

**GENDER
RESPONSIVE
PUBLIC SERVICES
AND TAX JUSTICE
RESEARCH
REPORT**

ACTIONAID ZIMBABWE

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LIST OF ACRONYMS AND ABBREVIATIONS

AAZ	ActionAid Zimbabwe
ACRWC	African Charter on the Rights and Welfare of the Child
CIT	Corporate income tax
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
ECD	Early Childhood Development
ECF	Extended credit facility
GDP	Gross Domestic Product
GoZ	Government of Zimbabwe
GRPS	Gender Responsive Public Services
ICT	Information and Communication Technology
IFF	Illicit financial flows
IMF	International Monetary Fund
KII	Key Informant Interview
LRP	Local Rights Program
MOHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
NDS1	National Development Strategy 1
NER	Net enrolment rates
NGO	Non-governmental organisation
PIT	Personal income tax
PSEA	Protection from Sexual Exploitation and Abuse
RBZ	Reserve bank of Zimbabwe
RDC	Rural District Council
STEM	Science, Technology, Engineering and Mathematics
SHEA	Sexual Harassment, Exploitation, and Abuse
SMP	Staff monitored program
SRHR	Sexual and Reproductive Health Rights
UCW	Unpaid care work
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's fund
USD	United States Dollar
ZIMCODD	Zimbabwe Coalition on Debt and Development
ZIMSTAT	Zimbabwe National Statistics Agency
ZINWA	Zimbabwe National Water Authority
ZWL	Zimbabwean dollar



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EXECUTIVE SUMMARY

ActionAid Zimbabwe (AAZ) is actively involved in addressing poverty and promoting gender equality across several districts in Zimbabwe, including Hopley and Mbire, which are the two districts this study focuses on. Its approach focuses on economic justice, climate justice, and women's rights, underpinned by the Bridging Strategy for 2024–2025. A key component of AAZ's work is the Gender Responsive Public Service (GRPS) framework, which aims to make public services inclusive, gender-equitable, and universally accessible, guided by human rights standards.

The main objective of the study was to uncover why the taxes collected were not translating into effective public service provision, especially for women and girls, especially in marginalised communities. The study specifically aimed to assess budget allocations for essential services, identify bottlenecks in funding usage, evaluate governmental measures for service delivery, review legal frameworks, estimate financial needs for service upgrades, and provide fiscal recommendations to improve service access and quality.

The methodology combined quantitative and qualitative approaches. Quantitative data was gathered through a stratified purposive sampling of 300 households in Hopley and Mbire, focusing on diverse demographic groups. Qualitative data

involved key informant interviews using purposive and convenience sampling to incorporate insights from stakeholders like policymakers and community leaders. This mixed-method approach, enhanced by data validation techniques such as triangulation, ensured a robust analysis of how well public services aligned with the GRPS framework, specifically in terms of funding, delivery, inclusiveness, and quality. Ethical considerations, including adherence to confidentiality and privacy standards, were rigorously maintained to ensure the integrity of the research process.

This study, grounded in a combination of quantitative and qualitative research methodologies, sought to identify the gaps between national policies and their practical application at the local level, especially concerning service delivery to marginalised communities. In terms of water provision, despite substantial national budgetary commitments—including an allocation of ZWL\$389 billion in 2024 for major projects like the Gwayi-Shangani dam—the improvement in water access at the local level remained minimal¹. In Hopley and Mbire, 20% of respondents directly cited a lack of water facilities as an issue, but key informant interviews pointed to significant challenges with water quality and accessibility, highlighting a disconnect between national investments and local impacts.

The study also revealed critical issues in the

¹ https://www.veritaszim.net/sites/veritas_d/files/The%202024%20Budget%20Statement.pdf

education sector. While the national budget for 2024 designated ZWL\$8 trillion² for primary and secondary education, infrastructural deficits and resource shortages were rampant at the local level. In Hopley, the school situation is defined by only 3 registered primary schools and only one of these is a public primary school. There are 2 registered secondary schools with about 14 deemed “private schools”³ whose quality of education remains unregulated by the government. In Mbire, there are 35 Primary Schools⁴, and 20 Secondary Schools⁵. Over 92% of schools lacked essential facilities like electricity and proper sanitation. This infrastructure shortfall was linked to high dropout rates and compromised educational quality, with a particularly dire student-to-toilet ratio in Mbire, which poses severe implications for gender equality in educational access.

Mental health services also exhibited a stark contrast between policy intentions and actual service availability. Strategic plans aimed to integrate mental health into primary healthcare systems, yet access to these services in rural and peri-urban areas like Mbire and Hopley was practically non-existent. The community’s needs, especially in Mbire where mental health challenges are exacerbated by climate change impacts, went largely unmet due to a severe shortage of mental health professionals and facilities.

Regarding Sexual and Reproductive Health Rights (SRHR), the study found that while national policies supported these services, actual access was hindered by cultural barriers and gender discrimination. The lack of specialized staff and adequate healthcare infrastructure in both Hopley and Mbire severely restricted women’s and girls’ access to essential health services. This misalignment underscores the need for a more robust implementation of gender-equitable services that cater inclusively to the needs of all community members.

Generally significant gaps between Zimbabwe’s robust policy frameworks and budgetary commitments and their actual implementation across the water, education, mental health, and sexual and reproductive health sectors. These discrepancies notably affect marginalized communities in Hopley and Mbire, with insufficient budget allocations, infrastructural deficits, and administrative inefficiencies undermining effective service delivery.

The study, steered by ActionAid International Zimbabwe’s Gender Transformative Public Service (GRPS) framework, uncovered significant gaps between Zimbabwe’s comprehensive policy frameworks and their actual implementation, impacting crucial public services such as water, education, mental health, and sexual and reproductive health rights. Key findings revealed ongoing challenges including inadequate budget allocations, infrastructural shortfalls, and administrative inefficiencies, which obstructed effective service provision, particularly in marginalized communities like Hopley and Mbire. These issues were compounded by delays in fund disbursements and a lack of educational materials and mental health professionals, significantly limiting access to essential services. The study emphasized the pressing need for the government to more closely align budgetary commitments with policy directives to enhance infrastructural and administrative capacities, thus ensuring equitable and effective access to public services for all citizens.

To tackle these challenges, the study proposed several strategic actions for the government and civil society organizations (CSOs). For the government, recommendations included adopting more progressive taxation, earmarking taxes for critical sectors, rationalizing public expenditures, enhancing international partnerships, establishing contingency funds, increasing transparency and

2 <https://www.chronicle.co.zw/security-services-sector-gets-86-trillion-budget-allocation/> (ZiG 3201639239.29 or USD236081232.25)

3 Statistics provided by Mr A Chitsotso, Enumerator and cross-referenced by a physical check by the Consultants

4 <https://mopse.co.zw/sites/default/files/public/Mashonaland%20Central%20-%20Primary%20Schools.pdf>

5 <https://mopse.co.zw/sites/default/files/public/Mashonaland%20Central%20Secondary%20Schools.pdf>

accountability, and integrating gender-responsive budgeting across all government operations. These measures aimed to improve the transparency, equity, and gender responsiveness of public service delivery. For CSOs, recommendations focused on intensifying tax justice advocacy, monitoring government spending, mobilizing communities

to demand better services, and advocating for enhanced fiscal policies that promoted gender equality and equitable resource distribution. These efforts are crucial for ensuring that public funds are used effectively and that services meet the needs of all community members, particularly the most vulnerable.



BACKGROUND

ActionAid International Zimbabwe (AAZ) is a part of the global ActionAid Federation active in over 41 countries and its current strategy focuses on eradicating poverty and advancing gender equality through its Bridging Strategy (2024 – 2025). This strategy includes System Change for Economic Justice, Climate Justice with Humanitarian and Resilience Programming, and Women’s Rights and Feminist Alternatives. AAZ has programs running in Hopley, Mbire, Chiendambuya, Nyazura, and Binga, collaborating with local and international partners to influence policies and enhance social justice.

AAZ has identified a critical issue: public services often lack gender responsiveness, increasing women’s unpaid care burdens and exacerbating inequality. The disproportionate tax burden on women, particularly those in the informal economy, contributes to this disparity by not translating into commensurate quality of services from duty bearers. There is strong empirical evidence showing a negative correlation between the taxes being paid by Zimbabweans and the quality of services being rendered by the duty bearers. To address these interconnected challenges, AAZ developed the Gender Transformative Public Service (GRPS) framework. This framework ensures that public services are publicly funded, universally accessible, gender-equitable, inclusive, and of high quality, meeting human rights standards. By advocating for a fair distribution of tax burdens and implementing the GRPS framework, AAZ aims to transform public service delivery, promoting equality and justice in Zimbabwean society.

2.1 CURRENT CONTEXT AND STRATEGIC FOCUS

As AAZ unfolds its Bridging Strategy for 2024-2026, the organization emphasizes System Change for Economic Justice, alongside initiatives in Climate Justice, Humanitarian and Resilience Programming, and promoting Women’s Rights through feminist alternatives. This strategy is operationalized through district-based Local Rights Programs (LRPs) across Zimbabwe, aiming to foster effective partnerships at both local and international levels to influence policy reforms and engage with government bodies and global solidarity networks.

2.1.1 LOCAL RIGHTS PROGRAMS (LRPS) AND GENDER RESPONSIVE PUBLIC SERVICES

One key aspect to highlight about the Zimbabwean context is that the Local Rights Program (LRP) in Nyanga District of Zimbabwe, did a study that resonates strongly with the results of this current study focusing on the provision of Gender Responsive Public Services (GRPS) and the establishment of Early Childhood Development (ECD) centers. The study aimed to document the existing realities and gather evidence to support a gender-transformative approach in public service delivery. The results revealed limited knowledge and gender blindness in the provision of public services, particularly around Unpaid Care Work (UCW). It was evident that public services, including health and education, were not gender-responsive.



The report advocates for the sensitization of communities to recognize, redistribute, and reduce the burden of childcare on women which is in line with the findings in Mbire and Hopley. Additionally, it highlighted the importance of tax justice in financing gender-responsive early childcare services and recommended capacity building, training, and meaningful community consultations to ensure the provision of safe and accessible ECD centers which resonates with what is contained in this report as in-depth means of ensuring gender-responsive public services. The findings of both researches emphasize the need for a gender-transformative approach in public service delivery and tax justice to address the challenges faced by women in the community. This cross-reference is critical in fully understanding not only the work of AAZ but also the lived realities of women and girls across Zimbabwe.

2.2 THE URGENT NEED FOR GENDER RESPONSIVE PUBLIC SERVICES

In Zimbabwe, the statistical landscape underscores the urgency of the current study. Female labor force participation stood at 40.9% (2022), revealing significant economic engagement yet marred by a substantial gender pay gap of 28.1% (2021).⁶ Maternal health remains a critical concern, with a maternal mortality ratio of 348 per 100,000 live births (2021).⁷ Despite these challenges, women's political representation has seen an increase, with women constituting 31.9% of Parliament in 2023.⁸ The stark gender disparities reflected in the statistics point to the urgent need to address the systemic barriers and inequities faced by women living in poverty. The alarmingly high maternal mortality rates, for instance, underscore the critical lack of access to quality, affordable healthcare services. This disproportionately impacts women, hindering their ability to lead healthy, fulfilling lives and participate fully in society. Furthermore, the

wide gender gap in employment and economic opportunities is rooted in deep-seated social norms and structural biases that limit women's autonomy and reinforce their role as primary caregivers. The lack of accessible, gender-responsive public services, such as childcare and social protection, often forces women to shoulder a heavier burden of unpaid domestic and care work, restricting their access to education, training, and paid labor.

These figures serve as a stark reminder that enhancing the lives of women living in poverty and fostering gender equality requires a multifaceted approach. Investing in high-quality, universal public services that cater to the unique needs of women, such as healthcare, education, and social security, can play a pivotal role in dismantling the barriers they face and empowering them to reach their full potential. Addressing the root causes of gender-based inequalities, including harmful social norms and discriminatory policies, is essential to advancing social justice and ensuring that no one is left behind.

2.3 THE GENDER TRANSFORMATIVE PUBLIC SERVICE (GRPS) FRAMEWORK

In response, the GRPS framework developed by AAZ emphasizes publicly funded, universally accessible services that are gender equitable and adhere to human rights standards. This approach seeks to make Zimbabwe's public services responsive to the needs of women and girls, employing an intersectional approach to tackle discrimination and exclusion. Examining the economic underpinnings, Zimbabwe's allocation of public spending and tax revenue further illuminates the necessity for targeted reforms. In 2022, public spending on health constituted 10.1% of GDP, education received 12.5%, and water and

6 International Labour Organization (ILO) (<https://ilostat.ilo.org/data/lang-en/subtopic--11/theme--11/indicator--110101/region--Africa/country--Zimbabwe>)

7 World Health Organization (WHO) ([https://www.who.int/data/gho/data/major-themes/maternal-health/maternal-mortality-ratio-\(modelled-estimate\)-2021](https://www.who.int/data/gho/data/major-themes/maternal-health/maternal-mortality-ratio-(modelled-estimate)-2021))

8 Inter-Parliamentary Union (IPU) (<https://data.ipu.org/women-in-parliament/world-ranking>) World Bank (<https://data.worldbank.org/indicator/SH.XPD.GHED.ZS>)

sanitation services 3.2%.⁹ Meanwhile, total tax revenue stood at 27.5% of GDP, with corporate income tax at 12.4% and personal income tax at 7.8%.¹⁰ These figures point to potential areas for fiscal adjustment to better support gender-transformative changes.

Through rigorous quantitative and qualitative research methodologies, utilizing the case studies of Mbire and Hopley, this study aims to empower AAZ's campaign for gender-transformative public services and equitable tax practices, aiming to improve service delivery and ensure equitable tax practices for the benefit of women and girls in Zimbabwe.

⁹ UNESCO Institute for Statistics (<https://uis.unesco.org/en/country/ZW>)

¹⁰ International Monetary Fund (IMF) (<https://www.imf.org/external/datamapper/profile/ZWE>)



OBJECTIVES OF THE STUDY

The major aim of the study was to provide an answer to the critical question: why are taxes being paid by citizens and being collected from various stakeholders in different forms and manners not translating to critical service provision on the ground, particularly for women and girls in marginalized communities? Hopley and Mbire were the sample geographical communities for this inquiry.

This critical aim of the study was buttressed by the following research objectives;

1. To assess the budget allocation for domestic water provision, education, mental health, and sexual reproductive health rights as public services in Zimbabwe, and to determine the proportion of this allocation that is directly spent on service provision.
2. To identify and analyze the existing bottlenecks that prevent budget allocations from reaching the intended users within the public services sector in Zimbabwe.
3. To evaluate the measures implemented by the government to address issues of funding allocation and service delivery in the sectors of water provision, education, mental health, and sexual reproductive health rights, and to propose recommendations for further actions.
4. To examine the existing policy and legal frameworks governing water provision, education, mental health, and sexual reproductive health rights in Zimbabwe, with a focus on assessing their gender sensitivity and effectiveness in promoting gender equality within these sectors.
5. To estimate the financial requirements for upgrading to state-of-the-art services in the domains of water provision, education, mental health, and sexual reproductive health rights, and to identify which services are pivotal in driving transformative change in Zimbabwe.
6. To critically review the current government expenditure and provide recommendations on how best to utilize those funds to provide clean, safe water with a gender lens.



METHODOLOGY

The selection of Hopley and Mbire as the study sites was a deliberate choice, as these two districts represent distinct socioeconomic and geographic realities within the communities served by ActionAid International Zimbabwe (AAZ). Hopley, located in the capital Harare, is characterized by a high concentration of urban informal settlements and marginalized populations, while Mbire, a rural district in the northern part of the country, faces unique challenges related to access to public services in remote areas. By purposively sampling these two contrasting localities, the study aimed to capture a nuanced understanding of the gender-responsive nature of public service provision across diverse contexts. The choice of these specific districts was informed by AAZ's extensive on-the-ground experience and understanding of the unique socioeconomic and geographic factors shaping the lived realities of women and girls in these communities. This methodological approach allowed the research team to delve deeper into the underlying reasons behind the stark gender disparities highlighted in the statistics, exploring how factors such as urban-rural divides, socioeconomic status, and geographic isolation intersect to create barriers to accessing quality, gender-responsive public services. The insights gained from this comparative analysis can inform more targeted and context-specific interventions to address the root causes of inequality and empower impoverished women and girls.

4.1. CONCEPTUAL FRAMEWORK

ActionAid International Zimbabwe's Gender Transformative Public Service (GRPS) framework serves as the foundation for its approach to supporting people living in poverty and combating structural injustices. This framework is constructed around four core elements, each designed to ensure that public services are delivered effectively and equitably:

1. **Publicly Funded Services:** ActionAid Zimbabwe advocates for public services that are financed through governmental budgets. This includes a focus on:
 - **Share of Budgets:** Ensuring a significant portion of budgets is allocated to key public services.
 - **Size of Government Revenues:** Capturing a broader tax base to increase domestic resource mobilization.
 - **Sensitivity of Resource Allocations:** Allocating resources with an emphasis on equity, ensuring that funds reach the most disadvantaged areas.
 - **Scrutiny of Funds:** Monitoring the distribution of resources to verify that they are used effectively where most needed.

2. Publicly Delivered and Universal

Services: The organization stresses that public services should be managed by the government and accessible to all citizens equally. While other entities might support service delivery, the primary responsibility lies with the state.

3. Gender Equitable and Inclusive Services:

The framework prioritizes services that are fair and inclusive, particularly towards women and girls. It employs an intersectional approach to address multiple forms of discrimination, ensuring services are accessible and responsive to people with disabilities, those in remote areas, and minority communities.

4. Quality of Services Based on Human

Rights Standards: The framework measures service quality through the lens of human rights, focusing on:

- Availability: Services must be consistently available.
- Accessibility: Services must be easily accessible to all who need them.
- Acceptability: Services should be respectful of community needs and culturally appropriate.
- Adaptability: Services must be flexible enough to evolve based on changing needs.

This conceptual framework guided the researchers to focus on specific aspects of public service delivery in their study using a critical gender lens. By employing the GRPS framework, the study aimed to assess how well public services in Zimbabwe met the criteria of funding, delivery, inclusiveness, and quality. This approach allowed researchers to pinpoint critical issues in the provision of water, education, mental health, and sexual reproductive health rights.

4.2. QUANTITATIVE DATA COLLECTION

For the quantitative data collection phase, a stratified purposive sampling approach was implemented to ensure a comprehensive representation of various demographic groups and geographical areas within the study sites of Hopley and Mbire. The sampling strategy employed a stratified purposive approach to ensure the survey participants were

representative of the diverse demographics within the Hopley and Mbire communities. The key demographic variables used to define the strata included:

Age: Participants were divided into three age groups - 18-35 years, 36-55 years, and 56 years and above.

Gender: The sample was stratified by male and female participants.

Locality: For each district, the sample was further stratified by urban (Hopley) and rural (Mbire) locations.

This resulted in a total of 6 distinct strata across the two study sites (3 age groups x 2 genders).

To determine the sample size for each stratum, the research team utilized the Cochran's formula for calculating sample size for categorical data. The formula used to calculate the sample size for each stratum is:

$$n = [Z^2 \times p \times (1-p)] / e^2$$

Where:

- n** is the sample size for each stratum
- Z** is the z-score corresponding to the desired confidence level (95% in this case, $Z = 1.96$)
- p** is the estimated proportion of the characteristic of interest in the population (assumed to be 0.5 for maximum variability)
- e** is the desired margin of error (set at 0.08)

Using this formula, the team calculated a target sample size of 150 households for each of the Hopley and Mbire districts, ensuring sufficient statistical power and representation across the different demographic strata. This detailed and methodical approach to sampling allowed the researchers to capture the nuanced perspectives and experiences of diverse community members, providing a robust foundation for the subsequent analysis of gender-responsive public service provision in the two study sites.

The data collection methods included a digital survey questionnaire utilized by enumerators for data collection.

4.4. QUALITATIVE DATA COLLECTION

For the qualitative data collection, the researchers conducted a total of 300 in-depth interviews, with 150 respondents each from the Mbire and Hopley districts. This large sample size was crucial to capturing the diverse perspectives and experiences of community members accessing public services in these two contrasting localities. In addition to the extensive in-depth interviews, the research team also conducted 20 key informant interviews (KIIs) using a purposive sampling approach. These KIIs targeted key stakeholders, such as policymakers, government officials, and community leaders, who were selected based on their expertise and relevance to the research objectives.

The purposive sampling strategy for the KIIs ensured the inclusion of respondents with substantial knowledge and experience in areas pertinent to the study, such as tax justice, gender issues, and public service delivery. These individuals were able to provide detailed, contextual insights that complemented the findings from the in-depth community interviews. The combination of the large-scale in-depth interviews and the targeted KIIs allowed the researchers to gain a comprehensive understanding of the challenges and opportunities related to gender-responsive public services in the Hopley and Mbire districts. The qualitative data collected through this multi-pronged approach provided invaluable context and nuance to the quantitative survey findings, enabling a more holistic analysis of the key issues at hand.

4.5. DATA VALIDATION

To ensure the reliability of the collected data, the research employed a rigorous triangulation process. This method involved cross-referencing findings from both quantitative and qualitative data streams with existing literature in the fields of gender, service delivery, and tax justice. By

integrating these diverse sources of information, the research team was able to verify the consistency and enhance the accuracy of the findings. This comprehensive approach not only bolstered the credibility of the data but also provided a robust framework for interpreting complex interactions within the study's thematic scope.

4.6. DATA ANALYSIS AND INTERPRETATION

The descriptive statistics analytical technique was used to interpret the quantitative survey data from Hopley and Mbire. This provided a clear overview of the current state of service delivery, highlighting trends and distributions within the data. In parallel, qualitative data from key informant interviews were thematically analyzed to extract themes pertinent to gender equity, service quality, and tax justice. This qualitative analysis offered deeper insights into the contextual factors impacting public service delivery. The integration of these quantitative and qualitative findings employed triangulation to enhance data reliability and validity. This comprehensive approach allowed for a robust interpretation of how well public services in Zimbabwe align with the Gender gender-transformative public Service framework, particularly in terms of funding, delivery, inclusiveness, and quality.

4.7. ETHICAL CONSIDERATIONS

Given the potential political sensitivity of the survey, researchers strictly adhered to codes of consent, confidentiality, and privacy. Snowball sampling and hybrid data collection methods, including telephone interviews for sensitive information, were used to protect respondent identities. To ensure safety and health, researchers followed ActionAid International Zimbabwe's Safeguarding Policy, which focuses on preventing and addressing Sexual Harassment, Exploitation, and Abuse (SHEA) and other concerns. This policy aligns with the Child Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA) Policies, emphasizing a zero-tolerance approach to SHEA. It aims to create a safe, respectful working environment, highlighting the importance of gender responsiveness and providing mechanisms for reporting misconduct.



MAIN FINDINGS OF THE STUDY

This section presents an in-depth analysis of the findings from a comprehensive study conducted in Zimbabwe, focusing on the disparities between policy frameworks and their implementation across essential public sectors. The research, grounded in ActionAid International Zimbabwe's Gender Transformative Public Service (GRPS) framework, explores the critical gaps affecting women and girls in marginalized communities in Hopley and Mbire, particularly in the areas of water, education, mental health, and sexual and reproductive health rights. The findings highlight systemic challenges, including inadequate budget allocations and infrastructural deficits, that impede effective service delivery and equitable access to public services.

5.1. BRIEF OVERVIEW OF THE RESEARCH OBJECTIVES AND METHODOLOGY

This study explored why tax revenues in Zimbabwe are not effectively translating into essential public services, especially for women and girls in marginalized communities. Employing ActionAid International Zimbabwe's Gender Transformative Public Service (GRPS) framework, the research assessed budget allocation, service delivery bottlenecks, governmental measures, policy frameworks, financial needs for service upgrades, and fiscal recommendations.

The methodology combined quantitative and qualitative approaches. Quantitative data were gathered from 300 households in Hopley and Mbire through stratified and digital surveys. Qualitative insights were derived from key informant interviews using purposive sampling to ensure diverse perspectives. Quantitative data was analyzed using the descriptive statistics technique whereas qualitative data was analyzed using thematic analysis and critical discourse analysis. The findings were validated through triangulation. Ethical considerations were strictly upheld to protect participant confidentiality.

5.2. POLICY AND LEGAL FRAMEWORK ANALYSIS

This section analyses key legal and policy instruments of the Government of Zimbabwe that govern the provision of the services under study. Such legal instruments include Acts of Parliament and statutory instruments. Zimbabwe's water sector is regulated by robust legal and policy frameworks emphasizing water as a fundamental human right, highlighting both human rights and gender perspectives. This gives a solid case for women and girls to keep demanding respect for their rights to gender-responsive public services that aid their dignity. The 2013 Constitution asserts everyone's right to safe, clean water, enforcing state responsibility to ensure equitable water access. The Water Act of 1998 supports



this by mandating equitable water use and sustainable management practices, ensuring no discrimination based on gender or other status. Local governance is crucial, with urban and rural councils tasked under respective Acts to manage water resources effectively, ensuring potable water and proper sanitation, which supports sustainable consumption and resource management across all communities for the dignity of women and girls. In addition to the legal instruments, the study takes a comprehensive review of Vision 2030 and the National Development Strategy 1 which collectively seek to deliver an upper-middle-income economy by 2030. The targets set in NDS1 will be tracked against what government's progress in delivering services

5.2.1. POLICY AND LEGAL FRAMEWORK ANALYSIS IN THE WATER SECTOR

Numerous legal and policy frameworks govern the water sector in Zimbabwe and give an outlook of what the water sector should entail from a human rights and gender perspective. The Constitution of Zimbabwe, adopted in 2013, emphasizes water as a fundamental human right in Section 77. It explicitly states that every person has the right to safe, clean, and potable water, underscoring the government's obligation to ensure the accessibility of water for all its citizens.¹¹ This provision highlights the importance of water not only as a vital resource but also as a crucial aspect of upholding human dignity and health. By enshrining this right within its Constitution, Zimbabwe commits to prioritizing water provision and making concerted efforts to manage water resources responsibly, equitably across the population and especially for women and girls from marginalized communities.

According to the above, the Water Act (Chapter 20:24), enacted in 1998, plays a crucial role in the allocation, management, and use of water resources in Zimbabwe. This legislation is pivotal for ensuring equitable access to water and addressing the significant concerns related to water scarcity for women and girls. It stipulates various conditions for water use, promoting conservation and sustainable

management practices across all sectors.¹² The aspect of equitable water provision is imperative as the Act stipulates everyone regardless of sex, gender or other creed has a right to access water (Water Act, Chapter 20:24).

The role of local governments in water provision is defined under the Urban Councils Act and the Rural District Councils Act. Urban Councils are empowered to manage public utilities within their jurisdictions, ensuring access to potable water and adequate sanitation services for residents. This responsibility includes the development and maintenance of water infrastructure and sewage treatment facilities, along with the authority to set water tariffs and regulate water usage to promote sustainable consumption in urban areas (Urban Councils Act). Similarly, the Rural District Councils Act outlines the duties of Rural District Councils in water management. These councils oversee water resources in rural areas, often focusing on agricultural needs. They collaborate with ZINWA and other relevant bodies to ensure efficient water use and allocation. Rural councils are also responsible for developing and sustaining water supply systems to meet the unique needs of rural communities (Rural District Councils Act).

Vision 2030 and NDS1's water infrastructure cluster encapsulate the government's commitment to providing clean and potable water. The focal point of enhanced water supply under NDS1 is to ensure that the proportion of the country's population, which includes women and girls, using a secure, potable drinking water source increases. The target is to raise access to potable water from 77.3% to at least 90% by 2025 and increase water storage capacity from the current 15.423×10^6 megaliters to 16.979×10^6 megaliters by 2025.¹³ Findings from questionnaires and community leaders indicate that the wards under study did not benefit from the ongoing development of water infrastructure through government programs such as the Presidential borehole drilling scheme. It revealed that women and girls still bear the brunt of unequal distribution of water in their respective

11 Constitution of Zimbabwe, 2013 https://www.veritaszim.net/sites/vritas_d/files/Constitution%20of%20Zimbabwe%20Amendment%20%28No.%2020%29.pdf

12 Water Act (Chapter 20:24) accessed at <https://www.law.co.zw/download/water-act-chapter-2024/>

13 National Development Strategy 1, accessed at https://www.veritaszim.net/sites/veritas_d/files/NDS.pdf

communities which are often marginalized and excluded.

5.2.2. POLICY AND LEGAL FRAMEWORK ANALYSIS IN THE EDUCATION SECTOR

The Constitution of Zimbabwe of 2013, places a strong emphasis on education as a fundamental human right, especially for women and girls who often struggle to attain equality with men and boys. Section 75 of the Constitution explicitly affirms that every citizen and permanent resident has the right to a basic state-funded education, which includes adult basic education.¹⁴ This constitutional guarantee ensures that education is accessible to all without discrimination, underlining the state's commitment to promote and facilitate education at all levels. Complementing the constitutional provisions, the Education Act (Chapter 25:04), which was originally enacted in 1987 and has since been amended to align with the new constitutional mandates, serves as the primary legislative framework for the administration of education in Zimbabwe. This Act mandates that every child in Zimbabwe has the right to attend school. It explicitly prohibits discrimination in educational settings on any grounds, thereby promoting equal access for individuals of all genders, ethnic backgrounds, and abilities.

The Education Amendment Act of 2020 made significant updates to the existing Education Act to align it more closely with the Constitution. Key provisions include:

- Ensuring free basic education for all children and prohibiting the exclusion of pregnant pupils from school settings.
- Reinforcing the commitment to non-discrimination in educational access, including for learners with disabilities.
- Strengthening the provisions for the welfare and safety of students in schools.¹⁵

Additionally, Zimbabwe ratified the Convention on the Rights of the Child (CRC) on September 11, 1990, and the African Charter on the Rights and

Welfare of the Child (ACRWC) on January 19, 1995. Both conventions emphasize the fundamental right to education. Article 28 of the CRC mandates that states make primary education compulsory and free, promote secondary education accessibility, and ensure higher education is available to all based on capacity.¹⁶ Similarly, Article 11 of the ACRWC requires states to provide free and compulsory basic education, enhance vocational and technical training, and take special measures for disadvantaged and gifted children.¹⁷ By ratifying these conventions, Zimbabwe has committed to upholding international standards and ensuring equal educational opportunities for all children.

Zimbabwe's educational policies strongly support gender equality by ensuring legal and practical measures for equitable access to education. The Constitution and Education Act explicitly prohibits discrimination, guaranteeing that both boys and girls have equal rights to education. Particularly impactful is the 2020 Education Amendment Act, which mandates free basic education and protects pregnant pupils, ensuring that pregnancy does not halt educational progress, a crucial step for gender parity. Additionally, adherence to international standards set by the CRC and ACRWC reinforces Zimbabwe's commitment to eliminating educational disparities between genders. Together, these measures remove barriers, protect against discrimination, and foster an educational environment conducive to equal opportunities, enabling significant strides toward true gender equality in Zimbabwe's educational sector.

Vision 2030 and NDS1 acknowledge that while Zimbabwe has made significant strides in achieving universal primary education, a key challenge remains in accessing quality, equitable, and inclusive education across all levels, as measured by Net Enrolment Rates (NER). During NDS1, additional attention will be directed towards broadening access and participation in quality, equitable, and inclusive education for

14 Constitution of Zimbabwe, 2013 https://www.veritaszim.net/sites/veritas_d/files/Constitution%20of%20Zimbabwe%20Amendment%20%28No.%2020%29.pdf

15 Education Act (Chapter 20:24) accessed at <https://www.veritaszim.net/node/3474>

16 Convention on the Rights of the Child (CRC): United Nations, accessed at <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

17 African Charter on the Rights and Welfare of the Child (ACRWC): African Union, <https://au.int/en/treaties/african-charter-rights-and-welfare-child>.

disenfranchised populations in remote areas and overcrowded urban areas. Vision 2030 and NDS1 target the construction of 3000 new schools to bridge existing gaps and reduce the average walking distance to the nearest school, which currently stands at 11.2 km based on information from households covered under the study.¹⁸

5.2.3. POLICY AND LEGAL FRAMEWORK ANALYSIS IN THE MENTAL HEALTH SECTOR

Zimbabwe's mental health sector is governed by a framework designed to improve care and accessibility, highlighted by key legislation and strategic initiatives. The Mental Health Act of 1996 sets the foundation, focusing on the rights of patients, regulation of facilities, and guardianship issues, ensuring that individuals with mental disorders receive appropriate and humane treatment.¹⁹ Supplementing this, the National Health Strategy (2016-2020) integrated mental health into primary health care, decentralizing services to enhance accessibility and building capacity by increasing mental health training for health professionals. The Ministry of Health and Child Care (MOHCC) launched a Mental Health Strategy covering the period 2019-2023, aiming to address the increasing demand for mental health services, especially post-traumatic stress disorders following Cyclone Idai. Key elements included strengthening human resources for health, reviewing the Mental Health Act, enhancing community-based interventions like the Friendship Bench, and advocating for funding mechanisms such as the Alcohol levy 21.

From a gender equality perspective, these policies implicitly support the notion that mental health services should be accessible and equitable for all genders. However, explicit measures to address gender-specific mental health needs are less visible in the current framework. Effective promotion of gender equality in mental health care would require policies that explicitly address the unique challenges faced by women and men, ensuring

tailored interventions that account for differences in how mental health issues manifest and are treated across genders. This would help in providing truly equitable mental health services, ensuring that all individuals, regardless of gender, receive the care they need. This is especially important for women and girls who bear the brunt of unpaid care and domestic work which has a heavy mental load and can, at many times, compromise one's mental health.

5.2.4. POLICY AND LEGAL FRAMEWORK ANALYSIS IN THE SEXUAL AND REPRODUCTIVE HEALTH RIGHTS SECTOR

Zimbabwe has developed a detailed legal and policy framework that supports and enhances sexual and reproductive health rights (SRHR). This framework ensures comprehensive care and protection, addressing the specific needs of all individuals, particularly women and girls. The Public Health Act [Chapter 15:09], last amended in 2002, is a cornerstone in Zimbabwe's healthcare legislation, covering a wide range of public health concerns. It plays a pivotal role in improving access to and the quality of reproductive health services. This act ensures that services are tailored to meet the needs of the population, with a strong emphasis on maternal health, reflecting a commitment to enhancing health services that are directly related to reproductive needs (Public Health Act, Chapter 15:09) 21.

Sexual Offences Act [Chapter 9:21], introduced in 2001, provides robust measures for the prevention of and protection from sexual abuse. This legislation is crucial in safeguarding reproductive rights and upholding the dignity and health of individuals, especially women and children. It establishes a legal framework that not only addresses the consequences of sexual violence but also implements preventative measures to protect individuals from such offenses (Sexual Offences Act, Chapter 9:21) 21.

Zimbabwe National Family Planning Council

¹⁸ National Development Strategy 1, accessed at https://www.veritaszim.net/sites/veritas_d/files/NDS.pdf

¹⁹ The Mental Health Act of 1996 in Zimbabwe, published by the Government of Zimbabwe, available at <https://www.veritaszim.net/act/mental-health-act-1996>.

Act (Chapter 15:11), enacted in 1994, focuses specifically on providing and promoting family planning services. This act is integral to reproductive health rights as it facilitates access to family planning resources, empowering individuals, particularly women, to make informed decisions about their reproductive health (Zimbabwe National Family Planning Council Act, Chapter 15:11).

The impact of these policies and acts on promoting gender equality in the field of sexual and reproductive health rights is profound. By ensuring access to comprehensive reproductive health services and protecting against sexual offenses, these laws empower women and girls by providing them with the resources and protections needed to make autonomous decisions about their reproductive health. The Public Health Act enhances access to maternal health services, crucial for reducing maternal mortality and morbidity, which disproportionately affect women. The Sexual Offences Act plays a vital role in protecting women and girls from sexual violence, a significant barrier to gender equality. Finally, the Zimbabwe National Family Planning Council Act supports women's health by enabling access to family planning services, which are essential for women's empowerment and equality. Collectively, these laws and policies not only address the health needs of women and girls but also promote their social and economic rights by creating safer, more equitable conditions for accessing SRHR services.

The effective realization of the provisions outlined in Zimbabwe's robust frameworks for water, education, mental health, and sexual and reproductive health rights crucially depends on adequate budget allocation and strong political will. The government must commit to clear and actionable measures to ensure sufficient funding is directed towards these sectors. This involves not only maintaining but also enhancing the infrastructure, training, and services necessary to fulfill these rights comprehensively. Additionally, political leaders must demonstrate unwavering commitment to these causes, ensuring that legislative intentions are translated into tangible

benefits for the population, thereby fostering a healthier, more educated, and equitable society. This is important for women and girls to realize their basic human rights and uphold their dignity.

5.3. NATIONAL BUDGET ALLOCATIONS AND IMPLICATIONS ON LOCAL SERVICE DELIVERY IN HOPLEY AND MBIRE

This section presents a comprehensive analysis of the implementation challenges and disparities in public service delivery in Zimbabwe, particularly in the water, education, mental health, and sexual and reproductive health sectors. The findings, guided by ActionAid Zimbabwe's Gender Transformative Public Service (GRPS) framework, highlight significant gaps between the robust policy frameworks and their actual execution, with a focus on the impact these disparities have on women and girls from the often marginalized communities of Hopley and Mbire.

5.3.1. NATIONAL BUDGETARY ALLOCATION AND WATER PROVISION

In examining the fiscal commitments of the Zimbabwean government towards water and sanitation over the 2023 and 2024 fiscal years, a quasi-comparative analysis reveals a strategic scaling of investments aimed at addressing critical infrastructural and environmental challenges. Historically, water has been recognized as a basic human right, prompting sustained government efforts to enhance water and sanitation programs through comprehensive budget allocations and integrated development approaches. The study deals with wide financial data in the form of budget allocations. The allocations are denominated in the ZWL. However, for purposes of computing the USD value of the allocations, users should use the prevailing interbank rate at the time of the presentation of the budget. For the 2024 budget, the prevailing value as of 30 November when the budget was presented was 1USD/ZWL5700²⁰, while the rate for the 2023 budget as at the time of

²⁰ ZiG2.28 or USD0.17 <https://zig.technews.co.zw/?s=08>

its presentation on 30 November 2022 was 1USD/ZWL650²¹

In 2023, the government allocated ZWL30.4 billion²² specifically to support the sustainability of ongoing dam construction projects, develop master plans for all dams, and utilize existing water bodies for various purposes including industrial, domestic, and irrigation needs. This budget also emphasized the rehabilitation and upgrading of existing water and sanitation infrastructure, with a focused application of the User-Pay Principle across all water-using sectors to ensure sustainability. Notably, ZWL35.1 billion²³ was directed towards dam construction between January and September 2022 alone, illustrating a significant financial commitment. The Gwayi Shangani Dam Project, a cornerstone of this initiative, was marked by its advancement towards completion and its role in supporting agriculture along a 245km pipeline.

For the subsequent year, 2024, the government's strategic priorities indicated a continuation of these efforts but with an increased financial outlay, totaling Z\$389 billion towards dam construction. This allocation was particularly aimed at completing major projects such as the Gwayi-Shangani dam and its associated pipeline, now in an advanced stage of completion, along with several other dams like Kunzvi, Ziminya, and Tuli-Manyange. The budget further supported the provision of essential infrastructure for impactful new investments such as the Manhize project, highlighting a developmental thrust towards enhancing economic activities through improved water resources management.

Additionally, the 2023 budget underscored a commitment to developing irrigation infrastructure and related systems with an allocation of ZWL55.3 billion²⁴, complemented by US\$20 million from Special Drawing Rights for the National Accelerated Irrigation Rehabilitation Programme. This focus was sustained into 2024, with Z\$204.9 billion²⁵ set aside for the rehabilitation and drilling of boreholes

and US\$7.9 million²⁶ in development assistance aimed at enhancing water, sanitation, and hygiene services in a climate-resilient manner.

The augmentation of water supply systems was evident in both years, with substantial investments directed towards improving water access in both rural and urban areas, particularly small towns and growth points experiencing demographic pressures. These initiatives reflect a robust governmental response to the exigencies posed by recurring droughts and the essential need for sustainable water management practices.

Overall, the comparison between the 2023 and 2024 budgetary commitments demonstrates a clear escalation in financial resources allocated to water and sanitation, reflecting a proactive government stance on leveraging fiscal policy to bolster infrastructure, enhance environmental sustainability, and secure water resources for its population in the face of climatic variabilities and growing industrial and domestic needs. This analysis reveals a pattern of increased and focused investment, aiming not only to address immediate water provision needs but also to lay a foundation for long-term sustainability and economic growth.

5.3.1.1. Water Provision in Hopley and Mbire

Household Interviews revealed that 48.53% of respondents, totaling 149 individuals, identified stigma and discrimination based on gender identity as a prevalent challenge in accessing public services. Additionally, 37.46% (115 respondents) highlighted the lack of gender-sensitive facilities like toilets and waiting areas. While only 0.98% (3 respondents) cited the lack of water facilities as a concern, it's clear that other gender-specific issues, such as unequal treatment and limited access to reproductive health services, are more prominently perceived challenges within the communities of Hopley and Mbire.

21 0.26 ZIG or USD 0.02 <https://zig.technews.co.zw/?s=08>

22 ZIG 12166229109.30 or USD 897108682.55 <https://zig.technews.co.zw/?s=08>

23 ZIG 14047192.16 or USD1035806.41 <https://zig.technews.co.zw/?s=08>

24 ZIG22131331.24 or 1631911.52 USD <https://zig.technews.co.zw/?s=08>

25 ZIG82001985.02 or USD6046630.56 <https://zig.technews.co.zw/?s=08>

26 ZIG3161.62 ZIG or USD233.13 USD <https://zig.technews.co.zw/?s=08>

*Table 5.1. - Specific gender-related challenges faced in accessing public services by community.***1. WHAT SPECIFIC GENDER-RELATED CHALLENGES DO YOU FACE IN ACCESSING PUBLIC SERVICES IN YOUR COMMUNITY?**

Stigma and discrimination based on gender identity	149	48.53%	149	48.53%
Lack of gender-sensitive facilities (e.g., toilets, waiting areas for the public as they queue for services)	115	37.46%	115	37.46%
Limited access to sexual and reproductive health services due to cultural norms	108	35.18%	108	35.18%
Gender-based violence or harassment while accessing public services	81	26.38%	81	26.38%
Unequal treatment based on gender (e.g., in education, healthcare)	104	33.88%	104	33.88%
Lack of access to economic opportunities due to gender discrimination	85	27.69%	85	27.69%
Lack of water facilities	3	0.98%	3	0.98%

However, following key informant interviews in both areas, among the identified themes, clean water sources received the second-highest frequency of responses, with 4 out of 13 themes specifically addressing this issue. This highlights the significant prominence of concerns regarding water access and quality among the respondents, illustrating its critical importance in the context of public service provision and tax justice in the community. Financial aid emerged as the most frequently mentioned area of concern, with 5 responses (38.46% of the total responses) advocating for financial support to address challenges related to public service provision and tax justice. Clean water sources followed closely behind, with 4 responses (30.77%), underscoring the critical importance of addressing water-related issues in the community. Other themes, such as education provision, funding and capacity building, and transparency and accountability, also garnered notable attention from the key informants, albeit to a lesser extent.

In Mbire District, in terms of water sources, key informants' interviews revealed that for upland crop production, rainfall, and seasonal streams were the primary sources, providing essential irrigation during planting and growing seasons. Similarly, riverbank crop production heavily relied on rivers and rainfall, ensuring consistent water availability

for agricultural cultivation. Livestock watering predominantly depended on rivers and seasonal streams, with additional support from boreholes during dry seasons and unprotected wells in times of extreme drought. Moreover, Kils highlighted a diverse array of sources for domestic water use in the Mbire District, including boreholes, protected and unprotected wells, seasonal streams, and rivers. These sources catered to essential household needs such as drinking, cooking, and sanitation, underscoring the critical role of water access in daily life within the district.

Literature also corroborates the fact that water access is a challenge, particularly in Hopley. In their paper "Applied systems analysis in water access for emerging human settlements: a case study of Hopley Farm, Harare, Zimbabwe," Abraham Matamanda, Thulisile Ncamsile Mphambukeli, and Innocent Chirisa explored the intricate interplay between water access, gender inequality, and public health. Utilizing a mixed-method research design, they found that 19% of citizens in Hopley accessed water from unprotected wells, while 40% lamented the unreliability of water sources.²⁷ They argued that patriarchal societal norms exacerbated the disproportionate impact of water scarcity on women and girls, who bore the brunt

²⁷ Matamanda, Abraham & Mphambukeli, Thulisile & Chirisa, Innocent. (2020). Applied systems analysis in water access for emerging human settlements: a case study of Hopley Farm, Harare, Zimbabwe. *Urban Water Journal*. 17. 10.1080/1573062X.2020.1811882.

of household water tasks and faced heightened emotional and physical stress. Through the Moser gender analytical framework and social justice theory, they underscored the interconnectedness of water, gender, and health, advocating for holistic approaches to address water access challenges in urban settings. This study provided methodological insights and identified leverage points within the water system, highlighting the need for targeted interventions to enhance the livability of emerging human settlements like Hopley. In their paper, they place the picture below to show the open wells being utilized by residents in Hopley.

Fig 5.1. Open Wells in Hopley



Source: Matamanda, Abraham & Mphambukeli, Thulisile & Chirisa, Innocent. (2020).

5.3.1.2. Key Explanations for the disparities in water provision

Zimbabwe's commitment to water as a fundamental human right is enshrined in its Constitution and further reinforced by the Water Act. It underscores the government's obligation to provide safe and

clean water to all citizens, irrespective of gender or creed, to uphold human dignity and health. The legislation promotes equitable access, conservation, and sustainable management of water resources, essential for addressing water scarcity and ensuring long-term water security. However, the situation in Hopley and Mbire is far from the policy and legal provisions regarding water provision and rights to water. Explanations for this disparity point to issues such as insufficient budgetary support, notably high administrative costs, delayed fund disbursements, and underutilization of available funds due to inflation and market instabilities contribute to the problem. Moreover, budget allocations often fall short of local commitments, impacting water service quality and accessibility. Mismanagement of resources, exacerbated by weak public expenditure tracking, further exacerbates the situation. Persistent inflation erodes the value of allocated budgets, worsening shortages and hindering sustainable water infrastructure development. These aspects are expanded under the bottlenecks section 5.4. Urgent action is needed to address these obstacles enhance water service delivery and ensure equitable access and improved quality for residents.

5.3.2. NATIONAL BUDGET ALLOCATIONS AND ACCESS TO EDUCATION

The education budgets for 2023 and 2024 demonstrate significant differences and similarities in their funding allocations and strategic priorities. In 2023, the government allocated ZWL 787.8 billion²⁸ to education, representing 18.5% of total expenditures.²⁹ Conversely, the 2024 budget allocated a notably higher ZWL8 trillion³⁰ to primary and secondary education, indicating a substantial increase in financial commitment.³¹

Both budgets prioritized the importance of basic education, with allocations for teaching materials, examination administration, and free education coverage. In 2023, ZWL31 billion³² was allocated

²⁸ ZiG31,5281,424.09 or USD23,248,099.35 <https://zig.technews.co.zw/?s=08>

²⁹ Government of Zimbabwe, The National Budget of Zimbabwe (2023)

³⁰ ZiG3,201,639,239.29 or USD23,6081,232.25 USD

³¹ Government of Zimbabwe, The National Budget of Zimbabwe (2024) (ZiG 320,1639,239.29 or USD236081232.25) - <https://zig.technews.co.zw/?s=08>

³² ZiG1,2406,352.05 ZIG or USD914,814.77

for the administration of public examinations, covering a significant portion of examination fees, while ZWL2.8 billion³³ was dedicated to the Home-Grown Schools Feeding program, ensuring that vulnerable children received one hot balanced meal per school day. Additionally, ZWL1.5 billion³⁴ was allocated for the provision of free sanitary wear to pupils, particularly in rural areas.³⁵

In contrast, the 2024 budget allocated Z\$231.8 billion for teaching and learning materials and teacher capacitation at primary and secondary levels. The budget also focused on infrastructure development, with ZWL88.7 billion³⁶ allocated for the construction, upgrading, and expansion of schools, especially in marginalized areas.³⁷ Furthermore, the budget restructuring model aimed to expedite infrastructure delivery by involving private contractors and other stakeholders.

Both budgets recognized the pivotal role of Information and Communication Technology (ICT) in education. In 2023, ZWL600 million³⁸ was set aside for the procurement of ICT equipment for public schools, with a focus on internet connectivity and digital platforms. Similarly, the 2024 budget emphasized ICT integration, with a dedicated ZWL600 million allocated to ensure that all public schools are connected to the internet through digital platforms³⁹.

In terms of tertiary education, both budgets demonstrated a commitment to investment. In 2023, ZWL9.8 billion⁴⁰ was allocated for infrastructure projects across various institutions, aimed at enhancing facilities and supporting academic endeavors. Similarly, the 2024 budget allocated ZWL2.4 trillion⁴¹ to support the implementation of Education 5.0 under higher and tertiary education, focusing on innovation, modernization, and strategic partnerships with industry.⁴²

5.3.2.1. Access to Education in Hopley and Mbire

Although the Government of Zimbabwe, Harare City Council, and Mbire RDC have identified numerous areas of intervention as far as education is concerned, the role that infrastructure plays in the sustainability of the provision of services is fundamental. The results of KII showed that for Hopley 66% of schools and 62.4% of clinics and Mbire over 87.1% (schools) and 82.4 % (clinics) required major physical infrastructure replacements and repairs. Such infrastructure works include replacement of roofs, painting, new floors, new desks and chairs, and ablution facilities. This is especially important in the context of climate change and variability. Mbire RDC officials indicated that between October and December 2023, 12 schools and 1 clinic suffered severe rain-induced infrastructure damage. This often resulted in the disruption of normal classes for periods ranging from a week to several months. Moreover, the threat to human life by wildlife did not make the situation any better.

Key informant interviews revealed that the lack of proper educational infrastructure was an anomaly that reduced the quality of learning in schools, especially in Mbire RDC, and significantly impacted the motivation for pupils to excel and remain in school, thereby avoiding dropping out. A provincial education officer disclosed that most schools fell short of standard educational infrastructure for learning, including classrooms and teacher accommodation. A teacher at one of the secondary schools indicated that three teachers were sharing a three-roomed house, leading to the use of open outside space for cooking. During the consultants' visit to one of the schools with an enrolment of 329 students and 8 teachers, the student-teacher ratio was 41.12 students per teacher - the Global Partnership on Education recommends 40:1 so

33 ZiG1,120,573.73 ZIG or USD82,628.43

34 ZiG600,307.36 or USD44,265.23

35 Ibid

36 ZiG35,498,175.07 or USD2,617,550.66

37 Ibid

38 ZiG240,122.94 or USD17,706.09

39 Ibid

40 ZiG3,922,008.07 or USD289,199.51

41 ZiG960,491,771.79 or USD70,824,369.68

42 Ibid

what was on the ground is slightly out of sync with what is recommended. Despite an enrollment of 261 girls, the school had only 7 Blair toilets, resulting in a ratio of 37.2 students per toilet. This is above the Government of Zimbabwe's recommended pupil-toilet ratio of 20 for females and 25 for males per squatting hole (MOPSE, 2022).

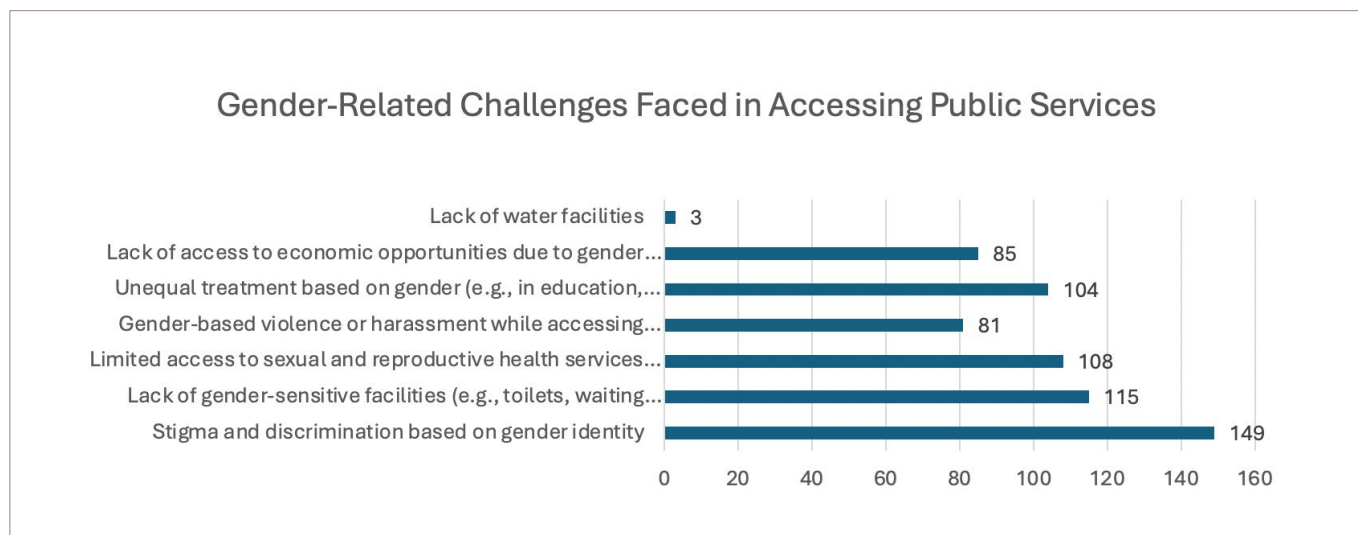
The findings from the study reveal stark disparities in the availability and quality of gender-responsive public services across the Hopley and Mbire districts. While both communities face significant challenges, the rural Mbire district appears to be particularly underserved, highlighting the urgent need for targeted interventions. A striking statistic emerged from the research - over 92% of schools in Mbire do not have access to essential facilities such as electricity, laboratories, and resources for contemporary subjects like computer science and the performing arts. This severe lack of infrastructure and learning resources is a major barrier to providing quality, inclusive education, especially for girls and marginalised students.

These gaps in educational service provision are particularly concerning given the Zimbabwean government's increased budgetary allocation for ICT and STEM (Science, Technology, Engineering, and Mathematics) education in recent years. The mismatch between the policy commitments and the realities on the ground suggests a fundamental disconnect in the effective utilization and distribution of public resources. Addressing this disparity will require a deeper analysis of the underlying factors hindering the translation of increased funding into tangible improvements in school facilities and learning environments, particularly in remote, underserved areas like Mbire. This could involve examining issues such as budgetary constraints, procurement challenges, and the equitable distribution of resources across different localities. By highlighting these systemic gaps, the research can inform more targeted advocacy efforts to ensure that government investments in education and technology truly benefit the most marginalized communities and provide them with the tools and resources necessary to thrive.

They are equally battling a shortage of specialized teachers and textbooks for these new subject areas. An officer with the provincial education office indicated that rural teachers are also disadvantaged in the area of professional development as they shuttle between schools and universities. Consequently, this affects student-teacher contact hours and hence hurts pass rates. Restricted access to facilities for personal and professional development for teachers remains a limiting factor for rural teachers in Mbire RDC. An education officer at the district indicated that there is evidence that high-quality facilities and better instructions improve learner outcomes and reduce dropout rates among other benefits. A teacher at one of the primary schools indicated that learning conditions in Mbire RDC make learning difficult and pass a tall order. A headmaster at one of the schools reveals that in addition to a lack of infrastructure, the school is also plagued by a shortage of teachers and that attributable to these twin challenges, students learn in mixed forms. Thus, a teacher can be teaching a class with forms 1, 2, and 3 all at the same time. The headmaster further noted that as a result of the poor infrastructure, students drop out and some teachers are frustrated to the point of seeking greener pastures at better schools. The school had one incomplete block. The headmaster appealed to NGOs to help in developing infrastructure and amenities for the school.

When asked about gender-related challenges in accessing public services, respondents in both Hopley and Mbire highlighted various concerns, including those related to education. Unequal treatment based on gender in education was reported by 33.88% of respondents, indicating disparities in educational opportunities. Additionally, cultural norms limiting access to sexual and reproductive health services may impact educational attainment, with 35.18% of respondents citing such barriers. These findings underscore the interconnectedness of gender equality and access to education within the broader context of public service provision.

Fig 5.2. - Gender-related challenges in accessing public services



These findings can be corroborated with the 2022 Population and Housing Census report for Zimbabwe which provides a comprehensive analysis of education characteristics, revealing that the national attendance rate is 93.8% of individuals aged 4 years and above. Notably, Mashonaland West which is the province that houses Mbire was below the national average with 92.8%.⁴³ Additionally, the same report points to a critical gender disparity when communities were asked the general reason cited for children never going to school. The major result saw 39.2% of males citing financial constraints compared to 34.3% of females, indicating a nuanced interplay of socioeconomic factors influencing educational access.⁴⁴ When it came to reasons for leaving school, financial constraints once again emerged as a significant factor, cited by 51.6% of males compared to 38.9% of females.⁴⁵

Mhazo and Maponga (2022) submit that poor communities do not have the infrastructure, staff, or resources to maintain quality learning facilities. Families within these communities' grapple with daily hardships stemming from living below the poverty line, rendering tasks like funding teacher salaries, constructing safe schools, and providing

essential amenities such as water and electricity difficult. Put simply, the quality of rural Zimbabwe's education pales in comparison to its urban counterpart due to the extreme poverty prevalent in rural areas.

In terms of perceptions with regards to the use of taxes with a focus on which aspect of service delivery taxes would have the most impact, the majority of individuals believed that taxes could have the most impact in addressing gender inequalities in healthcare services (61.24%) and education systems (51.14%). Healthcare services were seen as a critical area where tax funds could be effectively utilized to improve access to quality healthcare for all genders, addressing disparities in healthcare provision and promoting reproductive health rights. Similarly, investment in education systems was viewed as essential for promoting gender equality by ensuring equitable access to education, addressing barriers such as gender-based discrimination, and enhancing educational outcomes for all genders. The findings suggested that prioritizing investment in healthcare and education systems through taxation could play a significant role in advancing gender equality and promoting social inclusion in Hopley and Mbire.

43 Zimbabwe National Statistical Agency. (2023). 2022 Population and Housing Census Report Retrieved from https://www.zimstat.co.zw/wpcontent/uploads/Demography/Census/2022_PHC_Report_27012023_Final.pdf

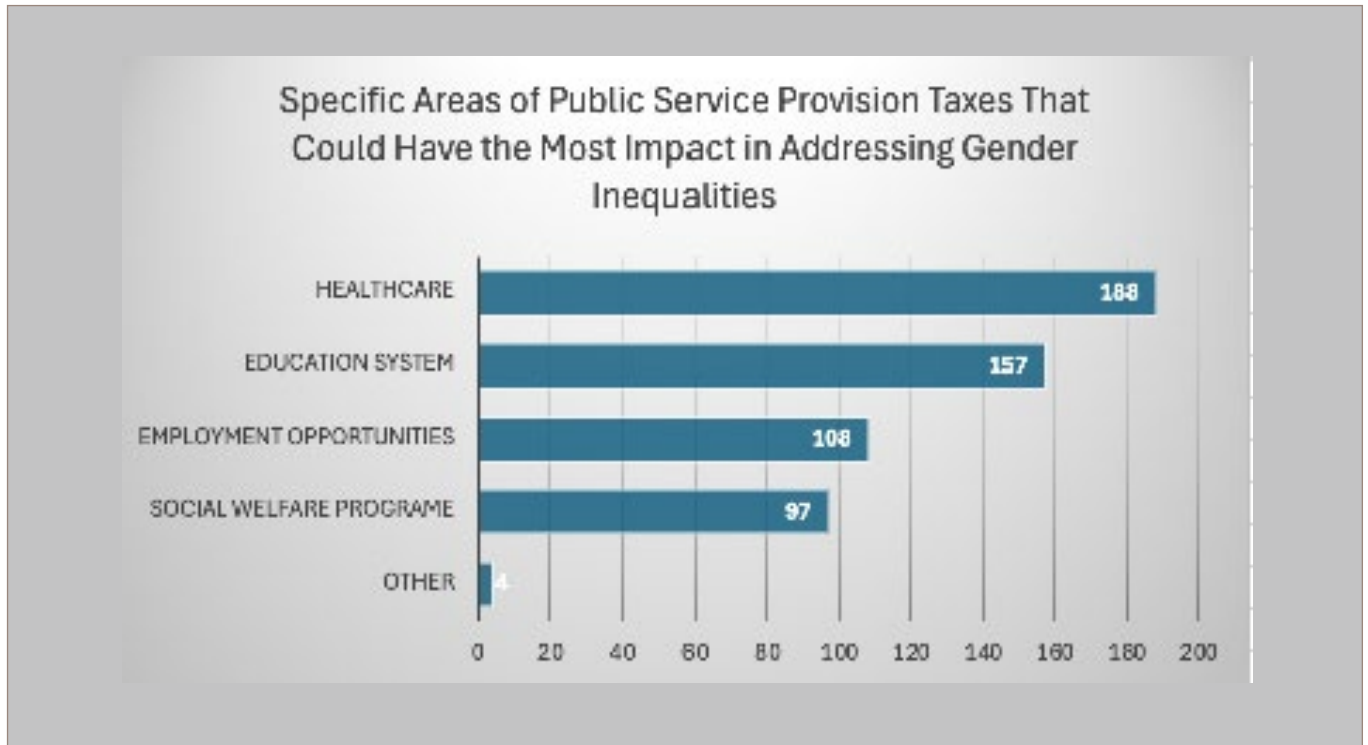
44 Ibid

45 Ibid

The findings above corroborate Sanderson’s (2016) studies on the importance of streamlining tax revenues to finance rural education and health infrastructure and services. The mainstream argument by Sanderson is that, firstly, rural areas often face challenges in accessing quality healthcare and education compared to urban areas. By allocating tax revenues to rural health services, the government can improve healthcare infrastructure, provide essential medical supplies, and deploy healthcare professionals to address the healthcare needs of rural populations. This not only enhances the overall health and well-being

of rural residents but also reduces disparities in healthcare access between urban and rural areas. Similarly, investing in education in rural areas through tax-funded initiatives is crucial for bridging the education gap and empowering rural communities. By building and improving schools, providing resources such as textbooks and educational materials, and training teachers, the government can ensure that children in rural areas receive a quality education. This not only improves literacy rates and educational outcomes but also opens up opportunities for rural youth, reduces poverty, and contributes to overall economic development in rural regions.

Fig 5.3 - Specific Areas of Public Service Provision Taxes That Could Have the Most Impact in Addressing Gender Inequalities



Source: Household Interviews

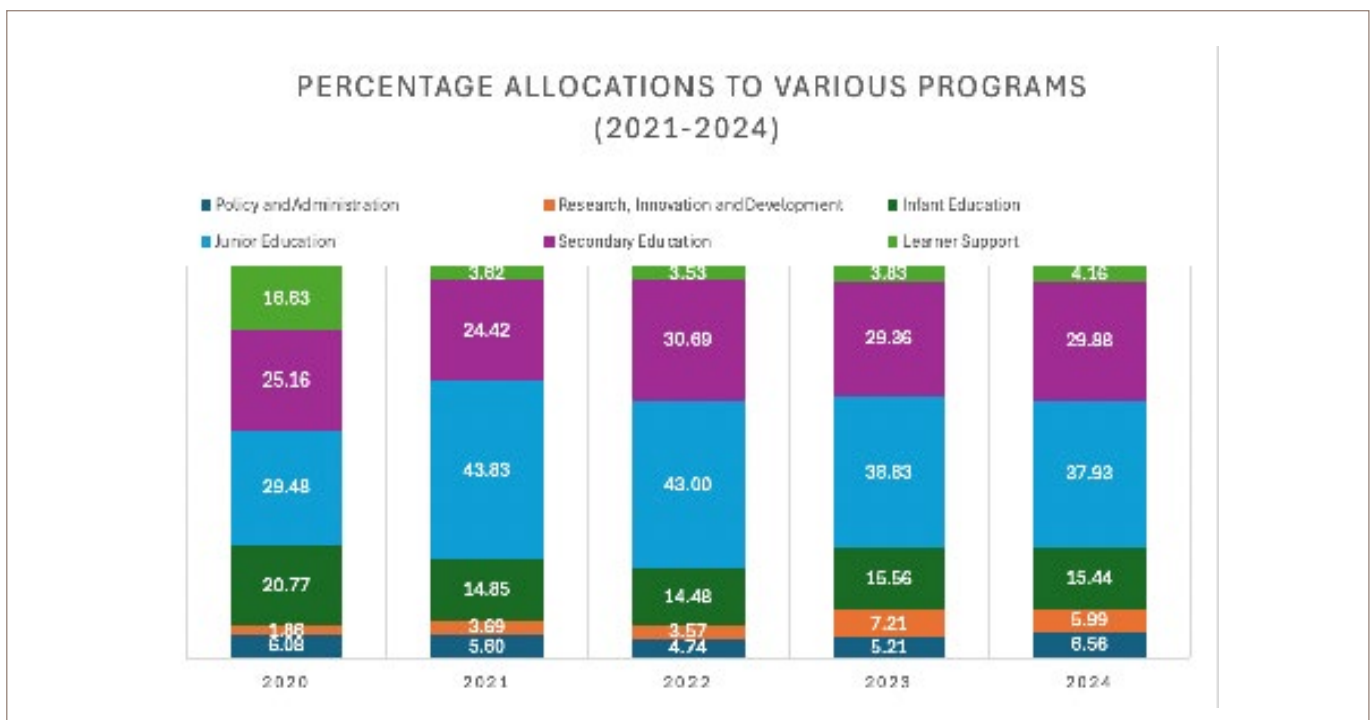
5.3.2.2. Explanations for the disparities

The findings above are an antithesis of the provisions of the Education Act and Section 75 of the Constitution which explicitly affirms that every citizen and permanent resident has the right to a basic state-funded education, which includes adult basic education. In trying to explain this we see that the Education Sector Strategic Plan 2021-2025 being implemented by the Ministry of Primary and Secondary Education (MOPSE) in alignment with the NDS1 seeks to ensure universal education coverage, congruence between national and local government budgets, and strategic funding to bridge inequalities in the education sector remains largely negated. The nation has a shortfall of 2.953 schools and in the 8 rural provinces, a great number of satellite schools remain unregistered due to lack of the required infrastructure. For the registered schools, there is deteriorating infrastructure and equipment that do not match the competence-based curriculum (MOPSE, 2022). Teaching and learning materials remain a perennial issue in the provision of education and improving pass rates. UNICEF (2022) submits that an estimated number adding to 2,000,000 school-going-age children are out of school. Generally, the funds disbursed from

the budget do not match the extreme requirements of the education sector in the country.

The reason why we are not seeing new schools at the local level despite budgetary and tax allocations taking place is because of the utility allocations of the budgets set aside for education itself. In 2024, the Ministry of Primary and Secondary Education (MoPSE) received an allocation of ZWL 8 trillion, amounting to 2.8% of the gross domestic product (GDP). This was already insufficient given the fact that with an inequality index of 58%, the 2024 budget aimed to support 1.5 million vulnerable and orphaned learners. The additional issue is that the already low budget has not been focused on learner support services which are key in providing socioeconomic support. Such support includes aiding students from disadvantaged backgrounds through programs such as meal provision, transportation assistance, financial aid, and access to essential resources like textbooks and school supplies. Hence, we see that access to education in disadvantaged communities such as Mbire and Hopley becomes neglected. The figure below shows percentage allocations of the Education budget to various programs from (2021-2024).

Figure 5.4: Percentage allocations to various programs (2021-2024)



Source: MOPSE, 2024

5.3.3. NATIONAL BUDGET ALLOCATIONS AND ACCESS TO MENTAL HEALTH SERVICES

In comparing the provisions for mental health in the 2023 and 2024 budgets, both years demonstrate a commitment to addressing mental health needs within the broader framework of public healthcare. In the 2023 budget, initiatives focusing on staff retention through improved non-monetary benefits indirectly support mental health workers by creating conducive work environments. Efforts to modernize public health services through investments in equipment and technology likely encompass resources for mental health services, although specific allocations may not be explicitly outlined.⁴⁶

Similarly, the 2024 budget continues this commitment by allocating significant resources towards ensuring universal access to quality healthcare, which includes mental health services. The allocation of ZWL6.3 trillion⁴⁷ towards upgrading health infrastructure and providing essential medical equipment encompasses improvements in mental health facilities and services.⁴⁸ Additionally, efforts to address staff turnover challenges through better non-monetary benefits contribute to creating supportive environments for mental health workers.

Furthermore, both budgets recognize the importance of local government involvement in healthcare provision. In 2023, substantial financial allocations were earmarked for the construction and rehabilitation of health facilities, including rural health centers and health posts. This decentralized approach to healthcare delivery ensures that mental health services are accessible at the community level. Similarly, the 2024 budget continues to emphasize local government-led efforts in healthcare provision, with allocations for constructing and rehabilitating health facilities, including rural clinics.

Overall, while both budgets demonstrate a commitment to addressing mental health needs, the 2024 budget stands out for its substantial allocation of resources towards improving healthcare infrastructure and services, including mental health provisions. Additionally, the continued emphasis on local government involvement ensures that mental health services are accessible and integrated into community healthcare systems.

5.3.3.1. Access to Mental Health Services situation in Hopely and Mbire

When it comes to access to mental health services in Hopely and Mbire, Mbire seemed to stand out more than Hopely in terms of need. According to KII, access to specialized mental health services remained an illusion. The district had 12 clinics and one district referral hospital. Respondents lamented the dilapidated state of the clinics, poor staffing, and medical supplies. Specialized mental health staff were only available at the referral hospital, which was out of the reach of many. According to one respondent,

“Accessing mental health services is challenging, there is a glaring gap in specialized staff availability. The referral hospital, the only place with such expertise, is often beyond our reach. It feels like a barrier, leaving many of us without the support we desperately need.”

The lament above comes on the back of the fact that mental health linked to climate change in variability is an issue in the area. According to a three-year study commissioned by the Wellcome Trust in 2019, researchers investigated the impact of climate change adaptation strategies on rural communities in the Mbire district. The team found that inadequate adaptation efforts led to psycho-social health challenges and poor nutritional outcomes. Notably, 32% of respondents reported feeling nervous or anxious due to reliance on drought-tolerant crops, while only 21.8% of households

⁴⁶ Government of Zimbabwe, The National Budget of Zimbabwe (2023)

⁴⁷ ZiG2,521,290,900.94 or USD18,5913,970.40 USD

⁴⁸ Government of Zimbabwe, The National Budget of Zimbabwe (2024)

achieved acceptable food consumption levels.⁴⁹ These findings underscored the pressing need for effective climate change adaptation measures, especially in vulnerable regions like Mbire. The study's insights highlighted the critical intersection between climate adaptation, mental well-being, and the need to integrate psychosocial health considerations into climate resilience initiatives.

In Hopley, 5 clinics were present. However, the same issue of poor service delivery was present. Respondents lamented the dilapidated state of the clinics, poor staffing, and medical supplies. However, it was interesting to note that there was a clinic with a youth center in the area. This was a good aspect given the fact that youth in urban Zimbabwe are the most affected by drug and substance-abuse-driven psychosis. The same issues of lack of access to specialized mental health staff were raised by respondents in the area.

5.3.3.2. Explanations for the disparities

Although the provisions of the Mental Health Act, Mental health strategy, and the Constitution which explicitly affirm the need to improve care and accessibility to every citizen are clearly stated, the situation on the ground in Hopley and Mbire is deviant. In trying to explain this we see that a national and quasi-global analysis of the health sector in Zimbabwe provides the best explanation. Expecting adequate quality mental health care provision is a tight proposition at the moment in Zimbabwe given the budgetary issues at stake. The allocation of budgetary resources to the health sector in Zimbabwe remains insufficient, reflecting a systemic challenge in prioritizing healthcare amidst financial constraints. Despite agreed-upon benchmarks such as the Abuja Declaration, which advocates for a minimum of 15% budget allocation to health, Zimbabwe's allocations have consistently fallen short. For instance, in 2022, only 14.9% of the budget was allocated to health, with further decreased to 10.5% and 10.8% in 2023 and 2024, respectively (GoZ, National Budgets, 2023, 2024). However, dissenting perspectives

against the utility of the benchmarks hold that such declarations can be problematic as they create competition among different sectors for limited resources. This viewpoint suggests that a more holistic and collaborative approach is necessary. Specifically, rather than strictly adhering to sector-specific benchmarks, efforts should be focused on increasing overall revenue through progressive tax measures and expanding the economic base. By doing so, the total available resources would grow, and even smaller percentage allocations could result in substantial funding for essential sectors. For example, countries such as Norway and Sweden have successfully implemented progressive tax systems that generate significant public revenue while maintaining a high standard of living and strong social safety nets. These countries invest heavily in healthcare, education, and social services without necessarily adhering to rigid sector-specific budget benchmarks. Instead, they focus on enlarging the size of the economy and ensuring equitable distribution of resources. Norway, for example, uses its sovereign wealth fund to ensure long-term financial stability and continuous investment in public services.

In the Zimbabwe context, adopting a similar strategy could involve enhancing tax collection efficiency, broadening the tax base, and implementing measures to combat tax evasion and illicit financial flows. This approach would not only increase the total revenue but also provide a more sustainable and flexible framework for funding various sectors, including health. Fostering public-private partnerships and encouraging foreign direct investment could further bolster the nation's economic capacity. Ultimately, the goal should be to create a balanced and robust economic environment where all sectors can thrive without being pitted against each other for limited resources. By focusing on revenue growth and equitable distribution, Zimbabwe can better meet its health sector needs and other critical development goals, irrespective of specific budgetary benchmarks.

⁴⁹ NewsDay. (Apr. 29, 2022). Poor climate adaptation creates mental health, nutrition challenges. Opinion & Analysis. Retrieved from <https://www.newsdaily.co.zw/opinion-analysis/article/3986/poor-climate-adaptation-creates-mental-health-nutrition-challenges>

Compounded by inflationary pressures, the real value of the health budget has significantly diminished, with the 2024 budget losing 25% of its value by the end of the year. This is based on computations by the consultants, hedging the USD against ZWL using the official RBZ rates at different times. This underfunding poses significant challenges to the provision of adequate healthcare services and infrastructure development in Zimbabwe. Hence, whilst there is a need for a vigorously funded mental health system, with adequate infrastructure and staff in place, the budget just cannot cater to it.

Additionally, we cannot see the support of the mental health system given the fact that the health budget itself is largely funded by donors who might have specific areas of interest such as Malaria and Tuberculosis response for example. Despite Zimbabwe's substantial economic potential, both the health and education sectors suffer from acute underfunding. Funding primarily comes from three sources: domestic (government budget releases, internal transfers, and grants), private (including health insurance companies and households), and international (donors and NGOs). Hence, without the gap of domestic resource mobilization for health being covered, the dream of achieving an efficient mental health system in the country remains elusive.

5.3.4. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

When it comes to sexual and reproductive health rights, it must be noted that primary health care is the go-to institution. In the 2023 budget, significant attention is given to sexual and reproductive health rights (SRHR) alongside primary healthcare. A notable allocation of ZWL9.3 billion⁵⁰ is designated for completing rural health centers, including the construction of 100 health posts and the rehabilitation of 120 clinics.⁵¹ These investments aim to enhance access to SRHR services like family planning and antenatal care, particularly for

underserved populations. Additionally, provisions for drilling boreholes and upgrading water sources contribute to improved infrastructure, crucial for maintaining hygiene standards in healthcare settings.

In contrast, while the 2024 budget emphasizes primary health provision, it lacks specific allocations for SRHR initiatives.⁵² Although investments are directed towards strengthening healthcare infrastructure and services, particularly in rural areas, there is no explicit mention of initiatives targeting SRHR services. The focus remains on upgrading health facilities, procuring medical equipment, and enhancing ambulance services to improve overall healthcare delivery.

5.3.3.1. Access to Sexual and Reproductive health services in Hopley and Mbire

Household interviews revealed that access to gender-sensitive SRHR services was low in both study areas. Table 5.3 highlights gender-related challenges in accessing public services, particularly regarding sexual and reproductive health (SRH). In both Hopley and Mbire communities, limited access to SRH services due to cultural norms is a significant concern, with 30.82% and 45.37% of respondents citing this issue, respectively. This indicates that cultural barriers pose obstacles to individuals seeking essential SRH services, reflecting a need for culturally sensitive interventions to improve access. Additionally, gender-based violence or harassment while accessing public services is reported by 21.38% and 41.98% of respondents in Hopley and Mbire, respectively, underscoring the broader gender disparities and safety concerns affecting SRH access in these communities.

⁵⁰ ZIG3,721,905.62 or USD274,444.43

⁵¹ Government of Zimbabwe, The National Budget of Zimbabwe (2023)

⁵² Government of Zimbabwe, The National Budget of Zimbabwe (2024)

Table 5.2. - Gender-related challenges in accessing public services

					of the Total Respondents (Hopely)	as a Ratio to Mbire
Stigma and discrimination based on gender identity	81	50.94%	81	50.94%	50.94%	54.36%
Lack of gender-sensitive facilities (e.g., toilets, waiting areas)	56	35.22%	56	35.22%	35.22%	48.70%
Limited access to sexual and reproductive health services due to cultural norms	49	30.82%	49	30.82%	30.82%	45.37%
Gender-based violence or harassment while accessing public services	34	21.38%	34	21.38%	21.38%	41.98%
Unequal treatment based on gender (e.g., in education, healthcare)	33	20.75%	33	20.75%	20.75%	32.04%
Lack of access to economic opportunities due to gender discrimination	29	18.24%	29	18.24%	18.24%	34.12%

Additionally, female respondents pointed to the prevalence of patriarchal beliefs which saw women not being allowed to access SRH service centers alone. One female respondent in Mbire lamented,

“Even today, patriarchal beliefs restrict women from accessing SRH services alone. This undermines our autonomy and privacy. I’ve felt pressured to bring a male companion, perpetuating the idea that women are dependent on men for basic healthcare decisions

The same issues that hinder access to mental health services in both study areas are also present when it comes to access to SRH services. In both Hopely and Mbire, inadequate access to general health services is a pressing issue. While Mbire lacks specialized staff, with services limited to a distant referral hospital, Hopely faces similar challenges despite having nearer clinics. Both areas suffer from dilapidated facilities, insufficient staffing, and limited medical supplies at the clinics. Hence access to SRH services is severely hindered.

Household interviews also revealed community perspectives on actively promoting inclusive and responsive sexual and reproductive health (SRH) services. Hosting educational workshops and seminars emerges as the most favored approach, with 49.06% of respondents in Hopely and Mbire endorsing this method. Lobbying for

comprehensive sexual education in schools is also highly supported, with 45.91% and 56.59% of respondents from Hopely and Mbire, respectively, advocating for it. These findings underscore the importance of community-led initiatives in enhancing SRH awareness and education, as well as the critical role of policy advocacy and infrastructure development in promoting accessible and confidential SRH services.



A NOTABLE ALLOCATION OF

**ZWL9.3
BILLION**

IS DESIGNATED FOR COMPLETING RURAL HEALTH CENTERS, INCLUDING THE CONSTRUCTION OF 100 HEALTH POSTS AND THE REHABILITATION OF 120 CLINICS.

Table 5.3. - Gender-related challenges in accessing public services

9. How do you think community members can actively engage in promoting sexual and reproductive health services that are inclusive and responsive to gender dynamics?						
					of the Total Respondents (Hopley)	as a Ratio to Mbire
Hosting educational workshops and seminars	78	49.06%	78	49.06%	49.06%	46.99%
Lobbying for comprehensive sexual education in schools	73	45.91%	73	45.91%	45.91%	56.59%
Supporting the establishment of accessible and confidential health clinics	60	37.74%	60	37.74%	37.74%	43.80%
Advocating for policies that prioritize reproductive rights and services	25	15.72%	25	15.72%	15.72%	30.12%
Other	1	0.63%	1	0.63%	0.63%	33.33%

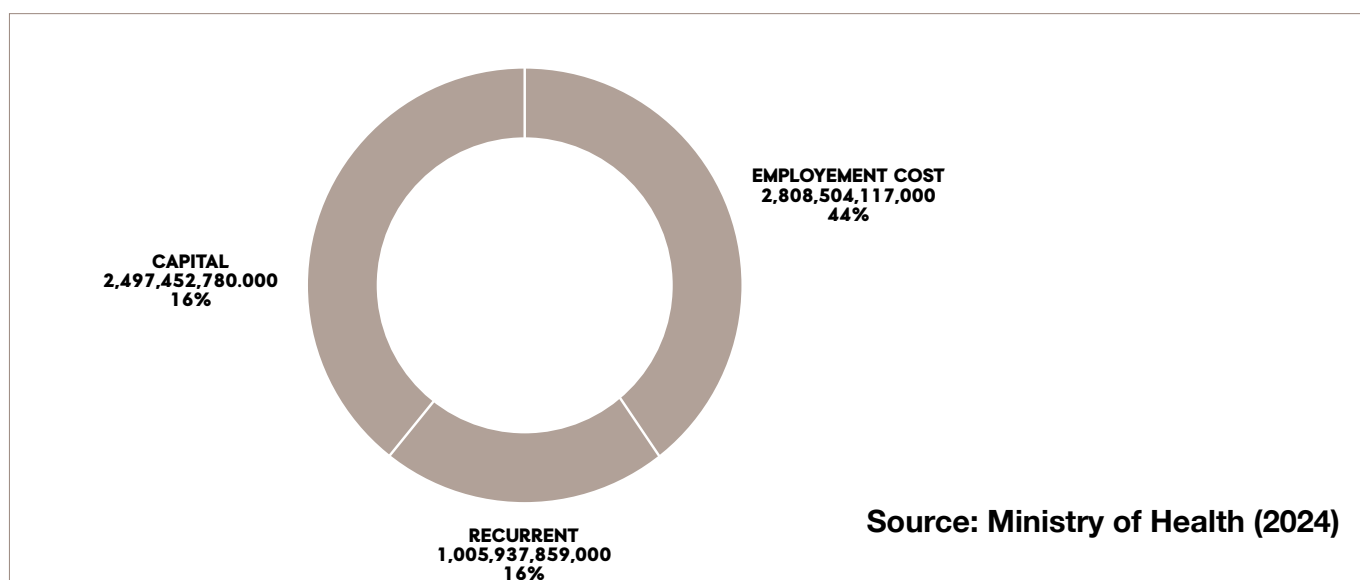
5.3.3.2. Explanations for the disparities

Although the provisions of the Constitution explicitly affirm the rights to sexual and reproductive health services and the provision of the Public Health Act [Chapter 15:09], the situation on the ground in Hopley and Mbire is deviant. In trying to explain this we see that a national and quasi-global analysis of the health sector in Zimbabwe provides the best explanation.

The Ministry of Health’s budget allocation for 2024 highlights a significant portion (60%) allocated to employment costs and recurrent expenditure, with only 40% allocated to capital projects. This allocation suggests that a majority of the Ministry of Health’s budget for 2024 is earmarked for

employee salaries, operational expenses, and other recurring costs, leaving a smaller proportion available for investments in infrastructure development or capital projects. Consequently, there may be limited funds available for initiatives aimed at improving healthcare facilities, purchasing medical equipment, or expanding healthcare services, which could impact the overall quality and accessibility of healthcare services provided to the population. This imbalance underscores the challenges faced in rural areas like Mbire and peri-urban areas like Hopley, where weak health infrastructure persists. Fig 5.5 below shows the distribution of costs of the 2024 health budget cementing the line of thinking above.

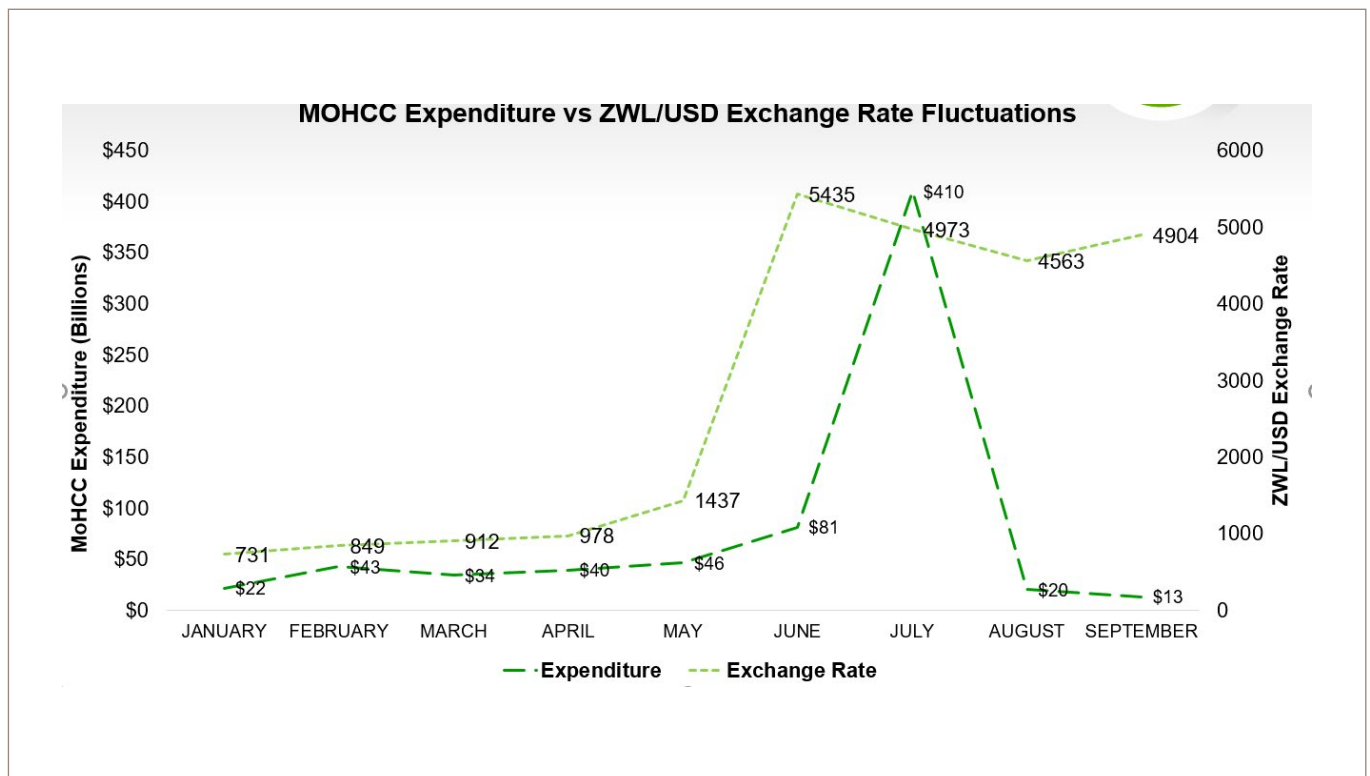
Fig 5.5: Distribution of costs on the health budget



Furthermore, an analysis of the 2024 budget by the consultants reveals a substantial decrease in real value due to inflationary pressures between November 31, 2023, and March 31, 2024. Exchange rate fluctuations led to a depreciation of domestic resources, with significant declines of 26%, 73%, and at least 70% in 2021, 2022, and 2023, respectively. By July 2023, the initial budget was depleted, leading to reliance on funds from the Ministry of Finance and Economic Development's

unallocated reserve and supplementary budgets. Expenditure soared to ZWL711 billion by September 2023. This financial strain intensified in 2024, particularly in March. Consequently, the Ministry of Health and Child Care faced challenges in providing adequate sexual and reproductive health services in Hopley and Mbire due to limited resources and budget constraints exacerbated by inflationary pressures.

Fig 5.6- Budget Real Value, 2023 expenditure patterns: Hedging the value of domestic resources against exchange rate depreciation and inflation



Source: Ministry of Health and Child Care

Additionally, a review by the consultants also showed that since 2014, the mix between domestic and external resources has significantly fluctuated. With the highest being 2024, 956 million allocated in USD equivalence. Of the 956m USD320.96million USD is allocated towards construction and 57.4million is allocated towards the procurement of critical medical equipment. Refer to Fig below. Domestic funding has since 2000 represented about 45% of the total health expenditure. However, rampant corruption has also hindered the strategic allocation of resources with wide-ranging evidence of inflation of prices in the

public procurement processes (Chidarikire, 2021). This leaves a staggering 55% being supported by development partners. Hence, what this shows is that the country simply does not have enough money to fund its health needs in a sovereign manner.

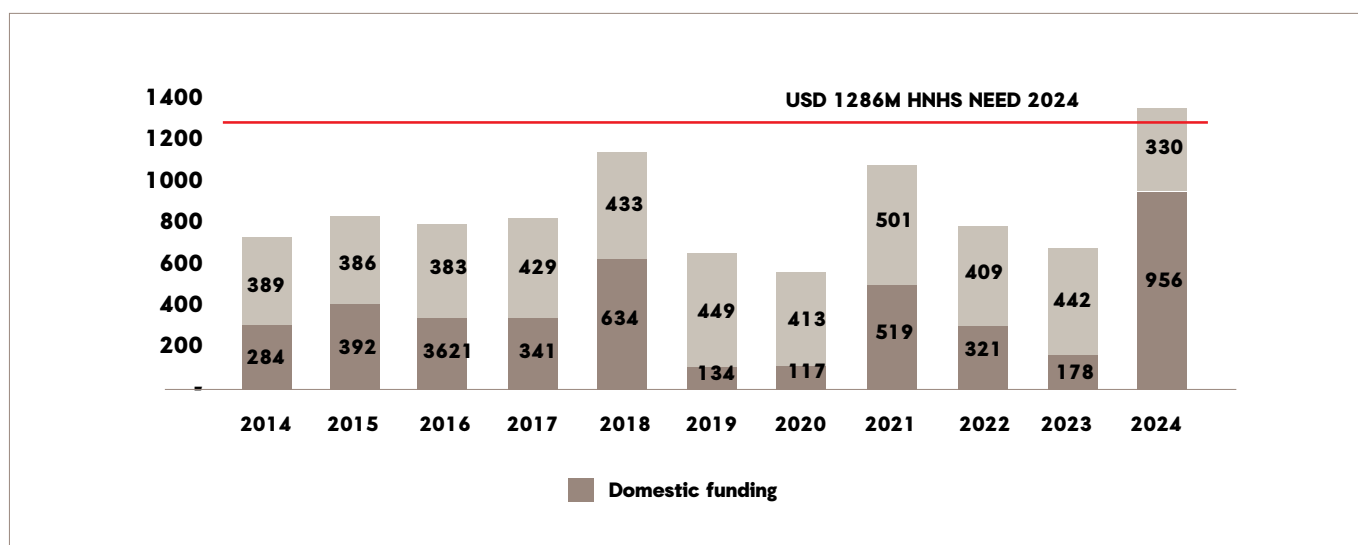
To address the shortfall in domestic funding for public services, particularly in the health sector, the government of Zimbabwe can explore several potential sources of revenue that do not place an additional burden on the general populace. A significant opportunity lies in curbing illicit financial

flows (IFF) and revisiting tax policies, including tax holidays. The RBZ Financial Intelligence Unit reported that between 2000 and 2021, Zimbabwe lost more than USD 22.179 billion via proceeds of crime such as tax evasion, money laundering, and illegal capital flight. By implementing stricter financial regulations, enhancing transparency in financial transactions, and strengthening the enforcement of existing laws, Zimbabwe could recover substantial amounts of these funds. This recovered money could be ring-fenced and specifically allocated to critical sectors such as health, thereby significantly increasing the national budget without impacting the average citizen. Reevaluating tax holidays and other incentives granted to corporations could also yield additional revenue. Conducting a cost-benefit analysis of these tax policies and reducing or eliminating unnecessary tax holidays could help boost

government revenues. The funds saved from this reassessment could then be directed toward public service needs.

Addressing corruption, particularly in public procurement processes, is crucial as it leads to the misallocation of resources, inflated prices, and reduced efficiency. By implementing robust anti-corruption measures, improving procurement transparency, and holding offenders accountable, Zimbabwe can ensure that allocated funds are used more effectively and reach their intended purposes. In the same context, enhancing domestic resource mobilization through improved tax collection systems and broadening the tax base can also increase government revenues, making the tax system more efficient and equitable, thus providing additional resources for public services.

Table 5.4. - MOHCC 2014 TO 2024 domestic versus external public funding for health (Million USD)



Source: MOHCC

5.4. BOTTLENECKS IN BUDGET ALLOCATIONS

In Zimbabwe, the financing of the water, health, and education sectors faces unique challenges that significantly impact budget allocation and service delivery. These challenges contribute to major bottlenecks that hinder the effective allocation of funds to these critical areas. Experts interviewed

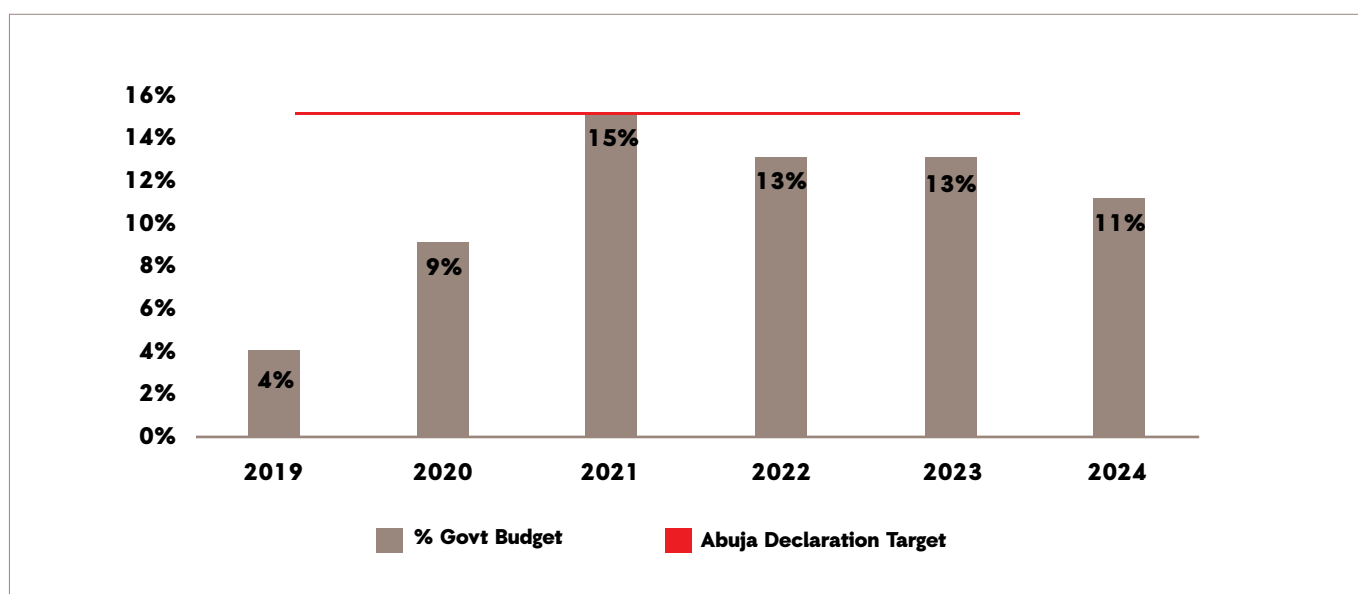
identified various bottlenecks which include weak budgetary support and high administrative costs, low utilization of funds due to late disbursements, inflation and market volatility, and a weak public expenditure tracking system

5.4.1. WEAK BUDGETARY SUPPORT HUGE ADMINISTRATIVE COSTS AND LIMITED ALLOCATION TO CAPITAL EXPENDITURE

A review of budget allocations against international conventions to which Zimbabwe is a signatory shows that the government is failing to meet international standard budgetary commitments. For example, when it comes to education and health commitments, including the 2000 Dakar Declaration 2000 Incheon Declaration, and the Abuja Declaration. About the Dakar Declaration,

countries committed to setting aside 20% of their national budgets toward public education, a benchmark Zimbabwe is struggling to achieve. However, health and education budget allocations continue lagging behind the conventions with more allocations going to the security sector. The figure below shows health budgetary support against the Abuja declaration.

Fig 5.7. - Health budget versus Abuja Declaration



Source: ZIMCODD, 2024

5.4.2. ERODED BUDGETARY ALLOCATION DUE TO VOLATILITY OF THE MACROECONOMY

Increased volatility in 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. There have also been huge discrepancies between requested amounts and allocated amounts as shown below. For the 2024 budget, for instance, referral and provincial hospitals received less than 10% of their bids. The figure below depicts the variance between the amounts requested and the actual disbursements for the MOPSE.

Fig 5.8. - Variance between the requested amount and allocated amount

	2023	2024
REQUEST AMOUNT	186 BILLION	4.022 TRILLION
ALLOCATED AMOUNT	156 BILLION	2.36 TRILLION
ALLOCATED TO DIFFERENCE %	19.23 %	58.68 %

Source: MOPSE

5.4.3. ADMINISTRATIVE EXPENDITURE DOMINANCE IN BUDGET ALLOCATIONS

The budget allocations in key service delivery sectors like health, education, and water have persistently been affected by huge administrative expenditures as compared to capital investments. Using education as an example for instance, analysis of the 2024 national budget statistics shows salaries constituting a bigger share of budget votes allocated to primary and secondary education (83%), followed by goods and services (8%) and capital (5%). In the same context, allocation to ECD has averaged 6.6% between 2022 and 2023. This is 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. See Fig below. One expert interviewed submitted that this leads to an imbalance where a disproportionate amount of resources is spent on running the administrative machinery rather than investing in infrastructure, equipment, or other capital assets that directly contribute to improving service delivery or educational outcomes.

5.4.4. LOW UTILIZATION OF FUNDS DUE TO LATE DISBURSEMENTS

An analysis of budget performance reports by the consultants reveals a low utilization of allocated funds primarily due to late disbursements of funds from the Treasury. Officials from both MoHCC and MOPSE interviewed indicated that funds are often received late from the Treasury and this may not allow standard procedure on issues such as procurement leading to such funds remaining unused before the expiry of the financial year. For instance, the health ministry utilized only 46% of its 2021 allocation in the first nine (9) months ending September 2021. The low utilization rate of allocated amounts resonates well with poor health service delivery and weak public infrastructure in the education sector. Nyoni (2017) argues that when funds are not disbursed on time, it can lead to delays in starting or completing projects and programs. In the health sector, this could mean delays in building healthcare facilities, purchasing medical equipment, or hiring staff. In education, it could result in delays in constructing schools, buying educational materials, or training teachers. Expert interviews reveal that with delayed funds, there's often a compromise in the quality of services provided. In healthcare, this could lead to longer waiting times, reduced access to specialized

treatments, or compromised patient care. In education, it might result in lower educational standards, limited extracurricular activities, or outdated teaching methods. Mashingaidze (2023) concludes that ultimately, the biggest impact is on the beneficiaries of these services who include the patients in the healthcare sector and the students in the education sector. They may experience reduced access to essential services, longer waiting times, lower educational outcomes, or a lack of facilities that are crucial for their well-being and development.

5.4.5. WEAK PUBLIC EXPENDITURE TRACKING MECHANISMS

Tracking public expenditure allows for accountability mechanisms to be put in place. It ensures that government agencies and departments are held accountable for how they spend taxpayer money. By monitoring budget allocations and actual spending, discrepancies and potential misuse of funds can be identified and addressed promptly. A key issue that emerged from the KII is that Parliament and other oversight bodies are not effectively performing the task of tracking budget allocations to ministries in general, and MOHCC and MOPSE in particular. Such tracking entails following up on budget allocations and the actual disbursements. Mangundu (2020) argues that weak expenditure tracking has contributed to shortages of essential medical supplies and equipment, with reports indicating that public hospitals often lack critical items such as medications, surgical equipment, and diagnostic tools. In the education sector, Zimbabwe has struggled with resource allocation and timely disbursements. According to UNESCO, the country's education expenditure as a percentage of GDP was around 6.4% in 2019, reflecting government investment in education. However, challenges persist in resource allocation and management. For instance, data from the Zimbabwe National Statistics Agency (ZIMSTAT) indicates that in 2020, there were significant delays in the disbursement of funds for school infrastructure projects, impacting the timely completion of construction and maintenance activities in educational institutions.

Effective tracking of public expenditure on water infrastructure and services is crucial for ensuring accountability and proper utilization of funds. Similar to the issues highlighted in the education and health sectors, weak expenditure tracking in the water and sanitation domain can lead to the misallocation of resources, delayed implementation of projects, and a failure to meet the water and sanitation needs of the population. Robust monitoring and evaluation mechanisms, as well as transparent reporting on budget allocations and actual disbursements, can help address these challenges and ensure that government investments in water infrastructure and services are reaching the intended beneficiaries. Improving access to clean water and sanitation is crucial for both individual and community well-being. Investments in water infrastructure, such as the construction of boreholes, wells, and water treatment facilities, can ensure that communities have a reliable and safe source of drinking water. This, in turn, can lead to improved health outcomes, reduced incidence of waterborne diseases, and better overall quality of life. For instance, the government could invest in the construction of community-based water points, such as hand-pumped boreholes or gravity-fed water systems, in rural and peri-urban areas where access to clean water is limited. Additionally, the implementation of water purification and treatment systems, including chlorination or filtration, can help ensure the safety and potability of water sources. Promoting water conservation and efficiency through public education campaigns and the provision of water-saving devices can also help address water scarcity issues.

5.5.6. ECONOMIC CHALLENGES AND INFLATION

Academics interviewed from the cohort of experts indicated that high inflation rates have persistently eroded the value of budgetary allocations, particularly in essential sectors such as health and education. The country has experienced bouts of hyperinflation in recent years, with inflation rates reaching staggering levels. For instance, in 2020, Zimbabwe's annual inflation rate peaked at over 800%, according to data from the Reserve Bank of

Zimbabwe. Such high inflation has had a profound impact on the purchasing power of the Zimbabwean dollar, leading to rapid devaluation and diminishing the real value of budget allocations. In the context of health and education, the erosion of budget allocations due to high inflation has been particularly detrimental. Despite budgetary allocations being made, the actual purchasing power of these allocations has diminished significantly over short periods. This has resulted in challenges such as shortages of medical supplies, insufficient funding for healthcare infrastructure maintenance and development, and difficulties in meeting salary demands for healthcare workers and teachers. The inability of budget allocations to keep pace with inflation has hampered efforts to improve healthcare services, upgrade educational facilities, and retain skilled professionals in these critical sectors. As a result, the quality and accessibility of healthcare and education in Zimbabwe have been compromised, underscoring the urgent need for measures to address inflationary pressures and protect the value of budget allocations.

5.5.7. IMF STAFF-MONITORED PROGRAM (SMP)

An additional factor influencing budget allocations in Zimbabwe is the advice and recommendations from the International Monetary Fund (IMF) through its Staff-Monitored Programs (SMPs) and Extended Credit Facility (ECF)⁵³. The IMF has consistently provided guidance aimed at stabilizing Zimbabwe's economy, which includes measures such as fiscal consolidation, reduction of public sector wages, and increasing efficiency in public spending. While these measures are intended to foster economic stability and growth, they present significant challenges. Fiscal consolidation has led to reduced funding for essential public services such as water, health, and education. In the same context, stringent austerity measures recommended by the IMF have exacerbated existing inequalities while limiting the government's ability to invest in gender-transformative public services. Therefore, while IMF advice aims to improve macroeconomic conditions, it is crucial to balance these recommendations with the need to ensure adequate and equitable funding for critical

public services that support the well-being and empowerment of all citizens, particularly women and marginalized groups.

The International Monetary Fund's (IMF) policy recommendations on Zimbabwe's public budgeting process which aimed at stabilizing the economy, have led to fiscal consolidation measures that have reduced funding for essential public services such as water, health, and education. This has exacerbated existing inequalities and limited the government's ability to invest in gender-transformative public services. This issue is highly relevant to the work of Action Aid Zimbabwe (AAZ) as is evident in this research. The AAZ's work on gender-responsive budgeting in Zimbabwe involves engaging with the government, civil society, and other stakeholders to ensure that the country's budgeting process addresses the specific needs and priorities of women and other marginalized groups⁵⁴. This includes advocating for increased funding for essential public services, and promoting the inclusion of gender-specific indicators and targets in the budget. In the context of the IMF's policy recommendations, the AAZ's work could be instrumental in highlighting the negative impact of austerity measures on women and marginalized groups, and in advocating for a more balanced approach to public budgeting that prioritizes the funding of essential public services while also addressing the unique needs of these groups. By working with the government and other stakeholders, the AAZ can play a crucial role in ensuring that Zimbabwe's public budgeting process is more inclusive and responsive to the needs of all citizens.

5.5. SYNTHESIS OF KEY FINDINGS

As guided by ActionAid International Zimbabwe's Gender Transformative Public Service (GRPS) framework, the study exposes significant gaps between Zimbabwe's robust policy frameworks and their actual implementation across the water, education, mental health, and sexual and reproductive health sectors, notably affecting

53 <https://www.imf.org/external/datamapper/profile/ZWE>

54 <https://zimbabwe.actionaid.org/>

women and girls in marginalized communities in Hopley and Mbire. Despite constitutional guarantees and governmental commitments, persistent challenges such as insufficient budget allocations, infrastructural deficits, and administrative inefficiencies persist, undermining the effectiveness of service delivery.

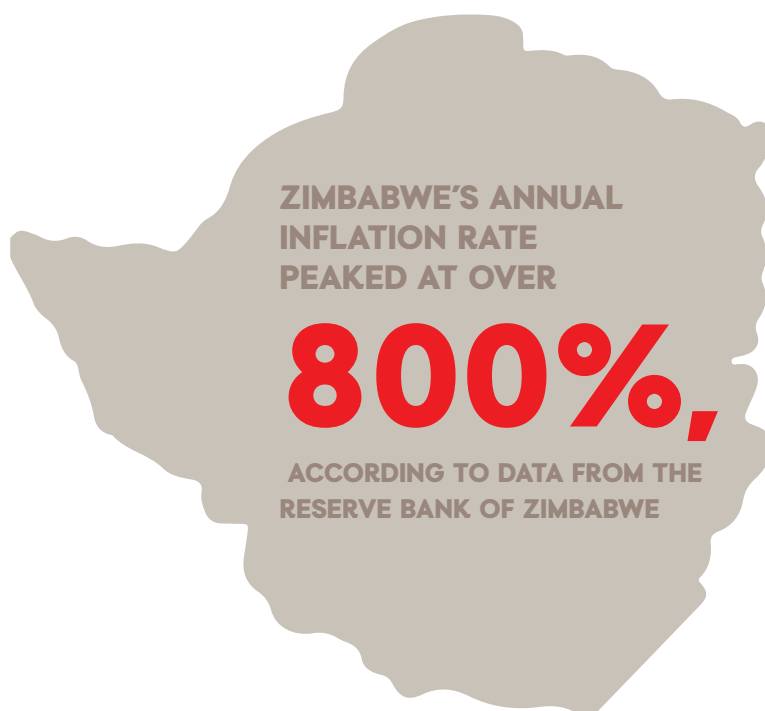
In the water and education sectors, despite strong legal mandates for universal access, the reality is marred by inadequate infrastructure, delayed fund disbursements, and a lack of educational materials, especially in rural and peri-urban areas. This misalignment directly conflicts with the GRPS principles of publicly funded and delivered services that emphasize equitable resource distribution and effective fund management.

The mental health services landscape also illustrates a disconnect between strategic intentions and service availability, with a critical shortage of mental health professionals and facilities, particularly in rural settings like Mbire. This shortfall highlights

the need for greater adherence to the GRPS framework's call for inclusivity and quality based on human rights standards, ensuring services are adaptable and accessible to all, especially the most vulnerable.

Furthermore, the provision of sexual and reproductive health rights, while supported by policies, is compromised by cultural barriers, gender discrimination, and inadequate healthcare infrastructure, severely restricting women's access to essential health services. This situation underscores the GRPS framework's emphasis on gender-equitable services that cater inclusively to the needs of all community members.

Generally, the study underscores the urgent need to align budgetary commitments with the GRPS framework's policy directives and to enhance infrastructural and administrative capacities. Doing so is essential to bridge the gap between policy and practice, ensuring equitable and effective access to public services for all Zimbabweans.





RECOMMENDATIONS

This section outlines targeted recommendations for the government and civil society organizations (CSOs) to enhance public service delivery in Zimbabwe through effective tax and fiscal policies, focusing on transparency, equity, and gender responsiveness.

6.1. RECOMMENDATIONS TO GOVERNMENT

Progressive Taxation: The government should consider revising the taxation structure to be more progressive, ensuring that higher income earners and corporations contribute a fairer share to the national revenue. This could include higher taxes on luxury goods and stricter enforcement against tax evasion and avoidance to increase domestic resource mobilization effectively.

The low direct tax contribution from CIT and PIT suggests that the current taxation system is not sufficiently capturing the income and wealth of the most affluent individuals and corporations. By implementing a more progressive tax regime, the government can generate the necessary resources to invest in quality, gender-responsive public services that benefit the marginalized communities.

Targeted Investment in Underserved Areas: The government should prioritize increased budgetary allocations and targeted investments in improving educational infrastructure and learning resources in rural and marginalized areas, such as the Mbire district. This should include the provision of

essential facilities like electricity, laboratories, and resources for contemporary subjects, including computer science, science, and the performing arts.

Strengthening Accountability and Transparency:

The government should enhance transparency and accountability mechanisms to ensure that increased public spending on gender-responsive services is effectively translated into tangible improvements in service delivery at the local level. This could involve establishing robust monitoring and evaluation systems, as well as facilitating meaningful community engagement and social audits.

Earmarked Taxes - Specific taxes could be earmarked for critical sectors. For example, introducing or increasing taxes on luxury items to directly fund water and mental health infrastructure projects. Additionally, a portion of sin taxes from alcohol and tobacco could be redirected toward funding public health initiatives, particularly those focused on sexual and reproductive health.

Expenditure Rationalization - A thorough review and rationalization of public expenditures are necessary to cut wasteful spending and redirect funds to essential services like education and health. Adopting zero-based budgeting could ensure that each budget allocation is justified based on its necessity and effectiveness, emphasizing cost-saving and impactful spending.

International Partnerships - Enhancing collaborations with international donors and agencies could bring additional funding and expertise, particularly for projects aligned with global development goals. Ensuring that these funds are well-integrated into national plans with clear accountability will maximize their impact.

Contingency Funds - Establishing robust contingency funds within the national budget will provide a fiscal buffer to sustain essential services during economic or natural crises, preventing the diversion of funds from critical areas like healthcare and education during emergencies.

Transparency and Accountability - The government should prioritize enhancing transparency and accountability in the use of public funds to improve gender-responsive service delivery. This should begin with the implementation of an open government data system that regularly publishes detailed reports on tax revenue allocation and expenditure, with a particular focus on initiatives targeting gender equality and women's empowerment. Such transparency will enable the public and civil society organizations to closely monitor and evaluate the effective use of these funds, ensuring they are directed toward the intended programs. Additionally, the establishment of independent oversight bodies will be crucial, as these entities would have the authority to investigate and address any misuse of funds, thereby enhancing trust and confidence in government spending. Furthermore, the government must address the recurring challenge of late disbursement of funds, as timely and reliable resource allocation is essential for the effective delivery of public services, particularly in underserved areas. By adopting these multifaceted measures, the government can demonstrate its commitment to accountability and channel resources more efficiently toward addressing the critical gaps in gender-responsive public service provision.

Gender-Responsive Budgeting - It is essential to fully integrate gender-responsive budgeting across all government ministries. This involves conducting gender-based analyses of budgets to ensure that funds are adequately allocated to programs benefiting women and girls, especially in critical areas such as health, education, and employment. Furthermore, providing specialized training for budget officers and decision-makers will ensure they possess the necessary skills and knowledge to effectively implement gender-responsive budgeting practices.

6.2. RECOMMENDATIONS TO THE CSO SECTOR

Tax Justice Advocacy - CSOs should intensify efforts to advocate for fair and transparent tax policies. This includes campaigning against tax avoidance and promoting reforms that ensure that all economic actors contribute justly to the national coffers, supporting equitable service delivery.

Monitoring Government Spending - Establishing strong mechanisms for monitoring how public funds are spent, particularly in sectors critical to human welfare, is crucial. This will involve tracking budget allocations and expenditures in real-time and providing regular public reports to ensure transparency and accountability.

Community Mobilization - CSOs can play a pivotal role in empowering communities to demand better services and hold the government accountable. By organizing workshops and forums, they can educate citizens about their rights to public services and the importance of civic participation in governance processes.

Advocacy for Enhanced Fiscal Policies - CSOs should lead advocacy campaigns to promote gender-responsive budgeting and the strategic use of tax revenues for gender equality initiatives. They can raise awareness and push for reforms that ensure tax justice and equitable resource distribution. Collaboration with media organizations can also help in highlighting the importance of transparency and accountability in public finance, drawing attention to successful case studies and areas needing improvement.



CONCLUSION

The study revealed critical discrepancies between national policies and their implementation, particularly affecting women and girls in marginalized communities like Hopley and Mbire. Key findings pointed to significant gaps in infrastructure, delayed fund disbursements, and insufficient resources across essential public services including water, education, mental health, and sexual and reproductive health rights. To address these systemic issues, the study proposes a pertinent way forward: enhancing government accountability and transparency

in budget allocations and expenditures. Implementing progressive taxation and ensuring gender-responsive budgeting are recommended to align financial commitments with policy goals more effectively. Additionally, civil society organizations are urged to strengthen advocacy for tax justice and closely monitor governmental spending. These measures are essential to ensure that public services are equitable, accessible, and meet the needs of all citizens, particularly the most vulnerable in society.



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