

**PRELIMINARY OBSERVATIONS
COMMITTEE ON VICTIM ASSISTANCE
(Belgium, Croatia, Ecuador and Mozambique)**

Intersessional Meetings 7-8 June 2018

Observations of the Committee on the information submitted by Zimbabwe

1. The Committee welcomes the submission by Zimbabwe of its Article 7 report for the calendar year 2017 containing 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 had not reported on the status of new casualties by anti-personnel mines in areas under its jurisdiction or control, and welcomes information in this regard, disaggregated by sex and age.

Assessment of needs, the availability and gaps in services (Action #12)

3. The Committee observed that Zimbabwe reported on aspects of Action 12 commitments, by elaborating the existence of a considerable number of mine victims scattered around the country in mine-affected areas, and that the country is in the process of collecting data and statistics specifically on those affected by landmines through the assistance of Demining Partners. In addition, Zimbabwe indicated the followings:
 - a. The Ministry of Labour and Social Welfare, in which victim assistance lies, collects data on all people living with disabilities, without categorising the cause of their disabilities. This also is the case on the provision of basic services including medical care, physical rehabilitation, economic and social inclusion in which all those with disabilities are treated alike;
 - b. While the Ministry of Labour and Social Welfare is responsible for the social welfare of all people living with disabilities, including mine victims, limitations in funding hinder the full implementation of rehabilitation services;
 - c. ZIMAC has been making efforts to assist mine victims including by identifying mine victims in remote areas and having them included in the Social Welfare database, and;
 - d. Plans are in place to conduct a countrywide mine victim survey as soon as funding was secured.
4. The Committee welcomes additional information on efforts undertaken by ZIMAC in supporting mine victims in remote areas, as well as the types of assistance victims, receive through the Social Welfare database, in a sex- and age-disaggregated manner.

Time-bound and measurable objectives (Action #13)

5. The Committee observed that Zimbabwe had not reported in this regard, and welcomes information concerning plans for a time-bound and measurable plan for the implementation of victim assistance to achieve commitments of the Maputo Action Plan.

Enhancement in the integration of victim assistance into broader frameworks, including allocation of budgets for their implementations (Actions #14)

6. The Committee observed that Zimbabwe had not reported on enhancements in the integration of victim assistance into broader frameworks, and welcomes information on these matters, including on allocation of budgets for implementation.

Increase availability of and accessibility to rehabilitation services, economic inclusion opportunities and social protection measures for all mine victims, regardless of their gender and age (Action #15)

7. The Committee observed that Zimbabwe reported on challenges the country face in relation to access to specialized rehabilitation, medical care and assistive products, as follows:
 - a. Individuals who suffer traumatic lower limb injuries from causes such as anti-personnel mines/ERW and motor vehicle accidents receive medical treatment from nearest local district medical hospitals or clinics. When individuals' conditions are beyond the capability of local health care services, a long and costly travel to provincial or national health care centres is normally required;
 - b. There are no rehabilitation centres, specialist doctors, prosthetics and physical therapists in some areas of Zimbabwe;
 - c. Many individuals, who come from rural areas, including landmine victims, either cannot afford to travel to access special services or cannot spend long periods away from their families or means of income, and opt to stay home using traditional means of treatment, and;
 - d. HALO Trust continues to assist mine victims by providing prosthetic limbs. In 2017, they assisted 17 identified mine victims.
8. The Committee welcomes information on efforts to ensure new victims, including those in critical conditions in mine-affected areas, have access to appropriate first aid and medical care, and also the Committee would welcome information on efforts to increase the availability of and access to economic inclusion opportunities and social protection measures, disaggregated by sex- and age.

Strengthen local capacities and enhance coordination (Action #15)

9. The Committee observed that Zimbabwe reported that interaction between the ZIMAC and other relevant State entities, like the Ministry of Health, has been limited, and that National Mine Action Authority of Zimbabwe (NAMAAZ) was making efforts to improve coordination. ZIMAC continues to strengthen coordination including through a Mine Action Stakeholders Coordinating Meetings held every three months. However, Zimbabwe reported that due to the limitation of funding, coordination has been limited with other state entities responsible for disabilities including the Ministry of Health and Child Care and Public service and Social Welfare. Plans are in place for conducting a landmine victim survey in coordination with demining organisations and other ministries.
10. The Committee observed that Zimbabwe had not reported on efforts to increase local capacities and would welcome information on this matter, as well as on efforts undertaken by NAMAAZ to enhance coordination with State entities.

Inclusion and participation of mine victims (Actions #16)

11. The Committee observed that Zimbabwe had not reported on efforts to advance the inclusion and participation of mine victims and their representative organisations in relevant programmes and policies, and welcomes information on these matters.

Removing barriers and raising awareness (Actions #15 and #17)

12. The Committee observed that Zimbabwe had not reported on efforts to remove barriers, including expanding quality services in rural and remote areas, and on efforts to raise awareness on the rights of mine victims, and would welcome information on these matters in age- and gender-sensitive manner.

Measurable improvements, challenges, and priorities for assistance in advance of the next Review Conference (Action #18)

13. The Committee observed that Zimbabwe, with exception information on challenges in accessing services in rural areas, funding and coordination, had not reported on measurable improvements or on efforts to identify the remaining challenges and priorities in assisting mine victims in the lead up to the upcoming Review Conference, and it encourages Zimbabwe to report on these matters.