



## Universal Periodic Review of Zimbabwe 40th session, January - February 2022

*Submitted by:*

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This report is prepared and submitted by SOS Children's Villages Zimbabwe (SOSCVZ). The organisation was established in 1983 in Zimbabwe. Our target group are children without, or at risk of losing, parental care. We provide Family-like Care and Family Strengthening Programmes.

## I. INTRODUCTION

- 1.1 Traditionally, Zimbabweans have cared for children in the unfortunate event that their birth parents cannot do so. Due to the prevailing socio-economic climate and the effects of HIV and AIDS, orphans and vulnerable children have found themselves struggling to survive. This has increased pressure on the extended families and communities who have traditionally provided care. Accordingly, the Zimbabwe National Orphan Care Policy (1999) recognises the family, extended family and community as the ideal place for a child to develop. Where these systems fail to cater for the child, adoption and foster care are presented as alternatives with institutionalisation being the last resort.
- 1.2 The African Charter on the Rights and Welfare of the Child (ACRWC) and the United Nations Convention on the Rights of the Child (UNCRC) provide for a child to be cared for by his/her family or by the state should the family be unable to do so. The exact number of children in formal alternative care in Zimbabwe is unknown as there has not been any efforts to establish the number and situation of alternative care at national level. However, Civil Society Organisations focusing on their specific areas of work have commissioned studies.
- 1.3 The current SOS Children's Villages report focuses on birth registration, alternative care and after care.

## II. BIRTH REGISTRATION

### A. *Second-cycle UPR Recommendations*

- 2.1 During the last UPR of Zimbabwe, the Government of Zimbabwe (GoZ) supported all recommendations related to the right to a name, identity, and nationality addressed by the Holy See<sup>1</sup>, Mexico<sup>2</sup>, Namibia<sup>3</sup>, Kenya<sup>4</sup>, Turkey<sup>5</sup>. However, the situation on the ground remains unchanged.

### B. *Legal and Institutional Framework*

- 2.2 The Births and Deaths Registration Act (1986) has discriminatory provisions premised on distinguishing children born out of wedlock and section 12 does not allow fathers to register their children in the absence of a mother or maternal relative when children are born out of wedlock.
- 2.3 The provision of the Citizenship Act (1984), which prohibits dual citizenship, is inconsistent with the Constitution of Zimbabwe. Efforts towards alignment with the Constitution though underway have been slow and taken more time than

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<sup>1</sup> Holy See UPR Recommendation 132.78,

<sup>2</sup> Mexico UPR Recommendation 132.80

<sup>3</sup> Namibia UPR Recommendation 132.79

<sup>4</sup> Kenya UPR Recommendation 131.62

<sup>5</sup> Turkey UPR Recommendation 131.61

expected.

2.4 The Government of Zimbabwe has mandated the Registrar General's Department to ensure that births and deaths events are recorded timeously. The Registrar General's office is well known for demanding bribes<sup>6</sup>, long queues and rude behaviour from the public officials. Lack of decentralisation of the department requires people in rural areas to travel long distances to acquire birth certificates.

### ***C. Promotion and Protection of Human Rights on the Ground***

- 2.6 Access to identity documents remains challenging for children and parents in Zimbabwe. A name and nationality are every child's right, enshrined in the Convention on the Rights of the Child and other international treaties
- 2.7 Birth registration remains an important aspect of the enjoyment and realisation of children's rights. However, yawning gaps exist in the process of acquiring birth certificates for children in Zimbabwe.
- 2.8 Acquiring a birth certificate can be a nightmare for children and young people in care but with traceable relatives. The process requires key relatives to be present and provide testimony before government officials. This becomes difficult for children born out of wedlock, children born from incest and children whose paternity is challenged.
- 2.9 Knowledge gaps, attitude problems and practices, which both duty bearers and citizens have towards birth registration has a negative impact on children. Children and young people without birth certificates struggle to participate in sport and acquiring travel documents like passports and emergency travel documents (ETDs). Their right to identity is severely compromised.

### ***D. Recommendations***

We recommend to the Government of Zimbabwe to:

- 2.10 Review the Birth and Death Registration Act and the relevant administrative procedures to ensure free and universal birth registration, including for children born out of wedlock.
- 2.11 Expedite the introduction of online registration facilities in addition to the existing options and ensure greater access for people living in rural and remote areas, as well as make it easy for children and young people to obtain identity documents.
- 2.12 Provide capacity building of the Registrar General's staff who are mandated to process birth certificates.
- 2.13 Develop special measures for children and young people who have care experience to receive identity documents in the shortest possible time and ensure that the short birth certificate is recognised and accepted by all government and private institutions.
- 2.14 Conduct awareness raising campaigns on the importance of birth registration as well as the process for acquiring a birth certificate and other identity documents for children and young people.

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<sup>6</sup> Zimbabwe Human Rights Commission: Report on National Inquiry on Access to Documentation in Zimbabwe April 2020.

### III. CHILDREN IN ALTERNATIVE CARE

#### A. *Second-cycle UPR Recommendations*

3.1 During the second cycle, Serbia recommended the Government of Zimbabwe to “Develop a strategy or a national plan for the de-institutionalization of children from residential care institutions to foster families<sup>7</sup>”. This recommendation received limited attention as the placement of children in institutions continued.

#### B. *Legal and Institutional Framework*

3.2 The Constitution of Zimbabwe<sup>8</sup> provides for the right to family and parental care, or to appropriate care when removed from the family environment.

3.3 The Children’s Act provides for “the establishment of children’s courts; to make provision for the protection, welfare and supervision of children and juveniles; to provide for the establishment, recognition and registration of certain institutions and institutes for the reception and custody of children and juveniles and for the treatment of children and juveniles after their reception in such institutions and institutes; to require the contribution by certain persons towards the maintenance of children and juveniles; to provide for the adoption of minors; and to provide for matters incidental to or connected with the foregoing<sup>9</sup>”.

3.4 The alternative care situation has not seen much positive improvements, as the Children’s Act remains misaligned to the Constitution of Zimbabwe. Efforts to alignment though underway, has taken more time than expected.

3.5 The Government of Zimbabwe developed the National Residential Care Standards in 2002 and revised them in 2017. These provide standards of implementation for residential child-care facilities. In 2018, GoZ developed the National Foster Care Handbook that provides guidance in the implementation of foster care.

3.6 The National Orphan Care Policy of 2009 provides for the placement of children in alternative care through a six-tier system. These provisions though relevant have not been implemented.

#### C. *Promotion and Protection of Human Rights on the Ground*

3.7 The alternative care situation in Zimbabwe remains unchanged with very little progress made in responding to the situation of children in alternative care.

3.8 According to the National Foster Care Baseline study, the number of children in Foster Care is 512<sup>10</sup>. The number of children in residential care is estimated at 4896 as at 2016<sup>11</sup>. However, based on the National Orphan Care Policy there are

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<sup>7</sup> Serbia Recommendation 131.109

<sup>8</sup> Constitution of Zimbabwe Amendment (No 20) ACT 2013; Section 81 subsection 1 (d)

<sup>9</sup> Children’s Act [Chapter 5:06]. [Amended by Section 2 of Act 23 of 2001, with effect from 18th January, 2002.]

<sup>10</sup> National Foster Care Baseline Assessment Report. 2018. Ministry of Public Service, Labour and Social Welfare.

<sup>11</sup> National Residential Care Baseline Assessment. 2014. Ministry of Public Service, Labour and Social Welfare

- supposed to be fewer children in residential care as compared with foster care.
- 3.9 Approved residential care service providers are entitled to child support grants and administrative grants. These are aimed at supporting the upkeep of the child and contribute towards the running of the facility. However, the provision of the support has been very erratic, and in most cases falls way below the minimum household threshold for consumption.
- 3.10 Government of Zimbabwe social workers are expected to conduct monthly monitoring visits to residential care facilities<sup>12</sup>. However, these have not been performed to satisfaction. Some facilities go for months without monitoring and support visits.
- 3.11 The state has expressed willingness to conduct family tracing and reunification. However, this has not been implemented at a large scale. Efforts towards this are largely supported by civil society organisations. The government is failing to take advantage of the fact that the majority of children in residential care can be reunified with parents or relatives.
- 3.12 The Government of Zimbabwe has not invested in family tracing and reunification of children with parents and relatives.

#### ***D. Recommendations***

We recommend to the Government of Zimbabwe to:

- 3.13 Provide adequate human, financial and material resources towards the effective implementation of alternative care programmes in Zimbabwe in line with the provisions set out in the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.
- 3.14 Develop and implement measures that provide support towards national gatekeeping efforts to reduce the number of children who end up in formal alternative care unnecessarily.
- 3.15 Develop a national Management Information System that provides real-time data on the situation of children in alternative care.
- 3.15 Strengthen measures aimed at domestication of the UN Guidelines for the Alternative Care of Children, relevant provisions of the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the 2019 UNGA Resolution on the Rights of the Child focused on children without parental care.
- 3.16 Provide adequate financial, human and material resources towards family tracing, reunification and monitoring of children.

### **IV. AFTER CARE**

#### ***A. Second Cycle UPR recommendations***

- 4.1 During the last review of Zimbabwe by the UPR Working Group, there were no specific recommendations focusing on children and young people leaving care.

#### ***B. Legal and Institutional Framework***

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<sup>12</sup> National Residential Care Standards 2017: Standard 12. Ministry of Public Service, Labour and Social Development

4.2 The Constitution of Zimbabwe section 20.113 provides that the state and all institutions and agencies of government at every level must take reasonable measures to ensure that young people have access to education, representation, participation, and employment opportunities.

4.3 The Zimbabwe National Youth Policy<sup>14</sup> recognises orphans and vulnerable children including street children. However, the policy is not specific to cover children and young people with care experience.

### ***C. Promotion and Protection of Human Rights on the Ground***

4.4 Young people who are discharged from foster care and residential child-care facilities face a plethora of challenges. The GoZ discharges young people upon attaining eighteen years of age<sup>15</sup>. Currently there is no support provided to care leavers.

4.5 Preparation for leaving care though clearly specified in the National Residential Care Standards<sup>16</sup> (Standard four), the discharge process has not been taking into consideration the rights of young people. The number of care leavers is not known as there are no efforts to document the situation of care leavers at national level.

4.6 The Government of Zimbabwe has not put in place measures to support young people in preparation for social integration. This has resulted in young people struggling to access jobs and other sources of livelihoods.

4.7 Emotional and psychological traumas that resulted in removal from the family environment are not addressed at the time of discharge as residential care facilities focus on the provision of shelter, food and education.

4.8 Once a young person is discharged, access to education, shelter and health are inaccessible as one is expected to provide themselves. Without support from government, young people leaving residential care and foster care are left in poverty, homeless and resort to criminal activities for survival.

### ***D. Recommendations***

We recommend the Government of Zimbabwe to:

4.9 Develop and implement multi-sectoral policies and programmes that respond to preparation for leaving care and after care as recommended by the UN Guidelines for the Alternative Care of Children.

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<sup>13</sup> Constitution of Zimbabwe Amendment (No 20) Act 2013

<sup>14</sup> The Zimbabwe National Youth Policy 2020 - 2025 MINISTRY OF YOUTH, SPORT, ARTS AND RECREATION

<sup>15</sup> National Residential Care Standards 2017. Ministry of Public Service, Labour and Social Development

<sup>16</sup> National Residential Care Standards 2017. Ministry of Public Service, Labour and Social Development

- 4.10 Invest in capacity development of government social service workforce to respond to the needs of children and young people leaving care and those with care experience.
- 4.11 Develop a robust data management system that keeps records of children and young people who passed through the care system to allow easy access to circumstances of children and young people when they want to know their history and reasons for placement into care.
- 4.12 Establish a quota system for employment of young people with care experience, as they do not have social safety nets to support them once discharged from care facilities.
- 4.13 Provide support towards community reintegration of children and young people with traceable relatives and families to curtail ageing out of care.