Observations of the Committee on the information submitted by Zimbabwe

1. The Committee welcomes the submission by Zimbabwe of updated information on its victim assistance activities. Based on the information provided, the Committee presents the following preliminary observations.

Mine casualties in 2019

2. The Committee observed that Zimbabwe reported registering 260 mine victims including 49 women, 7 boys and 204 men to date and indicated the number of mine victims, to be identified, is estimated to be much higher. The Committee would welcome further information on number of survivors among the 260 registered mine victims.

Establish or strengthen of a centralised database (Action #35)

3. The Committee observed that Zimbabwe reported that other than a mine survivors’ database which is maintained by the Zimbabwe Mine Action Centre (ZIMAC), no other national centralised database exists on mine victims or persons with disabilities. Zimbabwe indicated some initiatives and plans that are underway for improvements, as follows:

   a) the government is in the process of compiling a database for all Persons with Disabilities;
   b) ZIMAC and the Ministry of Public Service, Labour and Social Welfare (MOPLSW) have been working on plans to integrate mine victims into upcoming National Census that will be carried out in 2022;
   c) a Social Welfare database exists within the MOPLSW;
   d) a Living Conditions Survey that was carried out in 2013 and provided information on the living conditions, needs and challenges of Persons with Disabilities; and
   e) ZIMAC plans to carry out a National Landmine Victims Survey, although to date the Survey has not been conducted due to lack of funding.

Integrating victim assistance into broader national policies, plans and legal frameworks and designation of a government entity to oversee the integration (Action #33)

4. The Committee observed that Zimbabwe reported the creation of a new Directorate for Persons with Disabilities within the MOPLSW to lead the government’s work on disabilities including issues related to victim assistance. The Directorate has been in the process of expanding its efforts/branches into provinces and subsequently into district levels in order to be able to meet the needs of all persons with disabilities, including mine survivors. Zimbabwe indicated that the needs of mine victims are continued to be addressed as an integral part of the MOPLSW’s programmes available to all persons with disabilities in accordance with the national Disability Act.

5. Zimbabwe reported that mine victims are not discriminated against and they are included in all spheres of life including in areas of education, social protection programmes, rural development
and so on. Zimbabwe also reported that challenges such as shortages of funding affecting the provisions of victim assistance, especially the rehabilitation services.

6. The Committee would welcome additional information on inclusion of mine victims’ needs in Zimbabwe’s national Sustainable Development Goals (SDGs).

Developing and implementing measurable, realistic and time-bound national action plan (Action #33)

7. The Committee observed that Zimbabwe reported implementing the Mine Action National Strategic Plan 2018-2025 and would welcome further information on efforts to develop measurable, realistic and time-bound national action plan or to integrate the needs and rights of mine victim into existing plans, such as national action plans on disabilities.

8. The Committee also observed that Zimbabwe reported drafting a National Disability Policy and would encourage the integration of the needs and rights of mine survivors and the consideration of gender and diversity in the Policy.

Removing barriers including physical, social, cultural, political, attitudinal and communication barriers to access such services (Action #33)

9. The Committee observed that Zimbabwe reported that all new infrastructures, including schools, take into consideration the needs of persons with disabilities. The Committee would welcome further information on other efforts and progress made in eliminating barriers to increase mine victims’ access to services.

Applying multi-sectoral efforts to ensure that the needs and rights of mine victims are effectively addressed in line with the Convention on the Rights of Persons with Disabilities (Action #34)

10. The Committee observed that Zimbabwe reported that the government was in the process of introducing Disability Focal persons in all ministries and that the Disability Act was being amended and aligned with provisions of the Convention on the Rights of Persons with Disabilities. The Committee would encourage consideration of the rights and needs of mine victims in the amended Disability Act and in the mandates of the Disability Focal persons.

Access to first aid and ongoing emergency medical care (Action #36)

11. The Committee observed that Zimbabwe reported that victims have access to available healthcare centres and hospitals, and some are referred to central hospitals, as deemed necessary. The Committee would welcome information on availability of first aid and other pre-hospital care in mine affected areas.

Developing national referral mechanism (Action #37)

12. The Committee observed that Zimbabwe reported the existence of two directories of services one for government ministries and one for non-governmental organisations as well as the existence of a referral system which has been facilitating everyone’s access to services from community to district, to provincial and to national levels, as necessary. The Committee would welcome information on accessibility and availability of the directories to mine action operators and other relevant stakeholders.
Access to rehabilitation services including physiotherapy, assistive devices and occupational therapy (Action #38)

13. The Committee observed that Zimbabwe reported that rehabilitation centres are available in all districts but with limited capacity and resources, and when mine survivors cannot afford to access them often due to long distance; they use homebased traditional means of treatments. Zimbabwe reported that traumatic injuries which require interventions of specialists, are referred to any of the five central hospitals in the country. Zimbabwe also indicated the support provided by HALO Trust to some mine survivors in terms of physical rehabilitation in the past.

14. The Committee would welcome further information on efforts or plans aiming to address the challenges in rehabilitation and to increase rehabilitation services to all mine survivors and others in need rehabilitation assistance in Zimbabwe.

Access to psychological and psychosocial services including peer-to-peer support (Action #38)

15. The Committee observed that Zimbabwe reported shortages in psychological and psychosocial support and the lack of peer to peer support. The Committee would welcome information on how these challenges will be addressed.

Access to social and economic inclusion services, including in rural and remote areas (Action #39)

16. The Committee observed that Zimbabwe reported that the rights and needs of persons with disabilities are protected by the Disability Act and all policies developed by the government are inclusive of the rights and needs of persons with disabilities, and some special measures have been put in place in this regard as well, for example:

a) persons with disabilities are given a quota (two seats) at the Parliament;
b) persons with disabilities’ rights are protected by the country’s Constitution;
c) student survivors are paid for their school fees and other necessities;
d) vocational training fees provided with to persons with disabilities;
e) a quota is being proposed in the draft National Disability Policy for employment opportunities in favour of persons with disabilities and mine survivors; and
f) women and men (with disabilities) are assisted to venture into projects within their localities through the Department of Social Welfare of the MOPLSW.

17. The committee would welcome additional information on how many mine victims (boys, girls, women and men) have benefited from social and economic services including in remote areas in 2019.

Taking measure for safety and protection of mine survivors in situations of risks and emergencies (Action #40)

18. The Committee observed that Zimbabwe reported the government considers all necessary steps to ensure the safety of all citizens without segregation in situations of risks, natural disasters and humanitarian emergencies. Persons with disabilities participate in the committees of the Civil Protection Unit which establishes emergency response and preparedness measures in the country.

19. The Committee would welcome further information on specific measures put in place to ensure the safety and protection of mine survivors in situation of risk and emergencies, such as COVID-19 pandemic.
Strengthening inclusion and participation of mine victims and their representative organisations in all matters that affect them (Action #41)

20. The Committee observed that Zimbabwe reported that mine survivors participate in relevant policies and programmes like any other persons, at all levels and that there is no discrimination against mine survivors, and they are treated equal like any everyone else in the community. Zimbabwe reported that two persons with disabilities represent all persons with disabilities in the House of Senate and all persons with disabilities are represented by a National Disability Board regardless of causes of disabilities. Zimbabwe indicated that due to shortages of funding representatives of mine survivors of Zimbabwe have not been able to take part in the Convention’s meetings yet.

Challenges in implementation of Zimbabwe’s Victim Assistance Commitments

21. The Committee observed that Zimbabwe reported facing several challenges in victim assistance, such as:

   a) lack of data on mine victims;
   b) due to financial constraint the National Mine Victims Survey has not been conducted yet;
   c) shortages in physical rehabilitation services, including in enough certified physiotherapists, prosthetic and orthotic technicians, occupational therapists and audiologists;
   d) lack of mobile rehabilitation services to reach out to mine survivors/persons with disabilities in rural and remote areas;
   e) lack of peer to peer support; and
   f) shortages of financial resources for participation of mine victims in Convention’s meetings;

22. The Committee would welcome additional information on efforts that Zimbabwe may have undertaken or plans to mobilise required resources to address the remaining challenges in victim assistance. The Committee would also welcome any specific proposal Zimbabwe may have on how the Committee and the international community could be of further support to Zimbabwe’s efforts in fulling its victim assistance obligations.