsf/o/a5458d1d1bbd713fc1256cc400389e94/\\$FILE/G0340229.pdf](http://www.unhcr.ch/tbs/doc.nsf/o/a5458d1d1bbd713fc1256cc400389e94/$FILE/G0340229.pdf) (accessed August 8, 2013), para. 37 (a).

<sup>34</sup> CESCR, General Comment No. 15: The Right to Water, para 12 (c)(ii).

<sup>35</sup> CESCR, General Comment No. 15: The Right to Water, para 56.

often threatened by interruptions in tap water, or the disconnection of municipal water in households too poor to pay.

In each area we visited in Harare, people told us their water had either been shut off, or they had received threats that it would be shut off because of unpaid water bills. People routinely showed us bills that were over US\$1,000. People said that their failure to pay could result in the disconnection of water services, further limiting access to water.

Gloria, a mother two children, said:

My water bill is between \$30 to \$50 a month, but now I somehow have a balance of over \$1,000! I told City Council I shouldn't have to pay my water bill when water is hardly available from the tap. But they sent me a Final Demand letter and a bill for \$1,196 and they say if we don't pay it they will disconnect our water. We do not have the money to pay this, our income is less than \$200 a month. Where are we going to get the \$1,000 to pay City Council? Our boy wants to go to school and we have to eat. We don't know what to do.<sup>36</sup>

Pretti, a mother with three children in Dzivarasekwa, said:

Our water bill is between \$20 to \$25 a month, but sometimes we can't afford it. Last year our water was disconnected because we had a balance of \$600. But how could it be that high? They sent us a warning, but didn't



A water meter in Harare. When residents are unable to pay the fee and debts accrue, their tap is often disconnected. © 2012 Jane Cohen/ Human Rights Watch

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<sup>36</sup> Human Rights Watch interview with Gloria, Glen Norah, October, 2012.



tell us when they would disconnect it, and one day just came and did it. We had to pay \$100 for it to be reconnected.<sup>37</sup>

Another mother in Dzivarasekwa told us her experience:

We normally pay \$150 a month for sewage, refuse and water. A few months ago we owed an additional \$200 and now our balance is \$500! I don't know how it could be so high! I pay what I am supposed to pay but it keeps going up. They disconnected our water last year because we owed \$300. They just came to disconnect it without warning us. I had to find \$150 to get it reconnected.<sup>38</sup>

Laiza, in Dzivarasekwa, said:

We usually can only pay half of our water bill because we can't afford to pay all of it. Last year the water was disconnected and there was a bill of \$800! The City Council came and said if we didn't pay the rest of the bill they would disconnect the water. We didn't get any information on when this would happen. Then one day they just disconnected us. We went for two months without any water. Then a white man from the Anglican Church came and paid the whole bill. I am really worried now that they will come and disconnect the water again. We are trying to save money to pay half the bill. It's really scary for us because we have hardly any income.<sup>39</sup>

Alice, a grandmother who takes care of her three grandchildren, told us:

Our water tap has been broken for two years, which means for two years we haven't gotten any water from the tap. In those two years I haven't paid the water bill, but I'm not ignoring it, I just don't have enough money. I think the bill is over \$2,000. In March I got a written warning that they will sell our house to pay for the unpaid bills. I worry a lot about this. I fear that any day they can come to take the house.<sup>40</sup>

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<sup>37</sup> Human Rights Watch interview with Pretti, Dzivarasekwa, October 2012.

<sup>38</sup> Human Rights Watch interview with Edna, Dzivarasekwa, October 2012.

<sup>39</sup> Human Rights Watch interview with Laiza, Dzivarasekwa, October 2012.

<sup>40</sup> Human Rights Watch interview with Alice, Dzivarasekwa, October 2012.

In some cases, people said that they sacrificed other basic needs, like sending their children to school or eating properly, in order to pay the water bill. An older woman, Judith, who lives alone in Warren Park told us:

I pay about \$45 a month for water. I make sure that I pay the bill every month. I will forgo food so that I can pay this bill. Sometimes I go without food, I won't have groceries in the house, so that I can pay the water bill. I know I don't owe the City Council money since I'm barely even getting the water service, but I've seen other houses getting disconnected so I make sure to pay it anyway.<sup>41</sup>

Merit, another woman with a high water balance, said:

I am afraid my water will be disconnected, so I want to see if I can pay an additional \$20 a month on top of my regular bill. I don't have much money so I will only eat two meals every day to pay that extra \$20. But I don't want them to disconnect me.<sup>42</sup>

Several families mentioned that they struggle to afford both school fees for their children and water for drinking, bathing, cleaning and cooking. Precious, a father in Glen Norah, said:

My son is not going to school because we can't afford the school fees. The fees are \$95 per term, and the water bill is \$30 a month. We are really afraid our water will be disconnected. It was almost disconnected a few months ago because we had a balance of \$850 but we bribed the Harare Water guy \$30 and he didn't turn off the water. We've gotten another Final Demand letter, this one says we owe \$1,195. We have no money and no jobs, I don't know how we will pay this.<sup>43</sup>

### *Access for Vulnerable and Marginalized Populations*

“Even though I am seven months pregnant I still have to go to the borehole. Usually I go twice a day, in total six hours at the borehole. I have no choice,

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<sup>41</sup> Human Rights Watch interview with Judith, Warren Park, October 2012.

<sup>42</sup> Human Rights Watch interview Merit, Glen Norah, October 2012.

<sup>43</sup> Human Rights Watch interview with Precious, Glen Norah, October 2012.

there is nothing I can do. Even when I have a little infant I will spend all my time at the borehole.”

—Sara, Budiro, October 2012

Access to water and sanitation can be particularly challenging for people who are already vulnerable or marginalized, including children, people with disabilities, and people with HIV. Often people in these groups must rely on others for help with basic needs, such as collecting water, going to the toilet, and bathing, because accessible services are not available. Since it has been well documented that vulnerable groups disproportionately shoulder the burden of inadequate water and sanitation, international law seeks to protect these groups by putting special obligations on states to ensure that these basic services are offered without discrimination, and can be accessed by all people.<sup>44</sup>



Women and children collect water at a borehole in Harare. © 2012 Jane Cohen/  
Human Rights Watch

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<sup>44</sup> Convention on the Rights of the People with Disabilities (CRPD), adopted December 13, 2006, Res. 61/106, U.N. Doc. A/RES/61/106 (2006), entered into force May 3, 2008, art. 28; Louisa Gosling, “Equity and Inclusion: A Rights-Based Approach,” WaterAid, January 21, 2010, <http://www.wateraid.org/~media/Publications/equity-inclusion-english.pdf> (accessed October 30, 2013); Jacqueline Noga and Gregor Wolbring, “The Economic and Social Benefits and the Barriers of Providing People with Disabilities Accessible Clean Water and Sanitation,” November 12, 2012, <http://www.unicef.org/disabilities/files/sustainability-04-03023.pdf> (accessed October 30, 2013); Nora Groce, et al., “Water and Sanitation Issues for Persons with Disabilities in Low- and Middle-Income Countries: a Literature Review and Discussion of Implications for Global Health and International Development,” *Journal of Water and Health* 4 (2011), accessed October 30, 2013, doi: 10.2166/wh.2011.198.

Helen, the mother of a teenage daughter in Glen View who has intellectual and physical disabilities and uses a wheelchair, told us about the hardships she faced in accessing water for her daughter:

I am alone with my daughter. It is really a struggle. I can't afford for her to go to a school for the disabled because it is too expensive, so I take care of her all by myself. She uses nappies [diapers] and can't control herself so we have extra need for water in our house. I am often forced to lock her in the house alone while I go out to fetch water. Usually it takes me several hours. I feel really bad about this.<sup>45</sup>

Alice, a grandmother in Dzivarasekwa whose water has been disconnected for several years, takes care of her grandchildren and 22-year-old son. She told us:

My son has heart problems and he recently broke his leg, so he can't go to the borehole. Right now my granddaughter goes, usually five times every day. She's not going to school now because we can't afford it. I want her to go back to school, but I'm worried that if she does, we will struggle to get our water. She is the only one who can help.<sup>46</sup>

Edna, a woman in Dzivarasekwa with a newborn baby said:

When there is no water in the tap it can take three hours to go to the borehole. Since there is no one here to fetch water, I have to do it, even when I am pregnant, or have this newborn baby.<sup>47</sup>

Lack of access to clean water also has a severe impact on people with compromised immune systems, particularly people living with HIV.<sup>48</sup> In addition to needing clean water to take medications, people with compromised immune systems are especially vulnerable to infections, and therefore regular access to water for bathing and hygiene purposes is especially important.<sup>49</sup>

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<sup>45</sup> Human Rights Watch interview with Helen, Glen View, October 2012.

<sup>46</sup> Human Rights Watch interview with Alice, Budiriro, October 2012.

<sup>47</sup> Human Rights Watch interview with Edna, Dzivarasekwa, October 2012.

<sup>48</sup> Office of the High Commissioner for Human Rights, WHO, UN Habitat, The Right to Water: Fact Sheet no. 35, 2006, p. 8.

<sup>49</sup> Ibid.

Stella, a woman in Mufakose living with HIV, as is her husband and her 4-year-old son, said:

Our water situation is very hard. Our [unprotected] well has dried up. Sometimes we go to our neighbor's house to use their well, but at times the gate is locked so we can't rely on it. I know we shouldn't take our medications with tap water, but if that's all we have there is no choice. I have had diarrhea for more than three days now.<sup>50</sup>

Susan, a 17-year-old girl in Kuwadzana living with HIV, stopped going to school in 2011 because her family could no longer afford the school fees. She told us how a new water pump that had been installed made it easier for her to take care of herself. She said:

Now that there is a water pump the lines at the borehole are much shorter. Before the pump we would have to wait in line for several hours. If the lines were too long I would take my drugs with tap water, even though it looks and smells dirty.<sup>51</sup>

Abigail, a mother in Dzivarasekwa, who told us that she and her daughters are living with HIV, said:

When no water is available in the tap our situation is very difficult. When typhoid came this year it wreaked havoc on our house and killed one of my children. In 2008 we all got cholera, even me when I was pregnant. We are being told by City Council that the tap water has improved and that now we can drink it, but we see for ourselves that it is dirty and smells like sewage.<sup>52</sup>

Elderly people also had extra trouble accessing water.

In Glen Norah an older woman, Elizabeth, said:

It's very difficult for me to wait in line at the borehole. I'm too old!  
Sometimes I get water from the unprotected well at the church. Even though

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<sup>50</sup> Human Rights Watch interview with Stella, Mufakose, October 2012.

<sup>51</sup> Human Rights Watch interview with Susan, Kuwadzana, October 2012.

<sup>52</sup> Human Rights Watch interview with Abigail, Dzivarasekwa, October 2012.

I know that water is dirty, sometimes I have no choice. When the gate to the church is closed, I try to get water from the other tenants in the house.<sup>53</sup>

Rosie, a woman in Dzivarasekwa told us:

Fetching water is very difficult for older people. Some residents take pity on them and help them, and sometimes people will give them preference in the line at the borehole. But often they must just endure the line, which can often be hours of waiting.<sup>54</sup>

### *Impact on Education*

Beyond their susceptibility to water-borne illnesses, children, and especially girls, were disproportionately affected by the lack of access to water. Girls are often responsible for collecting water, either at the borehole or at unprotected wells.<sup>55</sup> Inadequate water and sanitation services in school have a particularly negative impact on girls. A study conducted in Chitungwiza, a commuter town of Harare with water problems, found that girls who are menstruating face numerous challenges in attending school, including lack of appropriate disposal for sanitary pads, severe overcrowding with insufficient toilets, inadequate water supply and little provision for hand washing.<sup>56</sup>

Some schools in the Harare suburbs are not able to provide students with safe drinking water. In Mabvuku/Tafara, Betty, a grandmother, explained that even though they do not drink tap water in their home because of fear of contamination, at school her grandchildren had no choice, adding:

In one of the schools here they only have tap water. When there is no tap water available, they just send the children back home. Only one school in this area has a borehole.<sup>57</sup>

In Mabvuku/Tafara a mother, Grace, said:

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<sup>53</sup> Human Rights Watch interview with Elizabeth, Glen Norah, October 2012.

<sup>54</sup> Human Rights Watch interview with Rosie, Dzivarasekwa, October 2012.

<sup>55</sup> Interviews with multiple families in Harare, 2012.

<sup>56</sup> Blessing Dube and James January "Factors Leading to Poor Water Sanitation Hygiene Among Primary School Going Children in Chitungwiza," *Journal of Public Health in Africa*, 3 (2012), accessed August 8, 2013, <http://www.publichealthinafrica.org/index.php/jphia/article/view/12/o>.

<sup>57</sup> Human Rights Watch interview with Betty, Mabvuku/Tafara, October 2012.

There is no borehole at the school, so the children have to drink the tap water. If there is no water at home that also means there is no water at school. When there is no tap water children are asked to bring two liters of water to school with them. I don't know if that is enough.<sup>58</sup>

### *Violence*

I have witnessed several times people beating each other at the borehole. It is really sad.

—Janine, Mabvuku/Tafara, October 2012

Many people told us that violence at the borehole was a significant hindrance to collecting water. In general people said that the situation at boreholes became more desperate when tap water was unavailable for a period of time.

Priscilla, a woman in Dzivarasekwa said:

This week there was no tap water and there was chaos at the borehole. People were fighting. It scared us. Sometimes we just have to wait until the violence is over to fetch water. Last week there was a water crisis. We woke up and discovered that there was still no water. By then there were really long lines of people at the borehole. I didn't want to go there because I wanted to avoid the violence.<sup>59</sup>

Another woman in Dzivarasekwa said:

Four days ago there was a fight at the borehole where people drew machetes. I witnessed the fight myself. People were cutting each other in line, and maybe they had grudges against each other and it was just a good opportunity to fight. Some people started beating each other. Then, one man went to his car and came back with a steel rod to hit people. We just left and escaped to our homes. After that we've been drinking tap water. As long as there is no tap water, the borehole fights are very frequent. People will say they've held their place and the wait for water is already two or three hours. If you tell them they are cutting in line, they will threaten you. There are always fights. Most of them are violent fights, people use weapons.<sup>60</sup>

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<sup>58</sup> Human Rights Watch interview with Grace, Mabvuku/Tafara, October 2012.

<sup>59</sup> Human Rights Watch interview with Priscilla, Dzivarasekwa, September 2012.

<sup>60</sup> Human Rights Watch interview with Jewel, Dzivarasekwa, October 2012.

Joyce, a mother in Glen View, said:

People fight at the borehole a lot, and it's particularly bad when there is very little water coming out of the taps. Mostly the people fighting are men who want to have control of the borehole.<sup>61</sup>

Because the task of getting water from the borehole overwhelmingly falls on women and children, they face the brunt of the violence, which people reported was mostly instigated by men.<sup>62</sup>

Another woman in Dzivarasekwa said:

Usually there is violence at the borehole, especially when there is no tap water and people are frustrated. There are men who yell that it is their borehole. On the weekends there are fistfights at the borehole, when more men are around. Sometimes it's better to just drink the tap water than to go to the borehole at all.<sup>63</sup>

April, a mother in Mabvuku/Tafara a told us, "There are times at the borehole when people stone each other with bricks. The lines are just too long and often it is children who are responsible for collecting water."<sup>64</sup>

## Access to Health Information

Nearly all of the people we spoke with said that they did not know if their water was safe to drink.

Joanne, a mother in Dzivarasekwa said:

City Council has said the water is safe to drink, but two days down the line the water was dirty and smelly. Council officials here do not want to address these issues.<sup>65</sup>

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<sup>61</sup> Human Rights Watch interview with Joyce, Glen View, October 2012.

<sup>62</sup> The CESCR has stated in its General Comment No. 15 that, "Physical security should not be threatened during access to water facilities and services." CESCR, General Comment No. 15, para 12 (c,i).

<sup>63</sup> Human Rights Watch interview with Nonsa, Dzivarasekwa, October 2012.

<sup>64</sup> Human Rights Watch interview with April, Mabvuku/Tafara, October 2012.

<sup>65</sup> Human Rights Watch interview with Joanne, Dzivarasekwa. October 2012.



Janine in Mabvuku/Tafara said:

The City Council has not told us anything about the water issues we are facing. It's a big challenge for us because we don't know the quality of the water.<sup>66</sup>

In Glen View, Irene told Human Rights Watch:

I'm worried because I don't think the water is safe to drink. But even though it looks dirty, the City Council has not issued a statement on the quality of water in this area. I don't know what to think.<sup>67</sup>

One mother in Dzivarasekwa said her daughter had cholera several years ago. Expressing frustration at not knowing how to keep her children healthy, she said:

Nobody has told us if the borehole water is clean or not, but it looks cleaner than the tap water. Some health workers came a few months ago and gave us tablets and told us to disinfect the tap water, but what about now? The tap water still sometimes smells like sewage. It is very worrisome.<sup>68</sup>

A woman in Warren Park, Melinda, said:

The health workers told us that we should disinfect both the borehole water and the tap water and they brought some tablets for us, but that was a while ago and they haven't been back.<sup>69</sup>

## Access to Sanitation

Many of the people interviewed by Human Rights Watch said that they lacked access to basic sanitation.

### *Lack of Appropriate Toilets*

Most people we spoke to had indoor flush toilets. However, because almost no water comes through the pipes and those systems are now non-functional, people said that they

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<sup>66</sup> Human Rights Watch interview with Janine, Mabvuku/Tafara, October 2012.

<sup>67</sup> Human Rights Watch interview with Irene, Glenview October 2012.

<sup>68</sup> Human Rights Watch interview with Ann, Dzivarasekwa. October 2012.

<sup>69</sup> Human Rights Watch interview with Melinda, Warren Park, October 2012.

have to rely on alternative water sources to flush their toilets. When water access is very limited, many of the residents told Human Rights Watch that they defecate outdoors.

One woman in Glen Norah said:

We have to use buckets to flush our toilet. We get our water from the tap or the borehole. When there isn't enough water in the house we can't flush so we have to just leave it there. In that case there are lots of flies around the toilet, but we try to just shut the door until we can get water to flush.<sup>70</sup>

In Mabvuku/Tafara, Beatrice, who was holding her sick baby said:

About once a month sewage flows outside our house. This is because the water from flushing toilets does not have a proper disposal system. It makes us worried about the quality of the well water we drink because we are afraid it is contaminated with sewage, but we have no choice. We are almost used to this situation now, but it's not good and little kids like mine play in the sewage water.<sup>71</sup>

In Warren Park, a mother named Trudy said:

We have one toilet for the whole house and there are 21 people who live here. Because there are so many people the hygiene in the toilet is not good. The flushing system doesn't work because there is no water, so we have to use buckets. When there isn't any water for flushing people just leave what they do in the toilet. We sometimes just use the bush.<sup>72</sup>

### *Sewage*

Although people described flushing their toilets once they had water, because of the inadequate sewage system, they said that sewage pipes were often bursting, that sewage at times comes up from the toilet, and that raw sewage flowing on the street was not uncommon, especially during the rainy season.

Samuel, a father in Glen Norah, showed us where sewage had been in his house and said:

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<sup>70</sup> Human Rights Watch interview with woman, Glen Norah, October 2012.

<sup>71</sup> Human Rights Watch interview with Beatrice, Mabvuku/Tafara, October 2012.

<sup>72</sup> Human Rights Watch interview with Trudy, Warren Park, October 2012.

Our toilet clogs at least once a month. When this happens sewage comes pouring out from the toilet. Raw sewage. All these houses near us are regularly affected by flowing raw sewage. We don't have any disinfectant to clean it so we are just using soap. We don't know if it works. Someone in this house is always sick with diarrhea or a fever.<sup>73</sup>

In Dzivarasekwa, Carol told us:

There was a bust sewage pipe two minutes from our house a few weeks ago. The sewage visibly flowed in front of our home and it smell wretched. It took the City Council over two weeks to get the burst pipe fixed. Some of the neighborhood children played in the sewage because they didn't know it was dangerous. My children did too. I saw a child go into the sewage to get a ball that had fallen in it.<sup>74</sup>

In Mufakose Jane, a mother said:

We're used to flowing sewage, it happens so often. I often see kids playing in the sewage, which is why I carry my children on my back. It becomes really smelly and there are flies everywhere and you feel like you want to run away from your own home. Raw sewage is not meant to be seen.<sup>75</sup>

Linda in Dzivarasekwa said:

Raw sewage is always a problem. Last week a manhole right next to our house was overflowing and stayed that way for almost a week. When it overflows you see the sewage and it smells terrible. There are flies everywhere. It lasted like this for a week. People selling vegetables were affected too, because the sewage was flowing right next to them. But they didn't move their vegetable stands. Manholes frequently overflow. City Council doesn't come right away to fix these problems, it can take three weeks or a month sometimes and the sewage is just flowing. When there is sewage small children play in it because they don't know any better.<sup>76</sup>

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<sup>73</sup> Human Rights Watch interview with Samuel, Glen Norah, October 2012.

<sup>74</sup> Human Rights Watch interview with Carol, Dzivarasekwa, October 2012.

<sup>75</sup> Human Rights Watch interview with Jane, Mufakose, October 2012.

<sup>76</sup> Human Rights Watch interview with Linda, Dzivarasekwa, October 2012.

In Mabvuku/Tafara, a father showed us where there had recently been a burst sewer pipe, and pointed to where the sewage had been flowing in the street. A large mulberry tree hovered over the spot, and his son was playing in the area, and eating the mulberries off the ground. On the other side of the street, in a small field where the man said his family often defecates, he showed us the shallow well he uses for water.



Standing sewage in a Harare neighborhood. © 2012 Jane Cohen/ Human Rights Watch

Naome, a mother in Warren Park described what happened when the manhole in her yard overflowed. She said:

One morning we woke up and found raw sewage overflowing out of this manhole. This very manhole that I am sitting next to! Raw sewage was flowing in our yard and it did that for three days. I called City Council but it was a Friday and they said their office was closing for the weekend and they would come on Monday. They did fix it, but we worry it will happen again, so we keep a rock on the manhole cover to keep the sewage inside.<sup>77</sup>

In Mufakose, Natalie explained:

Our toilet clogs up frequently and then this pipe in our yard overflows. It used to happen every day. It's a little better now, but just last week it

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<sup>77</sup> Human Rights Watch interview with Naome, Warren Park, October 2012.

happened again. We have to hop and skip over sewage to get to our house. The City Council seems to be trying to fix the problem.<sup>78</sup>

### *Refuse*

Refuse that is not disposed of, especially refuse that contains human waste such as dirty diapers, can also be a breeding ground for various types of diseases. Across the high-density suburbs of Harare, refuse gathers in large mounds. Residents said the piles of refuse were attracting flies and mosquitos, clogging already overburdened sewer systems.

In some areas there is refuse pickup that is fairly consistent, while in others people told us there had not been pickup in several weeks or even months. However, even in places where City Council sent refuse workers, challenges prevent the system from working effectively.

In several suburbs, women said they were afraid to put their refuse bins out because they were routinely abused by the City Council workers who picked the bins up.

Stella, a woman in Dzivarasekwa recounted her experiences with the refuse workers:

I would rather dump my refuse in the bush than have to see the refuse workers. They won't pick up the bin unless you are standing outside with it. One time I was waiting for them and they drove by and saw me, but wouldn't stop to pick it up. Instead they started shouting at me and told me I had to keep up with the truck and dump it myself. So I was forced to run behind the truck with the bin as the men were laughing and shouting at me. It was humiliating.<sup>79</sup>

In Warren Park, Jewel told us:

Refuse collection is on Tuesdays, but it's not consistent. Sometimes it is just one or two times in a month. We don't want to keep our refuse piled up in our home because we are worried about typhoid and malaria. We used to dump our refuse in the field, but now they fine us if we do that. They just

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<sup>78</sup> Human Rights Watch interview with Natalie, Mufakose, October 2012.

<sup>79</sup> Human Rights Watch interview with Stella, Dzivarasekwa, October 2012.

expect us to keep it in our home. When they do pick it up, if it's only women at home they, treat us really badly and yell at us.<sup>80</sup>

Tina in Glen View said:

There is not regular refuse pickup here, so we usually just bring it to the burning dump that is right near us. That dump really worries us because there is so much smoke from the burning refuse and flies all around.<sup>81</sup>

In almost every area Human Rights Watch visited there were huge piles of burning refuse. Some of these refuse heaps were in public spaces, like shopping areas. Others were in fields or in the middle of residential areas. In one area, people were very upset because the refuse heap in the middle of their community was gigantic, spanning a large portion of their community space. On this refuse heap, in addition to household refuse, including diapers and toilet paper, there was a dead dog. Residents expressed concern that the combination of dead animals and human feces would only enhance the risk of disease.



Piles of refuse litter the landscape of a passageway in Harare. Children use this path to reach their school. © 2012 Jane Cohen/ Human Rights Watch

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<sup>80</sup> Human Rights Watch interview with Jewel, Warren Park, October 2012.

<sup>81</sup> Human Rights Watch interview with Tina, Glen View, October 2012.

In Glen Norah, Marjorie said:

Usually refuse pickup here is on Mondays. The problem for us, and other houses, is that there is only one bin for every house and they won't pick up more than that. There are 10 people living here so we need more than one bin. We have to take the rest of our refuse and dump it in an open space. These dump sites make us afraid, because during the rainy season there are mosquitos everywhere. We know the refuse also blocks the sewage from flowing, but we don't know what to do, since they won't pick it all up.<sup>82</sup>

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<sup>82</sup> Human Rights Watch interview with Marjorie, Glen Norah, October 2012.

### III. Donor Response

At the outset of the cholera epidemic in 2008, many international donor and aid agencies mobilized to provide basic necessities for treating patients and stemming the epidemic. Since by this time much of the infrastructure of Zimbabwe had collapsed, including the healthcare delivery system, donors stepped in to provide critical services. These included supplying medications to clinics, providing households with buckets and soap, and drilling boreholes in high-density suburbs where water was especially scarce. In total, donor agencies drilled over 200 boreholes, providing people with potable water access at that time.

However, since the epidemic, some of these interventions have stalled or ended, and once-protected water sources have become contaminated. Officials from donor agencies and international organizations in meetings and discussions with Human Rights Watch have repeatedly cited endemic corruption as key to the inability of donor interventions to improve the availability of water and sanitation services. At the same time, lack of coordination between donor agencies and the government has also contributed to the limited effectiveness of these interventions.

For example, many residents informed Human Rights Watch that donor agencies had drilled boreholes to help relieve water scarcity during the 2008/2009 cholera epidemic and that these boreholes provided communities with an important source of water. According to residents, many boreholes were not maintained, and now a significant number of them are either broken or contaminated. Even government studies show that at least 33 percent of tested boreholes in Harare are contaminated.<sup>83</sup> However, because many boreholes were originally provided by donors, residents tend to perceive them as safer water sources. The breakdown and contamination of these as a reliable source of potable water has complicated and worsened an already dire water shortage. Donors we spoke to said that they had handed over management and maintenance of boreholes to the local government once the cholera crisis had subsided. However, given the limited capacity of the local government to provide basic water and sanitation services for residents, a successful government handover was unlikely.

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<sup>83</sup> “33pc of Harare Boreholes Contaminated,” *Sunday Mail*, January 28, 2013, [http://www.sundaymail.co.zw/index.php?option=com\\_content&view=article&id=33431:33pc-of-harare-boreholes-contaminated&catid=38:local-news&Itemid=131#.UgUVcdK-2ul](http://www.sundaymail.co.zw/index.php?option=com_content&view=article&id=33431:33pc-of-harare-boreholes-contaminated&catid=38:local-news&Itemid=131#.UgUVcdK-2ul) (accessed August 9, 2013).



During a meeting on the development of a national strategy for water and sanitation, several participants said that donor agencies were playing the role that government should be playing, and that it was key for the government to take ownership over improvement in Zimbabwe's water, sanitation and hygiene (WASH) sector.

By implementing piecemeal interventions, from rehabilitation of waterworks in small urban areas, to education on rural WASH, to providing buckets and soap, donor agencies are contributing where they perceive they can have impact, rather than addressing the structural issues. Unless donor agencies are willing to take on the issues of corruption and lack of political will, it seems unlikely that any of these interventions will have a lasting and sustainable impact. This includes ensuring that funds are used for their intended purposes and that government officials are held accountable for the success of interventions and projects that are donor-funded. One project manager at an international NGO said of donors: "If they pushed more [the government], we could see more accountability."<sup>84</sup> Donor agency staff acknowledged the overwhelming roadblock to success in their programs created by public sector corruption. However, in the multiple meetings we attended and in the donor reports on water and sanitation in Zimbabwe, the government was never directly called out for its role in the current crisis.

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<sup>84</sup> Human Rights Watch interview with international NGO worker, Harare, September 2013.

## IV. Political Will, Mismanagement and Government Corruption

Although old infrastructure and a mushrooming population are major factors in the breakdown of the water and sanitation system in Harare, in almost every interview we had, donor agencies, journalists, NGO workers and even government officials raised three other fundamental issues causing the service delivery crisis: a lack of political will, mismanagement and pervasive corruption. These issues have repeatedly been cited by stakeholders across the spectrum, from ordinary residents to City Council members, to officials at donor agencies and international NGOs, and by the local and international press.

Corruption is endemic in Zimbabwe. Transparency International data shows that corruption in Zimbabwe appears to be getting worse. A 2012 study showed Zimbabwe to be the 13<sup>th</sup> most corrupt country in the world, after ranking 24<sup>th</sup> in 2008.<sup>85</sup> In October 2013, Zimbabwe's Revenue Authority (ZIMRA) estimated that in the previous year \$2 billion was lost to corruption.<sup>86</sup> According to the press accounts, following this announcement the head of ZIMRA said that corruption in Zimbabwe has reached unprecedented levels.<sup>87</sup>

Public sector corruption permeates the government. News reports indicate that local-level officials often engage in corrupt behavior that directly impacts local residents.<sup>88</sup> A study done on local officials in Zimbabwe found:

Local governance in Zimbabwe is characterized by high levels of patronage and clientelism, local officials report that they receive various types of individual requests-for jobs, favors and money—and are expected

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<sup>85</sup> Transparency International Zimbabwe, "Zimbabwe Still Ranked Among the Worst Corrupt Countries," December 5, 2012, <http://www.transparency.org.zw/index.php/media-centre/press-releases> (accessed October 31, 2013).

<sup>86</sup> Kudzai Chawafambira, "Zim Loses \$2bn to Corruption," *Daily News Live*, October 23, 2013, <http://www.dailynews.co.zw/articles/2013/10/23/zim-loses-2bn-to-corruption> (accessed October 31, 2013).

<sup>87</sup> Tichaona Sibanda, "Corruption Engulfing Zimbabwe Like Cancer," *The Zimbabwean*, October 25, 2013, <http://www.thezimbabwean.co/news/zimbabwe/69042/corruption-engulfing-zimbabwe-like-cancer.html> (accessed October 31, 2013).

<sup>88</sup> "Mayor Masunda a Disgrace to Harare," *Daily News Live*, November 25, 2013, <http://www.dailynews.co.zw/articles/2012/11/25/mayor-masunda-a-disgrace-to-harare> (accessed October 31, 2013); "Harare Councillors Want Directors Streamlined," *Zimbabwe Situation*, September 24, 2013, [http://www.zimbabwesituation.com/news/zimsit\\_harare-councillors-want-directors-streamlined/](http://www.zimbabwesituation.com/news/zimsit_harare-councillors-want-directors-streamlined/) (accessed October 31, 2013).

to help resolve them. Answering these personal petitions is the currency of local politics; in an environment of scarcity, it fills the void.<sup>89</sup>

In Harare, it is officials of the Harare City Council who are responsible for service delivery, including water and sanitation services, for residents. The City Council is made up of 46 elected councilors, a mayor and other administrative positions. The town clerk manages the City Council. Above the town clerk sits the Harare mayor, who reports to the Minister of Local Government, Chombo. Complicating an already complex urban government structure is that the vast majority of elected councilors, 39 since the July 31 election, are members of the opposition MDC. The minister of local government is a ZANU-PF member. In every interview we had with people about the government and service delivery, political infighting between the two parties and corruption, were said to be adversely affecting service delivery.

Harare Water, which is under the direction of the City Council, houses the technical and operational team for water and sanitation services. The agency is responsible for treating the water with chemicals, transporting, distributing, metering, and billing it. Despite the low rate of payment for water by residents,<sup>90</sup> according to Harare Water, monthly water revenue brings \$4.5 million into Harare City Council.<sup>91</sup> The water account is one of the largest sources of revenue for City Council.<sup>92</sup> The Urban Councils Act provides that 70 percent of the revenue that makes up the City Council will be ploughed back into maintenance and capital development, like purchase of water treatment chemicals and capital investment in the service delivery system.<sup>93</sup> However, according to government officials and people who have investigated the issue, the water revenue is used to pay the salaries and benefits of the leaders of council in apparent violation of the Urban Council Act.<sup>94</sup>

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<sup>89</sup> Gary Bland, "Zimbabwe in Transition: What about the Local Level?" *Research Triangle Institute*, September 2010, <http://www.rti.org/pubs/op-0003-1009-bland.pdf> (accessed August 8, 2013).

<sup>90</sup> The World Bank, "Technical Assistance to the City of Harare for the Greater Harare Water and Sanitation Strategic Plan, October 2012-June 2013".

<sup>91</sup> Ibid.

<sup>92</sup> Interviews with Harare City Council Councilors, October 2013; "Water: Council's Cash Cow Causes Concern," *The Zimbabwean*, May 12, 2012, <http://www.thezimbabwean.co/news/zimbabwe/62655/water-councils-cash-cow-causes.html> (accessed October 7, 2013).

<sup>93</sup> Ministry of Local Government, Urban and Rural Development, Local Government Circular No. 3 of 2012, June 8, 2012.

<sup>94</sup> Human Rights Watch interview with Harare Water Engineer, Hosiah Chisango, Harare, September 2013; Human Rights Watch Interview with Harare City Council Councilor, Harare, September 2013. Media accounts including: "Harare's Water Crisis Scandalous," *The Financial Gazette*, August 8, 2013, <http://www.financialgazette.co.zw/harares-water-crisis-scandalous/> (accessed September 10, 2013); "Harare City Council Salary Shocker," *Zimbabwe Black Book*, April 20, 2010, <http://zimbabweblackbook.wordpress.com/2010/04/20/harare-city-council-salary-shocker/> (accessed October 18, 2013); "Raging Labour Disputes between Harare City Council and its Employees", *Zimbabwe News Network*, April 19, 2010,

A study on the operations of the local urban councils, based on interviews with more than 250 local officials, found:

As for spending, the officials reported that wages consume a large share of budgets, and general operating expenses are significant. Responses from town clerks/CEOs and other administrative staff indicated that salary payments consume 20-60 percent of their respective budgets. Elected officials complained of large staff expense as well.<sup>95</sup>

As a Harare City Councilor explained:

We can't provide for our citizens because we have no resources and the City Council is broke because the money gets stolen. Our accountability system in council is one of the worst. Our books have no auditors. We can't account for anything. Officials will just come and say, "We have used X amount." So this is why we are in such a situation. Much more of the revenue goes to salaries than to services. There is no transparency at all.<sup>96</sup>

Precious Shumba, a former journalist who now heads Harare Residents Trust, a prominent civil society organization in Zimbabwe, said:

There is a total lack of accountability and transparency within council on what happens to the water revenue. We've tried to get real numbers from the council on what the top salaries are, but they will not make that information public.<sup>97</sup>

A water engineer who has been involved with trying to repair infrastructure expressed exasperation at lack of funds:

As far as I'm concerned, the situation in Harare is a mess. And until the resources stop being taken by politicians and start being put back where

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<http://www.zimbabwe.newsnetwork.com/general/2350-raging-labour-disputes-between-harare-city-council-and-its-employees.html> (accessed October 6, 2013).

<sup>95</sup> Gary Bland, "Zimbabwe in Transition: What about the Local Level?" *Research Triangle Institute*, September 2010, <http://www.rti.org/pubs/op-0003-1009-bland.pdf> (accessed August 8, 2013).

<sup>96</sup> Human Rights Watch interview with MDC Councilor, Harare, September 2013.

<sup>97</sup> Human Rights Watch interview with NGO director, Harare, September 2013.

it belongs, none of these technical solutions we talk about will get us very far.<sup>98</sup>

The issue of salary transparency of top city officials has become a hot-button topic in Harare. Money for salaries and other City Council expenses is said to come largely from the water account, but other information like the salaries for the top several classes of officials, is not provided, even for the City Councilors, in contradiction to the Urban Councils Act.<sup>99</sup>

A journalist said:

The issue is transparency and corruption. For example, the top 20 salaries from City Council, including the Town Clerk and directors, are not made public. Then we hear that money from water revenue has to go to pay salaries, but we don't even know how much it is. Why isn't there the disclosure of these salaries?<sup>100</sup>

The Chief Whip of City Council told us:

The water account is not reinvested because apparently there is no money. But how many grade four [directors] salaries do we have? How many directors? Twenty people get what 4,000 people should.<sup>101</sup>

A top official with Harare Water expressed concern about the consequences of City Council taking from the water account. He said:

We do our own billing but then Treasury collects the money. They give us back 45 percent of the revenue, but that's not much. It's really not enough

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<sup>98</sup> Human Rights Watch interview with water engineer, Harare, September 2013.

<sup>99</sup> Urban Councils Act 29:15, sec. 288(3), undated, [http://www.parlzim.gov.zw/attachments/article/116/COUNCILS\\_ACT\\_29\\_15.pdf](http://www.parlzim.gov.zw/attachments/article/116/COUNCILS_ACT_29_15.pdf) (accessed August 8, 2013). The act makes clear that in the annual budgeting process of urban councils, the salaries for each department must be made available to the council members: Section 288(3) reads: If the council so requires, the estimates shall show in respect of employees of the council : (a)the total number of employees and the aggregate of the salaries and wages payable to them; and (b)the total number of employees in each department and the aggregate of the salaries and wages payable to them; and (c)the information referred to in paragraphs (a) and (b) in respect of the year prior to that to which the estimates relate; and (d)the posts held by employees in each department; and, unless the salary scales are otherwise made known to the councillors, there shall be attached to a copy of the estimates made available to councillors an annexure showing the salary scales applicable to each class of employees.

<sup>100</sup> Human Rights Watch interview with local journalist, Harare, September 2013.

<sup>101</sup> Human Rights Watch interview with Harare City Council Chief Whip, Harare, October 2013.

for us to do our job. We use that money to buy water treatment chemicals and pay the salaries of our employees. But we have over 2,000 employees! We always end up in debt to the chemical suppliers, because we just don't have the money. Because of this, some of the chemicals we don't even have a week's cover for. It's very stressful. Just this week we had to decrease the production of water because we didn't have enough chemicals. We have to slow down the water supply when we don't have enough chemicals.<sup>102</sup>

Compounding the issue of scarce resources was the decision by the minister of local government to cancel residents' municipal debts right before the elections. Cancelling the debts served to relieve many people of extraordinarily high debts that they could not afford to pay. At the same time, by cancelling the debts, the minister also wiped away the major source of revenue for City Council, making it even harder for people's needs to be addressed. Because the minister of local government is from ZANU-PF, which traditionally has less support in urban areas, many people suspected that the cancelling of the water debts was a political move to gain support in urban areas while bankrupting City Council, which is made up mostly of MDC members. By incapacitating City Council and making counselors unable to deliver services, the MDC could lose support in its traditional urban stronghold.<sup>103</sup>

The Harare Water manager said:

Our revenue used to be around \$6 million a month. Recently, because the delivery has gotten worse, it's fallen to around \$4.5 million. But now with the debt cancellation we are really concerned. People who had been paying their bills regularly are angry that other people's debts just got erased. And there is the sense that maybe the debts will be written off again in the future. For us, we've had no revenue for a period of time. Now we don't know what will happen. We still have chemicals to buy and our creditors still need us to pay. Maintenance is almost at zero. I am nervous about what is going to happen.<sup>104</sup>

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<sup>102</sup> Human Rights Watch interview with Harare Water Engineer, Hosiah Chisango, Harare, September 2013.

<sup>103</sup> The official reason for cancelling the debt was to be consistent with the "pro-poor policies of ZANU-PF." According to media accounts, he said that although residents must pay their bills for the sustenance of effective and efficient service delivery, "economic sanctions had made it difficult for the generality of the citizenry to meet their obligations". "Chombo Orders Debt Write-Off Before Polls," *The New Zimbabwe*, July 22, 2013 <http://www.newzimbabwe.com/news-11794-Chombo+orders+urban+debts+write-off/news.aspx> (accessed October 29, 2013).

<sup>104</sup> Human Rights Watch interview with Harare Water Engineer, Hosiah Chisango, Harare, September 2013.

Across the board there was intense concern and skepticism about writing off the municipal debts, with one donor agency worker referring to it as the “dark cloud.”<sup>105</sup> During an “interactive” meeting by the local government with the public in September 2013, many residents and even councilors raised the issue of poor water and sanitation service delivery and City Council resources. One councilor said: “My area has no water, residents have had no water for so long, there is sewage in the streets, no services if there is a fire. There is nothing. What can I do?”<sup>106</sup>

The issue of water treatment chemicals has also received wide public attention. It has been widely acknowledged that paying for these chemicals is a big challenge for City Council. Yet news reports, NGO accounts, and recent actions from the local government suggest that unreported preferential deals for top officials may be taking precedence over securing safe and ample chemicals.<sup>107</sup>

The lack of transparency in the water sector was exemplified by a sewage treatment loan from the government of China. Soon after the 2013 elections, the Town Clerk of Harare and the minister of local government, both from ZANU-PF, touted a \$144 million loan from the Chinese government as the solution to Harare’s water crisis. As part of the loan, China would send over 46 water engineers to upgrade the sewage treatment plants. The terms and finalization of the loan were conducted during a recess of City Council immediately following the elections, and the actual terms of the loan have not been made public.<sup>108</sup>

As one journalist said:

You look at this loan: It was negotiated by two or three people who stand to benefit enormously from it. It was negotiated when council was out of session so there was no transparency, and no one knows the terms of repayment. And maybe the worst thing of all, it calls for Chinese engineers!

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<sup>105</sup> Human Rights Watch interview with donor agency worker, Harare, October 2013.

<sup>106</sup> Councilor question during Interactive Meeting between Residents and Minister Chombo, Harare, September 26 2013.

<sup>107</sup> “Politicisation of Harare Water Unacceptable!,” undated, Harare Residents Trust, [http://www.hrt.org.zw/index.php?option=com\\_content&view=article&id=93:politicisation-of-harare-water-unacceptable&catid=3:news-a-updates](http://www.hrt.org.zw/index.php?option=com_content&view=article&id=93:politicisation-of-harare-water-unacceptable&catid=3:news-a-updates) (accessed October 29, 2013). See also: “Harare Has Enough Water Chemicals,” *Daily News Live*, March 28 2013 <http://www.dailynews.co.zw/articles/2013/03/28/harare-has-enough-water-chemicals> (accessed October 29 2013); “Harare Prejudiced of \$1,1 Mmillion,” *Daily News Live*, November 13, 2012 <http://www.dailynews.co.zw/articles/2012/11/13/harare-prejudiced-of-1-1-million> (accessed October 29, 2012).

<sup>108</sup> According to two Harare City Council Councilors interviewed by Human Rights Watch, including Peter Moyo the Chief Whip, the deal was finalized during the period after the July 31st elections, before City Council was back in session. Both of them said they were unaware of the terms of the deal. Media also reported that the terms of the deal were not clear. For example: “Furore Over \$144 m Harare Water Deal,” *Daily News Live*, September 24, 2013, <http://www.dailynews.co.zw/articles/2013/09/24/furore-over-144m-harare-water-deal> (accessed October 18, 2013).

We have lots of qualified people here in Zimbabwe, but they are using the Chinese money to pay the Chinese, pay their salaries and their lodging. We have tried to find out more information about the loan, but the Town Clerk remains silent.<sup>109</sup>

Individuals involved in Harare's water sector expressed concern about the amount of the loan relative to the work outlined. A water engineer who had examined the proposal, said: "Speaking from all my experience, it seems that the Chinese are really being paid a lot of money for the scope of work being outlined. The money just doesn't work out."<sup>110</sup>

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<sup>109</sup> Human Rights Watch interview with local journalist, Harare, September 2013.

<sup>110</sup> Human Rights Watch interview with water engineer, Harare, September 2013.



## V. International and Domestic Obligations

The rights to water and to sanitation are provided in Zimbabwe's new constitution, and under various international conventions to which Zimbabwe is a party.

### International Legal Obligations

#### *Right to Water*

In 2003 the United Nations Committee on Economic Social, and Cultural Rights, an international expert body that provides authoritative commentary on the International Covenant on Economic, Social and Cultural Rights, adopted General Comment No. 15 on the right to water. The general comment lays out the content of the right, including the obligations of states with respect to that right.

The general comment states that:

The water supply for each person must be sufficient and continuous for personal and domestic uses. These uses ordinarily include drinking, personal sanitation, washing of clothes, food preparation, personal and household hygiene.<sup>111</sup>

General Comment No. 15 provides a legal framework for the right, and roots its legitimacy in a number of other rights, including the right to health and the right to adequate housing. It elaborates on a number of elements covered by the right to water, including the availability, quality and accessibility of water, issues around non-discrimination and the practice of water disconnections due to lack of payment.

In 2010, 121 countries, including Zimbabwe, voted in the UN General Assembly to recognize a freestanding right to water. In 2012, the UN Human Rights Council, drawing from the legal framework set out in General Comment No. 15, endorsed the right to safe drinking water and sanitation as a basic right.<sup>112</sup>

According to the UN Committee on Economic, Cultural and Social Rights, governments have an obligation to provide access, at the very least, to a minimum amount of water.<sup>113</sup>

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<sup>111</sup> CESCR, General Comment No. 15: The Right to Water, para. 12 (a).

<sup>112</sup> UN General Assembly Resolution, "The Human Right to Water and Sanitation," UN Doc. A/RES/64/292, July 29, 2010.

<sup>113</sup> CESCR, General Comment No. 15: The Right to Water, para. 37 (a).

This means that officials cannot disconnect a water system for failure to pay, if doing so jeopardizes access to this minimum essential amount of water. International standards are clear that “under no circumstances shall an individual be deprived of the minimum essential level of water.”<sup>114</sup> The committee has emphasized that the government must ensure water services are affordable and that the lack of access to water does not threaten the realization of other basic rights.<sup>115</sup>

### Access to Water for Vulnerable Groups

Lack of access to potable water has a broad reaching impact, but it disproportionately affects people who are already vulnerable or marginalized. General Comment No. 15 puts a special obligation on states to provide access to water for vulnerable groups:

Water and water facilities and services must be accessible to all, including the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.<sup>116</sup>

The general comment further clarifies that states should take special measures to ensure that particularly vulnerable groups, including women, children and people with disabilities have equal access to water, and do not disproportionately shoulder the burden of accessing potable water.

The Convention on the Rights of People with Disabilities, which Zimbabwe ratified on September 23, 2013, recognizes that people with disabilities in particular tend to be especially impacted by the lack of access to water and explicitly requires states to provide water that is accessible for all people:

States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures: To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs.<sup>117</sup>

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<sup>114</sup> CESCR, General Comment No. 15: The Right to Water, para 12 (c)(ii).

<sup>115</sup> CESCR, General Comment No. 15: The Right to Water, para 56.

<sup>116</sup> CESCR, General Comment No. 15: The Right to Water, para. 12(c, iii).

<sup>117</sup> CRPD, art. 28.

The lack of access to clean water is also especially harmful to children, who are the primary victims of waterborne disease and diarrhea. General Comment No. 15 states:

Children are not prevented from enjoying their human rights due to the lack of adequate water in educational institutions or through the burden of collecting water. Provisions of adequate water to educational institutions currently without adequate drinking water should be addressed as a matter of urgency.<sup>118</sup>

Children's right to water is also explicitly stated in several international instruments, including the Convention on the Rights of the Child (CRC), which Zimbabwe ratified in 1990. The CRC provides that states shall "take appropriate measures" to provide children "adequate nutritious foods and clean drinking water."<sup>119</sup>

In 2008, Zimbabwe ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. In article 15 on food security, states parties are obligated to take appropriate measures to "provide women with access to clean drinking water."<sup>120</sup>

### *Right to Sanitation*

General Comment No. 15 on the Right to Water lays out the obligations of states "[t]o take measures to prevent, treat and control diseases linked to water, in particular ensuring access to adequate sanitation."<sup>121</sup>

Although the international obligations that are associated with the right to sanitation are not as well defined as those associated with the right to water, there are certain fundamental conditions that states must ensure. In his 2005 report on water and sanitation, then-UN Special Rapporteur on the Right to Water and Sanitation, El Hadji Guisse said that, "Everyone has the right to have access to adequate and safe sanitation that is conducive to the protection of public health and the environment."<sup>122</sup> This means "sanitation and sanitation facilities should be physically accessible, affordable, of a

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<sup>118</sup> CESCR, General Comment No. 15: The Right to Water, para 16(b).

<sup>119</sup> Convention on the Rights of the Child (CRC), adopted November 20, 1989, G.A.Res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force September 2, 1990, art. 24(2).

<sup>120</sup> Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted by the 2nd Ordinary Session of the Assembly of the Union, Maputo, September 13, 2000, CAB/LEG/66.6.

<sup>121</sup> CESCR, General Comment No. 15: The Right to Water, para 37(1).

<sup>122</sup> UN Special Rapporteur on the Right to Water and Sanitation El Hadji Guisse, "Realization of the Right to Drinking Water and Sanitation," July 11, 2005, [http://www.ohchr.org/Documents/Issues/Water/Sub\\_Com\\_Guisse\\_guidelines.pdf](http://www.ohchr.org/Documents/Issues/Water/Sub_Com_Guisse_guidelines.pdf) (accessed August 5, 2013).

sufficient and culturally acceptable quality and in a location where physical security can be ensured.”<sup>123</sup>

In her 2009 report, Catarina de Albuquerque, the Special Rapporteur on the Right to Water and Sanitation defines sanitation as:

A system for the collection, transport, treatment and disposal or reuse of human excreta and associated hygiene. States must ensure without discrimination that everyone has physical and economic access to sanitation, in all spheres of life, which is safe, hygienic, secure, socially and culturally acceptable, provides privacy and ensures dignity.<sup>124</sup>

The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa includes an article on a “right to a healthy and sustainable environment.” It obligates states parties to take appropriate measures to, “regulate the management, processing, storage and disposal of domestic waste.”<sup>125</sup>

### *Right to Health Information*

Access to information is protected under both the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights, both ratified by Zimbabwe. Under the ICCPR, everyone has the right “to seek, receive and impart information of all kinds.”<sup>126</sup> Access to information is also a key component of the realization of the right to health.

The CESCR has stated in its General Comment No. 14 on the Right to Health that a “core obligation” of states under the right to health is: “To provide education and access to information concerning the main health problems in the community, including methods of preventing and controlling them.”<sup>127</sup>

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<sup>123</sup> “Report of the United Nations High Commissioner for Human Rights on the Scope and Content of the Relevant Human Rights Obligations related to Equitable Access to Safe Drinking Water and Sanitation under International Human Rights Instruments, July 16, 2007, [http://www2.ohchr.org/english/issues/water/iexpert/docs/A-CHR-6-3\\_Augusto7.pdf](http://www2.ohchr.org/english/issues/water/iexpert/docs/A-CHR-6-3_Augusto7.pdf) (accessed August 8, 2013).

<sup>124</sup> UN Human Rights Council, “Report of the Independent Expert on the Issue of Human Rights Obligations related to Access to Safe Drinking Water and Sanitation,” Catarina de Albuquerque, July 1, 2009, A/HRC/12/24, <http://www.refworld.org/docid/4a9d1beaa.html> (accessed August 8, 2013), p. 20.

<sup>125</sup> Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, art.18.

<sup>126</sup> International Covenant on Civil and Political Rights (ICCPR), December 16, 1966, G.A. Res. 2200A (XXI), GAOR Supp. (No.16) at 52, UN.Doc.A/6316(1966), entered into force March 23, 1976, art. 19(2).

<sup>127</sup> Substantive Issues Arising in the Implementation of the ICESCR, General Comment No. 14, E/C.12/2000/4, August 11, 2000, [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En) (accessed August 8, 2013), para. 44(d).

The general comment further states that: “Accessibility includes the right to seek, receive, and impart information and ideas concerning health issues.”<sup>128</sup>

The Convention to Eliminate All Forms of Discrimination against Women (CEDAW), which Zimbabwe ratified in 1991, recognizes the importance of information, and in particular ensuring that women have access to information, to maintaining a family’s health. CEDAW obligates states to ensure: “Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning,”<sup>129</sup> as well as: “access to adequate health care facilities, including information, counseling and services in family planning.”<sup>130</sup>

The link between access to environmental information and the protection of basic rights is gaining international recognition. Many European and Central Asian governments have ratified the Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters (the “Aarhus Convention”), which provides that every person has the right to live in a healthy environment, and that “to be able to assert this right...citizens must have access to information, be entitled to participate in decision making and have access to justice in environmental matters.”<sup>131</sup>

## Domestic Legal Obligations

### *Right to Water*

The right to water is enshrined in Zimbabwe’s constitution. Section 77 of the Constitution, “The Right to Food and Water,” states that, “Every person has the right to clean, safe, potable water.”<sup>132</sup>

### *Right to Sanitation*

There is not one policy that regulates sanitation in Zimbabwe. However, the recognition of environmental rights, in both the Environmental Management Act and the constitution would include the right to sanitation.

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<sup>128</sup> CESCR, General Comment No. 15: The Right to Water, para 12(c, iv).

<sup>129</sup> Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted December 18, 1979, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, entered into force September 3, 1981, art. 10(h).

<sup>130</sup> CEDAW, art. 14(b).

<sup>131</sup> Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters, June 25, 1998, 38 I.L.M. 517 (1999), entered into force Oct. 30, 2001. The convention has been ratified by 46 countries in Europe, Central Asia and the Caucuses.

<sup>132</sup> New Zimbabwe Constitution (approved in the March 16, 2013 referendum and signed into law on May 22), sec. 77.

The 2002 Environmental Management Act states that all citizens have a right to:

A clean environment that is not harmful to health  
Protect the environment for the benefit of present and future generations  
and to participate in the implementation of the promulgation of reasonable  
legislative policy and other measures that—  
(i) prevent pollution and environmental degradation; and  
(ii) secure ecologically sustainable management and use of natural  
resources while promoting justifiable economic and social development.<sup>133</sup>

Zimbabwe's constitution contains a specific chapter on "Environmental Rights." This chapter reads in part:

Every person has the right:

- i. to an environment that is not harmful to their health or well-being; and
- ii. to have the environment protected for the benefit of present and future generations, through reasonable legislative and other measures that:
  - a. prevent pollution and ecological degradation;
  - b. promote conservation; and
  - c. secure ecologically sustainable development and use of natural resources while promoting economic and social development.<sup>134</sup>

### *Right to Health Information*

Zimbabwe's constitution contains specific protections for the right to information:

Every Zimbabwean citizen or permanent resident, including juristic persons and the Zimbabwean media, has the right of access to any information held by the State or by any institution or agency of government at every level, in so far as the information is required in the interests of public accountability.<sup>135</sup>

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<sup>133</sup> Environmental Management Agency (Zimbabwe), Environmental Management Act, Chapter 20:27, chapter 4, June 2005, <http://www.law.co.zw/downloads/statutes/20/Environmental%20Management%20Act.pdf> (accessed August 9, 2013).

<sup>134</sup> New Zimbabwe Constitution (approved in the March 16, 2013 referendum and signed into law on May 22), sec. 73. [http://www.copac.org.zw/index.php?option=com\\_content&view=category&layout=blog&id=66&Itemid=329#1](http://www.copac.org.zw/index.php?option=com_content&view=category&layout=blog&id=66&Itemid=329#1) (accessed August 8, 2013).

<sup>135</sup> New Zimbabwe Constitution (approved in the March 16, 2013 referendum and signed into law on May 22), sec. 62. [http://www.copac.org.zw/index.php?option=com\\_content&view=category&layout=blog&id=66&Itemid=329#1](http://www.copac.org.zw/index.php?option=com_content&view=category&layout=blog&id=66&Itemid=329#1) (accessed August 8, 2013).

Zimbabwe law protects the right to health and environmental information. The Environmental Management Act (EMA), Zimbabwe's primary policy on the environmental resources, contains commitments to protecting and providing environmental and health information. The EMA states that, "every person shall have a right to environmental information."<sup>136</sup> Furthermore:

Environmental education, environmental awareness and the sharing of knowledge and experience must be promoted in order to increase the capacity of communities to address environmental issues and engender values, attitudes, skills and behavior consistent with environmental management.<sup>137</sup>

### *Non-Discrimination*

Zimbabwe's constitution sets out protections on non-discrimination that include:

A person is treated in a discriminatory manner... if:

- they are subjected directly or indirectly to a condition, restriction or disability to which other people are not subjected;
- other people are accorded directly or indirectly a privilege or advantage which they are not accorded.<sup>138</sup>

It provides that in the event of discrimination:

The State must take reasonable legislative and other measures to promote the achievement of equality and to protect or advance people or classes of people who have been disadvantaged by unfair discrimination, and: such measures must be taken to redress circumstances of genuine need.<sup>139</sup>

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<sup>136</sup> Environmental Management Agency (Zimbabwe), Environmental Management Act, Chapter 20:27, chapter 4, June 2005, <http://www.law.co.zw/downloads/statutes/20/Environmental%20Management%20Act.pdf> (accessed August 9, 2013).

<sup>137</sup> Ibid.

<sup>138</sup> New Zimbabwe Constitution (approved in the March 16, 2013 referendum and signed into law on May 22), sec. 56. [http://www.copac.org.zw/index.php?option=com\\_content&view=category&layout=blog&id=66&Itemid=329#1](http://www.copac.org.zw/index.php?option=com_content&view=category&layout=blog&id=66&Itemid=329#1) (accessed August 8, 2013).

<sup>139</sup> Ibid.

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# TROUBLED WATER

## Burst Pipes, Contaminated Wells, and Open Defecation in Zimbabwe's Capital

Between August 2008 and July 2009, Zimbabwe experienced Africa's worst cholera epidemic in 15 years. The disease killed over 4,000 people and sickened 100,000 more. Today, many of the same conditions that allowed the devastating epidemic to flourish persist: little access to potable water, inadequate sanitation services, and limited information on water quality.

*Troubled Water* is based on research conducted between October 2012 and September 2013, including 80 interviews with residents in eight high-density areas in Harare, Zimbabwe's capital. The report documents the failure of the government of Zimbabwe to protect the right of its citizens to water and sanitation, and the desperate and dangerous conditions people face as a result.

Human Rights Watch found that people in these neighborhoods rely on water sources that are often contaminated. Municipal water runs only sporadically and those who cannot pay their water bills have their water cut off, forcing them to rely on shallow unprotected wells and boreholes. Women and children may wait for up to five hours to collect water from boreholes. Without water to use for flushing toilets, many people resort to defecation outdoors, jeopardizing their dignity, their health, and the health of others. The situation is exacerbated by corruption and mismanagement at the local and national levels of government, which undermine efforts to improve water and sanitation infrastructure.

Human Rights Watch calls on the Zimbabwe government to address this health and human rights crisis and to fulfill the right to water and sanitation for the residents of Harare.



*Children play in a in refuse dump  
in Harare, Zimbabwe's capital.  
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