



HEALTH & EDUCATION SITUATIONAL REPORT

FEBRUARY 2024



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1 Introduction

National development and growth are anchored on effective health and education as the two form a part of the critical variables that enhance national competitive advantage. In Zimbabwe, health and education have been found wanting owing to a myriad of governance factors which underplay optimum service delivery. Against this background ZIMCodd undertook a Health and Education Situational analysis with a bias towards expenditure tracking and resource utilization to produce Health and Education situational report (HE Sitrep). To conduct the analysis, ZIMCodd conducted surveys across the country covering 57 districts. Actionable recommendations were proposed to strengthen education and health service delivery.

2 Background

Across the globe, health and education sectors are at the core of national development and growth. The two sectors play a vital role in building national Human Capital Development (HCD). History and literature attest to the fact that, HCD is the driving thrust of inclusive and comprehensive socio-economic development. While the above assertion holds water, it is critical to note that Zimbabwe's health and education sectors remain wanting thereby creating a conducive for weak HCD and socio-economic inequalities.

Zimbabwe failed to meet the health-related Millennium Development Goals (MDGs) in 2015 and unless bold efforts are made to improve the situation, the 2030 Sustainable Development Goals (SDGs) health targets may also be missed. Understanding Zimbabwe's healthcare difficulties is critical to making recommendations for aligning the country's healthcare delivery system with the 2030 SDGs. Inadequate healthcare financing, corruption and *tenderpreneurship*, more spending on salaries than on service delivery, a bias in public healthcare spending toward urban-based higher-level health facilities, and a lack of community participation in health matters are among the obstacles to efficient healthcare delivery in Zimbabwe¹. To improve health and healthcare delivery in the country, it is necessary to increase community participation in health issues, effectively equip lower-level health institutions, promote citizen expenditure monitoring and tracking systems, implement retention measures for health staff, and raise more resources for healthcare delivery.

In addition, just like the health sector, the education sector is also lacking as characterized by glaring infrastructure gaps. This is despite the availability of legal, regulatory and institutional frameworks established across the country to facilitate optimum education delivery. The Education Sector Strategic Plan 2021-2025 being implemented by the Ministry of Primary and Secondary Education (MOPSE) in alignment with the National Development Strategy (NDS) 1 seeks to ensure universal education coverage. Despite such positive strides, the infrastructure gaps within the sector are daring and threatening effective education. The findings by the Office of the Auditor General Report (OAG) for 2022 indicate that, in Bindura beer halls and abandoned garages were being used as school classrooms.² A negative environment for quality and excellent education.

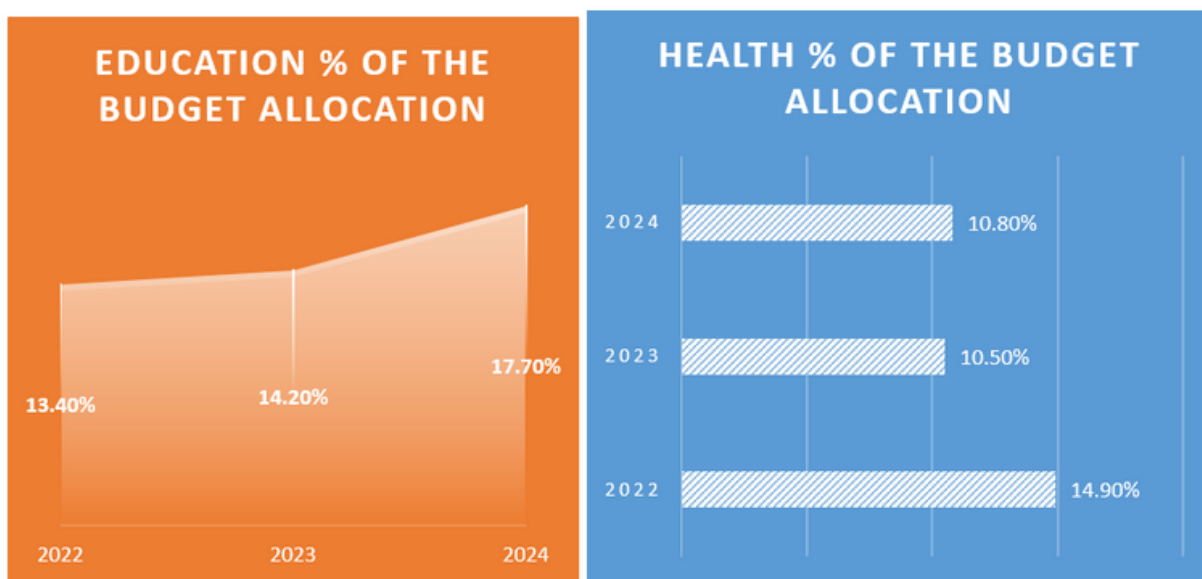
1. Fiscal capacity and public health expenditure in Zimbabwe, Tamisai Chipunza & Senia Nhamo, Cogent Economics & Finance (2023)
2. <https://www.newsday.co.zw/thestandard/news/article/14031/party-red-flags-beerhall-classrooms>

For United Nations Children's Fund (UNICEF), Zimbabwe needs to redress the structural and social determinant facilitating education inequality for it to achieve its development aspirations. UNICEF noted that, only 10% of children with disability are in school and less than 5% of schools have disability facilities. About 8 out of 10 of primary age children are in school. While this is a positive stride, the remaining two must be in school to ensure optimum education service delivery.

A trend analysis of Zimbabwe's education performance from 1980 to date shows that the country's education has gradually declined. Zimbabwe's education system was the best in Africa and competitive globally. Nonetheless, governance epidemics such as impunity, malfeasance, favoritism, nepotism, financial mismanagement, *tenderpreneurship*, and economies of affection, to mention a few, have been complementing each other to militate against optimum education. State party conflation and partisan appointments have not done any good for the country as they have also facilitated the weakening of pillars of corporate governance.

Moreover, understanding the link between budgetary capabilities in Public Health Expenditure (PHE) and Public Education Expenditure (PEE) plays a pivotal role in assessing the government's prioritization of the education and health sector in the face of financial constraints. Despite increased economic capacity, the government still prioritizes military investment over healthcare and education spending³. The government's education and health budget allocations are wanting, worsening the health and education service delivery crisis. In 2022, the government allocated 13.4% of the total budget to education against the 20% agreed Dakar Declaration of 2000. In 2023, 14.2% and 17.7% in 2024. For health, 14.9% was allocated in 2022 against 15% as prescribed by the Abuja Declaration of 2001. While in 2023 10.5% and 10.8% in 2024 was allocated. This is elaborated in fig 1 and 2 below.

Fig 1 & 2 Trend Analysis of Education and Health % Budget Allocation



Source: Compiled by ZIMCODD from the National Budgets (2022-2024)

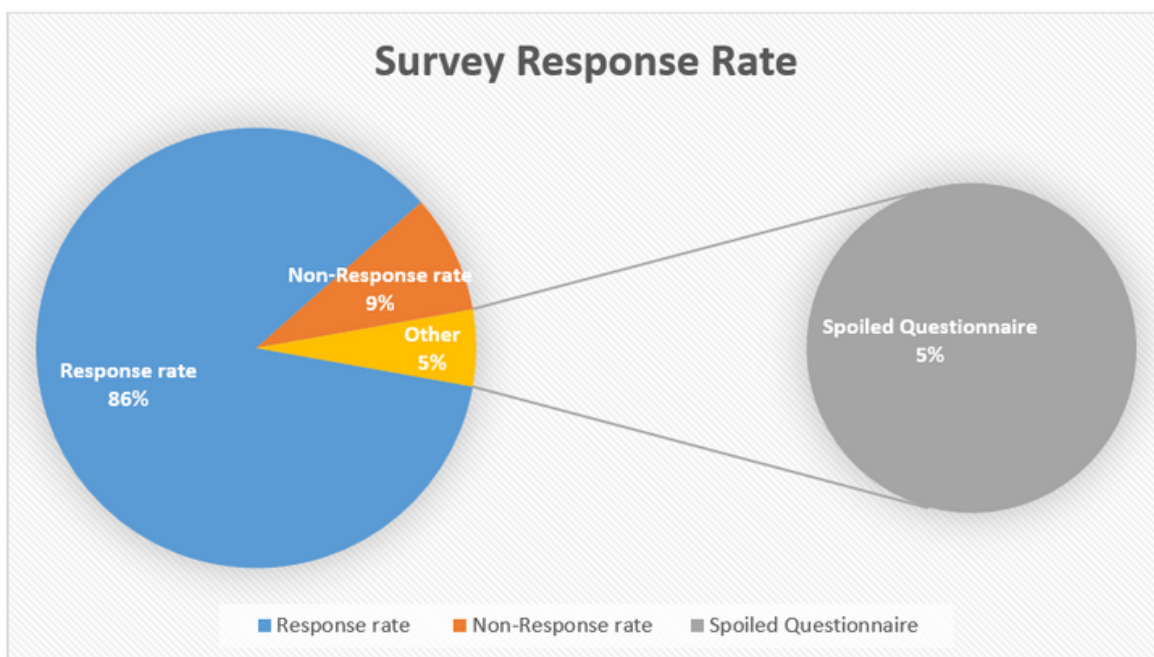
3. <https://zimcodd.org/wp-content/uploads/2023/12/The-Weekend-Reader-1-December-2023.pdf>

Consequently, the failure of the government to finance health and education services optimally set a bad precedent for LAs, who are now allocating meagre resources to the two sectors. At the same time, allegations of misuse of public resources have dominated the public sector. The health and education sector are not exceptional.

3 Methodology

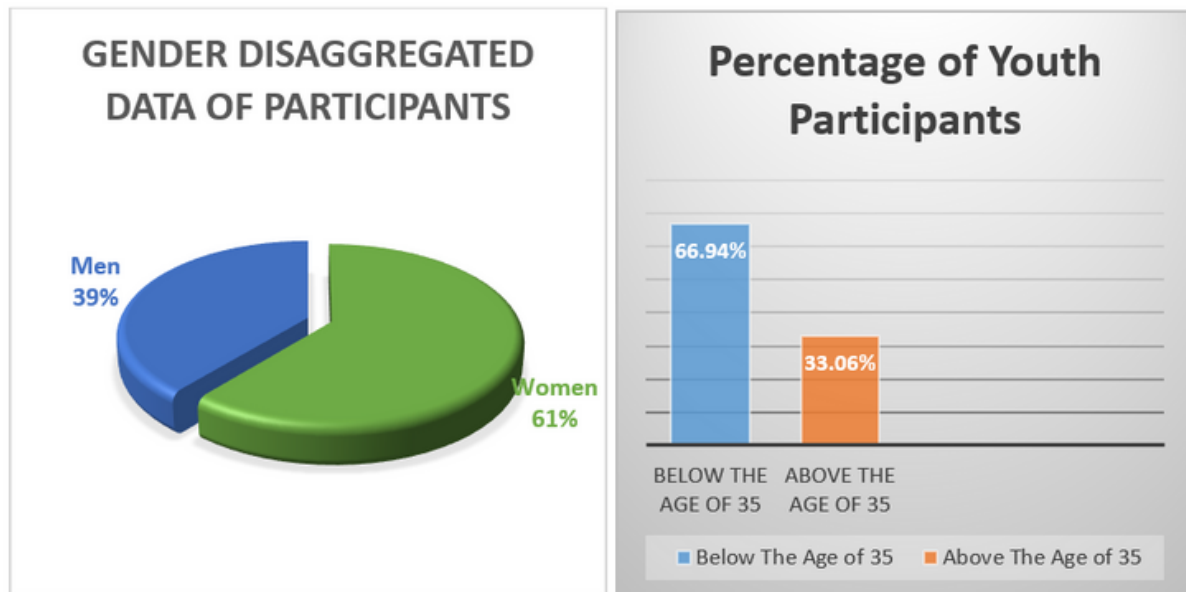
The research made use of mixed method approach to present a comprehensive HE SitRep that captures the reality on the ground. Purposive and convenience sampling were used under qualitative research methods while stratified random sampling was used to distribute questionnaires in fifty-seven districts across the country. The distribution of questionnaire was necessitated by the presence of ZIMCODD Community Resource Agents (CORAs) in the fifty-seven districts. Out of the 3550 questionnaires distributed 3040 were successfully answered while 200 were answered halfway and 310 were never answered. Thus, the research response rate was 85.6% with 5.6% of spoiled questionnaire and 8.7% of questionnaires which were never answered. Out of the 3040 respondents, 1980 were women while 1260 were men. 2035 participants were youth below the age of 35. Data was validated using a triangulation process that includes key informant interviews with officials from Local Authorities, Ministry of Health and Ministry of Education. Observations were also used as data collection and verification tool. Fig 3 below presents the survey response rate while Fig 4 shows participants gender disaggregated data and percentage of youth participation.

Fig 3: Survey Response Rate



Source: Survey Results

Fig 4: Participants Gender Disaggregated Data & % of Youth Participation



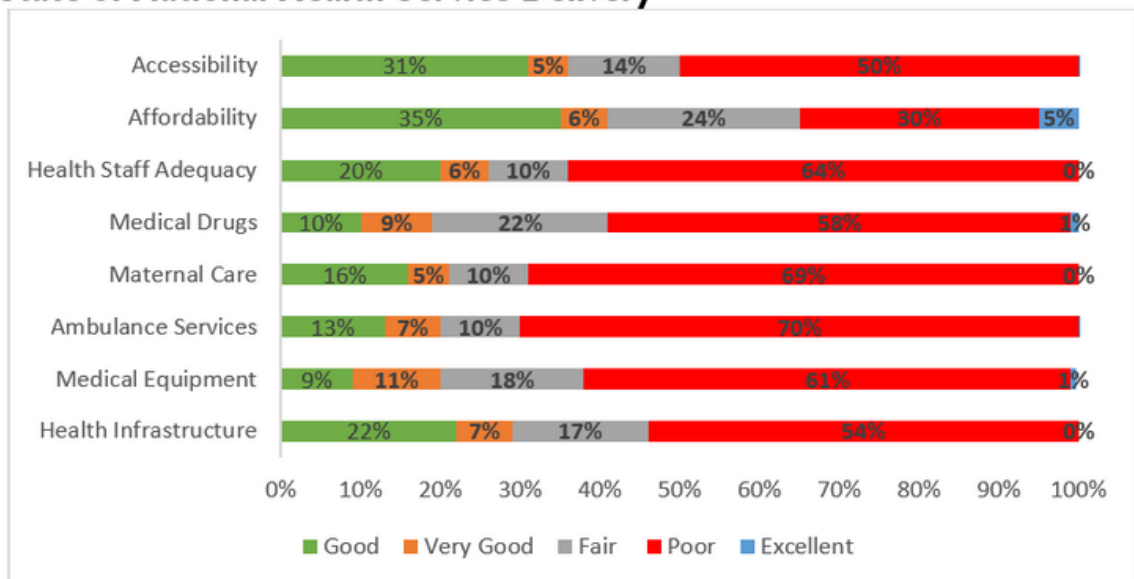
Source: Survey Results

4 Findings

4.1 State of Health Service Delivery

Governments must heavily invest in public health care. In Africa, signatories to the Abuja Declaration of 2001, including Zimbabwe, agreed to earmark 15% of their national budgets toward public health spending. Public health is critical in determining a country’s health status and economic development, as nations that spend more on health care will have healthier and more productive human capital, reducing health-related inequalities and powering national output (GDP) growth. This section presents and analyzes the survey findings on the state of health service delivery in Zimbabwe.

Fig5: State of National Health Service Delivery



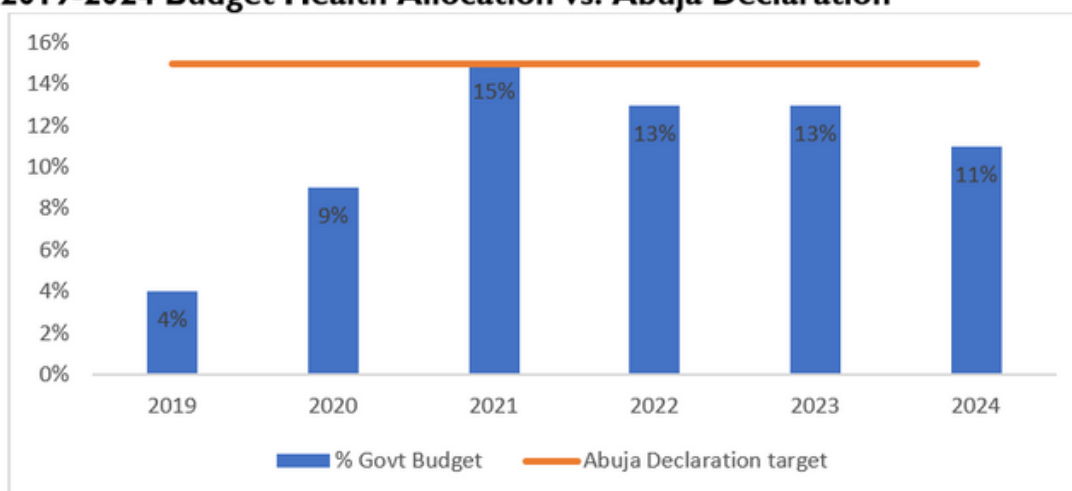
Source: Survey Results

The survey established that more than half (58%) of the districts sampled experienced a poor supply of essential medical drugs. In comparison, 64% reported an acute shortage of healthcare personnel relative to the local population. The results further indicated that 54% of the districts surveyed require increased investments in the construction of new and or renovation of existing healthcare infrastructure, while 61% of districts require new medical equipment of the 21st century to improve public health service delivery. This is in sync with official statistics showing low capital expenditure in health; for instance, only 12.5% of 2020 public spending was for health capital projects. More so, about 69% and 70% of the districts have poor maternal health care and ambulance services, respectively. It is appalling to note from the survey results that only half of the districts have accessible healthcare facilities. The results vividly show deepening structural inequality – a system of privilege created by institutions within an economy. This lack of accessibility disproportionately affects pregnant women, the elderly, and the people with disability (PWD) community. However, survey results show that with a tightening economy characterized by chronic inflation and volatile local currency (ZWL), public healthcare sector services are affordable compared to private healthcare providers.

4.2 Health Financing

There are three primary sources of healthcare financing in Zimbabwe. These are Government (budget releases, internal transfers, and grants), Private (corporates including Health Insurance companies and households), and the Rest of the World (donors and Non-Governmental Organizations). Engagements with government health and Treasury officials and review of literature, including national budgets, budget performance reports, Auditor-General reports, and other reports from development partners and non-governmental organizations (NGOs) show that Zimbabwe’s public health care sector is facing acute financing challenges. A time series analysis of national budget allocation to the public health sector by ZIMCODD⁴ shows that in the last decade, Zimbabwe has met its health spending commitments under the Abuja Declaration only in 2021.

Fig 6: 2019-2024 Budget Health Allocation vs. Abuja Declaration



Source: Annual National Budgets

4. https://zimcodd.org/?sdm_process_download=1&download_id=6607

Official statistics show that the government has increased health funding from US\$117 million in 2020 to an average of US\$460 million over 2021-2024. The increase aligns with its commitment to the National Development Strategy 1 (NDS1) outcome of increasing domestic funding for health. The NDS1 is the national policy which every other policy thrust is built upon. This is evidenced by the National Health Strategy (NHS) whose objectives and pillars are in alignment with the NDS1 health targets. The extract below shows the strategic focus areas of the NHS.

Guided by the NDS1, some of the strategic focus areas of the National Health Strategy include:



Source: Extract from ZIMCODD National Development Strategy I Abridged Civil Society Monitoring

Although, there has been significant increase in health funding, the above NDS 1 and NHS objectives are yet to be realized. The presents of infrastructure gaps, weak remuneration, unavailability of medicines, high maternal mortality rate and poor child health security is a cause of concern. Additionally, domestic budgets remain vulnerable to inflation and exchange rate volatility. Also, granular analysis shows that public health spending continues to fall short of national targets and regional and global per capita spending benchmarks such as the NHS and World Health Organization (WHO) minimum healthcare spending of US\$104 and US\$86 per person, respectively. This is unpacked in Fig 7 below which gives a clear graphical analysis of public health expenditure.

Fig7: Public Health Funding Vs. Benchmarks



Source: Annual Health Budgets *2024 Used End-Dec 2023 Official Exchange Rates

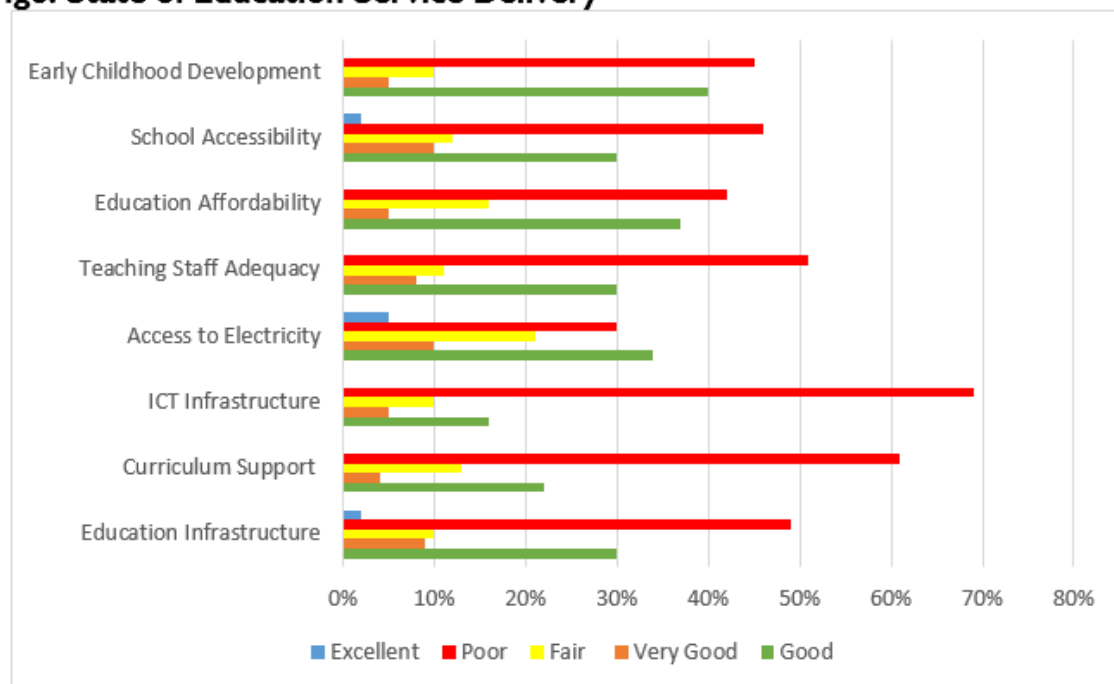
Budget performance reports show low utilization of allocated funds primarily due to late disbursements from the Treasury. For instance, the health ministry utilized only 46% of its 2021 allocation in the first nine (9) months ending September 2021.⁵ The low utilization rate of allocated amounts resonates well with poor health service delivery, as shown by survey results.

4.3 State of Education Service Delivery

According to the Constitution of Zimbabwe, public education forms part of children’s rights. It is also a useful tool that a nation can use to drive economic development, reduce poverty, improve gender equality, open up job prospects for all, and increase the likelihood of financial security. Cognizant of the preceding, this section presents the survey results on education service delivery in Zimbabwe.

5. <https://zimcodd.org/wp-content/uploads/2021/12/2022-National-Budget-Analysis-1-DECEMBER-2022.pdf>

Fig8: State of Education Service Delivery



Source: Survey Results

The survey results show that 49% of the sampled districts reported poor education infrastructure. This is particularly the case in rural areas where some school buildings are not durable as they were built using wood and grass thatching. In urban areas, as acknowledged in the 2022 Auditor-General report,⁶ the shortage of classroom blocks is leading to hot sitting across many schools. The survey also established acute shortages of supporting infrastructure like water, sanitation, and hygiene (WASH) services. The survey results show limited curriculum support from the government. About 30% of the districts lack access to electricity, which helps explain why a staggering 69% reported a shortage of ICT infrastructure. This is disadvantageous to learners as it hinders higher-order thinking and skills development and makes education inaccessible to all types of learners. In addition, a lack of ICT means learners are also missing out on the ever-evolving technological landscape as new software and digital platforms have become the bedrock for success in today's society and workplaces.

The survey found that 51% of the districts face inadequate teaching staff. The austerity measures of 2019-2020 led to a recruitment freeze in many MDAs, an unexpected move considering acute staff shortages that prevailed at the time. In 2023, the government hinted that it was facing a 43,000 deficit of teachers, and limited fiscal space slowed down recruitment as only 7,000 teachers were expected to be hired in the same year.⁷ Poor remuneration of teachers due to volatile ZWL exchange rates and chronic inflation has also led to a brain drain. Besides poor salaries, teacher morale has been affected by poor working conditions, inadequate accommodation, overworking, and a lack of technological skills.

Furthermore, the survey established that 46% of the districts have inaccessible schools. In many rural areas, learners walk long distances ranging from 5 to 15 kilometers.

6. <https://auditorgeneral.gov.zw/>

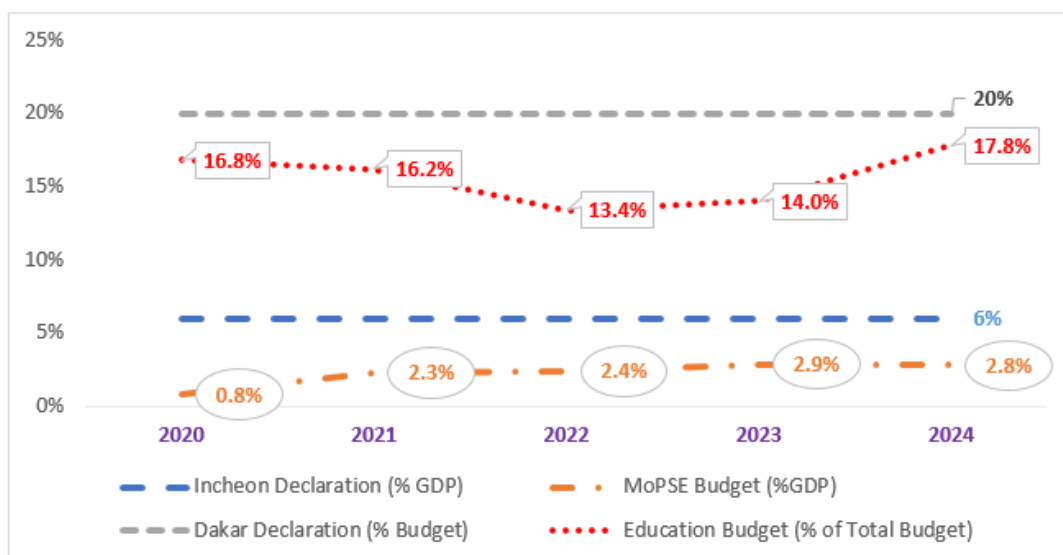
7. <https://www.newsday.co.zw/theindependent/local-news/article/200007713/zim-faces-43-000-teacher-deficit>

As such, they suffer from walking fatigue, which affects their participation, concentration, and learning outcomes. This partly explains why 45% of the respondents also viewed early childhood development (ECD) as poor. In terms of affordability, 42% of the districts surveyed pointed out that public education is expensive, with costs driven by a rapidly dollarizing economy as the ZWL plummets and price inflation skyrockets monthly. Teachers in urban areas now offer illegal extra lessons charged in USD, thus crowding out poor households.

4.4 Education Financing

Globally, public education is financed mainly through the national budgets. As famously stated by late former South African President Nelson Mandela, "Education is the most powerful weapon which you can use to change the world."⁸ Education is a tool for human development and curbing inequalities. As such, nations that heavily invest in educating their people have a competitive advantage on the global stage through research and innovation. From the foregoing, one could argue that the deteriorating state of education service delivery in Zimbabwe is primarily linked to inadequate public funding.

Fig: 9 Public Education Funding Vs. Benchmarks

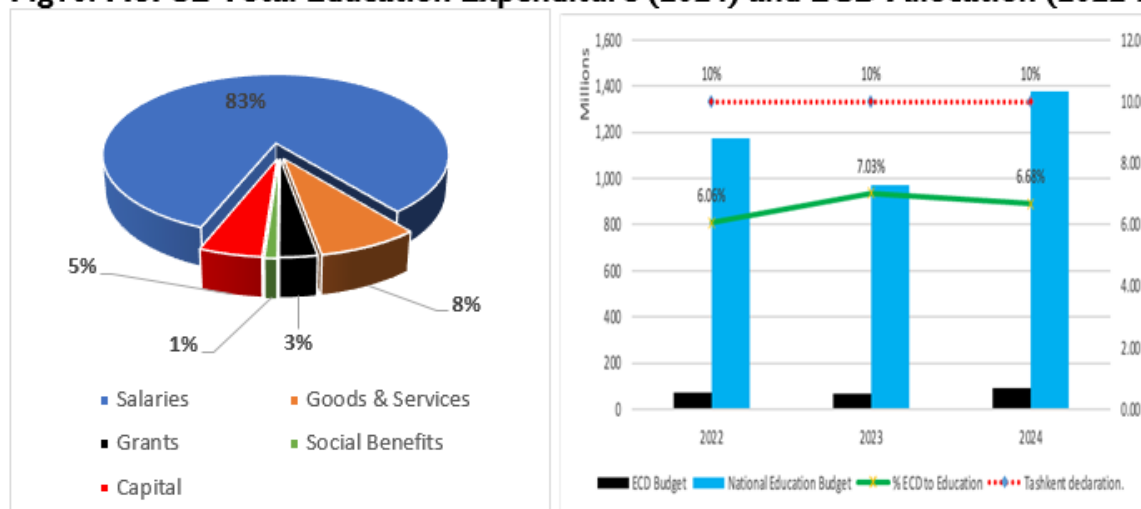


Source: Annual Budgets

The government fails to meet education commitments, including the 2000 Dakar Declaration and 2000 Incheon Declaration. In relation to the former, countries committed to set aside 20% of their national budgets toward public education, a benchmark Zimbabwe is struggling to achieve. Under the Incheon Declaration, governments must spend 6% of their national output (GDP) toward public education service delivery, but Zimbabwe averaged 2.2% in 2020-2024. From an economic perspective, while allocation to education has jumped in 2024, increased volatility of the macro economy is leading to late disbursements of allocated funds. Also, persistent inflation and ZWL depreciation pressures are pushing market prices, thereby depleting the real value of annual budgets. In percentage terms, the budget allocation would seem lucrative. Yet, after adjusting for currency depreciation, it would be a paltry allocation that does not fit the task of restoring sanity in the public education sector.

8. <https://borgenproject.org/nelson-mandela-quotes-about-education/>

Fig10: MoPSE Total Education Expenditure (2024) and ECD Allocation (2022-2024)



Source: Annual Budgets, UNICEF

The 2024 national budget statistics show salaries constituting the lion's share of budget votes allocated to primary and secondary education (83%), followed by goods and services (8%) and capital (5%). Also, allocation to ECD has averaged 6.6% between 2022 and 2023, below the Tashkent Declaration stipulating that 10% of the education budget must be earmarked for ECD-related spending. In addition to funding public education via national budgets, sources of public education financing include user fees paid by learners, private sector (corporate social responsibilities), charity organizations, and development partner support.

4.5 Citizen Led Expenditure Tracking in Health and Education Sector in Local Authorities

The February He SitRep reveals that a number of communities were undertaking citizen led expenditure tracking in health and education sectors of their local authorities although majority of them were not aware. This is evidenced by an elderly woman aged approximately 70 years from Mutambara who narrated that, *"mare yacho atimboone mashandiro ayo ba, zvipatara nezvikoro zvakangotirangwada"*, which translated mean that, we cannot feel or see how the resources earmarked for health are being utilized, the schools and hospitals are in bad shape.

In Goromonzi, the community have managed to established community hubs which they used to monitor the utilization of public resources. Goromonzi is a resource rich community and this explains their activeness in resource monitoring. Goromonzi has also benefited from ZIMCODD social accountability trainings. Thus, the community makes use of community score cards, citizen charter and public procurement monitoring to assess the utilization of their resources. Despite having such vast knowledge on community led expenditure tracking, the community has weak health and education systems. The schools and health facilities are no longer sufficient to cater for the growing population. At the same time, the community clinic does not have adequate nurses or an ambulance.

8. <https://borgenproject.org/nelson-mandela-quotes-about-education/>

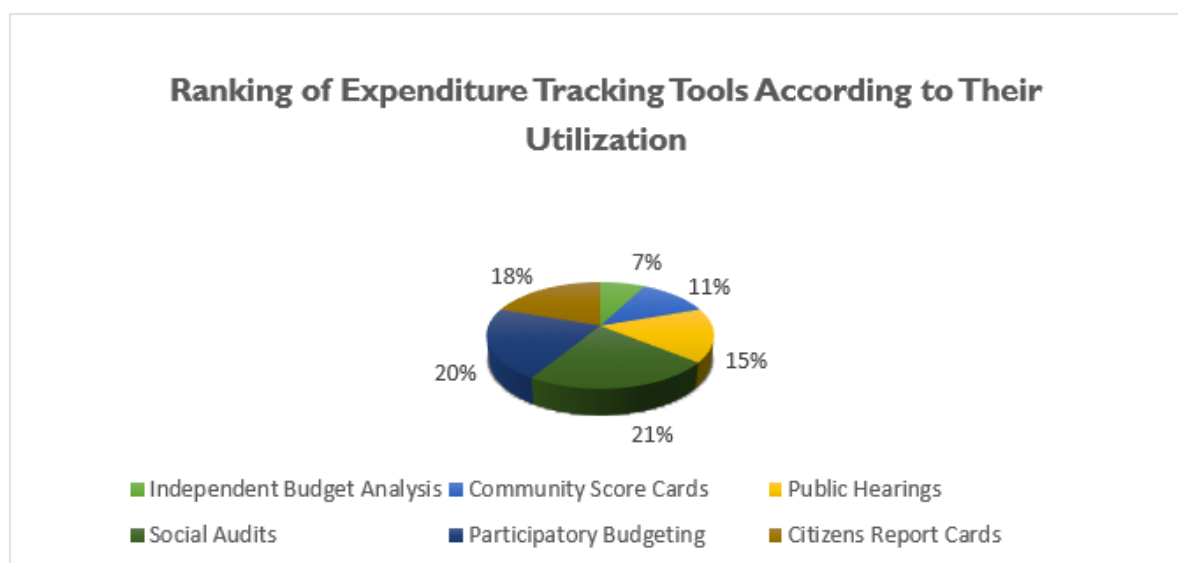
In Matobo, a women’s gender group has been established to carry effective gender budget expenditure tracking. While the group has a bias towards women, the group has played a critical role in undertaking expenditure tracking in health and education. In both sectors, the group has found worrying results as the current expenditure trend does not reflect any prioritization of women’s rights and needs. The use of Blair toilets at both schools and clinics has been described as gender insensitive. The group argued that, Matobo RDC in its 2023 budget had set aside resources for education and health infrastructure but nothing has been done so far.

Participatory budgeting and independent budget analysis are the most used expenditure tracking methods in Gweru, Mutare and Bulawayo. The survey discovered that, in the three cities, communities participate effectively in the formulation of their local authorities’ budget as well as national budget. The communities demonstrated great insight and understanding of their budget, a scenario that makes them easily analyse and interrupt the utilization of resources. Nonetheless, their expenditure monitoring knowledge is just for analysis and cannot force the authorities to utilize resources judiciously. Thus, they can only detect and alert other community members whenever resources have been diverted.

In addition, the survey discovered that the most commonly used expenditure tracking tools in health and education sectors within local authorities are:



Fig 11 Ranking of Expenditure Tracking Tools According to Their Utilization



Source: Survey Results

An analysis of the survey findings shows that; social audits are the mostly used expenditure tracking tools at local authority level. This is mainly because they are easy to use and they can take an observatory form. Participatory budgeting is the second most used expenditure tracking although still to be fully optimised. It is critical to note that, since its establishment in 2000, ZIMCODD has been involved in budget literacy trainings and it takes pride in having contributed to this huge milestone. Report cards are the third most used expenditure tracking tools followed by community score cards, public hearings and independent budget analysis accordingly. The low usage of independent budget analysis as expenditure tracking tools in communities for monitoring of health and education funds use is mainly because budget analysis is considered a technical and mammoth task by majority of residents in many local authorities. Thus, they go for the easy one social audits. Therefore, given the above scenario, ZIMCODD believes that while communities are doing well in undertaking expenditure tracking, there is need for budget analysis trainings to enhance community oversight systems.

5 Conclusion

The state of education and health service delivery in Zimbabwe remains a cause for concern and a potential threat to the country's development aspirations of becoming an upper middle-income economy by 2030. The utilization of public resources earmarked for health and education does not reflect sincerity on the part of the government with respect to effective service delivery. Nonetheless, there is great room for improvement both in terms of health and education financing as well as service delivery. The organic recommendations below from the survey can be utilized to enhance service delivery and financing in the health and education sectors.

6 Recommendations

Health Funding Efficiency

The Ministry of Health and Child Care (MoHCC) must ensure efficiency in health care funding. This can be achieved by:

- Developing a resource allocation formula to align resources according to disease burden.
- Virtual pooling of funds for increased coordination and promoting integrated results-based management.
- Leveraging community health workers for preventive and promotive interventions.
- Improving domestic budget execution and hedging resources against inflation and other economic pressures.

Ring-fence tax revenue from Extractive Industries to boost health financing.

A study noted that natural resource revenue could reduce out-of-school statistics by 86% in 17 developing countries (UNESCO, 2022). Tax revenues from mining activities can also be used to finance health service delivery. As such, authorities must curb illicit financial flows and invest in value addition and beneficiation of minerals.

Reviving and Strengthening the BEAM Program

Reviving

- An Education Fund intended to strengthen Basic Education Assistance Model (BEAM) must be created through legislation, and all stakeholders in the sector, including government, teachers, parents, learners, schools, communities, civil society, and development partners, must be involved

in establishing the Fund. The Fund can be financed through a combination of the following proposed financing options:

- Progressive taxation – The government can consider the introduction of an Education Levy, a direct tax modeled around the AIDS levy.
- The government can also consider channeling a third of the Intermediated Money Transfer (IMT) Tax towards the education fund.
- Budget Allocation – An allocation of 20% of the national budget towards education.
- Donor Support – Donors to pledge and commit resources annually
- Community Support – Communities should be encouraged to contribute.

Strengthening

Strengthening the Basic Education Assistance Module (BEAM) program can contribute immensely towards universal access to education by;

- Investing in solid tools to identify those in need and monitor program implementation so no one is left behind.
- Improving the institutional framework that governs BEAM by moving the fund from the Ministry of Public Service, Labour and Social Welfare to the Ministry of Primary and Secondary Education (MoPSE).
- MoPSE can use the existing registers of OVCs in schools to identify beneficiaries and reduce the time taken to select beneficiaries.
- Timely disbursement of BEAM funds by Treasury.

Civil Society Organisations

Civil Society Organisations must undertake massive budget analysis literacy trainings in marginalized communities. This will be a positive stride in enhancing effective public expenditure tracking.

Local Authorities

Local Authorities must publish their quarterly expenditures and share them with Residents Associations (RAs) who in turn must guarantee to undertake expenditure feedback meetings with the residents. Councilors responsible for each ward must also provide valuable expenditure feedback to the residents.