SUPPLEMENTARY REPORT TO THE UNIVERSAL PERIODIC REVIEW OF
ZIMBABWE

BY

CHILD RIGHTS COALITION OF ZIMBABWE

HARARE, MARCH, 2016

List of members attached- Annex 1

1
Introduction and Background

This submission to the second Universal Periodic Report (UPR) of Zimbabwe, which covers the period 2012 to February 2016, is submitted by the Child Rights Coalition which is a national representative of 150 civil society organisations (CSOs) working on child rights issues in Zimbabwe. (Annex 1 – List of Coalition Members)

The methods that the coalition used to gather information included desk review, interviews with key informants and focus group discussions. Children were engaged through the child led groups, junior members of Parliament and Councilors at school and community level. A total of 400 children (230 girls and 170 boys) from the various programme structures of coalition members participated in consultations. Various methods were used to get views from children such as focus group discussions, use of drawings, paintings, role plays and debates. Children also made recommendations on what they expect from the Government of Zimbabwe concerning all issues that affect them.

After the first UPR of Zimbabwe, civil society was consulted by the GoZ to develop a national action plan for the implementation of accepted UPR recommendations, amongst them a number child rights specific recommendations. Civil society continued to engage with the Government to ensure implementation of the accepted recommendations. Some strides have been made by the Government to implement the recommendations. Some of the major achievements with regard to child rights were the adoption of the following legislative measures: the new Constitution with a specific bill of rights for children, Labour Act [Chapter 28:01] (14 August 2015); Trafficking in Persons Act [Chapter 9:25] (June 2014); Disabled Persons Act [Chapter 17:01] (20 July 2014); Zimbabwe Human Rights Commission Act [Chapter 10:30], ratification of the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, UNCRC Optional Protocols on the Sale of Children, Child Prostitution and Child Pornography and on the Involvement of Children in Armed Conflict, and the Convention on the Rights of Persons with Disabilities and its Optional Protocol. Government has established birth registration units at health centers catering for expectant mothers throughout the country in an effort to decentralize birth registration. Laws are currently under review to harmonize them with the new Constitution. In addition, government submitted its 2014 UPR mid-term review report after consulting with civil society.

Although some significant changes have been noted at both policy level and in practice since the last review, recommendations made to the GoZ during the first UPR for the child rights sector were not fully addressed. These include weak protection systems, child abuse and quality and access to education health. The major hindrance was the severe economic decline prevailing in the country leading to significant reduction of the national budget for child rights programmes, impacting negatively on delivery of services to children and the actual realization of child rights. The prevailing situation was compounded by pervasive corruption which continued to divert resources that could have enhanced the implementation of the rights of children.

2 Recommendations number 22,25,29,52,54,56-61,66-70,73,78,92,103,106-109,117
3 Recommendations number 22,25,29,52,54,56-61,66-70,73,78,92,103,106-109,117
4 Children’s Act, Education Act, Customary marriages Act, Marriages Act
5 UNCRC Concluding observation number 6
This submission to the second UPR of Zimbabwe highlights the key child rights concerns raised by children and civil society organizations in Zimbabwe. The concerns are categorized around the following themes: - education, health and child protection.
Status of implementation

1. Education

Problem Statement

During the first UPR, the GoZ accepted a recommendation to uphold children’s rights to education through investment in education for girls and vulnerable children\(^6\). The UN Committee on the Rights of the Child (2016) and the African Committee of Experts on the Rights and Welfare of the Child (2015), have also recommended that the Government make education free and compulsory, increase number of qualified teachers, improve school infrastructure, increase investment in education and ensure inclusive education for children with disabilities through ensuring that the manner and form of inclusive education is dictated by the individual educational needs of every child.\(^7\)

These recommendations reflect the current challenge within the education sector; access to education for children in both urban and rural contexts. Zimbabwe has a shortage of schools country wide. The GoZ has acknowledged that it is short of 2056 schools\(^8\) in order to accommodate all children of school going age. The GoZ has made efforts to build schools in the past years; however some children still need to walk more than 5km for primary scholars and 10km for secondary scholars and some children even walk distances of up to 35 km\(^9\) to the nearest school. These long distances continue to hinder easy access to school by children. Furthermore, the economic crisis has left many parents and guardians with no jobs resulting in loss of income thereby failing to provide for educational needs of their children. This is evidenced by the National Social Security Authority, a government body, which estimated that between July 2011 and July 2013, 711 companies in the capital, Harare, went out of business, causing 8,336 workers to lose their jobs.

The Basic Education Assistance Module (BEAM) that is aimed at providing education assistance to vulnerable children is under resourced. The BEAM payment only caters for school fees and does not cover other costs such uniforms, stationery and examination fees. The GoZ acknowledges in the UPR mid-term report\(^10\) the need to increase budget allocation for education, including BEAM. The GoZ further acknowledged the need to strengthen scholarships for vulnerable children across the country. However, this has not been implemented effectively due to resource constraints in the country and lack of prioritisation by government to address children’s rights to education.

Quality of education is compromised by the lack of trained teachers in secondary schools (20000 out of 101000 are unqualified teachers\(^11\)). Teacher shortages is higher in rural areas than urban areas due to unfavourable infrastructure like housing, access to water and electricity. Teaching materials are also allocated less than one percent of the national budget.

\(^6\) Recommendations 22,25,29,56,61,67-70,73,78,103,117,  
\(^7\) UNCRC  
\(^9\) ZNCWC child labour survey 2015  
\(^10\) GoZ UPR mid-term report  
\(^11\) [http://www.herald.co.zw/zim-has-20-000-unqualified-teachers/](http://www.herald.co.zw/zim-has-20-000-unqualified-teachers/)
for education. The pass rate of both primary (41.82%) and secondary (27.76%) is still very low in Zimbabwean education.

Recommendations

1. The Government of Zimbabwe should ensure that primary education is free and compulsory in line with obligations under the UNCRC and ACERWC, notably by implementing the Education Act and increasing budget allocation to education by 20% in line with the Dakar Declaration benchmark and equitable spending on education by 2018.

2. The GoZ, through the Ministry of Finance in liaison with Ministry of Public Service, Labour and Social Welfare should equitably allocate school grants specifically targeted at infrastructure and maintenance with particular focus on remote rural areas, children with disabilities and investment in qualified teachers to 1:40 teacher-student ratio by December 2018.

ZIMSEC 2015
2. Health

Problem statement

During the first UPR of Zimbabwe, the GoZ accepted health recommendations related to:
continue efforts to reduce HIV/AIDS, malaria and tuberculosis\(^\text{13}\) as well as mortality rate
caused by HIV\(^\text{14}\), and developing a financing mechanism for health that is designed to help
the underprivileged\(^\text{15}\). These health recommendations were further elaborated by the
African Committee of Experts on the Rights and Welfare of Children and UN Committee
on the Rights of the Child, which stress the need for the Government to strengthen public-
private sector partnership to improve quality of services, reduce incident of child and infant
mortality and prevent malnutrition\(^\text{16}\) through adequate resource allocation to health and to
continue to work according to the National Action Plan II to focus on the situation of
orphans and vulnerable children to ensure their access to health care.\(^\text{17}\)

Despite the Government’s acceptance of key health recommendations, children still face
difficulties in accessing health services. Statistics indicate that under-five mortality rate is at
75 deaths per 1,000\(^\text{18}\) live births, infant mortality rate is 55 deaths per 1,000\(^\text{19}\) live births for
the period 2009-2014. Neonatal mortality rate is 29 deaths per 1,000\(^\text{20}\) live births whilst
chronic malnutrition remains a threat with a national stunting prevalence rate of 27%\(^\text{21}\)
which is one of the highest in the region. An analysis of the trend in national budget
allocation to the Ministry of Health and Child Care indicates limited allocation falling below
the Abuja declaration benchmark of 15%. The percentages have been fluctuating as follows:
2012 (8%, 6%), 2013(11.1%), 2014(8.1%) and 2015 (6.5%). There is limited budget allocation to
the Ministry of Health and Child Care to meet the health needs of all children.

Most health centres in the country are characterised by shortage of drugs, limited specialist
doctors and too high doctor to patient ratio thus 16 doctors per 100000 patients\(^\text{22}\); and
other statistics show that doctor to patient ratio is estimated to be 1:8 000, which is above
the 1:500 recommended by the World Health Organisation\(^\text{23}\). Children face difficulties in
accessing health centres and drugs especially those living in hard to reach areas with
requirements to pay user fees whenever they need medical attention. Zimbabwe has no
national health insurance system despite promises by the government to come up with a
Health Insurance Scheme. More than 11 million Zimbabweans,\(^\text{24}\) representing 90% of the
population, have no access to medical aid.

\(^{13}\) UPR Recommendation number 53
\(^{14}\) UPR Recommendation number 52
\(^{15}\) UPR Recommendation number 58
\(^{16}\) UNCRC Concluding observation 30 and ACRWC Concluding observation 17
\(^{17}\) UPR recommendation number 25
\(^{18}\) Zimbabwe Multiple Indicator Cluster Survey 2014
\(^{19}\) Zimbabwe Multiple Indicator Cluster Survey 2014
\(^{20}\) Zimbabwe Multiple Indicator Cluster Survey 2014
\(^{21}\) Zimbabwe Multiple Indicator Cluster Survey 2014
\(^{22}\) http://www.africapedia.com/DOCTOR-TO-PATIENT-RATIO-IN-AFRICA
\(^{23}\) http://www.sundaymail.co.zw/extra-3-10-august-2014/
\(^{24}\) http://www.zimbabwesituation.com/news/zimsit-m-bulawayo24-news-90-zimbabweans-have-no-access-to-
medical-aid/
Recommendations

1. The GoZ should ensure that all children have access to free quality health services, notably through the establishment of a policy of universal health coverage that prioritizes access to healthcare for the most deprived children by December 2018.

2. The GOZ should allocate adequate resources to health for all children to easily access quality health in line with the 15% Abuja Declaration benchmark by December 2018.
3. Child protection

Problem Statement

The Government’s UPR mid-term review report did not address child protection system. Despite having the legislative and policy frameworks in place which include the Constitution of Zimbabwe Amendment (No. 20) Act, Children’s Act {Chapter 5:06}, Criminal law and Codification reform Act {Chapter 9:23}, Trafficking in Persons Act {Chapter 9:25}, Action plan to end Rape and sexual violence, National Action Plan for Orphans and Vulnerable children (NAP): Phase II (2011-2015), pre trial diversion program, the child protection systems remain weak and ineffective in providing quality care and protection for children. For example, the National action plan for orphans and a vulnerable child (NAP for OVC) is mainly donor funded and not sustainable since donors may exist at any point due to change of priorities or depleted funding. In addition, the Victim Friendly Initiative is not fully funded which has a bearing on programme implementation, staffing and coordination.

Child abuse cases are very high in Zimbabwe. Statistics show that in 2015, the Victim Friendly Courts received and presided over 2,233 new cases of child sexual abuse nationwide (2,118 girls & 115 boys). In 2014, Police Victim Friendly Unit received 3,297 cases and only 2,168 were heard in the victim friendly courts. In addition, the Zimbabwe Republic Police reports that more than 100 girls are sexually abused every day in Zimbabwe. Victims of sexual abuse face difficulties in accessing child friendly services. This is contributed by the fact that the Victim friendly system (VFS) structures such as the hospitals, police and courts are not decentralised to reach out to most vulnerable children and marginalised communities. It is also sad to note that Victim friendly system structures is donor driven and there is no political will from the Government to take over and fully resource the victim friendly system.

During the first UPR of Zimbabwe, the GoZ committed to provide for a child-sensitive, accessible complaint mechanism, ensuring a proper redress, rehabilitation and social reintegration for the child victim of abuse. However, the Government has not taken any action to address the recommendations.

In addition, the GoZ also accepted a recommendation to prohibit corporal punishment as a form of sentence and in all other settings. However as it stands, corporal punishment is still permissible pending determination by the Constitutional Court.

During the first UPR of Zimbabwe, the GoZ also committed to create a system to collect updated and disaggregated data on the situation of the rights of the child. However statistics which reveal the extent to which children are being violated and or abused remain fragmented.

---

25 The African Child policy forum, 2015: Study of the National child protection policy landscape and child protection good practices in Zimbabwe
26 http://www.unicef.org/zimbabwe/resources_15420.html
27 UPR recommendation 108
28 UPR recommendation 103
29 UPR recommendation 27
Recommendations:

1. The GoZ should strengthen child protection systems, protection mechanisms, such as safe shelters, access to justice and legal remedies in full compliance with international human rights obligations and commitments and allocate adequate resources to implement national child protection programmes by December 2018.

2. The GoZ should abolish by law corporal punishment in all settings by December 2018.
4. Child Marriage

Problem Statement

Another child protection concern which was raised by the UN Committee on the Rights of the Child and the African Committee on the Rights and Welfare of the Child is the high rate of child marriages.\(^{30}\) The prevalence rate of child marriages in Zimbabwe is 31\(^{31}\) which is fuelled by extreme poverty, harmful religious cultural practices and conflicting laws. In the submission made by the child rights coalition to the first UPR, the GoZ was urged to harmonize the dual legal system (customary and general law). Although the Government is in the process of harmonizing its marriage laws to the Constitution, the process is taking longer than anticipated. A Constitutional Court of Zimbabwe judgement outlawing child marriages is a welcome development. However, a gap remains that child marriages have not been made a criminal offence.

Recommendations

1. The GoZ urgently amend all legislation in statutory and customary law to establish the age of marriage at 18 years in line with the Constitution and the ruling of the Constitutional Court and widely disseminate the ruling by December 2018

2. The GoZ should protect those at risk and supporting already married women and girls, and to ensure that marriage is entered into only with the informed, free and full consent of the intending spouses and that women have equality with men in all matters pertaining to marriage, divorce, child custody and the economic consequences of marriage and its dissolution by December 2018

---

\(^{30}\) UNCRC Concluding observation number 47

\(^{31}\) http://www.girlsnotbrides.org/child-marriage/zimbabwe/
Annexure 1 - List of Organisations in the Child Rights Coalition
1. Zimbabwe National Council for the Welfare of Children
2. Save the Children International-Zimbabwe
3. Plan International
4. SOS Children's Village Zimbabwe
5. Regional Network of the Children and Young People Trust
6. Progressio
7. ICCO KERKINACTIE
8. Terre Des Hommes
9. Coalition against Child Labour in Zimbabwe
10. Shanduko Yeupenyu Child Care Trust
11. Justice for Children
12. Life Empowerment Support Organisation
13. Tinokunda Trust
14. Tusunani Cover Trust
15. Leonard Cheshire Disability Zimbabwe
16. Hills Christian College
17. Chitungwiza Resident Trust
19. Makanaka Trust
20. St Joseph House for Boys
21. FAWEZI
22. Tag a Life International
23. Student Connect
24. Action Aid
25. World Vision Zimbabwe
26. Child Line
27. Action Aid
28. Education Coalition of Zimbabwe
29. Zambuko Refugee and Rehabilitation Centre for the Marginalised House
30. Mavambo
31. Mary Ward Children's Home
32. Youth Alive
33. Zimbabwe Parents of Children with Disabilities
34. Just Children Foundation
35. Mwana Trust
36. Simukai Child Protection Programme
37. Loving hand
38. Sandra Jones Centre
39. Midlands Aids Service Organisation
40. Hope in Destiny Trust
41. AIDS Care Education Training
42. Tose Respite Care Centre
43. Tariro House of Hope (THH)
44. ALPHA Cottages
45. National Association of Social Workers
46. Family Aids Support Organisation
47. Restoration of Hope
48. Pamuhacha HIV and AIDS Prevention Project
<table>
<thead>
<tr>
<th></th>
<th>Name of the Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>Mentoring Zimbabwe</td>
</tr>
<tr>
<td>50</td>
<td>Miriro Children Care Networks</td>
</tr>
<tr>
<td>51</td>
<td>Family Orphans Support Trust</td>
</tr>
<tr>
<td>52</td>
<td>Family Support Trust</td>
</tr>
<tr>
<td>53</td>
<td>Zimbabwe Association for Crime Prevention Rehabilitation of the Offender</td>
</tr>
<tr>
<td>54</td>
<td>Zimbabwe AIDS Prevention and Support Organisation</td>
</tr>
<tr>
<td>55</td>
<td>Batanai HIV and Aids Support Organisation</td>
</tr>
<tr>
<td>56</td>
<td>Dananai Children Care</td>
</tr>
<tr>
<td>57</td>
<td>Capota School of the Blind</td>
</tr>
<tr>
<td>58</td>
<td>Care at the Core of Humanity</td>
</tr>
<tr>
<td>59</td>
<td>Goodwill Foundation</td>
</tr>
<tr>
<td>60</td>
<td>Mary Ward Children's Home</td>
</tr>
<tr>
<td>61</td>
<td>Christian Legal Society</td>
</tr>
<tr>
<td>62</td>
<td>Queen Elizabeth Children's Home</td>
</tr>
<tr>
<td>63</td>
<td>Child Advocacy Solidarity Trust</td>
</tr>
<tr>
<td>64</td>
<td>Ulunto Community Foundation</td>
</tr>
<tr>
<td>65</td>
<td>Hope in Destiny Trust</td>
</tr>
<tr>
<td>66</td>
<td>Multiple Therapy Trust (CCCAMB Therapy Trust)</td>
</tr>
<tr>
<td>67</td>
<td>ZIFDAT</td>
</tr>
<tr>
<td>68</td>
<td>Free the Children Trust</td>
</tr>
<tr>
<td>69</td>
<td>Patsaka trust</td>
</tr>
<tr>
<td>70</td>
<td>Zimbabwe National Network of People living with HIV/AIDS</td>
</tr>
</tbody>
</table>