
Introduction

Chair-person, allow me and on behalf of my delegation, to extend our sincere thanks and appreciation to you Chair-person, members of the Expert Committee on the Rights of the Child, the Secretariat and the delegation that presented the advanced questions.

I would also want to convey to you Chair-person, members of the Expert Committee, the Secretariat and other stakeholders, warm greetings and best wishes from the President of the Republic of Zimbabwe, His Excellency R. G. Mugabe, the Government, children and the people of Zimbabwe.

It is indeed a great honor and privilege for me to lead the delegation of the Republic of Zimbabwe to the 71st Session of the United Nations Committee of Experts on the Rights of the Child and to present our Second Periodic Report on the Rights of the Child, covering the period from 1996 to 2009 focusing on best practices and challenges in the promotion and protection of Child Rights.

Chairperson, I appreciate that the second periodic report should have been submitted much earlier but due to some unforeseen circumstances, the report was not submitted on time. It should also be noted that following the submission of our Second Periodic Report, the State was only invited to present its report in 2016, six years after submission of the report. Due to the lapse of time since 2009, some of
the information in the report has been overtaken by events which necessitated an update on some of the issues.

Chair-person, Zimbabwe has the honor to share with other Member States efforts being made by the Government in promoting, protecting and observing the rights of the Child. We cherish this great opportunity to share experience, views and ideas in the area of child rights.

We remain committed to our obligations in terms of international and regional child rights instruments and norms to which we subscribe, in sovereignty and voluntarily. It is our view that all countries aspire to reach that ideal level and that countries due to history, culture and other factors, may be at different stages in the walk towards the ideal situation; which none has reached.

Chair-person, we are pleased to report that the Second Periodic Report was a result of an extensive multi-sectoral consultative process in line with the United Nations (UN) Guidelines on the drafting of such National Reports. The State’s approach included desk review, group discussions and stakeholder consultations, through a series of workshops. Pursuant to this, consultative meetings and workshops were held with relevant Government Ministries and Civil Society Organizations. Development partners and Civil Society Organizations provided technical assistance, training, funding and information sharing.

Structure of the Report

Chair-person, the structure of the Report is in accordance with the United Nations Guidelines on State Party Reporting as follows:
Section A, focuses on the responses made by the State towards the fulfillment of the 1996 Concluding Observations by the Expert Committee.

Section B

Part I, looks at the General Measures of Implementation focusing mainly on the obligations of the State in relation to Constitutional and legislative measures and administrative measures.

Part II concentrates on the Definition of the Child.

Part III describes the observance of the General Principles of Implementation of the Convention, namely non-discrimination, best interests of the child, the right to life, survival and development and respect for the views of the child.

Part IV, talks about Civil Rights and Freedoms which are the right to name, nationality, identity, freedom of expression, thought, religion, association and peaceful assembly.

Part V concentrates on Family Environment and Alternative Care, focusing on parental guidance and responsibilities, separation from parents, abuse and neglect.

Part VI covers Health and Basic Welfare, focusing on children living with disabilities, health and health services, social security and standard of living.

Part VII is a section on Education, Leisure and Cultural Activities, covering educational issues, including vocational training and guidance.
Part VIII is on Special Protection Measures. This Part covers issues of refugee children and children in armed conflict.

Part IX is on Implementation and Monitoring of the Convention.

Part X is on the Report Writing Process.

Chair-person, going into the details of the report:

PART 1, GENERAL MEASURES OF IMPLEMENTATION


In order to enhance the protection and promotion of human rights, Government established the Zimbabwe Human Rights Commission (ZHRC) under section 242 of the new Constitution. The Commission has taken over the human rights mandate of the Office of the Public Protector, formerly known as the Office of the Ombudsman.

Commissioners are appointed by the President from a list submitted by the Parliamentary Standing Rules and Orders Committee. The functions of the Commission are, among others, to:

- promote awareness of and respect for human rights and freedoms at all levels of society;
• recommend to Parliament effective measures to promote human rights and freedoms; and

• Investigate the conduct of any authority or person, where it is alleged that any of the rights in the Declaration of Rights has been violated by that authority or person.

The new Constitution has very progressive provisions to protect and promote the rights of children. In terms of section 34 of the Constitution, the State must ensure that all international conventions, treaties and agreements to which Zimbabwe is party to, are incorporated into domestic law.

In accordance with the new Constitution, Government is in the process of aligning legislation which protect the rights of children for example, the Children’s Act, the Marriage Act [Chapter 11:55] and the Criminal Law (Codification and Reform) Act [Chapter 9:23], among others.

Besides enacting laws and ratifying international and regional instruments, Government has come up with several administrative programmes for children. These include the National Programme of Action for Children (NPAC), the Pre-trial Diversion Programme, the Victim Friendly System, National Action Plan for Orphans and Vulnerable Children (NAP for OVC), Expanded Programme on Immunization (EPI), Integrated Management of Neonatal and Childhood Illnesses (IMNCI), and the Basic Education Assistance Module (BEAM).

Zimbabwe has formulated and operationalised several policies which safeguard the rights of the child. These include the Orphan Care Policy, Education Policy Circulars, Food and Nutrition Policy,
National Water Policy, National Policy on HIV and AIDS, among others.

Government has been carrying out capacity building workshops on the Convention for professionals and communities working with children. In 2013, the following cadres had capacity building on child rights: 67 health personnel, 5 traditional leaders, 46 community focal persons, 20 senior parliamentarians, 310 junior parliamentarians’ and 600 community people.

In 2014, the following cadres had capacity building on child rights: 79 health personnel, 35 traditional leaders, 34 community focal persons, 50 senior parliamentarians, 310 junior parliamentarians’ and 640 community people.

In close collaboration with Civil Society Organizations and development partners, Government carries out awareness programmes within various communities in Zimbabwe. The media also plays a critical role in publicizing the principles of the Convention.

Despite the provision of the mentioned statistics, activities are still quite fragmented as co-ordination is one of the major challenges affecting the efforts of the State in data collection. To this end, Government has a Draft Child Rights Policy in place, aimed at improving coordination of the implementation, monitoring, evaluation and reporting on international and regional children’s rights.

However, Zimbabwe remains committed to the protection and promotion of fundamental rights and freedoms for her people as enshrined in both the Constitution and International Conventions and to actively participate in international human rights fora. It is pertinent
to note that the exercise of aligning various pieces of legislation to the new Constitution is in line with the Government’s Economic blueprint, the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIM ASSET), under the cluster of Social Services and Poverty Eradication. All Government Ministries and Departments have to identify provisions in the pieces of legislation they administer, and which require alignment with the Constitution.

It is important to note that alignment of legislation is not a one day event but rather a process that needs extra care at each and every stage. Some amendments are substantial whereas others are non-consequential, such as changes of names, among others.

Approximately, 400 Acts of Parliament were identified and are currently undergoing the alignment process. Of these, about 300 of them were taken care of under the General Laws Amendment Bill which is still before Parliament. The number of pieces of legislation involved makes this process not an easy task but the Government is committed to ensuring that the process is completed within a reasonable timeframe so as to ensure the achievement of quick-win outcomes under the ZIM ASSET program.

PART II, DEFINITION OF THE CHILD.

Chair-person, Section 81(1) of the Constitution defines a child as every boy or girl under the age of 18. Prior to the adoption of the new Constitution there were conflicting definitions of a child. Since the inception of the New Constitution all laws that have provisions contrary to the new Constitution are being subjected to review.

PART III, GENERAL PRINCIPLES
The new Constitution under the Bill of Rights has expanded the grounds of non discrimination by including that all persons are equal before the law whether one is born in or out of wedlock.

Government of Zimbabwe has put in place legislative measures to cater for the welfare and rehabilitation of disabled persons. The Constitution of Zimbabwe and the Disabled Persons Act [Chapter 17:01] both prohibit discrimination on the grounds of disability, thus providing for and recognizing the rights of disabled children.

The Bill of Rights in the New Constitution provides that in all matters relating to children, the best interests of the children concerned are paramount. The best interest of the child principle is applied in matters of family law such as; maintenance, custody, guardianship and access, among others, as indicated on page 16 of the State’s Second Periodic Report.

**Right to Life, Survival and Development**

Chairperson, regarding the Right to Life, Survival and Development of children, the Bill of Rights under the New Constitution of Zimbabwe provides for the right to life. The death penalty is not imposed on any person who was under the age of twenty-one (21) at the time that the offence was committed.

Section 7 of the Children’s Act specifically prohibits the neglect or ill treatment of children in any manner that would affect their health and morals. In terms of section 3(1) of the Termination of Pregnancy Act [Chapter 15:10], no person may terminate a pregnancy, with the exception of, among others that the pregnancy endangers the health of the mother, or in the case of rape or incest.
Section 11 of the Labor Act [Chapter 28: 01], provides for minimum age of entry into employment as 15 years. This provision is in line with ILO Convention which Zimbabwe is party to. However this law provides that there should be measures which protect children against exploitative practices such as children working in hazardous situations where there is exposure to dangerous chemicals and gases. In this regard, Zimbabwe has the Children’s Act in place which prohibits children to work in hazardous situations. The Children’s Act provides that, a child who performs work that is likely to be hazardous or interferes with his education or to be harmful to his health, to his physical or mental development is regarded as a child in need of care. Government in response to the new Constitution is in the process of aligning all Statutes relating to issues of child labor to the Constitution.

Chair-person, in relation to Capital Punishment, no death penalty has been exercised on a juvenile. The new Constitution has abolished the death penalty on anyone below the age of 21 meaning that no child can be sentenced to death. In Zimbabwe extrajudicial, summary or arbitrary executions are outside the Judicial System and are illegal.

As of 2009, 2 770 children died as a result of HIV/AIDS, Malaria, Tuberculosis and Acute Respiratory Infections. Of these 34.2% died as a result of tuberculosis; 33.6% Acute Respiratory Infections, 14.5% HIV related, 13.5% malaria and 0.1% as a result of measles.

Comparing with 2014, 4 629 children died of the same disease conditions. 24, 5% died of tuberculosis; 36, 4% Acute Respiratory Infections; 18, 4% HIV related; 9, 5% malaria and 0% as a result of measles.
In 2013, 838 children were involved in road traffic accidents. Out of these 37 died and 286 were injured. In 2014, 933 children were involved in road traffic accidents, of these 107 were killed and 437 were injured. For the period stretching from 2009 to 2014 the police received 50 cases of children who had committed suicide.

**Respect for the views of children**

Government has put in place legal and administrative structures to enable children to express themselves. The protection of freedom of expression provided for in Section 81(1) (a) of the New Constitution guarantees everyone (including children) the right to freedom of expression which includes freedom to seek, receive and communicate ideas and other information regardless of frontiers. In addition, Government, in collaboration with development partners and Civil Society Organizations like Child Line and Family Support Trust, offers toll free postal and telephone services to allow children to report cases of abuse.

Due recognition is given to children’s views on national issues and matters that affect them, as was the case during the 2011 Constitution consultative process which was conducted by Government in partnership with Civil Society Organizations, where the children were widely consulted and their views informed the drafting of the Bill of Rights for children.

The judicial system, and in particular the juvenile courts generally permit presiding officers to consult the children by interviewing them in matters affecting their welfare in keeping with the best interests of the child principle.

Children’s right of expression is upheld through public communication platforms. These include drama, interact clubs and
public media. The public broadcaster takes care of children’s interests through the Zimbabwe Broadcasting Services Act [Chapter 12:06], the Broadcasting Services and (Licensing and Content) Regulations (SI 185/2004) and other relevant legislation. Furthermore, Zimbabwe joins other countries in commemorating the International Day of Children’s broadcasting, annually.

The Children’s Parliament serves as a leadership development and advocacy arm on children’s rights and also seeks to facilitate participation of children in governance issues.

PART IV, CIVIL RIGHTS AND FREEDOMS

Chairperson, the Bill of Rights in the new Constitution guarantees freedom of thought, conscience and religion in conformity with the requirements of the Convention.

Under Chapter 4 of the Bill of Rights all citizens have the right to assemble and associate freely.

The Bill of Rights in the new Constitution guarantees the right to human dignity; freedom from torture, inhuman and degrading punishment and any other such treatment and this equally applies to children.

In addition to the Constitutional provisions, the Children’s Act prohibits assault, ill treatment and abandonment of children by their parents or guardians. The Children’s Act provides that a child may make a complaint directly to the authorities through a number of individuals outlined in the Act including a police officer, a social welfare officer, an employer of the complainant, a person representing
a church or religious organization or a private voluntary organization concerned with the welfare of victims of domestic violence, a relative, neighbor or fellow employee of the complainant or a counselor.

**Birth Registration**

Chair-person, the new Constitution guarantees the right of every child who is a citizen of Zimbabwe by birth (where either parent is a citizen of Zimbabwe) to the prompt provision of a birth certificate and the right to be given a name and a family name. In a situation where neither parent is a Zimbabwean citizen, though legally resident in Zimbabwe, the children are entitled to the nationality of their parents, and they get registered as non-citizens of Zimbabwe. The Births and Deaths Registration Act [*Chapter 5:02*] regulates the registration of births and deaths in Zimbabwe.

The following measures are in place to cater for birth registration:

i. Government computerized the processing of all vital civil registration events. The Registrar General has computerized 63 offices throughout the country as at 17 July 2013. Government moved from analogue to digital communication to speed up the processing of vital events.

ii. National mobile registrations are carried out to register communities in remote areas subject to the availability of resources.

The registration offices are decentralized throughout all the ten provinces and sixty seven districts.

Chair-person, on attaining the age of 16 years, a child is issued with a national identity card reflecting the national identity number which
appears on his/her birth certificate providing an opportunity for early registration and for positive identification for example, for writing school examinations.

In terms of section 71 of the Children’s Act, adopted children under the age of eighteen (18) years cannot change their name without parental consent. The same applies to adopted children who may wish to change their original name on the adoption register with the permission of their adoptive parents. However, the original name is required to remain on the register together with the new name. Section 18 of the Births and Deaths Registration Act reiterates this process by requiring parental consent for change of name. It is common practice for courts in Zimbabwe to elicit the opinion of capable children with respect to adoption and guardianship in camera depending on the merits of the case.

The new Constitution prohibits discrimination on the basis of whether a child is born in or out of wedlock. The Registrar General is empowered under section 15 of the Births and Deaths Registration Act to assign a place and date of birth to children whose place and date of birth are unknown including abandoned children.

Section 36(3) of the new Constitution stipulates that a child who is or appears to be below 15 years of age and whose nationality and parents are unknown is presumed to be a Zimbabwean citizen by birth.

In a situation where neither parent is a Zimbabwean citizen, though legally resident in Zimbabwe, the children are entitled to the nationality of their parents, and they get registered as non-citizens of Zimbabwe. These measures, which are in line with international practice, were put in place in order to ensure that all children are registered in compliance with the Convention.
PART V, FAMILY ENVIRONMENT AND ALTERNATIVE CARE

The Government of Zimbabwe supports the family environment by providing health, educational and social facilities, while family heads, who are either biological parents, relatives or foster parents, have the responsibility of giving appropriate guidance and direction to children in terms of the Zimbabwean law.

Generally, parental responsibilities are provided for under the Children's Act. The laws relating to custody and maintenance of children confer the common responsibility of the upbringing and development of children on parents. Issues of awarding custody, in the case of separation or divorce of the parents are considered in line with the principle of the best interest of the child and custody is determined in terms of the Constitution, the Guardianship of Minors Act, the Maintenance Act and the Children's Act. One parent will be accorded custody rights while the other remains with access rights so that the rearing responsibilities are shared as far as possible. Parents may also be granted joint custody.

Where custody is awarded to one parent, the other parent has the duty to maintain the child in terms of the Maintenance Act [Chapter 5:09]. This also applies to children who are dependents of such adults. Recovery of maintenance from parents or guardians living abroad is done in terms of the Maintenance Orders (Facilities for Enforcement) Act [Chapter 5:10]. The Act so far applies to 26 designated countries. Where no such reciprocal arrangements exist, affected countries rely on their diplomatic relations.

The Social Welfare Assistance Act [Chapter 17:06] makes provision for parents who are facing challenges in carrying out their
responsible to apply to the Government for assistance, through the Department of Social Welfare.

According to the Zimbabwe Demographic Health Survey (ZDHS) of 2010-2011 around six (6) in ten (10) children are not living with both parents. More than one-quarter of children are not living with either parent. Just over one fifth of children under the age of eighteen (18) years are orphaned, that is, one or both parents are deceased.

Parents have the responsibility over the custody of their children, unless it is not in the child’s best interest to remain in the custody of his/her parents. However, where there are reasonable grounds for believing that an offence is being committed upon a child or young person, section 14 of the Children’s Act grants relevant authorities powers to remove such children from their parents’ or guardian’s custody. These children may be taken to a place of safety.

The Constitution of Zimbabwe guarantees the right to enter and leave Zimbabwe freely subject to immigration requirements. Zimbabwean children are now also issued with passports in their own right. This provides an opportunity for family re-unification.

Where children or young persons are proven to be foreigners, and, are not represented by an Embassy or High Commission or a Consular office, Zimbabwe issues the child or adult with a non-citizen travel document, which allows them to travel back to their country of origin. With regards to refugee children, the Government and other development partners facilitate family tracing and reunification.

The Children’s Act outlines adoption procedures including the concealment of identity of an adopted child, and the adopted children register. Section 57 of the Act provides that the court shall appoint a
probation officer to act as guardian of the child in order to safeguard
the interests of the child before the courts. Government has developed
guidelines on foster care and adoption. Where foster or adoptive
parents cannot be secured, children are placed in private care or
public institutions.

Periodic reviews are conducted during the first five (5) years of
adoption in order to assess whether the child has adapted to the new
environment.

PART VI, BASIC HEALTH AND WELFARE

Chair-person, the New Constitution guarantees the right to health. The
Constitution of Zimbabwe and the Disabled Persons Act [Chapter
17:01] both prohibit discrimination on the grounds of disability, thus
providing for and recognizing the rights of disabled children.

Referencing to page 65 of the Second Periodic Report, access to
education for disabled children has increased. The number of schools
that enroll children living with disabilities has increased from 1 097 in
2005 to 1788 in 2012. During the period 2005 to 2012, enrollment of
boys increased from 12 901 to 17 227 and that of girls from 9 397 to
12 135.

Chairperson, to ensure that children access health services;
Government has put in place a policy for the exemption of user fees
for all the under-fives. The policy also provides for free access to
Anti-Retroviral Therapy for children. Zimbabwe Pediatric ART
coverage is still low at 46%.
Chairperson, according to the 2010/2011 ZDHS the under-five (5) mortality rate rose from a level of eighty-two (82) deaths per one thousand (1000) births in 2005/2006, to eighty-four (84) deaths per one thousand (1000 births). According to the 2014, Multiple Indicator Cluster Survey, under five Mortality Rate remained at 84 deaths per one thousand births.

About ninety-six percent (96%) of deaths among children under five (5) are caused mostly by:

- AIDS related diseases (41%),
- Neonatal causes (28%),
- pneumonia (15%) and
- Diarrhea (12%).

Since most of these diseases can be prevented, Government has been implementing simple evidence based cost effective high impact interventions that can reduce morbidity and mortality such as immunization, providing mosquito nets, skilled attendants at births and encouraging breast feeding, provision of safe water and sanitation and prevention of mother to child transmission of HIV. In order to avert mortality from preventable and high burden diseases such as HIV and AIDS, Government put in place an AIDS levy managed by the National Aids Council (NAC) of Zimbabwe.

Chair-person, malnutrition remains a major challenge to child survival and development in Zimbabwe as reflected by the following statistics:
<table>
<thead>
<tr>
<th>Year</th>
<th>Stunting %</th>
<th>Wasting %</th>
<th>Underweight %</th>
<th>Overweight %</th>
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<tr>
<td>ZDHS 1999</td>
<td>34</td>
<td>8</td>
<td>10</td>
<td>10</td>
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<tr>
<td>ZDHS 2005-6</td>
<td>35</td>
<td>7</td>
<td>13</td>
<td>8</td>
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<td>ZDHS 2010-11</td>
<td>32</td>
<td>3</td>
<td>10</td>
<td>6</td>
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While the levels of acute malnutrition were relatively low; over the past decade levels of chronic malnutrition have remained unacceptably high. This is a cause for concern since according to global estimates, maternal and child under-nutrition is the underlying cause in thirty-five percent (35%) of all child deaths.

About seventy percent (70%) of children admitted for treatment of Severe Acute Malnutrition (SAM) in Zimbabwe are HIV infected. Consistent with the 2007 joint UN statement on the ‘Community Based Management of Acute Malnutrition (CMAM)’, the Government of Zimbabwe has adopted CMAM as its primary strategy for managing acute malnutrition.

To address the issue of acute malnutrition, Government is implementing the following measures:
- Multiple micronutrient supplementations to pregnant and lactating women as well as children between the age of 6-24 months of age
- Child supplementary feeding program
- Food fortification program
Government and development partners have made investments in conducting Infant and Young Child Feeding (IYCF) - related training courses. These courses include: Breastfeeding Counseling; HIV and Infant Feed Counseling; Breastfeeding Management and Promotion in Baby-Friendly Hospital; and Infant and Young Child Feeding Counseling; among others.

Multiple health worker trainings have been conducted over the years and more than forty-nine (49) hospitals out of the targeted two hundred and thirteen (213) have been designated “Baby Friendly” to date.

The percentage of rural districts with Village Health Workers trained on Community IYCF increased from twenty-one percent (21%) in 2011 to twenty-nine percent (29%) in 2012. The pool of Village Health Workers trained on IYCF counseling increased from three thousand one hundred and fifty (3 150) in 2011 to four thousand three hundred and fifty (4 350) in 2012.

Zimbabwe is a signatory to the International Code of Marketing Breast Milk Substitutes. The rates of breastfeeding are high in Zimbabwe. An estimated ninety-seven percent (97%) of infants are breastfed with sixty-five percent (65%) of newborns breastfed within the first hour of life, and ninety-two percent (92%) within the first day. This is believed to contribute to the success and continuation of breastfeeding. However, only 31.2% of children nationally are exclusively breastfed for the first six (6) months of life.

Government runs the Expanded Programme on Immunization (EPI) which seeks to ensure vaccines are available to all children throughout Zimbabwe. Full vaccination coverage has increased from sixty-three percent (63%) in 2005/6 (ZDHS 2005/6) to 69.2 percent in
2014 according to the Multiple Indicator Cluster Survey (MICS) of 2014. National Immunisation Days (NIDs) for poliomyelitis and measles have been held every five (5) years, starting from 1998, to vaccinate those not reached by routine immunization and to boost the vaccination coverage as part of the strategy to reach the eradication and elimination goals.

With support from Global Alliance on Vaccine Immunization, Government introduced the Pentavalent Vaccine in 2010, and in 2011, introduced the Pneumococcal Vaccine to curb cases of pneumonia and meningitis.

Malaria remains a major health challenge. The National Malaria Control Programme, with support from various partners, implements interventions such as the Indoor Residual Spraying (IRS), Intermittent Presumptive Treatment in Pregnancy (IPTP), and use of Long Lasting Insecticidal Nets (LLINs). As a result of these interventions there has been reduction in the malaria incidence rate from 95 cases per one thousand (1000) populations in 2007 to twenty-five (25) cases per one thousand (1000) in 2011. Twenty percent of the cases reported in 2011 were of children under the age of five (5).

The 2012 Malaria Indicator Survey revealed that Long Lasting Insecticidal Net utilization by children less than five (5) years was 49.6% and 49.1% for pregnant women. During the 3rd quarter of 2012 Population Services International (PSI) supported the distribution of four hundred and fifty-seven thousand (457 000) LLINs to cover the coverage gap in 7 moderate to high transmission districts and five (5) out of the seven (7) districts attained one hundred percent (100%) coverage. IRS coverage has remained above the universal coverage of eighty percent (80%) for the 2001 to 2011 period.
According to ZDHS 2010/2011, the Maternal Mortality Rate was 960 deaths per one hundred thousand live births. Based on findings of the 2012 Census, Maternal Mortality Rate has dropped to 525 deaths per one hundred thousand (100,000) live births.

The major causes of Maternal Mortality Rate were: HIV and AIDS (26%), Post-Partum Hemorrhage (41%), Pre-Eclampsia / Eclampsia (13%), Sepsis (8%), Abortion Complications (6%) and Malaria (6%).

As this is a great cause of concern, Government exempts pregnant women and children under the age of five from paying for health services; however the full realization of this benefit faces financial constraints. Government has revised the Focused Antenatal Care (FANC) Protocol based on the current WHO (2010) guidelines. The revised FANC protocol provides for ‘at least four (4) antenatal care visits for uncomplicated pregnancies’ and it also recommends that pregnant women should book early, within twelve (12) weeks gestation. According to the 2010-2011 ZDHS, sixty-five percent (65%) percent of women who had a live birth in the five years preceding the survey had four or more ante-natal care visits. The proportion of pregnant women receiving iron supplementation increased from 42.9 percent in 2005-2006 to fifty percent (50%) in 2010-2011.

According to the 2010-2011 ZDHS, the proportion of births attended by skilled personnel was sixty-six percent (66%). The percentage of live births delivered by a skilled provider observed in the 2010-2011 ZDHS represents a slight reduction from the figures reported in the 2005-2006 ZDHS sixty-nine percent (69%) and the 1999 ZDHS seventy-three percent (73%). The decline in skilled birth attendance is also attributable to the socio-economic challenges experienced by the Government over the past decade.
The percentage of women with a first post natal care visit within forty-eight (48) hours of delivery dropped from thirty percent (30%) in 2005-2006 to 27.5 percent in 2010-2011. National post-natal care guidelines have been produced to assist service providers in identifying essential care which every woman and her baby should receive, as appropriate to their needs during the first six weeks after birth.

PART VII: EDUCATION, LEISURE AND CULTURAL ACTIVITIES

Chair-person, one of the objectives of the New Constitution is that the State must take measures to ensure that free basic education to children is provided. Section 75 further provides for the right to education.

As a result, Zimbabwe has made tremendous progress towards eradicating illiteracy and still maintains a literacy rate which ranks among the highest in Africa. Young people aged fifteen (15) to twenty-four (24) years, have a literacy rate of ninety-two percent (92%).

In order to increase access to Early Childhood Development (ECD) for all children, with effect from 2005, the Government adopted a policy to introduce ECD classes at every primary school.

The enrolment figures for ECD ‘A’ (which caters for 4 year olds) for the years 2013, 2014 and 2015 were 126 523, 156 087 and 187 233 respectively while those for ECD ‘B’ (for the 5 year olds) were 247 602, 271 739 and 272 414 respectively.
The overall average dropout rate from primary and secondary school in 2013 was 9%. Statistics from 2013 indicate the dropout rate by major causes for primary school to be as follows:

- Relocation  51.6%
- School Fees  24.2%
- Other (e.g. distance)  20.8%
- Death  3.4%

At secondary school level, the causes of the school dropout rate are categorised as follows:

- School fees  40.6%
- Relocation  28.3%
- Other (e.g. long distance)  16.9%
- Marriage  8.2%
- Pregnancy  6.2%

The dropout rate as a result of school fees relates to the period 2014, when Government put in place policy that no child should be deprived of their right to education for non payment of school fees as payment of fees is the responsibility of the parent.

In 2012, 78.4% males and 75.4% females made the transition from primary to secondary school. In 2013, the figures were 79.4% for male and 76.8% for female learners respectively.

Government introduced non-formal education as a way of providing alternative pathways and widening access to education. Non-formal education caters for the following categories:
• Those who have never attended school
• Those who dropped out of school
• Those who did not make the most of the opportunities availed to them

In 2015, there were 66 132 males, 73 173 females giving a total of 139 307 learners enrolled in non-formal education centres across the country.

Government introduced the BEAM program as a measure to reduce the number of children dropping out of school. Girls who fell pregnant used to be expelled from schools. To avert the expulsion of girls who fall pregnant in schools, Government put in place a policy which allows such girls to go back into the formal education system, after delivery.

In 2013, Government identified a gap of 2 056 additional schools to be built. Government in partnership with the private sector is putting in place measures to construct school infrastructure to improve access by reducing distance and decongestion in other schools.

In addition, Government has strengthened its Guidance and Counseling programme in every school in order to strengthen local responsiveness to learner support needs and to empower learners to access help instead of dropping out of school.

In terms of leisure, recreation and cultural activities, Section 16 of the New Constitution provides that all institutions and agencies of Government at every level must promote and preserve cultural values and practices which enhance the dignity, well-being and equality of Zimbabweans. Section 32 of the New Constitution provides that the
State must take all practical measures to encourage sporting and recreational activities, including the provision of sporting and recreational facilities for all people.

In schools, currently corporal punishment is regulated by Statutory Instrument 362 of 1998. Where it becomes necessary to apply corporal punishment, heads of schools are instructed strictly to adhere to provisions of the Statutory Instrument. In terms of this Statutory Instrument no girl shall be subjected to corporal punishment. Corporal punishment may only be administered in cases of insubordination, bullying, truancy, or other offences of like gravity.

Teachers who are discovered to have administered corporal punishment are disciplined in terms of Statutory Instrument 1 of 2000 as amended. In 2011, 2012 and 2014 38, 15 and 36 teachers respectively faced disciplinary action.

PART VIII: SPECIAL PROTECTION MEASURES

Chair-person, the Government of Zimbabwe has special protection measures for children in situations of emergency such as refugees, displaced children and children in conflict with the law. Zimbabwe incorporated the provisions of both the 1951 United Nations Convention relating to the Status of Refugees and the 1969 African Union Convention Governing Specific Aspects of Refugees Problems in Africa, including those of children, into the Zimbabwe Refugees Act. Every child recognized by the Zimbabwe Refugee Committee as a refugee enjoys all benefits applicable to all other children except his or her citizenship status.
The Government of Zimbabwe does not have displaced children currently. However in the event of cases of displacement special protection measures for children are in place such as:

- psychosocial support for children to alleviate trauma,
- family tracing leading to reunification with parents, guardians or other relatives and finally,
- community re-integration.

The Constitution, under the Bill of Rights, provides the right of every child not to be recruited into a militia force or take part in armed conflict or hostilities. In terms of the National Service Act [Chapter 11: 08] persons can volunteer to join the army only at the age of eighteen (18) years. Where an emergency arises, the law obliges Government to recruit persons of eighteen (18) years and above for national service. Further, by acceding to the Geneva Conventions, Zimbabwe prohibits recruitment of children into the army.

The Constitutional guarantee to personal liberty also applies to children. Courts often release juvenile offenders into the custody of their parents or legal guardians pending trial.

Further, the Legal Aid Act [Chapter 7:16], provides for the legal representation of all under-privileged persons, including children. The Legal Aid Directorate is currently operating in six provinces. Plans are underway to decentralize it to the remaining four provinces. Government also developed a National Legal Assistance Strategy for Children in 2012, and the strategy is aimed at improving children’s access to justice. In 2012, 2013, 2014 and 2015, the number of children who received legal assistance was 87, 144, 310 and 414 respectively.
Children below the age of seven are deemed to lack criminal capacity. A child who is seven but below the age of fourteen (14) years is presumed to lack capacity to form the intention to commit a crime, unless proved beyond a reasonable doubt. Currently the Government is considering reviewing the age of criminal responsibility from 7 to 12 years, in line with the Convention.

Furthermore, children in Zimbabwe are not sentenced to capital punishment. Section 338 (c) of the Criminal Procedure and Evidence Act prohibits the imposition of capital punishment on children. In addition, section 48 of the Constitution prohibits the imposition of death penalty on anyone below the age of 21 years. Juvenile offenders are tried in camera to protect their identity. The child’s name is not published in order to protect the child’s dignity and privacy.

Government in 2008 introduced the Pre-trial Diversion Programme to divert young offenders from the formal court system with the major aim of preventing young offenders from having a criminal record at an early age. The programme further seeks to rehabilitate young offenders and fully integrate them into society. The target group for the programme is young offenders below the age of 18 years who have committed crimes which attract a sentence of two years and below.

In 2013 and 2014, 498 and 737 young offenders respectively, were referred for pre-trial diversion. In 2013, out of the 498 young persons who committed various offences, 399 were male offenders as compared to 99 female offenders. In 2014, out of the 737 young offenders, 605 were male offenders as compared to 130 female offenders. The prevalent offences committed by juveniles are assault and theft.
The total number of juveniles in prison is 108 (103 males and 5 females).

Chair-person, children below the age of two (2) years whose mothers have been convicted and incarcerated accompany their mothers to prison. This is to ensure that the child is not separated from the mother especially when the child is still breastfeeding. The Government developed a dietary schedule for children of imprisoned mothers. To date, 33 children, below the age of two are accompanying their mothers in prison. Of these 25 are boys and 8 are girls.

As an administrative measure the Judicial Service Commission discourages the sending of expecting and nursing mothers into custody whilst awaiting trial.

In addition, Government has plans to establish an open prison for all female offenders. The open prison system will is intended to provide a conducive environment for children accompanying their imprisoned mothers.

**Drug and Substance Abuse**

The use or dealing in dangerous drugs is an offence in Zimbabwe. The Dangerous Drugs Control Act [Chapter 15:02], the Liquor Act and the Medicines and Allied Substances Act [Chapter 15:03] prohibit the sale of prohibited and dangerous drugs to children or persons under the age of 18. For the period 2009-2014, 30 children aged between 23 and 17 years were arrested for abusing drugs. No child was arrested for drug trafficking during the stated period.
Sexual Abuse, Exploitation and Trafficking

The State has taken legislative measures to protect children from sexual exploitation and abuse, for both the girl and the boy child. Section 81(1) (e) of the New Constitution prohibits the sexual exploitation of children.

Data from the National Baseline Survey on Life Experiences of Adolescents (NSBLEA), 2011, revealed that nine percent (9%) of females and two percent (2%) of males aged between ages thirteen (13) to seventeen (17) suffered sexual violence in the twelve (12) months preceding the survey in 2011.

The Criminal Law (Codification and Reform) Act and the Trafficking in Persons Act provides for the protection of children from trafficking. Section 23 of the Criminal Code prohibits the sale of any person.

CONCLUSION

Chairperson, since 1996, Zimbabwe has made great strides towards the development and promotion of children’s rights and continues to do so as highlighted in this report.

Despite the current economic setbacks Government remains committed to supporting and promoting children’s rights and welfare as pronounced in the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIM ASSET).
In this regard, I wish to reaffirm Zimbabwe’s commitment to the protection and promotion of the fundamental rights and freedoms for children as enshrined in both the Constitution, and International and Regional treaties.

In conclusion Chairperson, I wish to reiterate that Zimbabwe, as a member of the international community and party to various human rights instruments and protocols, remains committed to respecting, promoting, protecting and fulfilling the rights of its children.

Against the background of our peculiar circumstances as a country, I appeal to the Committee to have regard to our situation. The enormity of the task at hand should not be underestimated. We are open to constructive suggestions and recommendations which will lead to the improvement of the enjoyment of the fundamental rights and freedoms by our children. We hope that your Committee will extend assistance to our Government to strengthen our advancement in the promotion and protection of the rights of our children.

I THANK YOU