

## PRELIMINARY OBSERVATIONS

### STATUS OF IMPLEMENTATION – ZIMBABWE

#### COMMITTEE ON VICTIM ASSISTANCE

(Algeria, Ecuador, Sweden and Thailand)

Intersessional Meetings

22-24 June 2021

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

2. The Committee observed that Zimbabwe reported a total of 269 mine and explosive remnants (ERW) of war victims, including 16 casualties in 2020. Zimbabwe reported that the data is not complete and that a survey is to be conducted to identify all mine and ERW victims. The Committee appreciates Zimbabwe's efforts in disaggregating the data and it would welcome further information on impairment/disability of mine victims.

#### VICTIM ASSISTANCE ACTIONS:

**Strengthen partnerships and integrate victim assistance into broader national policies, plans and legal frameworks and designation of a government entity to oversee the integration (Action #33 and also Actions #1 and #6)**

3. The Committee observed that Zimbabwe reported that the Department of Disability Affairs (DODA) in the Ministry of Public Service, Labour and Social Welfare (MOPLSW) is responsible for victim assistance. Zimbabwe reported that mine survivors are treated like other persons with disabilities in accordance with "National Strategic Document, Disabled Act" and the National Disability Policy. Zimbabwe reported that mine victims are included in all social protection services and that the DODA coordinates all programmes pertaining to persons with disabilities, including mine victims.

**Develop and implement measurable, realistic and time-bound national action plan (Action #33 and also Action #2)**

4. The Committee observed that Zimbabwe reported having a National Disability Policy that integrates the needs of mine victims.
5. The Committee would welcome further information on the implementation support, such as a plan of action to ensure the implementation of the National Disability Policy and the Disability Act. The Committee would also welcome receiving an electronic copy of the National Disability Policy.
6. Zimbabwe reported that the Mine Action National Strategic Plan 2018-2020 includes victim assistance provisions, from the perspectives of the mine action programme.

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

7. The Committee observed that Zimbabwe reported that periodic assessments have been done to better understand barriers faced by persons with disabilities and that the Ministry responsible for public transport is to make transports and roads accessible to all persons with disabilities.
8. The Committee would welcome further information on efforts made to remove barriers to ensure 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)**

9. The Committee observed that Zimbabwe reported that victim assistance has been integrated into the National Disability Policy and that the National Mine Action Strategic Plan includes roles and responsibilities for ministries responsible for health, labour, education, human rights, disability rights, social protection, development and disaster management. Zimbabwe reported that the Disability Policy is aligned with the Convention on the Rights of Persons with Disabilities.

**Establish or strengthen of a centralised database / national information management system (Action #35 and also Action #9)**

10. The Committee observed that Zimbabwe reported that data on mine victims have been shared with the DODA and that the ZIMAC and DODA plan to conduct a National Landmine Victim Survey, although due to lack of funding and the COVID-19 pandemic, it has not been implemented yet. Zimbabwe reported that the 2022 census will include questions on landmine/ERW victims.
11. The Committee observed that Zimbabwe reported on the existence of a social welfare database and it recalls that in also in 2020 Zimbabwe reported on a process to establish a database to bring together information on all persons with disabilities. The Committee would welcome an update in this regard.

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

12. The Committee observed that Zimbabwe reported that, with support of the Red Cross Society of Zimbabwe, health workers and first aid providers have been trained to assist in cases of injuries. Zimbabwe reported that casualties are treated by the nearest local district hospitals or clinics and that in emergency cases or in cases where intervention by specialists was required referrals facilities such as ambulances are provided by the government to help mine victims access general hospitals with specialist services, including the any of the five Central Hospitals in the country.
13. Zimbabwe reported that there are clinics and hospitals in every district in the country and all health services are designed to serve everyone without discrimination and regardless of their gender, ethnicity or disability.

**Developing national referral mechanism (Action #37)**

14. The Committee observed that Zimbabwe reported that a referral system has been in place to facilitate everyone's access to services from community to district, to provincial and to national levels, as necessary. Zimbabwe also reported the existence of two directories of services; one for government ministries and another one for non-governmental organisations.
15. The Committee would welcome information on the directories of services used by to mine action operators and other relevant stakeholders so that they can guide mine victims to access the services they need.

**Access to rehabilitation services including physiotherapy, assistive devices and occupational therapy (Action #38)**

16. The Committee observed that Zimbabwe reported that some limited rehabilitation services, specialist doctors, prosthetics and physical therapists are available including in most rural and mined areas. Zimbabwe reported that challenges with scarce resources being the main difficulty holding back provision of comprehensive rehabilitation services, and that some people cannot afford to travel to access specialised services in the cities.

17. The Committee would welcome additional information on efforts made to address the shortages experienced in physical rehabilitation services.

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

18. The Committee observed that Zimbabwe reported availability of psychological services through provincial and national healthcare, guided by the Zimbabwe Mental Health policy. Zimbabwe reported shortages in psychological and psychosocial support and the lack of peer to peer support and indicated the need to engage associations of mine victims.

19. The Committee would welcome additional information on how these challenges will be addressed.

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

20. The Committee observed that Zimbabwe reported efforts to meet the social and economic needs of persons with disabilities, including by enforcing an employment quota; allocation of national budget for social protection services and vocational training; and, reserving 10% of the Basic Education and Assistance Model (BEAM) funds for children with disabilities.

21. The Committee would welcome further information on progress made in 2020, including to ensure mine victims' access to services in rural and remote areas.

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

22. The Committee observed that Zimbabwe reported that the safety and protection of persons with disabilities including mine survivors are integrated into National Humanitarian Response Preparedness led by the Civil Protection Unit.

23. The Committee would welcome further information on efforts made to ensure the safety of mine victims during the COVID-19 pandemic.

**Strengthening inclusion and participation of mine victims and their representative organisations in all matters that affect them (Action #41 and also Action #4)**

24. The Committee observed that Zimbabwe indicated the need to engage associations and organisations of mine victims in relation to psychosocial and peer to peer support.

25. The Committee recalls that in 2020 Zimbabwe reported that mine survivors participate in relevant policies and programmes like any other persons, at all levels, 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.

**CROSS-CUTTING ACTIONS:**

**Demonstrate high levels of national ownership, including [...] by making financial and other commitments to implementation (Action #1)**

26. The Committee would welcome information on financial and other commitments the government of Zimbabwe have made to implement victim assistance.

**Ensure that the different needs and perspectives of women, girls, boys and men are considered (Action #3)**

27. The Committee observed that Zimbabwe reported that gender equality and diversity have been considered in mine action related activities including victim assistance. Zimbabwe elaborated that there are no barriers to gender balanced participation in mine action, and efforts are made to increase women's participation and to disaggregate data.

28. Zimbabwe reported that the recently adopted National Disability Policy recognises the inherent dignity and worth of all human beings paying special attention to rights of persons with disabilities.

**Challenges in implementation of Victim Assistance Commitments (Action #8)**

29. The Committee observed that Zimbabwe reported challenges such as incomplete information on mine victims, shortages in physical rehabilitation and community-based health works and first responders, with funding constraints being a persistent difficulty affecting all victim assistance efforts in the country.

30. The Committee would welcome information on how the international community could be of further support to Zimbabwe's efforts in fulfilling its victim assistance commitments under the Convention and the OAP.