

## PRELIMINARY OBSERVATION

### ZIMBABWE

#### STATUS OF IMPLEMENTATION – VICTIM ASSISTANCE

##### COMMITTEE ON VICTIM ASSISTANCE

(Austria, Burkina Faso (Chair), the Netherlands, and Sri Lanka)

Intersessional Meetings

17-20 June 2025

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.

#### VICTIM ASSISTANCE ACTIONS:

**Ensure that a relevant government entity in affected States Parties is assigned as the focal point to coordinate victim assistance and oversee and enhance the integration of victim assistance activities into broader national policies, plans, budgets, and legal frameworks (Actions 30, 1 and 2)**

2. Zimbabwe reported that the Department of Disability Affairs (DODA) at the Ministry of Public Service, Labour, and Social Welfare (MOPLSW) is responsible for victim assistance and Zimbabwe Mine Action Centre (ZIMAC) coordinates mine action efforts, including victim assistance, in collaboration with government ministries, NGOs, and international organizations. Zimbabwe also reported that efforts are coordinated through a Technical Committee composed of representatives from all 26 government ministries thus facilitating the process of working collaboratively to ensure the integration of victim assistance into broader frameworks.
3. Zimbabwe reported that mine victims are included in all social protection services and disability related efforts, and as a cross-cutting issue, disability is included in implementation of all development initiatives.

**Develop a national specific, measurable, realistic, and time-bound disability action plan (Actions 30 and 3)**

4. Zimbabwe reported that implementing a costed Action Plan for the implementation of the National Disability Policy 2024-2028 with specific objectives dedicated to assisting mine victims.

**Include mine and other explosive ordnance victims or their representative organisations, in victim assistance planning and implementation at the national and local level (Actions 30, 31 and 39)**

5. Zimbabwe reported that mine survivors and their representative organisations are often included during policy development and planning and efforts are made to involve them in decision-making processes to ensure their voices are heard.

**Report on progress and challenges in implementing their national action plans (Action 30)**

6. Zimbabwe reported on progresses made such as the adoption of disability policy and appointment of disability focal points at all ministries. Zimbabwe also reported on inadequate resources impeding the MOPLSW and others in providing assistance to mine survivors, and other persons with disabilities.

7. Zimbabwe also reported the need for technical support in data collection and analysis, including collecting and analysing data on disability, prevalence, barriers, and outcomes, to inform policy and programming decisions. Zimbabwe reported the need for assistance with integrating disability considerations into national budgeting processes to ensure adequate resource allocation.

**Carry out inter-ministerial and multi-sectoral efforts to ensure that the needs and rights of mine and other explosive ordnance victims are effectively addressed (Action 31)**

8. Zimbabwe reported that on efforts made by various ministries including MOPLSW, Ministry of Health and Child Care, Ministry of Education; Ministry of Defense; Ministry of Justice, and others.

9. Zimbabwe reported that the National Technical Committee on Disability Policy established in 2022 comprises government ministries and representatives from organisations of persons with disabilities, meets quarterly to coordinate efforts and address challenges around implementation of the National Disability Policy. Zimbabwe reported that a similar effort has been made at district level as well.

10. Zimbabwe reported that victim assistance efforts are aligned with the Convention on the Rights of Persons with Disabilities (CRPD) and national laws.

**Identify all mine and other explosive ordnance victims and collect accurate and comprehensive information on their needs, challenges and geographic locations in a manner disaggregated by gender, age, disability, and other considerations (Action 32 and also Action 9)**

11. Zimbabwe reported 10 new casualties in 2024, all injured and deminers including 8 male and 2 female, showing an increase to 5 casualties reported for 2023. Zimbabwe reported it is estimated that 1,692 persons have been injured or maimed by explosive ordnances (EO) and as of December 2024, 314 of them have been identified and registered. Zimbabwe reported that in order to identify all mine and EO victims there is a need for ZIMAC to work together with the Department of Disability Affairs and Mine Victim Assistance Zimbabwe (MVAZ).

12. The Committee recalls that in its previous Article 7 Report, Zimbabwe reported that the 2022 Population and Housing Census indicated that 9.7% of the population are persons with disabilities. The census, however, did not include questions on causes of impairments, thus did not provide statistics on mine victims.

13. Zimbabwe reported that the National Disability Policy requires the disaggregation of statistics by disability, age, and gender across social protection programs.

**Integrate the data on mine and other explosive ordnance victims into a national centralised database, such as disability data systems (Actions 32 and 9)**

14. Zimbabwe reported that data on mine victims are being integrated into a national centralised database, managed by the MOPLSW. Zimbabwe reported that data is shared with relevant ministries upon request.

**Provide effective and efficient context-specific emergency medical care to new casualties and improve national capacity through training, including on psychosocial first care, specialized training for health professionals and layperson first responder training in affected communities (Action 33)**

15. Zimbabwe reported that availability of emergency medical care and the referral system in place within healthcare services and clinics. Zimbabwe reported that the Zimbabwe Red Cross Society provides first aid training services to individuals, groups and corporates across the country.

**Ensure that mine and other explosive ordnance survivors have access to health services including in rural and remote areas (Action 33)**

16. Zimbabwe reported on availability of healthcare services including at district level and that more efforts are required to meet the needs.

**Ensure that a national/sub-administrative area referral mechanism is in place to facilitate access to services (Action 34)**

17. Zimbabwe reported that referral mechanism is in place and the system is regularly reviewed to improve effective service delivery.

**Create and disseminate a comprehensive directory of services available, accessible, and inclusive for all mine and other explosive ordnance victims (Action 34)**

18. Zimbabwe reported that a comprehensive directory of services has been created to assist with mine survivors' access to services, such as healthcare, rehabilitation, psychological, psychosocial, and socio-economic services.

**Efforts to increase the availability and accessibility of rehabilitation services (Action 35)**

19. Zimbabwe reported that rehabilitation services such as prostheses, physical therapy and the specialised personnel are scarce in most of part of the country's rural areas affected by mines. Zimbabwe reported that in 2024, the HALO Trust that used to assist mine victims with prosthetic legs did not offer such support in 2024.

20. Zimbabwe reported that through the Community Based Rehabilitation (CBR) rehabilitation services are delivered to communities, focusing on inclusive development and empowerment of persons with disabilities.

21. Zimbabwe reported that the MPSLSW seeks to increase the availability and accessibility of rehabilitation services and the provision of assistive technology.

**Ensure to provide assistive technology (Action 35)**

22. Zimbabwe reported that assistive technology is available, but more work is needed to ensure equal access to these devices for all people with disabilities in Zimbabwe.

23. The Committee would welcome further information on types of assistive products available.

**Increase resources and national capacity to make assistive technology affordable and accessible (Action 35)**

24. The Committee would welcome further information on efforts made to increase national resources and capacity to make assistive technology affordable and accessible.

**Ensure mine victims have access to psychological and psychosocial support services including to mental health (Action 36)**

25. Zimbabwe reported that psychological and psychosocial support services are available to mine and EO victims through Village Health Workers who provide psychological first aid, mental health and psychological support.

**Efforts to make peer-to-peer support availability including by integrating it into public healthcare and other relevant systems (Action 36)**

26. Zimbabwe reported that peer support, as an integral part of mental health, is provided through support groups for survivors and affected families. Zimbabwe reported that the Zimbabwe Red Cross Society collaborates with the government to provide psychosocial support and counselling services to survivors.

**Meet the social and economic inclusion needs of mine victims (Action 37)**

27. Zimbabwe reported on availability of socio-economic support, including inclusive education and vocational training in line with the Social Welfare Assistance Act, Disabled Persons Act and National Disability Policy. Zimbabwe reported that micro-finance loans are also available for those wanting to carry out incoming generating projects.

**Remove barriers to the social and economic inclusion of mine survivors and affected families (Action 37)**

28. Zimbabwe reported that awareness raising has been underway on availability of services, and eligibility criteria to enhance access to services. Zimbabwe reported building the capacity of service providers to improve the quality and accessibility of services.

**The number of mine and other explosive ordnance survivors and affected families accessing social and economic services (Action 37)**

29. Zimbabwe reported that 18 survivors including 3 females were provided with food aid during the last drought in Mudzi district.

**Ensure the safety and protection of mine survivors in situations of risk (Action 38)**

30. 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, as well as in the National Climate Policy which addresses issues of climate change induced disaster mitigation and humanitarian responses.

**Increase inclusion of and access by mine victims into programmes for humanitarian assistance, risk reduction, and conflict preparedness and protection (Action 38)**

31. Zimbabwe reported that mine survivors are included in design and implementation of victim assistance efforts.

**Improve accessibility and strive to remove physical, social, cultural, political, attitudinal, and communications barriers (Actions 39 and 37)**

32. Zimbabwe reported on efforts such as training, capacity building, raising awareness and advocacy to empower mine survivors and improve access to services.

**Include survivors and/or their representative organisations in matters that affect them, including in planning and implementation at the national and community levels (Actions 39, 38 and 30)**

33. Zimbabwe reported that persons with disabilities including mine survivors and their representative organisations are included in relevant programmes and policies.

**CROSS - CUTTING ACTIONS:**

**Demonstrate high levels of national ownership, partnership and coordination (Action 1)**

34. Zimbabwe reported on major efforts such as the implementation of the National Disability Policy and appointments of focal points in ministries, demonstrating national ownership. Zimbabwe reported that national resources allocated to assist mine victims remain inadequate and that Zimbabwe seeks for international cooperation and assistance.

**Ensure that gender, age, disability considerations, and the diverse needs and experiences of people in mine-affected communities including mine survivors, are considered (Action 5)**

35. Zimbabwe reported that the national plan and policy are inclusive and considers gender and age of the beneficiaries.

36. The Committee would welcome further information in this regard.

**Allocating national financial commitments for victim assistance implementation (Action 40)**

37. Zimbabwe reported on allocation of national funds and indicated that the resources are inadequate to meet the needs of victims.

**Having a resource mobilisation plan (for victim assistance) in place (Action 41)**

38. Zimbabwe reported that the costed Action Plan developed for implementation of the National Disability Policy, provides information on areas for which cooperation and assistance would be required.

**SRAAP country reporting tracker**  
**Victim Assistance**  
**Zimbabwe**

Actions	Indicators	2025	2026	2027	2028	2029	Additional information or clarification requested by the Committee
30	% of affected States Parties that report on the relevant government entity assigned as the focal point to oversee and enhance the integration of victim assistance into broader national policies, plans, budgets, and legal frameworks to ensure its sustainability, including following Article 5 completion;						
	% of affected States Parties that report having an inclusive national action plan in place considering mine and other explosive ordnance victims, gender, age, disability, and other considerations and containing specific, measurable, achievable, realistic, and time-bound objectives;						
	% of affected States Parties that report including mine and other explosive ordnance victims or their representative organisations, in victim assistance planning and implementation at the national and local level;						
	% of affected States Parties that report on progress and challenges in implementing their national action plans.						
31	% of affected States Parties that report having in place an interministerial and multi-sectoral coordination mechanism to ensure that the needs and rights of mine and other explosive ordnance victims are addressed;						
	% of affected States Parties that report including the needs and rights of mine and other explosive ordnance victims in relevant national policies, legal frameworks, and budgets.						
32	% of affected States Parties that report on efforts to identify mine and other explosive ordnance victims and disaggregate victim data by gender, age, disability, and other considerations;						
	% of affected States Parties that report the inclusion of data on mine and other explosive ordnance victims in a national centralised database such as disability data systems and make data available to relevant stakeholders in accordance with data protection regulations/measures.						
33	% of affected States Parties that report having a mechanism in place to ensure an efficient and effective emergency response to new casualties;						
	% of affected States Parties that report on availability and accessibility of health services, including in rural and remote areas.						
34	% of affected States Parties that report having a national/sub-administrative referral mechanism in place which is available, accessible, and inclusive for all mine victims;						
	% of affected States Parties that report having a comprehensive directory of services available, accessible, and inclusive for all mine victims.						
35	% of affected States Parties that report on efforts to increase the availability and accessibility of rehabilitation services;						
	% of affected States Parties that report on the provision of assistive technology;						The Committee would welcome further information on types of assistive products available.
	% of States Parties that report on efforts to increase resources and national capacity to make assistive technology affordable and accessible.						The Committee would welcome further information on efforts made to increase national resources and capacity to make assistive technology affordable and accessible.

36	% of affected States Parties that report on mine and other explosive ordnance survivors and affected families accessing mental health and psychological support disaggregated by gender, age, disability, and other relevant factors;						
	% of affected States Parties that report on the provision of and integrating peer-to-peer support into public healthcare and other relevant systems.						
37	% of affected States Parties that report on efforts to remove barriers to the social and economic inclusion of mine survivors and affected families;						
	% of affected States Parties that report on programmes for inclusive employment, livelihoods, and other social protection services;						
	% of affected States Parties that report on the number of mine and other explosive ordnance survivors and affected families accessing social and economic services, disaggregated by gender, age, disability, and other relevant factors.						
38	% of affected States Parties that report integrating the safety and protection of mine survivors in their emergency/humanitarian response and preparedness plans;						
	% of affected States Parties that report on mine victims' inclusion and accessibility to programmes for humanitarian assistance, risk reduction, and conflict preparedness and protection.						
39	% of affected States Parties that report on progress in removing physical, social, cultural, political, attitudinal, and communication barriers;						
	% of affected States Parties that report including survivors and/or their representative organisations in matters that affect them, including in planning and implementation at the national and community levels.						
<b>CROSS-CUTTING ACTIONS</b>							
1	% of affected States Parties that report integrating Convention implementation activities into: national development plans and budgets, strategies and budgets including on poverty reduction, humanitarian response, on health and mental health, gender equality inclusion of persons with disabilities, peacebuilding, Human Rights, climate change adaptation plans, environmental protection and improvement, and/or disaster risk reduction						
	% of affected States Parties that report having strengthened partnerships and coordinated Convention implementation activities with relevant humanitarian, peacebuilding, climate, environmental, development, health, disability, and human rights sectors						
5	% of affected States Parties that report national work plans and strategies integrating gender, age, disability considerations, and the diverse needs and experiences of people in mine-affected communities including mine survivors;						The Committee would welcome further information in this regard.
	% of affected States Parties that report national work plans and strategies developed through inclusive consultation with stakeholders including survivors and representatives of mine-affected communities						
	of mine victims and survivor organisations participating in Convention meetings						
40	% of affected States Parties that report making national financial commitments to their implementation of victim assistance.						
	% of States Parties that report on exploring all sources of funding, including conventional and alternative/innovative						
41	% of affected States Parties that report on progress, challenges in implementation, and requirements for assistance.						
	% of affected States Parties that report having a resource mobilisation plan in place.						
	% of affected States Parties that have taken advantage of the Individualised Approach.						The Committee would welcome information on Zimbabwe's interests in making use of the Individualised Approach for victim assistance.