

UNIVERSITY OF ZIMBABWE



GENDER RESPONSIVE BUDGETING (GRB) AS A TOOL FOR ADDRESSING THE SOCIAL SECURITY GAP CARRIED BY WOMEN WHO PROVIDE UNPAID CARE WORK IN THE HOME AND FAMILY: AN EVALUATION OF ZIMBABWE

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Abstract

Since time immemorial, women have provided care in the private domestic space of society. While such care has remained outside economically realized and rewarded labour, it is this very care that crucially supports and makes national economic activity and growth possible. Even though women have become more economically active, there has not been a commensurate sharing of home unpaid labour and this has resulted in burdening them with even more work. Based on their tried and trusted track record in providing care, Zimbabwe's women, its faithful backbone, are still regarded as the last resort or safety net for the majority of its population, the rural poor, in times of crisis including sickness, old age, disability and destitution. Public safety nets have mostly been structured with the formally employed in mind, excluding the larger portion of those who are unemployed and informally employed. Disturbed by the research's harrowing tales of hardship endured by Zimbabwe's poor, especially her women, the researcher was inspired to explore the gap in public safety net provision and how gender responsive budgeting (GRB) can be used to plan and provide for lifetime crisis affecting society as well as to lighten the daily caring roles of women through sharing within families, communities and across the gender divide. Methodologies including the grounded women's law and human rights approaches were employed within the context of various feminist theories to collect, analyse and present the research data sourced from a wide range of male and female key governmental and NGO informants and respondents in both urban and rural settings of Zimbabwe. Based on her findings and following the successful examples of other countries, especially Uganda, the researcher proposes the implementation of a comprehensive GRB policy. If successful, it will ultimately ensure the fair and equitable redistribution of the nation's rich resources, especially among its women who, though invisible, are its most deserving workers and contributors to the nation's growth and development.

Dedication

To my mother, my God Given Cheer Leader, my mentor, “I learnt from the best” You humbly and tirelessly gave us the best and still do. I love you.

To my lovely children and sister, thank you for standing by me through thick and thin, believing in me and patiently abiding with me. My love for you keeps me going, with God on our side. We will abide and flourish.

To my brothers and sisters, I care.

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To all those caring women whose work is never finished, “Blessed are the meek for they shall inherit the earth” Mat 5:5.

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List of abbreviations and acronyms

GRB Gender Responsive Budget/ing

NSSA National Social Security Authority

ZIMRA Zimbabwe Revenue Authority

ZWRCN Zimbabwe Women's Resource Centre and Network

VAT Value Added Tax

List of statutes and policies

Constitution of Zimbabwe Amendment (No. 20) Act 2013

National Gender Policy

NSSA Act

Older Persons Act (Ch 17:11)

Public Finance Management Act

State disability Benefit Act (Ch 16:05)

Social Welfare Assistance Act (Ch 17:06)

List of international instruments

Convention on the Elimination of all forms of discrimination against women (1979) CEDAW

The International Covenant on Civil, Economic and Political Rights (ICESCR)

The African Charter on Human and People's Rights

The Protocol to the African Charter on Human and People's Rights on the Rights of Women (2003)

The SADC Protocol on Gender and Development

The Universal Declaration of Human Rights

The ILO 102

Table of Contents

Abstract.....	2
Dedication.....	3
Acknowledgements.....	4
List of abbreviations and acronyms	5
List of statutes and policies.....	6
List of international instruments	6
CHAPTER ONE	10
1.0 INTRODUCTION AND BACKGROUND TO THE STUDY.....	10
1.1 Introduction	10
1.2 Problem statement	11
1.3 Objective of the research study.....	12
1.4 Research assumptions	13
1.5 Research questions	13
1.6 Limitations of the study	13
1.7 Demarcation of the study	14
1.8 Significance of the study.....	14
1.9 Definitions of key terms.....	15
CHAPTER TWO	16
2.0 LAW AND LITERATURE REVIEW	16
2.1 Introduction	16
2.2 The gendered nature of care provision	17
2.2.1 Theoretical framework.....	17
2.3 The role of social security in care.....	18
2.3.1 The Fiscal Covenant for Human Rights	19
2.3.2 Key features of government budgets	19
2.3.3 State obligations in budgeting for human rights	20
2.4 Budgeting and the law in Zimbabwe	21
2.5 Functions of the National Budget	21
2.6 The budget process in Zimbabwe	21
2.7 Common weaknesses in developing country budgets	22
2.8 The Role of Gender-Sensitive Budgets.....	23
2.9 Equality in revenue generation and macro-economic impact.....	25

2.10	Equal participation of women with men in budgetary structures and processes.....	25
CHAPTER THREE	27
3.0	METHODOLOGIES AND RESEARCH METHODS.....	27
3.1	Critical frame analysis	27
3.2	Qualitative research.....	27
3.3	Grounded theory.....	28
3.4	The Woman’s Law Approach	29
3.5	Sex and gender analysis	29
3.6	The Human Rights Approach	30
3.7	Data collection methods.....	30
3.7.1	Focus group discussions (FGDs)	31
3.7.2	Observation.....	31
CHAPTER FOUR	32
4.0	THE BURDEN OF CARE.....	32
4.1	Introduction	32
4.2	The gendered nature of care	32
4.2.1	The value of women’s work: Princess Diana and Mother Theresa.....	33
4.3	Unpaid care work subsidises the public/government social security burden	34
4.3.1	The recognition of unpaid care work.....	34
4.3.2	The role of social security in care.....	35
4.4	Equal treatment of men and women in gender responsive budgets (GRBs) can ensure equality in revenue generation as well as resource allocation	40
4.4.1	Care work’s visibility to policymakers.....	40
4.4.2	The girl child in care	41
4.4.3	Gender equality versus gender mainstreaming.....	42
CHAPTER FIVE	43
5.0	MAIN FINDINGS AND ANALYSIS.....	43
5.1	Introduction	43
5.2	The gendered burden of care	43
5.3	Women and men in child and family care	44
5.4	Lobola (bride-price) for life-long care	45
5.5	Maternal care extended	46
5.6	The virtuous woman	47

5.7	The prodigal husband	48
5.8	The elderly woman caregiver in need of care.....	50
5.9	‘Where you go, I will go...Your people shall be my people and your God shall be my God’ (Ruth 1 v16):The Extended Marital Covenant	51
5.10	A mother before my time: The case of a lost childhood	52
5.11	Care for the disabled.....	52
5.12	Equality through budgets.....	53
5.13	The budgeting institutional structures	55
5.13.1	The voice of the poor caregiver	55
5.13.2	The ZWRCN championing and lobbying for GRB	56
5.13.3	The budget presentation	56
5.14	Budget and impact analysis	57
5.15	Community interaction on GRB	58
5.16	The burden of care is unequally shared with women carrying the heavier load	58
5.17	The rural/urban divide	59
5.18	Budget impact analysis in revenue generation.....	60
5.19	Conclusion.....	62
CHAPTER SIX.....		63
6.0	CONCLUDING REMARKS AND RECOMMENDATIONS	63
6.1	Introduction	63
6.2	Legal and policy intervention.....	64
6.3	Capacity building (parliamentary gender caucus)	64
6.4	Cultural and social change at community and institutional levels	65
6.5	Collection and continuous updating of reliable data.....	66
6.6	Use of analytical tools and indicators	66
6.7	Advocacy	67
6.8	Equity in revenue generation.....	67
6.9	Key factors to successful implementation	68
6.10	Conclusion.....	70
Appendix 1		71
Summary of a case study of Gender Responsive Budgeting (GRB) in Uganda by Mary Kusambiza ...		71
Bibliography		75

CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

The economy of care has remained privatized, with the greater burden carried by women in the confines of the home space. Be it child care, health care, elderly care, the care burden defaults to the home space the greater part of time. Institutionalised care to some extent would meet part of the needs but the extent varies from nation to nation, mostly depending on public resourcing and the level of development. In some developed nations, even like America, institutionalized care remains exclusive on account of the prohibitive cost, pushing back the care burden to the home sphere. In Zimbabwe, the Shona saying “musha mukadzi” meaning, the woman makes the home, signifies the extent of socialization of the woman’s burden, giving her the “honour” which is however, loaded with responsibility, oftentimes against all odds including juggling in extreme poverty and abuse. Missed economic opportunity is not unusual in some circumstances where one fully devotes themselves to care.

On the one hand, women have, from time immemorial, across different cultures and through the generations, remained the caregivers and nurturers seemingly flowing from the natural biological nurturing mother roles, extending to the other aspects of care. At the same time, women have increasingly taken on the added burden of providing with enhanced economic participation. Default of a spent work force, disabled, and the sick is often back to the home space with little or no subsidies. The child spends most of its time nurturing with the mother particularly in the early stages closer to birth, becomes more detached with age but still greatly dependent on the mother’s care. The sharing of chores in the home has remained heavily skewed with women and girls socialised to carry the greater burden. Society’s needs of care have grown both in numbers and intensity brought on by new disease while safety nets have remained at the same level or even declined in relation to the needs. Default is made to dependence on the unpaid care work that is so unrecognized. Shona traditional custom (in which I was brought up) at times recognizes and rewards these often-lifelong burden carriers through tokens like a cow given to a married woman in thanksgiving for taking care of a sick mother or father in law.

1.2 Problem statement

The extent of equality between men and women impacts on the sharing of the burden of care. Ideally, equality between men and women would ensure the recognition of unpaid care work, the equal sharing of the care burden along with the social and cultural enablement. This would also be supported by adequate provisions in the laws and policies. Social security arrangements for the provision of social safety nets in care are also critical coupled with the budgetary support. International Human rights provisions were enacted upon the realization of the need Local laws and policies to some extent, comply but not fully with those provisions and commitments leaving a gap that this study sought to explore and to establish how it can be closed to the benefit of women in particular and, in turn, society as a whole.

Although the law provides for equality in the provision of care, the provision of care in Zimbabwe has remained gendered with women providing the greater role of caring in the absence of social safety nets. I attribute this to the entrenched patriarchal attitudes in the words borrowed from the SADC Gender Barometer Report of 2015. The provision of care in both urban and rural settings explored and in Zimbabwean society in general, is unquestionably the woman's domain. At the same time, public resources have not been adequately applied towards the provision of care, more so given the scarcity of resources. The participation of women in both the formal and informal economy has equally not been anchored by institutional support structures thereby increasing the burden carried by women. In some instances, this has even further marginalized women who are then unable to participate fully economically forcing them to take to multitasking at various levels as I observed in the field. This includes engaging in vending, for example, while caring for babies and toddlers in hostile circumstances as observed among the women I engaged with on the streets of Harare. It is not unusual particularly in the rural setting, for a woman to work in the fields with a baby on her back and still go home to cook, fetch wood and water while her husband takes a nap in the shade after jointly working the land with her.

The research explored the realities faced in the economy of care, the social and institutional support structures, the distribution of the care burden and the effects it has on those involved in

care. Although the constitutional and legal framework provides for equality, shortcomings were found in the implementation of the legal and budgetary provisions. Gaps were noted in the implementation of equality provisions, accounting for the care economy as well as sharing of the burden. Care is weakly supported through the budgetary provisions and the social security structure only caters for the formal sector to a limited extent. Women dominate the informal sector. Women are therefore not able to contribute to development as well as enjoy social and economic rights on an equal platform with men.

The Government subsidized the Early Childhood Development initiative, introduced in 2016 through the Education Ministry, which had an impact on childcare, providing daycare and early learning for infants from the age of four in the public schools at a subsidised cost. This welcome development is likely to die in its infancy as the Government withdrew the necessary funding support in the 2018 budget presentation. Only the well to do can afford the private-run preschool facilities thereby pushing the burden back to the home front. In my study population, it is the mother who gives care round the clock, wherever they are.

1.3 Objective of the research study

The Study sought to explore how Gender Responsive Budgeting (GRB) can address the social safety net support needed to ease the burden of unpaid care work unequally shared in the home sphere and resting mostly on women's shoulders burdening women even more. This can accordingly be broken into the following sub-objectives

- To critically analyse if there is equality in the sharing of the care burden
- To explore the recognition of care work as contributing economically and developmentally
- To explore if the budgetary framework is gender responsive
- To explore if the national budget addresses the social security needs of care provision

- To make recommendations for reforms through the legislative and budgetary frameworks as well as other cultural and social changes drawing from the lived realities of women in the marginalized community of Zimbabwe.

1.4 Research assumptions

- (i) The burden of care is unequally shared with women carrying the heavier load.
- (ii) Unpaid care work subsidises the public/government social security burden.
- (iii) Equal treatment of men and women in gender responsive budgets (GRBs) can ensure equality in revenue generation as well as budgetary allocations.
- (iv) The budgeting framework does not adequately address the economic and social differences between men and women.
- (v) There is a need for legal and non-legal means that will address women's social security dichotomy.

1.5 Research questions

- (i) Is the burden of care unequally shared with women carrying the heavier load?
- (ii) Does unpaid care work subsidise the public/Government social security burden?
- (iii) Can the equal treatment of men and women in gender responsive budgets (GRBs) ensure equality in revenue generation as well as resource allocation?
- (iv) Does the budgeting framework adequately address the economic and social differences between men and women?
- (v) Is there a need for legal and non-legal means that will address women's social security dichotomy?

1.6 Limitations of the study

It was not possible within the time constraints, to interview all informants at ministry level as permissions were obtained late in the process. This would have given me better insight into the

inculcation of gender issues into the bottom-up budget input process. Inferences were however, made from the budgetary processes observed as well as the contributions and outputs of ministerial representatives in the budget committee proceedings. The absence of gender disaggregated data limits the analysis of the gendered impact of allocations and budget adjustments from period to period on the marginalized in general and those providing the last resort in care, in particular.

1.7 Demarcation of the study

This study focused on marginalized communities in two contrasting areas: one in the city center among the vending community and the other in the rural area of Seke communal lands, Murape Village. The rural-urban migration in search for greener pastures has brought younger members of the community into the hardships of the city where unemployment pushes families on to the streets in search of the elusive dollar. The city center becomes the hub of vending, leaving barely enough space for targeted customers to pass by on the pavements. A greater number of the vending community live on the marginalized parts of the city, renting one or at most two rooms with poor amenities, like Epworth. Nevertheless, business goes on.

The landscape in Seke on the other hand was more appealing at first glance, with mostly solid housing structures, although some were in dire need of repair. Some double story mansions are even seen with urban encroachment as well as some built by some inhabitants who senior government officials are, businessmen have support from their families in the diaspora. Some traditional dwellings still comingle with the modern structures, right down to derelict traditional huts that are barely habitable but housing the marginalized.

1.8 Significance of the study

The Zimbabwean community, like any other, has care needs in day to day life which include care for children, the sick elderly as well as the disabled. The social safety nets are very minimal, at best isolated to tending to the retirement needs of the working populace with an estimated 95% unemployment. With the persistently high level of unemployment, this model seems to leave out the unemployed and the informal sector but particularly never employed in the coverage. Public

resources on the other hand, are by right supposed to serve the communities from which they are derived, inclusive of this social safety net dimension. The social security provisions which are in place are administered by NSSA and benefit the formal sector of which, according to the 2011 ZIMSTAT Zimbabwe Labour Force Survey, reveals that only 14% of women work in paid employment as compared to 31% of men. Women also comprise 54% of the unskilled job positions. Gender responsive budgeting (GRB) has also, according to the SADC Gender Protocol Barometer, remained an inessential part of the national budget in the shadows of the political drive despite efforts by the Ministry of Finance and its partners involved in training and awareness campaigning for over 5 years. It is not surprising that some critical rights, including the one under study (i.e., the provision of social safety nets to support care), have remained underfunded.

1.9 Definitions of key terms

Social Safety Nets/Social Security: The International Labour Organisation definition of social security refers to the protection which society provides its members through a series of public measures against the economic and social distress that would otherwise be caused by the stoppage or substantial reduction (brought on) by certain contingencies (ILO, 1994). Accordingly, social security covers the following contingencies in general:

Budgeting... an estimate of income and expenditure for a set period of time.

The National Budget is a document (a bill in Zimbabwe), that, once approved by the legislature, authorizes the government to raise revenue, incur debt and apportion expenditure for the attainment of certain goals (Norton, Elson. 2002)

Gender Responsive Budgeting (GRB) involves an analysis of the government budget in terms of its reach and impact on women and men, boys and girls.

CHAPTER TWO

2.0 LAW AND LITERATURE REVIEW

2.1 Introduction

Care, in the context of this study, encompasses the direct care for people, mostly unable to help themselves for various reasons and these people range from children, the elderly, the sick and disabled. Feeding and bathing a child are synonymous with the commonly acknowledged “mother’s role” owing to the biological nurturing and reproductive role. All this is additional to the normal caring duties of homecare, cooking and even caring for the fit 24/7. The multiplicity of roles carried out by women continue to be influenced by entrenched social, cultural, religious and institutional norms that shape their daily lives. Equality remains mostly rhetoric in this sphere of life and is perpetuated through the generations. Institutional support has even dwindled in terms of service owing to limited public resources. According to Anesu Makina in an exploration of women providing unpaid care for family members living with HIV in South Africa and Zimbabwe: “This has the effect of impoverishing women and reinforcing gender stereotypes”. Makina (2009)

On account of the entrenched nature of women’s care work, such work remains largely unpaid save for when it is provided by hired workers from outside like nurses or domestic workers (Akintola, 2004, Razawi, 2007). What does this indicate? That care work is unrecognized unless it is provided for as a commercial service at a cost to the recipient.

Debbie Budlender (2004), in *Gender and Development* Vol 17, No 2, July 2009 pp 310, emphasized the fact that care work is essential to society, even though it is not paid. In fact, it is more draining working around the clock confirming the saying by Jean Little in ‘Orphan at my door?’ that ‘Men work from dawn to dusk but women’s work is never finished.’

2.2 The gendered nature of care provision

Care work is inextricably woven into the revered marriage and family relationship and remains outside the influence of public policy with little impact on budgets. Gender inequality is evident in the unequal sharing of work in the home, perpetuated by the continued socialization of the girl child and “training” into the same subservient roles. According to Meyer (2004), all this is centered on the myth that women are natural caregivers.

2.2.1 Theoretical framework

Liberal feminist theory

This research was informed by the liberal feminist theory where women’s subordinate position to that of men emanates from customary and legal constraints. According to A.S Tsanga (2011 Women and Law) equalizing the playing field entails removing any and all customary and legal barriers to equality.

Modern liberal theory

This theory also takes up the notion of reality in women and men’s lived realities. Gender justice is taken as a core objective, as is freeing women from oppressive gender roles that have been used as excuses for oppressing women. Tamale links the undervaluing of women’s work to ideologies of domesticity that are based on patriarchy, unequal gender power relations and the artificial dichotomization of private and public relations (Tamale Sylvia 2014, pp 30). This informed my research where I was able to observe as well as probe into women’s roles versus men’s roles and to delineate how far society has gone in implementing equality in care.

In the cultural context, as observed as well as experienced throughout my life to date, the submissive, caring hard working woman has been celebrated with societal recognition of her role modelling. For example, “Mombe yeumai” is the token given to a woman for bringing up a good, well-trained daughter as she is given away in marriage. Church as well as family teachings endorse and reinforce this image as I was told never to open my mouth but to speak

more with my hands and in submission. The subordinate role is signified by a whole herd of cattle awarded to the father among other things despite the woman's predominant role in care giving throughout a child's life. A study by ENSURE in 6 districts of Zimbabwe confirmed the dominant role of women in childcare. In all the six districts visited, child care was generally regarded as a woman's domain. It involves cooking, feeding children, washing clothes, taking children to the clinic for treatment, weighing and immunisation. Both men and women revealed that these tasks are performed by women although there are few men who go to clinics with their children. Focus group discussions (FGDs) with pregnant and lactating women in Chimanimani, Chipinge, Zaka and Bikita revealed that those men who are seen assisting with child care are derided and that it is women who lead such derision. They reported that these men are asked such questions as, *'Why have you come to the clinic with your child? Is their mother not available? Is she not feeling well?'*

2.3 The role of social security in care

The role of social security is defined in International Labour Organisation (ILO) 102 of 1952.

While social security ideally provides the formal financial fall back in times of distress, the informal family-support system takes over where the formal falls short with more and more reliance on family support. According to a study by Kasente, traditional systems also have a tendency to exploit women for the benefit of other members of the family with less benefit for themselves (Kasente 2003 p3). Research has also shown how the informal system subsidises the formal sector albeit with little recognition. Informal social security systems include kinship, the market, religious organizations, and NGOs (Banda, Beckman, 1999).

Zimbabwe has ratified the international instrument on social security in addition to regional protocols. The national Constitution prohibits gender inequality and discrimination. However, practically, the subordinate role of the woman is emphasized in the unquestioned role women play in care in all aspects of home life as I found out in the field. Among the respondents I interviewed, there was an almost 100% absence of social security as a safety net among the

disadvantaged people covered with mostly women and girls providing the last resort in care provision.

There was no pension to resort to even for all the aged respondents and widows. Only one respondent had ever received a pension that had since dried up and another had expected a pension from their late husband's employer only to discover that the employer had not set up a pension fund despite deducting employee contributions from the worker's earnings.

2.3.1 The Fiscal Covenant for Human Rights

Government budgets entail both legal and moral claims and obligations. The budget itself comes into force through the passing of a budget law. The government has an obligation to ensure that the budget law (as with any new law) is consistent with the standards to which the government is legally bound, including human rights law. It is the totality of domestic and international law that enables the government to make claims on people and businesses to pay taxes, and to pay charges for the use of public services. The budget also provides legally enforceable obligations on governments to pay creditors; to pay pensions to retired government employees; and to meet the costs of programmes to which some sections of the public have a statutory entitlement, such as social insurance schemes. (Elson 2006)

Thus, Government budgets rest upon what has been described as a 'fiscal covenant', meaning:

'The basic socio-political agreement that legitimizes the role of the State and establishes the areas and scope of government responsibility in the economic and social spheres' (ECLAC, 1998:1).

2.3.2 Key features of government budgets

The budget, akin to income and expenditure in an income statement, denotes the revenue to be generated on one side and how it will be spent on the other. Revenue is divided into direct taxes and levies like income tax, corporate tax and the AIDS levy in Zimbabwe. Indirect taxes include carbon taxes, toll fees, Value added tax, import duties and tariffs. On the other hand, expenditure

can be categorized by administrative agency (eg Ministries), economic function (eg current account for salaries, capital expenditure etc), or by program (eg Education, Health} (Sharp, 2003). Budgetary mismatches are most typically skewed towards funding deficits in which expenditure exceeds income. The gap is usually financed by borrowing which further creates an additional outflow in the form of interest charges.

2.3.3 State obligations in budgeting for human rights

CEDAW (Article 1) sets out a number of general principles (eg Equality and Non-discrimination), that are binding on state parties in budgeting decisions. Article 2 of CEDAW also obliges the institutionalisation of gender equality principles in the budget processes through to the involvement of the public and civic organisations. Under the ICESCR (General Comment 16, paragraph 21), the state is obliged in the space of gender and budgets, to adopt temporary special measures, gender audits and gender-specific allocations of resources. As aptly summed by Diane Elson (2009), “CEDAW sets out clear standards requiring states to pursue women’s equality in all spheres” and the state requires resources for the fulfillment of this mandate. The preamble to CEDAW, according to Elson, draws attention to the fact that states should ensure that the reproductive role of women is not used to discriminate against her in the care giving of children but to facilitate the equal sharing of roles between men and women and in society as a whole. The preamble ends with the recognition that a change in the traditional role of men as well as women in society and in the family is necessary to achieve full equality between the sexes. Article 5a of CEDAW even calls for the modification of social and cultural patterns of conducting order to address stereotypical roles. In the same vein, Article 2b says that there should be family education in order to achieve recognition of the common responsibility of men and women in the upbringing and development of their children. The Beijing Platform for Action further declares (15) that there is to be equality in resourcing.... sharing of responsibilities for the family by men and women while Declaration 346 calls for adjustments of national budgets to meet social needs Resources for gender equity and impact analysis (including the provision of gender disaggregated data). The UN Sustainable Goal No.5 (2015) says that states should address the issue of women. Regionally, the Maputo Protocol (Article 19a) calls for the introduction of gender perspectives in national planning.

2.4 Budgeting and the law in Zimbabwe

The Constitution of Zimbabwe Amendment (No. 20) Act 2013 has founding values for gender equality, human rights and freedoms embracing equality of all persons, gender equality (Section 3). The Constitution also (Section 25) provides for measures to be adopted for the provision of family support to aid in care of children. Section 30 of the Constitution mandates the state to take “all practical measures, within the limits of the resources available to it, to provide social security and social care to those in need” through social welfare and social safety nets. The Public Finance Management Act of Zimbabwe (PFMA) governing the financial management of the country’s public resources with transparency and accountability (Section 1a), makes special provisions for marginalized groups. The National Gender Policy (2013-2017) in its Gender and Economic Empowerment Thematic Area Policy Strategy (i), supports gender sensitive economic planning and budgeting.

2.5 Functions of the National Budget

The National Budget serves a number of functions. These include:

- Provision of goods and services
- Collection and distribution of scarce resources to priority sectors
- Redistribution of incomes
- Economic stabilization
- Parliament’s instrument of accountability and control over Government in its handling of financial matters.

In other words, the social and developmental mandate is accordingly not clearly specified in the policy.

2.6 The budget process in Zimbabwe

The National Budget is the Government's yearly financial plan of action. It spells out government's fiscal policy, priorities, planning and implementation process for delivery of goods and services. Towards the end of each financial year, the Minister responsible for Finance

announces the amount Government intends to spend during the forthcoming year, stating how and from where Government expects to raise the money. GRB is supposed to be inculcated throughout the process as this study explored.

Monitoring Stage

Once the Budget has been passed by Parliament, the role of Parliament becomes that of monitoring how the approved funds are used. Committees exercise this function of Parliament through receiving quarterly budget reports from Ministries. These are considered and quarterly budget performance reports are tabled in Parliament. Portfolio Committees can also embark on field visits to ascertain progress on the ground regarding government-funded projects. Monitoring of the budget performance feeds into the subsequent year's Budget bids as new priority areas are identified. An analysis of this process identifies the precedence of the political mandate at the implementation stage particularly for the year in question. In the absence of accountability, analytical measures will not achieve the desired effect.

2.7 Common weaknesses in developing country budgets

Norton and Elson (2002) cite the IBP guide to budget analysis of 2001 common budgeting problems:

- Difficulty of making accurate macro-economic projections due to vulnerability to external shocks and dependence on erratic revenue systems and aid flows
- Lack of independence from political control of the audit function
- Lack of accurate budget data
- Lack of information on socio-economic trends and conditions
- Weaknesses in the capacity of the legislature to hold the executive accountable due to lack of information and access to technical skills

The challenges in the implementation of GRB in Zimbabwe are not peculiar but identify with the above listed challenges for developing countries. This determination helped shape my recommendations as well as identify the model framework to emulate.

2.8 The Role of Gender-Sensitive Budgets

My understanding is that gender responsive, sensitive, pro-poor central government budgets ideally address the needs of the poor, while meeting developmental objectives to alleviate poverty. According to a review by Norton and Elson (2002), the following features identify a pro-poor, gender-sensitive budget that ensures accountability as well as transparency:

1. A constitutional and policy framework commensurate with a political culture respectful of rights.

This involves a high level of citizen engagement, a strong social vision which includes constitutional human rights. The political climate also embodies a deep sense of commitment to human rights and a sense of accountability. Examples given of high level of citizen engagement in the budget processes include Uganda and South Africa where there is a considerable degree of democratic process.

2. A system of issues-based political competition.

A political climate that enables political competition between different parties with different ideologies fosters the ability of socially disadvantaged groups to influence state policy and processes. This is an important factor in the case study of Uganda from which I draw my key recommendations.

3. Sufficient fiscal resources for delivery of basic service.

Fiscal resources are the enabling factor towards the achievement of budget objectives and the more, the better. This poses a challenge for developing nations like Zimbabwe. The case of Uganda has exhibited considerable momentum for pro-poor reforms with strong collaboration between government and civil society actors developed around the Poverty Eradication Action Plan. Donor support riding on an enabling framework characterized by accountability, transparency and a poverty

focus has been channeled through debt relief, grants and loans in a bid to support the public budget.

4. A clear framework of policy goals, aligned to a vision of society with respect for social justice.

Clear statements of intention in policy goals and objectives facilitate accountability and provide a basis for evaluation. Ideally, a strong system of citizen engagement underpins such a framework. This is still poorly implemented as I realized in my review of the framework in Zimbabwe revealing that there is room for improvement for budgetary education and enhanced public awareness.

5. Transparency in decision making around budget allocation and in budget execution.

It is of critical importance to have transparent systems of recording and reporting budgetary decisions as well as expenditures. This is underpinned by the capacity to provide data on the distribution of benefits, disaggregated by income, sex, age and geographical location. The identification of key actors in both the public service and civil society can help bridge the gap between citizens' needs and the relatively closed public budgetary system.

6. An effective fully engaged civil society is able to access information adequate for analysis to facilitate objectively holding the government to account.

This is a pre-condition for fully informed and equipped citizen-led, pro-poor budget initiatives. Activity by the ZWRCN is aimed at this and other forms of capacity building. Elson also notes the growing network of international civil society movement in the area of GRB with information shared on grants in support of initiatives as well as information sharing.

7. Active, informed citizens able to access services, make claims and hold service providers and policy makers to account.

Political representation, although taking centre stage in society, may have very little impact on the visibility of poor and marginalized groups, part of which are the subject of this study. Claims on public services ride on an informed society, the development of skills and capabilities, group solidarity and the support of advocacy from other actors and access to fair regulation which is capable of assessing and

making determinations on claims. Donor agencies usually support these capacity-building initiatives as well as providing consultative support.

2.9 Equality in revenue generation and macro-economic impact

While more attention is paid to the budgetary allocation side, an analysis of the gendered impact of revenue generation also pointed me to the need for gender responsive tax reforms that can alleviate the impact of the absence of social safety nets in Zimbabwe for the generality of the population. Zimbabwe is currently seized with an ever-declining revenue base, sometimes forcing the authorities to resort to desperate revenue generating measures that have a more disparate impact on the poor. For example, in the budget review seminar I attended, a call was made to tax the rich more than the poor. The implications of levying flat taxes across the board without assessing its impact on different social groups could, on closer inspection, prove discriminatory in itself.

Revenue and expenditure management, as a budgetary objective, must be managed to the development and advancement of women, alleviate discrimination while creating adequate resources for the fiscus. According to Elson, cuts in expenditure must not add to the unpaid work carried by women in families and communities. The study set out to analyse the impact of both revenue generation and allocation in the framework for the realization of CEDAW. CEDAW positions women as independent, autonomous human beings with their own rights and obligations and not as dependents of men. This implies that “women must be treated as autonomous claimants on send independent contributors to the budgets” (Elson, 1999: 33). Thus, revenue generation must not reflect in discriminatory ways against women nor must it perpetuate traditional roles incompatible with the substantive equality goal like making women dependent on their husbands as their breadwinners.

2.10 Equal participation of women with men in budgetary structures and processes.

Article 7 of CEDAW requires that women should participate equally with men in budget decision-making and exercise of related judicial, executive and administrative powers (CEDAW

General recommendation 22, para 5). This infers the equal participation of women to men in parliament, ministries and in all critical structures and committees impacting the budget processes.

The Beijing Platform for Action also speaks to the need to conduct a gender analysis of budgets and to adjust public spending to ensure equality between men and women. Following upon that, it is imperative that the country develops the following as preconditions for the gender analysis of budget outcomes:

- a gender disaggregated database
- gender disaggregated targets and indicators
- a gender-sensitive performance review system

CHAPTER THREE

3.0 METHODOLOGIES AND RESEARCH METHODS

3.1 Critical frame analysis

This methodology was applied in the critical analysis of the legislative and policy framework impacting on the (in)equality of how the care burden is handled in Zimbabwean society. The critical frame analysis ‘builds on social movement theory’ (Verloo: 2005) and assumes that policy documents contain a diagnosis and prognosis of the issue at hand as applied to the documents to determine where the problem is. Further, the analysis will try to answer the source of the problem and identify those responsible for solving it. The key actors identified in the gap of safety net provisions impacting on women will zero in on Government as well as Zimbabwean society. Besides the framework involving governance, society has a huge impact on structures and mechanisms that cause women to be oppressed (e.g., poverty, unequal division of care work, role of religion, media portrayal of the family roles, etc.). The analysis draws upon public policy documents, records of policy debates, and other information obtained in my research. A review of the budget allocations was a critical aspect of this analysis.

3.2 Qualitative research

A qualitative research approach was engaged in order to gain an understanding of policy makers, the policy-implementation processes and outcomes and the nature of the community respondents I needed to interview. In the words of Ipsos (2008), ‘Qualitative research is also used to identify not only what people think but also, more importantly, why they hold such views.’ Desk research laid the foundation for policy and the social safety nets frameworks, the budgeting processes and the legislation. The interviews held with policy-makers and administrators led to the use of grounded theory to determine the nature of women’s lived reality in relation to the provision of care.

3.3 Grounded theory

In order to steer through women's lived realities whilst continuously engaging with feminist theories that had informed my research, I used the grounded theory. My observation of actors in care at a simple level pointed to the role and division of tasks entrenched in Zimbabwean society. Interviews then helped me to collect data while triangulation of information formed a continuous part of the process for positions between the different actors to confirm the obtaining situation.

Bureaucracy became an obstacle as a lengthy permission process was encountered both at Government office level according to protocol as well as at the local community leadership level in Seke.

Cognisant of the fact that community respondents who had strong economic reasons to hide other forms of social support systems, I employed a multi-pronged approach to zero in on the really needy cases, interview respondents accordingly as well as control the processes to effectively discourse on the topic at hand. This research methodology was framed on the basis of the topic of research and the nature of the respondents I wanted to interview, the processes I wanted to explore and the lived realities I needed to observe.

Grounded theory helped me to gain insights into the lived realities of the lives of marginalized women in caring while also exploring the cultural, social and religious influences that reinforce the subordinate positions they adopt to care almost single handedly for their homes and families. The data collected helped me to build theories of the woman in the realm of the unpaid care work economy. This also helped me to explore the laws, policies, structures and implementation of policies impacting on unpaid care work within the human rights framework which enabled me to make informed conclusions and propose helpful recommendations.

3.4 The Woman's Law Approach

I adopted this approach as it takes the lived realities of women as the starting point for research. While the woman is the focus of the study, I also sought out the views of men and their contributions to caring in their homes and families in order to obtain a balanced view of the study topic. This is contextualized in the reality of “experiences and life situations based on sexuality, birth, care and domestic work as a starting point for the analysis of the position of women in law and society” (Bentzon, 1998). By meeting with and interviewing the people involved in care, this approach also helped me, in the words of Stang Dahl, to appreciate that “the biological, social and cultural differences between women and men are not regarded as the main problem in women's lives, but rather law and society's systematic undervaluation of female activities, values and characteristics are seen as the main source of women's subordination” (Dahl, 1987:13).

A critical analysis of the gender equality and non-discrimination provisions of the Constitution of Zimbabwe Amendment (No.20) Act, 2013 seeks to explore the implications of the lived realities of women.

Networking as well as creating a good rapport with community leaders and the respondents eased the research process. An exploration of the budgetary framework laid the foundation for establishing the gap between the commitment to implement gender responsive budgeting (GRB) and the actual results thereof. Involvement in the budget processes unveiled the blind spots with regard to safety net provisions and the role played by women in unpaid care work. Training in budget impact analysis, although started by ZWRCN, still needs more effort and resourcing for the public sector as well as the community. Communities that have received budgeting training were not part of my research population.

3.5 Sex and gender analysis

This approach seeks to analyse and untangle the sex and gender stereotyping as well as the multifaceted gender mainstreaming analysis of the budgeting processes. The roles played in

home care and all other aspects of care critical to economic and developmental processes were probed around the gender stereotyping roles central to this study. I initially had assumed that the role-playing would be significantly different between the urban and rural communities only to find that the gendered nature of care work is so deeply entrenched in both of the marginalized societies that I explored and is reinforced by the religious ideology now dominant in Zimbabwean society. This approach also helped explore the sex and gender nuances in the budgeting framework as it affects the provision and resourcing of social safety nets which directly impact on women as default safety nets. They are the last resort for those who have been failed or inadequately covered by the formal systems. Although the social security in place only provides limited cover to employed and formerly employed individuals and families, it still excludes the informal, marginalized population, the subjects of my study.

3.6 The Human Rights Approach

The gender-sensitive budgeting analysis I engaged mainly sought to establish the extent of Zimbabwe's compliance with CEDAW, the UDHR, the ICESCR and the Maputo Protocol. CEDAW obliges the institutionalisation of gender equality principles in budget processes through to the involvement of the public and civic organisations. The key founding principles are equality and non-discrimination but that does not preclude the observance of other specific rights relating to budgeting issues and the realization of rights in general is completed through resourcing, a key feature of budgets. Other rights were also explored relating to the rights of elderly persons, disabled persons, and the rights of children. The Zimbabwean framework has embraced both a rights-based and program-based approach with gaps evidenced in the budgetary outcome. Among others, a key contributory factor is the early stage of implementation coupled with inadequate data and analytical skills at the correct levels. The inequalities identified will inform the recommendations that can correct these errors.

3.7 Data collection methods

Various methods were used to conduct the study.

3.7.1 Focus group discussions (FGDs)

These allowed participants to air their views as well as discuss their experiences in an uninhibited atmosphere. Of critical importance was openness and allowance for divergent views on cultural and social issues. It was evident, however, that there is a common understanding of the role of women in care and the unquestionable acceptance, even among women themselves, who hold the firm belief in their mothering and central role in caring. This deeply entrenched view is being reinforced by religion to which more and more people are turning in the face of hardships. Due to the community setting in which the participants cared for each other, they had little concern for privacy and shared in a very open manner. I had to explain issues pertaining to social security as well as budgeting to all groups in order to establish a common understanding of these concepts.

3.7.2 Observation

This method was employed at the parliamentary sessions I attended as well as the markets populated by working men and women. It was only the women who were caring for children while at the same time tending to their business. I did not see one man tend to a child in my observed sample or in my daily walks. I witnessed only one couple share the responsibility of looking after their toddler as they worked together. I also happened to visit my sick uncle who had been admitted to Karana Mission Hospital in Mt Darwin on Sunday 1 March 2018. A lot of low and middle income individuals are resorting to this popular Christian mission-run hospital, particularly while the state run hospitals are malfunctioning owing to a strike by medical personnel. At this mission hospital, quality medical attention is obtained but the nursing services are overwhelmed to such an extent that any patient has to be accompanied by another for the caring services like bathing as well as other personal care. My 87 year old uncle was in the care of his 80 year old wife like many other male adults in the male ward. However, I did not have permission to conduct any research but just briefly observed during visiting time that on the male ward women were caring for their male loved ones but on the female ward there were no men returning the favour and caring for any women patients. There, only women were caring for women. I was quite struck by this contrast and I wish I had stumbled upon this earlier in my research as I would have liked to have conducted interviews in order to verify my observation.

CHAPTER FOUR

4.0 THE BURDEN OF CARE

4.1 Introduction

In my experience and throughout the research, it became evident that the care burden is unequally shared between men and women with the latter carrying the heavier load. The unquestioned role of women in care, particularly in crisis situations, can be ably illustrated by the central role played by women at funerals. They will take care of feeding those who gather, look after the children, collect water and firewood, entertaining and consoling while most of the men sit around fires while some may dig the grave and maybe slaughter a cow for meat. This has been described as a gendered response to risk. It encompasses the Ubuntu concept which means shared responsibilities, reciprocity, and interdependence of all human beings (Kanyongolo, 2007). This has its equivalent in the constitutional human rights provisions of equality, human dignity and freedom.

4.2 The gendered nature of care Social and cultural reinforcements

The gendered lived realities contradict the values of Ubuntu as social responses to crisis are highly gendered to the “disadvantage of women either through exclusion or exploitation.” The social response systems underpinning Zimbabwean society revolve around familial kinship and communal systems of social control. Rules, obligations and expectations within the extended family setting are institutionalized at the family and community levels which also handle conflicts accordingly. This system socializes and encultures people into various roles through training and initiation as well as the gatekeeper’s roles at various stages of their lives. These processes, for example, the training of both boys and girls, reinforce the gendered social division of roles and responsibilities. Men are constructed as providers and not active in the caring role of women in reproduction, childcare and domestic work. Synonymous with this social division, women’s property usually comprises feminized kitchen utensils, “mawoko” property, while the men have title to the more valuable property. All this is mirrored in gendered practices and

reinforcement systems at every level as well as socially ascribed gender identity. In her analysis, Kanyongolo accurately observes, “Tamale links the undervaluing of women’s work to ideologies of domesticity that are based on patriarchy, unequal gender power relations and artificial dichotomization of private and public relations” (Tamale, 2004: 30-61). This, in my view, aptly sums up the foundation of gender relations and female subordination in Zimbabwean communities.

4.2.1 The value of women’s work: Princess Diana and Mother Theresa

Derek Stanovsky draws a parallel between Princess Diana and Mother Theresa, “two of the highest profile women of the decade and have become cherished cultural icons of an ideal and idealization of the virtuous woman.” Their values, charitable acts and self-sacrificial roles are similar to those shared by women in Zimbabwe’s predominantly Christian society. Stanovsky refers to the work of Irigarayan who also wrote in “Women and Sacred Money” about the importance of women’s acts of sacrifice and their lack of value in the eyes of their community. While caring laborite sacrifices, the ultimate of which is giving birth and child rearing are of such critical importance to society, neither the secular nor religious worlds attach the value to them that they deserve. Irigaray also raises the repression of women’s efforts, including society’s refusal to value them. Ironically, however, society singles out and bestows honours on individuals such as “Mother Theresa,” a nun, celibate and childless. The reason appears to be that it is only when women practise their virtuous care giving talents outside their families that they are accorded some recognition or pay, e.g., as a nurse, surrogate mother, housekeeper, cook, therapist, even prostitute (Wood 1997, 51). Irigaray further notes that the issue of comparable worth of women’s care work cannot be raised in relation to men as they play no comparable role.

Asanda Benya, in her gendered review of the Marikana Massacre of South Africa brings to the fore the how women are exploited at the hands of miners, providing a reproducing as well as a replenishing labour power for the benefit of the owners of capital. She interestingly sums it as the unseen labour of “feeding, nurturing, maintaining a sustainable environment, while satisfying emotional needs.... defines and also confines women’s lives” (Benya, 2015)

Nevertheless, crisis handling remains, throughout societies, the preserve of women, with or without resources and without recognition. Convinced that there ought to be recognition of this sacrificial unpaid labour in care from institutional structures through to the intimacy of the home, I set out to explore how deeply ingrained this is and how this can be redressed in Zimbabwe through budgets and other structures.

4.3 Unpaid care work subsidises the public/government social security burden

4.3.1 The recognition of unpaid care work

Goal No. 5 of the UN Sustainable Development Goals (2015) calls for the recognition of women's unpaid work. In my research, I realized that Zimbabwe still does not recognize care work unless it is provided on a commercial basis. Safety net provisions address the retirement, sickness and death benefits of formally employed members of society through a social insurance scheme that is centrally administered by NSSA with contributions from employers and their employees. Unrecognised yet real are the contributions made by women whose work subsidises the state through their payment for child care, medical expenses as well as maternity provisions with or without assistance from their spouses.

The legislation does not provide for unpaid care work which subsidises the state through childcare, healthcare, disability and old age requirements. Marginalized and poor members of the society only resort to an overwhelmed and ailing health system at a minimal cost to themselves.

An illustration of the role the state can play in the provision of social security and care can be obtained from the model of Sweden. I realized this when I interviewed a couple, my friend's daughter, Siboniso, and her husband, Kayi, while they were here in Zimbabwe on maternity and paternity leave from Sweden after the birth of their second child. The Zimbabwean born couple, who reside and work in Sweden on a full time basis were in Zimbabwe for six months and still had another six months to December 2018. Sweden boasts one of the most family-friendly cultural social and legislative systems in the world. The very foundation of the social security system is premised on the equal sharing of care in the home. At child birth, a father can even be

taken to court for childcare negligence if they fail to take the first ten days off work to be with their child and there are no childcare facilities for babies up to one year when both parents can take maternity, paternity and parenting leave. Each parent is entitled to 480 days maternity/paternity leave for their child up to the age of 8 years and this is state subsidized at varying levels. Employers are also obliged to pay the balance of the employee's earnings in most cases, to ensure that parents take leave and joint responsibility for the raising of their children. Although the Swedish economy, being first world cannot be compared to that of Zimbabwe by way of both stage in development and resourcing, I allowed myself to take a snapshot of the seemingly ideal system as an illustration of how the state can get involved in both care and social security support. I was also fascinated by how Sibö and Tami were earning while enjoying the African sun and enjoying family time as well with their parents on their extended leave. On care, Tami said:

“It is normal to meet fathers only taking care of their young children in our parks (meaning Sweden), unlike here in Zimbabwe. I now find it awkward to see just the women tending to babies on their own, travelling by themselves with three toddlers in tow.”

Sweden also has the most equitable work value system recognizing what we have in Zimbabwe as unpaid care work. The state responsibility of maternity/paternity leave is the first illustration while the value placed on nanny services and domestic work is commensurate with any paid profession if one is to access that.

4.3.2 The role of social security in care

Social security ideally provides the financial safety nets for human crises. The provision of social security benefits would at least take primary care of the material needs of the person in a crisis. By definition and coverage, this would alleviate poverty and suffering and hopefully meet the paid care needs of the beneficiary. States are mandated to provide both social insurance and assurance to cover under the ILO 102 provisions:

- health and sickness benefits
- childcare and early child education
- old age benefits
- unemployment benefit including maternity care

Further, the ICESCR provides that the States Parties undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the Covenant.

At the regional level, the following provisions to which Zimbabwe is signatory are relevant:

(i) Maputo Protocol. Article 2c provides for the integration of gender perspectives in policy and program while Article 13 recognises the economic value of women's work in the home;

(ii) SADC Code. Article 5 deals with social security; article 7 with social assistance, social services and social allowances; and art 14 deals with health, sickness and invalidity cash benefits.

Zimbabwe has legislated for the provision of the disability, old age and social welfare assistance as follows:

- The State Service Disability Benefit Act (Ch 16:05) covers those in state service in the event of disability during service, e.g., soldiers, prison service members, etc.
- The Older Persons Act (Ch 17:11) establishes a fund which is administered by the social welfare and gives cover to older persons in need of specialised care, those who are sick and those caring for the destitute.
- The Social Welfare Assistance Act (Ch 17:06) is administered by the Ministry of Public Service, Labour and Social Welfare. Social transfers may be made to assist destitute or indigent persons where they are:
 - (a) over 60 years of age; or
 - (b) handicapped, physically or mentally; or

- (c) suffers continuous ill-health; or
- (d) the dependent of a person who is destitute or indigent or incapable of taking care of themselves.

All the older persons in my rural sample would qualify, on the face of it, for social welfare assistance being of age, in poor health, taking care of the disabled (like the mentally ill), and also being taken care of by persons incapable of fending for themselves economically. The grandmothers taking care of orphans more than qualify for state assistance but this is out of their reach as also corroborated by the minimal social transfer's provisions in the 2018 budget.

Zimbabwe instituted social security provisions under the NSSA Act to provide for employer and employee contributory insurance schemes to cover death, old age, disability and injury. It is important to note that it does not cover domestic workers nor those who participate in the informal sector. However, in response to the shrinkage of the formal employment sector and the growth of the informal sector, NSSA has embarked on an inclusivity campaign to try and embrace as much of the informal sector as possible. This has come in the wake of a waning contributory base threatening the viability of the state organ.

The existing social security in the country has low coverage with minimal benefits both in value and coverage. Based on the lived realities of many in Zimbabwe, the social safety net (especially among the marginalized poor) is centered on kinship and communal systems of social control, rules, obligations and expectations.

The following is a summary of the role played by, or, rather, absence of social security in the community I researched.

- (i) The marginalized poor have virtually no pension coverage as the contributory pension operating in Zimbabwe on both private and the state schemes (mainly NSSA), covers the

employed, buttressed by employer contributions. This has so far excluded informally employed workers, domestic workers and the never employed. Currently, it is on record and the post budget parliamentary debates of 9 January 2018, that the government, being the largest employer in the country, is accumulating arrears in remitting its own employer contributions to NSSA, which may threaten the viability of the fund.

(ii) The mere \$500 million budget allocation for children in difficult circumstances against the requested \$1,5 billion explains the absence of state assistance I observed in the sampled (among the many listed), of child-headed families that are living on the edge, intermittently assisted by local church groups.

(iii) Instead of receiving state support, the aged are burdened by the additional orphaned children they have to support owing to the HIV pandemic. Although I did not explore or verify this further, one respondent bemoaned the erratic availability of anti-retroviral drugs in the poor community causing AIDS related illnesses, the deaths of parents and caregivers. The budgetary allocation for older persons assistance, underfunded by \$330,000, will further widen the funding gap with arrears to date of \$211,680. This is usually applied towards the support of old people in various old age homes. In my research, it was emphasized in parliamentary debates that these homes ordinarily house aliens as locals resort to their family support systems, an additional burden on the caregiver.

(iv) Mothers, who are the primary caregivers in the poor communities, including among urban vendors, are not beneficiaries of any maternity leave benefits, which is a privilege of those employed in terms of permanent formal contracts of employment. They are only privy to free maternity assistance through public hospitals on giving birth and after care. This is the reason why mothers, with babies on their backs, go back to the streets for to work as vendors and other informal economic activities.

(v) The poor (the unemployed or, in most cases, never employed) are not covered by NSSA's medical assistance but are instead supported by health services through the social welfare fund for the poor. Medical assistance for poor communities funded by the Social Welfare Department has apparently been underfunded resulting in the erratic support of public health facilities which are already underfunded. The 2018 budgetary allocation of \$2,5 million against a request of \$12 million reveals the extent of underfunding or gap between what is available and what is needed and this is exacerbated by the cumulative funding arrears of \$7,4 million.

(vi) There is no unemployment benefit under the social security scheme in Zimbabwe.

(vii) Early child education and childcare has seen the withdrawal of support previously given through the government's support of Early Child Development (ECD) as pronounced by and effected in the 2018 budget. The effect of that budget cut is more work for mothers providing care.

(viii) The total allocation for social services that impact on care is summarized below:

Projected Expenditure	Allocated amount in \$
BEAM	20 000 000
Support to disabled, elderly, children	3 600 000
Harmonised cash transfers & food mitigation	13 000 000
Health Assistance	2 500 000
Total allocated	39 100 000 (0,55% of total budget)
Total Budget	6 999 600 000

Support rendered through the budget to those in need of care in the 2018 budget projection seems negligible in the face of the extent of poverty and unemployment levels.

Conclusion

The absence of public social safety nets in Zimbabwe, as evidenced throughout my study, has burdened the caregiver, freely playing the carer of last resort in every way, with or without financial assistance and mostly without. If GRB was fully implemented, the gendered impact of the budgetary decisions would influence policy in favor of poor members of society who are unable to help themselves.

4.4 Equal treatment of men and women in gender responsive budgets (GRBs) can ensure equality in revenue generation as well as resource allocation

4.4.1 Care work's visibility to policymakers

By its nature, care work takes place largely in the confines of the private home space and is therefore invisible to the policy-making framework. In the face of the AIDS pandemic, particularly, the public health system in Zimbabwe is unable to cope, overwhelmed, hence the genesis of the Home-Based care program, a noble idea in itself, with envisaged support from the Government rendered to caregivers in the homes through the supply of disinfectants, sanitary supplies, surgical gloves, etc. as well as the daily support of healthcare workers and nurse aids. This initiative has not rolled out to its fullest in the wake of cuts in the Health budgets, paralleled by reduced developmental agency support whose policy is to match government allocations dollar for dollar. The Home-based care office in Seke at Dema Growth Point has since become defunct, the office is not open, has not been open for over a year now. Efforts to contact the personnel who were supposedly in charge of the office were fruitless.

In her discussion on unpaid care work, Debbie Budlender (2004) emphasises that this work which is critical to functioning economies and essential to society is the least recognized and the most unpaid. The inequality perpetuated in this sphere is perpetuated through the training of the girl child in care.

The myth that women have a natural capacity and desire to care for others reinforces gender inequality both by disproportionately burdening women with unpaid work and employing them in low-paid care work outside the home (Meyer: 2000, 5).

Advocacy for women's labour rights and work issues has not been loud enough in the area of unpaid work which has remained unregulated. It is an ideal futuristic dream that sees a well-resourced state removing and taking take over the care burden from women.

The Minister of Health and Child Welfare, Dr David Parirenyatwawas was quoted in 2008 as saying:

“Traditionally our families and communities have taken on the responsibility of caring for chronically ill people, outside of the hospitals, clinics and medical institutions” (HDN and SAFAIDS 2008).

This same, seemingly natural and justified resort to custom and tradition, by interpretation and application, perpetuates gender inequality and cannot be progressive and representative of women's vision in care and self-development.

4.4.2 The girl child in care

Home-based care has had a negative effect on the welfare of the girl child in most instances. Besides being socialized into providing care to ailing parents at an early age and then progressing into heading the home when orphaned due to HIV-AIDS related illnesses, the girl matures faster and misses out on being a child. They are even too tired to concentrate in school, that is, if they do not drop out of school altogether. In the Seke communal area I visited, I interviewed 2 child headed households, with girls in charge. In addition, there are orphaned children left in the care of their aged grandparents, mostly their grandmothers, leaving the most

senior girl to undertake home keeping, cooking as well as tending to the needs of their younger siblings.

4.4.3 Gender equality versus gender mainstreaming

Gender equality in this research, seeks to ensure the equality of responsibility in the family setting between men and women, boys and girls. International human rights instruments as well as regional agreements have subscribed to the enablement of substantive equality. The approach of gender equality when applied to budgeting in the ordinary sense, would look at like for like, a dollar for a dollar allocation between the different groups (men versus women, boys versus girls). It is hoped that gender mainstreaming will implement the principle of equality within and through structures and processes and result in impact analysis beyond the allocation and non-allocation as well as in revenue generation.

CHAPTER FIVE

5.0 MAIN FINDINGS AND ANALYSIS

5.1 Introduction

This chapter seeks to interpret the findings of the research in the context of the legal and budgeting framework in Zimbabwe as it pertains to equality and the provision of care. The non-recognition of unpaid care work starts from the non-recognition in the economic framework in general and the Zimbabwean community where the woman's place is in care-giving primarily before all else regardless of class or social status. Social and cultural reinforcements perpetuate the status quo and reinforce it through practices and norms. Awareness of the budgeting rights and procedures was probed through both formal structures and at community levels. The implications of the various legal instruments were assessed in view of implementation and assessment of the gaps towards the achievement of total parity in care roles as well as the achievement of budgetary support of care through safety nets. The aim of engaging with the marginalized communities was for me to get the experiences of people involved in care, their understanding of the budgeting process and rights, understand the division of labour in the families and homes as well as get to know the social and institutional support systems available to them if at all.

5.2 The gendered burden of care

In addition to calls for equality and non-discrimination by CEDAW (1979), community education to modify social and cultural conduct to change stereotypical gender roles will ensure equality through common shared family responsibility. This is reinforced by Declaration 15 of the Beijing Platform.

Local Provisions

The Constitution (No 20) Act 2013 embraces the founding values of gender equality, human rights and freedoms and a commitment to promote full and equal participation as well as measures to rectify gender discrimination and imbalances. The National Gender Policy: Broad

framework is to guide and coordinate all efforts in addressing gender inequality and discrimination.

5.3 Women and men in child and family care

In my research at the second-hand clothing market stretching along Park Street between Jason Moyo Avenue and Kwame Nkruma in Harare, I scanned the area to observe the mixture of men and women between the ages of 21 and 48 years who dominate the second-hand clothing sales trade. There was an almost equal distribution of men and women in the market. Of the 22 observed closely, 11 were women and 9 men, while one table had a married couple working together. 8 out of the 11 women had one or more young children and babies tagging along, playing on the pavement. Not even one man had a child in their care. The married couple had a one-and-a-half-year-old toddler who was obviously in the mother's care. I proceeded to interview the couple who seemed happy together. They both confirmed that they work together and take care of their child together most of the time. However, the mother takes more care invariably and also makes sure she wakes up at 4 am in the morning:

“Ndinoitira kusiya ndabikira vamwe vacho, Tino na Ruva, nambuya vavo amwene vangu vatinogara navo. Havangazogona kuita zvakawanda. Kana vachitorwara gogo ndinotogara navo handiuye kuno”.

(Meaning: I wake up at 4am in the morning to cook for the family and leave food for my mother in law and my two children who are at home most of the time. When my mother in law is sick, I stay at home, I have no one to leave her with.)

The man looked very happy with that narrative and it was obvious that his part is in just the money-making venture in which he equally participates with the wife. I then inquired if they have any expectation of funding on social support and they both laughed that they would love it if it was there are no jobs in the country: “Nekuti mabasa acho ari kunetsa, hakuna.” They were both employed in industry at some point where they met but have no pension or social security benefits. The grandmother is also not on any social security or pension scheme. The pension she had been getting on account of her late husband's work in some Bulawayo clothing factory then

had since ceased. She is estimated to be in her late 80s and lives with them mostly owing to her advanced age where she can no longer stay on her own in her rural homestead in Guruve.

5.4 Lobola (bride-price) for life-long care

On another day I interviewed 5 men and 5 women from the second-hand clothing market along Park Street, a part of the sample I had observed for childcare. I also probed for budgeting awareness and social security issues from all the respondents.

(i). Division of care: all the respondents were of the view that childcare is indisputably the woman's domain with women even totally sold out on the idea that that is the purpose of their marriage to bear and bring up children as well as tend to the other caring roles in their homes.

One man said:

“Handiti ndivo mai vacho, ndingazvigone here?”

“Isn't it the case that she is the mother of the children? How am I supposed to do this?”

This referred to the nurturing role of motherhood as the all-embracing care answer.

Another said:

“Handiti ndakarooro here,”

(Meaning, “I married her, so I paid lobola for all those services.”)

Activism and trying to change the role-sharing is looked upon with disdain and considered rebellious by women who no longer respect the marriage institution and want to “turn into men” in one man's words. A young single man even confirmed his hesitation to marry:

“Vaakungotaura zvema rights, hapana chekumhanyira”

“They [i.e., women] are now all talking about rights, so there's no rush now.”

Some ladies even referred to the fact that any attempts by them to share the doing of household chores equally with their husbands could lead to violence particularly with their abusive, beer-drinking men. The sharing of household chores was maybe for those “church” people,

“Ungamutanga, urohwe zvako kunzi wakazvinzwa kupi izvozvo zvenyu zvema rights”.

(Meaning, “You cannot press for rights without invoking violence.”)

5.5 Maternal care extended

The issue of children defaulting mostly to their maternal side either upon the breakdown of marriages or the death of their parents also confirms the burdening of more grandmothers, a situation observed in both the urban and rural settings. I interviewed one grandmother selling her wares in the market who was looking after two teenagers after her daughter had died and she accused their father and relatives of neglect their responsibilities:

“Vachazovada vakura, ndoozvinoita vanhu, zviru nani ndiite ndichiri muppenyu, umwe anoshaya anochengeta kwese”

(Meaning, “They will want to associate with the abandoned children once they have grown up and are responsible adults not at this point when they need care but I don’t mind as I am at least available to take care.”)

As I found out in my research in both the rural and urban samples, the feminization of care is very deeply entrenched in Zimbabwean society, cutting across all generations as well as social strata. There was no difference between the urban and the rural-based respondents. The burden of care is indisputably the woman’s, from the home, the husband, the children, the in-laws. In my experience through adulthood, I encountered in many instances, women divorced for failing to take care of an in-law according to a well known Shona saying among men, “Kutadza kuchengeta mai vangu, hatingagarisane,” meaning, “If she can’t take care of my mother’s needs then there is no basis for marriage.” While it is a common occurrence in the community for men to divorce their wives for this reason, in my experience, they have not actually given it as the explicit reason. The breakdown of a marriage may stem from this and often involves the connivance of the in-laws working against their so-called “lazy” daughter-in-law. The worst affected women are those who live with their in-laws in the communal lands. Since colonial times, Shona men have lived in towns (including dormitory hostels/towns) close to where they worked so that they could provide their labour. For example, Rugare Township was one such

town which housed railway workers and it is close to where I grew up in Harare. There is also a place called Mbare-Matapi hostels. In the meantime their wives co-habit with their in-laws in the family rural compound, virtuous women giving their all and providing a safety net for their husbands when they return home upon retirement, sickness, redundancy or to be buried in the event of their death. Ironically, when the woman gets sick for some reason and becomes incapacitated, it is normal practice for her in-laws to send her back to her own kinsmen either to recuperate or die.

5.6 The virtuous woman

In a roundtable discussion with 20 informants involved in different forms of care, the group unanimously agreed that care in the home is unquestionably the woman's domain, never mind that they also have to tend to providing for the family "mushamukadzi" (meaning, "The home is the woman.") Even some of the men who were sick and weak and were under the care of their wives referred to the importance of the women in their lives, who were now taking care of them in their illness. In two cases, the same women had even cared for their husband's parents until they had died. They had, however, been given tokens of appreciation in the form of a cow. As part of normal practice under Shona custom, the gift of a cow has been given to compensate a woman for caring in one way or another, e.g., if they taken care of a sick in-law or brought up a child during their married life who was not their own. This is known as "mombe yechiredzwa" (meaning, "A cow to compensate or thank a woman who has taken care of a child who is not their own from infancy.") Ironically, this was given as mostly paid by a child looked after by their maternal side of their parentage as children are said to belong to the paternal side of the family, never mind that the mother still carries the burden of care almost single handedly in most cases anyway. In case a woman falls sick, she is often left in the hands of her own people, in her own family of birth. I sought to get an explanation of this through my own clan elders but never got a single answer.

A church group from my own congregation has an association of women called "Ruwadzano". The group, in all my interactions as a regular visiting member, reinforces the virtuous woman

principle as key to a prayerful life and reflective of one's faith. This was also echoed among the community members in Seke. One said:

“Kuchengeta kune zodzo, hapana chinokomborera kudarika ichocho”.

(Meaning, “Care giving is blessed and it's the highest honour in God's eyes.”)

They went on to narrate how, as a result of looking after a child who was not theirs they believed that their own children had been blessed. Women themselves are totally socialised to be the primary caregivers and they do so without question. They take on the care burden willingly despite the hardships often endured. They accept their role as the last resort as narrated by some who referred to the fact that there would be no one to take care should they fail, “Mhuri inoparara,” meaning, “The family will perish if we women do not give our care.”

The church upholds the virtuous woman concept generally while the Pentecostal grip on Zimbabwean society has taken it a step further through its vigorous teachings, training of girls into womanhood and servitude. The key founding teachings are anchored on the hardworking woman, the Proverbs 31 Woman who is conferred honour through the good standing of her husband amid praises from her children. She works tirelessly both in the home and in business while giving care and aid to the poor and needy.

5.7 The prodigal husband

The group of women in “ruwadzano” group I engaged with at my church, those I interviewed in Seke communal and elderly women interacting with me in my personal life, all referred to the fact that it is normal for a woman in our culture to remain the patient, faithful and forgiving wife and even take back and look after her husband who having left her returns after a long period. The return is often marred by illness, already known or hidden from the wife who, in two cases disclosed in Seke, also then got infected by the returnee husband with HIV. The community urges the woman to be faithful even after such a long separation in terms of the saying, “Mira panzvimbo, anodzoka”, meaning, “Wait patiently for his return.” On his return, the wife is also not expected to refuse her husband his conjugal rights in addition to taking full care of him, lest she be blamed for “kumusema”, a term describing the act of protecting oneself physically and not wanting to go near, have sex with or handle without protection, a diseased or possibly

diseased person. As I grew up in a diluted, urban Shona cultural setting and married into the deeper version of it, I got to know of a few women who were accosted by the local community leaders for the act of “kusema” particularly in relational to conjugal rights. Despite her husband’s proclivities, a woman once married is forever bound to tend to her man’s needs unreservedly, disregarding her own safety most of the time. Even the use of protection in care is often regarded with disfavor. Owing to some community health education, however, some of the women I interviewed in Seke are beginning to change their views, having been made aware of their need to protect themselves sexually as well as in care through the use of gloves and sanitisers. They had been educated by the Home-Based Care Office.

Unpaid care work subsidizing the state responsibility and social security burden

The care needs in the community I engaged with are, without question, ultimately borne by the immediate family, within their own limited capacity, ability and means. The state’s responsibility is not even considered, as the person pushed to their limit, is usually driven to their home of origin and left in the care of close relatives or without any care at all. Members of the community, especially those in the local traditional churches, try and assist with their own meagre means but it is usually too little. It is mostly women in these organisations who take the lead in assisting. My key informant as I conducted the research was Tabeth Goneke, a leader in the Methodist Church in Zimbabwe’s Christian Social Responsibility and Human Rights Committee in the village. I engaged with caregivers whose rights themselves are untouched by the state responsible for their welfare as I discuss below.

Shamiso, about 64 years of age, lives with her sick husband and a niece. Her husband has recovered from a long-term illness and is battling prostate cancer. He has however, other seemingly debilitating illnesses including diabetes and hypertension. He has limited mobility and cannot entirely fend for himself. His wife and caregiver had to give up her tailoring business that she was operating in Harare City Centre. Owing to financial constraints, she is unable to get help as medical expenses have eaten into their income. The little support they get financially comes from their three children in several locations in the diaspora. They receive no other help even on the caring front. When she goes shopping for supplies, she has to wake up really early and leave enough provisions of cooked food for her husband as she cannot leave him alone unattended

even during the day. The only limited help is that of a 14-year-old orphaned nephew who is in their care but also suffering from AIDS related afflictions. In her view, caring for the needy is a blessing according to her faith. She believes that it is a woman's duty to provide care. Besides her husband, she took care of her brother in law who had suffered a stroke and was sick for twenty years progressively deteriorating until his death in 2010.

Five other widows and two single women interviewed were single handedly taking care of their children with no assistance.

5.8 The elderly woman caregiver in need of care

While the Constitution accords support and protection for elderly persons under section 21, it goes further and provides in terms of section 21(b) that the state should provide for them materially and by way of social security. A number of elderly persons among the informants were in critical need of such care, but that appeared so out of reach to them as there was no awareness of any obligation besides pension benefits arising from spousal employment if any. To add to their crisis, they are double burdened as safety nets in that they have become carers of last resort of their orphaned grandchildren who are also in need but in receipt of no assistance.

- a. Gogo Mahrati is in her 90s and lives with two of her grandchildren orphaned by HIV-AIDS. She has nothing to feed them on and is in poor health herself. Asked if she was in receipt of any pension or NSSA benefits she laughed:

“Ndatoseka mwana wemwana wangu, iwo mabasa edu ataiita semanhenhi muvarungu waibatei?”

(Meaning, “The husband also worked in Rhodesia as a driver but did not get a pension.”)

The sizeable house they built in their heyday is now derelict owing to lack of maintenance. Two of her children who are well educated with degrees do not have jobs, live in town vending and can barely help.

- b. Gogo Machaya, born on 2 February 1936, lives in a derelict one roomed hut that is almost falling apart on account of termites. It serves as the kitchen as well as bedroom to her and four others. She takes care of her daughter who is mentally challenged as well as her grandchild from the same daughter. The grandchild has also started exhibiting signs of mental illness. Their other round hut collapsed years ago. The last time she visited Kunaka Hospital on account of her own health she was told to go back home and drink lots of water (ironically on an empty stomach). Her two grandchildren do not attend school.

5.9 'Where you go, I will go...Your people shall be my people and your God shall be my God' (Ruth 1 v16):The Extended Marital Covenant

- c. **Tapfumaney Kangoma** is aged 93 and has had a stroke. He is undergoing an operation at Harare Hospital but is ordinarily cared for by his daughter in law. He receives no pension benefit whatsoever. The same daughter in law is also taking care of sekuru Tapfumaney's brother who is now mentally challenged owing to illness and stress. He can no longer take good care of himself and his son takes his pension and drinks it away on beer. He has physically manhandled all who have tried to intervene. This leaves his "muroora" (daughter in law) to sell vegetables to try and fend for both brothers. She only participated in the interview for a few minutes as she had to rush off to her market stall. She wakes up at four in the morning to cook for both fathers in law before leaving for the market and during the day returns home intermittently to check on them as well as the school going children. In this case, the one participant mentioned that if there was an old people's home, these two were candidates to ease the burden on the daughter in law.

Although the group generally confirmed that it is not customary for Shona families to put their aged into old people's homes after having had their children, they unanimously agreed that in the case of the Kangoma daughter in law, it would be easier for her and acceptable to put the two old relatives in her care in an old people's home.

5.10 A mother before my time: The case of a lost childhood

The HIV scourge has left children orphaned, living on their own or in the care of an ailing aged grandmother. The economic meltdown has left the extended family system previously working in Zimbabwe unable to foster these children who are ultimately the responsibility of the state (Section 19 of the Constitution). Tariro Nyatsanga, aged 7, is an orphan with 2 other siblings, aged 5 and 3. They live with their ailing grandmother with no support whatsoever as their father had never worked, leaving no pension or source of income before the couple succumbed to HIV-Aids. They are perpetually hungry and Tariro often misses school to go begging in other people's homes as she cannot be meaningfully employed. She is in charge of sweeping the house, and cooking under her grandmother's instruction. Although school fees are supposed to be paid for her under the BEAM program, she often misses school when they are excluded owing to arrears. Tariro can barely explain her situation.

5.11 Care for the disabled

I came across a number of disabled persons under the care of other community members who themselves are in need of help as outlined in my earlier discussions. These caregivers are also ill-equipped to provide for or care for the challenged. There is no form of assistance either in terms of resources or care, leaving them no choice but to turn as their last resort, to their nearest family members.

- d. Mai Maud Murape is aged 59, widowed, sick and without access to medication. She has her two children to care for, aged 14 and 16 (Form 1 and Form 3). She takes care of her blind father in law in a homestead belonging to the brother in law. She has no home of her own. She survives on providing birthing services for pig breeders, itself an arduous task but she endures in order to keep her children in school. Her late husband was working but she never pursued his NSSA benefits after being told by his co-workers that they never got anything as the employer was not remitting contributions as the company was not even NSSA registered.
- e. On my way out, I then interviewed a disabled man selling his wares on the corner of the Street and Central Avenue. He is stationed right under the nose of the Head Office of the

Ministry of Labour and Social Welfare. The brief interview I had with him indicated that he was disabled as a result of an undisclosed protracted illness that caused contractures in his body. He has very limited movement and has to rely on his sister with whom he lives and who cares for him. He said that he was only vaguely aware of social security but realizing that he had no social security rights and no pension, had only hoped to receive loan assistance for a project. I had to then wheel him to a place where he secured his goods so that he could visit the bathroom as his sister had not yet arrived from their Ruwa lodgings as planned. I left him to go to work and will reconnect with him for further discussion.

In my decades of living, I have observed numerous blind beggars on the streets of Harare, in the care of children and being guided even by toddlers.

5.12 Equality through budgets

Equal treatment of men and women in gender responsive budgets (GRBs) can achieve equality in revenue generation as well as budget allocations (Hewitt, 2000).

The key role played by budgets in gender equity initiatives is best summed up by the Commonwealth Secretariat Ministers' Meeting Agreement (1996) which states that budgets are a central point of engendering macroeconomic policies. The key issue is that budgets aim at improving the allocation of resources to women through:

- supporting gender mainstreaming in macroeconomics;
- strengthening civil society participation in economic policy making;
- enhancing the linkages between economic and social policy outcomes;
- tracking public expenditure against gender and development policy commitments; and
- contributing to the attainment of the Millennium Development Goals (Budlender et al., 2002: 12).

While social welfare and poverty alleviation are one of the four pillars underpinning ZIMASSET, their realization entails funding and specific resources may need to be generated for this purpose.

I met briefly with the Ministry of Finance Commissioner, Naomi Chimbetete, at an agreed time before she was interrupted and called away to an urgent work assignment. She gave me a quick breakdown of how her office is governed and rescheduled the meeting to another date, preferably on a weekend. We met again later and she gave me information of the ZWRCN GRB policy and its implementation.

On the basis of my findings in the field, I found that GRB has not yet been fully implemented in accordance with the Constitutional principles of equality and non-discrimination. While Zimbabwe has embraced GRB at national and sub-national level, these have not yet translated into specific policies and measurable budgetary targets. Budgetary tools, indicators and analytical methods are not yet fully employed. The mainstreaming of gender into the budgeting process has only gone part of the way towards full implementation with notable progress particularly by way of equal participation of women. Although some progress has been made in women's inclusion in programs pertaining to land allocation, command agriculture, mining and financial inclusion, a lot still remains to be done to satisfy the standards laid out in CEDAW. The ZWRCN is the key partner in training for implementation under the auspices of the Gender, Economic Policies and Public Finance Program which aims at empowering women through capacity building of government mainstream gender in social and economic sector ministry policy, programs and budgets in line with the National Gender Policy, to contribute to poverty alleviation. Moreover, the social security issues pertaining to unpaid care work have been underrepresented and remain in the shadows.

5.13 The budgeting institutional structures

5.13.1 The voice of the poor caregiver

The aim of exploring budgetary processes through the institutions and parliamentary budgeting framework was to understand both the budgeting framework and the practised reality in respect of budgeting with gender considerations in mind as far as it affects women in unpaid care work. The Women's Caucus Officer gave examples of how women's issues are pushed through the parliamentary processes as well as the details of the training and all initiatives that have gone into mainstreaming gender issues into parliamentary processes. The key success posted so far included the implementation of women's quotas throughout the structures. Training of committee chairpersons for gender issues has been initiated mainly through ZWRCN and nine people have been trained to date.

The ZWRCN had also developed a toolkit for Gender Responsive Budgeting (GRB) for legislators. The key result has been in the National Gender Policy although not much has been achieved by way of results save for the notable operationalization of the Women's Bank. She indicated that they still have a lot of work to do towards achieving parity and the major obstacles have been identified as being attitudes and entrenched perceptions of women's role and perceived "inability and weaknesses".

The key result areas and areas of focus have been in the sectors agriculture, mining and health where full implementation and results have still not been achieved. Where does this leave the poor marginalized woman in care? Unrepresented, I guess. The non-recognition of women's multiple roles for purposes of information dissemination and the inability of women to push through bureaucratic structures and obtain resources has been a major finding. The absence of gender disaggregated data exacerbates the situation and the attitude toward and treating women as a nuisance in a quest to gain land as reported by the Caucus Officer was: "Tinopa minda anenge anyorera" (i.e., "We give land to applicants, not necessarily push for more women to be included.")

In Health, there has been a push for public-private partnerships with mostly donors taking a more active role generally in funding as well as in program initiatives, e.g., Doctors without Borders

and HIV medication push. The proposals to equip community health workers, for example, and incentivize the non-salaried, voluntary health workers have not borne much fruit and most of these are women give freely of their time in addition to performing their traditional roles in their homes. The burden of work carried by women has been overlooked and there is still a lot of resistance in the quest for parity from the home to the workplace.

An example of the ideal isolated workplace model for women was given as that of Lafarge which built a lactation room for nursing mothers as well as a childcare centre. The noted effect of the absence of facilities in parliament despite quotas, has been noted as the key factor in the age distribution of parliamentarians which seems to be represented by the more senior versus the younger, more vibrant and vociferous male parliamentarians, particularly from the opposition. (No statistics were given, just a clear observation, in her words). An institutional gender policy is on the cards.

5.13.2 The ZWRCN championing and lobbying for GRB

The ZWRCN is the key lobby body involved directly with parliament in a bid to inculcate gender awareness, gender responsive budgeting as well as train participants at all levels to raise awareness and equip them. They are also engaged at community and parliamentary level through involvement, training, voice, interpretation of budgets through a gender lens. Influence is mainly pushed through workshops at parliamentary level, facilitating analysis so that gaps as well as abuses are exposed by the stakeholders themselves for, hopefully, maximum impact. They have outreach programmes to the rural areas in particular which aim to teach on budgeting and accountability and how communities can get involved. Although this is in its infancy, it is hoped that the processes will make an impact at least in the medium term.

5.13.3 The budget presentation

It was clear that the budget was an attempt to usher in a reformed political era buoying economic reforms to such an extent that such comments as “Matora manifesto yedu” (“You have stolen our manifesto”) could be heard from the opposition. The more voracious complaints were on the presentation of the health allocation section, “Iyoyo chete here amana for health, manyanya”

(“This is such a small allocation for health. Honestly, this is so bad.”). A lot of grumbling was also heard on the note of removal of Early Childhood Development budget support from the education budget. The budget presentation is not subject to debate upon presentation in the august house. The notable absence of female voices in parliamentary debate struck me even though representation by number is balanced.

The Parliamentary Committee Clerk on Social Welfare emphasised the following key issues being pushed: the food mitigation program, Basic Education Assistance Program (BEAM), Harmonised Cash Transfers for vulnerable members of society, War Veterans funding. In a post-budget meeting I attended, the Ministry’s Secretary told the Public Service, Labour and Social Welfare Portfolio Committee on Monday that their expenditure ceiling was well over the budgetary allocation and tabled a request for an additional allocation.

The key programs affected include inadequate funds for the Basic Education Assistance Module and for children in difficult circumstances resulting in lure to pay all the school fees arrears and monthly grants for children in residential care for 2015, 2016 and part of 2017.

5.14 Budget and impact analysis

The budget impact analysis of budget allocation pertaining to social security and social safety nets for the 2017-2018 budgets.

The budget clearly has a negative impact on the poor marginalized members of society. Harmonised Social transfers awarded a paltry \$11 million and an additional \$12 million by way of UNICEF support for poor rural districts which will not cover much in Zimbabwe thereby pushing a large section of the disadvantaged members of society further to the edge. Schools, being on almost autonomous budgets are excluding the disadvantaged children from school except special circumstances like examination class students owing to arrears accruing on the BEAM. This was evident in the Seke communal area that I visited where of the families I interacted with, 30 children were cited as being in and out of school depending on the day in question, facing the wrath of school heads who are under budgetary pressures. These children then leave to face hunger at home. The parents, mostly single mothers and grandmothers, are

working extremely hard providing the lowest paid labour just to keep the family from starving. One had this to say:

“Tatodzokera kumashure nenyaya yekushaya. Isu tinogona kuverenga nekunyora asi tatarisana nevana vachakura vasina kufunda kana padiki zvapo”

(Meaning, “I can read and write but we have regressed to such an extent where we cannot help educate our children out of illiteracy.”)

Two orphans were discussed as having been excluded from writing December exams owing to their grandparents failing to raise fees. Mbuya Na Sekuru Jephrey Ngomaikarira were taking care of 11 orphans with no assistance from social welfare.

5.15 Community interaction on GRB

In particular, the rural community I interacted with did not appear to have any knowledge of gender budgeting issues, their rights or even how they can get involved. Those in the urban area of Harare seemed a bit more enlightened as a result of exposure to radio presentations on budgetary issues. None of those I interviewed in the rural areas were aware. Generally people are more aware of donor involvement in other areas like Mutare, Masvingo etc. They also bemoan the lack of help coming their way. More expectation is on the “donor” rather than government. It was sad to note that the locals in Seke Communal had no access to their local parliamentary representative. On the other hand, every session I have attended in parliament is almost always punctuated by demands from members of the house for additional benefits for themselves. The chronically poor I got in touch with are in a state where if the MP was in touch with their constituency, their level and quality of representation would be different from what I observed.

5.16 The burden of care is unequally shared with women carrying the heavier load

Given the extent of poverty, in my interaction with the village head, Sabhuku Murape, he emphasized that the local MP who used to actively donate to the community from his own pocket, had been unwell for some time now and would not be running for office in the coming 2018 elections. He even used to pay fees for scores of children. This made me think that what

may be important is to make the poor more self-sustaining and independent through empowerment since donations are not sustainable in that they make recipients vulnerable.

(ii) On budgeting, the urban group I interacted with in Harare had some idea of government budgets from radio announcements but had no idea how they could participate. Help in any other way would also not be given despite their equal participation with women in the economic activities away from home. On budgeting, people are not participating or interested on account of

“Zvemari zvinonetsa, hapana chinobuda...Tinongonzwa kuti hurumende haina Mari... Vachitadza kugadzira ma potholes...”

(Meaning, “Money issues are always a problem... the government has no money, when they even fail to fix potholes ... and we expect nothing therefore cannot be bothered with budget issues.”)

(iii) Social Security: Only one respondent, the grandmother had received a pension which had since dried up during the hyperinflationary period and she never followed up. Most young people, both the employed or the never-employed, were not in receipt of any social security benefits and had no expectation from the Government even though it would be a good thing to have.

Even though they are living in the urban areas, they are still marginalized and poor, having escaped the rural dryness and poverty to seek greener pastures on the streets of Hare.

5.17 The rural/urban divide

As I listened and probed their heartrending narrations, it was evident that there is no awareness of any of their rights as citizens of Zimbabwe, any rights under Social Security or any hope for the future. Social welfare is almost unheard of with the remnants of the BEAM program showing the failure as such previously assisted children were now in and out of school owing to arrears.

The only semblance of help had come in the form of a bucket of maize for each household. The first group consisted of two men and eight women. The two men were invalids under the care of their wives who were with them. All in the group take care of the sick and children in their homes with no assistance from a health worker. The local hospital serving them, Kunaka Hospital in Dema Growth Point, at times does not render service, “Hauwane kana Painease zvayo”, meaning, “They can’t even give us Painease, the simplest painkiller, but instead, refer us back for home-based care.” However, there is no support for home-based care as the only office ever opened for largely distribution of care equipment like gloves, etc. had since stopped operating and remained closed near council offices. They bemoaned the absence of donor assistance in their area unlike other areas like Mutare and Masvingo in particular where even education assistance is accorded to a well-fed community resulting in educational success for their children. They also spoke of a corrupt councillor who allegedly diverted and sold from his own shop in Harare seed and fertilizer which was meant for the community’s assistance.

They no longer get medical supplies like gloves, sanitisers, disposable diapers, wet mats for their beds, and buckets they used to get. The only health worker who had ever been in the area for assistance was actually paid for services rendered and would be of use to those with children in the diaspora, for example, who could send financial support to cater for the daily bills (e.g., “Mhuri yekwa Chakahwata vakaitira mai vavo vairwara.” Meaning, “The Chakahwata family provided the financial support for their mother who was sick.”)

The younger women in the group, particularly the 54 and 42 year old, were keen to get assisted in starting projects for self-sustenance. That would be better than food aid as they would then become independent. They said that they had project ideas.

5.18 Budget impact analysis in revenue generation

I explored the gendered impact in revenue generation for women in care provision to see whether they have any benefits in concessions through revenue generation.

3.2. Revenue generation is administered by ZIMRA under the Finance Act (Chapter 23:04) where funds are raised for the fiscus through taxes levied on persons and business. A ZIMRA official whom I interviewed pointed me to the tax credits under the Finance Act for family responsibility in use as follows:

-Blind person's benefit in terms of section 11 of the Act benefits a blind taxpayer who must be employed. The majority of blind persons are not in employment and under care of other people, if not destitute.

-Elderly person's credits in terms of section 10 of the Act benefit the income earning person above 55 years of age. There are no benefits for the poor marginalized who do not have employment income and are in need of care. Most of the aged being taken care of within their families in the peri-urban and rural areas I researched have no access to pension benefits since most pensions (where they existed) were eroded during the 2008-9 hyperinflationary era.

-Invalid appliances and medical expenses credit in terms of section 13 of the Act also covers credits for mentally and physically disabled persons. The taxpayer can claim for both themselves and their spouses. Under the same provision, however, a married woman cannot benefit. A spouse is also defined as only "the first wife" meaning that the other wives in a polygamous union will not benefit. At the same time, a husband in a polygamous union is not defined. For the same medical benefit, a child is defined as a person who is under 18 but in the case of most disabled patients who need care, they need it for life since they are unlikely to ever secure gainful employment.

-Mentally and Physically disabled persons credit in terms of section 13 of the Act.

Levies and Taxes disparately applied

The 10% levy on airtime across the board impacts the poor most as they use this form of communication as well as use mobile banking platforms in the absence of cash for transactions.

5.19 Conclusion

Care work in Zimbabwean society is still entrenched in the woman's domain. This, as reflected by the study's respondents, is an extension of the reproductive role where it is purported to be in the nature of mothers to give birth, nurture children, and tend to care needs in the family and in society in general. This role has been accorded inferior status throughout the ages while churches and particularly the Pentecostal wave gripping Zimbabwe, endorses the virtuous, caring woman unreservedly. Care in Zimbabwe remains unrecognized throughout its institutional structures, as economically important and a key to development. It is also unrecognized by the GRB initiatives. The GRB initiatives are still in their infancy and hence have not had a budgetary impact particularly in the pillars of social security and welfare provisions that would provide safety nets for the working population and the economy in general.

CHAPTER SIX

6.0 CONCLUDING REMARKS AND RECOMMENDATIONS

There is a need for legal and non-legal means that will address women's social security dichotomy.

6.1 Introduction

The main objective of this study sought to explore how gender responsive budgeting (GRB) can best address the social safety net support needed to ease the burden of unpaid care work unequally shared in the home sphere and resting mostly on women's shoulders burdening the women more. In line with my findings, I will make recommendations specifically to either implement or improve existing or ongoing efforts. I will also draw on good practices as well as models implemented elsewhere. In my conclusions I will draw a great deal from best practices I found elsewhere and the case study of Uganda done by Mary Kusambiza (Appendix 1). I chose this model on account of its best fit in the context of Zimbabwe whose foundation has been laid towards implementation along the same lines and that it is in line with best practices. It emphasizes the important role that gender mainstreaming plays in preparing civil society to demand and participate in GRB, and for policy and decision-makers to integrate GRB into its budgetary frameworks for resource mobilization and allocation processes. The need for targeted intervention in the realization of unpaid work and the social safety net provisioning as well as the attendant GRB enablement will translate to the realization of the woman's human, social and economic rights.

The model is premised on:

- Legal and policy intervention.
- Capacity building through coalitions, partnerships and strong networks such as the ZWRCN partnership with stakeholders for effective GRB implementation. Raising awareness and capacity-building efforts to bring all parties involved into the budgeting process, men and women alike. More

particularly, to raise women to champion their own cause through personal experience. Through education and awareness raising, ensure strong lobbying for the social security cause.

- Inculcation of cultural and social changes to care work issues.
- Collection of reliable data, disaggregated by gender as well as age, disability, employment and other factors for effective GRB implementation.
- Use of analytical tools and indicators for accountability and standardization. This is best supported by the development of indicators at world human rights body level including gender equity indicators throughout all budget sectors like social security, unpaid care work. This is in addition to the existing ones in use like the poverty indicators, development, elderly care indicators, etc.
- Lobbying for women's rights in parliament and through the budgetary processes which starts with up-skilling to give women the voice and assertiveness they need.

6.2 Legal and policy intervention

The Constitution of Zimbabwe provides for equality and non-discrimination as well as women's rights in child custody. However, there is no specific provision for the protection of women's rights, for example, outlawing social, cultural practices and traditions that discriminate against women. A clear framework of policy goals is required for enhanced accountability. Although the Constitution of Zimbabwe proffers equality and non-discrimination, specific provisions for women will most ably be championed through the following:

Sex-disaggregated data particularly for impact analysis

Use of analytical tools-Differential Incidence Analysis

6.3 Capacity building (parliamentary gender caucus)

Budget Literacy Advocacy to be backed by detailed analysis of the raising of resources, the allocation and the beneficiaries of any measures. Further detailed analysis of what it would cost

to realize the rights that are currently unrealized, i.e., how funding could be raised to meet additional funding for social services and safety nets in the context of the whole budget.

The parliamentary gender caucus desk, in collaboration with ZWRCN, has implemented the education program for gender responsive budgeting for the up-skilling of public budget practitioners and parliamentarians. This will facilitate the implementation at all stages of the budgeting processes. While women have been equitably absorbed into the decision-making processes, further equipping and education will ensure the inculcation of equity in every process through to budget analysis and review. An active engaged civil society able to access relevant information, analyse and probe along for accountability, given relevance with improved economic literacy.

6.4 Cultural and social change at community and institutional levels

The gendered nature of care provision, deeply entrenched as it is in Zimbabwean society, has been reinforced through social cultural and religious teachings. Change could start from the same platforms where possible, involving community and religious leadership through education and training as well as reinforcement through the media already in use. I have observed radio engaging already and sending messages to start equalizing role sharing in the home between men and women, boys and girls, premised on shared economic engagement where women are also economically active in various ways in order to help contribute towards family incomes. I have listened to number of such talk shows on Capital and Star FM which actively engage listeners. Although the attitudes are still mostly patriarchal with regard to the role of women, some change is now evident and we could see measurable turnarounds in no time with this level of active engagement.

In my Parliamentary engagement with the Gender Caucus office, I chose a model care institution and followed the lead. Lafarge was named as a caring institution. I toured the child care facility, which I found to be a smart, warm environment, and realized that it serves as both a motivating and caring environment for employees. There is a day care centre where female employees as well as others can leave their young children in good care. The centre is run by spouses of Lafarge employees who are not otherwise employed. This was a way of motivating as well as

empowering the ladies who have been able to earn an income as they have taken on a lot more children from the wider community. As I walked through this establishment I also imagined the same sort of facility being launched at parliament itself as a model of care.

6.5 Collection and continuous updating of reliable data

GRB draws on dependable data disaggregated by gender, age, and other metrics such as employment, economic activity, etc., to facilitate the analysis and input of the gender impact of policy decisions particularly in budgeting and other policy measures. An example would have been in the gendered impact of budget cuts in ECD support, the cuts in the social welfare budget, particularly social transfers for the poor, the inadequacy of the health budget in the current 2018 budget. These have a direct impact on the provision of care, increasing the burden carried by women on the home front. The funding of time-use studies for the Ministry of Public Service, Labour and Social Welfare is the starting point for the evaluation of unpaid labour, mostly spent in care work by women as mandated by Article 16 of the SADC Protocol on Gender and Development that seeks to recognize the multiple roles of women.

ZIMSTAT maintains a comprehensive data base but that still needs further refinement and extension to include more developmental metrics as outlined above and which will assist in making the data more consistent and dependable. I would also suggest that the biometric voter registration data base and machinery be extended to cover the whole population.

6.6 Use of analytical tools and indicators

At a later stage after the initial implementation of GRB, analytical tools could be developed for standardization as well as to enhance accountability on the basis of auditable measures. One such tool is the differential incidence analysis, a quantitative tool to measure the impact of different policy measures on different social groups applied on disaggregated data.

The SADC Protocol on Gender and Development has developed key development indicators for monitoring progress in development and gender equity in the sectors of: Governance, Economy, Education, Sexual and Reproductive Health, HIV-AIDS, and the Media. The SADC Protocol on Gender Alliance has implemented a monitoring scorecard, reporting the Gender Barometer on

the basis of these key metrics. The gap, in my view, includes the key metric of unpaid labour as well as the gender budgeting indicators measuring their impact on women. A starting point in the care work at hand would be the recognition of all the unpaid care work, the attachment of value to it as measured by some agreed equivalent and its inclusion in national statistics. This would enhance accountability of nations as measured against this criterion with measurable targets.

6.7 Advocacy

The key lobby group active in Zimbabwe for GRB is the ZWRCN which is operating under Gender, Economic Policies and Public Finance (GEPPF). Civic education is key and despite the coverage to date, is envisaged to achieve 100% coverage ensuring women are informed of their rights and capability to champion their own cause through budgetary and legislative systems. Advocacy is to be backed up by detailed plans as to the raising of and accounting for the use of resources as well as the allocation and beneficiaries of any measures. Further detailed analysis of what it would cost to realise the rights that are currently unrealized, i.e., how funding could be raised to meet additional demands of the public system, would also be included.

6.8 Equity in revenue generation

I will borrow the words of Commissioner Chimbetete's opening call in her 2018 budget review presentation for the authorities 'to avoid taxing the poor at the expense of the rich'. This points to the urgent need to analyse the disparate impact of the tax structure as well as the gendered implications of the budgetary revenue initiatives. Owing to the country's economic decline, the revenue base has been dwindling resulting in various innovative methods of raising revenue being introduced. As discussed in the post-budget seminar I attended, the 10% flat airtime levy for health, while a good initiative, penalizes everyone across the board, rich and poor alike, yet the rich are benefitting economically while the marginalized poor have no means of survival and provide their own safety nets in the absence of any support. The social security and pension system only benefits the formal sector. Calls have also been made to tax the informal sector directly without the attendant provision of safety nets for this sector whose participants are trying to survive under very difficult circumstances in an economy where unemployment is high (estimated at over 95%).

An analysis of the revenue generation projected for 2018 indicates that VAT dominates, contributing about 27% (1,36million against a total of 5 million) of total revenue projections. It has been posited that this impacts the poor more as, in the words of Dr Isaacs of Wits Business School: “The poor pay more as a percentage of their income through VAT” (Daily Maverick, April 2018).

The foregoing discussion also points to the need for more input and involvement of the poor who are seemingly unrepresented particularly in the revenue generation side of the fiscus.

6.9 Key factors to successful implementation

- Successful implementation and monitoring is premised on resourcing the gender management systems as well as manning it appropriately for technical support.
- Effective analysis of the gender impact of budgets.
- Effective analysis of the gender impact of budgets on the basis of CEDAW that should be implemented entails:
 - Setting criteria for determining the equality of access to resources in public expenditure (as required by Articles 2(1) and 3 of CEDAW and detailed in paragraph 346 of the Beijing Platform for Action).
 - Setting criteria for determining the adequacy of funding of social security programs to ensure equality between men and women (Article 3 of CEDAW and paragraph 3 of the Beijing Platform for Action.)
 - Setting criteria for assessing the gender impact of the Public Budget.

According to Elson (2006), the gender analysis of budgets can be initiated by parliamentarians working closely with civic organisations as happened in South Africa starting in 1994 (Govender, 2002). Budlender, in leading the budget analysis, postulates that it begins with an analysis of gender inequality and the policies government is introducing to address this. Policy programs and performance are analysed as a basis to inform parliamentarians of the gendered

impact of government budgets (Budlender, 2000). Since the five-step analysis which was developed and used in South Africa by Budlender and Sharp (1998) has been widely used, it should be suitable for application in Zimbabwe as well.

- (i) Review gender issues in the sector.
- (ii) Analyse the appropriateness of the policy framework.
- (iii) Examine the extent to which the allocation of resources reflects serious commitment to the policy goals.
- (iv) Examine how resources have actually been utilised.
- (v) Assess the longer-term impacts on male and female members of the population, identifying to what extent their lives have improved.

System reform forms the basis of successful GRB implementation as a long-term process. Awareness-raising is the foundation at both institutional and community levels. Targeted intervention in recognising unpaid labour time, including, ideally, the application of time use studies. Data to be gathered includes how many women employed and unemployed and how many poor marginalised are in need of support. Borrowing from the Kusambaza Ugandan case study (Appendix 1), also focus on men as they hold key influential positions.

On the revenue generation side, tax reforms are premised on the following criteria:

- i. Efficiency.
- ii. Ease of administration.
- iii. Equity, viewed in terms of fairness, on whom the tax burden is and who is affected by any shifts; and
- iv. Fairness, i.e., are taxes fair by way of who can afford to pay more and who benefits more from public resources, including in the generation of surplus drawn from the economy by the owners of capital?

6.10 Conclusion

In view of the obtaining situation in Zimbabwe, equality can be achieved and development speeded up when equity is achieved in the care economy socially as well as through institutional structures. I also draw on good practices which have been implemented successfully in countries like Uganda and, to a limited extent, South Africa. The full implementation of Gender Responsive Budgeting (GRB), among other measures, will provide the necessary foundation for gender equity, thereby enabling development. While we can draw on best practices from elsewhere, it is critical to note that the success of the measures only work as a component of the whole development spectrum. As the economy develops, resources can also be availed towards gender equity.

Appendix 1

Summary of a case study of Gender Responsive Budgeting (GRB) in Uganda by Mary Kusambiza

This report is a case study of Uganda's experience in the development and implementation of gender responsive budgeting (GRB).¹ Commissioned by the Commonwealth Secretariat, it aims to strengthen national capacity and promote best practices that will ensure equitable and sustainable inclusion of women in the national economy.

The study covered six government ministries and institutions, four civil society organisations, two private sector organisations and two key informants. Structured interviews and document review were used to capture information on implemented processes.

Uganda has a history of GRB and a number of interventions have been made. To promote gender equity and economic empowerment, different strategies have been used by the government, civil society and private sector. But although there have been positive trends, much still needs to be done to mainstream GRB if it is to be used as a means to achieving effective national growth and gender equality. This paper sets out the successes and best practices that could be adapted, as well as the challenges that need to be addressed and the lessons learned that should be applied to future interventions.

The study notes the following successes:

- Building coalitions, partnerships, and networks by the stakeholders for effective GRB implementation.
- Raising awareness and capacity building efforts have yielded significant results for attitude change and bringing women on board for GRB interventions.
- The standardisation of the GRB curriculum will address the issues of quality control.
 - Strong lobbying and advocacy strategies have contributed to the success so far registered.
 - The raising of champions (committed leaders of good standing) has been key in pushing the GRB agenda forward.

The key challenges are similar across all sectors and are as follows:

- Financial and human resource constraints.

- Failure to raise a critical mass of individuals with the necessary capacity to ensure that GRB is completely translated into responsiveness.
- Inadequate research and data collection.
- Lack of effective monitoring and evaluation frameworks.
- Negative cultural practices.

The recommendations are as follows:

- There is a need for commitment in implementing GRB.
- Awareness and capacity building should be the strategy for attitude change. The key decision makers should be the primary targets.
- GRB initiatives require a champion to spearhead them.
- Men should be targeted since they occupy most leadership positions.
- Data collected should be reliable and disaggregated by gender.

Best practices identified include the following:

- Unpacking GRB for people to understand.
 - Building partnerships, coalitions and networks.
- Standardising the GRB curriculum. Introduction \ 1 there is broad support for prioritising gender equity and for governments to support their commitments to women's economic empowerment.

Lessons, Best Practices and the Way Forward \ 25 in partnerships. It began with civil society; FOWODE initially used it as an advocacy tool for mainstreaming gender in the legislative processes resulting in the development of issue papers with a focus on gender. Prior to that civil society organisations worked with the Government of Uganda in a team that produced the Poverty Eradication Action Plan (PEAP). Gender does not sell well on its own but when reviewed in the context of poverty and growth successes were registered and, for example, gender was mainstreamed in all the PEAP processes. Subsequent efforts in mainstreaming gender and GRB have shown the importance of working in partnerships, coalitions and networks. It is through these alliances that we can best influence policy and legislative decisions made for economic development. The building of public and private partnerships becomes very relevant to the success of these interventions.

Raising awareness and capacity building about gender and the mainstreaming of GRB into the development processes is the way forward in addressing issues of gender inequality and poverty reduction.

It is important to note that budget issues always have political undertones. Therefore issues of democracy, good governance and accountability become critical. For everyone who comes on board, there must be a benefit. Strengthening good governance should be through the collective participation of all key players in budgeting processes.¹¹

The issue of corruption cannot be overlooked and has to be dealt with seriously. The analysis of the impact and effectiveness of the interventions should cover political and technical issues. There is a need to identify the specific problems of each intervention since they vary from place to place.

We have seen that GRB cannot be promoted on its own; it must be packaged with other critical issues of development and should include all other forms of exclusion and inequality in all demographic categories. In order to address development issues such as poverty, human rights, livelihoods and others, GRB should be linked to other interventions. There is a need to customise GRB and tailor it to the national context. At the same time it should be unpacked into very simple, user friendly and non-academic tools.

The need for commitment is as important as having champions in place to spearhead the interventions.

There is need to institutionalise GRB fully. This will require drawing up strategies to influence and make people buy into the concept.

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