



ZIMCODD

APRIL 2024

HEALTH & EDUCATION

SITUATIONAL

REPORT

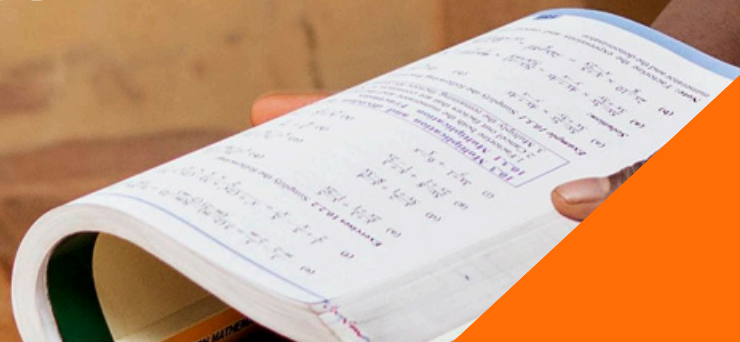


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Acronyms

BEAM.....	Basic Education Module Assistance
CIC.....	Community Information Centers
CFR.....	Case Fatality Rate
CORAs.....	Community Resource Agents
HDI	Human Development Index
HE SitRep	Health and Education Situational Report
HCD.....	Human Capital Development
ICT.....	Information and Communication Technology
NDS.....	National Development Strategy
OECD.....	Organisation for Economic Co-operation and Development
OAG	Office of the Auditor General
PHEP.....	Public Health and Education Expenditure
RISDP.....	Regional Indicative Development Strategy
SEJAs.....	Social and Economic Justice Ambassadors
WASH.....	Water, Sanitation, and Hygiene
YII.....	Youth Integrity Icons
ZIMCODD.....	Zimbabwe Coalition on Debt and Development

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Introduction

The April Health and Education Situational Report (HE SitRep) examines the state of health and education service delivery in Zimbabwe. Optimum health and education service delivery plays a critical role in building the Human Development Index (HDI) and Human Capital Development (HCD) which is essential in advancing national competitive advantage as prescribed by the Organisation for Economic Co-operation and Development (OECD), the Regional Indicative Development Strategy (RISDP) and the National Development Strategy (NDS) 1. For this reason, ZIMCODD assessed the education and health sectors to identify challenges that the sectors are encountering. This was done to find ways and measures that can be adopted to redress the quagmires that health and education institutions are experiencing.

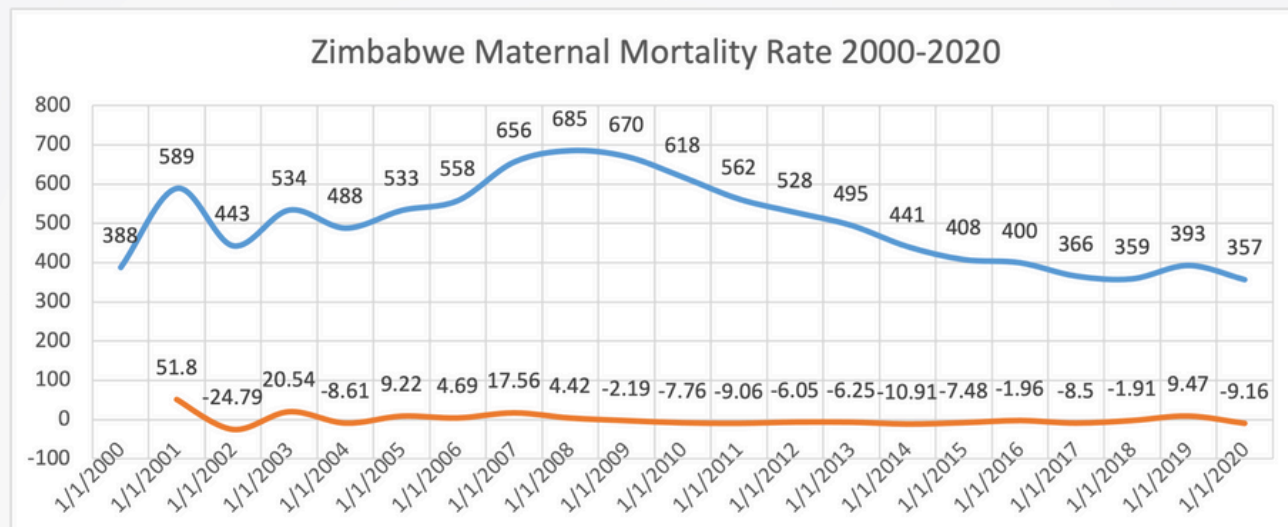
Contextual Analysis

Zimbabwe is ranked 146 out of 191 countries on the Human Development Index (HDI) and 61 % of children experience multidimensional poverty, this aggravated in rural areas, high-density, peri-urban informal settlements, and for persons with disabilities. This scenario reflects weak social protection expenditure. Social expenditure encompasses health and education financing prioritization for the vulnerable clusters of the community¹. Thus, for public health, there is Health Assistance (HA) while for education there is Basic Education Module Assistance (BEAM). The two have been controversial over the years. Given this narrative, it is imperative to note that optimum health and education financing can help redress some of the challenges and dynamics which are militating against efforts by the government to attain positive and competitive HDI as well as measures to address poverty being experienced by citizens.

As reflected in the March 2024 HE SitRep, Public Health and Education Expenditure (PHEP) is wanting. The citizens still have huge user fees they are supposed to pay to access public health services. This scenario undermines life expectancy and increased maternal and child mortality. A trend analysis of the maternal mortality rate in Zimbabwe in figure one below shows that although the figures are fluctuating, the maternal mortality rate remains high and a threat to HCD and HDI.

¹<https://www.unicef.org/zimbabwe/media/9961/file/UNICEF%20Zimbabwe%20Annual%20Report%202023.pdf>

Fig 1: Zimbabwe Maternal Mortality Rate 2000-2020



Source: World Bank Development Indicators

In addition, UNICEF noted that as of 26 April 2024, a total of 33,004 cholera cases and 703 deaths with a cumulative case fatality rate (CFR) of 2.1 %, have been reported from 63 districts across the 10 provinces. Of the cumulative cholera cases, approximately 31% are children aged below 15 years, and 14 % are children under five years. Limited access to safe water and insufficient sanitation facilities remain key determinants driving cholera transmission in Zimbabwe. Thus, there is need for the government to enhance Water, Sanitation and Hygiene (WASH) programs to robustly address cholera outbreaks.

Moreover, just like the health sector, the education sector is grappling with financial and infrastructure gaps. A scenario that is entrenching education inequalities. Most schools in resettlement areas are said to be below standard, using huts and tents.² The issue of inadequate infrastructure in the education sector is also covered in the report by the Office of the Auditor General (OAG) for the year 2021 which highlighted that the Zimbabwean education system was in the doldrums with “*beer halls, garages and backyards*” in Bindura being used as classrooms. Such a lack of sufficient education infrastructure undermines the quality of education in the country. It is difficult to concentrate and perform better when the environment is not suitable for education.³

2. Global education monitoring report, 2023: technology in education: a tool on whose terms? - UNESCO Digital Library

3. Mazorodze, A.H. & Mkhize, P., 2024, 'Exploring barriers to innovation in higher education: An empirical investigation in Zimbabwe', South African Journal of Information Management 26(1) 16-44

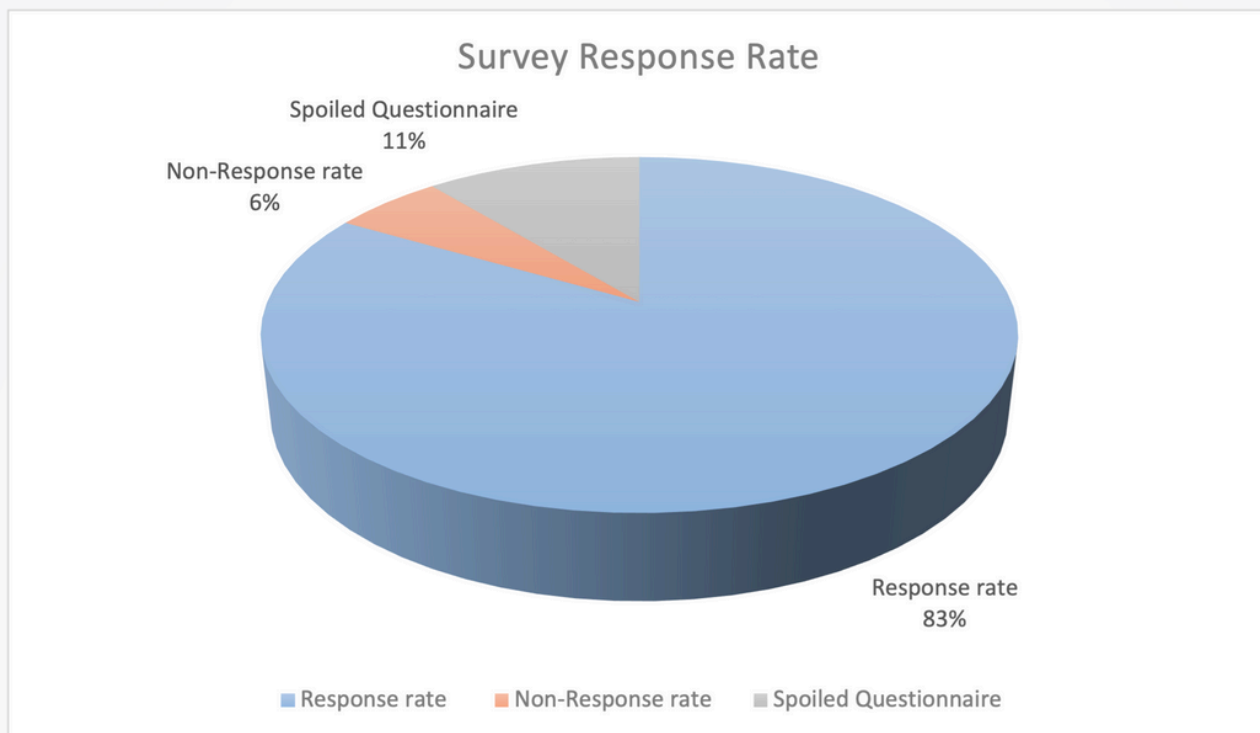
In addition, the digital divide poses a significant threat to Zimbabwe's education sector. Digital divide entails unequal access to digital technology, including smartphones, tablets, laptops, and the Internet. It implies that it creates a division and inequality around access to education information and resources. In Zimbabwe, a digital divide is a major barrier to accessing quality education, especially in the current era where online and e-learning programs are becoming increasingly important. Rural and marginalised communities continue to lag, and this is detrimental to national development given the fact that world-over nations are now competing for the fourth industrial revolution. However, the efforts by the government to bridge the digital divide ought to be recognized although the efforts do not currently satisfy the demand for information technology facilities in public education institutions. In line with building a digital economy as outlined in the NDS1, the government has launched 170⁴ Community Information Centers (CIC). While the CICs are open to public schools there is still much that needs to be done to ensure comprehensive access to ICT in education institutions.

Methodology

The research made use of a mixed-method approach to present a comprehensive EH 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 questionnaires was necessitated by the presence of ZIMCODD Community Resource Agents (CORAs), Social and Economic Justice Ambassadors (SEJAs) and Youth Integrity Icons (YII) in the fifty-seven districts. Out of the 3550 questionnaires distributed only 2960 were successfully answered while 390 (11%) were partially answered and 200 (5.6%) were never answered. Thus, the research response rate was 83.4 %, a 5% decrease from 88.4% recorded in the previous month. Out of the 2960 respondents, 2176 (73.5%) were women while 784 (26.5%) were men. It is essential to note that, the number of men participating in the survey decreased drastically from 1143 recorded in the previous month. At the same time, 2280 (77.2%) participants were youth below the age of 35, an increase from 2175 participants recorded in March. Data was validated using a triangulation process that included key informant interviews with officials from Local Authorities, the Ministry of Health and the Ministry of Education. Observations were also used as data collection and verification tools. Fig 2 below presents the survey response rate while Fig 3 shows participants' gender disaggregated data and percentage of youth participation.

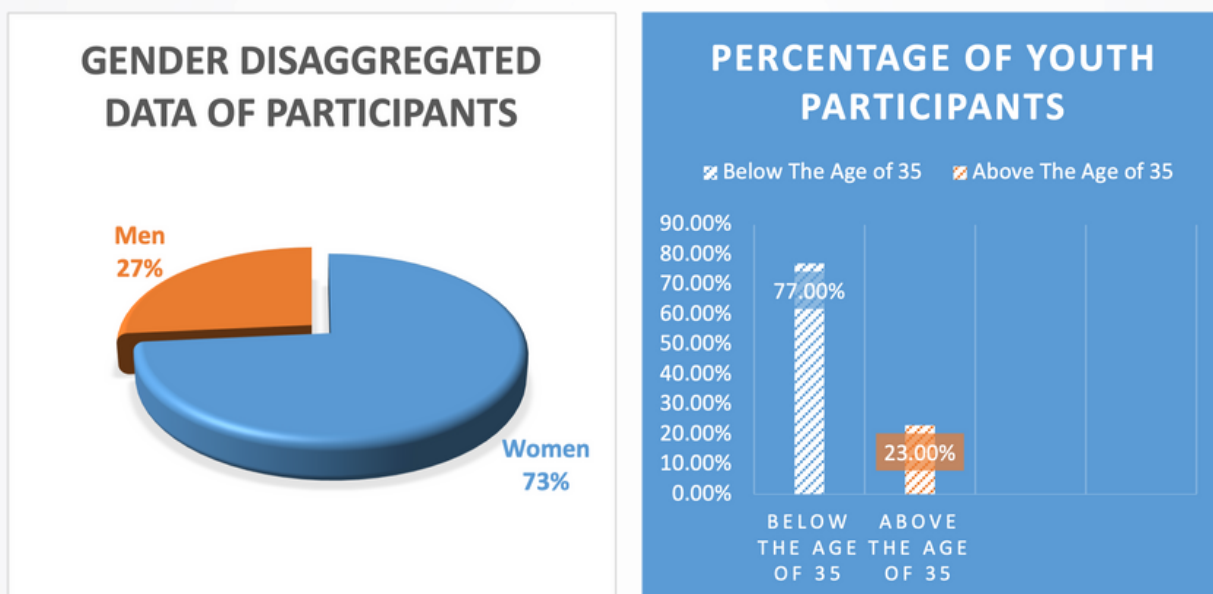
4. Government of Zimbabwe Launches 170 Community Information Centers (CICs) across Zimbabwe - Ministry of Information Communication Technology, Postal and Courier Services (ictministry.gov.zw)

Fig 2: Survey Response Rate



Source: Survey Results

Fig 3: Participants Gender Disaggregated Data & % of Youth Participation



Source: Survey Results

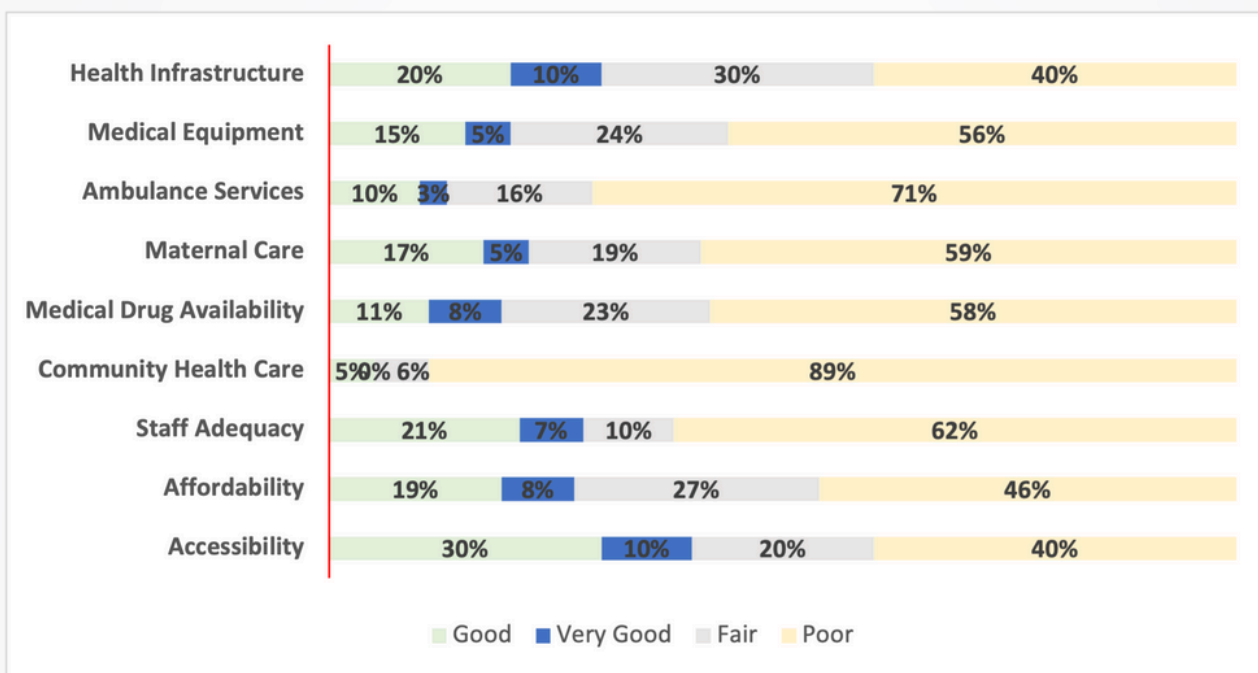
Findings

Public Healthcare Sector

State of Public Healthcare Service Delivery

Governments, particularly those in the developing world like Zimbabwe, with high inequalities, poverty rates, and poverty prevalence, must urgently provide essential public services like health care to help the less privileged, thus promoting inclusive growth and development. As such, this section presents a snapshot of the state of Zimbabwe's healthcare service delivery in April 2024.

Fig 4: State of Health Service Delivery



Source: Survey Results

As summarized in Figure 4, the results from the April 2024 snap survey conducted by ZIMCODD in 57 districts across the country highlight a substantial underperformance of the public healthcare sector. However, these findings also present an opportunity for significant improvement. About 40% of the respondents in the districts sampled reported a slow rate of construction of new and maintenance of existing healthcare infrastructure like clinics, hospitals, health staff quarters, and health research and training centers. A significant majority of the respondents also reported experiencing dire ambulance services, poor maternal healthcare services, unavailability of essential medical drugs, serious healthcare understaffing, unaffordable public health user fees, and inaccessible public healthcare services in their respective districts.

Consequently, access to quality healthcare services has become a privilege for the few rich and politically connected households who can afford private sector healthcare services. In other words, a lack of accessible, quality and affordable public healthcare services deepens structural inequalities. This disproportionately affects the most vulnerable societal groups like children, young girls, pregnant women, the elderly, and people with disabilities (PWDs), invoking a strong sense of empathy. While in comparative terms, the public healthcare sector has remained relatively affordable as the private healthcare sector has almost dollarized, a simple survey would show many patients prefer receiving private to public healthcare because the private sector is well equipped, staffed, and remunerated (high health worker morale).

Public Healthcare Financing

As reported in ZIMCODD SitRep for March 2024, the public healthcare sector remains inadequately financed. The central government, the top financier of public healthcare in Zimbabwe, continued to face severe resource constraints in April 2024. This was primarily due to the Reserve Bank of Zimbabwe's (RBZ) abrupt transition from an old currency system (Zimbabwe local dollar: ZWL) to a 'new structured currency' dubbed the Zimbabwe Gold (ZiG) in early April 2024.

Also posing a significant risk to the actual value of the revenue collected by the Treasury is the ZiG, which, though still in its infancy stages, has shown deep vulnerabilities to frequent and severe exchange rate fluctuations.⁵ Even before the introduction of the ZiG, the Treasury still experienced limited fiscal space, as shown by inadequate funds earmarked for public health in successive national budgets. For instance, in most cases, the funds allocated for public healthcare always fell short of the requirements of the famous Abuja Declaration. As part of the signatories to the Abuja Declaration, Zimbabwe has effectively committed to spending at least 15% of its national budget on the provision of essential public healthcare services.

5. <https://zimcodd.org/economic-review/>

April Healthcare Press Bulletin

Zim's Health Sector Battles Bogus Doctors: *'Parirenyatwa Group of Hospital says it is battling a pandemic of a different kind: bogus doctors walking the hospital's passages with criminal intent. Between January and April this year, the hospital says it dealt with 11 cases of fake doctors who give themselves false identities to fleece patients and staff. In 2023, the hospital said 33 bogus doctors were reported to the police.'* – Zimbabwe Mail.⁶

Zim Records Surge in Malaria Deaths: *ZIMBABWE has recorded over 20,000 malaria cases and 44 deaths in the past weeks, according to statistics from the Health and Childcare Ministry. According to the ministry's Disease Surveillance report for the week ending April 28, Mashonaland Central is the worst affected province, contributing 50,9% of reported cases and 28,2% deaths.* – Zimbabwe Situation⁷

Parirenyatwa's Kangaroo Mother Care Halves Neonatal Mortality: *Immediate Kangaroo Mother Care (IKMC) can halve neonatal mortality, as evidenced at Parirenyatwa Group of Hospital's Mbuya Nehanda Maternity Hospital over the past month. Speaking to journalists during a tour of the IKMC unit, specialist neonatologist Dr Alexander Stevenson explained that preterm babies are instantly placed on the mother's chest before the umbilical cord is cut.* – Health Times⁸

Zimbabwe Introduces HIV Prevention Drug: *Last week, Zimbabwe introduced Cabotegravir long-acting (CAB-LA), an injectable pre-exposure prophylaxis (PrEP) drug, as part of its HIV prevention efforts. This drug, designed to suppress HIV infection as it occurs, targets HIV-negative individuals at high risk of contracting the virus. CAB-LA joins the dapivirine ring and oral PrEP as options in the country's HIV prevention arsenal under the CATALYST study, aimed at expanding access to new prevention methods.* – iHarare.com⁹

6. <https://www.thezimbabwemail.com/health/zims-health-sector-battles-pandemic-invasion-of-bogus-doctors/>

7 <https://www.zimbabwesituation.com/news/zim-records-renewed-surge-in-malaria-deaths/>

8 <https://healthtimes.co.zw/category/breaking-news/>

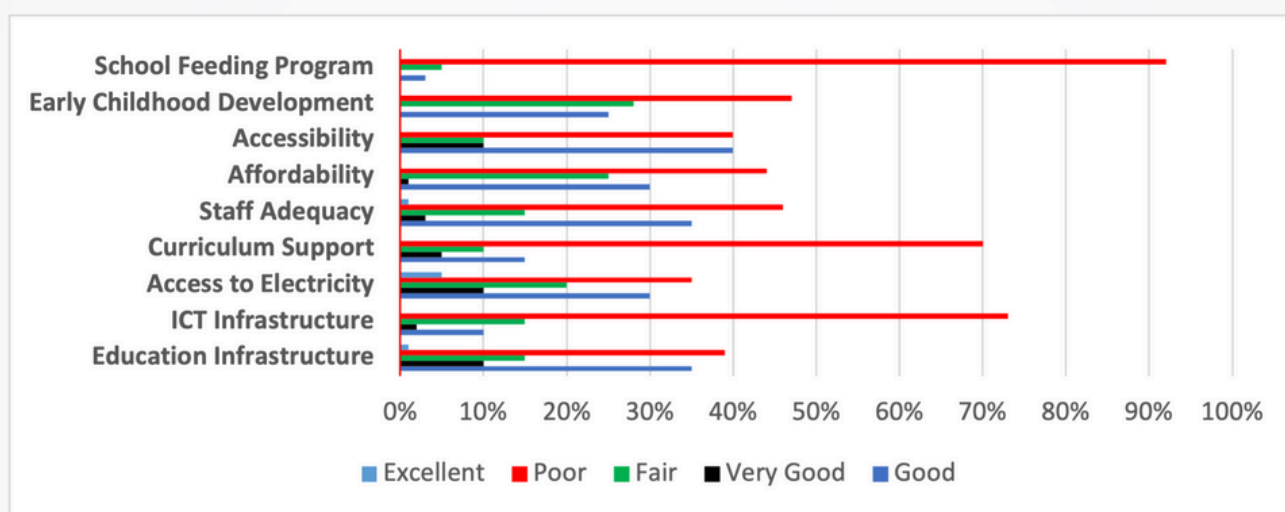
9 <https://iharare.com/zimbabwe-introduces-hiv-prevention-drug-ministry-of-health-reveals-what-you-need-to-know/>

Public Education Sector

State of Public Education Service

Like the case with public healthcare service delivery, Zimbabwe faces poor public education service delivery. This is the case despite the supreme law of the land providing that every school-going child must be awarded an opportunity to access quality and affordable (free) basic education. This section, therefore, presents the results of a snap survey conducted by ZIMCODD on the state of public education service delivery in Zimbabwe.

Fig 5: State of Education Service Delivery



Source: Survey Results

The April 2024 snap survey by ZIMCODD shows that the public education system continues a downward spiral as the macroeconomy tightens, primarily due to volatile local currency and unstable local prices. Almost 40% of the districts surveyed reported poor education infrastructure relating to classroom & administration blocks, laboratories, and teachers' quarters. The districts also reported poor supportive infrastructure like water, sanitation, electricity, and ICT services. Again, a supermajority of districts (90%) do not have school feeding programs, while 70% reported a lack of curriculum support. The downside situation is the same for early childhood development (ECD), education staff adequacy, education affordability, and education accessibility, which were rated poor (refer to Figure 5).

Education Financing

Financing for public education remains very limited. As highlighted in ZIMCodd March 2024 SitRep, statistics from the Ministry of Primary and Secondary Education (MoPSE) show that the nation is facing a shortfall of about 2,953 schools. Further, the infrastructure and equipment of the registered schools is rapidly deteriorating and does not match the competence-based curriculum, while teaching and learning materials remain a perennial issue in improving the pass rate. Officially, data indicate that since 2020, 16% of the national budgets and expenditures have been allocated towards education (combined primary & secondary education and higher & tertiary education). The Dakar Declaration calls for 20% of the national budget on public education, while the 2000 Incheon Declaration calls for spending 6% of the national output toward public education. The currency changeover from Zimbabwe local dollar (ZWL) to Zimbabwe Gold (ZiG) in early April 2024 and subsequent adjustment of prices will likely subdue revenue collection for the next few months.

Education Human Interest Stories

Church of Latter-day Saints Pledges to Help Refurbish Globe and Phoenix Primary School

A classroom collapsed due to artisanal mining that was taking place close to Globe and Phoenix Primary School (GPPS) in Kwekwe. Relevant stakeholders tried to stop these mining activities, but their efforts were fruitless. As a result, a classroom collapsed into a mining shaft, injuring many students, and they were admitted to Kwekwe General Hospital. Fortunately, no fatalities were recorded; however, another incident subsequently emerged in Globe Court, a middle-class suburb between Globe and Phoenix, where a family woke up to find their kitchen submerged beneath an abandoned mining shift.

GPPS serves the mining communities and farming towns in Kwekwe. Following the collapse of a classroom block at GPPS, lessons were halted immediately, and students were asked to use an alternative educational setting, Sally Mugabe Primary School, formerly Russel Primary School. Temporary infrastructure in the form of tents was set up to ensure classes wouldn't continue. In a surprising turn of events, the Latter-Day Saints Church has committed to supporting the reconstruction of a new GPPS school. The decision comes after a series of unmet promises from politicians and the government dating back to 2023. Delays in constructing the new school have been attributed to the slow approval of plans and securing a suitable location.

Gutu Schools Continue to Hold Birth Certificates for Students with Unpaid Fees

Since independence, many schools have retained original birth certificates for students. This continued for years until it was discovered that many birth certificates were lost, and schools used them as collateral for students who had not paid their fees. The government abolished this act, and it was agreed that when it comes to unpaid fees, schools should deal with parents rather than students. The effort was to ensure that there was no violation of a child's constitutionally guaranteed right to a birth certificate in Zimbabwe.

However, schools in Gutu District reportedly still oppose the government program because of information asymmetry in many rural areas. Reports indicate that a handful of primary and secondary schools still withhold original birth certificates and demand original copies for one to secure Form One place. According to these reports and eyewitness accounts, most children are leaving school, especially at the secondary level, with their birth certificates being withheld there. This significantly negatively impacts children from low-income households, including yet unborn children.

It also perpetuates a lineage of children without legal identification documents. Yet, legally, a child without a birth certificate and national identity card is not permitted or able to get employment or access certain crucial services. In addition, this adds pressure to the Register General's office as the department pumps out money for mobile birth and document registrations, which is sometimes caused by schools withholding documents for a long time.

Citizen-Led Expenditure Tracking (Health and Education Sector)

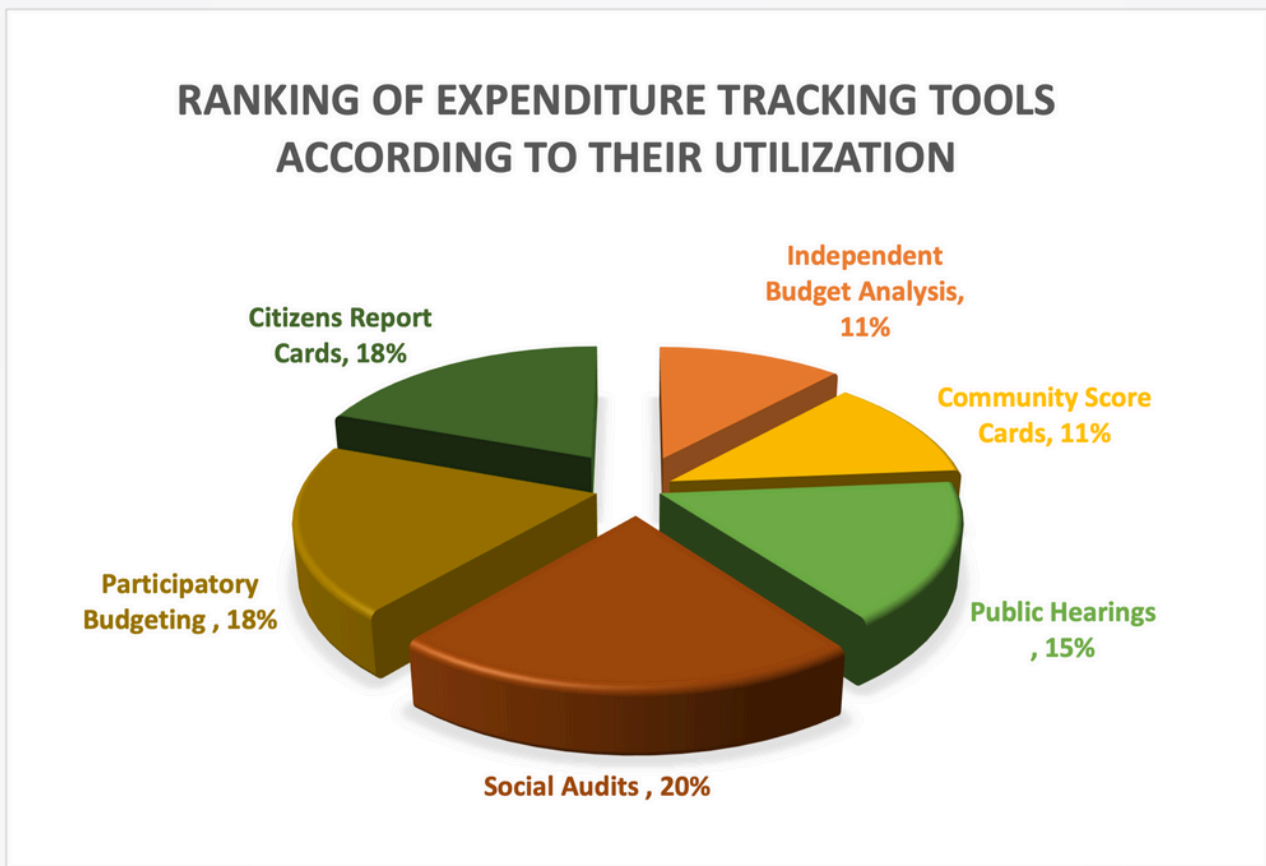
Several communities surveyed demonstrated great knowledge and understanding of citizen-led expenditure tracking. This can be supported by ward 17 in Goromonzi where the community continues to lament the poor performance of Chinyika Clinic saying, “*We do not understand how it is utilizing resources because every time we go for treatment, we are told there are no drugs*”. Such remarks by citizens demonstrate an understanding of how resources must be utilized.

For Checheche residents in Chipinge South, the use of community scorecards for public expenditure tracking in the health and education sector has increased tremendously. According to a key informant interviewed, “*Community scorecards are playing a critical role in helping us to examine how our resources are used. While the results are still teething, we hope that by the end of the year, we will have made a meaningful evaluation of our resources.*”

Participatory budgeting and independent budget analysis are the most used expenditure tracking tools in Harare, Masvingo, Gweru, Mutare and Bulawayo. The survey discovered that, in the five cities, communities participate effectively in the formulation of their local authorities’ budget. However, women participate more than men, a worrisome trend that has been compounded by youth apathy. Nonetheless, the communities demonstrated great insight and understanding of their budget, a scenario that makes them easily analyse and interrupt the utilization of resources. Nevertheless, 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 used expenditure tracking tools in health and education sectors within local authorities are as below.

Fig 6: Ranking of Expenditure Tracking Tools According to Their Utilization



Source: Survey Results

Conclusion

As reflected in the HE SitRep, education and health service delivery form the nerve centre of effective HCD and HDI, a prerequisite for national growth and development. Thus, there is a need to ensure that the two sectors are operating at an optimal level providing viable service delivery to the citizens. Nonetheless, the current state of public health and education is coupled with infrastructure gaps and skills flight. Therefore, it is just for one to argue that the state of education and health services has the potential to derail Zimbabwe's aspirations of becoming an upper-middle-income economy by 2030.

Recommendations

1. Authorities must endeavour to spend at least 15% of the national budget on the health sector as per the Abuja Declaration.
2. The government must explore alternative cost-effective ways such as strengthening Public-Private Partnerships to improve education, healthcare, water and waste management infrastructure in response to the ballooning urban population.
3. The government must ensure timely disbursements of budget funds to critical ministries and devolution funds to all local authorities. The current delayed disbursements in a highly inflationary environment are equivalent to a waste of public funds.
4. There is a need for a whole-of-government approach to curbing corruption by public officials and improving service delivery. This can be done by strengthening oversight and accountability institutions such as the Parliament.
5. The government must invest in E-education in rural and marginalized communities to reduce education inequalities and ensure that Zimbabwe becomes competitive and participates in the 4th Industrial Revolution.



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