



In Zimbabwe, weak water and health systems heighten vulnerabilities during COVID-19 crisis

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Summary

Like much of the rest of the world, Zimbabwe has confronted the COVID-19 pandemic¹ with stay-at-home orders and advice to practice social distancing and frequent handwashing, hoping to prevent a wave of infections that would overwhelm the national health-care system (Mavhunga, 2020).

But the country entered the COVID-19 period with a number of pre-existing challenges that could threaten an effective response to the crisis. A lack of water has been a frequent problem in cities as well as rural areas (Dzirutwe, 2020; Moyo, 2019; Kingsley & Moyo, 2019; Mbugua, 2019), making both handwashing and staying at home difficult. An underfunded health-care system has been further weakened by repeated strikes by nurses and doctors complaining of poor pay and working conditions, some of whom have been fired as a result (Mutasa, 2019).

Afrobarometer survey data from 2017 and 2018 confirm citizens' experiences and perceptions of these problems. A majority of people reported going without enough clean water and without needed medical care. Many said water and health-care services are difficult to obtain. And citizens have consistently described the government's performance in providing these services as inadequate. While these findings predate COVID-19, they suggest the background against which Zimbabwe must take on the pandemic.

Afrobarometer survey

Afrobarometer is a pan-African, nonpartisan research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Seven rounds of surveys were conducted in up to 38 countries between 1999 and 2018. Round 8 (2019/2020) surveys are planned in at least 35 countries. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples.

The most recent full survey in Zimbabwe was conducted in January-February 2017 by the Mass Public Opinion Institute (MPOI). The sample of 1,200 adult Zimbabweans yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level.

More recently, the Institute for Justice and Reconciliation, Afrobarometer's core partner for Southern Africa, commissioned two pre-election surveys in April-May and June-July 2018. Also led by MPOI, each survey interviewed 2,400 adult citizens, yielding country-level results with a margin of error of +/-2 percentage points at a 95% confidence level.

¹ As of 5 June 2020, Zimbabwe had recorded 237 confirmed cases of COVID-19 and four deaths (World Health Organization, 2020).

Previous surveys were conducted in Zimbabwe in 1999, 2004, 2005, 2009, 2010, 2012, and 2014.

Key findings

■ Health care:

- As of early 2017, a majority (58%) of Zimbabweans said they went without needed medical care at least once during the 12 months preceding the survey, including almost four in 10 (36%) who said this occurred “several times,” “many times,” or “always.”
- Almost half of respondents who went to a public clinic or hospital during the previous year said care was difficult to obtain (46%) and arrived after a long wait or “never” (47%).
- Nearly four in 10 citizens (37%) said their ability to get medical care has gotten “worse” or “much worse” in recent years, while just one in four (25%) said things have improved.
- As of July 2018, more than six in 10 Zimbabweans (62%) rated the government’s performance on improving basic health services as “fairly bad” or “very bad.”

■ Water and sanitation:

- Almost half (45%) of respondents said their primary source of water for household use was outside their compound.
- Six out of 10 Zimbabweans (60%) said they went without enough clean water at least once during the year preceding the survey.
- Among those who tried to obtain household services such as water, sanitation, and electricity during the previous year, more than seven in 10 (72%) said it was difficult to get the services they needed, and 17% reported having to pay a bribe.
- As of July 2018, more than six in 10 citizens (62%) said the government was doing a bad job of providing water and sanitation services, an assessment that has been fairly stable going back to 2010.

Access to medical care

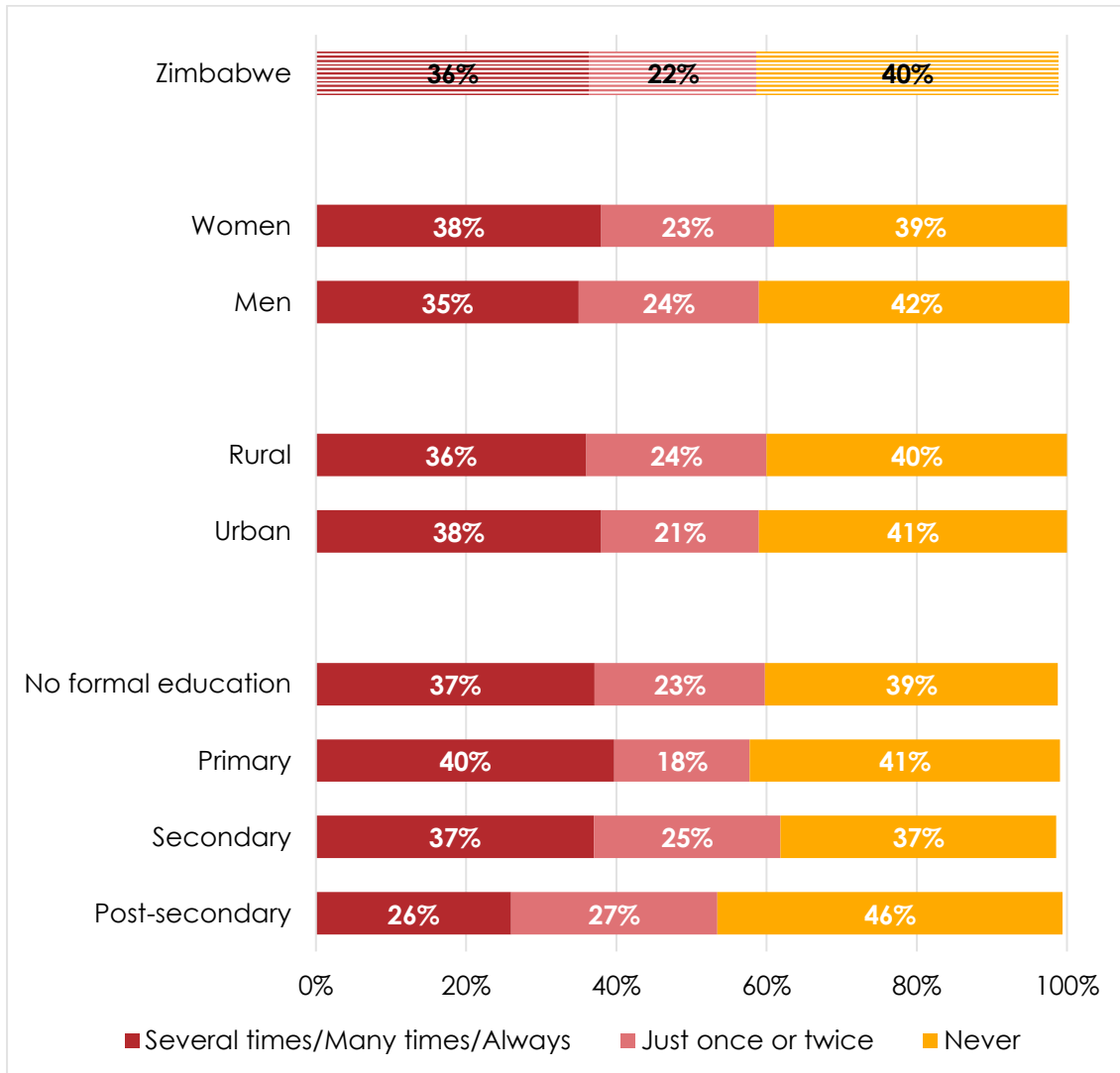
Even if access to medical care is a right – and especially relevant in light of COVID-19 – not all Zimbabweans consistently enjoy it. Almost six in 10 survey respondents (58%) reported that they went without needed medical care at least once during the 12 months preceding the 2017 survey, including almost four in 10 (36%) who said this occurred “several times,” “many times,” or “always” (Figure 1).

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Urban and rural residents were about equally likely to experience a lack of needed medical care, as were women and men. The most-educated respondents were significantly less likely to repeatedly go without care than their less-educated counterparts.

Lack of access to health care is a key indicator of poverty, suggesting that much remains to be done on the health-care front if Zimbabwe wants to fulfill its Vision 2030 and the United Nations’ Sustainable Development Goal of eradicating poverty.

Figure 1: Went without medical care | by socio-demographic group | Zimbabwe
 | 2017

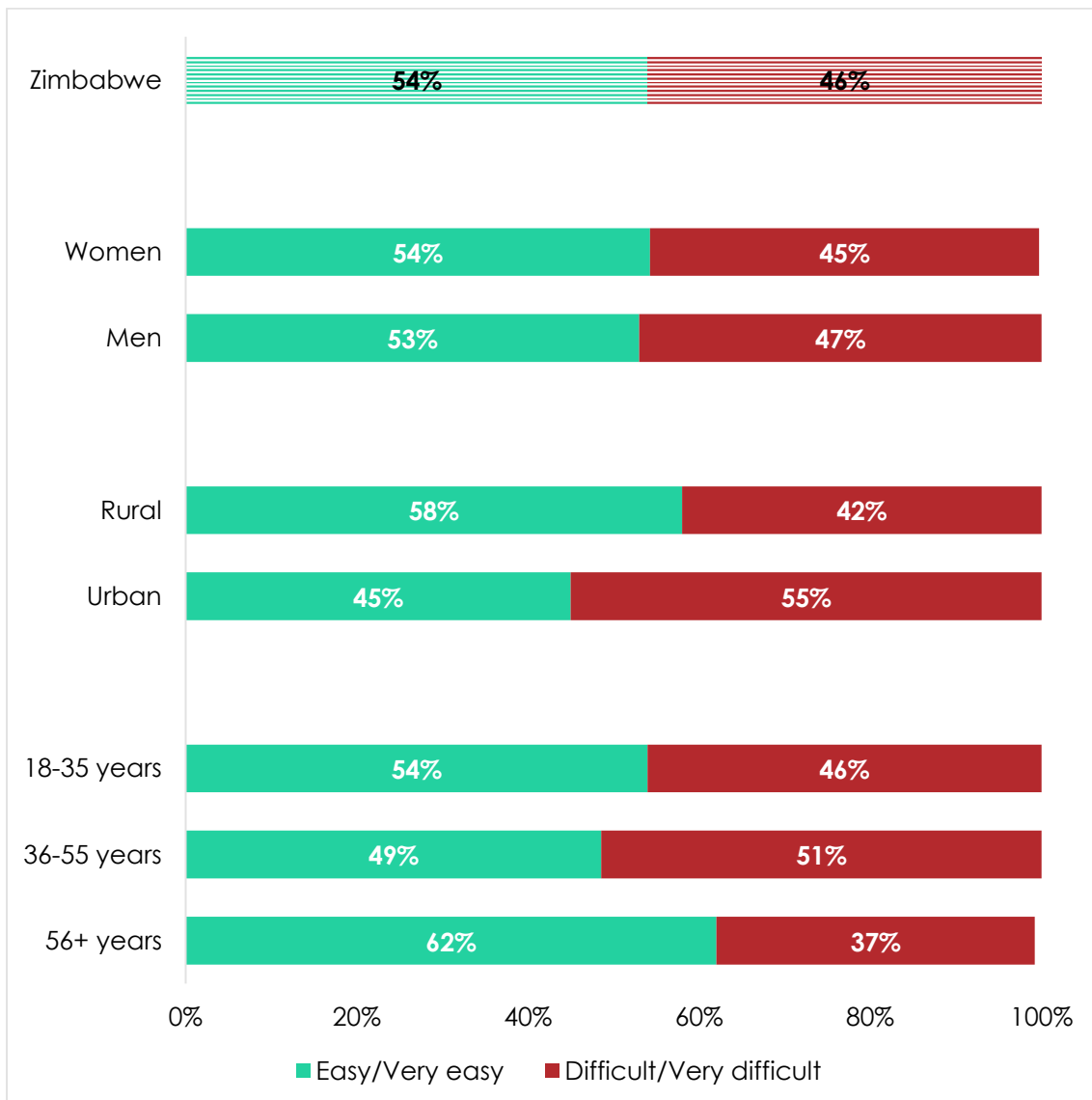


Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Among the 59% of respondents who said they had contact with a public health clinic or hospital during the previous 12 months, almost half (46%) said it was “difficult” or “very difficult” to obtain the medical care they needed, while 54% described it as “easy” or “very easy” (Figure 2).

While women and men were similar in their assessments of the ease of obtaining medical care, urban residents were significantly more likely than rural residents to report difficulties (55% vs. 42%). Middle-aged respondents (51%) were more likely to find accessing care difficult than youth (46%) or seniors (37%).

Figure 2: Difficulty in accessing medical help | by socio-demographic group
 | Zimbabwe | 2017



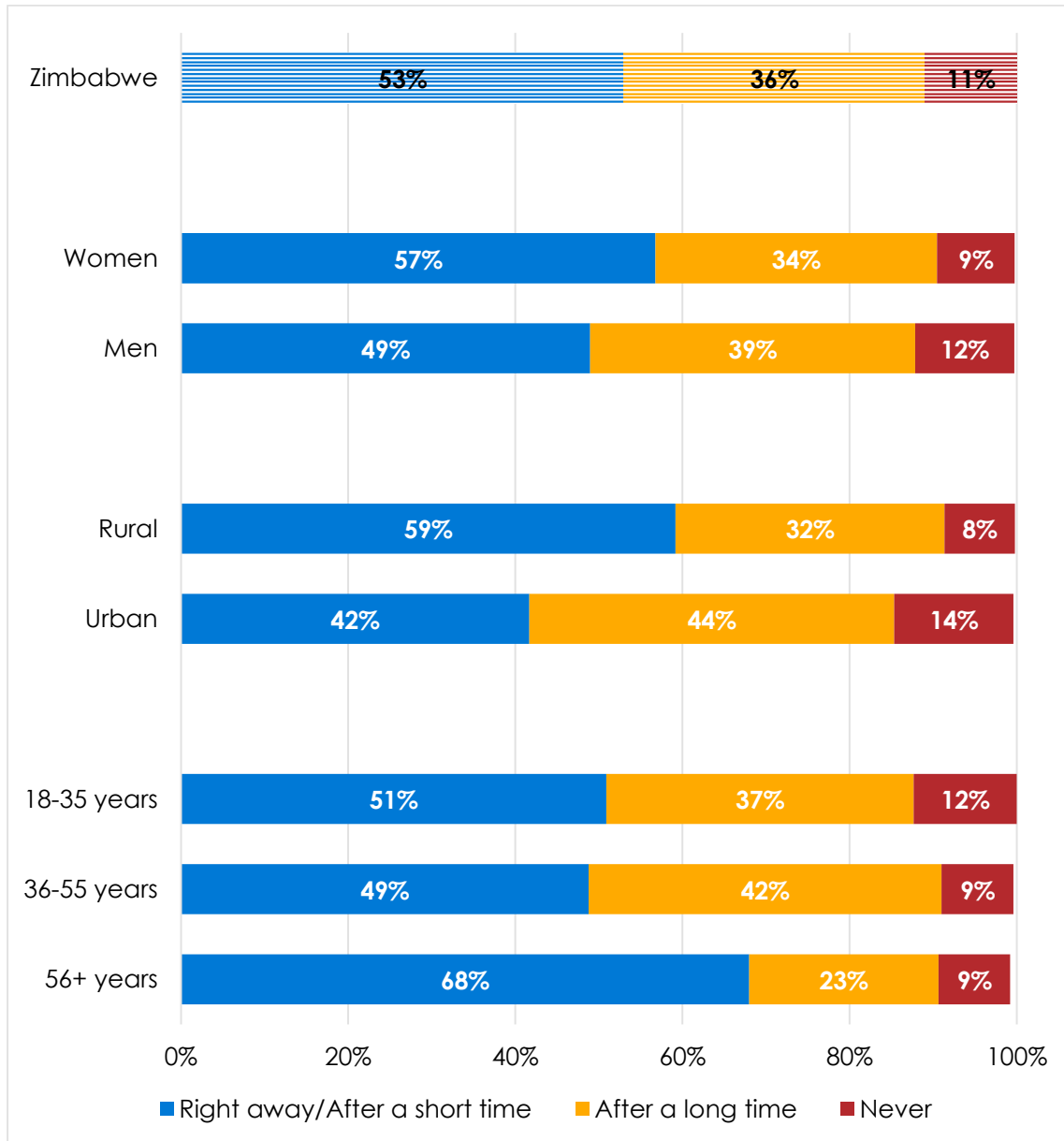
Respondents who had contact with a public clinic or hospital were asked: How easy or difficult was it to obtain the medical care you needed?

One of the difficulties in obtaining medical care is having to wait in long queues – a common experience in the country's public hospitals, and one that is likely to become even more common if COVID-19 infections increase.

Among those who had sought medical care, slightly more than half (53%) said they received the care "right away" or after "a short time," but almost half said they had to wait "a long time" (36%) or "never" received the needed care (11%) (Figure 3).

Timely service was more frequently reported by women (57%) and rural residents (59%) than by men (49%) and urbanites (42%). Older respondents (68% among those aged 56 or older) were also more likely to report rapid service than younger citizens.

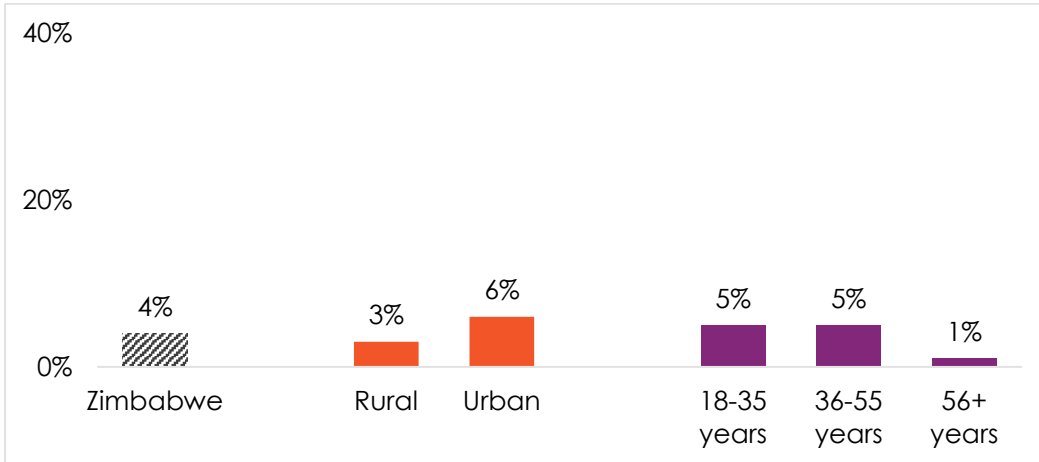
Figure 3: Time taken to receive medical help | Zimbabwe | 2017



Respondents who had contact with a public clinic or hospital were asked: How long did it take you to receive the medical care that you needed?

Among those who sought medical care during the previous 12 months, one in 25 (4%) said they had to pay a bribe, give a gift, or do a favour for a health worker at least once to get the care they needed. While reported bribe-paying was about equally common among men and women, urban residents (6%) were more likely than rural residents (3%) to say they had paid a bribe, and bribe-paying was less common among senior citizens (1%) than among younger respondents (5%) (Figure 4).

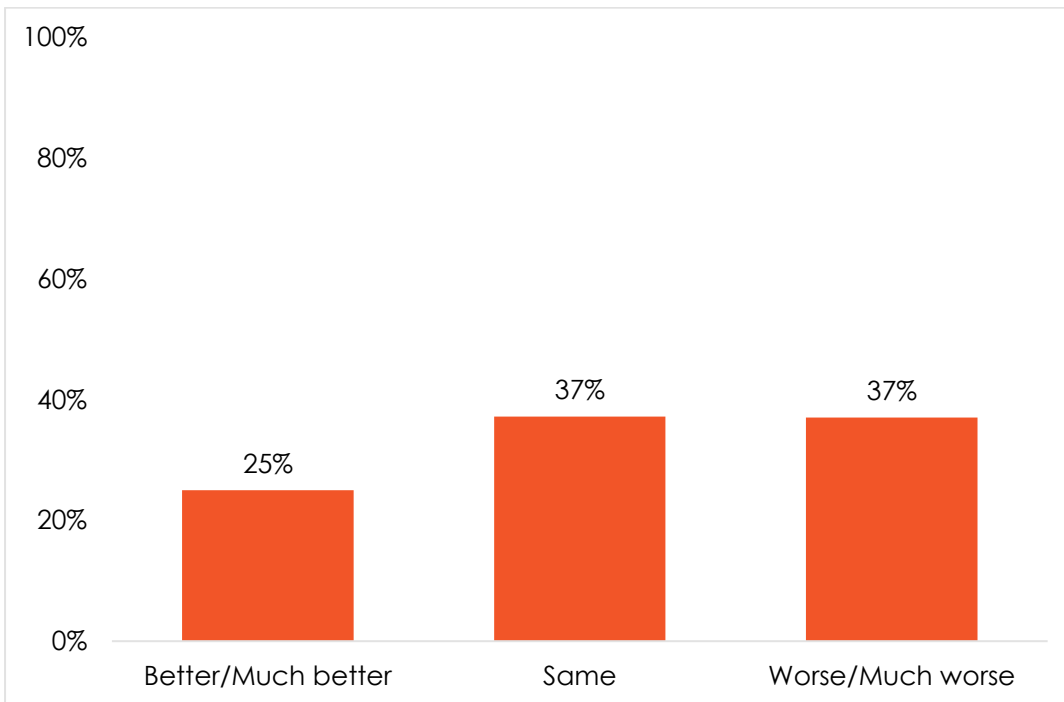
Figure 4: How often citizens paid bribes to get medical services | Zimbabwe | 2017



Respondents who had contact with a public clinic or hospital were asked: And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get medical care you needed? (% who said “once or twice,” “a few times,” or “often”)

Overall, nearly four in 10 respondents (37%) said their ability to get medical care has become “worse” or “much worse” compared to a few years ago (Figure 5). Only one in four (25%) said things had improved, while 37% said they are about the same.

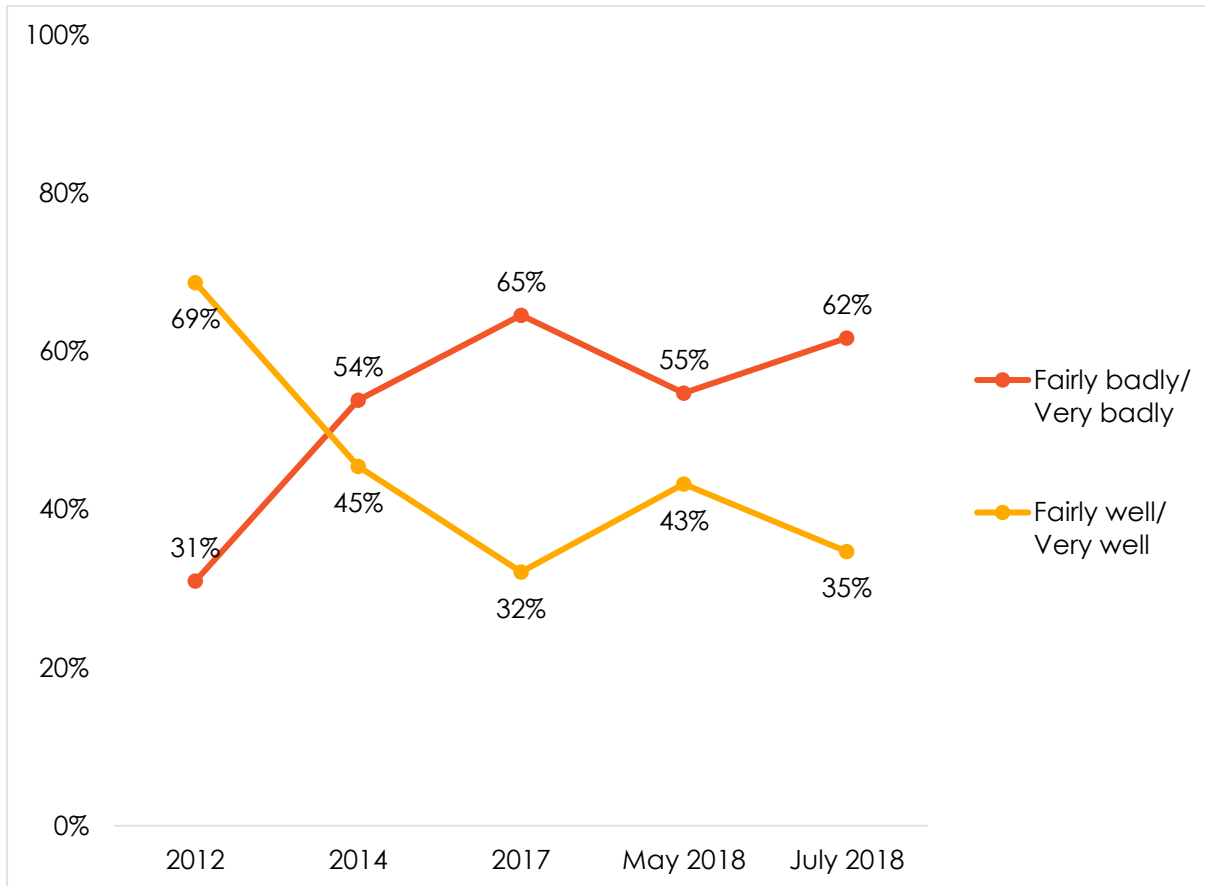
Figure 5: Better or worse: Ability to get medical care | Zimbabwe | 2017



Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?

When asked how well or badly the government was doing in improving basic health services, a majority (62%) of citizens said in July 2018 that it was performing “fairly badly” or “very badly” (Figure 6). This has been the majority view since 2014, after a 69% approval rating during the Government of National Unity in 2012.

Figure 6: Handling improving basic health services | Zimbabwe | 2012-2018



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

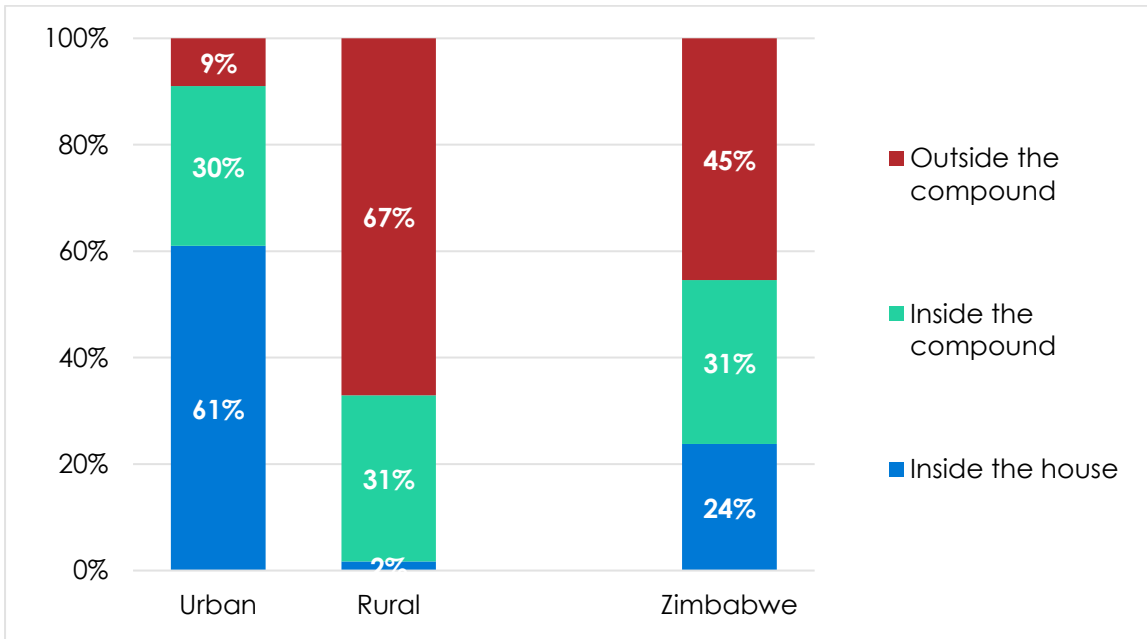
Access to clean water

Clean water is a basic necessity even in the best of times, and during the COVID-19 pandemic, its availability might well determine whether people are able to remain healthy by staying home and practicing good hygiene.

Afrobarometer findings show that as of early 2017, nearly half (45%) of the population reported that their primary source of water for household use was outside their compound, while 24% said it was inside their dwelling and 31% said it was in their compound (but outside the house) (Figure 7). In rural areas, two-thirds (67%) of respondents reported that their water source was outside the compound, including surface water and communal boreholes. In cities, meanwhile, more than six in 10 (61%) had piped water inside the house, and only one in 10 (9%) had to go outside the compound for water.

However, dysfunctional boreholes and rivers that are dry except during the rainy season often leave rural residents without water (Moyo 2020), and even in cities, many taps have gone dry for weeks and months on end (Dzirutwe, 2020). Lack of clean water and sanitation are thus obstacles to COVID-19 prevention for Zimbabweans everywhere.

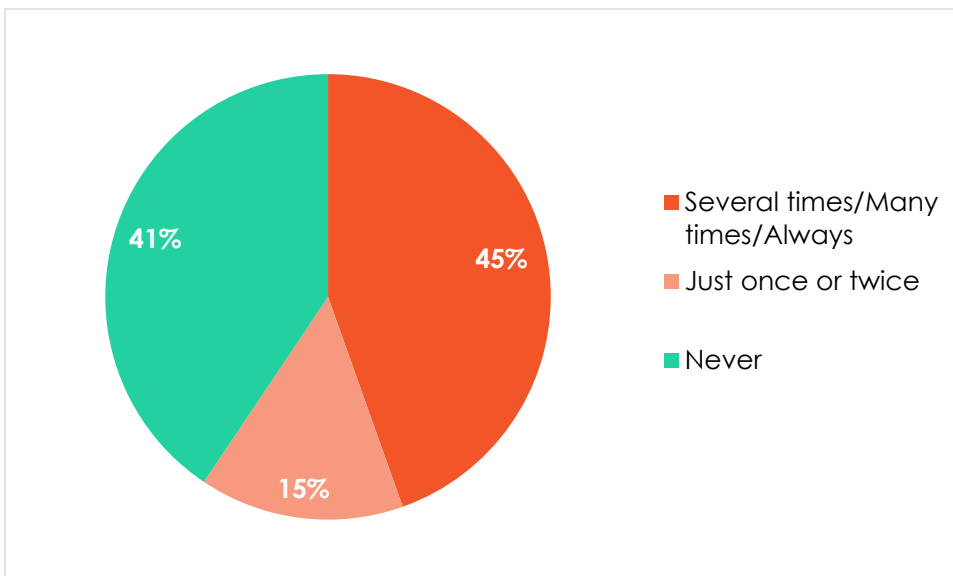
Figure 7: Sources of water for household use | Zimbabwe | 2017



Respondents were asked: Please tell me whether each of the following are available inside your house, inside your compound, or outside your compound: Your main source of water for household use?

Six out of 10 Zimbabweans (60%) reported that they had gone without enough clean water for home use at least once during the 12 months preceding the survey. Almost half (45%) suffered water shortages "several times," "many times," or "always" (Figure 8).

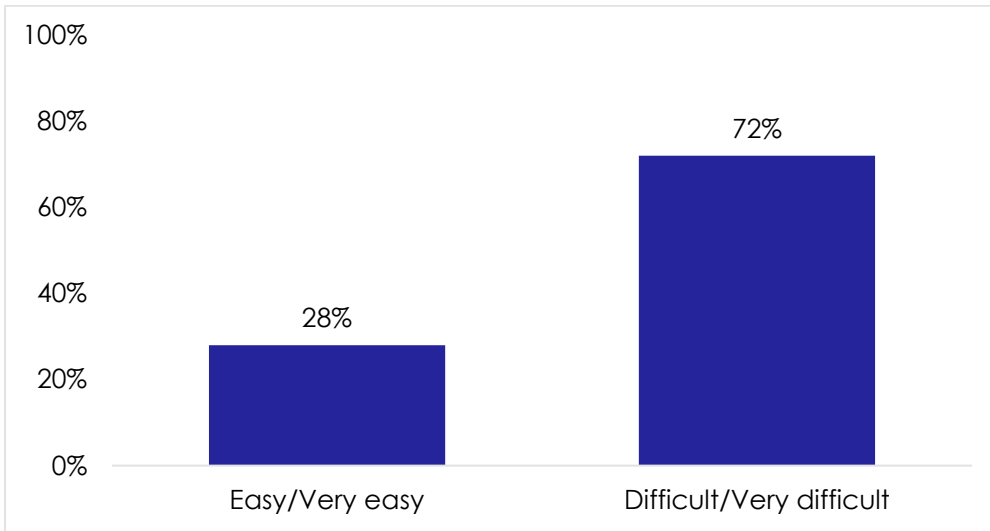
Figure 8: Went without enough clean water | Zimbabwe | 2017



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without enough clean water for home use?

Moreover, a large majority (72%) of citizens who had tried to obtain water, sanitation, or electricity services from the government during the previous 12 months said it was "difficult" or "very difficult" to do (Figure 9).

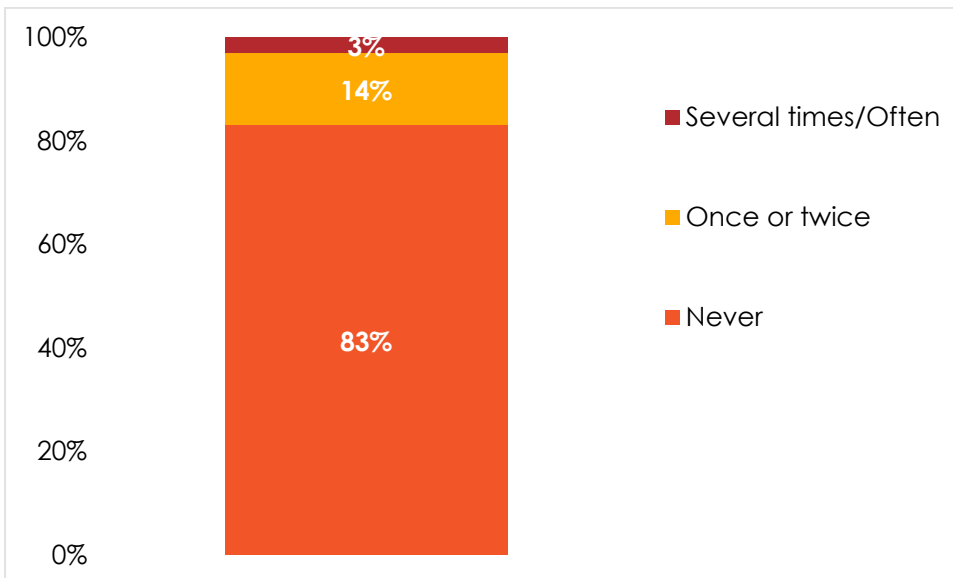
Figure 9: Ease of obtaining water, sanitation, or electricity services | Zimbabwe
 | 2017



Respondents were asked: In the past 12 months, have you tried to get water, sanitation, or electric services from government? (If yes:) How easy or difficult was it to obtain the services you needed? (Respondents who had not tried to obtain these services during the previous year are excluded.)

About one out of six respondents (17%) who had tried to obtain one of these household services during the previous year said they had to pay a bribe, give a gift, or do a favour at least once to get what they needed (Figure 10).

Figure 10: Paid a bribe to obtain water, sanitation, or electricity services in past year
 | Zimbabwe | 2017

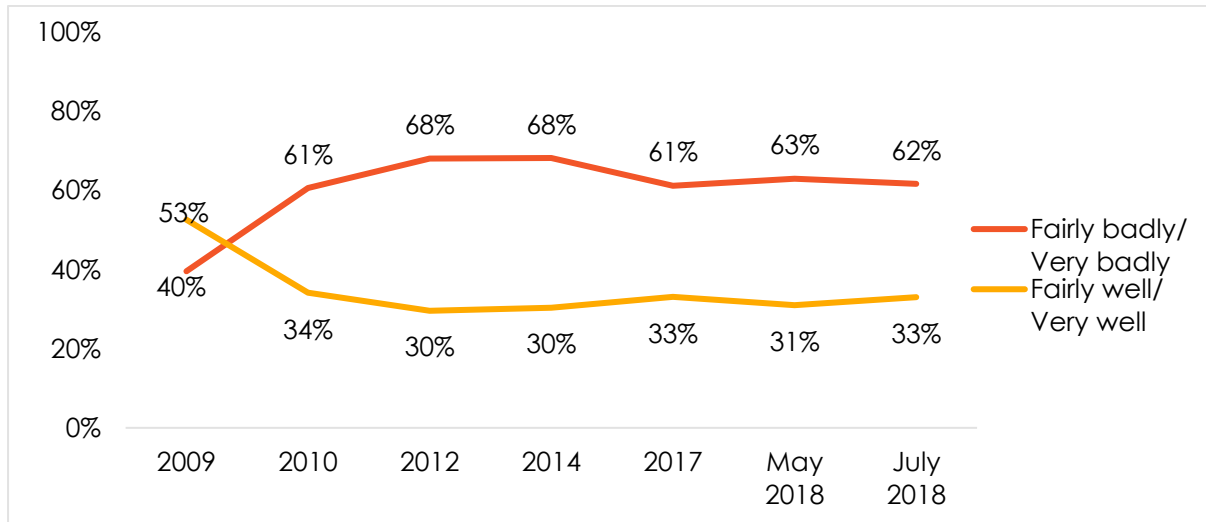


Respondents were asked: In the past 12 months, have you tried to get water, sanitation, or electricity services from government? (If yes:) And how often, if ever, have you had to pay a bribe, give a gift, or do a favour to government officials in order to get the services you needed? (Respondents who had not tried to obtain these services during the previous year are excluded.)

Overall, nearly two-thirds (62%) of respondents said in July 2018 that the government had performed “fairly badly” or “very badly” in providing water and sanitation services, an

assessment that has held fairly steady since 2010. You have to go back to 2009, under the Government of National Unity, to see a majority (53%) approving of the government's performance on water and sanitation (Figure 11).

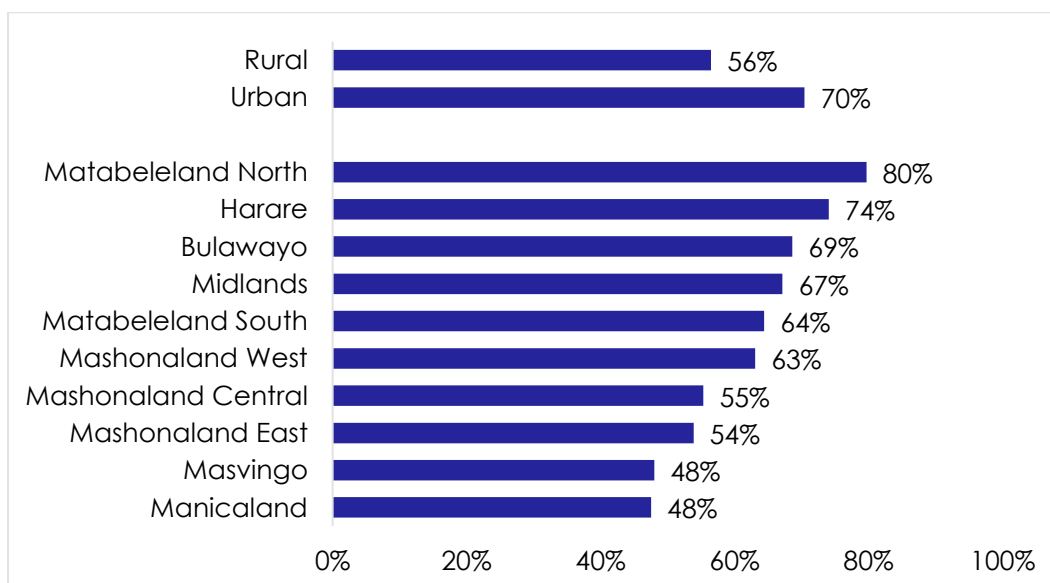
Figure 11: Government performance in providing water and sanitation services
 | Zimbabwe | 2009-2018



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Providing water and sanitation services?

Urban residents are more critical than rural citizens of the government's performance on water and sanitation (70% vs. 56%) (Figure 12). Majorities in eight out of 10 provinces disapprove of the government's efforts in this sector, ranging up to more than seven out of 10 respondents in Matabeleland North (80%) and Harare (74%). The only exceptions are Masvingo and Manicaland, where almost half (48% each) disapprove.

Figure 12: Disapproval of government performance in providing water and sanitation services | by urban-rural residency and province | Zimbabwe | 2018



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Providing water and sanitation services?

Conclusion

The COVID-19 pandemic has added urgency to the need to address vulnerabilities that have plagued Zimbabweans for years. Since long before the coronavirus crisis, many citizens have lacked clean water, sanitation services, and adequate health care, and have consistently described the government's efforts as falling short in these areas. Given the central role of these basic necessities in mitigating the spread of COVID-19, does the Zimbabwe government have the ability to effectively fight the pandemic?

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