

DEVELOPMENT WATCH

*Civil Society's
National Indicative Program
Monitoring
and
Advocacy*

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editor's note



“

It's not child marriage but child abuse. This is abuse that is destroying the present and future of the girl child. It is everyone's responsibility to end girl child abuse through child marriage. An abuse to the girl child is an abuse to the nation.”

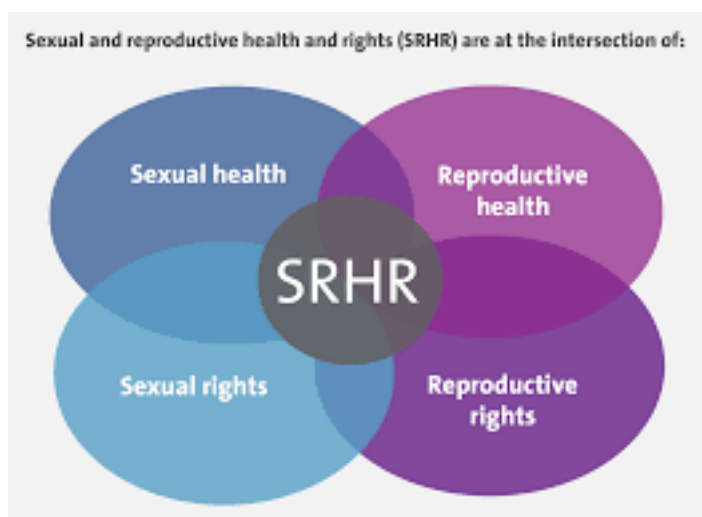
#GirlsNotBrides

Executive Director
Mr Leonard Mandishara

Designed By
Chris Katsaura

SRHR: Policy Change and Development to Create an Enabling Environment

Adolescent girls and young women are disproportionately affected by HIV and other sexual and reproductive health risks. Laws, policies, and practices that perpetuate gender inequality, harmful gender norms, and gender-based violence create barriers to access to sexual and reproductive health & rights.



Sexual and reproductive health and rights (SRHR) are essential to the well-being of each individual and to support the fulfilment of national responses to health risks, such as HIV. However, for many adolescent girls and young women (AGYW), this right remains unfulfilled.

Enabling legal environments need to prioritise laws, policies, and programmes that address the human rights and gender-related factors that cause a heightened risk of HIV and other sexual and reproductive health risks amongst AGYW.

Section 76 (1) of the Constitution of Zimbabwe states that: “Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services”. However, existing legal and policy guidelines limit access. In addition, a minor under 16 years old cannot access sexual and reproductive health services and treatment without parental consent. It is a prerequisite for the minor to obtain a magistrate's order in

the case the parent or guardian refuses to give consent; therefore, these provisions continue to hinder access and cripple the environment for AGYW.

To shed more light, Section 52(2) of the Medicines and Allied Substances Control (General) Regulations, 1991, Statutory Instrument 150 of 1991 (made in terms of the Medicines and Allied Substances Control Act [Chapter 15:03]) provides as follows: “No person shall sell any medicine to any person apparently under the age of 16 years —

- (a) in the case of a household remedy or a medicine listed in Part I of the Twelfth Schedule, except upon production of a written order signed by the parent or guardian of the child known to such person;

In addition to this, a child under the age of 16 is unable to consent to HIV testing and counselling (HTC) as stated by the National HIV Testing Guidelines of 2014.

The age of consent in Zimbabwe is currently 16 but the constitution does not openly criminalise sex among adolescents, aged 12 to 15. The effect of which is prohibiting preventive reproductive health services for adolescents. There is no enabling environment and nothing much has been done which has been emanating mostly from the cultural and traditional values that Parliamentarians have when it comes to these issues of concern.

Many obstacles prevent young Zimbabweans from acting on their desire to postpone parenthood and stay HIV-free. Protecting adolescents from unintended pregnancy and HIV infection by providing them with essential sexual and reproductive health information and services will be critical if Zimbabwe is to fulfill its long-term economic development goals. Supporting adolescents' needs will also bring the country closer to achieving health-related Sustainable Development Goals.

Access to sexual and reproductive health is essential to ensure that frameworks already in place and new ones speak to the needs and aspirations of people around the country and leads to the realisation of their health and human rights. There is a need for policy reforms and alignment of laws to the 2013 Constitution of Zimbabwe if we are to achieve the end of AIDS by 2030.

The World Health Organisation (WHO) defines *Sexual and Reproductive Health Rights* as: “encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents. Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world and leads to the realisation of their health and human rights.”

Several Civil Society Organisations have (and are) advocating for the removal of age restrictions in accessing reproductive health services by adolescents, to enable them to access prevention tools that protect them from new HIV infections, AIDS-related deaths, unintended pregnancies, and unsafe abortions.

Furthermore, CSOS must lobby that the age of consenting to sexual activity and the minimum age of marriage should not be linked to the age at which adolescents can access sexual and reproductive health information, education, and services. This has been fuelled by the increase in numbers of child marriages, school dropouts, teen pregnancies among others.

There is a need for continued advocacy for adolescents to be given full rights to access reproductive health information, education, and services, irrespective of their age, without

parental consent as provided by different legal frameworks in Zimbabwe. For example, the Reproductive Health policy provides the framework for the provision of integrated maternal health, family planning, STI, HIV, and AIDS services. The HIV and AIDS policy was updated in 2005 to address some weaknesses such as inadequate attention to child-related issues.

CSOs must continue pushing the Government of Zimbabwe to adopt and enforce laws that remove legal barriers to accessing the full range of sexual and reproductive health services and that protect and promote sexual and reproductive health and rights. Numerous legal and policy documents, at the international as well as national levels,

provide the conducive environment and framework for the operationalization of SRHR.

Zimbabwe committed the Global Strategy for Women's, Children's, and Adolescents' Health (2016 – 30), which is particularly pertinent to the Maternal and Neonatal Health Strategy. Recent global commitments, such as the Double Dividend approach through WHO, UNICEF, and EGPAF (focusing on 0–5-year-olds), PEPFAR's

Accelerating Children's HIV Treatment (ACT – focusing on 0–19-year-olds), and the All-In! An initiative led by UNICEF and UNAIDS (10–19-year-olds), has given impetus to the initiative to accelerate ART services for infants, children, and adolescents.

There certainly is a need for continued engagement with the Parliament of Zimbabwe, the community, and the unit responsible for developing and implementing policies and strategies that guide implementation of Sexual and Reproductive Health interventions housed under the Ministry of Health and Child Care as. There is a need for the creation of an enabling environment for AGYW.



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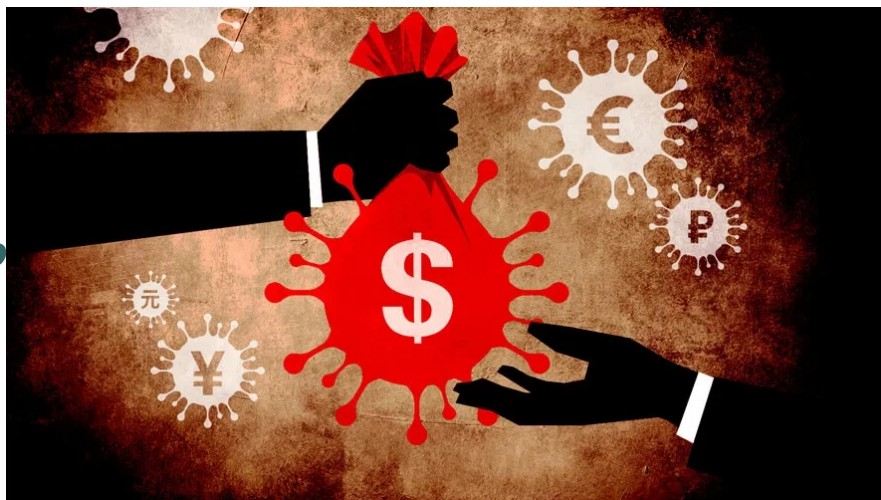
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Fiscal Transparency during COVID-19, a miss or milestone?



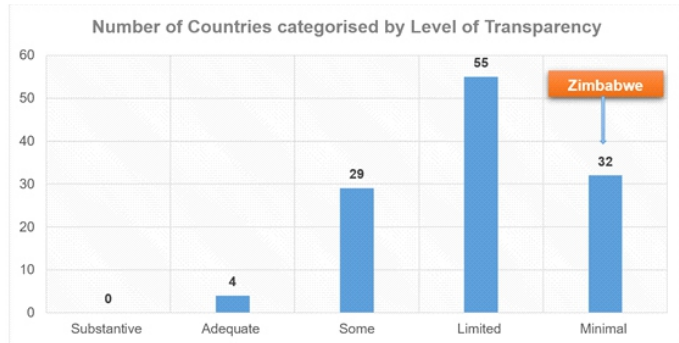
The advent of the CoronaVirus in the year 2019 imposed social, economic, financial and governance challenges to many nations. The Government of Zimbabwe declared COVID19 a State of Disaster on March 23 2020 through enactment of Statutory Instrument 76 of 2020 Civil Protection (Declaration of State Disaster: Rural and Urban Areas of Zimbabwe) (COVID19) Notice, 2020. Responding to the scourge of the novel virus required diverse approaches that included instigating legislations, policy development and COVID-19 response packages. At the core of responding to COVID 19 is the role that the national budget and fiscal policy plays. To contain the spread of the virus and to provide socio-economic protection for the vulnerable people and distressed enterprises, Government responded by redirecting resources to fund various economic rescue and stimulus packages. Thus, the nature of the responds inherently compromised the principles of transparency and accountability in the use of public resources. Responding to the COVID-19 in a transparent and accountable way is key to ensure prudent public finance management. There is a huge temptation of engaging into corruption which drain fiscal revenue thereby limiting the impact of having a more equitable and effective outcomes.

Civil Society Organisations have been urging government to ensure transparency and accountability in the management of public resources during the response to

Covid-19. The IMF highlighted that, as governments across the worlds respond to Covid-19 they should spend money in whatever areas they feel are prudent in responding to COVID-19 but should keep the receipts. Yes, it is critical to keep evidence on where the money is being spent on. This is key to promoting transparency and accountability. A call to action on Open Budgets during the Covid-19 was an ideal call.

The international budget partnership carried out a survey in 120 countries to assess the level of fiscal transparency in the response to COVID-19. Zimbabwe is one of the countries that was surveyed by the IBP. There were 32 countries whose fiscal transparency was minimum, 55 countries offered limited information, 25 countries somewhat and 4 countries offered adequate information. Zimbabwe offered minimal information on the utilisation of funds responding to COVID-19. The graph demonstrates how the countries performed.

Figure X: Categorization of countries based on Levels of accountability in early COVID-19 fiscal policy responses



Source: Computation from <https://internationalbudget.org/covid/>

Rating Scale

Category	Score
Minimal	0 to 0.20
Limited	0.21 to 0.40
Some	0.41 to 0.60
Adequate	0.61 to 0.80
Substantive	0.81 to 1.00

The main finding from IBP survey is that governments are falling short of managing their fiscal policy response to the crisis in a transparent and accountable manner. More than two thirds of the governments, have only provided limited or minimal levels of accountability in the introduction and implementation of their early fiscal policy responses.

According to IBP, 'When putting in place fiscal policy responses to the pandemic, governments are taking a series of measures out of a sense of urgency—such as bypassing legislatures, relaxing procurement procedures and not seeking citizens' inputs—that undermine accountability. While such “shortcuts” may feel justifiable, given the huge uncertainties surrounding the pandemic and the need to respond speedily, they make it more difficult for citizens and their representatives to understand what governments are really doing, and how effective they are at addressing the health and economic impacts of COVID-19.'

Further, the survey by IBP showed that accountability is further undermined by the lack of adequate information on the implementation of COVID-19 response policies—not just on the amount of money spent, but also on the actual impact that this is having on more disadvantaged and vulnerable groups, such as women and those living in poverty.

The findings of the OBS are confirmed by the Special Audit

Report on Covid-19 that was undertaken by the Auditor General. The special audit focused on the management and utilisation of resources availed by Treasury to Ministries Departments and Agencies (MDAs) in line with the mandate of the Office of the Auditor General as outlined under section 11 of the Audit Office Act [Chapter 22:18].

The Special Audit Report highlights that procuring entities such as the Ministry of Public Service, Labour and Social Welfare Head Office and Provincial Social Welfare Office did not develop a procurement plan to cater for goods procured on behalf of Quarantine Centres during the period April to December 2020 in contravention of the Public Procurement and Disposal of Public Assets Act [Chapter 22:23]. Procurement Regulatory Authority of Zimbabwe (PRAZ) Circular number 3 of 2020 dated June 17, 2020 requested all procuring entities to submit records for all COVID19 requirements procured to cover the pandemic emergency phase. Manicaland Provincial Works Office awarded tenders worth \$20 800 000 but there was no evidence of timely response to the PRAZ requirements by the Provincial Project Management Unit.

Key policy implications to note:

- It is imperative for the government to take immediate action on a set of measures to address the accountability shortcomings in the COVID-19 fiscal policy responses. The crisis is far from over.
- There is need to assess the performance and impact, producing disaggregated information by gender and other dimensions, and disclosing contracts.
- Restoring the role of legislatures as keepers of the public purse, including approving expenditures, consulting with the public and interest groups, monitoring policy implementation and following up on audit findings during times of emergencies and crisis.
- Putting in place adequate mechanisms for citizen participation in the formulation, approval, and execution of additional emergency fiscal policy packages.



Steady progress for Hurungwe in response to the pandemic

HURUNGWE district is steadily winning its fight on Covid-19, three months after it was placed under localised lockdown, The NewsHawks has established.

By NHAU MANGIRAZI

The country's second-largest district was placed under localised lockdown with Kariba following a surge in infections.

In an interview this week, district medical officer Munyaradzi Chidaushe said although Hurungwe is not yet “out of the woods”, it is making progress.

On Thursday, 590 tests were carried in the district and 18 of these turned out positive. “Currently, we have one patient in the isolation ward who is in stable condition. This is positive for the district and the nation at large,” Chidaushe said.

“As we speak, the Covid-19 cases and deaths have declined in the district. There has been a decline in the admissions in the isolation ward and fewer deaths recorded. These are the facts we have at hand and it's a

positive development for us as a district.

“However, we urge the communities not to be complacent as the Covid-19 risk remains high. This also explains the extension of the Level Four lockdown. Our progress can be attributed to the measures that were put in place by the government through its localised lockdown in response to a surge in cases around the province,” he said.

Chidaushe was however cautious, saying there is a possibility for another wave, hence the need for the population to continue observing Covid-19 preventive guidelines. These include vaccination, consistent and correct use of face masks, hand-washing and social distancing.

Mashonaland West Provincial Health Promotion Officer George Kamupondo said immunisation outreach campaigns targeting fishers, marketplaces, artisanal miners and tobacco farmers yielded positive results.

“We are happy that Hurungwe is number one in vaccination within the province, through community awareness campaigns with other organisations like the

Lions Club International Karoi chapter, that has been forthcoming and the community responded well,” Kamupondo said.

Hurungwe has vaccinated 46 874 people from the 52 394 first dose vaccines it was allocated, while Chegutu is second-placed with 38 403 inoculated out of 54 489 vaccines delivered.

Kariba received 27 286 vaccines and administered 25 670, while Makonde inoculated 27 376 from 35 075 vaccines. Mhondoro vaccinated 25 207 out of 28 660, while Sanyati managed 20 771 out of 23 236 and Zvimba had 29 911 out of 32 560.

On the second dose, Hurungwe inoculated 18 657 from

56 874 vaccines delivered, while Chegutu had 20 564 inoculated out of 43 528 vaccines delivered.

Kariba had 5 534 vaccinated out of 26 338 on the second jab while Makonde administered 14 038 out of 31 418 second vaccines, with Mhondoro inoculating 12 631 from 22 511 vaccines.

In Sanyati, 8 002 people received their second vaccines from the 11 476 allocated whereas Zvimba had 10 411 people inoculated from 35 852 vaccines.

Source: The NewsHawk

Link: <https://thenewshawks.com/steady-progress-for-hurungwe-in-response-to-pandemic/>

ASSESSMENT OF THE POLICY, LEGAL AND INSTITUTIONAL FRAMEWORKS *Instituted for the Girl Child Empowerment on Consent and Sexual Reproductive Health*



Is Zimbabwe progressing in creating an enabling environment which promotes girl child empowerment and emancipation in the sexual reproductive health system? This article mainly focuses on the girl child and the age of consent in Zimbabwe and its impact on accessing sexual reproductive health.

The discourse between the two has led to a notable conflict between the parents, the government and the beneficiaries. There has been an issue that has been addressed with regard to the age of consenting to sex in Zimbabwe, this age has been termed to 16 whilst the age for marriage is 18. The issue of age of consent has also

also limited the girl child in accessing the sexual reproductive health care without the approval of the parents or guardians. This has put the lives of the girl child at risk, as despite the fact that their age of being permitted to have sex is regulated, they still indulge in it. This has been shown by the early child marriages, abortions and the number of sexual activities that are seen, inclusive of sex parties only to mention a few.

The Constitution of Zimbabwe in Chapter 29:1 provides that the State must take appropriate, fair and reasonable measures to ensure that no person is refused emergency medical treatment at any health institution. However, the access to sexual reproductive health to children below the age of 16 has been limited, as they may not be able be provided due to their age. This is not however stopping the children below the age of 16 to indulge in sex and find a way to get treatment in the event that they may have contracted STI, fall pregnant or other misfortunes. Chapter 29:3 asserts that “The State must take all preventive measures within the limits of the resources available to it, including education and public awareness programmes, against the spread of disease”.

However, since there is a group left out to access health care in order to curb some viruses such as STIs, this may pose a problem in trying to attain the provision of the Constitution. The issues of sexual reproductive health is limited to children under the age of 16 especially without the full consent of the parents. This thereby puts these children at risk as they are left out in education, public awareness and access to preventative measures to reduce the disparities.

Most parents and guardians have been adamant to address the issue of sexual reproductive health and its impact on the girl child. With regard to this, it has been realised that it has posed a lot of negative effects on the girl child putting their health care and lives at risk. Though most parents are lobbying that the age of consent should be raised from 16

going up, the era that we live in has changed the behaviours of most of the adolescents. Most children are exposed to sexual activities, due to the digital technology. In this regard, even if the parents are ignorant to address these issues, most children learn it through the social media, televisions, pornographic material and from their peers without full knowledge and as an experimental act. The behaviours of the parents and guardians in tackling this issue has led to the wide spread of illegal/ backyard places, where these children may access sexual reproductive care without the parents' knowledge. This has been seen in places like Epworth in Harare, Dangamvura in Mutare and many other places, where there are backyard medical treatments for abortions, treatment of STIs through herbs and traditional acts without the knowledge of the parents.

There has been a lot of issues that lies around this issues. At one point there was a question on whether the age of consent should be raised or reduced, with different facts supporting each of the claims due to different interests. However, the question at hand is if all these have benefits on the girl child directly since they are the ones who are directly affected by the legislative resolutions.

In this regard, there is need to revise the existing policies on child marriage and adolescent girls to enhance the instruments to promote issues of Gender equality and the enjoyment of the privileges that are stated within the Constitution. There is need for education for children about sexual reproductive health as well as the consequences of the risky behaviours they may take.

There is also need to educate the parents and guardians on the issues to do with sexual reproductive health. Comparisons with other countries is key, on how they address the issues of sexual reproductive health without necessarily exposing the children to fuelling risky behaviours. It is crucial for the country to ensure comprehensive services delivery for SRHR.

Indigenous knowledge viable solution for Climate Change



It's simply pouring to say the least when looking at the scale of natural or weather- induced calamities and the horrendous manner by which they appear to be exerting themselves on societies globally. Just check the media in it's all forms, it makes sad reading, watching or even hearing about the terrible way countless lives, limbs and property are becoming vulnerable to unforeseen eventualities in every part of the world.

From the Americas, Europe, Asia, Oceania and Africa, not a single one of these continents can confess to being immune to the escalation of natural or climate and weather-induced calamities. They are all victims in one way or the other, infact the only difference between their losses is in the form of gravity.

You have the Carribean island of Haiti being the most recent addition to the growing list of unpleasant scenes in the aftermath of a 7.2 magnitude earthquake, that claimed hundreds of lives, limbs and property, not to mention its effect on biodiversity as well.

While in the United States of America (USA), Bangladesh and Indonesia, wildfires have been headlining the news bulletin due to the escalation of scorching temperatures and drought, creating perfect conditions for blazes to spread - from Israel to Greece, France and Spain.

As forest fires incinerate swathes of the Mediterranean, United Nations officials and disaster experts have called

for an urgent revamp of firefighting to cope with a new era of mega-blazes.

"The evolving nature of wildfires obliges us to really change our paradigm and put more emphasis on fire prevention than suppression," Sebastien Penzini, deputy Europe chief of the U.N. Office for Disaster Risk Reduction was quoted remarking in one recent article.

"Because the fires do come - and those we're already observing in Europe - are completely beyond (our) control".

The advent of such adverse events will obviously intensify the discourse around climate change issues. Cutting down on carbon emission levels in particular doing away completely with the use of fossil fuels are some of the key features of the net zero concept agreed upon on many international forums on climate change.

And, even if greenhouse gas emissions are stopped today (which is extremely unlikely to happen), many of the negative impacts of climate change will continue to have an effect for decades. The Intergovernmental Panel on Climate Change (IPCC) predicts that if greenhouse gas emissions continue to rise, there will be cataclysmic results for human societies and natural systems.

We know that climate change is going to affect Africa's future, but we do not know exactly what the effects will be. Therefore, it is crucial that as individuals, communities and as nations we strengthen our ability to withstand potential adversity and to adapt the ways we live and the resources which we use. Adaptation is described by the United Nations Framework Convention on Climate Change (UNFCCC) (2007) report as "the process through which societies increase their ability to cope with an uncertain future, which involves taking appropriate action and making the adjustments and changes to reduce the negative impacts of climate change".

The fifth assessment report of the IPCC states that we have potential to significantly reduce some of the effects of climate change through effective adaptation measures.

Adaptation can involve changes to behaviour, such as encouraging farmers to plant drought-resistant crops, and changes to infrastructure, such as digging boreholes or flood-proofing roads and bridges.

Because the lives and livelihoods of Africans are so closely linked to the state of our natural resources and climate, it is helpful to think of our communities as systems made up of people and ecological elements – climate, soil, water, plants and animals. Adaptation to climate change must involve building resilience in both the human and ecological aspects of the community.

In order to apply resilience principles, we need to think about our communities in terms of systems. Resilience recognises that every part of a system – whether a village, forest or farm – is connected. This means that whatever happens to one part of a system can affect many of the other parts. For instance, drought reduces water, causing crops to die, soil to be damaged and people to go hungry, as well as health problems and reduced incomes.

Africa has several things in its favour when it comes to adaptation. It has abundant natural resources and a well-educated, resilient population. The social networks that exist in African communities, particularly in rural areas, are still fairly strong.

Moreover, a wealth of local and traditional knowledge, which has already enabled Africans to survive in a highly variably climate for centuries, can be tapped into. All these factors will help Africans to work together to tackle climate change impacts, a fundamental aspiration of the African Union's Agenda 2063 (Aspiration 5-Africa with a strong cultural identity, common heritage, values and

ethics) and the United Nation Agenda 2030 for sustainable development goals (SDG 13-Climate Action)

Encouraging diversity

One of the most important principles of resilience is encouraging diversity in all forms – for example, obtaining water from many different sources, growing many different crops and having many sources of income.

The more diverse elements are present in a system, the stronger the system; if one element of the system is damaged – for instance, through drought, fire or disease – another element is able to take its place. For example, if we grow only maize, a drought may destroy our entire crop, but if we also grow millet, sorghum and legumes, it is likely that some of our crops will survive the drought, giving us at least some food and income.

Pan African Kwamé Nkrumah once remarked that; "It is clear that we must find an African solution to our problems, and that this can only be found in African unity. Divided we are weak; united, Africa could become one of the greatest forces for good in the world". Evidently climate change is one emerging issue prowling with a threat to undermine the well-being of the entire continent hence the need for a common consensus.

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Role of non-state actors in the Devolution Agenda

By Precious Shumba

This article outlines the key roles that non-state actors such as civil society play in the implementation of devolution in Zimbabwe, in particular, citizens' mobilisation, raising awareness on devolution as provided in the constitution, and lobbying national and international resources for its implementation.

Broadly, devolution is the transfer of governmental powers from the national government to lower tiers of government based on the principle of subsidiarity that decisions and actions are best when left to the lowest possible level at which they occur and matter, and that makes it possible for citizens to fully participate in matters that affect their lives. In the context of Zimbabwe, the country adopted Constitution Amendment (No.20) Act of 2013 which recognises and make provisions for this to happen. Accordingly, devolution and its provisions provided an opportunity for participation for not only

citizens but other non- state actors such as civil society organisations.

Civil society organisations have an important role to play in the devolution agenda. There are already several CSOs in Zimbabwe that have been trying to advance the devolution agenda, mostly operating under the umbrella of the National Association of Non-Governmental Organisations (NANGO) including the Harare Residents' Trust, the Chitungwiza Residents' Trust, Combined Harare Residents' Association. Local Government Trust, Centre for Community Development in Zimbabwe, Commonwealth Local Government Association, the Bulawayo Progressive Residents Association, and a host of international non-governmental organisations. The Harare Residents' Trust (HRT) in collaboration with other CSO have contributed to the devolution agenda in Zimbabwe through the mobilisation of the citizens and engagement with key decision makers and policymakers.



The organisation has made submissions to the Parliamentary Portfolio Committee on Local Government, the Ministry of Local Government and Public Works and to other civil society partners in a bid to establish consensus in the appreciation of devolution. These interventions have been taken from a human rights and capabilities approach. A human rights approach anchors every aspect of service provision to the progressive realisation of basic human rights and needs, provided in the constitution of Zimbabwe and international standards and conventions where Zimbabwe is a signatory.

Citizens' mobilisation is a key ingredient to the achievement of a fully devolved state. When the citizens are fully mobilised to appreciate the value of devolution in the governance and provision of essential social services, they may make the choice to actively participate and thereby enhance accountability of duty bearers. Therefore, it can be argued that a highly mobilised citizenry and the engagement of key decision-makers and policymakers deepens local democracy and citizen participation.

Specifically, one of the mobilisation approaches is raising of awareness of constitutional provisions on devolution through constitutional literacy programming. Chapter 14 of the Constitution, on provincial and local government, articulates more on the devolution agenda. The devolution provisions are also in other parts of the constitution, meaning that devolution is now a constitutional issue. In terms of Section 7 of the Constitution, the State must promote public awareness of the constitution, in particular by (c) encouraging all persons and organisations, including civic organisations, to disseminate awareness and knowledge of this constitution throughout society. This can be achieved through production of information, education and communication (IEC) materials, community focus group discussions, drama, short videos, audio recordings among others.



However, in theory, scholars, researchers, social scientists and local government experts regard devolution as the best governance model that enhances democratic governance, citizen participation. In practice, despite the role that CSOs can play, the majority of the population do not yet have an appreciation of the benefits of devolution, and view it through partisan lenses. To address this challenge, CSOs can play an important facilitatory role to educate citizens through proactive programmes, as well as promote dialogue and collective action between different stakeholders to help make devolution possible.

In conclusion, CSOs are key in the devolution agenda, they play a complementary developmental agenda to that of central government, and, therefore, must not be hindered in their work.

Ends//



National Association
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Organisation

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The contents of articles from independent writers do not necessarily reflect the position and resolve of NANGO, European Union and United Nations Development Programme. This newsletter also promotes stories written by NANGO members and the broader civil society.

NANGO is supported to provide platforms that promote national dialogue on topical and contemporary issues that affect Zimbabwean

Publisher: National Association of Non Governmental Organisations (NANGO)

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