

Review

The qualitative and quantitative characteristics of the Harare water: A ticking time bomb and a fatal accident waiting to happen (2013-2014)

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Abstract

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The mission in this paper is to assess the qualitative and quantitative characteristics of the Harare water and accept or reject the alternative hypothesis (H1) that the Harare water has the potential to degenerate into a ticking time bomb or an accident waiting to happen in the short to long term. After a thorough investigation on both the qualitative and quantitative characteristics of the Harare Water, the potential for a ticking time bomb and a fatal accident waiting to happen is very real.

Keywords: Qualitative, quantitative, characteristics, Harare, water, ticking.

INTRODUCTION

In 2008 Zimbabwe and in particular Harare was given a rude awakening when one of the continent's worst ever Cholera outbreaks hit Harare. More of the same calamity was expected in 2010, but glory to God the waterborne disease had so far managed to keep a low profile. The Cholera outbreak had begun in August 2008 and lasted for a year until mid 2009 before His Excellence President Mugabe declared it a national disaster. By then the awesome disease had caused the deaths of more than 4 000 people and infected a 100 000 others in the Budiriro low income and high density suburb of Harare situated in the South West of the capital city. This calamitous cholera outbreak of 2008-9 which attacked Zimbabwe like a storm was attributed to the destroyed and damaged water and sanitation infrastructure much of which was still in the same state, raising fears that the 2009 – 10 rainy seasons could bring resurgence in more cases of the killer disease. Cholera is a water borne bacterial disease, infects gastro-intestinal system, causing serious vomiting and diarrhea that can lead to dramatic and route dehydration; left untreated, the dreadful killer disease earn kill within 24 hours. Another reason for the cholera outbreak which was a wake-up call to the perennially bungling Harare City Council (HCC) was that the cash

ailing Harare water and Sanitation Department was hopelessly thin on working capital resources such as cash and cash equivalents to repair the crumbling water and sanitation infrastructure to force hapless women in the water-starved low income and high density suburb of Budiriro to fetch water for human consumption from not only shallow but unprotected wells (Musoni 2008).

The two dimensional approach to the effective discussion of the Harare Water and Sanitation situation

To effectively tackle the deplorable water and sanitation in Harare, the second home to the Author for thirty years at senior level, he, for professional reasons, shall stretch the discussion in this Paper to touch on two important aspects of the awesome Harare Water and Sanitation which are:

- The qualitative characteristics of the Harare Water and Sanitation i.e., given the worrisome concerns raised or highlighted by the various stakeholders is the Harare water safe and hygienic to drink from the perspective of its quality in terms of international standards.

- Is the Harare water and sanitation adequate to meet the rising demand of the Harare population given its annual growth rate of 5%?

Harare water qualitative characteristics a heart break for the Harare Residents

Going by the Third World standards, the quality of Harare water and sanitation is a service of discomfort to all the concerned stakeholders home and away. The Harare water has been condemned countrywide and internationally as not fit for human consumption and therefore not at all drinkable by the Harare residents. The quality of the water undersupplied is of poor quality because of the financial leverage of the HCC during the hyperinflationary period from 2000 to 2008 then quoted at 6.5 sextillion % in mid November 2008. Hyperinflation in Zimbabwe had begun shortly after the compulsory confiscation of private farms from white commercial farmers on the pretext His Excellence President Mugabe was correcting historical land imbalances then heavily skewed in favour of the whites Prices in shops were then quoted in Zimbabwean Dollars but were adjusted several times per day because of hyperinflation recorded in the then misgoverned Zimbabwe (Marufu 2014).

The Standard Association of Zimbabwe (SAZ) confirms the presence of the harmful coliform bacteria in running Harare water

Much to the disappointment of every concerned stakeholder in Harare, chief among them the Combined Harare Residents Association (CHRA) (Combined Harare residents Association and Harare Residents Trust are Non-Governmentally funded pressure groups whose missions are to ensure the Harare residents and ratepayers get value for their money from the perennially bungling Harare City Council whose officials prioritise self-serving agenda at the expense of HCC service delivery e.g. Harare Town Clerk Tendai Mahachi embroiled in a forgery storm after the council boss allegedly linkered with his date of birth possibly to extend his tenure of office and escape the on-going job cuts targeting those above the age of 60 (Matenge, 2014) and the Harare Residents Trust (HRT) the qualitative characteristics of the Harare water are quite awesome. The Harare water was found to contain harmful coliform bacteria. Water pumped into Harare homes by the errant HCC is far from fit for drinking purposes and could soon cause an outbreak of other water borne diseases a new independent tests commissioned by the Standard Association of Zimbabwe had shown. The elaborate laboratory analysis carried out by SAZ confirmed beyond reasonable doubt that the presence of the harmful coliform bacteria in running water consumed by about 4

million people in Harare and the surrounding dormitory towns such as Ruwa, Norton and Chitungwiza. A water sample that was taken from the populous Mbare low income and high density of Harare bore an alarming presence of the coliform bacteria. Even the pathogen bacteria is also not supposed to be in any drinkable water.

Experts said that the presence of coliform bacteria is an indicator for pathogens (disease causing organisms) whose source varies from human to animal waste. The SAZ water analysis indicated that micro organisms in water far exceeded the recommended maximum. While the SAZ's 560 of 1997 recommends a maximum of 100 the total plate count of the sample had more than 300. In this particular count however, the presence of human and animal waste was ruled out which is a best indicator of faeces pollution. According to this sample report there is contamination but most likely from the pipes as the test for Ecoli was negative. Analysts say the presence of bacteria in a water sample is an indication that either the source was contaminated or may have happened at any stage of its handling (Combined Harare residents 2013).

Fresh typhoid outbreak hits Harare

An outbreak of typhoid was feared in Mabvuku high density and low income suburb of Harare amid disturbing reports that nine cases of the feared disease had so far been treated at a Council Clinic in the disease prone suburb. The CHRA said that it became aware of the sudden outbreak after the ward leaders had reported a rapid increase in diarrheal diseases prompting them to make inquisitive enquiries. Mabvuku Polyclinic officials admitted that they had treated typhoid patients and suspected more residents could be affected, said a CHRA spokesman. However, Harare City Council Director of Health Services Prosper Chonzi said that he was unaware of any typhoid outbreaks:

"If there was an outbreak, I would be the first to know about it. Since the beginning of the year there have been seven cases, three from outside Harare, two from Ruwa and one from Mufakose and another from Hatcliffe", said Chonzi.

Chonzi had said that residents might be mistaking other illness for typhoid as there were many cases of diarrhea in the Mabvuku suburb.

"There are currently many cases of diarrhea and it is possible people are mistaking those for typhoid but I will dispatch a team to the area to investigate", said Chonzi.

Typhoid is a systematic bacterial disease that is characterized by fever, headache, malaise, spots on the chest, a non productive cough in the early stages of the illness, constipation and diarrhea are also common. The mode of transmission is faecal – oral route, through ingestion of bacteria in food or water contaminated with faeces or even the urine of an infected person. This

happens in places of poor sanitation and inadequate supply of clean water. However, typhoid used to be a very rare condition in Zimbabwe but the progressive deterioration of the water and sewerage reticulation infrastructure resulted in the disease becoming common. In areas where sanitary facilities are well maintained, typhoid has been virtually eliminated.

What boggled the mind of any sane person applying his/her mind on the rapidly deteriorating Harare water and sanitation is that while the Harare residents and ratepayers are tinkering with death at the mercy of the various water borne diseases such as Cholera, typhoid and diarrhea outbreaks. Tendai Mahachi and his bloated team of 18 managers at Town House (Town House situated in the Central Business District (CBD) of Harare is the administrative headquarters of the HCC and is home to the Town Clerk, Chamber Secretary, Public Safety and part of the Human Resources Department to mention just a few) are caught in a mega salary storm where they are reported to be gobbling a whopping US\$500 000 a month in mega salaries. The Harare Mayor Manyenyeni had suspended the Town Clerk for the forgery of mega salaries but Chombo, the Minister of Local Government was seen coming out blazing his guns to support the Town Clerk in his bid to seek reinstatement. This misguided action by His Honourable Minister Chombo convinced the Author that the Minister including the HCC self seeking executive leadership is a heartless people. Even the USA president Obama does not earn the obscene salaries as earned by the HCC top leadership who are not only morally crippled but have a poverty of conscience (Mafuta, 2014).

Harare residents at risk of brain damage

The report below cited from the Financial Gazette does not bode well for the Harare residents in terms of their long term health risks vis-à-vis the Harare water and sanitation qualitative characteristics. The disturbing report says that the Harare tap water may not cause any diarrhea disease in the short run but may in the long run, cause cancers, affect brain development and lower intelligence quotient (IQ), which is a score derived from tests designed to assess intelligence.

But the Director of health Services at the HCC, Prosper Chonzi, told the media that the water pumped into people's homes by the City Council was not only safe in as far as it may not contain coliform or any other type of bacterial contamination. According to Chonzi, the odour, greenish hue and particles that settle at the bottom after the water has been put in a container for some time are indicative of chemical contamination which could have long term effects to the Harare residents who are now languishing '*sekuti mwana atsva dumbu mai vatsva musana*' (meaning the double tragedy of both mother and child on the mother's back catching fire in

one fire accident). The HCC executive leadership prioritizing self-serving agendas have dismally failed to learn something from the calamitous cholera outbreak of 2008 which claimed 4000 human lives in one year to make it Africa's second biggest ever human tragedy at least in the 21st century after the then ongoing ebola outbreak in West African. The principle to apply by the reactive and not proactive Harare leadership would have been '*Chakatanga ndechakachenjedza*' (meaning once beaten twice shy). Why adopt the business as usual attitude with the Harare water and sanitation which is another 'Tsunami' for Harare in terms of life threatening calamities. The precautions that should be accorded the critical Harare water and sanitation department in what the Author says is "*kukanganwa zvazuro nehope*" (meaning do not have a short memory about the Budiriro cholera outbreak of 2008). Proactive people should guard against the same calamity recurring and not fire fighting another cholera outbreak.

In other words pre-medieval diseases such as cholera, diarrhea and typhoid among others should not be a bother to Zimbabwe in the 21st century. People should learn not to treat them but to prevent them from occurring. Cholera, Typhoid, diarrhea and all other pre-medieval diseases are easy to prevent but difficult to eliminate by medical treatment (Mzumara 2014).

Harare City Council does not respect the people's inalienable rights to basic rights to water

As he prepares to tackle the supply side of the Harare Water and Sanitation Department the Author was bemoaning that the perennially bungling HCC had to learn to do one thing right i.e. to make sure the Harare residents are not denied their inalienable right to water. Given that the people get the water for a fee and not for free it is not fair to deny them this inalienable right to their basic right to water. Having said this, the Author will prepare to assess how water is made available to the Harare residents by the perennially delinquent Harare Water and Sanitation Department of the perennially bungling HCC. Below is how the Author who is always everywhere turbulent Zimbabwean economy in search of new knowledge to benefit wider society.

Women's nightmare as they search for water during the night

Women are happily born free in Zimbabwe but are lamentably in chains at the mercy of the perennially underperforming Harare Water and Sanitation Department of the perennially delinquent Harare City Council. To resonate with this assessment Sarudzai of the populous Mbare high density and low income suburb of Harare wakes up her two teenage sons to accompany

her to search for scarce water in the middle of the night. She collects a few empty buckets and prepares to leave in quest for the precious liquid which has suddenly become scarce in both Harare and Chitungwiza. The night is murky and quiet with no movement of anything in the dark streets except for tree shadows and a few vehicles speeding along Harare's potholed street and highways. This has become a night routine for some hapless women in urban Zimbabwe.

Water shortage has reached critical shortages in Harare. The town receives water once every week, but there are times when water does not run in the taps for several weeks. Clean, safe and taped water has become an elusive commodity that is likely to expose residents to communicable waterborne diseases such as the dreadful cholera, typhoid, diarrhea, chief among other communicable waterborne diseases. Residents in most suburbs of Harare have now resorted to unprotected water sources as the clueless local authority fails to come up with lasting solution to these perennial water woes buffeting the Harare suburbs left, right and centre. Most residents have been reduced to late night water haulers an exercise that places their lives in grave danger. But what is most worrisome is that the women's lives are particularly at risk from night robbers who seek their prey at night. Current water supply from the perennially underperforming Harare is 600 mega liters of water per day against a daily demand of 1 400 mega liters and the nearby Chitungwiza needs 45 mega liters of water a day, but is rationed down to 30 mega liters a day.

Most women interviewed said they were tired of the never ending troublesome situation and most residents have begun drilling wells which have unsafe water for human consumption.

"We don't normally encourage people to drill boreholes. The water table is high and chances that this water could also be contaminated are very high" said one official John Chihoro from the Harare Water and Sanitation Department.

Service delivery has also been in sharp decline, raw sewage flows freely and has also become an eyesore. Tendai Mawere of Mufakose high density and low income suburb of Harare said government and development agencies must intervene by drilling more boreholes to ease the water crisis.

"We are now tired of the water challenges that we have in Harare, we only get water once a week and sometimes never at all. If it does come, that will be in the late hours of the night. I work during the day and spend the whole night looking for water."

To pile more misery on the Harare residents scrounging for scarce water Harare City Council health Director Prosper Chonzi said 33% of the boreholes in water-starved Harare were contaminated with faecal matter (Mwanaka 2013).

More than 4 200 Zimbabweans succumbed to the dreadful cholera outbreak from August 2008 to mid 2009

as contaminated water supplies spread the deadly disease amid the country's failing health care systems. However, engineers have been hired from China to rehabilitate the capital's water infrastructure.

But against this worrisome background of water shortages in Harare, the Honourable Minister of Local Government, Ignatius Chombo had in the run up to the 31 July 2013 harmonized elections ordered all local authorities, HCC included, to write off debts accrued by residents between February 2009 and June 2013 to appease the voters countrywide to vote for ZANU PF and its leader His Excellence President Mugabe who won with a landslide victory while the water situation in Harare was showing signs of reaching crisis levels with no one genuinely interested to intervene to avert the humanitarian crisis (Mwanaka, 2012). Up next is to hear stopping and the damning report of how the Harare suburbs incredibly spent a fortnight without the precious liquid of water while the media was awash with saddening stories that Tendai Mahachi had diverted US\$ 2 million of the Chinese loan of US\$ 144 million dollars earmarked for revamping the crumbling HCC water infrastructure to buy posh 4 x 4 all terrain vehicles for the Town Clerk and his bloated management team of 18 managers at Town House. *Mwari rambidzai* (meaning God forbid) (Mwanaka 2013).

Harare suburbs spend two weeks without water

The big question that rushes to the mind of the Author who prioritizes hygiene standards more than anything else is how do you flush toilets during the fortnight of water drought? If all the public toilets are closed for lack of running water what happens to the public who want to relieve themselves? Below is found the appropriate answer to these probing questions.

A health time bomb was looming in Greater Harare where several areas had been without running water for an incredible two weeks (Staff Reporter, 2014). Of these affected areas the hardest hit areas included parts of Eastlea, Houghton Park, Waterfalls, Mbare, Kuwadzana, Dzivarasekwa, Mabvuku, Tafara, Ruwa, Chitungwiza and Norton.

Most worrisome to hear from the affected residents was that they had resorted to using unsafe water from Mukuvisi River and unprotected wells. This came at a time when some of the heartless HCC officials were being accused of looting part of the US\$ 144 million loan advanced by the China Eximbank towards the overdue refurbishment of the City's Water and Sanitation reticulation system then at sixes and sevens for want of urgent repairs.

"We had no water for the past two weeks and we still do not. We tried to engage the Harare water officials and their response has not been that good and promising," a Houghton Park resident who declined to be named said.

And this resonates with what the Author had been saying ever since that those HCC officials are better known for pursuing self-serving agendas than their prowess to enhance service delivery to benefit the Harare residents and ratepayers (Staff Reporter 2013).

Another resident from Eastlea, Paul Muchina, said the water crisis with no sign of ending, had forced him to make endless trips to his in-laws' house in Mt Pleasant in search of the precious liquid.

"Last week I called Council on the matter and the person I spoke to was a bit honest with me saying they were not sure when normalcy would be retained to the water supply system in the city. He spoke of the crisis in securing chemicals and that they were now thinking of buying them from outside the country and I don't know for how long this suffering will continue.

On a sad note the Harare Residents Trust (HRT) had in a statement said:

"Its sad one of the residents was hit by a Kombi while trying to cross Bulawayo Road to fetch water in Glaudina and her child died on the spot while the unfortunate mother was seriously injured."

Upon follow-up by HRT the cash ailing Harare Water and Sanitation Department was claiming shortage of spares and money. But given this sorry state of affairs why then did the Honourable Minister of Local Government deem it appropriate to order a debt cancellation which financially crippled councils. Can't then people turn around and say the self seeking Honourable Minister Chombo actually financially crippled councils to steal votes for his ZANU PF party which went on to register a landslide victory in the 31 July 2013 harmonized elections. But the Author thought that good ethics should come ahead of winning an election (Staff Reporter 2014). A lone voice in the distant horizon was calling for an urgent normalization of Harare water supplies.

Speed up the normalization of Harare Water Supplies

With the widespread use of ground water through boreholes by industrial, private and community residential establishments, there is need for city fathers, who oversee essential service delivery chief among them, Harare Water and Sanitation to speed up the normalization of water supply in Harare. People also need updates on the progress in the strategic repairs and installations by the Chinese so as to ease rising demand for the precious liquid in perennial scarcity in Harare and its dormitory towns of Chitungwiza, Ruwa and Norton. The rising demand for clean water is one of the most critical challenges in the drought ravaged land locked Zimbabwe today, with the demand for water estimated to rise at 5% annually, according to latest reports from water research experts in the country. Increasing populations and urbanization leading to greater personal and

household use, have reduced the quantity and quality of water available per person in recent years. Millions of dollars were availed by the Chinese government specifically for this project and a progress report was now required (Mtombo 2014).

There is need to see honest service delivery and integrated management strategies in the sleeping Harare Water and Sanitation Department being put in place. Embezzlement of state funds at the expense of service delivery and the greater majority who are in immediate water need should be stopped forthwith and the culprits arrested. There is no time for complacency anymore given the recent cases of corruption across the major sectors of the economy (Mutonho 2014).

The supply and provision of water is of critical importance given its strategic value and the abundant rainfall received this year to mark the onset of climate change in the land locked country. Unfortunately management of water resources has been fragmented among different government departments, some of which have had competing interests. Government departments must begin to harmonize water management strategies first at the local, regional and then at national level. There is need to develop effective national water master plan that would drive water policies and regulations' of the country. It is also now of critical importance for all development stakeholders to co-operate with city and rural councils, particularly departments of works and health which manage municipal and council facilities and have responsibility for water and the environment. In a finite and resource abundant world, the laws of demand and supply need to be respected. They cannot be set by the whims and conveniences of a kleptocracy and greed but by market forces. People and communities simply need water. It is their inalienable right that they should have water when they need it. Provision and supply of clean water is a greater part of social development and without social development a critical mass of people remain in abject poverty while a privileged few reap benefits of rising abundance (Mutonho 2014).

Today, it has become impossible to deny the existence of severe water scarcity and the irritating rationing that has been taking place over the years. It was common to see water go to waste at every stage of its management with burst pipes, massive sewage leaks and flows, non cost-effective pricing regimes; high consumption levels and fragmented management systems, particularly in urban areas. Water experts in Zimbabwe have shown that the amount of water available annually to each person in Southern Africa has been declining since 1950. The belief that good rains mean abundant resources has led to complacency in the management of the ever dwindling resource in the drought stricken country. Massive water projects to augment dwindling water supplies such as Pungwe Water Project in Manicaland and the Matebeleland Zambezi water project are yet to materialize despite

years of planning (Mutonho, 2014). This paragraph gave us peace of mind on what to do to speed up the normalization of Harare water. Of great discomfort to the Harare residents in perennial water shortages for time immemorial and with no end in sight is the frightening report that HCC with a long history of not prioritizing service delivery is again losing 60% of its water.

Harare losing 60% of its water – Kasukuwere

For the Harare residents, when it comes to the provision of water and sanitation services by the HCC it never rains but it pours. When the Harare residents thought they had peace of mind given the good rainy season of the 2013/14 the Honourable Minister of Water, Environment and Climate had other ideas to give the Harare residents yet another rude awakening vis-à-vis the Harare water.

Addressing the Senate on the water situation in the country the Honourable Minister Kasukuwere of Environment, Water and Climate had told the House that 60% of Harare water is lost through leakages while sewage inflows from Lake Chivero spilled into water catchment areas. The Honourable Minister went on to say that despite using several chemicals to purify the water the leakages prevented the Harare residents from accessing that water.

“The main problem is that the pipes which transport this water are aged and are always breaking down and leaking and as a result 60% of treated water from Morton Jeffrey is lost in transit and 40% is the real amount of water which is accessed by the people”, said Kasukuwere. “As a result this water cannot meet the needs of all the people as Harare needs 840 plus mega liters of water per day but they are only able to treat 400 mega liters per day and despite this amount 60% of treated water is lost in transit” (Langa 2014).

Kasukuwere said despite problems of raw sewage from Lake Chivero spilling into water sources there was also a big problem of companies disposing raw materials and chemicals into water sources, he said that as a result, in trying to purify the water the cash ailing HCC required more money and chemicals. He said 10 chemicals were being used in order to purify water to make it fit for human consumption. And despite using all these chemicals and amounts of money water was still to get to the people (Langa 2014). Given all these problems it came as no surprise that the Harare residence had no choice but to stage a demo over the water crisis.

Residents stage demo over water crisis

Having waited for so long with no improvement in the service delivery in sight the Harare residents had no choice but to turn the tables against the Harare City Council who they felt had let them down. To achieve this

demonstration the Harare residents led by the combative Combined Harare Residents Association (CHRA) had converged at Town House to protest the mounting water woes being experienced in the capital. The miffed Harare Residents had arrived at Town House with empty buckets, symbolizing the shortage of water in most parts of Harare. CHRA secretary general, Simbarashe Moyo said:

“Since Town House had an abundant supply of water, the Residents decided to come here with their buckets and fetch water so that the Harare’s heartless leadership can see that the Harare residents are suffering”.

Responding to the resident’s demo the Harare Mayor Bernard Manyenyeni said that he had seen the buckets and containers and was aware of the message that the residents were trying to put across.

“Capacity to pump water to many of Harare’s suburbs is low due to the maintenance at Morton Jeffray’s waterworks”, said the Harare Mayor as he addressed the aggrieved demonstrators.

He reiterated that the high density suburbs were their main priority in providing water as they are densely populated (Kadirire 2014). The Harare Mayor said the results of increased water capacity could only be seen by October 2014.

“There has been a lot of pressure at Morton Jeffrey because the City’s Water was meant to sustain a population of 300 000, but now that there are more than one million people relying on water, it has become a problem,” said the Harare Mayor.

Councilor Chikombo said, the council was doing its best to address the water crisis. However, some councilors claimed that the demonstration was spearheaded by Tendai Biti’s MDC renewal team in a bid to tarnish the Manyenyeni-led council which comprises mostly MDC-T councilors who are affiliated to Morgan Tsvangirai’s party. The demonstrators rubbished that claim (Kadirire, 2014). And finally the water situation gets so critical that it runs out at state hospitals.

Water runs out at state hospitals

Hospitals in Zimbabwe are the most essential services in terms of accessing the rationed water and electricity which are currently in short supply. But the mere fact that referral hospitals such as Harare and Parirenyatwa Group of hospitals are suddenly without running water is a sign things are not looking good for Zimbabwe a once upon a time “Switzerland” of Africa but now reduced to a hopeless basket case.

A public health crisis is coming at the country’s major referral hospitals as water shortages have become critical exposing patients to disease outbreaks. The lack of water is likely to expose to among others, nosocomial infectious transmittable among bed ridden patients. The precarious situation is being worsened by the fact that

most of the hospitals around the country are overcrowded with patients sleeping in beds a few centimeters from each other (Staff Reporter 2014).

The continued operation of hospitals without running water from the delinquent Harare Water and Sanitation Department is a violation of international standards, which require all health institutions without exception to close immediately in the event that they run out of water. Responding to questions posed by members of Parliament (MPS) in the National Assembly in September 2014, Health and Child Welfare Honourable Minister David Parirenyatwa, admitted that the water shortages had reached critical levels in the country's major hospitals. He also echoed that there could be serious disease outbreaks at the institutions if the adverse situation is not urgently addressed. He quickly said that all hospitals in the country were grappling with severe water shortages but the situation was worse at Parirenyatwa Group of Hospitals and Harare Hospital, Zimbabwe's major referral medical institutions where complicated health conditions from all over the country are referred to (Staff Reporter 2014).

On measures being taken by Government to solve the problem, the Health and Child Care Honourable Minister had this to say;

"We have some big hospitals in the country such as Harare Hospital, which are operating without running water and patients are being asked to bring water from their homes, which I think is not good," said the health and child Care Minister.

But the same homes referred to by the Health and Child Care Honourable Minister are also without a drop of water to stoke fears of waterborne diseases, contaminated water being brought into hospitals to add fuel to an already burning fire. The Honourable Minister Parirenyatwa said that the Health Ministry was encouraging hospitals to sink boreholes to mitigate the life threatening disaster.

"Yes we are having acute water challenges but we are encouraging our hospitals to sink boreholes which are proving insufficient in the face of high demand against a background of no water coming from the unreliable Harare water and sanitation department of the perennially broke Harare City Council. We are also looking into the issue so that we can have more water as we are really pained that our patients and hospital staff do not have water to drink and for ablution. We really want to have piped water in these hospitals but the perennially broke councils are also having their own challenges to provide water and we are trying by all means to sink more boreholes."

But the challenges associated with drought stricken Zimbabwe is that the water table is not only far away but will not provide the water commercially to satisfy the needs of a large hospital such as the Parirenyatwa Group of hospitals. Another debilitating challenge is finance. With the Donor Community having turned their backs on

sanctions stricken Zimbabwe, internal resources to fund the worthwhile water project may prove another pie in the sky (Staff Reporter 2014).

A nurse at Harare hospital who could not be named for professional reasons confirmed the developments early in September 2014 saying conditions at the hospital had deteriorated to alarming levels.

"It is true that we have been operating without running water at the hospital for several months and we have no choice but to ask the patients' relatives to bring own water for bathing and toilet use, is a terrible situation," said the concerned nurse.

While it sounds nice and good to ask relatives to bring own water for drinking and ablution at state owned hospitals, what guarantee has the hospital staff have that the water so brought to the hospitals is coming from protected sources? Five years away from the 2008-9 Budiriro Cholera outbreak which claimed 4000 lives inside one year is still too fresh in the minds of many Hararians whose hearts and souls were on the people who were wiped away and their aggrieved relatives (Staff Reporter 2014).

As for the perennially broke HCC water shortages are likely to persist as the Harare City Council (HCC) has warned residents to brace for more water woes due to high demand coupled with failing equipment most of which are now moth balled at most of the local authorities waterworks. Most suburbs in Harare and the City's dormitory towns of Chitungwiza, Ruwa and Norton have been receiving irregular water supplies for several months forcing residents to fetch the precious liquid from upon wells and burst pipes as well as from the heavily polluted rivers to discourage even to prohibit relatives to bring own water to these hospitals as per Honourable Health Minister's suggestion (Staff Reporter 2014). All said and done, what remains for the Author to do is to proffer a Summary of all that was said in this Paper about the dreadful qualitative and quantitative characteristics of the Harare Water and Sanitation service delivery to stoke fears of a ticking time bomb and a fatal accident waiting to happen.

SUMMARY

The Harare water and sanitation in terms of its qualitative and quantitative characteristics is a deplorable service delivery from the perennially cash ailing HCC which is always at the mercy of the Honourable Minister Chombo of Local Government by way of debt cancellation the last one of which took place in June 2013. The other challenge for the HCC from the heavily interfering Minister are tactless and tasteless directives designed to frustrate the MDC-T dominated HCC so that it does not succeed where ZANU PF failed. The several failed suspension and dismissal of Tendai Mahachi, the Town Clerk for countless misdemeanors but the Honourable

Minister of Local Government reinstating him at every such disciplinary action taken by the Harare City Council is sufficient testimony of the Honorable Minister's ministerial interferences (Chirombo 2014). The main reason behind the 2008-2009 Budiriro Cholera outbreak in which 4 200 people lost their lives in 12 months and 100 000 more being infected was the failure by the perennially broke HCC to provide clean water to the Budiriro residents because of working capital challenges such as cash and accounts payables which continued to balloon with the Honourable Minister of Local government forbidding the cashless HCC to collect such owings (Itai, 2013). The standard association of Zimbabwe confirms the presence of the harmful coliform bacteria in running Harare water to confirm embarrassing qualitative characteristics of the Harare water and sanitation service delivery. Mabvuku suburb reports an outbreak of typhoid to unsettle the Harare residents who were yet to fully recover from the shock of the cholera outbreak in Budiriro in 2008-9. Again, coming as a shock to the Harare residents was a frightening report that Harare residents were at risk of brain damage, cancers and the lowering of intelligence quotient (IQ) to adversely affect brain development.

While the qualitative characteristics of the Harare water and sanitation were embarrassingly atrocious the quantitative characteristics were in fact a nightmare. Women in Harare expose themselves to night thieves as they search for water throughout the night. This night ordeal for women was reported in October 2013. In February 2014 all the Harare suburbs spend a fortnight without running water to risk fetching it from shallow and unprotected wells. March 2014 brought a lone voice from the Standard Newspaper calling for a speedy normalization of Harare water and sanitation to save Harare from disease outbreaks such as the dreadful cholera. To pile more misery on an already suffering Harare population the Honourable Minister of Environment, Water and Climate Change warned in July 2014 that Harare was losing 60% of its treated water through pipe leakages while sewage inflows from Lake Chivero spilled into water catchment areas of the beleaguered HCC. As a body language to express their emotional feelings that enough was enough, the aggrieved Harare residents had in August 2014 staged a demo against the Harare Water crisis but to no avail. And finally to push the last nail in the coffin, Harare residents there was a report which was very disturbing indeed that all major referral hospitals in the country were not accessing running water to prompt suggestions to immediately close them or risk breaching or violating the international standards which require health institutions to close immediately in the event that they run out of water for drinking and ablution.

CONCLUSION

Given the horror script on both the qualitative and quantitative characteristics of the Harare Water the potential for a ticking time bomb and a fatal accident waiting to happen is very real. Therefore, the alternative hypothesis (H1) as above is to be accepted while the Null Hypothesis (H0) that the potential for a ticking time bomb and a fatal accident waiting to happen vis-avis the Harare water does not exist should be rejected.

In deed the qualitative and quantitative characteristics of the Harare Water and Sanitation Department of the Harare City Council is in fact a double edged sword for the Harare residents and its various stakeholders.

And finally, proverbially speaking, the double tragedy for the Harare Residents and the various stakeholders is "*Mai vatsva kumusana, mwana akagotsvawo kudumbu*" (meaning the double traedy for a mother with her baby strapped on her back. Both the mother's back and the child's stomach are burnt and damaged in the fire accident).

RECOMMENDATIONS

When the Author stops for a while to take a serious stock of what is going on in the Harare Water and Sanitation Department of the Harare City Council, who is better known for its bungled service delivery than its prowess for spearheading world class service delivery, the Author's heart and soul is always with the Harare residents and its various stakeholders.

The pertinent question to ask is Whither Harare Water and Sanitation with this shoddy service delivery which for several years have shown no sign of improvement to and for the betterment of the suffering Harare residents and other stakeholders? The principle that the Author wants to put before you, Harare Water and Sanitation Department is to learn from your past mistakes and use this experience to strive for improvement in whatever you do.

To ably demonstrate this principle the Author will narrate his experience when in 1985 and then aged 30 years and was then an inexperienced driver having obtained his Class 4 Driver's License in January 1979 in the city of Kadoma, Mashonaland West, Zimbabwe. One night driving to Harare the inexperienced Author made a near fatal mistake when he failed to dip his lights for oncoming traffic resulting, luckily for him, in a minor road accident with minor damages to both vehicles. From that fateful day to date he learnt his lesson well to dip his lights for oncoming traffic and has never been involved in any life threatening road accident again.

Similarly for the disaster prone Harare Water and

Sanitation Department of the perennially broke HCC the calamitous cholera outbreak of 2008-9 in the Harare Budiro high density and low income suburb in which a record 4 200 innocent people lost their lives and a 100 000 more people were infected with the deadly cholera disease should learn a thing or two from this tragedy. This incident should provide you with a golden opportunity to learn from your past mistake so that you use that experience to avoid similar accidents in the future. *Hanzi nevakuru vedu vakare, chakachenjedza ndechakatanga* (meaning once beaten twice shy).

Therefore, in order to save lives the reactive Harare Water and Sanitation Department of the perennially broke HCC should strive to be proactive to put their house in order and prioritize to speed up the normalization of Harare water supplies now and in the foreseeable future to avert a ticking time bomb and a fatal accident waiting to happen. And with that done the Author's short prayer to end the distressing discourse in this paper is: *Mwari neVadzimu vese venyika ino tibastireivo*. Amen. (meaning may God and the country's Ancestral Spirits please help us! Amen).

Key Assumption

In presenting this Paper the Author would, right from the outset wish to reassure the beloved Reader that all the

facts and figures contained herein are stated as they are on the ground without fear, favour or prejudice.

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