



EASTERN AND
SOUTHERN AFRICA
GENDER
PLATFORMS

Zimbabwe Gender Assessment

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Abbreviations and Acronyms

ANC	Antenatal Care
ART	Antiretroviral Therapy
ASFR	Age Specific Fertility Rate
BDPFA	Beijing Declaration and Platform for Action
BEAM	Basic Education Assistance Module
BEmONC	Basic Emergency Obstetric and Newborn Care
CARGs	Community ART Refill Groups
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEO	Chief Executive Officer
CSE	Comprehensive Sexuality Education
CSO	Community Service Organization
CEmONC	Comprehensive Emergency Obstetric Care
DHS	Demographic and Health Survey
DOT	Directly Observed Therapy
EAA	Education Amendment Act
EPR	Employment to Population Ratio
EU	European Union
FTLRP	Fast Track Land Reform Programme
FGDs	Focus Group Discussions
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFR	General Fertility Rate
GER	Gross Enrollment Ratio
GEWE	Gender Equality and Women Empowerment
GoZ	Government of Zimbabwe
HIV	Human Immunodeficiency Virus
HLPC	High-Level Political Compact
ICDS	Inter Censal Demographic Survey
ILO	International Labour Organization
I-PRSP	Interim Poverty Reduction Strategy Paper
IPTp	Intermittent Preventive Treatment in pregnancy
ITNs	Insecticide Treated Nets
LFCLS	Labour Force and Child Labour Survey
LFPR	Labour Force Participation Rate
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex persons
MDD	Major Depressive Disorder
MHH	Menstrual Health and Hygiene
MICS	Multiple Cluster Indicator Survey
MiP	Malaria in Pregnancy
MMR	Maternal Mortality Ratio
MoFED	Ministry of Finance and Economic Development
MoHCC	Ministry of Health and Child Care
MoHTESTD	Ministry of Higher and Tertiary Education, Science and Technology Development
MLAFWRD	Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
MoWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprises Development
MSF	Médecins Sans Frontières

MSMEs	Micro, Small and Medium Enterprises
NAC	National AIDS Council
NCDs	Non-Communicable Diseases
NDS 1	The National Development Strategy 1
NFE	Non-Formal Education
NFIS I	National Financial Inclusion Strategy I
NFIS II	National Financial Inclusion Strategy II
NGM	National Gender Machinery
NGOs	Non-Governmental Organizations
OVCs	Orphaned and Vulnerable Children
PHSM	Public Health and Social Measures
PAC	Post Abortion Care
RBFP	Results Based Financing Program
RBZ	Reserve Bank of Zimbabwe
SAACOs	Savings and Credit Cooperative Societies
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SI	Spotlight Initiative
SME	Small and Medium Enterprise
SRH	Sexual and Reproductive Health
STEM	Science Technology Engineering and Mathematics
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFR	Total Fertility Rate
TPA	Termination of Pregnancy Act
TVET	Technical and Vocational Education and Training
UCDW	Unpaid Care and Domestic Work
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN WOMEN	The United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WASN	Women and Aids Support Network
WB	World Bank
WCOZ	Women's Coalition of Zimbabwe
WBL	Women, Business, and the Law
WDR	World Development Report
WFP	World Food Programme
WHO	World Health Organization
ZIMSTAT	Zimbabwe National Statistics Agency
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZNFPC	Zimbabwe National Family Planning Council
ZNNP+	Zimbabwe National Network of People Living with HIV
ZSHAPSR	Zimbabwe Small Holder Agricultural Productivity Survey Report
ZWMFB	Zimbabwe Women's Microfinance Bank

Executive Summary

The government of Zimbabwe (GoZ) has demonstrated a steadfast commitment to women's empowerment over the decades. Some major milestones include enshrining women's rights and freedoms in the 2013 Zimbabwe Constitution, the adoption of the National Gender Policy (NGP) (currently under review), the ratification and adoption of major regional and international gender equality and women's empowerment legislative frameworks, and, more recently, the integration of gender as a cross cutting issue in the National Development Strategy (NDS) 1 (2021 – 2025). These commitments have been supported by additional strategic frameworks and cross-sectoral programmes aimed at combatting gender discrimination, removing socio-economic and legal barriers to women, and preventing and eradicating harmful gendered practices. Since 2007, the Ministry of Finance and Economic Development (MoFED) has spearheaded a gender budget policy to allocate public resources to finance gender equality initiatives.

These concerted efforts have led to several improvements in key dimensions of gender equality, such as securing women's reproductive rights, achieving gender parity in primary school enrollment and completion, increasing girls' enrollment in higher and tertiary education, and enhancing female representation in parliament. Zimbabwe ranks better than the Sub-Saharan Africa (SSA) averages across various gender equality indicators. However, severe gender inequalities remain. High rates of gender-based violence (GBV), underrepresentation of women in wage employment, overconcentration in the informal labor market, high youth unemployment among women, and elevated levels of teenage pregnancies and child marriages persist.

Going forward, the GoZ is encouraged to adopt an intersectoral strategy to address the many remaining dimensions of gender inequality in the country. It is necessary to address policy implementation gaps, harmonize gender laws and policies, and strengthen the institutional capacities of gender-relevant ministries. Improved coordination mechanisms are needed to break down organizational silos and ensure a more aligned gender agenda across ministries. Innovative approaches are required to meet women's empowerment goals and targets in the country.

This report aims to identify priorities and strategies for advancing gender equality and women's empowerment in Zimbabwe. It consolidates information on gender gaps and drivers of inequality in human endowments, economic opportunities, ownership and control of assets, and voice and agency. The report also seeks to identify promising practices that can be replicated and scaled, and which can be effectively cascaded across all geographic regions in the country. It pays special attention to understanding women's vulnerabilities, such as by disability status, place of residence, and other social, cultural, and economic factors.

The report employs a mixed methods approach, relying on nationally representative household surveys for quantitative insights, as well as a literature review. Qualitative research from stakeholder consultations, including with representatives from the GoZ, development partners, the United Nations (UN), non-governmental organizations (NGOs), and with local governments and communities, also informed the report. It identifies several intersectional gender gaps in the country and a number of policy options that could be adopted moving forward, adapted to the local context. The report cautions against one-size-fits-all models and policies, advocating for nuanced interventions that address the contextual challenges and issues facing women in Zimbabwe.

Key Findings



1. Drivers of Inequality in Human Endowments

Despite a decline over time, maternal mortality remains high, at 363 deaths per 100 000 live births in 2022. This is below the average for SSA of 536 per 100 000 births, but well above the Sustainable Development Goal (SDG) target of 70 by 2030.^{1 2} This trend is driven by several factors including: (i) risks from teenage pregnancies; (ii) impacts of communicable and non-communicable diseases, such as Human Immunodeficiency Virus (HIV); (iii) unsafe abortions and poor post-abortion care; and (iv) challenges with delivery of maternal care (prenatal, intrapartum, and post-natal), particularly for women living in rural areas, those living in poverty and those with less education.

Women bear a heavier burden of both communicable and non-communicable diseases. At 13.7 percent, HIV prevalence among women ages 15 – 49 is nearly double that for men in the same age bracket. Women’s higher prevalence of these illnesses is driven by: (i) gender power inequalities that increase women’s exposure to sexual violence and transactional sex; (ii) limited voice and agency, (iii) lack of access to health services, and (iv) limited access to information and financial resources for prevention or early detection.

Gender gaps at the secondary school level include low net attendance and disparities in completion rates at upper secondary school. These are driven by: (i) high incidence of teenage pregnancies; (ii) early child marriage; (iii) financial constraints compounded by lack of social safety nets, especially for girls and rural based children; and (iv) limited access to appropriate menstrual health and hygiene (MHH).

The gender gap in tertiary education has narrowed since 2016, although males continue to dominate in Science, Technology, and Mathematics (STEM). Female students have been enrolling at faster rates than males, particularly in arts, education, and social studies. The Gross Enrolment Ratio (GER) currently at the tertiary level is ten percent for women compared to eight percent for males.³ Males continue to dominate in STEM fields.⁴

¹ WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division 2023. Trends in Maternal Mortality 2000 to 2020. Geneva, World Health Organization.

² UNDESA. “The 17 Goals | Sustainable Development.”

³ UNESCO Institute for Statistics (UIS). Data from October 24, 2022.

⁴ ZIMSTAT 2022. Population and Housing Census.



2. Drivers of Inequality in Economic Opportunities

Women are less likely to be employed in wage work and more likely to earn less than men. The labor force participation rate (LFPR) for males is 53 percent compared to 34 percent for females⁵ and men outnumber women in most sectors. In the agriculture, forestry, and fishing sector, males account for 58 percent of the sector, while females make up 42 percent. Only 22 percent of working women are employed in wage or salaried positions, compared to 41 percent for men.⁶ Waged women employees earn on average about two-thirds of their male counterparts. This is driven by: (i) women's concentration in less remunerated fields, such as in agriculture, education, and as office administrators (ii) limited work experience and skills; (iii) unequal family and household care responsibilities, and uneven responsibilities over fetching water and fuel, especially in rural areas, that contribute to time poverty and limit the time they have available for paid work; and (iv) concentration in the informal economy.⁷

Women's agricultural productivity is lower than that of men. Fewer women earn their livelihoods in the agriculture sector, (66 percent compared to 57 percent)⁸ and their productivity is lower. This trend is driven by (i) their concentration in subsistence agriculture, (ii) limited access to land titles, especially for high productivity (commercial) farming; (iii) limited access to: financing, agricultural assets, farm, and crop management skills, and (iv) restricted access to additional farm labour.



3. Drivers of Inequality in Ownership and Control of Assets

Compared to men, women have less ownership and access to agricultural land. Documented ownership of agricultural land is low in Zimbabwe, just 2 percent of women and 3.8 percent of men are deeded landowners.⁹ This is driven by: (i) lack of finance to purchase commercial farmland; (ii) challenges with navigating the system of land titling; (iii) traditional exclusion of female spouses in land titling/user rights.

The gender gap in financial inclusion is closing and additional work is required to accelerate the pace. Loans to women as a percentage of total loans has increased from 7.5 percent in 2016 to 15.6 percent in 2019, stimulated by First National Financial Inclusion Strategy (NFIS I) 2016-20. And yet, in 2020, female borrowers accounted for just 31.1 percent of the total number of loans.^{10 11} This gap is driven by: (i) lack of collateral for high value borrowing compounded by constraints in use of the formal banking system; (ii) limited resources and base earnings to leverage access to finance; and (iii) women's use of informal savings mechanisms that do not hold long term potential to secure commercial finance.

⁵ LFCLS, 2019

⁶ International Labour Organization. "ILO modelled estimates database" ILOSTAT. Data from January 2021

⁷ Interim Poverty Reduction Strategy Paper 2016-18

⁸ International Labour Organization. "ILO modelled estimates database" ILOSTAT. Data from January 2021

⁹ ZIMSTAT (2019) Women and Men in Zimbabwe Report.

¹⁰ Reserve Bank of Zimbabwe. The Zimbabwe National Financial Inclusion Strategy Journey 2016 – 2020.

¹¹ This includes loans from across all financial providers, out of which 89 percent are microfinance institutions, 7 percent are commercial banks, and the rest are informal providers, such as credit stores, insurance companies and building societies.



4. Drivers of Inequalities in Voice and Agency

GBV prevalence is well above the global and regional averages. An estimated 44 percent of women over 15 years of age in Zimbabwe have experienced sexual or physical violence by an intimate partner,¹² compared to the global average of 27 percent and regional average of 33 percent.¹³ This trend is driven by: (i) social and cultural norms that enable violence and limit help-seeking by survivors; and (ii) challenges with the GBV prevention and response systems which include the poor delivery of justice.

Women have lower levels of participation and representation in government and in key leadership positions. Despite the implementation of affirmative action policies, in 2019, representation of women in parliament was at 34.2 percent, and only 14 percent in local government. This is driven by: (i) institutional policy weaknesses; (ii) exclusion from power positions in political parties; and (iii) patriarchal norms and customs, which privilege male over female leadership. Some progress has been made in the judiciary, where, in 2019, female high court judges represented 38 percent of the total number of judges.¹⁴

Challenges in the implementation of GBV policies remain and additional work is required to address the legal constraints facing women. Although there is a sound legislative framework for addressing GBV, financial and operational challenges remain. Despite Zimbabwe ranking better than global and regional averages in existing legal gaps between men and women, as detailed in the 2023 Women, Business, and the Law (WBL) index, the country's legislative progress has stalled. Additional work is needed to address the binding legal constraints facing women in accessing equal pay and, equal benefits at marriage, whilst expanding the legal protections of mothers and pregnant women.¹⁵

Policy Options

The core elements necessary for advancing gender equality and women's empowerment (GEWE) agenda in Zimbabwe are in place. This section offers a summary of proposed policy options, which are aligned with the four fundamental dimensions discussed in this report: human endowments, economic opportunities, ownership and control of assets, and women's voice and agency. These policy options are organized according to their implementation timeframes: short-term, medium-term, and long-term. It is essential to maintain a cross-cutting approach across these dimensions to enhance women's access to opportunities within the country.

However, concerns persist regarding the insufficient resources allocated to support gender coordination mechanisms and structures. Historically, the MoWACSMED has received less than one percent of the national budget. Program implementation has been hampered by siloed approaches, capacity limitations, and high staff turnover rates, all of which have impeded the GoZ ability to effectively adopt new gender policies and implement existing ones. To address these challenges, there is a need for improved integration and monitoring of gender targets across various government levels, as well as enhanced coordination and alignment among ministries and with stakeholders from the private and non-profit sectors.

¹² MICS 2019

¹³ World Health Organization 2021. *Violence Against Women Prevalence Estimates, 2018*. New York: United Nations.

¹⁴ ZIMSTAT. (2019). *Women and Men in Zimbabwe Report*. Zimbabwe National Statistics Agency.

¹⁵ World Bank. *Women Business and the Law 2023*.

Policy Options

Driver Addressed	Policy Options	Priority
Human Endowments		
Sexual and Reproductive Health & Rights	<ul style="list-style-type: none"> Scale up prenatal and post-natal service delivery infrastructure integrating World Health Organization (WHO) standards and guidelines. Continue expansion of access and usage of contraceptive methods, as articulated in the GoZ's National Family Planning Strategy; 2022–2026. 	Medium to long-term
	<ul style="list-style-type: none"> Accelerate the expansion of access to menstrual health and hygiene (MHH) in schools, as mandated in the 2020 Education Amendment Act (EAA). 	Short-term
Girls' Enrollment and Educational Attainment	<ul style="list-style-type: none"> Revisit the Basic Education Assistance Module to include an expanded package (uniforms, textbooks) considering children with disabilities and intersecting vulnerabilities. 	Short-term
	<ul style="list-style-type: none"> Enforce existing legislation, such as the 2016 Constitutional Court and the 2022 Marriages Act, that prohibits child marriage. Strengthen STEM programmes targeting girls to improve enrolments in technical disciplines at higher and tertiary levels. 	Short-term
	<ul style="list-style-type: none"> Support gender targeted initiatives for out-of-school youth linked to livelihood skills and technical and vocational training, including safe spaces for out-of-school girls. 	Medium to long-term
Economic Opportunities		
Women's Employment, Entrepreneurship	<ul style="list-style-type: none"> Support socio-economic skills trainings which have shown to increase business outcomes among women microentrepreneurs in SSA. 	Short-term
	<ul style="list-style-type: none"> Support provision of childcare services, such as through offering preferential tax regimes to childcare centers, to address women's time poverty and expand their ability to engage across all areas of the economy. 	Medium to long-term.
	<ul style="list-style-type: none"> Support financing to help improve women's access to and use of high-quality agricultural inputs 	Short-term
Ownership and Control of Assets		
Address gender divides in ownership of land and assets	<ul style="list-style-type: none"> Improve women's land titling in resettled land and communal lands, drawing on successful initiatives in other parts of Sub-Saharan Africa (SSA) 	Medium to long-term
	<ul style="list-style-type: none"> Ring fence low-cost finance for women to purchase and own titled land and agricultural implements. 	Short-term
	<ul style="list-style-type: none"> Expand access to financial inclusion by promoting saving schemes and increasing access to mobile financial products. 	Short-term
Women's Voice and Agency		
Eradicate GBV and promote gender parity in leadership positions.	<ul style="list-style-type: none"> Strengthen and scale the multi-pronged model for prevention and response to GBV adopted by the Spotlight Initiative. Fast track implementation of the 2021 High Level Political Compact on Ending GBV and Harmful Practices in Zimbabwe. 	Short-term
	<ul style="list-style-type: none"> Enforce existing laws and policies to ensure that the gender quota in the National Assembly, General Assembly and the Senate is properly applied. 	Medium to long-term

Chapter 1

1.1 Background and Context

Zimbabwe is a lower middle- income country. According to the 2022 Population and Housing Census, the population of the country in 2022 was 15,178,000, of which 48 percent were male and 52 percent were female. Although the country is urbanizing rapidly, Zimbabwe remains highly rural: an estimated 61.4 percent of the population lives in rural areas, and 38.6 percent live in urban areas.¹⁶

Zimbabwe has a very young population – 40 percent of the population is under 15 years, and 6 percent of the population is 65 years of age or older. As shown in Table 1, according to United Nations Population Fund (UNFPA), in 2017, 64.1 percent of the population were adolescents and youth ages 10 and 24 years, and 31.3 percent were female. Young people in Zimbabwe face high levels of unemployment, which has pushed many to pursue more perilous forms of work, including as sexual workers and in criminal activities. Poverty can also contribute to increased incidences of forced marriages.¹⁷

Table 1: Population Distribution by Age and Sex

Age group	Female number	Percent of total female population	Male number	Percent of total male population
10-14	930,346	11.6	983,767	12.2
15-19	867,900	10.2	865,637	10.8
20-24	867,900	9.5	792,255	9.8

Source: UNFPA, 2017

Zimbabwe has faced serious economic challenges over the past two decades. This includes a net decline in Gross Domestic Product (GDP) per capita of 2.8 percent per year, on average, resulting in loss of jobs, increased informalization of the economy, limited access to basic services for the poor, and an exponential increase in poverty; extreme poverty rate rose from 23 percent in 2010/11 to 43.1 percent in 2021. This occurred against a backdrop of low economic growth, slow structural economic transformation, and, more recently, the impact of COVID 19 and climate-related shocks on the health of the economy. Moreover, rising inflation, estimated at 105 percent in 2022, has eroded purchasing power.¹⁸

The impact of these economic downfalls is gendered and affects the most vulnerable populations. For instance, widow headed households and those headed by divorced people in the country experienced higher levels of poverty than those headed by married or single individuals.¹⁹ The informal economic sector, where women are heavily concentrated, is hit the hardest, since it does not benefit from the levels of occupational safety, health care services, access to pensions, and maternity protection of the formal economy. Similarly, during the COVID 19 pandemic, because of the economic hit on hospitals, the number of institutional maternal deaths increased by 29 percent in 2020, compared to 2018.

¹⁶ ZIMSTAT 2022. Population and Housing Census.

¹⁷ UNFPA Population Estimates, 2017 & UNICEF. Towards Ending Child Marriage: Global trends and profiles of progress, 2021

¹⁸ World Bank (2022) Reversing the Tide: Reducing Poverty and Boosting Resilience in Zimbabwe.

¹⁹ ZIMREF and ZEPARU (2021) Multi-dimensional Poverty in Zimbabwe: A Gender Perspective.

Deliveries at home, which amplify the health risks of the mother and child, increased by 30 percent during this time.²⁰

These severe socio- economic challenges raise the need for strong, and expansive, social protection policies. And yet, as noted by the United Nations (UN), in the 2021 Zimbabwe Common Country Analysis, only 5 percent of the population is covered by at least one form of social protection. The same report suggests that the percentage of women and men ages 15 – 49 years covered by health insurance stands at 9.5, and 8.4 percent, respectively.²¹

1.2 Institutional Architecture for Gender Equality

The GoZ has shown a steadfast commitment to promoting gender equality and the GEWE. Some of these initiatives include the National Gender Policy (NGP) (revised 2017) and the NDS1, 2021 – 2025, which integrates support for gender equality as an intersectional theme that permeates across all policy priorities. The GoZ has also shown a strong commitment to finance gender equality through public resources from the MoFED. In 2022, the MoFED began issuing a Gender Budget Statement to accompany the National Budget, which outlines gender financing commitments across sectors, helps foster transparency, and enables relevant stakeholders to track gender budget performance.

Across indicators of gender equality, Zimbabwe consistently performs better than the averages for SSA, although worse than global averages. As Table 2 shows, in the Gender Inequality Index (GII), which is a composite measure of gender inequality – aggregated using indicators of women’s access to reproductive health, women’s participation in government and their level of education, and women’s labour force participation – with a score of .53, Zimbabwe ranks better than the averages for SSA²² but worse than global averages. In the WBL Index, which measures legal differences between men and women across a range of indicators,²³ Zimbabwe ranks better than both the global and SSA average, which suggests that, compared to other countries in the region, the country has fewer legal barriers that discriminate against women. Similarly, in levels of expected years of schooling for women, and in maternal mortality ratio, Zimbabwe ranks better than the averages for SSA, but worse than the global averages. Although the country has expanded education opportunities for women, and reduced levels of maternal mortality, there is significant room for improvement in order to reach the global standards.

Table 2: Zimbabwe Gender Outcomes Across Key Development Indicators

Development Indicators	Zimbabwe	Global	SSA
Gender Inequality Index (GII)	.53	.47	.57
Women, Business, and the Law (WBL) Index.	86.9	77.1	72.6
Human Development Index for Women	.58	.72	.52
Expected Years of Schooling for Women	12.0	12.9	10.0
Maternal Mortality Ratio Deaths/ 100,000 live births	363	225	536

Source: UNDP Human Development Report 2021-2022, ZIMSTAT: 2022 National Census Report and Women, Business, and the Law Report, 2023.

²⁰ World Bank. (2021). Zimbabwe Economic Update, June 2021: Overcoming Economic Challenges, Natural Disasters, and the Pandemic – Social and Economic Impacts.

²¹ Zimbabwe UN Common Country Analysis 2021

²² UNDP Human Development Report, 2021-2022.

²³ Core areas included in the WBL index include freedom of movement, decisions to work, access to equal pay, marriage inequalities in legal rights and bargaining power, existing protections for childbearing mothers and pregnant workers, constraints on starting and running a business, and access to assets and pensions.

Despite major achievements, significant gender gaps remain across sectors in the country. While Zimbabwe has achieved gender parity in school enrolment and completion up to lower secondary school levels, women still lag behind in completion rates at the upper secondary levels.²⁵ This disparity in school performance can be attributed to various issues, including high levels of teenage pregnancy, child marriage, poverty, increased domestic responsibilities, and limited access to menstrual hygiene facilities in schools. These factors make it difficult for adolescent women to attend and complete school.

Moreover, although there exists a strong legal framework for promoting gender equality in the country, several gaps in implementation remain, including a slow pace of enactment of GEWE laws, and a lag of harmonization of gender laws with the Constitution. In addition, reviews of laws and policies have not kept up with the rapidly evolving institutional and legal ecosystem of the country. According to the 2023 Women, Business, and the Law Report, even though the GoZ implemented significant legal changes in the 2000s to enshrine gender equality into law, progress has stalled in recent years. There remain significant legislative gaps, especially in the areas of equal pay for men and women, in legal marriage protections available to women, in legal support for paid leave available for mothers, and in expanding work protections for pregnant women.²⁶ Thus, GEWE laws and institutional frameworks require more regular, periodic, revisions.

Consultations with stakeholders highlight serious capacity constraints across government agencies delivering on the gender mandate, which are compounded by high levels of staff turnover within the agencies, and siloed approaches to policy implementation. Implementation of policies such as gender budgeting is irregular, and highly dependent on the capacity of the ministries. Moreover, stakeholders also mentioned that some officers at a higher level have shown a lack of commitment to advancing the GEWE agenda, which greatly hampers the quality of the programming.

1.3 Conceptual Framework, Methodology

This report aims to gather evidence to identify priorities and actions by stakeholders to help scale up and accelerate GEWE policies in Zimbabwe. The report consolidates evidence on gender gaps in human endowments, economic opportunities, ownership and control of assets, and voice and agency. The report aims to shed light on the cross-cutting factors that have threaded gender inequalities into the social fabric of the country and evaluate the effectiveness of existing interventions and government policies in addressing these inequalities.


This report is guided by the WB Group Gender Strategy (2016 – 2023), and the conceptual framework articulated in the 2022 World Development Report (WDR) on Gender Equality and Development. The framework analyzes how gender inequality and economic development is conditioned by the interactions between households, markets, and institutions.²⁷ In addition, this report places a renewed focus on how social-cultural norms, and contextual factors, have an impact across the four dimensions mentioned previously. Attention is paid to gender inequalities across geographic and spatial dimensions, as well as on vulnerable populations, including persons with disabilities and the youth. The gendered impacts of the COVID-19 pandemic and climate change are also highlighted.

The report uses a mixed methods approach. The nationally representative data came from quantitative sources, including labor force surveys, the Zimbabwe Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS). Eight national stakeholder consultative workshops were convened during this report. A national stakeholder consultative workshop was convened in Mutare with

²⁵ MICS 2019

²⁶ World Bank. Women, Business, and the Law, 2023.

²⁷ World Bank World Development Report: Gender Equality and Development. 2022



government ministries; independent commissions; development partners; UN agencies; Community-Service Organizations (CSOs); international and local non-governmental organizations (NGOs); academic institutions; Southern African Development Community (SADC) Gender Directorate; traditional leaders; faith-based organizations (FBOs); the media; and the private sector. Separate consultative workshops were also convened at the national level with groups of stakeholders drawn from the government, civil society, donors, and UN agencies.

FGDs were conducted with directors of gender, and gender focal points across government ministries and institutions; the UN Country Team Gender Theme Group; donors supporting gender equality and CSOs with mandates focused on gender equality and GBV. Similar consultative workshops were convened in six selected provinces with regional representatives and focal points, including CBOs, FBOs, and traditional leaders. Four FGDs were conducted in the City of Bulawayo. Bulawayo was selected because the government has adopted comprehensive and far-reaching gender policy programming.²⁸ The FGDs provided an in-depth understanding of the forms and burden of gender inequalities in Bulawayo; key gaps and challenges in programming; the level of community awareness of gender issues; and effectiveness of community initiatives to tackle.

The production of this report coincided with the review and revision of the NGP, as well as the national GBV strategy. This provided an opportunity for the WB team to engage and support the work of the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MoWACSMED) in the drafting process of these strategies. The sharing of ideas and joint consultations with key gender stakeholders provided valuable insights that have informed the findings presented in this report, and the formulation of the forthcoming NGP and national GBV strategies.

²⁸ During the field visits, FGDs were conducted with the two councils' gender focal persons from different departments; CSOs working with the councils to implement gender equality and GBV programmed; and separate groups of men and women from the community comprising young men and women, PWD), community leaders and elderly men and women.

Chapter 2

Human Endowments

2.1 Introduction

Investing in people, in human capital – people’s education, skills, and health – can help catapult a country’s economic and social growth. In the MOFED National Budget Statement (NBS), the GoZ asserts that “(a) strong human capital base is critical for driving the economic transformation agenda and achievement of Vision 2030.”²⁹ Such a strong emphasis on human capital accumulation has informed the design, adoption and implementation of health and education policies of Zimbabwe and has helped address the many, intersecting, disadvantages facing vulnerable populations in the country.

And yet, implementation of these policies and strategies face several challenges. Despite investments over the years, the country’s health infrastructure system remains heavily fragile. As highlighted in the 2022 NBS, “gaps still exist in the health delivery system attributed to shortage of medicines, low morale of medical personnel, shortage of critical infrastructure and equipment, including provision of medical equipment, ambulances, and operational vehicles.”³⁰ Moreover, the health sector suffers from lack of access to medicines and a range of problems in service delivery.

The education sector also faces numerous challenges. The quality of education and basic foundational skills, such as literacy and numeracy, has declined. Further, lack of adequate school infrastructure has translated into larger classrooms, with less tailored education opportunities for children.³¹ During the height of the COVID 19 pandemic, and in response to school closures, children in remote areas, especially those in poor households, were unable to access virtual learning.³² Overall, efforts for improving the quality of education fail to address some pervasive challenges facing the country, including limited attendance, lack of retention, teenage pregnancy, child marriages, and sexual harassment.

2.2 Health and Well Being

Maternal Health – Antenatal, Intrapartum, Postnatal Care

The GoZ has placed emphasis on maternal health as an important precursor to achieving universal health access. Zimbabwe has recorded a decline in the maternal mortality ratio from 651 in 2015 to 363 per 100 000 live births in 2022.³³ However, at 70 deaths per 100 000 live births by 2030, MMR remains high. In 2022, MMR was higher in rural areas, at 402 deaths per 100,000 live births, than in urban areas at 298 per 100,000 live births.³⁴

²⁹ MOFED (2022) 2023 National Budget Statement


³⁰ Ibid

³¹ Government of Zimbabwe 2020. National Development Strategy 1 (2021 – 2025).

³² World Bank Group. 2021. Overcoming Economic Challenges, Natural Disasters, and the Pandemic: Social and Economic Impacts (English). Zimbabwe Economic Update, no. 3.

³³ According to the World Health Organization, a live birth is defined as the complete expulsion or extraction from its mother of a product of conception...which after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscled. UNSD. Natality. 2017.

³⁴ ZIMSTAT 2022. Population and Housing Census.



In terms of *prenatal care*, there remains a strong need to invest in upgrading to higher standards. According to the 2019 MICS, more than 9 in 10 women ages 15-49 years with a live birth in the two years preceding the survey received antenatal care (ANC) at least once from a skilled provider. However, less than 50 percent, about 2 in 5 women, had their first ANC visit before 4 months of pregnancy. Access to prenatal care is particularly low among women who are rural based, from poor households and those with lower levels of education.³⁵ The WHO recommends at least eight visits during pregnancy, with the first visit occurring in the first trimester of pregnancy. According to the Ministry of Health and Childcare (MoHCC), only 10.2 percent of pregnant women had at least 8 ANC contacts.³⁶ Moreover, additional efforts are required to address several of the factors which increase maternal health risks, including negative socio-cultural myths about pregnancy, teenage pregnancies, and lack of proximity to health services.

According to the 2019 MICS, 86 percent of births took place in health facilities, and 86 percent of women ages 15– 49 years with a birth two years preceding the survey were assisted by skilled personnel; 94 percent in urban areas and 82 percent in rural areas. However, although the levels of births in health facilities is high, not all women have access. Especially vulnerable are those women in rural areas and of low-income backgrounds.³⁷ Moreover, the MoHCC has documented delays among mothers in receiving the right care at basic emergency obstetric and newborn care stage and comprehensive emergency obstetric care.³⁸ Some of the additional drivers of maternal deaths include post-delivery bleeding, infections (sometimes linked to HIV) and high blood pressure.

Fertility and Family Planning

According to the 2022 National Population and Housing Census the national general fertility rate (GFR) was 114 live births per 1,000 women, which is a decline from 127 per 100 000 live births in 2012. The age specific fertility rate (ASFR) was 86.7 live births per 100 000 women in the 15 – 19 age group, highest in the 20-24 age group at 178.4 live births per 100 000 women and lowest in the 45 – 49 age group at 7.4 live births per 100 000 women. The total fertility rate (TFR) was 3.7 children per woman, a slight decline from 3.8 children per woman in 2012.³⁹ This is below the SSA TFR of 4.6 births per woman,⁴⁰ but still worryingly high.

Women in vulnerable situations are much more likely to have children. Adolescent birth rate was 8 times higher among women without primary education than those with higher education, and 4 times higher among women from the poorest households than those from the richest households. Adolescent birth rate was highest among children living in poorest households, 175 births per 1,000 girls, and lowest among children from richest households, 39 births per 1,000 girls.⁴¹ According to WHO, adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal endometriosis, and systemic infections than women aged 20–24 years.⁴² Among the general population, women with only primary school education had a higher birth rate, at 175 births per 1,000 women, than those with higher education, at 21 births per 1,000 women.⁴³ To address high levels of adolescent fertility, there should be a renewed focus on improving girl's education, particularly those from poor, rural based households.

³⁵ MICS 2019

³⁶ World Health Organization, 2016. New guidelines on antenatal care for a positive pregnancy experience & Ministry of Health and Child Care 2021. National Health Strategy Zimbabwe 2021 – 2025.

³⁷ MICS 2019

³⁸ Ministry of Health and Child Care 2021. National Health Strategy Zimbabwe 2021 – 2025.

³⁹ ZIMSTAT 2022. Population and Housing Census

⁴⁰ World Bank Group data. Fertility rate, total (births per woman) – Sub Saharan Africa. 2021

⁴¹ MICS 2019

⁴² World Health Organization. Adolescent pregnancy. June 2023.

⁴³ MICS 2019

Moreover, additional efforts are needed to address the high prevalence of child marriages, which are associated with increased dropout rates and heightened likelihood that women become pregnant.⁴⁴

Several pieces of legislation, such as the 2020 Education Amendment Act (EAA) represent steps in the right direction to help ensure girls complete their education. The EAA makes it an offence to deprive children of the right to a basic, state-funded education, and prohibits state schools from banning pregnant students from attending school. The Comprehensive Sexuality Education (CSE) is integrated in Zimbabwe's guidance and counseling curriculum and aims to support children and young people to make informed decisions about their sexual life to protect their health and wellbeing. However, in stakeholder consultations, several respondents specified that, since CSE is not an examinable subject, some teachers do not prioritize it.

An estimated 67 percent of currently married women reported use of a contraceptive method and 66 percent used a modern method.⁴⁵ Among sexually active, unmarried women ages 15-49, 68 percent used a contraceptive method.⁴⁶ Modern contraceptive use among currently married women increases with levels of education – from 49 percent use among women with no education to 75 percent among those with more than secondary education. While data suggests that contraceptive access in the country is high, in qualitative consultations with women in communities, concerns were voiced that patriarchal intra-household gender dynamics often prevent women from adequately accessing and using birth control.

Access to *family planning* enables women to make informed choices about their fertility, avoid unplanned pregnancies, implement birth spacing, and reduces the possibility of maternal and neo-natal health risks. Controlling fertility and delaying or halting childbirth also increases women's chances of finishing school and opens greater opportunities for them to participate in the labour market. The Termination of Pregnancy Act (TPA), enacted in 1977, allows for abortion in cases where a pregnancy poses a danger to the woman's life or is likely to impair her physical health permanently, in cases of rape or incest, or in cases where the child may be born with physical and mental defects. These restrictions on termination of pregnancy have forced women and girls to resort to unsafe and illegal abortions, even though they attract a penalty of up to 5 years imprisonment and several are conducted in unsafe facilities. One report suggested that, out of the estimated 65,300 induced abortions performed in 2016, only 39 percent of these cases received facility-based post abortion care (PAC).⁴⁷

To respond to the demand for improved access to and utilization of SRH services, promising initiatives include the 2gether4SRHR programme (2018 – 2022). Led by the MoHCC, the programme is a partnership between UNAIDS, UNFPA, UNICEF WHO, the Government of Sweden, the National AIDS Council (NAC), the Zimbabwe National Family Planning Council (ZNFPC) and CSOs to contribute to improve SRH for all. Under the program, access to services improved through integration of critical SRH, HIV and programs aimed at addressing sexual and gender-based violence (SGBV). To address the financing gap in maternal health access, among poor women and children, the Results Based Financing Programme (RBF), supported by the WB, provides urban vouchers for free maternal, newborn and child health services for the poor.⁴⁸ The programme, which was launched in 2014, and was piloted in five wards in Bulawayo and in Harare, has shown positive results in improving antenatal bookings and increasing institutional births.

⁴⁴ Wodon, et al. *Economic impacts of child marriage: global synthesis report (English)*. Economic Impacts of Child Marriage.

⁴⁵ Modern contraceptive methods include male and female sterilization, injectables, intrauterine contraceptive devices (IUCDs), contraceptive pills, implants, female and male condoms, and emergency contraception.

⁴⁶ DHS 2015.

⁴⁷ WHO. 2020.

⁴⁸ Health Times. RBF's Urban Voucher Reduces Maternal and Neonatal Deaths in Harare. 2022.

Illness and Disease –Communicable and Non-Communicable Diseases - Malaria, HIV and AIDS

Malaria

Malaria remains a major health challenge for the country and globally. In 2021, 95 percent of malaria cases and 96 percent of deaths were found in the Africa region.⁴⁹ About 79 percent of the country's population is at risk.⁵⁰ Pregnant women are particularly susceptible to malaria, as their immune system is more vulnerable.⁵¹ In cases where a mother has malaria, the risk for the unborn child includes spontaneous abortion, stillbirth, premature delivery, and low birth weight, which is a leading cause of child mortality.

Zimbabwe has adopted the WHO's recommended three-pronged strategy for combating malaria in pregnancy (MiP): (1) offering intermittent preventive treatment in pregnancy (IPTp) via directly observed therapy (2) distribution and use of insecticide treated nets (ITNs), and (3) case management of MiP. The country began implementing IPTp in 2004. A 2018 United States Agency for International Development (USAID) report suggests that 36 percent of pregnant women received at least 2 doses of IPTp in the country, while 18 percent of women received at least 3 doses, and 25 percent of women slept under ITNs.⁵² To bridge existing access gaps in treatment of Malaria, additional attention needs to be paid to improving service delivery, bettering knowledge levels, and increasing women's perception of antenatal care and IPTp.

HIV and AIDS

In 2021, an estimated 1.3 million percent of the population in the country had HIV, and the prevalence rate among adult ages 15-49 years was 11 percent.⁵³ This is a significant decline from the 26.5 percent in 1997, however, it remains significantly high. There is a higher prevalence of HIV among women ages 15 – 49, 13.7 percent, than men in the same age bracket, 8.2 percent.⁵⁴ There are several interrelated factors that contribute to women, especially young women, being at a higher risk of HIV infection. These include heightened exposure to sexual violence, limited choice on sexuality issues and lack of access to contraception, increased levels of transactional sex, women's economic dependence on male partners limiting their voice and agency, and lack of access to health services and information.

There exist promising models in the country which seek to address HIV prevalence among young women. These include: the AFRICAID Zvandiri programme designed for children, adolescents, and young adults, which partners with government, NSOs and community organizations to offer programmes in advocacy, capacity building for health workers, families, and communities. The Zimbabwe National Network of People Living with HIV (ZNNP+) has a model to improve effective ART access and adherence through Community ART Refill Groups (CARGs). These are self-help groups of people living with HIV within a defined geographical area and aimed at encouraging HIV victims to adhere to treatment. Other organizations, such as the Women and AIDS Support Network (WASN) and National Network of Women Living with HIV aim to specifically focus on women centered HIV issues.

⁴⁹ Ministry of Health and Child Care 2021. National Health Strategy Zimbabwe 2021 - 2025.

⁵⁰ USAID (2021) Zimbabwe PMI Fact Sheet in Country FY2021.

⁵¹ Center for Disease Control and Prevention. Intermittent Preventive Treatment of Malaria for Pregnant Women (IPTp). 2018.

⁵² USAID. Malaria in Pregnancy Country Profile: Zimbabwe. 2018.

⁵³ UNAIDS. Zimbabwe Country Fact Sheets: Zimbabwe.2022.

⁵⁴ Ibid

2.3 Water, sanitation, hygiene (WASH)

Access to clean WASH has a range of socioeconomic benefits and is essential to improving a society's health and human development, including that of women. Moreover, improved access to WASH is associated with rapid GDP growth. According to 2019 MICS data, of those without water on premises, 87 percent of households in urban areas spent up to 30 minutes fetching water per day, while in rural areas 54 percent spent between 31 minutes to 3 hours. The household and community burden of seeking access to water largely falls on women. An estimated 79 percent of the burden of water fetching responsibilities in Zimbabwe falls on women.⁵⁵ The burden of water collection significantly affects women's human development capabilities, as it increases their opportunity costs of attending school and of working. Moreover, during COVID 19, anecdotal evidence from the country suggests women were spending much longer times fetching water under difficult and often-hazardous circumstances, including under increased sexual harassment at water points.⁵⁶

MHH is important for improving women and girls' health outcomes and boosting their economic opportunities. Ineffective MHH can compromise girls' access to education. The 2019 MICS found that 16 percent of women did not participate in social activities, school, or work due to last menstruation, with girls ages 15 -19 more affected, 22 percent, than older women – 14.1 percent of women ages 40-49 did not participate in activities due to their last menstruation.⁵⁷ There are several challenges faced by girls in accessing adequate MHH. Namely lack of information on sexuality and reproductive health resulting in MHH being overshadowed by myths and, at times, harmful misinformation. Moreover, religious, and cultural myths about menstruation can also act as a barrier to girls participating in social and economic activities.

2.4. Education

In Zimbabwe, education is seen as a central component towards contributing “to the socio-economic, technological and political development of a country.”⁵⁸ The importance of education as a human right is articulated in the country's 2013 Constitution. Further, the GoZ has also enacted several laws and policies promoting and protecting the right to education in the country. The 1995 Affirmative Action Policy (1995), National Gender Policy (revised 2017), the 2018 Zimbabwe School Health Policy have all been designed to enhance education opportunities for women and men, boys, and girls at all levels. As Table 3 illustrates, gender parity in enrollment rates has been achieved across the education pipeline.

Table 3: Gender Parity in Enrolment Rates ECD to Upper Secondary School

Level	Female	Male
ECD	49.8	50.2
Primary School	50.0	50.0
Lower Secondary School – Form 1-4	50.6	49.5
Upper Secondary School – Forms 5-6	50.6	49.4


Source: Ministry of Primary and Secondary Education 2021

⁵⁵ MICS 2019

⁵⁶ Mutongwiza, L (2021) Women Lament Abuse at Water Collection Points.

⁵⁷ ZIMSTAT (2021), Education Statistics Report 2018 – 2020

⁵⁸ Ibid



However, although gender parity in net attendance and completion rates has been achieved at early childhood, primary and lower secondary levels, completion rates at upper secondary school remain low. An estimated 91.5 percent of females and 89.6 percent for males in primary school have attended primary school, whereas only 15 percent for males and 13 percent for females finish upper secondary school.⁵⁹ These low completion rates jeopardize the capability of girls to transition to tertiary education institutions.

According to the 2021 Education Statistics Report, the gender gap in enrollment in universities has been closing over time, with gender parity having been achieved in 2016. However, females are heavily concentrated in certain disciplines, such as arts, education, social studies, and continue to be underrepresented in the STEM fields. For example, in 2020, females constituted 35 percent of the enrolment at the Manicaland State University of Applied Sciences, and 39 percent at the Harare Institute of Technology.⁶⁰ Moreover, according to the 2022 Population and Housing Census, males dominated in the industries of engineering, manufacturing, and construction, 25.2 percent of male compared to 7.4 percent of females. Females, on the other hand, were overly concentrated in health and welfare, 9.5 percent females compared to 3.5 males; and education, 27.6 percent females and 15.6 percent males.⁶¹

⁵⁹ AfDB/UN Women, 2021.

⁶⁰ ZIMSTAT (2021) Education Statistics Report 2018-2020.

⁶¹ ZIMSTAT 2022. Population and Housing Census

Chapter 3

Economic Opportunities

3.1 Wage and Informal Work

The NDS1 (2021 – 2025) sets out a national plan to strengthen employment opportunities, expand job creation, and help stimulate productivity in the labor market. The NDS1 aims to encourage economic growth, strengthen human capital accumulation, and promote poverty reduction and expand the country's sustainable development. The current labour market is characterized by high levels of informality. According to the 2019 Labour Force and Child Labour Survey (LFCLS), an estimated 76 percent of people employed in the country are working in the informal sector.⁶²

There remain pronounced gender divides in the LFPR. The LFPR is the proportion of the working age population, 15 years and above, that is either working or actively looking for work. As Table 4 shows, 53 percent of males and 34 percent of females are in the labour force. These gender divides are pronounced across all age groups. The deep gender divides in LFPR are particularly worrying among young people, ages 20-24, where there is a 22-percentage gender gap in LFPR.

Table 4: Labour Force Participation Rates by Age Group and Sex, Zimbabwe

Age Group	Male	Female	Total
15-19	22.2	14.8	18.6
20-24	57.9	35.6	46.5
25-29	70.4	45.2	56.5
30-34	74.7	49.1	60.2
35-39	69.3	51.5	59.2
40-44	68.2	47.4	57.4
45-49	69.2	46.0	57.2
50-54	71.6	42.8	55.3
55-59	54.9	31.5	40.6
60-64	43.2	22.2	29.8
65+	19.3	9.1	13.1
Total	52.7	34.4	42.8

Source: LFCLS, 2019

Of the 23 industries included in the 2019 LFCLS, women workers comprised the majority only in retail trade, accommodation and food service activities, human health and social work, education, and private domestic work. In the agriculture, forestry, and fishing sector, which is the largest industry in the country, males comprise 58 percent of those employed, while females comprise 42 percent.⁶³ The gendered nature of the labour force across industries in the country mirrors patriarchal norms and stereotypes.

⁶² LFCLS 2019

⁶³ Ibid

Moreover, there remain significant pay differences between women and men in the country. An estimated 22 percent of working women are employed in wage or salaried positions, compared to 41 percent of working men.⁶⁴ According to The Interim Poverty Reduction Strategy Paper (I-PRSP) (2016-18), on average, women in Zimbabwe generally earn two thirds of what men do. According to the I-PRSP, factors contributing to this gender gap include women’s concentration in poorly remunerated sectors, and high concentration of women in precarious, vulnerable, occupations, both in the formal and informal economy.⁶⁵ Among farmers, in 2017, women working on a permanent basis on large scale commercial farms earned 78 percent of what men did.⁶⁶

The informal economy encompasses those sectors of the population employed in industries outside of what’s formally regulated by the law.⁶⁷ These include, but are not limited to, those who are self-employed, unpaid family workers, and paid employees who are not entitled to contribution to pension fund by employer, paid annual leave, paid sick leave and labour contracts.⁶⁸ As Table 5 shows, informal employment represents a significant share of the overall economy: the share of informal employment to total employment is 75.6 percent.

Table 5: –Employment in the Informal Sector by Sex

Share of informal employment to total employment	Female share in informal employment	Male share in informal employment
75.6	41.7	58.3

Source: LFCLS 2019

As noted in the 2019 LFCLS, employees in the informal sector typically work under precarious and dangerous positions. Because informal workers often work irregular schedules, and don’t enjoy the work and health benefits of those in formal industries, they are often more vulnerable to economic shocks, such as those brought upon by the COVID 19 pandemic and Cyclone Idai.

Unpaid Care and Domestic Work

The elevated burden that unpaid care and domestic work (UCDW) exerts on women and girls reduces the amount of time they have available to engage in school, to seek employment, engage in recreational activities, widening the gender gaps in access to education and to economic opportunities. Women spend an average of 14 hours per week caring for children in their own household, compared to 7 hours per week spent by men. Moreover, women spend an average of 12 hours per week preparing food, which is more than twice the number of hours that men spend.⁶⁹

Several recent positive engagements have helped move the agenda of women in UCDW forward. Women’s rights groups, including the Women’s Coalition of Zimbabwe (WCOZ), have established a working group to lobby to expand the economic opportunities and labor protection of those in UCDW. The Portfolio Committee on Women Affairs, Community, Small and Medium Enterprises Development has also conducted public hearings on the issue, to help inform existing policy frameworks on UCDW.⁷⁰

⁶⁴ International Labour Organization. “ILO modelled estimates database” ILOSTAT. Data from January 2021
⁶⁵ Ministry of Finance and Economic Development (2016) Interim Poverty Reduction Strategy Paper (2016 – 2018).
⁶⁶ ZIMSTAT. (2019). Women and Men in Zimbabwe Report. Zimbabwe National Statistics Agency.
⁶⁷ International Labour Organization. “R204 - Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204).”
 Recommendation R204 - Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204). 2015,
⁶⁸ LFCLS 2019
⁶⁹ Ibid
⁷⁰ Stakeholder consultations

There are several policy entry points, including policies that challenge preexisting gender roles that assume women, rather than men, should be responsible for household duties. Additionally, improving labour market conditions and protections can enable women to better balance waged work with responsibilities. The heavy time burden of excessive caregiving responsibilities often hinders women from pursuing employment. Therefore, it is essential to facilitate and expand women's support and access to childcare. Regional evidence suggests that investing in access to childcare can have significant multiplier effects in increasing women's participation in the labor force.⁷¹

3.2 Agriculture, Productive Resources

Agriculture is one of Zimbabwe's largest industries and one of the country's central economic engines. According to the WB, in 2019, the sector contributed 15-20 percent to national Gross Domestic Product (GDP) and 25 percent to formal employment. It also served as the largest single source of export earnings in the country – accounting for 63 percent of raw materials for agriculture-based industries, and it is a source of livelihood for 70 percent of the country's population.⁷² Agriculture serves as the country's central source of food and nutrition security, and with 61.4 percent of the population being in rural locations.⁷³ It is a critical avenue for job creation, economic growth and poverty reduction.

Economic productivity in the sector is hampered by several challenges, including limited high-quality and affordable agricultural inputs, lack of financial support, and environmental shocks, particularly droughts.⁷⁴ Climate change has also disrupted rainfall patterns and impacted the country's agricultural production patterns. To address these challenges, the GoZ has developed several national policies and legislative strategies, including the Zimbabwe Climate Policy (2017), National Agriculture Policy Framework (2018), the Agriculture and Food Systems Transformation Strategy (AFSTS) (2020-2025), and the NDS1.

According to the 2019 LFCLS, of the population whose livelihood is linked to agriculture, 57 percent are females and 43 percent are males. Around 81 percent of contributing family workers in agriculture were females.⁷⁵ And yet, women agriculture workers are still subject to the gendered intra-household dynamics: according to the 2019 Zimbabwe Small Holder Agricultural Productivity Survey Report (ZSHAPSR) approximately 64 percent of agriculture households in the smallholder agricultural sector were headed by males, compared to 36 percent for females.⁷⁶

3.3 Entrepreneurship

The MSMEs sector is a significant contributor to the national economy. According to the 2022, Finscope MSME survey, 3,344,000 people work in the MSME sector and over a million are individual entrepreneurs. The entrepreneurial landscape and dynamics are not gender blind. According to the Finscope survey, 29 percent of the businesses in this sector are in urban areas and 71 percent in rural areas, with 40 percent owned by men and 60 percent by females. A higher proportion of female business owners live in rural areas, 72 percent, compared to males, 69 percent.⁷⁷

⁷¹ UN Women, 2021.

⁷² World Bank (2019) Climate Smart Agriculture Investment Plan, Zimbabwe.

⁷³ ZIMSTAT 2022. Population and Housing Census

⁷⁴ ZIMSTAT 2019, Zimbabwe Smallholder Agricultural Productivity Survey 2017 Report

⁷⁵ MoWACSMED. 2021. National Gender Profile

⁷⁶ ZSHAPSR 2019

⁷⁷ Finscope Survey 2022

The overall sector continues to experience significant challenges, including limited levels of financial inclusion. In consultations with MSME women businessowners, when asked why their businesses were not growing, most cited lack of monetary resources and difficulties in obtaining finance from banking institutions, since access to collateral was required. One common complaint was that the funds they received were small and tended to be quickly depreciated by rising inflation.⁷⁸ The 2022 Finscope survey also found that two in three MSMEs considered the pandemic to have had a negative net impact on their business and as shown in Figure 1, that annual profit margins for women were half of that of men.

Figure 1: SMSME Sector Profit by Gender of Business owner.



Female business owners’ average lower profit of **USD\$3,540** profit annually while male business owners average **USD\$9,432** - more than double.

Source: Finscope Survey 2022

Such findings raise the issue of expanding training and support to ensure improved profitability of women owned or women led businesses. Holistic, multi-pronged models, that comprehensively address the financial limitations as well as the skill development dimensions of business management and growth for women led businesses offer the best opportunities to help women entrepreneurs grow and sustain their businesses.

Implementation of the NFIS I has yielded some significant results, as outlined by the RBZ. As part of the NFIS I, the RBZ established a US\$15 million women empowerment fund for women businesses, which facilitated the development of value chains in agriculture, mining, horticulture, and the generation of exports. The ZWMFB, which began operations in 2018 had, by the end of 2019, opened over 68,000 accounts, with over 36, 000 loans having been disbursed.⁷⁹ The recent adoption of the National Financial Inclusion Strategy II (NFIS II) is a positive step taken by the GoZ in helping propel MSME in the right direction, with potentially higher investments in the sector. Additional information on the state of financial inclusion among women in the country is discussed in Chapter 4.

⁷⁸ Stakeholder consultations.

⁷⁹ Reserve Bank of Zimbabwe. Zimbabwe National Financial inclusion Journey, 2016-2020.

Chapter 4

Ownership and Control of Assets

4.1 Land and Other Assets

Access to land remains a central asset. It is a key resource in agricultural production and can serve as a valuable source of collateral for accessing loans. Moreover, access to financial inclusion remains central in helping boost the financial capacity of female entrepreneurs and in improving household savings and finances. According to the 2017 ZSHAPSR, agriculture in the country is divided into several different schemes, including: large scale commercial farms, old resettlement schemes, communal lands, that were resettled by government on land purchased from commercial farmers., A1 and A2 farms,⁸⁰ and old resettlement schemes.

Women are underrepresented in the total population active and farming on agricultural land; women comprise 39.4 percent on large scale commercial farms, 43.5 percent in old resettlement schemes, and 39.7 percent on A1 commercial farms.⁸¹ In addition, women farmers have access to less agriculturally remunerable land.⁸² With regard to livestock, approximately 91 percent of cattle were on male owned large scale commercial farms. Only 35 percent of all cattle found on communal lands belonged to households headed by females.⁸³ Moreover, according to the 2019 MICS, of the agricultural population, at 2 percent, fewer women, than men, 3.8 percent, have documented ownership of agricultural land.⁸⁴

Closing the gender gap in ownership and control of agricultural assets must be a priority as part of a broader financial inclusion strategy. Securing land tenure, for both men and women, is a central priority. The GoZ has made some signature achievements in securing agricultural land rights in the country. The 2014 amendments made to the Agricultural Land Settlement Act provides equal ownership of land between married couples.⁸⁵

4.2 Financial inclusion

As mentioned in Chapter 3, the NFIS I have helped expand financial inclusion in the country, especially among low-income groups and marginalized populations. It especially targeted women, youth, MSMEs, rural based communities, smallholder farmers, and persons with disabilities. Oversight of the implementation of the strategy was led by the RBZ. In reviewing performance regarding the implementation of the strategy, there was a substantial increase in the proportion of adults with access to formal financial services, from 77 percent in 2014 to 88 percent in 2022. Over the same period, there have been decreases in levels of financial exclusion, among both men and women. However, compared to females, a higher proportion of males continue to use banking services.⁸⁶

⁸⁰ A1 and A2 were created as part of the large redistribution of land efforts that accompanied the Fast Track Land Reform Programme in the early 2000s. A2 farms comprise of medium and large-scale commercial farms and A1 are smallholder farms. Source: Moyo, et al. 2009

⁸¹ 2019 Agricultural Productivity Survey Report


⁸² All Africa.2021. Zimbabwe: Female Smallholder Farmers Plead for Government Support

⁸³ Reserve Bank of Zimbabwe The Zimbabwe National Financial Inclusion Strategy Journey 2016 – 2020.

⁸⁴ MICS 2019

⁸⁵ Agricultural Land Settlement (Permit Terms and Conditions) Regulations, 2014 (S.I. No. 53 of 2014).

⁸⁶ Zimbabwe Finscope Survey. 2022



Moreover, among other financing mechanisms, the RBZ established a US\$15 million women empowerment fund for women businesses. These facilitated the development of value chains in agriculture, mining, horticulture, and the generation of exports. In addition, as of December 2019, 12 out of 19 banking institutions had established women's desks and 17 had established MSMEs desks. The Zimbabwe Women's Microfinance Bank (ZWMFB) which commenced operations in 2018 had, as of December 2019, opened over 68,00 accounts and offered over 36,000 loans, valued at over 12 million. Moreover, the number of bank accounts and the value of loans also increased during this period: from 769,883 accounts in 2016 to over 2 million by 2019.⁸⁷ The value of loans to women increased from \$277.30m to \$1.18 billion in the same period, while loans to women as a percentage of total loans almost doubled. These trends show the importance of sustaining the momentum created through the implementation of NFIS1.

However, women continue to face a myriad of issues in accessing finance. Female borrowers accounted for 31.12 percent of number of loans as of June 2020 with male borrowers constituting 68.88 percent for the same period.⁸⁸ As mentioned in Chapter 3, during stakeholder consultations, respondents suggested that, although access to finance among women has increased, the size and values of the loans available to women remain small. Further, respondents noted that although access to digital finance has increased, it remains out of reach for most people in rural locations. In accessing financing, one possible innovation to allow women to get access to larger size loans is setting up a collateral registry and expansion of the credit registry system to include a range of movable properties and assets that can be used as a warranty when applying for loans.

To address the unmet need for finance of CSOs and individuals, and to help foster a culture of saving and discipline in improving savings and their financial standing, some promising saving schemes include the savings and credit cooperative societies (SACCOs). SACCOs offer short-term loans, savings, motor vehicle, funeral, and health insurance, and advise members on investment options. 1,244 SACCOs made up this subsector in mid-2020, comprising a total membership of 28,815.⁸⁹ With the unveiling of the NFISII in the last quarter of 2022, an expanded focus on increasing levels of financial penetration in the country, across all groups but with a specific focus on women and other vulnerable populations.

⁸⁷ Reserve Bank of Zimbabwe. Zimbabwe National Financial Inclusion Journey, 2016-2020.

⁸⁸ Ibid

⁸⁹ Ibid

Chapter 5

Women's Voice and Agency

5.1 Gender-Based Violence (GBV)

GBV is a fundamental violation of human rights and poses a threat to the health and overall livelihood of those affected by it. By hampering women's potential for human capital development, GBV also impedes the social and economic development of societies. Over the past decades, the GoZ has established numerous pieces of legislation and programmes aimed at addressing elevated levels of GBV. However, nationwide levels of GBV remain high.

The national legislative framework to address GBV includes the 2007 Domestic Violence Act (DVA), which recognizes and prohibits different forms of violence within the family and community. Other policy developments include the 2016-2020 Zero Tolerance 365 National Programme on GBV prevention and response, the NGP (revised 2017), the Zimbabwe National GBV Strategy (2012 – 2015)⁹⁰, and, more recently, the Spotlight Initiative (SI),⁹¹ through which a HLPC on Ending GBV and Harmful Practices in Zimbabwe (2021) was adopted. In mid-2022 the GoZ launched the Public Service Sexual Harassment Policy.

And yet, although there exists a robust legislative framework for addressing GBV, levels of GBV in the country remain high. According to the 2019 MICS, about 2 in 5 women have experienced either physical or sexual violence and one in ten have experienced both. Similarly, 39 percent of women ages 15-49 years had experienced physical violence since the age of 15, and 11 percent experienced the violence in the last 12 months prior to the MICS survey. An estimated 12 percent of women reported ever having experienced sexual violence, whilst 5 percent reported having experienced it in the last 12 months preceding the survey. About 1 in 2 women ages 15-49 years had experienced emotional, physical, or sexual abuse committed by the current or last husband/partner in their lifetime.⁹²

During stakeholder consultations, several challenges were raised regarding the implementation of the existing laws and policies aimed at addressing GBV. These include poor enforcement of policies and laws, resulting in perpetrators slipping through the justice system, deep-rooted patriarchal norms, which hinders the pace of change, and lack of financing of existing GBV programmes. Additional concerns included: weak data collection and information management systems; frail coordination mechanisms; insufficient decentralization of services; and lack of prevention efforts to address behavioral changes.

Attention must also be paid to those groups who remain particularly vulnerable to GBV. Most of the violence occurs in a domestic context, so married or women in a union are the most vulnerable to GBV. Moreover, women with low levels of education and those in the poorest wealth quintile are also particularly vulnerable to GBV. According to the stakeholder consultations, additional populations

⁹⁰ Currently under review

⁹¹ Launched in Zimbabwe in 2019, the implementation of the programme is led by the United Nations Resident Coordinator, in partnership with 6 UN agencies – namely ILO, UNDP, UNESCO, UNFPA, UNICEF and UN WOMEN, the European Union Delegation and civil society organizations

⁹² MICS 2019

vulnerable to GBV include sex workers, lesbians, trans-gender, orphans, and girls living on the street. Less than half, 39 percent, of women who have ever experienced GBV have sought help.⁹³

Key lessons can be learnt from continuing, innovative programmes aimed at addressing GBV. The country's foremost flagship program for addressing GBV is the SI, a global EU-UN, GoZ partnership which adopts a comprehensive approach aimed at achieving transformative change, focusing on legislation and policies, institutional strengthening, prevention of violence, delivery of quality essential services, gathering reliable data, and supporting women's relevant civil society organizations. Key achievements of the SI include the adoption and launch of the HLPC on ending GBV Harmful Practices (2021-2030), increased access to comprehensive GBV services, such as One Stop Centers, safe houses, and legal services, by vulnerable and marginalized communities.

5.2 Marriage

Age at first marriage

Child marriages are pervasive in Zimbabwe. The socioeconomic consequences of child marriage profound and well-documented. Marrying early increases the likelihood of early and frequent pregnancies, elevates the risk of GBV, and heightens the likelihood of school dropout.⁹⁴ According to the 2019 MICS, 34 percent of women ages 20-24 were married/in a union before age 18, and 5 percent were married before age 15. Compared to women in urban areas, women in rural areas are twice as likely to marry before the age of 18. Moreover, one in five adolescent girls ages 15-19 years were either married or in a union with a partner 10 or more years older. Women ages 20-49 years with pre-primary or no education were 13 times more likely to be married by age 18 than those with higher education. Moreover, compared to those in wealthier household, women in poor households were almost four times more likely to get married by age 18.⁹⁵

Over the past decade, the GoZ has shown a steadfast commitment to addressing child marriage. The Constitutional Court ruled, in 2016, that child marriage was a violation of human rights.⁹⁶ More recently, the 2022 Marriages Act prohibited child marriages. And yet, effective enforcement of these policies and strategies remains a significant challenge. Local innovations and programming, to help address child marriage can be very promising, since they capture contextual particularities. One such example is the chiefs in Shamva village who have set up a court specifically directed at ruling on child marriages.⁹⁷

Decision Making and Household Gender Dynamics

At the household level, there remain significant challenges in women's capacity to have equal decision-making capabilities. Around 55 percent of currently married women, ages 15 – 49, are employed ,compared with 90 percent of currently married men.⁹⁸ Although a high percentage of currently married women, 72 percent, make decisions, either alone or jointly with their husbands, about their own health care, family visits, and major household purchases, few of them feel empowered to make these

⁹³ Ibid

⁹⁴ Wodon, et al. 2017. *Economic impacts of child marriage: global synthesis report (English)*. Economic Impacts of Child Marriage: World Bank Group

⁹⁵ MICS 2019.

⁹⁶ Mudzuru & Anor v Ministry of Justice, Legal & Parliamentary Affairs N.O. &Ors (Constitutional Application 79 of 2014, CC 12 of 2015) [2016] ZWCC 12 (20 January 2016).

⁹⁷ The Herald. September 2021. Chiefs 'special court for child marriages.

⁹⁸ DHS 2015

decisions by themselves: Almost one-third of currently married women who receive cash earnings decide for themselves how their earnings will be used and 62 percent decide jointly with their husbands.⁹⁹

Across the country, patriarchal attitudes pervade at home, and can translate into domestic violence and other forms of gendered practices. In consultations with women from Bulawayo, when asked whether they had decision-making capabilities over their earnings, most acknowledged that their spouses or partners exercise control. To answer this question, some respondents answered “*tinosingamarimuchiunu*”, a Shona expression which suggests that they must hide their earnings, so their spouses do not have full knowledge of them. According to the 2019 MICS, 51 percent of ever-married women report that their husband/partner is jealous or angry if she talks to other men.¹⁰⁰

Political Voice and Leadership

As part of the GoZ’s commitment to advancing gender equality, the 2013 Constitution articulates requirements for gender balance in representation across all institutions and agencies of government, including any commissions established under the Constitution.¹⁰¹ The GoZ also has affirmative policy measures in place to accelerate actions towards meeting the constitutional gender parity requirement, including representation in parliament and, more recently, at the local government level. And yet, despite the GoZ’s commitment, women continue to be underrepresented across the political landscape.

Even though the constitutional quota reserves seats in the National Assembly and proportional representation in the General Assembly and Senate, at 31 percent,¹⁰² women continue to experience low levels of representation in the country’s parliament. Compared to other countries in the SADC, Zimbabwe is faring worse in female representation in parliament, ranking 4th after South Africa, 45.7 percent, Namibia, 44.2 percent, Mozambique, 43.2 percent.¹⁰³ In 2019, women comprised 34.2 percent of members in parliament, 31.5 percent in the lower houses, and 43.8 percent in the upper house. Moreover, women’s representation at the local government level, where there is no gender quota, dropped from 18 percent in 2013 to 14 percent in the 2018. In 2019, female high court judges represented 38 percent of the total number of judges. Some level of progress has been achieved: the Senior Judge of the Labour Court between 2018-2019 was a woman, and a woman Deputy Chief Justice was appointed in 2018. In the Labour Court, in 2019, 71 percent of judges in 2019 were women.¹⁰⁴

However, additional work is required to address structural barriers to increase women’s representation in political positions, and as leaders in the business environment. Central attention should be placed on addressing the deep, gendered norms that permeate across the country, including promoting behavior/attitudinal change to shift patriarchal norms. There also remain opportunities for further monitoring of local elections, including continued engagement with political parties, to ensure the GoZ effectively implements gender quotas. There must be a strong, cross-sectoral, change in board leadership in corporate and other environments, a gender parity policy push in state institutions, and multi-level leadership commitment to improve women’s representation in leadership positions.

⁹⁹ Ibid

¹⁰⁰ MICS 2019

¹⁰¹ See GoZ (2021), National Gender Profile, the National Gender Policy (revised 2017).

¹⁰² Inter-Parliamentary Union. Zimbabwe. 2023.

¹⁰³ Inter-Parliamentary Union. Zimbabwe. 2023 Inter-Parliamentary Union. South Africa. 2023. Inter-Parliamentary Union. Namibia. 2023 Inter-Parliamentary Union. Mozambique. 2023

¹⁰⁴ Ibid

Chapter 6

Policy Options

The research conducted as part of this report illustrates how the GoZ has woven an intricate landscape of policies, laws, and strategies to achieve GEWE. Yet, significant obstacles persist, including patriarchal norms, elevated levels of child marriage and GBV, and a lack of institutional capability in implementing legal provisions aimed at addressing GBV. This raises the need to adopt a wide-reaching, cross-cutting, context-specific approach that addresses the multifaceted issues facing women in the country. This chapter covers a range of policy proposals along the following dimensions: institutional strengthening, human endowments, and access to economic opportunities and assets. The proposals are not intended to be comprehensive; rather, they offer some general prescriptions to help guide the MoWACSMED, and the National Gender Commission, in advancing the gender policy agenda in the country.

Policy Options

Strengthening of the Institutional and Legal Framework – MoWACSMED requires institutional strengthening support to ensure effective delivery of results. Coordination among the different actors in the national gender architectural landscape, including the National Gender Commission, provincial, district and ward-level structures, the private sector and CSOs, needs improvement. As a short-term goal, a capacity needs assessment of MoWACSMED and the constellation of institutions, at the national, district and local levels, along with non-state organizations that coordinate and support the national gender inclusion infrastructure in the country, is essential.

Although the GoZ has implemented several reforms to bridge gender gaps in existing laws, progress has stalled in recent years. Additional efforts are required to expand legal protections to ensure equal pay among men and women, address legal constraints related to married women's rights, and enhance protections for mothers and pregnant women.¹⁰⁵ It is also necessary to conduct an analysis of the economic costs of gender inequality in the country, and the potential benefits of expanding opportunities for women. Similar initiatives in Malawi and Tanzania have been instrumental in informing dialogue with governments and other development partners and providing guidance on where to focus resources for greatest impact.¹⁰⁶

Human Endowments – Although significant progress has been made in achieving gender equality in the completion of lower levels of education, gaps remain in secondary school completion rates and in enrollment and completion at tertiary levels. Gender-specific challenges, such as high school dropout rates driven by teenage pregnancies and child marriages, as well as lack of access to MHH, pose additional obstacles for girls in school. One approach that has shown promising results in Sierra Leone involves supporting adolescent girls to remain in school beyond the lower secondary level and avoid early childbearing by providing livelihood and life skills training through "safe spaces."¹⁰⁷

It is also critical to accelerate the expansion of access to MHH in schools, as mandated in the 2020 EAA. Inadequate access to MHH in schools is associated with increased levels of school absenteeism.²⁴

¹⁰⁵ World Bank. Women, Business, and the Law. 2023

¹⁰⁶ World Bank 2022. Empowering Women, Expanding Access to Assets and Economic Opportunities. Tanzania Economic Update, Issue 17. March; World Bank 2021. Addressing Macro and Gender Imbalances. Malawi Economic Monitor.

¹⁰⁷ Bandiera, Buehren, et al. 2019.

²⁴ Shat, et al, 2022.

Addressing sexual and reproductive rights issues is an important approach to help reduce elevated levels of maternal mortality, manage high fertility and population growth rates, and improve investments in human capital. Entry points include reviewing and amending the Termination of Pregnancy Act and offering additional support to the MoHCC to continue expanding access to and usage of contraceptive methods, as outlined in the GoZ National Family Planning Strategy for 2022-2026.

Economic Opportunities, Assets – The MSME women led sector holds a lot of potential for growth. Women-owned or led businesses can benefit from incentives to grow their businesses, including mentorship, networking, skills building, access to affordable financing, subsidized operational costs, and linkages with local and global markets. Cost-effective strategies include broadening the scope of psychology-based socio-economic skills training for female entrepreneurs. For instance, an impact evaluation of personal initiative business training in Togo, which emphasized the development of self-starting behaviors and proactive goal setting, revealed that women entrepreneurs who participated in the training increased their profits by 30 percent.¹⁰⁸

The lack of access to affordable childcare can significantly contribute to the time poverty facing women in the country; therefore, substantial efforts must be aimed at supporting the GoZ in expanding access to these services. In SSA, access to childcare services has been linked to increased women's participation in paid work, and to higher average monthly earnings.¹⁰⁹ One potential policy approach is to advocate for the reform of the tax regimes to provide benefits to childcare centers and to offer tax deductions to businesses that incur expenses by providing childcare to their employees. Cabo Verde and Mauritius are two countries in SSA which have instituted such tax deductions.¹¹⁰ Land tilting initiatives can significantly boost agricultural productivity. In Rwanda, a nationwide land regularization program formalized land rights without gender discrimination, leading to increased investments in soil conservation among female landholders.¹¹¹ For women owned or led farms, providing a comprehensive package of support, including addressing agricultural inputs, is essential.

Financial inclusion remains a priority. It remains essential to expand access to financial inclusion by promoting the use of saving schemes and reaching women through the increased use of mobile products. An intervention in Ivory Coast, which introduced a direct-deposit commitment savings account to workers in factory, increased productivity, and earnings for participants by 10 percent.¹¹² In Zimbabwe, 88 percent of the population has access to mobile cellular subscription,¹¹² making mobile financing a viable policy avenue to increase country-wide financial penetration. In Kenya, the expansion of mobile financial services almost doubled the percentage of the banked population.¹¹³

Voice and Agency – To address issues of women's lack of voice and agency, a comprehensive approach is needed. Although significant strides have been made in increasing women's participation in governance and positions of leadership, sustained legislative support and additional regulation is required to ensure gender balance across all sectors. The GoZ must enforce existing laws and policies to uphold the gender quota system, as enshrined in the 2013 Constitution, within the National Assembly, the General Assembly, and the Senate. Moreover, strategies to counteract the patriarchal social and cultural norms that hinder women from making key household decisions are essential. In Tanzania, an intervention that provided boys in soccer clubs with training on sexual and reproductive health resulted

¹⁰⁸ Croke, et Al. 2020.

¹⁰⁹ Ayali, et al. 2022.


¹¹⁰ World Bank. Toward Available, Affordable, and Quality Childcare in Sub-Saharan Africa. 2022.

¹¹¹ Ali, Goldstein. 2011

¹¹² Kaur, Carranza, et al. 2010

¹¹² International Telecommunication Union (ITU) World Telecommunication/ICT Indicators Database. Mobile cellular subscriptions (per 100 people). Zimbabwe. 2024.

¹¹³ Rosengard. 2016.



in a reported decrease in intimate partner violence.¹¹⁴ Similarly, in Rwanda, a culturally adapted gender-transformative couples intervention led to reduced levels of physical and sexual intimate partner violence.¹¹⁵

To further reinforce the GoZ's institutional infrastructure, ongoing efforts are necessary for the collection of gender-disaggregated data indicators. This includes broadening the scope of nationally representative household surveys and embedding gender considerations throughout the data collection processes of government agencies. Addressing the extensive, intersecting issues that women face in the country, spanning the core areas of human endowments, economic opportunities, ownership and control of assets, and voice and agency, demands a comprehensive, multi-sectoral approach. This approach should enhance existing partnerships and coordination mechanisms among the MoWACSMED, the MoHCC, CSOs, the private sector, and development partners.

¹¹⁴ Seager, Montalvo, et al. 2022.

¹¹⁵ Kate Doyle, et al. 2018

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