



GENDER DIMENSIONS ON THE USAGE OF PUBLIC COVID-19 RESOURCES IN ZIMBABWE

1. INTRODUCTION

Women, men, girls, and boys were all deeply affected by the COVID-19 pandemic. The Government of Zimbabwe (GoZ) activated national response mechanisms by allocating resources for various mitigatory interventions. This policy brief analyses the gender dimensions of the usage of COVID-19 public resources, in relation to the GoZ's responses. It will do this by analysing the decision-making structures set up to manage the pandemic; *and* exploring the May 2021 report by the Office of the Auditor General (OAG), which focused on the disbursement of public COVID-19 relief funds, and the management of other related interventions such as isolation centres, quarantine centres, and the procurement of goods and services to name a few.

2. CONTEXT AND BACKGROUND

COVID-19 is a highly infectious disease which was first detected in China in December 2019. The disease rapidly spread throughout the world leading the World Health Organisation (WHO) to declare it a global pandemic, Zimbabwe followed suit by declaring the local spread of the disease a state of disaster on 23 March 2020 by enacting Statutory Instrument (SI) 76 of 2020. This was followed by the President appointing an ad hoc, 11-member inter-ministerial COVID-19 task force on 17 March 2020, with the mandate to develop, implement, coordinate, monitor and mobilise resources for the national COVID-19 response.¹ Realising the devastating COVID-19 pandemic effects, the GoZ also launched the Economic Recovery and Stimulus Package on 1 May 2020 to among other things provide socio-

¹ The Herald (March 25, 2020), *Coronavirus taskforce set up* [<https://www.herald.co.zw/just-in-covid-19-task-force-set/> accessed 1 March 2022].

economic protection to cushion vulnerable groups and distressed enterprises from the social and economic effects of the pandemic.²

The COVID-19 Pandemic affected men, women, boys and girls differently, necessitating gender-responsive resource planning, allocation, disbursement and management for prevention, response, management and post-COVID-19 recovery initiatives.³ This is because prior to the outbreak of COVID-19, statistical evidence Worldwide already showed that women are disadvantaged in terms of education, access to resources and opportunities amongst other things,⁴ with some of these challenges prevalent in Zimbabwe despite the country's international commitments; constitutional provisions; national strategies and various policies on gender inclusion, equality and equity.⁵ Indeed, women constitute a significant proportion of those engaged in the informal sector, an estimated 40% out of 2 million.⁶ Hence the myriad negative socio-economic impacts of the pandemic on livelihoods can be seen to have impacted them disproportionately due to the closure of borders and related trade disruptions, high inflation, poor healthcare

facilities and increased gender-based violence (GBV). In this regard, it is sad to note reports highlighting mismanagement and corruption in the handling of public resources which were allocated for mitigating the impacts of COVID-19.

The report by the OAG on the handling of these resources, and subsequently the scrutiny and recommendations by the Parliament of Zimbabwe's Public Accounts Committee (PAC) have heightened calls for duty bearers to handle resources allocated towards public disasters more responsibly. It is, therefore, crucial to add a gender lens to this debate so that public resources for handling disasters are used optimally in future, with the intended impacts being felt within diverse segments of society, particularly those who are disadvantaged due to their gender, age, and other related intersections of marginalisation characteristics.



Women constitute a significant proportion of those engaged in the informal sector, an estimated 40% out of 2 million.

The differentiated social and economic impacts of COVID-19 on different segments based on gender necessitate a corresponding gender-responsive emphasis in terms of resource planning, allocation, disbursement and management for prevention, response, management, and post-pandemic recovery initiatives.

² Republic of Zimbabwe (04 May 2020) Details on the COVID-19 Economic Recovery and Stimulus Package. A ZWL \$18 Billion Package (90/o of GOP). Distributed by Veritas: Harare.

³ Caren Grown and Carolina Sánchez-Páramo, C. (April 20, 2020) The Coronavirus is Not Gender-Blind, Nor Should We Be [<https://blogs.worldbank.org/voices/coronavirus-not-gender-blind-nor-should-we-be> accessed 5 March 2023].

⁴ Samuel Tarinda, (26 June 2020) Impacts of COVID-19 on Women and MSMEs in Zimbabwe, [<https://www.afi-global.org/newsroom/blogs/impacts-of-covid-19-on-women-and-msmes-in-zimbabwe/> accessed 2 March 2023] From the report shared there is no deliberate classification of vulnerable groups for the consideration of gender gaps that could be met in the distribution of resources.

⁵ Ibid.

⁶ ILO, 2018, in Tarinda, 2020

3. ROLES AND RESPONSIBILITIES – DECISION-MAKING AND FINANCIAL MANAGEMENT OF PUBLIC COVID-19 RESOURCES

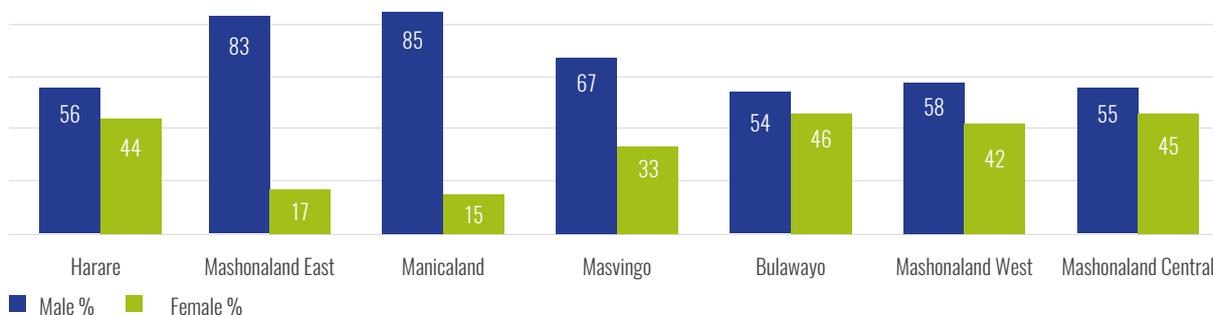
A power analysis of the governance structures involved in making decisions on COVID-19 mitigation strategies shows that they were male-dominated, making them prone to leaving women’s gender needs, priorities, perspectives and interests and needs behind. An analysis of women’s representation in Zimbabwe’s COVID-19 Response Taskforces from March to April 2021 focusing on provincial and national levels indicated that the National COVID-19 Taskforce consisted of 18% females and 82% males. Specific roles occupied by women in the inter-ministerial COVID-19 task force were the Minister of Defence, and the Minister of Information, Publicity and Broadcasting Services. This means that there were only two out of eleven in terms of female representation in the national task force.⁷

The provincial COVID-19 taskforces structure consists of Chairperson, Subcommittee Chairpersons and Committee members. Data received from 7 provinces profiling Provincial COVID-19 Response taskforces indicates that 57% of women and 43% of men were chairing

the provincial taskforces. On the other hand, the average gender representation of provincial taskforces is 35% female and 65% male when the full composition is considered (see Figure 1 below). The provincial task forces also set up subcommittees, however, the data acquired at the time of writing was incomplete to do a comprehensive gender analysis of these specific structures. The average percentage of women chairpersons of provincial COVID-19 task force sub-committees was 25%.⁸

To add more perspective on this issue, the 2017 Intercensal Demographic Survey (ICDS) estimated that the population of Zimbabwe consists of 52% females and 48% males. Notwithstanding these figures, women’s representation in leadership at the national level stands at 30% for Cabinet ministers, 34% for Parliamentarians, 50% for Ministers of State, 13% for Local government, 28.8% for Directors in Public Service and 37.7% in middle and senior management in the public sector. Therefore, to guarantee sustainable gender and women’s rights responsiveness of COVID-19 interventions, the GoZ should have ensured equal representation of women in COVID-19 Response taskforces at all levels in compliance with constitutional provisions on gender equality and women’s rights.

FIGURE 1: GENDER REPRESENTATION OF PROVINCIAL COVID-19 TASKFORCES



Source: Ncube, publication pending

⁷ Sally Ncube *An Analysis of Women’s Representation in Zimbabwe COVID-19 Response Taskforces April 2020* (Harare: Women’s Democracy Network-Zimbabwe) [Publication Pending].

⁸ Ibid.

Over and above the COVID-19 Response Taskforces set up, various ministries were given different roles in the management and distribution of COVID-19 resources. Without downplaying the specialised roles played by the respective ministries in the management and distribution of public resources, one notes that more focus was given to finance and labour-based ministries that naturally do not have a gender orientation and accountability mandate in planning as witnessed by the allocation of national budgets towards gender-based issues.¹⁰ As such having the management of funds being distributed excluding gender-oriented Ministries that deal with the public on a daily basis like the Ministry of Women Affairs, Community, Small and Medium Enterprises was a negation of national gender equality developmental goals, including the Sustainable Development Goal (SDG) # 5 in responding to the COVID-19 pandemic. It is evident from the foregoing that there was an underrepresentation of women in Zimbabwe’s COVID-19 response task forces. This may result in poor targeting of assistance on the most vulnerable groups, leading to the questionable impact of resources allocated towards COVID-19 Relief.¹¹

4. A GENDERED CRITIQUE OF THE SPECIAL AUDIT REPORT FINDINGS

Disbursement of COVID-19 Relief Funds

The findings of the OAG report revealed that there were anomalies with databases of beneficiaries found not to be up to date, having

wrong or incomplete information, duplicates and even having ‘ghost beneficiaries.’⁹ This makes it extremely challenging to ascertain how many women and men were reached with the resources and hence impacted positively. Furthermore, the OAG highlighted that Section 3 (2) (a) of the Youth Relief Fund Operational Framework which was used by the Ministry of Youth, Sport, Arts and Recreation to distribute COVID-19 relief allowances required prospective beneficiaries to avail proof of operation for a minimum of 6 months to a year prior to the lockdown to qualify. This marginalised start-up projects, therefore meaning that young women with projects that were under the 6-month threshold could not access this facility.

The level of negligence and non-compliance in the distribution of resources reflects the extent to which corruption was prevalent in the administration of COVID-19 Relief Funds, with the result that gender-based violence (GBV) was actually promoted when the situation is viewed from a gendered perspective. As facts will show, there was an increase in reported GBV cases due to increased tensions at a household level, food insecurity and loss of income due to the pandemic, which the public funds released by GoZ



Equal representation of women on decision-making platforms

The government should have ensured equal representation of women in COVID-19 Response taskforces at all levels to guarantee sustainable gender and women’s rights in their pandemic interventions.

⁹ Office of the Auditor-General Zimbabwe *Special audit report on the COVID-19-19 pandemic financial management and utilisation of public resources in the country’s provinces By Ministries, Departments and Agencies (MDAs)* (Harare: OAG, 2021) page 16.

were supposed to mitigate against, particularly in marginalised households. Furthermore, such failure or gap in the targeted use of public funds makes the measures against GBV provided or promoted by various CSOs and national gender-implementing machinery redundant.

The idea that poor targeting of relief funds contributed towards increased GBV, can be illustrated by a 2020 report presenting an analysis of service-based data from five NGOs providing GBV response services to women and girls, in order to contribute to the ongoing synthesis of VAWG (violence against women and girls) data in Zimbabwe in the context of COVID-19. Briefly, there was a 38.5% overall increase in reports of violence to NGOs providing services to VAWG survivors over the two months during the lockdown (Apr-May 2020) compared to the two months before the lockdown started (Feb-Mar 2020).¹⁰ Physical violence increased by 43.8%, emotional violence increased by 80.3%, and economic violence increased by 42.4%.¹ May 2020 saw the biggest increase in reporting, with a 43% increase in reports of violence compared to May 2019, and a 74% increase in reports of violence from the preceding month.¹² The timing of the increase may relate to the easing of hard lockdown restrictions in mid-May 2020 allowing women to seek help more easily, or to escalating household tensions as the lockdown continued, resulting in rising levels and severity of violence.



Physical violence increased by 43.8%



Emotional violence increased by 80.3%



Economic violence increased by 40.4%

Management of Quarantine Centres and Isolation Centres

There was also a lack of accountability in the management of COVID-19 isolation centres as highlighted by the OAG's report. It is reported that the centres were meant to be stocked with food, but the procurement process of food and other provisions at the Provincial level was not supported by approved requisitions, reconciliations or justifications from the Ministry of Public Service, Labour & Social Welfare, and in some extreme cases non-collection of purchased

Anomalies and negligence in the management of beneficiary databases, as well as the qualifying criteria for some allowances which excluded some needy groups, led to poor targeting of relief funds, thereby contributing to the prevalence of COVID-19-related GBV.

¹⁰ Stopping Abuse and Female Exploitation (SAFE) Zimbabwe Technical Assistance Facility Violence Against Women and Girls during the COVID-19 Crisis in Zimbabwe: Analysis of practice-based data from Women's Coalition of Zimbabwe (Analysis of Data: March-May 2020) July 2020 page 2

¹¹ Ibid. page 2

¹² Ibid. page 3

foodstuffs.¹³ Furthermore, the requisitions did not indicate quantities of food required against the number of inmates; whilst there was a lack of reconciliations of goods and services paid for and actually received.¹⁴

It's plausible to assert that the lack of accountability with resources at quarantine centres, coupled with the poor profiling of deserving beneficiaries and database management meant that women and girls from poor backgrounds (likely most of those approaching these facilities) missed out on COVID-19 relief altogether. Furthermore, it's highly likely that they still need such support today, as the pandemic is still evolving globally, with possible further impacts on Zimbabwe. The poor management of quarantine centres also begs the question of whether deserving beneficiaries ended up seeking help at alternative, ill-equipped care facilities; and whether various relief resources¹⁵ were procured or not, or whether those that were indeed procured actually served their intended purpose. It becomes more concerning when one considers reports of delays in the completion of isolation centres at such a critical time, meaning that marginalised groups were deprived of their right to access resources and related structures leaving them at the mercy

of the virus. In the absence of a quarantine centre also, it meant that many affected families had to turn to home-based prevention and care, where women face a disproportionately high increase in the burden of care work.

Public Sector Investment Programmes (PSIP) and Evaluation of Internal Controls

Furthermore, the OAG report also exposed the fact that the District Development Fund (DDF)¹⁶ only drilled 31 boreholes in six provinces out of a target of 48 nationally. Some boreholes that were highlighted as partly functional reflects an injustice to the community that seeks water as an important resource during the pandemic. It was reported that statistically, 63% of boreholes that were drilled were not functional, 17% were not drilled, 14% were dry boreholes and only 6% were functional. Overall chronic water shortages increased women and girls' time poverty¹⁷ and burden externally sourcing for water from further locations and subsequently increasing their risk of exposure to exploitation and abuse as they queue for water.¹⁸ There were also reports of sexual exploitation and abuse of women at water points in which male gatekeepers have been stated as perpetrators in areas such as Mabvuku.¹⁹

The lack of accountability in the management of COVID-19 isolation centres meant that women and girls from poor backgrounds missed out on COVID-19 relief, leaving them at the mercy of the pandemic.

¹³ Office of the Auditor-General Zimbabwe page ix.

¹⁴ Ibid. pages viii and 33

¹⁵ Examples of relief resources which women and girls would have required during this time include sanitary wear and post-labour care packages respectively.

¹⁶ The DDF is a Zimbabwe government agency within the Ministry of Rural Resources and Water Development that is charged with the responsibility of providing and maintaining rural infrastructure within the Communal, Resettlement and Small-Scale Commercial Farming areas of Zimbabwe. Its programmes are funded by the government, donors, and the private sector.

¹⁷ Time poverty is a term used to describe the opportunity cost of women searching for water and carrying out similar chores, where they could engage in other productive and reproductive roles.

¹⁸ Human Rights Watch (April 15, 2020). Zimbabwe's unsafe water raises COVID-19 Risks. Severe Water, Sanitation Crisis Undermines Pandemic Fight [https://www.hrw.org/news/2020/04/15/zimbabwe-unsafe-water-raises-covid-19-risks accessed 4 March 2023]

¹⁹ Information obtained from unpublished research from the Zimbabwe Women Lawyers Association (ZWLA) during monitoring of a sexual offence perpetrated on a survivor whilst accessing water from natural streams in an area referred to as 'maminda'.

The failure to drill boreholes in some communities heightened the specific challenge of time poverty experienced by women and girls, as well as exposing them to exploitation and abuse which occurs in areas where access to critical resources such as sufficient safe water are limited.

Expenditure and Fuel Management

Of major concern is the revelation in the OAG's report that the Matabeleland South Provincial Medical Director's Office, Municipality of Gweru, Chinhoyi Provincial Hospital and Esikhoveni Quarantine Centre misappropriated funds amounting to \$276 966, \$581 945, \$35 324, and \$16 239, respectively, to cater for other COVID-19 related costs not intended by the disbursement authorities. Some resources were reportedly unused e.g., the \$14 295 000 allowances earmarked as incentives for village health workers in Masvingo in September 2020 reportedly unused by December 2020. This had the effect of demotivating the supported beneficiaries, many of whom are women, meaning that there was a huge gap in continuous healthcare services for community members with limited access to healthcare facilities at the height of the lockdowns. Sexual reproductive health rights are an essential part of rights which must be treated with utmost urgency and care. Failure to account or have registers for the fuel drawn to have COVID-19-related errands is a grave act of misconduct also highlighted by the OAG's report. This also heightens concern over the plight of the marginalised who cannot defend themselves and seek redress for all unaccounted transactions against public funds. The fact that people with a duty to manage these accounts had to be probed for answers by investigators

after failing to voluntarily clarify issues raised shows a lack of seriousness and integrity in their performance of duties with public funds.

Procurement of Goods and Services, Management and Distribution of Donations

Ultimately, the OAG report asserts that the intended objectives of the COVID-19 Relief programme were not met, giving several reasons which must be seen as impacting more on women and girls. For example, weaknesses were identified in the procurement and control system related to ordering, delivery, invoicing and payment processes for goods and services. There was also inconsistent and inadequate record keeping among ministries, departments and agencies (MDAs) which lacked updated or reliable information on the donations received and distributed; goods and services delivered and reports on the implementation status of the Government COVID-19 initiatives. No clear procurement records were submitted for supplies procured to cover emergencies, and distribution processes, with some procured resources simply not collected. There was also grave misconduct in awarding tenders to service providers which incompetence is an act of corruption. Failure to comply at this foundation stage breeds failure to account for every other process hence subsequently failing to deliver to the marginalised in a gender-responsive manner, who should be supported rightfully.

RECOMMENDATIONS

The foregoing analysis of the decision-making structures set up to manage the pandemic, as well as the management and usage of public COVID-19 relief funds, has demonstrated that there was a huge gap in gender-responsive resource planning, allocation, disbursement and management for prevention, response, management, and post-COVID-19 recovery efforts. The main feature characterising the management of COVID-19 resources is the lack of accountability in the management of various public resources for mitigating the impacts of the pandemic, coupled with poor profiling of beneficiaries. The gender dimensions of disaster management examined above require a multi-stakeholder approach to review, reform and strengthen laws policies, procedures, and structures to guarantee gender-responsive approaches in managing crises such as COVID-19 in future. Though there is a grave discomfort revealed above in the lived realities of marginalised-groups, there is an opportunity to redress this situation, and hence this paper proffers the following recommendations:

- ▶ The President of Zimbabwe must ensure the equal appointment of men and women in key decisions making structures for the financial management of disaster management resources and distribution of humanitarian aid in line with the country's international commitments; constitutional provisions; national strategies and various policies on gender inclusion, equality, and equity.
- ▶ The Parliament of Zimbabwe must strengthen its oversight on the handling of disasters, and ensure various MDAs collaborate in having a consolidated gender disaggregated database of beneficiaries with trackable contact details, to curb corruption (through embezzlement or outright theft) and double-dipping. this will ensure that the targeted beneficiaries receive the assistance to which they are entitled.
- ▶ The Ministry of Finance and Economic Development (MoFED) must strengthen institutional capacity for relevant MDAs and related structures at national, provincial and local levels to ensure gender-responsive budgeting, usage and accounting for all disaster management funds and materials.
- ▶ The MoFED must ensure that there is a thorough feasibility assessment before the release of public funds to designated MDAs to avoid wastage similar to the failed borehole initiative cited by the OAG. These assessments should apply a gender lens to address the skewed focus of public resources to mitigate disasters.
- ▶ The OAG must strengthen audit methodology by including a gender focus, as well as provide gender analysis in their opinion, findings and recommendations.
- ▶ The Ministry of Women Affairs, Community, Small and Medium Enterprise must coordinate a multistakeholder gender analysis to inform the design and implementation of disaster management interventions, as well as urgently address the plight of past beneficiaries that have not yet accessed their support. For example, the Matobo District Youth, Sport, Arts and Recreation Office should engage Empower Bank by way of payment reconciliation to ascertain who among the approved beneficiaries managed to collect their money and advise those who have not yet done so to approach the bank.
- ▶ MDAs at all levels must ensure gender-disaggregated data and documentation when

accounting for public funds by developing transparent, detailed payment schedules for recipients of funds with traceable identities and contacts/addresses in all areas where disbursements are made to guard against misappropriation of funds. For example, the Masvingo Provincial Social Welfare Office should ensure that bus fare payments to discharged inmates are adequately supported by payment schedules.

- ▶ The Procurement Regulatory Authority of Zimbabwe (PRAZ) must ensure strict compliance with procurement laws and regulations and follow up on audit reports highlighting non-compliance with stringent administrative penalties for non-compliance. Specific MDAs cited for non-compliance in the OAG reports must be the starting point of this initiative.
- ▶ GoZ must ensure Mashonaland West PMD's office, Karoi District Hospital and Magamba Quarantine Centre should avail themselves for audit inspection and provide information on the authority used to make the COVID-19 payments.
- ▶ The Zimbabwe Anti-Corruption Commission (ZACC) must investigate possible irregular payments made where there was inadequate documentation and where there is no evidence of recipients having received the money, to ensure proper accountability and then take further necessary steps.

- ▶ Kwekwe and Zvishavane District Social Development Offices (DSDO) should assess all persons applying for urban food assistance in order to establish their eligibility prior to submitting the list of selected beneficiaries to the Head Office for payment. A validation exercise should be undertaken to check whether non-deserving persons were not paid.
- ▶ The Zimbabwe Gender Commission must strengthen the implementation of its mandate as provided by Section 246 of the Constitution and ensure monitoring, research and advice to public and private institutions on gender equality; and ensure gender equality in the management and usage of disaster management funds. They must also work with relevant stakeholders and duty bearers to secure appropriate redress, where rights relating to gender have been violated in the management and usage of COVID-19 relief funds.

To conclude, it is clear from the foregoing that the way public resources for COVID-19 relief in Zimbabwe were allocated, managed, and utilised was not gender-responsive by structure, priorities and practice. This brief has exposed the gaps from a gender perspective and proffered recommendations which can address the lack of transparency and accountability for the betterment of lives for those meant to benefit from such initiatives, particularly the marginalised such as women and girls.

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