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**BRIEFING PAPER
ON
GENDER
RESPONSIVE
PUBLIC SERVICE
DELIVERY
IN ZIMBABWE**



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About ZIMCODD

The Zimbabwe Coalition on Debt and Development (ZIMCODD) is a socio-economic justice coalition established in February 2000 to facilitate citizens' involvement in making pro-poor public policy. ZIMCODD views indebtedness, the unfair global trade regime and the lack of democratic people-centred economic governance as root causes of the socio-economic crises in Zimbabwe and the world at large. Drawing from community-based livelihood experiences of its membership, ZIMCODD implements programs aimed at delivering the following objectives:

- To raise the level of economic literacy among ZIMCODD members to ensure the participation of grassroots and marginalized communities in national governance processes.
- Facilitating research, lobbying and advocacy to influence policy change.
- To formulate credible and sustainable economic and social policy alternatives.
- To develop a national coalition and facilitated the building of a vibrant movement for social and economic justice.

Vision

Socio-economic justice in Zimbabwe anchored on a vibrant people-based movement.

Mission

To take action against the debt burden and socio-economic injustices through movement building and alternative policy formulation.

Core Implementation Approaches

Civic Participation in Economic Development (CPED), Policy Research and Advocacy, Movement Building, Feminist Approach and information dissemination.



Executive Summary

Zimbabweans in general and women in particular, are increasingly failing to access essential and basic services that guarantee their social and economic rights. To this end, the Zimbabwe Coalition on Debt and Development (ZIMCODD) carried out a survey in Gokwe, Matobo, Binga, Chipinge and Goromonzi to examine the state of Gender Responsive Public Service Delivery (GRPS). The study sought to inform the policymaking machinery on inclusionary policy alternatives that guarantee optimum Gender Responsive Public Service Delivery (GRPSD) in Zimbabwe.

Whilst the Constitution of Zimbabwe provides for gender equality in sections 17, 56 and 80, this has not translated into the lived realities of most women in Zimbabwe. A significant proportion of women still do not have access to resources, particularly land, on an equal basis with men¹ as only 30% women own A1 and A2 farms while 32% have economic decision power. In addition, women earn only 77 cents for every dollar that men get for the same work. As revealed in this briefing paper, women continue to bear the brunt of poor public services which manifest in the form of decrepit road infrastructure, acute water shortages, a lack of decent housing, dilapidated and malfunctioning public health delivery systems, inadequate energy sources and the absence of equal educational opportunities.

The survey found that Zimbabwe continuously seeks to relinquish its obligations as evidenced by diminishing public service delivery. While Section 77 of the Constitution provides for the right to safe, clean and potable water, gender responsive water delivery was rated at 51% only in Chipinge while it was very low in other areas i.e. 39% in Matobo, 37% in Binga, 29% in Gokwe and 27% in Goromonzi. Citizens have to rely on community boreholes as opposed to regular supply of potable water within their reach.

With regards to provision of health care, ZIMCODD noted that gender responsive health care is still a pipe dream. Gender responsive health care was rated 43% in Gokwe, 40% in Chipinge, 37% in Goromonzi, 30% in Binga, 40% in Chipinge and 33% in Matobo. Socio-economic barriers such as poverty, limited mobility, healthcare costs (which are generally steeper for women) negatively influence their health through restricted access and use of the much-needed health services.

On Gender responsive education, Chipinge scored high with a 51% rating while Goromonzi registered 46%, Binga 49%, Gokwe 41% and Matobo 45%. Most women and young girls in the surveyed areas lamented on how the conditions at schools affect the girl child. Some of these conditions include but are not limited to the unavailability of water, unsafe pit latrines, lack of sanitary ablution facilities and long distances to walk to such facilities. A depressing scenario has also been observed in the number of school dropouts, especially for girls.

The survey established that educational advancement in Zimbabwe continues to be a challenge for girls not only because of discrimination, poverty and culture, but those in school miss days of school or opt out due to violence and harassment on the way to school, at school and also lack of adequate sanitation facilities for adolescent girls.

Transport and road networks have also remained a challenge in Zimbabwe. The transport burden faced by women contributes to poverty in terms of time and lack of access to basic services. This was evident from Gokwe and Binga respondents who indicated that lack of time is a key constraint on their ability to build their assets and reduce their vulnerability. The time they spend walking long distances impedes on the time they can be doing other productive activities. Again, GRPSD continues on a downward trend as evidenced by a weak livelihoods faculty as its rating is a clear testimony to how the cost of living has become an unbearable burden for the women. Chipinge had a highest score of 51%, followed by Matobo with 45%, Goromonzi 39%, Gokwe 37% and Binga 31%. The study noted that Binga continues to be marginalised in social protection activities and other community development initiatives and this has increased the cost of living for the people of Binga.

Local authorities operating within the surveyed areas find it difficult to provide social amenities to residents. According to the survey, this is mainly due to corruption, inadequate devolution funds and untimely disbursement, poor public administration, service incapacity culminating in infrastructural gaps and decrepitude. The results from the study show that in terms of gender sensitive social amenities, Chipinge scored 42%, Goromonzi 39%, Binga 33%, Gokwe 37% and Matobo 34%.

From the findings above, the briefing paper concludes that GRPSD remains elusive and a dream for many women in the peri-urban and rural areas across Zimbabwe. The government is failing to provide gender sensitive public service delivery that reduces poverty and the widening gender inequality gap. The paper therefore makes the following recommendations to the government of Zimbabwe:

- **Health Care:** The Ministry of Health must increase and intensify its operations and management capacity to ensure viable servicing of existing equipment and infrastructure, offer competitive remuneration and establish primary health care services that are gender sensitive with functional maternal healthcare systems. The Ministry of Finance should avail adequate resources to support health care services and disburse allocated resources in a timely manner.
- **Water and Sanitation:** The Ministry of Local Government as the regulatory institution of local authorities must liaise with the Zimbabwe National Water Authority (ZINWA) and ensure that adequate dams are constructed in the country for optimum water supply. However, local authorities must service their water works, water pipes and sewer systems so as to provide reliable and acceptable services.

- **Education:** *The Ministry of Education as the custodian of the Education Policy must see to it that the “education for all” concept that has been the hallmark of the Zimbabwean education system is re-ignited and implemented. An inclusive education system must be visible in rural and peri-urban Zimbabwe with adequate teachers and infrastructure.*
- **Transport and Road Networks:** *The central government must intervene as local authorities are failing to construct new roads and service existing ones. Thus, the Zimbabwe National Road Authority (ZINARA) should provide timely road construction resource allocation to local authorities. The Zimbabwe United Passengers Company (ZUPCO) should prioritise allocating more buses to rural areas as their vulnerability is higher than those in the urban areas.*
- **Civic Amenities:** *Local authorities must prioritise servicing civic amenities such as public toilets, community halls, community grounds to mention but a few, as they will enable women community-based groups to utilise them and help each other in their capacity building activities.*



"GRPSD remains elusive and a dream for many women in the peri-urban and rural areas across Zimbabwe."

1. Introduction

Poor public service delivery permeates every facet of Zimbabwe's rural, peri-urban and urban communities. Women bear the brunt of penurious public services manifested in the form of decrepit road infrastructure, acute water shortages, lack of decent housing, dilapidated and malfunctioning public health delivery systems, inadequate energy sources and the absence of equal educational opportunities. Climatic shocks, pandemics and natural disasters have exacerbated the plight of women who have to shoulder the burden of unpaid care work. Women in Zimbabwe's rural, peri-urban and even urban communities are walking long distances to water points that are not secure. Several incidents of rape, sexual harassment and violence have been recorded at public boreholes and wells. Frequent load shedding schedules by Zimbabwe Electricity Supply Authority (ZESA) coupled with sky rocketing gas and paraffin prices have culminated in women having to travel long distances in search of firewood.

Deforestation and soil erosion are perpetuated as desperate women have no alternative energy sources. The feminisation of poverty is evident in Zimbabwe's enclave economy as women and youths constitute the growing poor and marginalised who cannot afford decent services. The Government of Zimbabwe (GoZ) is increasingly failing to provide essential and basic services that guarantee social and economic rights to Zimbabwe's populace. To this end, the Zimbabwe Coalition on Debt and Development (ZIMCODD) carried out a survey in Gokwe, Matobo, Binga, Chipinge and Goromonzi to examine the state of Gender Responsive Public Service Delivery (GRPSD). The study seeks to inform the policymaking machinery on inclusionary policy alternatives that guarantee optimum GRPSD in Zimbabwe.

2. Context Setting

Post independent Zimbabwe has experienced two phases of public service delivery. The first phase just after independence in 1980 boasted of a robust increase in improved public services. The second phase since the late 1990s to date has been fraught with poor public service delivery. The inhibiting factors towards the provision of quality gender responsive public services in Zimbabwe include but are not limited to poor governance, corruption, nepotism, bribery, political interference and abuse of office.² Political tussling between elected officials belonging to the ruling and opposition parties is one of the major impediments to the provision of GRPS. In-fighting between councillors, Members of Parliament (MPs) and local government officials of different political persuasions has rendered the provision of public services secondary to political interests. Lack of adequate resources has led to government's inability to provide GRPS in Zimbabwe.

Paltry devolution and Constituency Development Funds (CDF) are inadequate to ensure that councils collect refuse, provide water, rehabilitate roads and build schools and clinics within walking distances. The government has failed consistently to ensure that women enjoy their social and economic rights codified in Section 4 of the Constitution of Zimbabwe. These rights include the freedom of profession, trade or occupation (section 64), labour rights (section 65), property rights (section 71) the right to agricultural land (section 72), the right to education (section 75), the right to healthcare (section 76) and the right to food (section 77).

The decline in the provision of public services in Zimbabwe has attracted international attention. Cable News Network (CNN, 2021) noted that over two million residents of Harare were accessing water once a week. The New York Times (2019) reported that the City of Bulawayo had gone for over two weeks without water. Norton legislator, Honorable Temba Mliswa, took the Norton Town Council to court over poor public service delivery (Pindula, 2019). Urban areas are the worst affected with burst water and sewer pipes, faecal contamination of major water sources, deterioration in road networks, non-functioning traffic lights, non-collection of refuse and uncompleted capital projects (Marumahoko, Afolabi and Sadie, 2020). This has perpetuated outbreaks of water borne diseases like cholera and typhoid. Inadequate water supply has resulted in the closure of schools and the educational sector has been the worst affected by the government's failure to provide adequate water supplies to deal with the pandemic. The debt crisis has worsened the plight of women and youth as they have to pay high and unjustified taxes to service debts, violating section 298 of Zimbabwe's Constitution which stipulates that the "burden of taxation must be shared equally".

Whilst the constitution of Zimbabwe provides for gender equality in sections 17, 56 and 80, this has not translated into the lived realities of most women in Zimbabwe. Most women do not have access to resources, particularly land, on an equal basis with men which violates section 17 of Zimbabwe's Constitution. This is exacerbated by the fact that only 30% women own A1 and A2³ farms while 32% have economic decision power.⁴ In addition, women earn only 77 cents for every dollar that men get for the same work. This is despite the fact that section 80 of the constitution provides that, "every woman has full and equal dignity of the person with men and this includes equal opportunities in political, economic and social activities".

Women in Zimbabwe do not enjoy their right to dignity as poor public service delivery affects them most. Where is the dignity of women, when they have to face running battles with police for selling their goods at undesignated sites? Council is failing to build market stalls that ensure that women can sell their goods to eke out a living.

Lack of ablution facilities at most growth points is a source of great concern to residents as informal traders, who are mostly women and youths, resort to defecating in public places and nearby bushes increasing the rate of transmission of water borne diseases.

3. Methodology

The research utilized both qualitative and quantitative research paradigms premised on ensuring reliable, valid and replicable means. Key informant interviews with women and duty bearers in Gokwe, Matobo, Goromonzi, Chipinge and Binga were conducted. The research targeted fifty participants from each area. Among the fifty participants, random sampling was used to determine key informants while the rest were given questionnaires. Duty bearers such as councillors, officers from the ministry of women and local authority officials also served as key informants, complimenting the narratives of the women which shall be presented as the paper progresses. Documentary review was also employed for the purposes of enhancing research validity and reliability.

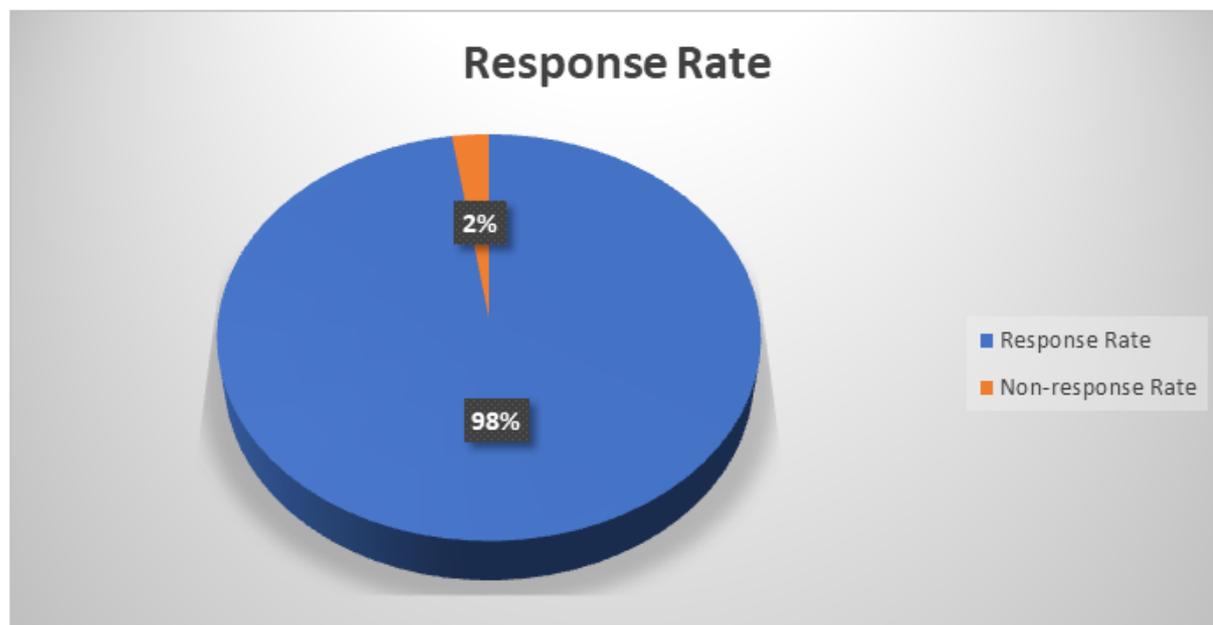
Targeted Population: The research targeted women from Gokwe, Matobo, Goromonzi, Chipinge, Binga as well as duty bearers from the same areas. This was mainly necessitated by purposive and convenience sampling which enabled the research to select women in the research areas based on their proximity and accessibility. Random sampling was then used to identify key informants while the rest were given questionnaires. Fifty participants were targeted from each area. Nonetheless, out of the 250 targeted participants, the research managed to get responses from 244 translating into 97.6% response rate and 2.4% none response rate. Table 1 and fig 1 below show the granular data of targeted population and accessible population.

Table 1 Targeted Population and Accessible Population

Area	Targeted Population	Accessible Population	Response Rate	None Response Rate
Chipinge	50	45	90%	10%
Binga	50	49	98%	2%
Goromonzi	50	50	100%	0%
Matobo	50	50	100%	0%
Gokwe	50	50	100%	0%
Total	250	244	97.6%	2.4%

Source: Primary Data Compiled By ZIMCODD

Figure 1: Key Informant Response Rate



Source: Primary Data Compiled by ZIMCODD

Data Collection Methods: Key Informant interviews, questionnaires, observations and documentary reviews were used. The ability of the key informants to share opinions and experiences in a reflective, expressive and articulate manner enabled the research to determine whether service delivery within their jurisdiction was gender sensitive or not.

4. Understanding Gender Responsive Public Service Delivery (GRPSD)

Gender-responsive public services are quality public services that meet women's needs and are of major importance to the achievement of gender equality and to ending violence and harassment against women. Gender responsive public service delivery requires gender-responsive public budgeting to ensure that resources are available to meet women's needs (UN Women, 2015a). GRPSD also refers to public services that support efforts to eliminate inequalities that come from gender-based discrimination- where women are seen and treated as inferior than men. In addition to Gender Responsive public budgeting, GRPSD encompasses gender responsive policy formulation, implementation and evaluation, gender sensitive social protection systems, gender sensitive public administration, gender balanced investments and practices that are free from gender bias. Overall, GRPSD implies the provision of public services under the prism of gender sensitivity, thus all public services such as education, water and sanitation, civic amenities and public transport must be delivered with a bias towards women.

5. The Evolution of GPRSD in Zimbabwe

Pre-Colonial and Colonial Era

In pre-colonial Zimbabwean societies, agriculture and mining were the backbone of the economy. Communities were largely polygamous with women being responsible for agriculture and gold panning. Men spent most of their time hunting and coordinating the farming and mining activities. Polygamy was regarded as a sign of wealth, this because the more women a man had, the more labour at his disposal. Nevertheless, this did not take away the caregiving responsibility of women but rather, it added to it.

The period between 1890 and 1923 saw the occupation of Zimbabwe by colonial settlers, thereby exacerbating the harsh inequalities that women were already facing in a largely patriarchal society. The period saw Zimbabweans being displaced from arable land to less fertile land. Regressive taxes were introduced such as grazing, hat and cow tax to mention but a few. These regressive taxes weighed heavily on women who were the drivers of the economy through agriculture and gold panning where they provided labor.

In 1923, when the white settlers were accorded a responsible government, public service delivery remained a dream to women as living and working conditions continued to deteriorate. This is because the quality of public service delivery in the colonial period remained a privilege for the white people with Zimbabweans getting restricted access to critical services such as healthcare, transport, water and sanitation. Zimbabweans were viewed as second class citizens and as such, healthcare was provided primarily to cater to the needs of the colonial administrators.⁵ The segregation and exclusive distribution of resources and service delivery did not change until 1980 when Zimbabwe attained her independence.

A Glimpse of GRPSD Post-Independence

In 1980, Zimbabwe inherited the British system of governance which was calibrated to disempower the black majority. Accordingly, there was need to correct the inherited colonial imbalances culminating in the establishment of a socialist welfare state in the first decade of independence.⁶ Inclusive policies such as education for all, health for all, service delivery decentralisation to mention but a few defined the government's first ten years. The new government felt it was necessary to ensure economic growth and increase public revenue required by planned social reforms. In the first two years of independence the economy grew by over 10%, providing for social reforms in areas such as education and health care with a budget deficit of only about 6% of GDP while empowering women.⁷

5. D. Chimankire, "The Introduction of Liberalization in Zimbabwe," *Southern African Political and Economic Monthly*, April 1991, 15-16.

6. B. Raftopoulos, "Beyond the House of Hunger," *Review of African Political Economy*, 54, July 1992, 59-74

7. B. Chidzero, "Interview," *Southern African Political and Economic Monthly*, December-January 1991/92, 13

Employment opportunities were readily available while service delivery from local authorities was optimum with water, refuse collection, electricity, road maintenance and servicing being provided efficiently. However, economies of affection and grand corruption begun to grow with impunity, thereby becoming a fertile ground for scandals as senior government officials were not prosecuted. Some of the notable scandals that affected prudent public finance management and service delivery include: Paweni 1982,⁸ ZISCO Steel Blast Furnace Scandal 1987,⁹ Air Zimbabwe Fokker Plane Scandal 1987,¹⁰ National Railways Housing Scandal 1987¹¹ Willowgate Scandal 1988,¹² ZRP Santana Scandal 1989¹³ and War Victims Compensation Scandal 1994¹⁴ to mention but a few.

The continuous growth of corruption in Zimbabwe despite the establishment of the Zimbabwe Anti-Corruption Commission (ZACC) in 2014 undermines gender responsive public service delivery as it complements the economic challenges that shrink the fiscal space. Poor service delivery has become a signature and trademark of the majority of local authorities and it affects women more as they have to find alternative sources of water and fetch firewood due to high costs of electricity, gas and paraffin during load-shedding, travel long distances due to poor road networks and inadequate public transport.¹⁵ The re-introduction of ZUPCO buses with the intention of revitalising the transport industry by the second republic has not brought any improvement. Public service delivery continues to be gender insensitive.

6. International & Regional Frameworks Governing GRPSD

Zimbabwe is committed to ensuring that matters of discrimination against women and other related gender inequalities are addressed in a manner that complies with international standards and expectations. To this end, the Government remains guided by international, regional instruments and protocols that the country is party to such as: Beijing Platform for Action, International Covenant on Economic Social and Cultural Rights (ICESCR); Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); Convention on the Rights of People with Disabilities (CRPD) and Sustainable Development Goals (SDGs).

On the regional front, the Zimbabwean government has made commitments to various protocols which it ratified such as: African Charter on the Rights of Women, the 2004 Solemn Declaration on Gender and Equality in Africa, the Southern African Development Community's (SADC) Gender and Development Protocol; the COMESA Gender Policy which fosters gender equality and equity at all levels of regional integration and cooperation and the SADC Youth Employment Promotion Policy Framework 2016.

8. https://www.pindula.co.zw/Paweni_Corruption_Scandal

9. https://www.pindula.co.zw/Zisco_Steel_blast_Furnace_Scandal

10. https://www.pindula.co.zw/index.php?title=Air_Zimbabwe_Fokker_Plane_Scandal&action=edit&redlink=1

11. https://www.pindula.co.zw/index.php?title=National_Railways_Housing_Scandal&action=edit&redlink=1

12. https://www.pindula.co.zw/Willowgate_Scandal

13. https://www.pindula.co.zw/index.php?title=ZRP_Santana_Scandal&action=edit&redlink=1

14. https://www.pindula.co.zw/War_Victims_Compensation_Scandal

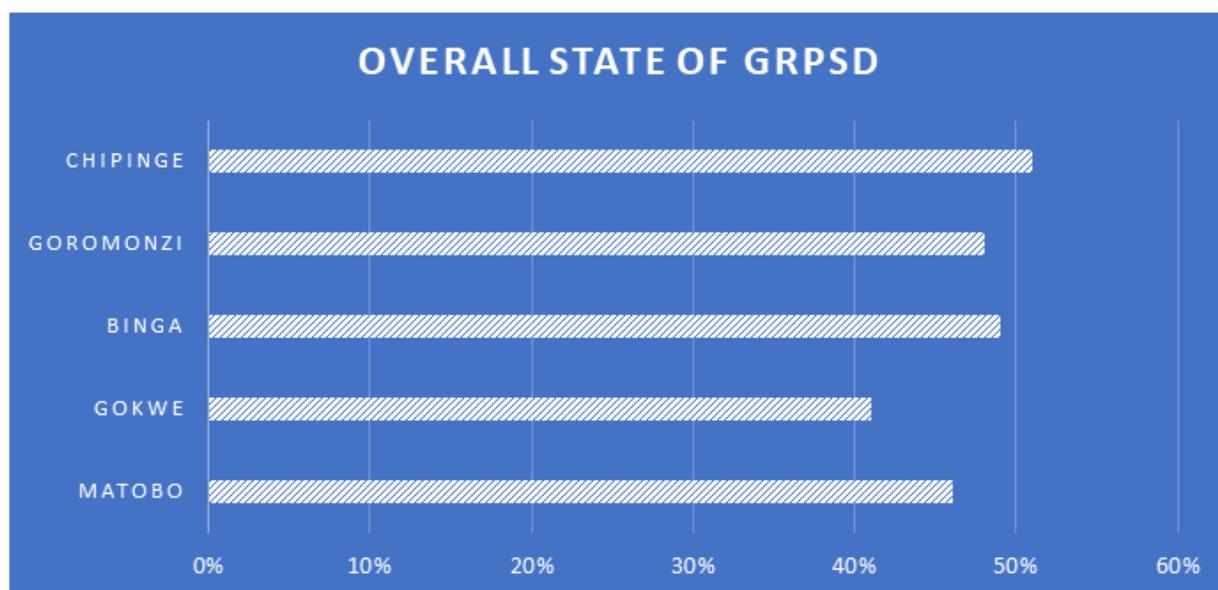
15. 2020 OAG Report on Local Authorities

7. Discussion of Findings

This section presents the findings from a survey conducted by ZIMCODD. It approaches public service delivery as a gender and human rights issue focusing on the relationship between gender, human rights and governance issues pertaining to public service delivery examined through the lens of local case studies from selected rural and peri-urban areas. The observance of human rights, including socio-economic rights, participation rights and non-discrimination rights is critical to good governance of domestic and productive public service delivery.

Overall State of GRPSD in Zimbabwe

Fig 2 Overall State of GRPSD



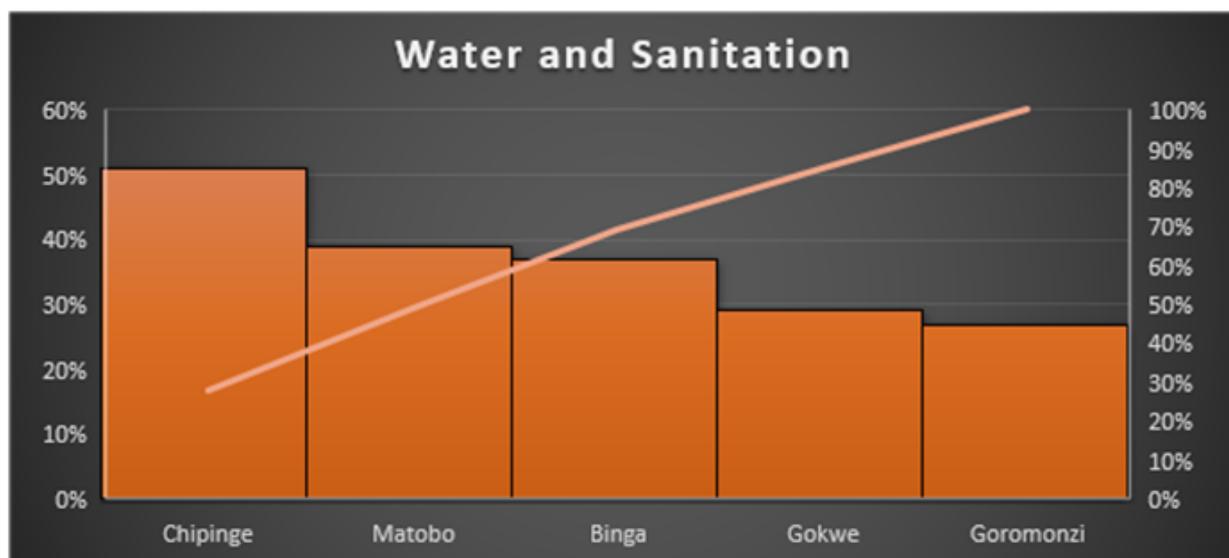
Source: Primary Data Compiled By ZIMCODD

From the figure above, it is evident that the overall state of public service delivery in the 5 areas is below par. The aspect of gender is an important one because there are differences in addressing the needs of men and women. Through beneficiary impact assessments, it was established that provision of GRPSD in the 5 areas is poor. The projected overall state of public service delivery in Binga was 49%, Chipinge 51%, in Gokwe 41%, Goromonzi 48% and Matobo 46%. The poor overall rating of GRPSD in the four areas out of the assessed 5 gives a vivid illustration of the nature of GRPSD across the country. The local authorities in Zimbabwe are found wanting with respect to GRPSD.

Water and Sanitation

Through the survey, it was noted that the provision of water and sanitation was found wanting with respect to the promotion of GRPSD. This is because of all the places of study, only Chipinge had a ranking slightly above the median with 51% while Matobo had 39%, Binga 37%, Gokwe 29% and Goromonzi 27%.

Fig 3 Water and Sanitation



Source: Primary Data Compiled By ZIMCODD

In spite of the legal recognition of the right to water and sanitation, the government has failed to live up to this obligation in practice. The human right to water and sanitation is yet to be enjoyed in the surveyed areas and Zimbabweans at large, as water challenges continue to plague the nation. The human right to water and sanitation is both a right in and of itself and a condition for the realization of other rights such as the right to food, the right to health, the right to life, the right to a healthy environment, the right to education, the right to participation and the right to gender equality. Section 77 of the Constitution provides for the right to safe, clean and potable water. The State is required to take reasonable legislative and other measures within the limits of its resources to achieve progressive realisation of this right. Zimbabwe is also a signatory to the UN Resolution on the Human Right to Water and Sanitation and section 46 of the Constitution requires Zimbabwean courts and other similar bodies to take into consideration Zimbabwe's obligations in accordance with international agreements to which it is a party. This means that Zimbabwe must fulfil this right in accordance with national legislation and international law.

The government remains the primary duty bearer responsible for delivering human rights. However, the state increasingly seeks to relinquish its obligations, diminish public services and seek ways to have them provided by humanitarian organisations. The outcome often means lower quality services and increased inequality and marginalization of vulnerable groups such as women, children and persons with disabilities. Many citizens rely on community boreholes as opposed to running water in their homesteads. They indicated that they would like for their local authorities to prioritize, ensuring that more boreholes are provided so as to ensure a regular supply of water that is within reach. Water points, particularly boreholes, are used as a political tool rather than the realization of a human right. In Goromonzi and Binga, some incidences of sexual harassment were reported.

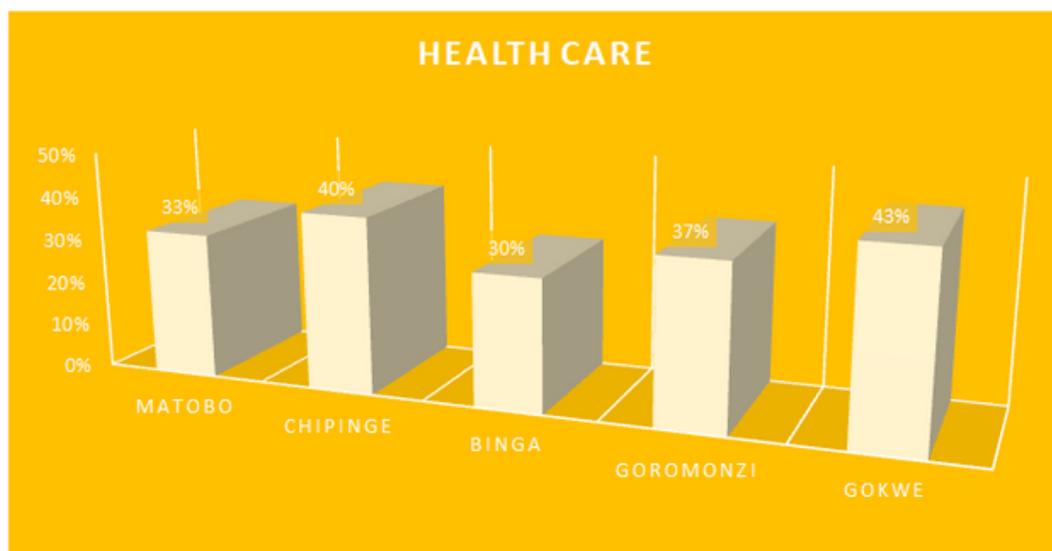
The majority of the victims are girls aged between 12 and 18. Borehole marshals have become problematic, controlling the amount of water one can get based on one's political affiliation. Women are the primary end users of water; thus, they go in search for it. The average woman needs at least 10 litres of water every 5 hours. As the safety of women and girls remains of utmost concern, there is need therefore to train community water champions who will monitor the operations at water points and ensure that women who are pregnant, the elderly and young girls access water with urgency and report any cases of abuse to the police in order to ensure the safety of women and girls in communities.

Case study: Gokwe

In Gokwe, children at Matsime Primary School are instructed to bring 2 litres of water a day. Water is required for use by both staff and learners in order to ensure adequate sanitation in the day to day running of the school. The closest borehole to the school is 4km away, however students stay further. Many parents were concerned about this requirement as it means that children have to fetch water for school either early mornings or evenings. These learners, especially girls, are prone to abuse and sexual harassment either at the borehole or enroute to water points especially early morning or later at night when the sun has gone down.

Health Care

Fig 4 Health Care



Source: Primary Data Compiled By ZIMCODD

In the provision of health care, ZIMCODD noted that gender responsive health care is still a pipe dream. Gender responsive health care was rated 43% in Gokwe, 40% in Chipinge, 37% in Goromonzi, 30% in Binga, 40% in Chipinge and 33% in Matobo. Generally, women seek more healthcare services than men but are also more likely to be poor. Healthcare costs threaten their health and economic security.

Socio-economic barriers such as poverty and limited mobility, which are generally steeper for women, negatively influence their health through restricted access and use of needed health services. Findings from the survey conducted highlight recurring issues of limited mobility, poor quality of care and household poverty as barriers to women's access to healthcare in Goromonzi and Binga. ZIMCODD notes with concern that maternal mortality rates are alarmingly high. This is attributed to lack of emergency services such as the absence of ambulances as well as inadequate care facilities including maternal hospitals and/or waiting mother's centres. The large geographical area and extreme vastness of the rural population along with transportation and infrastructure deficiencies contribute to the inability of women to access adequate healthcare services. The findings from Gokwe and Chipinge indicated that the contributing factors to prevention of seeking healthcare services are related to distance, cost and quality of services.

It is clear from the evidence gathered that addressing the issue of women's health requires interventions across multiple sectors. The government is best placed to coordinate the various initiatives needed to bring about large-scale change. Therefore, it is vital to mobilize political will and commitment to establish the prerequisites for the success of the interventions. In this regard, government ministries are encouraged to support health care systems that are more responsive to women's health needs, from transport to affordability, accessibility and adequate care as well as to create the enabling socio-economic conditions for women's development.

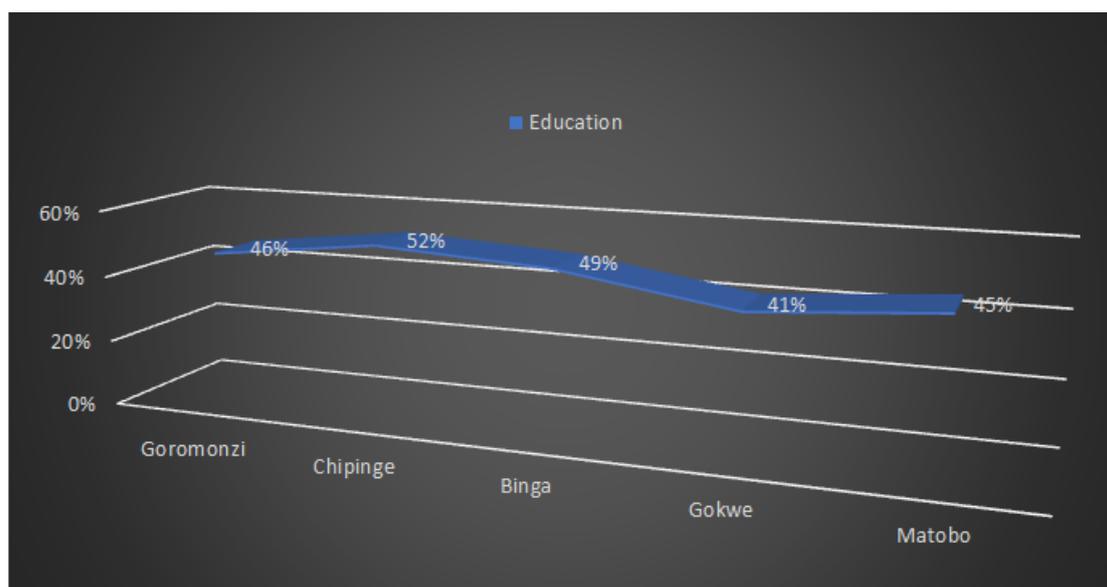
Case study: Maphisa, Matobo

In Matobo, there is one district hospital and an abundance of transportation issues. Women in Maphisa who are about to give birth make their way to the hospital's waiting mother's centres where they stay until they give birth and are later discharged from the hospital. There was outrage among the respondents of the study as many of them cited that there have been incidences of rape at these centres by unknown perpetrators. These rape cases are worryingly recurring in Maphisa and there have not been any convictions since the reporting of the incidences. There are no ambulances and therefore, women wish to give birth safely but have no choice except to go and wait at the hospital's centre. Many fear for their lives as the centre has proven to be unsafe.

Generally, women seek more healthcare services than men but are also more likely to be poor. Healthcare costs threaten their health and economic security.



Education



Source: Primary Data Compiled By ZIMCODD

Current statistics show that the government is not promoting gender sensitive education. The survey indicated that more needs to be done for the provision of education, especially for under privileged girls in rural areas. Goromonzi registered 46%, Chipinge scored 51%, Binga 49%, Gokwe 41% and Matobo 45% on provision of education. The majority of women and young girls in the surveyed areas lamented on how the conditions at school affects the girl child. Some of these conditions include but are not limited to the unavailability of water, unsafe pit latrines, lack of sanitary ablution facilities and long distances to walk to such facilities. In ward 17, Goromonzi, the school only has two blocks constituting two classrooms each which the entire school has to share. This has resulted in congestion in classrooms with some learners having to sit on the floor while others learn outside. The school is also encountering difficulties in providing sufficient equipment such as books and desks for the learners. The same experience is shared by Binga learners who lamented how the inadequacy of books and other learning materials is affecting their optimum performance.

The right to education is foundational. Not only is it the means by which individuals are able to fulfil their potential but it also provides the basis for development and upliftment. Data from the survey shows that state schools are providing significantly less regular classes, not only due to the pandemic but due to over subscription of pupils in state schools without sufficient infrastructure. This has significantly widened gender, socio-economic and ethnic inequalities. Inequalities for young people were assessed by comparing differences in the home learning environment, comprising investments of time and resources provided by schools, parents, and the students themselves.

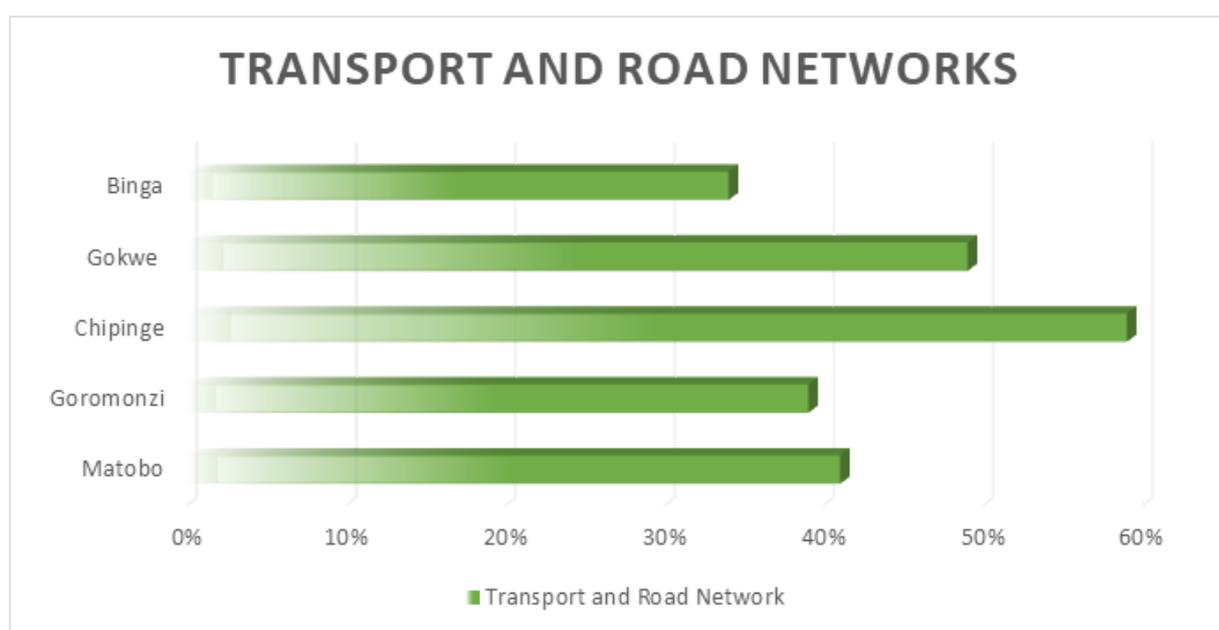
Addressing widening inequalities is essential to avoid undesirable long-term consequences including negative labour market and health outcomes for women and girls leading to lower economic productivity, increased health care costs and reduced social mobility.

As evidenced by figure 5 above, education in Zimbabwe is no longer an inalienable right guaranteed to every child in Zimbabwe, but it is now a privilege reserved for those who have, while those who do not have continue to fall behind. Zimbabwe once boasted of a world class education system that once produced results that were amongst the finest in Africa but currently, the number of school dropouts, especially for girls, is a cause for concern. Educational advancement in Zimbabwe is a challenge for girls not only because of discrimination, poverty and culture but those in school miss days of school or opt out due to violence and harassment on the way to school, at school and also lack of adequate sanitation facilities.

Findings from the study reveal that many young girls are out of school for the following reasons: lack of funding, early marriage (which all too often is seen as a higher priority and more valuable than education), pregnancy, domestic labour, disabilities, natural disasters and the country's poor service delivery in providing free basic education as enshrined in the Constitution. Prioritising education for girls leads to healthier communities, reducing child pregnancy, maternal and infant mortality and malnutrition, stunting, HIV/AIDS, malaria and other diseases. It also reduces child marriage and gender-based violence, unlocking opportunities for women's leadership and policy change that benefits everyone.

Transport and Road Networks

Fig 6 Transport and Road Networks



Source: Primary Data Compiled By ZIMCODD

Transport and road networks have remained a challenge in Zimbabwe. This is also attested by the fact that on the 10th of February 2021, the Government of Zimbabwe declared all national roads in a state of national disaster, a testimony to the dilapidating state of the road networks. The survey noted that Matobo was rated 41% in terms of gender sensitive transport and road networks, Binga 34%, Gokwe 49%, Goromonzi 39% and Chipinge 59%. An efficient and equitable strategy of poverty reduction must be based on a full understanding of the gendered nature of poverty. In considering their multiple roles and responsibilities, rural women move about and require transport more than their male counterparts.

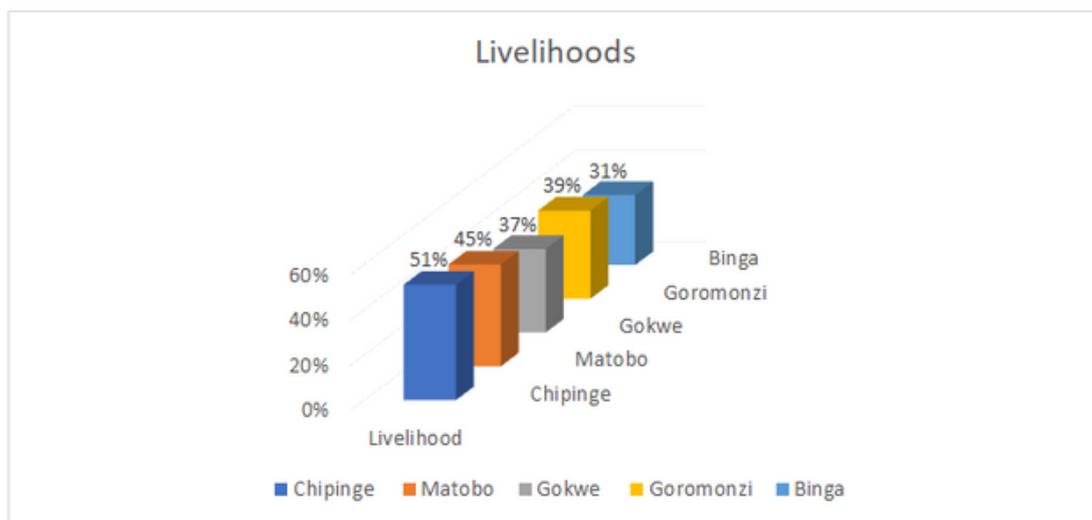
The transport burden faced by women contributes to poverty in terms of time and lack of access to basic services. This was evident from Gokwe and Binga respondents who indicated that lack of time is a key constraint on their ability to build their assets and reduce their vulnerability. The time they spend walking long distances impedes on the time they can be doing other productive activities. Therefore, by reducing the burden of transport, women's productivity and income can be increased. This would also give women more time to rest, enjoy social life and participate in community activities. Facilitating mobility can empower women to gain greater control over their own lives by increasing their access to markets, their exposure to education, training, information and by offering them more opportunities for political participation.¹⁶

A key informant from Goromonzi Rural District Council (GRDC) noted that focus must be placed on transport at local level towards the improvement of road infrastructure in rural areas. The presence of roads has many benefits for women. An officer from the Ministry of Women in Matobo argued that for poor women and persons with disabilities, good road networks and transport systems provide easy mobility which allows for reduced cost of inputs, opens up opportunities in new markets and offers seasonal migration for employment. The most common means of transport in rural areas is walking which often involves head loading for women when transporting goods and this requires energy and time as it limits their time to perform productive tasks. The development of transport infrastructure can save productive time and energy through the use of local transport services. Adequate roads promote the provision of public services such as ambulances, allows easier access to schools, water points, markets and healthcare services and promotes safety for women.

GRPSD continues to depreciate as evidenced by a weak livelihoods faculty as its rating is a clear testimony to how the cost of living has become an unbearable burden for the women.

Livelihoods

Fig 7 Livelihoods

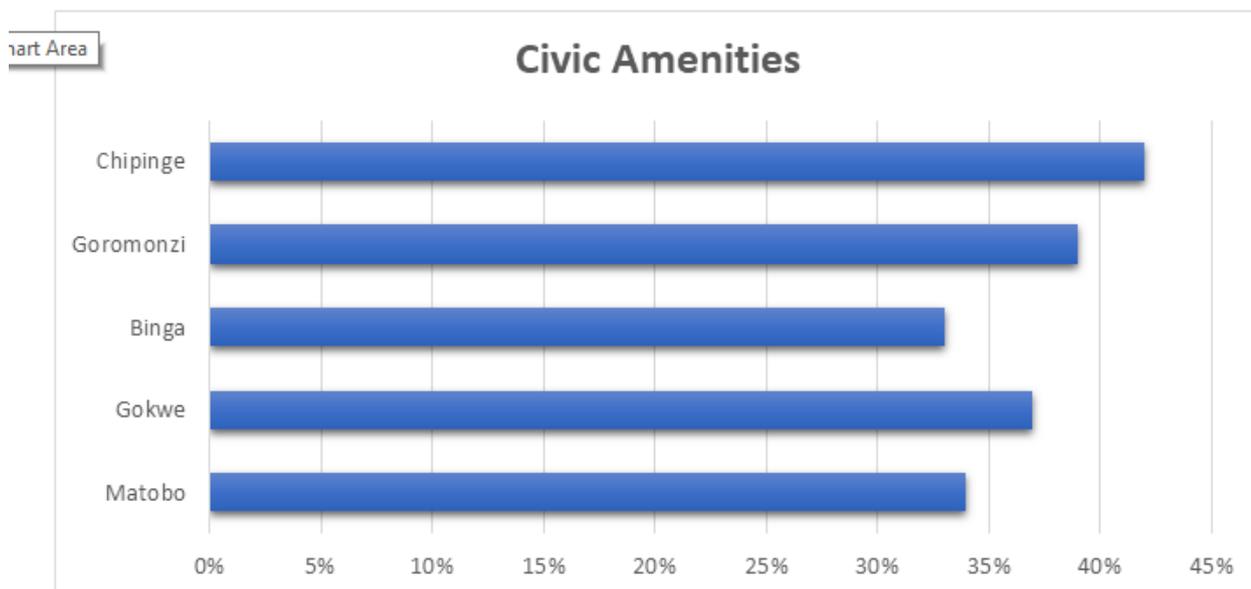


Source: Primary Data Compiled By ZIMCODD

Chipinge had the highest score of 51% followed by Matobo with 45%, Goromonzi 39%, Gokwe 37% and Binga 31%. The study noted that Binga continues to be marginalised in social protection activities and other community development initiatives and this has increased the cost of living for the people of Binga. Therefore, ZIMCODD urges the government to adopt a comprehensive and inclusive approach when implementing its projects and programs.

Social Amenities

Fig 8 Civic Amenities



Source: Primary Data Compiled By ZIMCODD

The survey noted that local authorities operating within the jurisdiction of the surveyed areas are encountering difficulties in providing civic amenities to the residents. This is mainly due to corruption, inadequate devolution funds and untimely disbursement, poor public administration, service incapacity culminating in infrastructural gaps and decrepitude. The results from the study show that in terms of civic amenities that are gender sensitive, Chipinge had 42%, Goromonzi 39%, Binga 33%, Gokwe 37% and Matobo 34%. The unavailability of civic amenities is a testament to the infrastructural gap and service incapacity of the local authority operating in that jurisdiction. Civic amenities are an integral component in fighting gender inequality and segregation.

8. Policy Alternatives

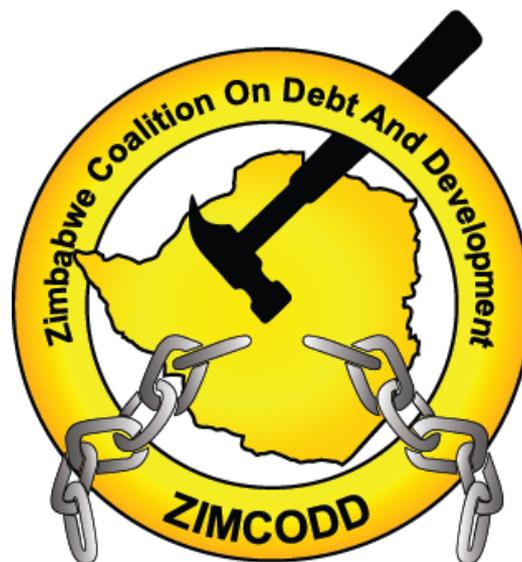
The study proposes the following policy prescriptions to the government:

- 1. Health Care:** The Ministry of Health must increase and intensify its operations and management capacity to ensure viable service of existing equipment and infrastructure, offer competitive remuneration and establish primary health care services that are gender sensitive with working maternal healthcare systems. The Ministry of Finance should also ensure that adequate resources are availed to support health care services and timely disbursement of allocated resources should be guaranteed. A conducive and competitive working environment should be created.
- 2. Water and Sanitation:** The Ministry of Local Government as the regulatory institution of local authorities must liaise with the Zimbabwe National Water Authority (ZINWA) and ensure that adequate dams are constructed in the country for optimum water supply. However, local authorities must service their water works, water pipes and sewer systems so as to provide reliable and acceptable services.
- 3. Education:** The Ministry of Education as the custodian of the Education Policy must see to it that, the “education for all” concept that has been the hallmark of Zimbabwean education system is re-ignited and implemented. An inclusive education system must be visible in rural and peri-urban areas in Zimbabwe with adequate teachers and infrastructure.
- 4. Transport and Road Networks:** Central government must intervene as local authorities are failing to construct new roads and service existing ones. Thus, the Zimbabwe National Road Authority (ZINARA) should give timely road construction allocation to local authorities while the Zimbabwe United Passengers Company (ZUPCO) should prioritise allocating more buses to rural areas as their vulnerability is higher than those in the urban areas.

5. Civil Amenities: Local authorities must prioritise servicing civic amenities such as public toilets, community halls, community grounds to mention but a few as they will enable women community-based groups to utilise them and help each other in their capacity building activities.

9. Conclusion

The survey concludes that GRPSD remains elusive and a dream for many women in the peri-urban and rural areas across Zimbabwe. The central and local government are failing to provide gender sensitive public service delivery that addresses the gender inequality gap which has reached astronomic levels. The consequences and ramifications of such failure creates a gender inequality institutionalised scenario that implicates the government in entrenching gender inequality. However, the above prescribed policy alternatives if implemented will help in promoting GRPSD in Zimbabwe.



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