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# Title

# Reflections on village savings and self-help group schemes in the era of the Coronavirus Disease 2019 (COVID-19) in Seke District, Zimbabwe

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# Abstract

In low-income communities across the globe, informal economic initiatives such as self-help groups have often provided a buffer against the vagaries of broader economic and social circumstances. Village savings and loan associations popularly known as the 'Mukando scheme' in Zimbabwe, is one such example of a self-help group scheme. The study reflects on the data obtained from three village savings and loan association schemes in ward 8 of Seke District, to assess the extent to which group members of this scheme observed the coronavirus disease 2019 (COVID-19) preventive measures when conducting their routine activities. Results showed that akin to every self-help group, the frequency of meetings in ward 8 was disrupted as members of the scheme could not meet to collect their savings. It also emerged that for those members that borrowed from the group funds with the hope to pay back on interest, the lockdowns caused a delay in the paying back of money loaned out by members of the scheme, as everyone was housebound. Participants in ward 8 acknowledged that there was no cure for COVID-19 to date, except life support systems for those experiencing respiratory complications. For that reason, they resolved to adapt to the use of face masks, covering coughs and sneezes, regular hand washing with soap, avoiding contact with infected people, and maintaining social distance. The study concludes that in taking all these precautions, observing social distance and putting on face masks remained supreme.

### **Key words**

COVID-19; group schemes; self-help, Seke district, Zimbabwe

# **Key dates**

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## Introduction

Zimbabwe has experienced unprecedented levels of poverty vulnerability as a result of climatic shocks and inflationary pressure (World Bank, 2022; Wiggins, 2020). This is so because of the rising inflation, as skyrocketing prices of basic commodities continue to decrease the value of people's meagre income. The continuous devaluation of the Zimbabwean dollar against the United States dollar (USD) is eroding people's purchasing power, and making it harder for ordinary citizens to meet their daily needs (Mandikwaza 2019). Muronzi (2022) estimates that 7.9 million people in a population of 16 million (according to the 2022 Census statistics) experienced extreme poverty in 2022. A World Bank (2022) report revealed that Zimbabwe's economy is being impeded from growing by deteriorating agricultural conditions and price volatility. In the same report, it was revealed that unpredictable rains were to blame for a decline in agricultural production in 2021, which took place as inflation rose to 285% in 2022 (World Bank, 2022).

The 2018 statistics on informal economies positioned Zimbabwe at number two across the globe after Bolivia. An estimated 60.6% of the population in Zimbabwe lived off the informal sector as at 2018. The growth of the informal economy in Zimbabwe is due to rising unemployment, poverty, and inequality (Musarurwa 2018). Scoones (2020a; 2020b) contends that ordinary people in Zimbabwe have come up with coping mechanisms to mitigate hunger and food insecurity, while the Zimbabwean dollar fast loses value by the day. One such coping mechanism is the Village Savings and Loan Association (VSLA) scheme, which is the focus of this study.

VSLA schemes have become one of the survival strategies amidst poverty and inequality, helping low-income communities to make savings and irk out a living. VSLA schemes are administered by ordinary people in villages, the majority of which do not even own a bank account, in the case of Zimbabwe (Masiyiwa 2016; Mphambela 2016; Zimbabwe Microfinance Fund 2016). These VSLA schemes are becoming an informal social security in response to the fall in value of the Zimbabwea dollar, and the erosion of confidence in the banking system owing to depositors' lifetime savings disappearing in 2008 (Musarurwa 2018).

Lockdown policies and social distance regulations have added to the burden faced by poor people in Zimbabwe. The United Nations Development Programme (UNDP) (2020) reported that Zimbabwe's economy experienced a contraction of 5 to 10 % due to COVID-19. This was so because the COVID-19 pandemic emerged at a time when Zimbabwe's annual inflation had reached 785.6%, causing the lives of ordinary people and the elderly to fall at risk of hunger and poverty (Smith 2020a), due to a lethal cocktail of macroeconomic instability, climate shocks, and policy missteps (Smith 2020b). Consequently, the socioeconomic impact in Zimbabwe, and its dynamic interface with lockdown policies and social distancing regulations, made the lives of ordinary people much more difficult because they could not engage in informal activities that they usually fell back on to support their day-to-day living.

The emergence and widespread lethal consequences of COVID-19 policies on socioeconomic, political, and cultural lives are being felt everywhere on a global scale, and selfhelp groups which rely on social networks and close face-toface contacts have not been spared either. The COVID-19 virus is spread through close face-to-face contact with an infected person. The symptoms of COVID-19 include, among others, high fever, coughing, sore throat, and headache. It is spread through personal contact, the air by coughing or sneezing, or contaminated objects. COVID-19 can be prevented by taking some precautions such as, but not limited to, avoiding contact with a sick person, and covering one's cough or sneeze (Mwaba & Siame 2020). This study reflects on the data collected from three VSLA schemes in ward 8 of Seke District (Zimbabwe), to assess the extent to which VSLA scheme members observed social distancing rules when conducting their routine scheme activities. It reflects on the strategies that members of the scheme adopted to avoid touching hard cash, whether in the form of notes or coins, which may be contaminated by the virus. In doing so, they were avoiding the risk of infection and the spread of the virus, in the process of executing their routine activities. The study reflects on ways members of self-help schemes coped with COVID-19 in order to sustain these initiatives.

## **Theoretical framework**

A new coronavirus known as the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) whose source has been linked to a lab leak was the culprit behind the widespread illness COVID-19. The spread to every country in the globe, including Zimbabwe, since it suddenly appeared in Wuhan, China in December 2019 (Murewanhema et al., 2020). In less than three months, it had severely affected nations such as Italy, Spain, and the United States. On March 20th, 2020, Zimbabwe reported its first case of COVID-19 involving a 38-year-old Victoria Falls male resident who had travelled to the United Kingdom on March 7th and came back on March 15th, 2020 (Murewanhema et al., 2020). Another report revealed that a British tourist who had visited Victoria Falls earlier in the week, had tested positive for COVID-19 upon his return to the United Kingdom. In response, Zimbabwe announced a 21-day nationwide lockdown beginning on March 30, 2020. Two months after the initial case was reported, on May 25th, 2020, Zimbabwe had 56 confirmed cases, including 27 ongoing cases, 4 fatalities, and 25 recoveries. Between March 20th and June 27th, 2020, the majority of cases confirmed in Zimbabwe were imported from neighbouring countries, particularly South Africa, and Zimbabwe was not yet in the phase of community transmission (Murewanhema et al., 2020). The mitigation techniques used by the Zimbabwean government to combat COVID-19 included lockdowns, travel limits, curfews, the use of face masks, and COVID-19 testing (Murewanhema et al., 2020).

Albeit the foregoing facts, the COVID-19 pandemic was alarming and perplexing, with new and sometimes contradictory facts coming continually. Many public health recommendations were based on what we knew about previous disease outbreaks such as HIV/AIDS. However, this new coronavirus was said to be mutating every now and then, making it difficult to contain. One of the primary challenges with the COVID-19 disease was the misinformation regarding masks that wearing masks makes one more likely to get COVID-19. Also, flu vaccines were alleged to contain microchips designed to track human beings (Jamieson, 2021).

Overall, COVID-19 is an acute disease in humans, caused by a coronavirus that is characterized mostly by fever and cough, with the potential of escalating to severe symptoms and, in some cases, death, particularly in the elderly and those with underlying health issues. However, the definitive causes of COVID-19 are still unknown, with natural and man-made theories competing for acceptance. COVID-19 is not the first pandemic to strike our planet; the Spanish flu, Hong Kong flu, and SARS are just a few examples (Murewanhema et al., 2020p.10

Lockdowns, social distancing, wearing of face masks, and polymerase chain reaction (PCR) tests were some of the interventions to contain the COVID-19 disease Lockdowns, social distancing, wearing of face masks, and polymerase chain reaction (PCR) tests were some of the interventions to contain the COVID-19 disease as the figure above attests. This study assessed how well members of self-help groups prepared for COVID-19 in ward 8 of Seke district.

### Methodology

### **Study location**

Seke is one of the nine districts in Mashonaland East province, Zimbabwe. There are 21 wards (eight communal and 13 commercial) in Seke district. Crop production is the primary means of livelihood in this district. Remarkably, as of 2015, the average poverty prevalence in all 21 wards stood at 56% according to the United Nations Children's Fund (UNICEF 2015). Ward 8 is a communal area, which largely relies on subsistence crops and livestock farming. Crops include maize, groundnuts, sweet potatoes, small grains (such as millet), cowpeas and beans, while livestock includes traditional African chickens, goats, and cattle. Proximity to Harare's and Chitungwiza's agricultural markets has propelled market gardening involving crops such as tomatoes, onions, and other vegetables grown as cash crops, thus providing livelihoods for households. To supplement their livelihoods, rural people in ward 8 have adopted the VSLA schemes.

#### **Data collection**

The study was based on a qualitative research methodology due to the propensity of this approach to rely on the lived experiences, beliefs, and attitudes of respondents within their natural setting. It draws on data collected through documentary review and informal conversations, involving three different VSLA scheme groups in ward 8 of Seke district. In the documentary review, the researcher examined components on the VSLA scheme, namely, group formation, fund development, ownership, governance, self-regulation, transparency and accountability. Specific works on components of VSLA scheme consulted were Vanmeenen (2006). Vanmeenen & Bavois (2010), Allen (2002; 2006), and field guides, Version 3.2 of the 'Village Savings and Loan Programme Guide', a VSLA resource book for CARE international, was reviewed. The 'Savings and Internal Lending Communities: Field Agent Guide', a VSLA resource for the Catholic Relief services, was also useful.

Another set of data was solicited via informal conversations with members of three different groups using the scheme in ward 8. One group is in Chanakira village, another in Chikambi village, and the third one in Marimbi village. To engage the three groups, the researcher spoke to informants that he had interacted with in different social and religious forums, prior to sharing social space with them in research. Due to COVID-19 restrictions, which prohibited face-to-face interactions. the researcher employed telephone conversations. Discussions with informants were focused on three primary questions: the first sought to understand their view on how COVID-19 impacted their face-to-face contact sessions. The second sought to understand the impact of lockdowns on VSLA scheme meetings and the third and last one focused on the costs of not meeting regularly for their routine activities. To select the first seven informants for telephone conversations, the researcher used purposive sampling. To select the other eight informants, the researcher used existing networks as members of the scheme linked him up with other like-minded informants. The researcher stopped at 15 informants (11 female and four male adults) after reaching the saturation point.

### **Ethical considerations**

The study was approved by the University of KwaZulu-Natal's Ethical Clearance Committee, as part of the researcher's post-graduate studies. Prior to undertaking fieldwork, the researcher obtained informed consent from each respondent. To protect their confidentiality and privacy, the researcher employed pseudonyms in this report. To that effect, the researcher created a coding system that indicates the respondent's occupation and gender in order to confirm their verbatim statements. In terms of how the findings of this study will be used and disseminated to the community or stakeholders, they will be made available online, on the platform of the University of Zimbabwe, university of KwaZulu-Natal and accessible to everyone, and shareable upon request.

### **Results**

The results are presented following the sequence of the three primary questions used during data collection. Informal conversations took between 10 to 25 minutes. A preliminary analysis was done in order to make sense of the results.

### Impact of COVID-19 on face-to-face contact sessions

In order to assess the vulnerabilities of the VSLA schemes due to the COVID pandemic, participants were asked their opinions on levels of vulnerability. Results revealed that the imposition of social distancing disoriented VSLAs scheme in Chanakira, Chikambi, and Marimbi village, as they rely on close-face-to-face contact to sustain their operations in at least three or more ways. One participant remarked that:

"We are obliged to meet on [a] weekly or monthly basis to ensure that the scheme is monitored and members pay their subscriptions, and [for] having discussions on emerging matters. The meeting is a face-to-face not virtual." (Police officer, male)

### Another remarked that:

"First, when group members meet, there were possibilities that we could shake hands and hug a fellow infected person, thereby risking infection and spreading the virus amongst fellow members. Second, there were possibilities that members could be exposed to touching surfaces such as cash boxes, locks, keys, money bags, record books, [and] money counting bowls that may have been contaminated by the virus, risking infection and the spread of the virus. Third, COVID-19 affected our group scheme members, in that in the process of executing our routine activities, we were touching hard cash, whether in the form of notes or coins, which may be contaminated by the virus, thereby risking infection and the spread of the virus." (Community health worker, female)

As the results indicate, members of the VSLA schemes were affected by the pandemic in that they were restricted from performing their routine activities.

#### Impact of lockdowns on VSLA schemes meetings

The results indicate that the government-imposed restrictions on the movement of people caused that members of the scheme missed out on their scheduled regular meetings. As one participant commented, "All [the] VSLA scheme meetings could not go on as usual" (Community liaison officer, male). Another participant reported that:

"Although the one-metre distance is the recommended standard for people to meet, most rural people may not be able to adhere to such restrictions because they are used to close face-to-face interactions with relatives, acquaintances, and friends, in which they can break the one-metre distance rule without realising it." (Village Development Committee member, male) It also emerged that the frequency of meetings was disrupted as members of the scheme could not meet to collect their savings. As one participant remarked:

"This also meant that those who were planning to borrow from the common pool could not do so due to the imposed restrictions to meet as a group. Failure to meet on their scheduled timetables meant that members of the scheme could not pay up their individual contributions on time." (Village development committee treasurer, female)

By implication, for those members that borrowed from the group funds with the hope to pay back on interest, the lockdowns caused a delay in the paying back of loaned-out monies by members of the scheme, as everyone was caught unaware.

#### Costs of not meeting regularly

Participants were asked regarding the costs of not meeting regularly, since the scheme is sustained by regular meetings. It emerged that savings became low because the scheme depends on regular contributions by individual members. One participant lamented that:

"Given that the group scheme treasurers could not receive contributions from members, this has also caused the group fund to remain static because there were no savings during the lockdown period. The costs of keeping money which was supposed to be paid back to group members to help grow the cash fund, is another enormous cost for individuals who can be faced by pressing issues needing cash, causing a default in the repayment of loaned out money." (Political Commissar Seke cluster, female)

Additionally, it emerged that restrictions on face-to-face meetings had affected their regular meetings, as individuals are major sole contributors of their own savings. They stressed that the closure of spaces for group members to meet regularly had led to the slowing down, and in some cases, stagnation of their VSLAs scheme cycles. As lamented by one participant, "The savings from individual members would mainly have been borrowed by group scheme members and generated interest, which in turn makes the cash fund to grow" (Village secretary, male). For group scheme members, such missed opportunities have dashed their regular plans owing to the emergence of COVID-19.

#### Measures to prevent COVID-19 from spreading

All participants were very clear that there was no cure for COVID-19 to date, except life support systems for those experiencing respiratory complications. The following measures were singled out in helping to sustain the scheme both in the short and longer term:

- Individuals protecting one another thereby reducing group transmission (Subsistent farmer, female)

- Observing social distancing rules and regulations introduced to contain COVID-19 (village secretary, male)
- To prioritize safety precautions such as avoid holding hard cash, but [rather] adopt electronic transactions to prevent the spread of the virus (Political commissar, female)
- Widespread use of cell phones as a vehicle to maintain social distancing (Home-based care worker, female)

All the participants revealed that there was not enough time for preparation and re-orientation of all VSLA schemes, in accordance with COVID-19 regulations. However, they stressed that, if social distancing was not adopted, the number of cases and deaths would likely skyrocket in their villages, due to the spread of COVID-19.

# Discussion

This section discusses the results using thematic analysis. These results cannot be applied to every self-help group in Zimbabwe, and are limited to villages in the ward under review.

# Measures to Mitigate the Spread of the COVID-19 pandemic

During the era of COVID-19, the greatest challenge faced by VSLA schemes in the villages was that human contact, which is key in the scheme's routine activities, was under threat (Mwaba & Siame 2020).

Members of the scheme reported that they had adopted conventional measures, which included but were not limited to the use of face masks, covering coughs and sneezes, regular hand washing with soap, avoiding contact with infected people, maintaining social distance ranging from 1.5 to 2 metres, and refraining from touching the eyes, nose, and mouth with unwashed hands (Mwaba and Siame 2020). Participants acknowledged that while it may have been too soon for their schemes to have made any significant changes in response to the virus, they revealed that they currently had only one option open, which was to discuss how they had to do things differently during the era of the COVID-19 virus.

As the results indicate, the emergence of COVID-19 has put VSLAs schemes in ward 8 and elsewhere at risk; it has furthermore continued to impose uncertainty on their survival, as the widespread lethal consequences of the virus on socio-economic, political, and cultural spheres was felt worldwide. Accordingly, social distancing rules have taught groups scheme in Chankira, Chikambi, and Marimbi villages to learn about their behaviour, either as a vehicle to infect other people or help to limit the spread of COVID-19. As the results revealed, the COVID-19 pandemic have impacted group schemes in these three villages in a number of ways. In the first instance, group schemes have been subjected to saving less than usual due to the disruption of their routine meetings. It is noteworthy that group members' ability to pay back money loaned out on time was heavily disrupted, as they were unable to meet regularly due to lockdown restrictions. Consequently, the cash fund could not grow as usual as members were unable to meet regularly to pay up and contribute to their common pool. As a direct consequence, members of the Chanakira, Chikambi, and Marimbi group schemes demanded much bigger amounts to be paid up to address pressing and emerging issues needing cash, which was too much for everyone to borrow in the aftermath of the lockdown. As a way forward, Chanakira, Chikambi, and Marimbi VSLAs scheme group members resolved to reduce the frequency of meetings. For example, in cases where the cycle of the scheme demanded weekly contact sessions, they resolved to have such meetings once a month and allowing only the steering committee, which usually comprises of seven people, to meet. In cases where the cycle demanded monthly meetings, they resolved that conducting meetings every two months could be helpful. COVID-19, as previously noted, has added to Zimbabwe's economic, health, and social costs, including HIV infections. Despite the fact that groups such as those in the Seke district were taking precautions, there was no evidence of community transmission in Zimbabwe. However, there was a risk of implosion into community transmission with the number of people returning from overseas and neighbouring nations such as South Africa. This was possible because the bulk of instances of the virus were found among returnees to Zimbabwe, therefore there was every reason to be watchful among community members, and hence the necessity to adopt preventive measures at the community level (Murewanhema et al., 2020).

### **Recommendations**

In the past year and a half COVID-19 has been declared to not be a pandemic of worldwide importance recently. That being the case this study makes the following recommendations

- Government and civil society should provide correct information as disaster preparedness mechanisms on future disasters
- Civil society, such as CARE International and its partners, should train members of self-help groups to prepare for future disasters
- Civil society should continue offering support visits to VSLA scheme groups to ensure that measures taken to prevent their vulnerability to disasters such as the just ended COVID-19.
- VSLA scheme members to always wear face masks when attending their meetings to prevent the spread of any flu virus.

# Conclusion

This study has presented the profile of VSLA schemes in Chankira, Chikambi, and Marimbi villages of ward 8 in Seke District, and the extent to which group scheme members observed COVID-19 preventive measures. To enforce social distancing rules, they resolved to avoid hand shaking or hugging each other. They also resolved that elderly people of 60 or more years, pregnant women, or those already with chronic sicknesses were exempted from attending face-toface group scheme meetings to reduce their exposure to the virus. As for money counters, they resolved that they should avoid touching their faces while conducting their routine activities during the group scheme meetings, to reduce their risk of contracting the virus. In situations where a member of the group scheme was suspected of having contracted the virus, they resolved to contact the nearest health centre for assistance. In view of the foregoing, this study concludes that the era of COVID-19 should be seen as the best time for individuals and groups to prepare for any future disaster. Furthermore, group scheme members should not give up, as the little savings made can be of help in the near future, since life is always unpredictable.

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