



POVERTY REDUCTION FORUM TRUST (PRFT) SUBMISSION TO THE PARLIAMENT OF ZIMBABWE FOR THE 2024 PROPOSED NATIONAL BUDGET

1.0 Introduction

The Poverty Reduction Forum Trust (PRFT) is a civil society organization charged with the mandate of influencing the formulation and implementation of pro-poor policies and advocating for sustainable human development in Zimbabwe. PRFT does this through research, engaging with policy makers, promoting broad-based consultative dialogue and processes and raising public awareness. This is the PRFT's response to the 2024 Proposed National Budget as part of that mandate. The response is largely informed by evidence gathered by PRFT in the year 2023 through the Assessing the accessibility and inclusion of public health facilities in Harare Research Report that covered Borrowdale Clinic Rujeko Clinic (Dzivarasekwa) and Tariro Clinic (Hopely), the UN 2023 Sustainable Development Goals (SDGs) Summit Disability Sector Consultative Workshop Report, and the national budget consultation meetings conducted with vulnerable groups across the country. The submissions into the proposed 2024 national budget seek to draw the attention of Parliament on important issues that were overlooked by the proposed budget.

2.0 Health

2.1 The 11.7% of the total budget allocation to the health sector still falls below the Abuja Declaration health floor of 15%. This significantly lowers the health per capita allocation and compromise the provision of universal services.

2.2 The proposed budget does not allocate resources to empowerment programs of PWDs for skills and entrepreneurship development. The Budget must provide for a budget that supports the entrepreneurship and skills development for PWDs economic emancipation.

2.2 The Proposed 2024 National budget must allocate resources to address the training needs of medical and health practitioners on inclusive language training such as sign language interpretation.

2.3 While the proposed budget speaks to the construction and rehabilitation of health infrastructure, it is silent on the construction and rehabilitation of Disability Rehabilitation Centres, particularly in hard to reach areas.

2.4 The proposed budget must allocate resources to train medical staff on psychological and mental disorder handling of patients particularly in Rehab Centres such as Ruwa Rehab Centre

2.5 The national budget must also consider investing in mobile clinics for PWDs to ease access to health care services especially for PWDs and the elderly since they experience difficulties travelling to health centres due to their various impairments

2.6 The national budget must prioritise maternal health, neo-natal, family planning services and infant care services. These services are currently available in private hospitals but are very expensive and out of the reach of many especially in rural areas

3.0 Education

3.1 The proposed remains minimalistic is supporting education with 14.8% allocation, although above the 12% Dakar Framework of 2000 for Action on Education for All, is still below the global benchmark of 20% of national budget or 6% of GDP

3.2 The proposed budget is silent on allocations to support provision of disability-friendly materials such as textbooks in braille for the visually impaired, audios for those with hearing impairments, sign language training for teachers to cater for children with speech impairments.

3.3 The national budget must provide allocation to develop online platforms that integrate computer software used to generate signing avatars necessary for interpreting technical concepts that pose particular hurdles for sign-language interpreters especially in technical subjects like science and mathematics for children with disabilities

4.0 Social Protection

4.1 The proposed 4.5% of the national budget allocation to social protection that translates to less than 1% of the GDP and less than the recommended 2008 Social Policy for Africa 4.5% of the GDP and the SADC regional target of 1.5% of the GDP is not adequate to address vulnerabilities and build resilience of vulnerable people.

4.2 Allocation to the Assisted Medical Treatment Order (AMTO) support scheme must be extended to all medical facilities while the local authorities should remove health user fees for PWDs as at the moment is difficult to access in non-government owned health institutions

Cross cutting Issues

5.0 Disability

5.1 While appreciating the mainstreaming of disability across sectors through appointment of Directors for Gender, Wellness and Inclusivity in Government Line Ministries and the establishment of the Disability Department in the Ministry of Public Service, Labour and Social Welfare, the sector needs stand-alone allocation from the national budget to drive disability issues.

5.2 Resources must be allocated to ensure provision of disability friendly infrastructure including public transport. Public transportation must be inclusive not only for general public use but also for learners with disabilities so that they do not struggle to get to school