



# ZIMCODD

ZIMBABWE COALITION ON DEBT & DEVELOPMENT

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## The Global Week of Action Against Inequality

Inequality is increasingly becoming a cause for concern globally and Zimbabwe in particular. The disparities in access to equal opportunities and rights including health, education, water and sanitation and even information are too high to ignore. The rich are getting richer while the poor are getting poorer. The imbalances in terms of rights, status and opportunities have created a world of the haves and the have nots and it calls for global concerted efforts to bridge this gap.

The adverse effects of inequality on individuals and national development cannot be over-emphasised. The effects include erosion

of human dignity, social disharmony, mistrust, societal violence, economic regression and the deepening poverty.

As under one percent of the world's population is gathered in Davos, Switzerland for the World Economic Forum to discuss means on increasing their profits and wealth, civil society members have been mobilizing under the banner of Fight Inequality Alliance to garner support against inequalities.

People from across the globe are using protest marches, rallies, street theatre, art tax haven tours, music and digital campaigns to collectively say enough is enough to greed. They are also proposing organic solutions to inequalities in their different contexts.

The Global Protest against In-

equality coincides with the World Economic Forum to draw attention from governments and other responsible authorities around issues of inequality.

It is in the same spirit that progressive Zimbabweans, activists and faith-based organisations who are members of the Fight Inequality Alliance, led by the Zimbabwe Coalition on Debt and Development (ZIMCODD) participated through various initiatives to commemorate the worldwide fight against inequality. For ZIMCODD, the initiatives include a National Dialogue on Fighting Inequality and awareness raising meetings on inequality in Epworth (Harare), Gimboki (Mutare), Hwange and Goromonzi. These were coupled with massive online activism and blogging.

## As healthcare soars, the inequality gap widens

By Charles Kautare

**“Pregnant woman dies of negligence at Parirenyatwa.”**

This was one of the most disturbing headlines carried by The Herald on 5 September 2019 as it was reported that a pregnant woman died together with the child at Parirenyatwa Hospital allegedly due to negligence by medical staff manning the maternity ward. It is frightening that the unfortunate incident happened at one of the biggest public hospitals in Zimbabwe.



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What then do we make of public health service delivery in a country aiming at becoming an Upper-Middle Income Economy 10 years from now? The story was not only heart-breaking but signaled the extent of inequality in the country's health sector as no case of any member of the elite cluster was reported to have died at a local hospital due to negligence. The inequalities can be highlighted by the circumstances surrounding the death of the former president, Robert Mugabe who took his last breath in a world-class Gleneagles hospital in Singapore yet the poor die at local "death traps." Currently, some government officials are criticised for seeking medical attention in foreign lands instead of them resolving the ills associated with the sector at home.

As the 1% of the world population is gathered in Davos for the World Economic Forum, Zimbabweans must reflect on the inequalities in the country's health sector. The current healthcare delivery system in Zimbabwe leaves a lot to be desired. The Southern African country's health sector is in limbo, characterised by a shortage of drugs and basic medical necessities like gloves as well as incapacitation of the medical personnel that has witnessed an unresolved impasse between the government and public hospitals medical doctors. There exists a widening gap between the rich and the poor in terms of access to quality healthcare such that the former, because of their financial and mostly political muscle can access world-class healthcare even for a simple procedure such as a blood pressure check outside the country whilst an ordinary poor citizen is left to die at public hospitals. It is regrettable how the poor and the marginalised are succumbing

to treatable and Stone Age diseases like cholera and typhoid due to the dilapidated state of the public health delivery system. Maladministration coupled with corruption has not spared the sector and this can be exemplified by the recently exposed rot at the country's drug procurement and supply entity, National Pharmaceutical Company (Natpharm) where for instance drugs meant for public consumption were diverted for private gains at the expense of the poor.

### PPPs not ideal for the health sector

Despite the commonness of Public-Private Partnerships in the health sector across the globe, their effectiveness is yet to be realised in as far as Zimbabwe is concerned. The most worrying issue is that the initiative is perpetuating inequalities in the health sector to the extent that the poor are finding it difficult to access basic essential services that would have been put under private care. A case in point is the privatisation of medical services at Chitungwiza Central Hospital, where almost all the essential services at the hospital were privatised, for instance, mortuary services are now run by Doves, pharmacy and radiology services are run by Baines Hospital. To what extent does Chitungwiza Hospital remain a public hospital when the critical services are left in the hands of private players to the detriment of the poor who are wallowing in abject poverty and cannot afford these services? The argument that PPPs enrich the capacity,

quality and reach of public health services, therefore, remains a fallacy.

The fight against inequality must never be a once-off endeavor but a never-ending process in our lifetime and for generations to come until responsible authorities and everyone else appreciates the fact that equality is a virtue for human existence. A healthy nation is a productive one. It is therefore critical for the Government of Zimbabwe to put in place policies and measures to resuscitate the ailing health sector to ensure that quality healthcare is guaranteed to all and sundry in line with Chapter 4, Section 76 of the Constitution. If the inequalities in the health sector are not addressed at national levels across the globe, Sustainable Development Goal 3 of ensuring healthy lives and promoting well-being for all at all ages will remain a pipe dream.

### Income inequality - The principal driver of educational disparities in Zimbabwe

By Angellah Mandoreba

The deep inequalities that exist between the rich and poor continue to rage across the globe and have become a cause for concern for the majority of citizens.





These inequalities in their different forms and manifestations are driven by a myriad of factors depending on the context in which they exist. Key drivers of inequality range from political, social, economic and even environmental whose influence rests upon the country's developmental status and policy processes. This short piece seeks to establish how income inequality promotes educational inequalities in Zimbabwe. Income inequality is one of the critical measures to understand the discrepancies between individuals in a given society but it can be best understood when it is linked to how it promotes other inequalities like those in education. Income inequality refers to the gap between individuals and households in terms of their disposable incomes resulting in income induced social stratification. Educational inequalities can be understood as the disparities in terms of access to quality education and those disparities are fuelled by several factors including parents' level of education and their socioeconomic status, gender, race and religion.

Education inequalities in Zimbabwe are not a new phenomenon rather they have roots in the historic racial segregation that dominated the pre-independence era when the education system was designed on racial grounds with the African mind being at the receiving end. Nevertheless, in as far as the post-independence government directed efforts towards an inclusive and equal education system in the country, it's not yet "Uhuru" for the sector. In contemporary Zimbabwe, it's no longer race influencing educational disparities but a number of factors chief among them, family income inequality. The educational inequalities in Zimbabwe are more pronounced now than before in as far

as one can recollect.

### Income inequality promotes education inequalities

As an entry point, Zimbabwe is faced with various challenges which are political, social, economic as well as climatic. However, the Southern African country is known for the economic malaise that characterised the past decade to date as citizens continue to hope for the better. The biting cash crunch, high unemployment rate coupled with the his-

toric hyperinflation deteriorated citizens' socioeconomic outlook, putting it bluntly, ordinary citizens are languishing in extreme poverty. It is critical to note that the socioeconomic woes bedeviling the country are man-made as the country has had no taste of good governance for the past decade and this gave birth to an ailing economy without hopes for resuscitation in the near future. Poor governance cultivated an enabling ground for the breeding of organised corruption and the cancer has spread in every sector, eating away Zimbabwe's potential to reclaim its "breadbasket" status. Findings in the 2018 Auditor General's Report bears testimony to this.

Due to its destructive nature, poor governance has not spared public service delivery which is in a deplorable state, undermining the dignity of citizens despite the Constitution providing for effective public service delivery. Effective social service delivery is not

only important in ensuring that citizens have access to basic social services like education, health, water and sanitation but also helps in bridging the ever-widening inequality gap between the haves and the have nots. This is however not the case with Zimbabwe as the enjoyment of public services by citizens is slowly being turned



from a right into a privilege. This is reflected in the way government and other responsible authorities' handle issues of public service delivery. Water is now a precious commodity, public hospitals are now "death traps", infrastructure is dilapidated, talk of the once enviable education system which is now in tatters with only a privileged few capable to access quality education.

### Women in Agriculture and Inequality

By Tinashe Madondo

Women play a critical role in agricultural production especially in the rural economies of developing countries. In the developing world, agriculture accounts for about 63% of the total female employment in Sub-Sahara Africa and Asia (Fontana and Paciello, 2000). Rural women contribute largely to the attainment of national food security producing more than half of the food grown worldwide.

In Sub-Sahara Africa, this figure is higher with women contributing 60% to 80% of the labour in food production both for household consumption and for sale (Kabeer, 1994). They multi task to sustain their livelihoods, working on the farms and engaging in off- farm activities, as well as continuing their critical role in terms of reproduction.

Nevertheless, instead of getting full recognition, rural women are often viewed as playing a “helping hand” role rather than as a “farmer” or “employee” in their own right. An example of such is illustrated by Article 139 of the Labour Code of Guatemala (2011), which describes women as “helpers” of the male agricultural workers, rather than as a worker entitled to receive their own income which significantly impacts upon the ability of these women to feed themselves and their families.

Women employ different strategies to compensate for the loss of labour through the migration of their husbands and young men to towns and cities in search of employment. As such, they may organize labour exchanges with other women, work longer hours, and hire additional labour. Such strategies adopted by these women help them cope with agricultural production which is the main source of nutrition. The surplus is usually

sold to cater for medical bills, provision of education and purchase of farm implements.

### How then does inequality manifest?

Inequality manifests when the man controls the property and money realised from the sale of surplus produce despite him having little contribution to the produce. This is mainly due to the cultural norms and values of societies which place men and women at different power levels. In patriarchal societies, women lack independent rights to land as land rights are only accorded to men, either sons or husbands. In some African countries, women are rarely allocated land in their own right, particularly in patrilineal areas, where land is allocated to men as the heads of households. Women in matrilineal societies on the other hand are allocated land in their own right, but the land is still commonly controlled by their husbands or male clan heads (Food Agriculture Organisation - FAO, 2009). Men are the ones who have full ownership of property and any valuable goods in the household belong to the head of the household. In the event of death of the household head, land or property rights are not inherited by the surviving spouse but a son who automatically assumes the role of head of household. The rules of access and inheritance tend to perpetuate inequality as they generally tend to favour men over women and women with children over those without (Mutangadura 2004).

In addition to limited access to land, women face

challenges of access to inputs and credit facilities (capital/money). Collateral security which includes land or production equipment, seems to be one of the major factors constraining women’s access to agricultural inputs. According to (FAO, 2005), women’s higher illiteracy rates, lack of information about available credit programmes, lack of land titles to be offered as collateral, more limited access to formal employment, and exclusion from credit cooperatives also contribute as stumbling blocks for women’s access to credit facilities. The inequalities are also notable in the Land Reform Programme where the allocation of AI farms was done through the issuance of user permits by the District Administrator upon recommendations from the Village Head or local councillor who were mainly biased towards men’s land rights over those of women, (Manjengwa and Mazhawidza). Thus, in the AI model, women only obtained rights to use the land but were not given permits because the system favoured men. Under the A2 model, a cocktail of conditions perpetuated inequality as one had to demonstrate ability to fund own operations on the farm, provide proof of capacity to utilize land and hire a farm manager and be a holder of a 99-year lease (Rukini, 1992). Such a model discriminated women as only 13-22% of women benefited countrywide.

The effect of gender inequality on agricultural growth and development cannot be over emphasised, hence, the need to set up sustainable and inclusive mechanisms that empower and raise awareness amongst women. Against this backdrop, it is therefore prudent for society and institutions to embrace equality and equity tendencies for agricultural output and economic growth.





