

# PARLIAMENT OF ZIMBABWE

*Wednesday, 31<sup>st</sup> May, 2023*

*The National Assembly met at a Quarter-past Two o'clock p.m.*

## PRAYERS

(THE HON. DEPUTY SPEAKER *in the Chair*)

## MOTION

### BUSINESS OF THE HOUSE

### THE MINISTER OF JUSTICE, LEGAL AND

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** I move that

Orders of the Day, Nos. 1 to 11 on today's *Order Paper* be stood over until Order of the Day, No. 12 has been disposed of.

Motion put and agreed to.

## COMMITTEE STAGE

### CRIMINAL LAW (CODIFICATION AND REFORM) AMENDMENT

BILL [H. B. 15, 2022]

Twelfth Order read: Resumption of Committee: Criminal Law  
(Codification and Reform) Amendment Bill [H. B. 15, 2022.]

House in Committee.

**HON. T. MLISWA:** On a point of order Madam Speaker. My point of order is on a point of clarity and understanding. Madam Speaker, you are the Speaker today and I see you chairing a committee. I do not know whether it is within the Standing Orders which I may not be privy to. Is there such a thing because you are the Deputy Speaker and could be the Chairperson of Committees but does it also say you can chair a Committee if you are the Speaker of the day? I would want you to refer me to any Standing Order that speaks to that.

What we know is that after this process has been done, the Chair then reports to the Speaker. Now that you are chairing and as the Speaker of the day, are you going to report to yourself again? Whoever was chairing has to report to the Speaker on what transpired, so today is a very interesting one as the Speaker is chairing and is going to report to herself as the Speaker. When you are the Chairperson of Committees, your job is to ensure oversight on what is being done. The Board Chairperson cannot be the CEO.

I just want to know so that we do not do things which are not right in terms of the Standing Orders and the Constitution's point of view. Everybody, the whole world is watching this and if it is not proper, what will they say? So I just need to be referred to the Standing Orders because I have never seen Advocate Hon. Mudenda chairing a committee. Today you are the Speaker, unless the Speaker is back but we saw you being in charge of the House today. All the proceedings you were in charge of. I just need to know, to be clarified and to be pointed to a Standing Order, any constitutional issue that talks to that.

**THE HON. DEPUTY SPEAKER:** Thank you Hon. Mliswa. I am the Chairperson of Committees as the Deputy Speaker of Parliament. I am sure, you know that.

**HON. T. MLISWA:** I have not questioned you being the Chairperson of Committees but where does it say the Chairperson of Committees can also chair a Committee?

**THE HON. DEPUTY SPEAKER:** It is the Chairperson who...

**HON. T. MLISWA:** What I needed to know – you are also the Speaker today. Unless you are telling me, you are not the Speaker today. How will it proceed? The real issue is that the Chairperson of Committees reports to the Speaker, are you not conflicted today? -

[HON. ZIYAMBI: *Huya tikudzidzise, unozonyadzisa pakaungana vanhu*] -*Ndosaka ndati handisikuziva, ndiratidzei mutemo. Muri kungotaura musina mutemo. Ndati handisikuziva mutemo, ndirakidzei pane mutemo, ndidzidzewo nokuti ini ndinoda kudzidza. Ini ndinoita nharo but hapana mutemo wamuri kundiratidza kuti izvi. Speaker, ndi Hon. Gezi but ndiChairman of Committees, saka vacha reporter kunaani?* [HON. TOGAREPI: *Kuna Speaker*]- Speaker *ani?* So, she is conflicted because if anything goes wrong *muCommittee muno*, she has to make a ruling, whether it was wrong or right. After the proceedings here, you go to report to the Speaker, if something is wrong and the Speaker is here, *vanoramba. Saka ivo kana vachicheya vangagozvirambira sei zvinhu kana zvisina kufamba mushe?*

*Ndozvandiri kungovhunza.*

**THE HON. DEPUTY SPEAKER:** Hon. Mliswa, we want progress. – [HON. T. MLISWA: *But we also need you to refer us to a law. How does the Chairperson reports to herself? That is the point, nokuti kana tanetsana muno umu, zvoinda kuna Speaker uko, Speaker vanogona kuramba*] – I will report to the Speaker. – [HON. T. MLISWA: *Where is the Speaker, hazviite izvi. The Speaker was you Madam Speaker. Aiwa, where is the Speaker? Ndivo vatanga maproceedings. We want to know, if anything goes wrong, the Speaker can correct things, so will she correct things if she is the Chairperson and she is the Speaker as well? That is my point. Muno umu ndeme mutemo*]- [HON. MEMBERS: *Inaudible interjections*] – [HON. T. MLISWA: *The procedure is not right. It must be pointed, the procedure is not right. We are making laws and we must be careful when making laws. Ngatiitei zvemutemo, iwe neni tinonetswa nenyika, vaenda vava kundogadzirisa manje*] –

*The Hon. Deputy Speaker, Hon. Ziyambi and Hon. Biti consulting each other.*

**THE TEMPORARY CHAIRPERSON (HON. DR.**

**MAVETERA):** When we adjourned yesterday, we were on Clause 2.

**THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** For the purposes

of capturing it correctly, I want to read the amendments that I had proposed on Clause 2, (3), so that it starts as follows: ‘Any citizen or permanent resident of Zimbabwe who, within or outside Zimbabwe, intentionally partakes in any meeting, whose object or one of whose objects the accused knows, or has reasonable grounds for believing involves the consideration of or the planning for the implementation or enlargement of sanctions or a trade boycott against Zimbabwe (whether those sanctions or that boycott is untargeted or targets any individual or official, or class of individuals or officials), but whose effects indiscriminately affect the people of Zimbabwe as a whole, or any substantial section thereof, shall be guilty of willfully damaging the sovereignty and national interest of Zimbabwe and liable to...’ then it continues on page 3. – [HON. MEMBERS: *Inaudible interjections*]-

**THE TEMPORARY CHAIRPERSON:** Order Hon. Members, may the Hon. Minister be heard in silence. You will be given an opportunity to speak.

Amendment to Clause 2 put and agreed to.

Clause 2, as amended, put and agreed to.

- [HON. MEMBERS: *Inaudible interjections*]-

[*Disorder in the House*].

**HON. T. MLISWA:** *Hapana ashevedzera* division. Let us debate.

**THE TEMPORARY CHAIRPERSON (HON. DR.**

**MAVETERA):** We are going to proceed. Hon. Members on virtual will indicate by typing “YES” or “NO” on their gadgets as the case maybe.

We need to find the total number of Hon. Members who have voted. We are also going to be voting in this House. That is what we are going to be doing. Thank you. We will start with Hon. Members in the House and those on virtual platform.

May the Hon. Members on the left side appoint tellers and Hon. Members on the right side appoint tellers. Thank you. -[HON.

MEMBERS: *Inaudible interjections*]-

**THE TEMPORARY CHAIRPERSON:** May Hon Members on virtual please say “YES” and some will say “NO”. Those that are assenting to the Bill vote “YES” and those that do not want this clause they say “NO”. May you please vote on the virtual platform. Can you please indicate your preference for those on virtual, “YES” and “NO”? May you please go on the chat and indicate “YES” and “NO”. May you please vote online, please say “YES” if you are agreeing to that and “NO” if you are not agreeing. - [HON. MEMBERS: *Inaudible interjections*] - Order, order! May we please have results from the Ayes.

**HON. MADZIMURE:** On a point of order.

**THE TEMPORARY CHAIRPERSON:** What is your point of order?

**HON. MADZIMURE:** When you get to a point that you purport to have got to, you actually ask for the bells to be rung. That is the starting point. You then identify the tellers and the tellers will come and stand here...

*Hon. Muchimwe having tried to enter the House.*

– [HON MEMBERS: *Inaudible interjections.*] –



**THE TEMPORARY CHAIRPERSON:** Hon. Muchimwe! May Hon. Madzimure be heard in silence. Order, order! Hon. Madzimure, please proceed.

**HON. MADZIMURE:** Madam Chair, with all due respect, I expect the Clerk and the Minister to advise you in a proper way and also not to betray me. As we were listening to the commotion, they were telling you what to do and how to do it, but I do not have a problem with that. I was simply saying once you get to a point where you want to divide the House, you ask for the bells to be rung. Bells were not rung.

Secondly, you then officially identify the tellers who will do the actual counting and you then ask for the tellers to come and stand here and announce their results, not the Chief Whip from the ruling party telling you how many people from this side. So, without that process not having been followed, it makes any vote null and void. Thank you.

**THE TEMPORARY CHAIRPERSON:** We greatly appreciate what you have said Hon. Madzimure. What we are going to do for the purposes of transparency and also making sure that we are accountable as Parliament, we are going to ring the bells again. – [HON.]

MEMBERS: *Inaudible interjections*]- Order, order Hon. Members. We need to be honourable in our doing. The question over which the House will divide is out of Clause 2, and may the bells be rung. That is what we are doing and we start the process again.

*[Bells rung]*

*House divided.*

**HON. T. MLISWA:** On a point of order!

**THE HON. CHAIRPERSON (HON. DR. MAVETERA):** It is not allowed, you will do your *Point of Order* after the proceedings.

**HON. MLISWA:** I just want to say people do not know what is going on. As for me, as an Independent Member, these are party people. I will pack my bags and go. Let history be known that I was not part of this commotion and circus, ever. So, I wish you all the best in signing this Bill.

I am not part of this Bill, and will never be part of this mess that has happened today, it is a waste of taxpayers' money. No wonder why some of you did not come back, you are useless. No wonder why you

were voted out, you did nothing to this Parliament – [HON. MEMBERS:  
*Inaudible interjection.*] –

**AYES 99:** Hon Chanda G., Hon Chibagu G., Hon. Chiduwa C.,  
Hon. Chikukwa M.R., Hon Chingosho C.P., Hon. Chinotimba J., Hon.  
Chipato A., Hon. Chiwetu J.Z.; Hon. Chombo M., Hon. Dutiro P., Hon.  
Dzepasi G., Hon. Dzuma S., Hon. Gandawa M.A., Hon. Gezi T., Hon  
Gorerino O., Hon. Gumbo J.M., Hon. Gwanetsa. K.K., Hon Kabozo. S.,  
Hon. Kapuya F., Hon. Karikoga T., Hon. Karoro D., Hon. Karumazondo  
M.T., Hon. Kashambe M.T., Hon. Kashiri C., Hon. Maboyi. R.M., Hon.  
Madiwa C., Hon. Madziva S., Hon. Makari Z.H., Hon. Makoni R.R.,  
Hon. Mandiwanzira S.C, Hon. Mangwiwo J.C., Hon. Marikisi N., Hon  
Maronge C., Hon. Masango C.P., Hon. Mashonganyika D., Hon.  
Matangira T.R., Hon. Mataranyika D.M., Hon. Mathe S., Hon.  
Matsikenyere N., Hon. Mavetera T.A., Hon. Mavima P., Hon. Mawite  
D., Mguni Hlalani., Hon. Mhlanga J.N., Hon. Mhona F.T., Hon.  
Mkandla M., Hon. Mkaratigwa E., Hon. Moyo E., Hon. Moyo Priscila.,  
Hon. Moyo T., Hon. Mpame C., Hon. Mpofu M. M., Hon. Mpofu R.,  
Hon. Muchimwe P. T., Hon. Mudyiwa M., Hon. Mukuhlani T., Hon.

Mukunyaidze S. E. I., Hon. Munetsi J., Hon. Murambiwa O., Hon.  
Murire J (Rtd) Col. Dr., Hon. Musakwa E., Hon. Musanhi K. S., Hon.  
Musikavanhu D. A., Hon. Musiyiwa R., Hon. Muswere J., Hon.  
Mutambisi C., Hon. Mutomba W., Hon. Ncube E., Hon. Ncube Soul.,  
Hon. Ndlovu M. N., Hon. Nduna D. T., Hon. Nguluvhe A., Hon.  
Ngwenya S., Hon. Nhambo F., Hon. Nhari V., Hon. Nkani A., Hon.  
Nkomo M., Hon. Nyabani T., Hon. Nhati R. R., Hon. Nyere C., Hon.  
Paradza K., Hon. Phuti D., Hon. Raidza M., Hon. Saizi T., Hon.  
Seremwe B., Hon. Sewera J. N., Hon. Shirichena E., Hon. Shumbamhini  
H., Hon. Sibanda O., Hon. Simbanegavi Y., Hon. Sithole Josiah., Hon.  
Soda Z., Hon. Togarepi P., Hon. Matuke L., Hon. Tongofa M., Hon.  
Tsuura N., Hon. Wadyajena J. M., Hon. Zemura L., Hon. Ziyambi Z.,  
Hon. Zizhou M.

*Tellers: Hon. Raidza and Hon. Togarepi*

**NOES:** 17: Hon. Biti L. T., Hon. Chamisa S., Hon. Chibaya A.,  
Hon. Chidakwa J., Hon. Chidziva H., Hon. Chimina L., Hon. Hamauswa  
S., Hon. Hwende C., Hon. Matewu C., Hon. Mliswa T. P., Hon. Murai

E., Hon. Mutseyami C. P., Hon. Sibanda D. P., Hon. Siband L., Hon. Tekeshe D., Hon. Tembo M., Hon. Tobaiwa J.

*Teller: Hon. Matewu C.*

**THE TEMPORARY CHAIRPERSON (HON. MAVETERA):**

Order! I have 99 Ayes and 17 Noes. Therefore, the amendment is accordingly made.

Clause 2 as amended, put and agreed to.

Clause 3 put and agreed to.

On Clause 4:

**HON. BITI:** My proposal on this one is that dangerous drugs are defined in the Act but these dangerous drugs are evolving and new ones are coming every day. As I submitted yesterday, when I went to law school and started practicing, the only dangerous drug which was mentioned in Section 11 of the very dangerous drugs was prepared in hemp, commonly known as *mbanje*. Now we have cocaine, heroin, and *mutoriro*.

I think the Minister must be given powers in regulation of increasing the drug so that each time there is a new drug, then we have

to amend the Act. By the time we get to Christmas, there will be 40 new drugs. Right now, as I am talking to you, people are smoking diapers, and globes. Give the Minister power to expand the list of drugs in regulation instead of amending the Act each time there is a new drug.

**THE MINISTER OF JUSTICE, LEGAL, AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Hon Chair, I am trying to check...

**THE TEMPORARY CHAIR:** Order Hon. Minister. We recognise the presence of the Vice President of the Republic of Zimbabwe and also the Minister of Health and Child Care, Hon. Rtd. Gen. Dr. C.D.N Chiwenga. We welcome you, Sir. I am also being advised that he is the current Acting President, therefore, we recognise the President.

**HON. ZIYAMBI:** Hon. Chair, I hear what Hon. Biti was saying. If you go to the dangerous drugs Act, there is a schedule there which is published under a Statutory Instrument and the Minister has powers to update that. If there is an emergence of any dangerous drugs, it means you can simply update that schedule without going to the Act. So, if you

go to this amendment, it actually indicates a scheduled drug which means the definition of dangerous drugs will include those under the Dangerous Drugs Act, under that schedule which is published under a statutory instrument. So, it is correct as it is.

**HON. BITI:** We are punishing the user oblivious to the pernicious role that is played by the middleman who is in fact importing drugs from South Africa, Latin America and so forth. I am proposing that there must be a decoupling of the offences so that the actual drug baron who is importing drugs into Zimbabwe gets a heftier penalty than the user who is walking in Mbare, Dotito or Chiendambuya - that one who is bringing drugs from Malawi gets the penalty because those are the people that are killing this country. Let us punish the drug lord as opposed to the user who is working on a few grams for his or her own use.

**HON. ZIYAMBI:** The amendment was to expand the definition of dangerous drugs. The amendment was not capturing how the offenders are being punished. In other words, what this amendment is seeking is to define and expand the definition of dangerous drugs but we did not

touch it in this amendment on the actual crimes and revised them. It would be a completely new amendment which is not part of this clause.

At this stage, we cannot because we then need to go to the Act and look at the Act and then find a place where we need to amend it. It cannot be done under this amendment. I submit Chair.

**\*HON CHIDZIVA:** I do not think that we can proceed without mentioning the actual dangerous drugs which have ripped through our societies. When we go to police stations, they say that Crystal Meth is not defined in the statutes and this is how offenders get away with it. I am proposing that Crystal Meth should be mentioned by name as a dangerous drug.

**HON. NDUNA:** I want to add my voice on the issue of the dangerous drugs on two issues. We were talking about the offence and we were talking about the penalties since yesterday. This is an opportunity to put in the new strains of these drugs.

**HON. R. R. NYATHI:** On a point of order. I just want to enquire whether Hon. Biti's dressing is befitting the dress code that is expected in this House.



*Hon. Biti having been dressed in a black polo neck and black overcoat.*

*Hon. Matangira having been spotted wearing a Zulu head gear*

**THE TEMPORARY CHAIRPERSON:** Hon. Matangira, if you are putting on African attire, please put on African attire. May you kindly remove what is on your head. It is not African attire. You cannot be mixing the two. Yes, please let us observe that.

**HON. NDUNA:** Since yesterday we were talking of the offences and we were also talking of the penalties. The law should provide for self-regulation in times where people have offences that they actually have in their societies. The issue of drugs has seen that self-regulation no longer occurs in particular with the strains that are coming to the fore like the other Hon. Members have spoken about like Crystal Meth and other drugs that are coming into play.

My proposal to the Hon. Minister is that, I am one that advocates for courts to interpret statutes and to give the appropriate penalties. Here is an opportunity to actually propose a big penalty to the courts and also to propose a way that actually increases the number of drugs and strains

that occur time after time because the battlefield is fluid and the issue of drugs is mutating all the time. There is need to give the Hon. Minister more space to continue to increase. These would be my submissions from the people of Chegutu West Constituency which has been bedeviled by the scourge of drug abuse.

**HON. MADZIMURE:** My biggest problem is that we have defined the drugs even though there are some that maybe included either in the Bill or in the Schedule. If we are not dealing with the issue of penalties that will deter the drug dealers that will deter the drug traffickers and manufacturers of the drugs within Zimbabwe's borders. We will not be doing anything because it will take a very long time for the Minister to come back with any amendment and by the time that happens, a whole generation will have been lost. If we are to proceed, we can do so but without putting a clause with deterrent measures to discourage people from drug dealing and trafficking, it means those people continue to make millions supplying drugs. For anyone outside this House to know that we did process this Bill without the punitive

measures, it will not work. The law must protect the people of Zimbabwe.

**\*HON. CHINOTIMBA:** My sentiments are that we are all agreeable as Hon. Members in this august House that we cannot just come here to define what a dangerous drug is without putting punitive measures for anyone caught dealing in dangerous drugs. We are saying it is time for the Minister to put in place measures that will be taken if a person is caught with dangerous drugs or dealing and selling dangerous drugs. The law should specify what happens to foreigners or locals caught dealing in dangerous drugs and everyone should know which law that is or how many years that person should go to jail or what will happen to them. If they are foreigners, are they going to be arrested and deported to their countries? All that should be properly laid out. I thank you.

**HON. HAMAUSWA:** On a point of order and it is arising from the emerging debate pointing to serious gaps that we are realizing from these amendments. Inasmuch as we are at this stage, I propose to the Minister that within our laws something should be done to ensure that

we make comprehensive amendments that will cover the issues of drugs and substance abuse in this country. The Hon Members are saying we are going to police stations and the people being arrested are released because there are no laws that are addressing that issue. Therefore, the Hon. Minister should tell us what should happen in the event that these amendments are not comprehensively addressing the issues related to drugs and substance abuse in this country. When I go back to my constituency, the issue of drug abuse is not being addressed by these amendments and that is a miscarriage of justice as we are not doing enough. So, the Minister must address us and give us assurance of what will happen after passing this Bill. We are not addressing the fundamental issues that are affecting the people. It shows we did not do our homework before we came up with these amendments. I thank you.

**THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Hon. Chair, there are two eggs that are involved here; the Dangerous Drugs Act and the Criminal Law Codification and Reform Act. The clause that we are amending pertains to Section 155 of the Criminal Law Codification

Reform Act where we are expanding the definition of dangerous drugs. What Hon. Members are speaking to is already covered under the Dangerous Drugs Act administered by the Ministry of Health. The Minister of Health has a list under regulations, Part 5 of the Dangerous Drugs Act, Section 14 (c), which allows the Minister to issue regulations and I can read this so that Members can appreciate. The Dangerous Drugs Act says, “for the purposes of preventing the improper use of dangerous drugs which are defined by the Ministry of Health, the Minister of Health may, by regulation prohibit, control or restrict the cultivation, manufacture, sell, possession or distribution of those drugs and in particular but without prejudice to the generality of the foregoing.” So, it will list everything that has to be prohibited. It gives the Minister powers to list the dangerous drugs and to categorise them in terms of how dangerous they are. I think, what we simply did in this amendment is to indicate that, some of these drugs will be under the schedule that the Ministry of Health will publish under a Statutory Instrument.

So, the law as it is, is flexible so that it does not restrict us to only a few and require us to come to Parliament to amend the Act but rather the Minister, through regulations, can actually add or remove some. So, the amendment that we are proposing is proper as it is but what we are now debating is under the Dangerous Drugs Act and the Minister was given sufficient powers to do all things that we are now debating. In other words, I am saying we have now broadened the definition in the Criminal Code to include even those drugs that are on the schedule, published by the Minister. So, it is broad, it is no longer narrow. I propose that we move all the issues that pertain to the issue of dangerous drugs because currently we have an issue of abuse of drugs.

We also have committees that have been set up by Government to look into our laws. This will now come up with comprehensive amendments; either to the Dangerous Drugs Act or any other laws so that we address that issue but the Criminal Code, the amendment that we are looking at is simply expanding the definition to include all those drugs that will be under the schedule. Any other amendments, I think it is work in progress because we have a committee that is actually looking

at the reform of our laws in terms of how we deal with the dangerous drugs. So, Hon. Chair, I submit that we proceed with this clause as it is as it is fairly adequate for the purposes that we intend to do. I thank you.

**\*HON. CHINOTIMBA:** Thank you Madam Chair. We hear what you say Hon. Minister, but the problem we have is, if someone has been arrested in possession of dangerous drugs, what sentence should be given to them? When they go to court, what sentence should be adequate? Yes, the Minister has listed the dangerous drugs, when one is found in possession of those drugs, what does the law say? The one we are amending, where are we going. We have regulated and gazetted but how is it applied? We have just enacted a law which is inapplicable. My concern is, if one has fallen foul of those drugs, what sentence is open to that person?

**HON. MADZIMURE:** Madam Chair, it seems the Minister has missed our real point. We know he has informed us that there is a schedule in the Ministry of Health, where they have got other drugs there. I presume that most of the drugs are actually those that are used for medicinal purposes but the issue that we are talking about here is that

when someone who is peddling the drugs; who is a career for the drugs; who is a trafficker is arrested, what do we fall back on as far as the law is concerned? Here we are talking of the law and I do not think any serious conviction will be got from what the Minister has said. We will not get a conviction out of what he has said.

So, what we are trying to say is what are the deterrent provisions within the law that we must have. This is exactly what the people of Zimbabwe expect us to come up with. They are asking us why do we have people who are being arrested and released and they are continuously doing the business of bringing drugs.

\* **HON. ZIYAMBI:** Madam Chair, there are two statutes here, there is Criminal Code. The Ministry of Health deals with the abuse of drugs and they have a law called Dangerous Drugs Act, which talks of the drugs, their sentences and it is graded to come up with the most dangerous drugs. They have the powers to regulate and sentence, what we are discussing here is different. The Ministry has all the powers and they regulate as they see need.



When they realise that the situation no longer requires regulations, they will bring it here in Parliament. If they realise that making people pay fines or imprisonment is no longer deterrent enough and that there may be need to go the Arab way of death sentence, they can propose changes to the law. We cannot take things from the Dangerous Drugs Act and insert them in the Criminal Code. These are two different laws. If we had under debate in this House, the reviewing of the Dangerous Drugs Act and the Minister of Health was standing here, you would then have to ask him why should a person being sentenced under the Dangerous Drugs Act? If that was the case, he could then go to his enabling Act and change it but this is not what we are dealing with. I thank you.

**\*HON. HAMAUSWA:** We have heard what was said by the Hon. Minister. We have an old adage that says ‘as you chase away baboons, that is when you discover that some of the maize is now being destroyed by termites.’ When we were dealing with this issue, that is when we noticed that the drugs that have been mentioned by the Minister have not been covered. We understand what he is talking about. Since the issue

is important, when we were discussing the issue, we noticed certain gaps which we feel the Minister of Health and his deputy are present can promise this House that go and tell your constituents that by the end of this year or by end of next month, they will have reviewed that schedule.

I thank you.

**THE TEMPORARY SPEAKER (HON. DR. MAVETERA):**

Hon. Hamauswa, all that you have said is important but let us stick to the issue under discussion. If you want that to happen, we will discuss it on a different day. I kindly ask that we conclude so that the Minister of Health can deliver his Ministerial Statement.

**\*HON. CHIDZIVA:** Thank you Hon. Chair. I want to draw you back to the issue of the crystal meth drug that it can be under the schedule of the Ministry of Health. This could be a problem when it comes to arresting the culprits because why people are arrested and released within no time is because the police officers themselves do not know how dangerous the drug is. If you put it under the Criminal Codification, it will help police officers to know how dangerous this drug is. Even at borders, they will be informed and ensure that everyone

who tries to come with it in the country is arrested. There is no need to test that drug, it is dangerous. I thank you.

**\*THE MINISTER OF JUSTICE, LEGAL AND PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Thank you Hon. Chair. Hon. Chair, let me repeat what I previously said. The list of dangerous drugs is not in the Criminal Codification Law, but it is contained in the Dangerous Drugs Act. We will leave it in that relevant statute. Today we are debating the Criminal Law (Codification) Law and not the Dangerous Drugs Act. We have just added on to the definition so that when the justice system is looking at the definition of dangerous drugs, they can also refer to those listed by the Ministry of Health and Child Care on the schedule that they publish under a Statutory Instrument.

That is what we are doing. We are not looking at making changes to the list of dangerous drugs by the Ministry of Health and Child Care. That is a separate issue altogether which could require the House to look into if called for. Today we are just looking at the definition. I therefore move that we proceed with that Clause as it is. I thank you.

Clause 4 put and agreed to.

Clause 5 put and agreed to.

House resumed.

Bill reported with amendments.

Bill referred to the Parliamentary Legal Committee.

## **MINISTERIAL STATEMENT**

**STATE OF THE HEALTH SERVICE DELIVERY IN ZIMBABWE**

**THE ACTING PRESIDENT AND MINISTER OF HEALTH  
AND CHILD CARE (HON. RTD. GENERAL DR.**

**CONSTANTINO G. D. N. CHIWENGA):** Madam Speaker and Hon.

Members here present today, it is my honour to come and deliver the state of the health service delivery in our country, Zimbabwe.

Madam Speaker and Honourable Members here present, health is central to human happiness, well-being and productivity, making it a key contributor to national economic progress. Zimbabwe's Health

Landscape is anchored around a Governance and Regulatory

Framework, which is supported by seven (7) pillars: (1)

Pharmaceuticals, (2) Biomedical Equipment, (3) Logistics, (4) Health

Workforce, (5) Health Information Systems, (6) Health Financing, and (7) Health Service Delivery Infrastructure.

## **GOVERNANCE AND REGULATORY FRAMEWORK**

The Constitution of Zimbabwe establishes the right to healthcare under Section 76. This is supported by about 20 pieces of legislation administered by my Ministry, the key ones being the Public Health Act, the Medical Services Act, and the Health Services Act. To ensure that they remain fit for purpose as enablers in achieving Vision 2030 objectives, my Ministry is in the process of reviewing some of the pieces of legislation. This includes the Health Services Act, which has recently been amended to provide for the establishment of the Health Service Commission. My Ministry is working with relevant bodies to finalise the establishment and operationalization of the Health Service Commission. My Ministry will also continue to strengthen regulation of medical aid societies to protect members so that they do not have to pay at the point when they consume health services.

To achieve its vision towards attaining the highest level of health and quality of life for the people of Zimbabwe, my Ministry works with and

through the following six statutory bodies (parastatals): (1) Health Professions Authority of Zimbabwe; (2) National Pharmaceutical Company (NatPharm); (3) Zimbabwe National Family Planning Council; (4) Medicines Control Authority of Zimbabwe (MCAZ); (5) National AIDS Council (NAC); (6) Medical Research Council of Zimbabwe.

My Ministry has also made the following two key changes to the structure of the health service system: (1) Operationalisation of the Harare and Bulawayo metropolitan provinces to coordinate and oversee all health sector activities in the two urban provinces. (2) Added the new Division of Bio-Medical Engineering, Bio-Medical Science, Pharmaceuticals, and Bio-Pharmaceutical Production to the structure of the Ministry of Health and Child Care, in line with our new strategic direction.

My Ministry has also amplified the voice of the Community in Health Governance, through the establishment, operationalization and capacitation of Health Centre Committees at every rural health centre. Health Centre Committees include representatives of health workers and

representatives of the community in which they operate, as prescribed in the Public Health Act.

## **PHARMACEUTICALS**

Madam Speaker Ma'am and Honourable Members, 96% of health facilities in Zimbabwe surveyed in Quarter 2 of 2022 had at least 80% of essential medicines in stock. This was shown in the Vital Medicines Availability and Health Services Survey (VMAHS), which is conducted every quarter, by an independent agency. The Vital Medicines Availability and Health Services Survey also showed that 88% of health facilities had at least 80% availability of selected antibiotics.

Antiretrovirals, antimalarial and anti-TB medicines stocks have remained adequate over the years. To ensure improved availability of commodities, my Ministry continues to lobby Treasury for timely payment towards the capacitation of NatPharm. In addition, NatPharm was recently paid all outstanding debts owed by our health facilities. There is a gap in the funding of medicines as outlined in more detail in the Health Financing section of my address.

## **Good Stewardship of Medicines**

To ensure rational use of the medicines available to us, my Ministry regularly reviews standard treatment guidelines, and the essential medicines lists used by health workers. With the support of various partners, my Ministry has heavily invested in medicine warehouses and stores. The Medicines Control Authority of Zimbabwe, which is highly regarded as a centre of excellence in the Region, takes the lead in ensuring the quality and safety of medicines available in the country. Electronic Logistics Management Information Systems are being introduced to improve monitoring, and reduce drug expiries, pilferage, and stock-outs at our health facilities.

### **Local Manufacturing of Pharmaceuticals**

There are 13 local pharmaceutical manufacturing companies producing finished products. My Ministry supports Industry through opening channels for cooperation and collaboration with friendly countries. The Government has put in place a comprehensive package of fiscal and non-fiscal incentives to enhance the export of pharmaceuticals. My Ministry also plans to resuscitate the production of simple pharmaceutical preparations such as antiseptics and creams in our



hospital pharmacies. Here are a few examples: St Luke’s Hospital in Lupane, has been producing vaco-litres, commonly known as “drips,” while Sally Mugabe and Parirenyatwa Group of Hospitals manufacture hand sanitizers for internal use. Matabeleland North Province has conducted some training on small-scale manufacturing. My Ministry will mobilize resources to support these activities.

Madam Speaker, allow me to acknowledge the remarkable contribution made by donors and development partners towards availability of medicines in the Zimbabwe Health system. In a nutshell, Madam Speaker, essential medicines are generally available. The level and range of stocks could certainly be better, and this is set to improve almost immediately, since issues of funding are being addressed, and local production as well as good stewardship of medicines are also being enhanced. Outside the country, medicines will only be procured directly from manufacturers, and not middlemen.

## **BIOMEDICAL EQUIPMENT**

According to the 2022 Vital Medicines Availability and Health Services Survey, 78% of our district hospitals in Zimbabwe have fully

functional operating theatres to perform emergency maternity surgery, and 93% have kits for resuscitating the new-born. About 50% of our secondary, tertiary and quaternary level hospitals have functional chemistry and haematology machines in their laboratories.

Medical equipment, like humans has a life span and needs to be replaced every now and then. There will always be need for new equipment, while maintaining and repairing existing equipment. As Ministry we have obtained from our health facilities their top 5 priority needs in terms of equipment, and these have been tendered. Some of the tendered equipment has already been delivered, including a Magnetic Resonance Imaging scan for Parirenyatwa Hospital. Our priority now is to have all outstanding orders delivered, then procure the next set of equipment on the priority list. Many health facilities have benefited from digital X-ray machines, ventilators and laboratory equipment acquired under COVID-19 intervention grants. Solar-powered refrigerators have also been installed in many health facilities, for the storage of vaccines.

### **Maintenance and Repair of Equipment**

My Ministry is making progress on securing service contracts for capital-critical equipment. There are plans to resuscitate the training programme for Biomedical Equipment Technicians, which had been phased out. The broken-down linear accelerator radiotherapy machines at Parirenyatwa and Mpilo central hospitals will soon be repaired, now that funding has been availed. There are plans to procure more radiotherapy machines, and strategically distribute them across the country, to ensure equitable access by all citizens.

My Ministry is working with relevant Ministries, Departments and Agencies to address the current challenge of convoluted procurement processes that have long turn-around times. Procurement of medical equipment, and by this, I mean items for helping the sick, should be treated as an emergency. It is not like procuring any other commodity. Health is a national security issue, simple! With procurement processes smoothed, and the recent pledging by Treasury to avail funds, a massive improvement in the availability of equipment and sundries in our health facilities should be expected shortly.

## **LOGISTICS**

### **Medicine Storage and Distribution**

The Government has established state-of-the-art, world-standard warehousing and transportation facilities for the nation's medicines. With a target to upgrade storage space for 500 health facilities, 57 were achieved in 2019, and 128 are currently under construction, to be completed in 2023. His Excellency, The President recently commissioned a purpose-built national pharmaceutical mega-warehouse in Harare. A regional warehouse was built in Masvingo, and another one is currently under construction in Mutare. For the distribution of medicines, we have a fleet of 37 well-equipped trucks, with a plan to procure the outstanding 8, to fully meet the need. To date, we have managed to install solar power system to 1080 health facilities, and in 2023 we are targeting 200 health facilities. This power backup helps to ensure safe storage of pharmaceuticals, and continuity of essential health services during power cuts.

### **Ambulances**

My Ministry is committed to using only fully equipped intensive care ambulances to transport patients. So far, we have acquired 61 such ambulances, and another 68 are expected shortly. We will continue to procure until each hospital has the required number. We also plan to have an adequate fleet of well-equipped ambulances patrolling our major highways, and also use air and water ambulance systems where necessary.

### **Staff Transport**

My Ministry has procured 28 buses for distribution to various hospitals throughout the country, to carry health workers to and from work. Procurement will continue until the required 40 buses are available. The Ministry is also in the process of purchasing motor vehicles for medical officers in the districts.

In short, Madam Speaker, the movement of patients, medicines and health staff, as well as the storage distribution and inventory management of medicines, commodities and equipment in the health sector are in a good state, with remarkable improvements already in the pipeline.

## **HEALTH WORKFORCE**

Madam Speaker, health workforce is an essential ingredient for adequate health service delivery. As at January 2023, the Ministry of Health and Child Care's establishment was 51 661. Of these posts, 44 789 were occupied, and 6 518 were vacant, giving an overall vacancy rate of 13%. The vacancy rate varies by area of specialty. In January 2023, the vacancy rate was 17% among nurses, 21% among doctors, 25% in laboratory as well as radiography services, and 27% in pharmacy services.

The health sector unfortunately continues to lose critical health workers to other countries. The average attrition rate for health workers is around 5.2% per annum, being higher for nurses (6.6%) and dietitians (14.3%). Consequently, the total number of health workers on Government payroll had declined by 9.2% from 50,100 in 2019 to 45,500 in 2021 due to escalated out-migration. The government, through my Ministry, is implementing some strategies to reduce health worker attrition. These include the following: (a) Scaling up health worker training by increasing the number of training schools and the

intake of trainees. This will enable us to meet the projected staff need of 133 128 health workers for Universal Health Coverage. Primary Care Nurse (PCN) training was re-introduced in September 2021. (b) The Ministry continues with efforts to avail transport for health workers to commute to work. (c) Provision of staff accommodation onsite or close to health institutions. (d) Provision of subsidized meals at institutional staff canteens.

Madam Speaker, I am happy to share that, the staffing situation in the health sector is not all bad news. Staffing of specialist doctor positions in most central hospitals has increased. Most specialist posts except Radiology, Pathology and Cardiothoracic Surgery have currently reached near-full establishment. Central hospitals in the Southern region of the country used to struggle to attract and retain specialists, but now Mpilo Central Hospital reports 74% of specialist posts filled, a big increase from 57% in 2021. This has enabled major life-saving procedures to continue being offered.

Community health workers are a critical component of the health delivery system. They were at the frontline of the COVID-19 response

in rural Zimbabwe. They also play a big role in detecting and responding to disease outbreaks. Zimbabwe has about 20 000 Village Health Workers (VHW) dotted all over the country. An additional 20 000 are needed to meet the ideal targets of one Village Health Worker for every village. Currently, the programme is threatened by lack of funding for Village Health Workers' quarterly allowances and for the provision of tools of the trade. Discussions are ongoing between my Ministry, Treasury, and development partners to address this challenge.

In a nutshell, the staffing situation in the health sector is far from desperate, yet also not yet satisfactory. With the strategies I have just outlined, the situation is set to improve even more. I wish to acknowledge all the dedicated healthcare workers in both the public and private health sector, who work tirelessly, often during odd hours, for the delivery of health services to the people of Zimbabwe. Sadly, many have lost their lives while delivering health services to the population of Zimbabwe. May their souls rest in eternal peace.

## **HEALTH INFORMATION SYSTEMS**



My Ministry has established a resilient and robust Health Information System. The Health Surveillance system has facilitated early detection of disease outbreaks and potential events of Public Health concern. This has been through a suite of mechanisms to include standard data flows, where data is generated from the lowest level of the Health System and flows all the way up. Key information is also shared with international partners to facilitate inter-country comparisons and benchmarking. My Ministry is working with the private health sector to enhance their participation in health information reporting. Electronic solutions continue to be optimised to improve health outcomes and facilitate timely decision-making. The *Impilo* Electronic Health Record (EHR) programme has now been deployed at more than 1 000 health facilities, with a target to reach all health facilities by the end of 2024. The *Impilo* Electronic Health Record is a game changer; it allows a patient's complete record to be accessible electronically at whichever hospital they go to, without having to carry any record card with them. The Electronic Health Record also helps health staff to manage a patient better, and faster, with minimal or no paperwork. Partnerships with other

Ministries, Departments and Agencies have improved health Information Systems in Zimbabwe as evidenced by increased coverage of the internet, deployment of electronic systems to the health facilities and communities. In addition to the website, my Ministry also publishes *Health Matters*, a quarterly magazine to share information with the public.

Health research is another way by which new information is obtained, disseminated and used in decision-making. Through research, my Ministry has been able to identify four Neglected Tropical Diseases, as endemic to Zimbabwe, and even identified the appropriate interventions to control them. The four diseases are Trachoma, Bilharzia, Lymphatic filariasis and tapeworms.

## **HEALTH FINANCING**

To make health services affordable and accessible to the population, Government currently offers free health services to citizens aged over 65 years, children under 5 years of age, pregnant women, free blood and blood products, mental health services, COVID-19 vaccination, HIV and TB treatment services. Zimbabwe has chosen to

use the primary health care approach, which prioritizes cost-effective health interventions at the lowest level of care. Health financing in Zimbabwe comes from a mixture of domestic and external resources. The significant decline in external donor funding over the last two years has shown that domestic funding through the fiscus is the most sustainable way of funding the health system. Zimbabwe came closest to reaching the Abuja Declaration target of 15% in 2021, where about 14% of the Government budget was allocated to health.

To increase domestic funding for health, Government has come up with innovative financing strategies such as the AIDS Levy, the Health Levy Fund, the Assisted Medical Treatment Order (AMTO), and third-party motor vehicle insurance. Besides the AIDS Levy, the other strategies are not working too well. We strongly believe that if the Health Levy Fund was still available the, unfunded gap of US\$210,5 million in the annual requirements of medicines and medical sundries in my Ministry would not be there. In the first few years of the establishment of the Health Levy Fund, the proceeds were ring-fenced for the procurement of medicines, blood and hospital equipment. Sadly,

these gains were lost when the Fund was redirected to the Consolidated Revenue Fund. My Ministry is in dialogue with Treasury to have the Health Levy Fund reinstated back to a ring-fenced fund. This would go a long way towards the availability of medicines, equipment and sundries for the health sector. My Ministry is engaging the relevant Ministries, Departments and Agencies to strengthen the mechanisms of collecting resources from 3<sup>rd</sup> party motor vehicle insurance, optimizing the use of the Assisted Medical Treatment Order, and exploring the introduction of other revenue-raising schemes including, such as sin-taxes, and ring-fence them for the health sector.

Some progress has been made in establishing the National Health Insurance Scheme. A roadmap has been developed, a Ministerial Steering Committee put in place, and a minimum essential health benefits package is currently being developed.

The Ministry of Health and Child Care budget year 2022 was on the lower side as Government cash flows were on the downside, and Treasury was not able to keep up with the Ministry's budget release expectation. Treasury managed to release funding for clearance of

outstanding critical service providers in December 2022. For 2023, Treasury has set up a Budget Implementation Committee that will work with the Ministry of Health and Child Care to come up with procurement strategies to ensure that we get our 2023 budget in full. My Ministry is confident of an improved 2023 financial year in terms of cash flow availability, and this will enable more improvement in health service provision. The Ministry is finalizing the costing of health services, to ensure that a cost recovery model for health service provision is implemented for those patients and clients who are in the paying category.

### **Health Service Fund**

Though faced with cash flow challenges, hospitals were able to continue providing services through use of the Health Services Fund, an authorized retention fund. Collection of the Health Services Fund continues to be low due to the current market challenges that our clients face. The Ministry shall continue to ensure that all patients in the paying category, pay for the services rendered. The government continues to

explore sustainable ways of comprehensively supporting the Village Health Worker program.

Madam Speaker and Honourable Members, despite the shrinking flow of external funding, the health sector financing outlook is good. My Ministry, based on the commitment of the Treasury, and other players will use the available funding efficiently, and implement strategies to unlock more domestic funding.

### **HEALTH SERVICE DELIVERY INFRASTRUCTURE**

About 90% of health services in Zimbabwe are accessed through the public health system, with only 10% of the population seeking services in the private sector. Health services in the public sector are delivered at 5 levels: (1) Primary Care, (2) Secondary Care, (3) Tertiary Care, (4) Quaternary Care, and (5) Quinary Care.

The Quinary Hospital is now the highest level of care, recently introduced to spearhead research and development, and to offer super-specialised services, with key linkages to Research institutions, institutions of higher learning, Industry and the Ministry's new Division of Bio-medical Engineering, Bio-medical Science, Pharmaceuticals, and

Bio-pharmaceutical Production. Zimbabwe's first Quinary Hospital is being established by the Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development, and is currently under construction. In the meantime, my Ministry is offering quinary-level services at some of its central hospitals. This includes cardiac catheterisation at United Bulawayo Hospital and open-heart surgery currently being established at Parirenyatwa Hospital.

### **Hospital Infrastructure**

To date, the New Dispensation has made significant progress in the development of health infrastructure, by constructing new health facilities and refurbishing existing ones. Government is in the process of constructing Lupane Provincial Hospital in Matabeleland North Province, and has planned room loading for to be commissioned Joshua MN Nkomo-Ekusileni Hospital in Bulawayo, to upgrade it to a higher-level institution. Progress made in the construction of health facilities from 2018 to date, includes 37 commissioned projects, 72 completed projects, and 55 ongoing projects. Construction of new maternity waiting homes and refurbishment of existing ones is in progress

countrywide. This facility is meant to reduce delays in accessing health facilities at the time of delivery. To date, 12 health institutions have had an oxygen reticulation system installed, while another 36 are set to have the installations this year. My Ministry has also installed boreholes at 201 health facilities, and another 400 facilities are targeted this financial year.

## **SERVICE DELIVERY PERFORMANCE RESULTS**

Patient satisfaction objectively assessed across all central hospitals scored an average of 77%. Despite missing the set target of 83%, the attainment of 77% satisfaction levels indicates that service delivery is still at acceptable levels, though of course there is room for improvement. Hospitals do their best to address issues raised by patients and clients in these surveys. There is a deliberate process to institutionalize quality assurance and improvement programs in all health facilities.

A recent assessment shows that Central hospitals have managed to provide 65% of services from a basket of expected Quaternary level health care services. Here are a few other successes achieved at our



hospitals: (a) Medical specialists have been deployed to provinces, and most provincial hospitals now have a full complement of specialists. (b) Chitungwiza Central Hospital conducted its first neurosurgical operation in February 2023, and its first total hip replacement in March 2023. (c) Some hospitals have opened state-of-the-art private wards through public-private partnerships.

Maternal mortality ratio has decreased by 15% from 425 deaths per 100 000 live births in 2019, to 363 deaths per 100 000 live births in 2022 according to the Zimbabwe Population Census report. However, more still needs to be done to meet Sustainable Development Goals and Vision 2030 targets.

### **Family Planning**

Modern Contraceptive Prevalence rate remained high at around 68% in 2021 and 2022, showing adequate family planning service provision. The government has procured contraceptives worth USD 1.5 million using domestic resources.

### **Cervical Cancer Screening**

The number of women screened for cervical cancer is increasing each year. A total of 255, 577 women were screened throughout the country and the treatment rate for those who were positive was 88%.

### **Immunisation Programme**

Madam Speaker and Honourable Members, my Ministry achieved and maintains high coverage of routine immunization against vaccine-preventable diseases among our children. In 2022, about 80% of children under 1 year of age were vaccinated with the third dose of Pentavalent vaccine, an increase from 76% achieved in 2021. For Measles and Rubella first dose, 77% of children were vaccinated in 2022, an increase from 68% achieved in 2021. Zimbabwe has conducted immunization campaigns to prevent outbreaks of diseases such as Poliomyelitis from neighbouring countries.

### **COVID-19 Response**

Zimbabwe is known for one of the most successful COVID-19 responses on the African continent. As of 29 May this year, a total of 7 321 153 (65.1%) persons had been vaccinated with the first dose, 5 481 518 (48.8%) with the second dose and 2 117 881 (18.8%) with the third

dose. By 29 May 2023, Zimbabwe had reported 265 051 COVID-19 cases and 5 695 deaths, achieving a case-fatality rate of 2.1%, one of the lowest in the Region. To better coordinate its COVID-19 response, my Ministry established a vibrant National Public Health Emergency Operation Centre in Harare. The establishment of such centres at subnational levels is already under way. Mr Speaker Sir, the World Health Organisation has declared that COVID-19 is no longer a Public Health Emergency. However, the Ministry will remain vigilant and take precautionary measures to avoid recurrence.

### **Cholera**

As of 29 May this year, Zimbabwe's cumulative suspected cholera cases stood at 1 711 with 1 581 recoveries and 11 deaths. The case fatality rate (CFR) was 0.66%. Despite the increase in reported cases in Zimbabwe, the case fatality rate is still low. All the ten provinces have now reported cholera suspected cases.

Zimbabwe managed to contain the scabies outbreak in Mashonaland Central Province, and the anthrax outbreak in Hurungwe District, Mashonaland West Province.

## **HIV**

Zimbabwe is one of the countries in East and Southern Africa, with a 50% reduction in AIDS-related deaths since 2010. Having met the 90-90-90 targets, we are on track in achieving the UNAIDS 95-95-95 targets for all ages. We currently estimate that 93% percent of persons living with HIV know their status, 98 % of those who know their status are on life-saving antiretroviral therapy and 96 % of those on antiretroviral therapy are virally suppressed.

The national malaria incidence declined by 70%, from 32 per 1000 population in 2020, to 9 per 1000 population in 2022. Malaria deaths declined by 66.7% from 400 in 2020 to 133 in 2021. Zimbabwe also continues to push the malaria elimination agenda. This saw the number of elimination districts increase from 29 in 2021 to 31 in 2022. Five districts reported zero local malaria cases in 2022. These are; Chirumhanzu, Zvishavane (Midlands), Umguza, Nkayi (Matabeleland North) and Umzingwane (Matabeleland South).

## **Tuberculosis**

TB incidence fell by an estimated 21% from 2015 to 2021. The World Health Organization removed Zimbabwe from the list of 30 high TB burden countries to recognize its success in reducing the burden of TB disease in recent years.

### **Laboratory Services**

The Government established genomic sequencing facilities in the country, currently being used for identifying COVID-19 variants. Zimbabwe also adopted the World Health Organization recommended self-testing strategy for COVID-19 to decentralise testing at community level.

### **Traditional Medicine**

The Second Republic has made strides in integrating modern with traditional medicine. Through partnership with the Chinese Government, Zimbabwe established a Chinese Traditional Clinic at Parirenyatwa Hospital in 2021. In 2022, the clinic treated over 6,000 patients. Efforts are underway to open another clinic in the Southern region of the country.

In conclusion Madam Speaker, I have demonstrated the sustainable availability of those critical inputs that are essential for health service delivery. These include (1) the health personnel to provide the services, (2) the medicines and other consumables, (3) biomedical equipment, (4) the transport, storage and other logistic facilities, (5) the health information systems, (6) the funding, (7) the health service infrastructure. These are supported by the enabling environment of a solid governance and legal framework. I have described impressive results or health outcomes, the fruits from processing the inputs invested in the health sector. Our health delivery system is thriving. With the efforts being made to invest more resources, the results can only improve from good to great.

Finally, Madam Speaker, I wish to acknowledge the remarkable financial, technical and material contribution that donors and development partners make towards enhancing health service delivery in Zimbabwe. I also recognize the contribution of fellow healthcare workers, Ministries Departments and Agencies, the UN family, the Private Sector, and the entire citizenry towards health service delivery in

the country. Let me end with a reminder that though my Ministry is directly responsible for health service delivery in Zimbabwe, most of the determinants of health lie in other domains, outside my Ministry. Let us, therefore, unite and work together in a Whole-of-Government and Whole-of-Society approach to meet our vision of the highest level of health and quality of life for the people of Zimbabwe.

*Iwe neni tine basa! Nyika inovakwa nevene vayo! I thank you!*

**THE HON. DEPUTY SPEAKER:** Thank you, the Acting President and Minister of Health and Child Care for giving us a Ministerial Statement. I now call upon Hon. Members to ask questions of clarification.

**\*HON. CHINOTIMBA:** Thank you Acting President and Minister of Health and Child Care. Firstly, I want to thank you for the ambulance which you donated to my constituency. We had no ambulance at all and this donation came at the right time. On behalf of the people of Buhera South, I want to thank you for that.

Secondly, you addressed us on the issue of nurses that are leaving this country for greener pastures. The social media has gone into

overdrive regarding the issue of nurses. May you clarify further on the issue of nurses that are leaving the country?

**HON. CHINYANGANYA:** I want to thank the Acting President and Minister of Health for his presentation on the state of the health delivery system in Zimbabwe at the moment. My point of clarification stems from the air ambulances that were recently purchased by the Government of Zimbabwe to service sick people. My question is, was that planned and really necessary, considering the state of our hospitals and also the shortage of medicines in the hospitals?

I will give an example of Kadoma General Hospital; it does not have autoclave machines, it does not have heavy duty BP machines, it does not have heavy duty laundry machines but the Ministry acquired air ambulances worth millions of dollars which are not used time and again. As such, was that really necessary, considering the priorities that are there currently that need a lot of funding and that will help patients on a daily basis. I thank you.

**HON. NDUNA:** I have clarifications and proposals. I want to thank the Acting President for a resounding, well rounded, elaborate,



resilient, effective and efficient statement. The first issue that I want to applaud him on is the issue of third-party insurance that has been taken to alleviate the plight of the road traffic accident victims. I ask therefore that this be accompanied by law.

I remember this came about in the 2022 National Budget proposals and discussions that we held in Victoria Falls and today I am happy and proud that we have this coming to fruition because third party insurance in its current nature and circumstance, has no particular benefit to the motorist that it is intended to help. I am also happy that I also see Dr. Dhobhi in this House. What happened to me in a road traffic accident, I do not wish any other man to go into such circumstance where I lost two of my kids because there were no ambulances, there was no proximity to a healthcare institution.

I therefore propose that further to this, the Acting President should actually ask the rural district councils and councils to provide land close to the highways so that there can be infrastructure development close to healthcare infrastructure development. This is called the accident victims stabilisation centres, so that we do not needlessly lose lives in

the golden hour after the accident because 70% of our people are losing lives because of that. I say this Hon. Speaker Ma'am because in Chegutu, we have established, through the help of the military, an accident victim stabilisation centre which we will ask the Acting President one day to come and officially commission through community involvement. We had workers from the military and the community was bringing in the bricks. It is my hope that if land can be availed, we can have accident victims stabilisation centres.

The third issue, I also propose that there is an animal called passenger insurance which is \$15 per seat for public service vehicles. I request that it also be handed over to the Minister of Health for the establishment of a robust and resilient healthcare delivery system in particular for those that are involved in RTA. The present circumstances where a bus rolls and people die; there is no help from the passenger insurance which is supposed to give US\$4000 to the bereaved and US\$2000 to those that are injured for their medical expenses.

The last issue deals with cholera. The Acting President touched on the issue of cholera. How do I propose in particular where I come from, to reduce the scourge of cholera and typhoid which are both medieval diseases? They come about because of the deficiency of clean potable drinking water. Where I come from, there are clarifiers and sediments which are supposed to take care of 4000 people whereas there are now 7000 people. It is my prayer and humble submission that if we then can have monies channelled towards the expansion of water treatment plants in all local authorities, we can definitely reduce the scourge. We have just received US\$1.9 million from the Minister of Finance but if this is increased to US\$20 million coming from passenger insurance and all other places, it can help us.

Those are my comprehensive proposals. It would be nice to hear what the other people have to say. We do not want questions but we want robust proposals.

**\*HON. TEKESHE:** Thank you Madam Speaker. Let me start by thanking the Hon. Acting President for his Ministerial Statement. I want

clarification on the issue of medication. I know that you are a busy man and because you do not visit every hospital, they lie to you that there are medicines in hospitals. The truth is there is nothing called medicine in the hospitals. I am pleading with you to please find medicines for the hospitals. I also request if you are able to also supply hospitals with medicines for rabies. People who are bitten and infected with rabies are actually dying because there is no rabies medication in the hospitals and they cannot afford the prescription from pharmacies. Could you also equip the general hospitals with working X-rays and scanners? We are inundated with requests in our constituencies to assist with payments for scans and x-rays. We request that these be availed so that people can use without paying.

On prostate cancer, I am not sure how you are going to assist men, can this gland not be removed because men are suffering from prostate cancer? What special effect does it have on the life of a man? Can it be removed at birth so that men do not suffer the way they are doing? I thank you.

**\*HON. HAMAUSWA:** Thank you Madam Speaker. I also want to thank the Acting President for his Ministerial Statement. I also want to get some clarification on some of the health issues prevailing in this country. From his statement, I did not hear plans on primary healthcare pertaining to mental health. In district hospitals, there are no mental healthcare facilities within the primary healthcare level. This is very disturbing in view of the upsurge in drug related mental illness. What are Government's plans to assist those affected at primary healthcare level?

I want to applaud the establishment of the Chinese traditional health system at Parirenyatwa. Are there any plans to align that system with our own traditional medicines, looking at protecting our own medicines? We have medicines like *mubvamaropa* which were used to treat ring worms. Is there anything being done to assist the locals to enhance knowledge of our traditional medicines as well as protecting our citizens from herbal medicines coming from other countries which are flooding our streets. They are not being controlled by the Ministry

of Health. We can see a lot of WhatsApp groups where people are being duped and told how the herbs can cure anything and most people rush to buy those medicines. What can be done to protect our citizens? Some of the medicines are being used in sexual health as sexual enhancement drugs. They can however cause health problems since they are being administered without control.

Lastly, we heard that you are working with other ministries but we did not hear about private players - called public - private partnership. Has anything been done to establish partnerships with private players so that it is easy for private players to also establish their own hospitals so as to assist Government?

We have diasporans who would want to invest in hospitals and some want to donate. We heard that there is 50% coverage of critical areas but can those gaps not be filled by our own people outside. Are there any plans for such partnership to happen without any hindrance because at times we hear some people saying their donations of

ambulances have been rejected? Is there a way that people are assured of donating freely without any impediments? I thank you.

**+HON. O. SIBANDA:** Thank you Madam Speaker. My question to the Acting President who is also the Minister of Health and Child Care is, I want to find out what it is that is being done where we get to hospitals and it is discovered there are so many cars that have broken down or even other equipment that can be used for medical purposes? What measures are being taken so that such vehicles and machines that are not working can be taken for auction so that the money can be used in those same hospitals?

I would also want to know what measures are being taken, especially in maternity wings because in rural areas there are so many women who are dying while giving birth. What measures are being taken at such places? I thank you.

**HON. MATEWU:** Thank you Madam Speaker Ma'am. I have got three points of clarification. I would like to thank the Acting President for his comprehensive statement but I have got three items that

I need to get clarity on. The first one; in your statement you said that the vision is for equitable health access for all, but if you look at the current state of our health system, there is no universal health insurance that covers everyone equitably. Here, I am talking about the rich and the poor.

Currently, just to give you an example, I had a constituent who was recently diagnosed with colon cancer at the first stage. Our referral provincial hospital, Marondera, referred that person to doctors in the Baines Avenue and the cost of removing a very small tumor at the first stage is USD12 000. How do we, as a country, then ensure that everyone who needs access to equitable health care is attended to because surely this cannot be equal? How are we going to make sure that everybody, whether rich or poor has equitable access to health care?

Number two, you also said that and you gave an example of the anti-malaria drug. You said that the essential medicines are readily available. I will give you an example again of Marondera Provincial Hospital. It has no paracetamol; it has no bandages and I am talking about the emergency services. If someone is involved in a road accident



and they go there, they are asked to buy their own bandages. If you ask for any pain killers, they will ask you to go to the pharmacy to buy those things. I am not sure what we are doing to ensure that these essential medicines that you are talking about are actually accessed by everyone.

Then the last one, you talked about health worker attrition and you mentioned that there is a 9% gap in staffing levels which reduced from 50 000 to 45 000. You went on to talk about measures that you think can actually alleviate the situation in terms of our health staff who are leaving this country to go and find greener pastures. With all due respect Acting President, the measures that you talked about which include having more training schools, increasing the intake, do not address the fundamental issue that most of these health professionals are leaving for...

**THE HON. DEPUTY SPEAKER:** Hon. Matewu, please ask your question.

**HON. MATEWU:** That is what I am doing now. With all respect, Acting President, intake of more trainees and more training centres do not address the fundamental cause. People are leaving this country

because they are paid peanuts. The nurses are paid peanuts, the doctors are paid peanuts. That is why they are leaving this country. It is not because we do not have enough training schools and it is not because we are not recruiting more people. So, let us address the issue of remuneration for our health professionals. Thank you.

**\*HON. CHINOTIMBA:** *Enda kuBritain undoita zvechi gay.*

**THE HON. DEPUTY SPEAKER:** Hon. Chinotimba, can you withdraw your statement that he should go to Britain and be someone who is gay. Can you withdraw that Hon. Chinotimba.

**HON. CHINOTIMBA:** I withdraw. -[HON. MEMBERS: *Inaudible interjections.*] –

**THE HON. DEPUTY SPEAKER:** Order Hon. Members. Hon. Member sitting next to Hon. Mutseyami, if you continue doing that, I will not hesitate to send you out.

**HON. MOKONE:** Thank you so much Madam Speaker. I just have a few issues of clarity. I want to understand from the Minister; we have seen an outbreak of cholera cases, especially in Matabeleland South where I come from. From your Ministerial Statement, I did not

hear the measures that you are putting in place to mitigate the spread of cholera cases. You also spoke about machines being there in hospitals. These days there is an issue of power, so I would like to know what measures you are putting in place to make sure that the X-ray and scanning machines are working.

The other issue is - what measures are you coming up with to ensure that mobile clinics are there in remote areas like Matabeleland South where I come from. Lastly, I would like to understand from you when you are finishing the refurbishment of Manama Hospital whose roof was blown away by the winds in 2021. As I am speaking right now, they are using a makeshift maternity wing. Thank you.

**THE ACTING PRESIDENT AND MINISTER OF HEALTH  
AND CHILD CARE (HON. GEN. RTD. DR. C. G. D. N.**

**CHIWENGA):** Thank you Madam Speaker. Let me respond to the questions or points of clarification raised by Hon. Members. Hon. Chinotimba wanted to find out why the nurses are leaving or professionals are leaving and what measures we are taking. First and foremost, we should all understand that whilst it is a right of any citizen

to go wherever they want but when you are trained by tax payers' money you owe those tax payers. It is not the intention of Government to enforce the law that will make every citizen stuck for that minimum contract to repay that money which the Government would have used in his or her training, but we expect that when one citizen is trained by Government using the tax payers' money and they also take an oath, they are not forced; it is not a compulsory thing that a person should go and do A, B, C. You go on your own volition and we also say like in the case of nurses or doctors, they have got oaths that they take. Those are sufficient.

The issue of Nightingale, the person who started nursing, that is well known, however measures we are taking are firstly; we do not address only the financial aspect, we also address the condition of service and the condition of services are much better than the cash that you will earn. Those two should be combined.

Here in Zimbabwe, if we are saying let us build our nation, it means we have to work hard. We have to come together and work together as a

nation with the aim of building our country. That is what is wanted. Are we together on that particular issue? We work together with one vision, one objective towards uplifting our economy. That way, everyone is addressed.

Madam Speaker, there was another question on why we train nurses and doctors. We have plans of opening more nursing schools and to continue training more nurses. We will send more doctors to train in Government hospitals until we are satisfied that all the hospitals in the country have adequate health personnel. I once visited a certain country – [AN HON. MEMBER: *They will continue to leave for greener pastures.*] -They will go until they have filled up all the vacancies required there and they will come back. What I am trying to say is that we will not stop training. Right now, we are working with mission hospitals. We are actually building new hospitals as we speak. We should understand that you do not plant maize and harvest on the same day. That is not possible. There is no such thing in life. You have to go through it procedurally. There is the germination process. That is what

happens when we are building the country. It is not done in a day. If that was possible, a baby could be conceived and born on the same day. That does not exist. There is no such country.

I attended the World Health Assembly Conference in Geneva, and also in February I attended another conference on patient safety. We engaged the World Health Organisation and other development partners and we mentioned that it costs Zimbabwe US\$35 000 to train a single nurse each year they are in training and the training is for three years. To train a doctor costs the country US\$72 000 each year and their training is for seven years, but we have a situation where those countries that can afford to train their health personnel prefer coming to take our trained health workers rather than training their own. We are a developing country; we cannot be compared to developed countries. Those in developed countries are in a better position than us. We cannot be compared to them. It is actually murder to say you take from the poor. That is why we were red listed to say no-one is no longer able to recruit health workers from Zimbabwe. It was because we cried out that

we no longer needed recruitment from this country. We demonstrated and we actually gave them 70 years for recruiting medical personnel to the United Kingdom. Those children are being ill treated in England and they are ashamed to come back.

We are done with that part and I will move on to Hon. Chinyanganya.

You have talked about air ambulances but in the health sector, we have what we call the golden hour. If a patient and I was here when I was making again another statement on the Nyanga Bus Disaster, had we not taken those children to hospital within one hour, we could have lost many. When I said we are going to mobilise everything from vehicles, aircrafts and from boats at Kariba to take the communities around, we will do it because once you lose life, you lose it for good.

You cannot resurrect somebody when somebody is dead, that is the end of it. I would expect Hon. Members to support the Government and say every life matters in this country. The question of saying was this done, no, we are doing everything. If I had come and showed you the equipment we are installing now, we could be talking until the following

day. When we say we are installing and we have bought the equipment. Madam Speaker, I will invite the Hon. Members to go to the National Pharmaceutical Company of Zimbabwe. It is not very far away; it is at Sally Mugabe Hospital and you can see the medicines which we have stocked, medicines daily going to hospitals. –[AN HON. MEMBER: *Tinoenda rinhi?*]- Even tomorrow, the Deputy Minister will take you there for those who would want to go.

Let us not confuse issues of inefficiency at a particular area or any issues of some who will just neglect. We still have that and that is the kind of the systems that we have. We understand there is a shortage but other shortages are not necessary because on each provincial hospital, they have a pharmaceutical officer who must work with the District Medical Officer to say the clinic is running out of paracetamol or any kind of stop pain drug, can we have some? We are now left with 10% or 15%. Each institution knows what diseases affect their community.

So, they must know that once the drug level has dropped, it means we must order some more and you go and order. Things will not just be



shoveled and be passed. We are not saying we did not have shortages. We are not saying we have got bottomless pits of money. We also had our problems with funding in the country. Remember we are still under embargo and every cent being used in Zimbabwe; we are creating it ourselves. We are not going anywhere but we are creating it on our own.

I want to thank Hon. Nduna on what you were proposing but third-party insurance which I have talked about and all other seen taxes, these are issues we are discussing with the Ministry of Finance. When Treasury looks at the whole cake and the challenges the country will be facing, they want to address the water situation which Hon. Nduna was talking about but there are also medicines required. They want to address the sewer reticulation systems. Some of these things which we are now talking about in here have been destroyed *willy-nilly* by our towns or City Fathers and they have not been collecting their rates and building and repairing.

The Government is now using devolution funds to go and do what the City Fathers in a particular town or metropolitan city are supposed to

do, but because we are people sensitive, we end up saying these are our people and they cannot suffer. Let us go and have them but there are people who have been elected there to look after them, where they put the money, it is everybody's guess. The issue of the District Council providing, I think the last time I claimed land for constructing the stabilisation of accident victims, it is a well thought out idea but what we are saying is if a person has been critically wounded, you have to take that person to the right hospital. Otherwise, you are going to lose that person.

This is why we are trying to put intensive care ambulances at tollgates so that when there is an accident on a highway, they quickly rush there and, in that ambulance, people's lives will be served. They will also determine what type of an ambulance – does the person require to be air-lifted or can be driven in an ambulance or can be dropped at the nearest stabilisation centre. These will then have to be determined that way, but that is a good idea.

The issue of expanding the water treatment plants, this is a matter we are discussing with the Ministry of Lands, Agriculture, Fisheries, Water, Climate and Rural Development because the aspect of water falls in that Ministry. We are concerned that, whether it is dam or it is coming from the borehole, is it clean? We are all aware what happened while we are now cleaning our towns because of that cholera outbreak in Budiriro in 2018. It was because that borehole had been sunk near a sewer pipe and that is what caused that disaster. This is why we test and in the Ministry of Health, we have got a department which tests water. So, we are now saying let us help every establishment in the country to have clean water and have proper sewer reticulation so that our people are safe from these other diseases like cholera and typhoid.

Hon. Tekeshe, you were talking on the issue of rabies vaccine. It is a pertinent issue. We would not want people to die of rabies. If there is an emergency – some in this House have told me to say there is a problem in Area A or B and this is something we respond to rapidly and that can be solved.

On the issue of scan equipment, we might buy the equipment but all machines have a life span just like people, we grow old and become weak for various reasons. This is why we come to this Parliament to ask for additional budget. Despite the fact that resources are scarce, we are working together as one with Finance as I speak right now as Minister of Health. I want to assure you that these problems will be attended to.

On Hon. Shakespear Hamauswa, the issue that you raised of mental health, the main cause is this drug and substance abuse. We are addressing this issue and Cabinet has already sat and put together an inter-ministerial and an all Government and societal approach team to this menace. When you follow through social media, you will see what is actually taking place. This is being led by the Hon. Minister of Defence, Hon. Muchinguri. We are putting together everybody, including churches and the team will be in place soon. It will involve from kraal heads, headmen, everybody who matters in the country so that we deal with the menace of drugs once and for all. At the same time, we are looking into the laws to punish peddlers, traffickers and

users of drugs right up to where they are manufactured or at the centre of distribution because if we do not unite on this matter and work together, we will destroy a complete generation. We will see the consequences both of us – [HON. MEMBERS: *hear, hear.*] – We must work together and deal with this menace.

On mental health centres, we are going to be rehabilitating centres if it means building new ones, we are going to be building new ones. If it means building new ones, we are going to build new ones. We have got to separate mental cases properly that is mental illness caused by drug abuse or the normal cases that we are aware of. People who have been affected by drugs and you have convinced them to stop using drugs, they need psycho-treatment. All these issues are now being looked into and we will be advising you on the progress we will be making on that issue.

On traditional medicines, we have a council and the council is working very well. I was supposed to be meeting all councils this week for the first quarter meetings and one of those is this one, the traditional medicines. We are sending them to China; it is not only China, we are doing traditional medicines with CUBA, India, Iran and Egypt and so we

want to bring and here we have got own traditional medicines which we must develop so that we own our own drugs. We must not forget the disaster we were faced with when we were attacked by COVID-19. Borders were closed, air transport was closed, shipping lines were closed and we could not receive anything.

From that, we learnt lessons and we must be self-sufficient. Yes, there is no country which can be 100% self-reliant but we must be able to have enough drugs to save our people.

On the capacitation of the diaspora. Madam Speaker, Hon. Members, you might be now aware that whenever Government Ministers and officials go outside the country, we meet with our diaspora. These are our people regardless of their political affiliation; we meet with them. Just now I met people on virtual about 1000 when I was in Geneva. We toured some places and one of them is the medical facilities where we are encouraging that not only should they send drugs and equipment but they must also come and build tourism hospitals. They must come and invest in the health sector besides other sectors. We have established a desk at the Ministry of Foreign Affairs, each

Embassy has now been instructed and this is exactly what they are doing.

You will be able to see some of the very fruitful projects that are being done by the diaspora. They are already building, pumping into the economy and all we need is to encourage them because these are our people so that they are not being left behind.

Hon. Omega Sibanda on equipment. On the donated equipment; when equipped has depreciated beyond use, it must be disposed of and this is why we have put the Peg Act to make sure that such equipment is removed because it becomes an expense. When that equipment which is not usable remains on the books, the books will be showing that there is that equipment when it is not working. So, the earlier it is disposed of, the better. On the health posts, we are now creating state of the art health posts, very simply where we are taking containers, everything is there and there is a compartment for emergency use by our mothers in the rural areas or in any part of the country but we expect that our people are taught to go to hospitals, never to deliver at home. In those health posts, we are going to put a facility where women can be assisted.

Hon. Matewu, you spoke at length on the issue of cancer. This is what we have highlighted and this is where Government is putting the money. We have given first priority on all the equipment that we need to distribute to every province like radiotherapy equipment, and we are going to continue. It is difficult. I understand what you are talking about treating cancer. Cancer is a killer. Whilst it is not a communicable disease, it is a killer. It is now on the rise because of our lifestyles.

Now we are getting children with cancer, I wish I had brought my phone with me. We are removing tumours from children. I think you have been watching; Mpilo and Parirenyatwa Hospitals have managed to removed huge chunks of tumours, *mwana anongozvarwa ziso rakadai*, yet that type of cancer only must affect people of 70 or 80 years but it is now affecting babies and children below the age of 10. This is the research we were talking about and we have advised our institutions of higher and tertiary education to look into the matter.

At the same time, we are also saying we need to give priority to this but for those who are now grown up; from the age of 35 years,



annually, if you can or every six months, just have a blood test. Then we determine if there is that parasite, *chinenge chavekutaridza kuti* you are likely to have cancer then we attack it. This is why out of those women who were tested, we had a success rate of 88% because if it is detected in the early stages, cancer can be treated – it is not sentencing somebody to death but when it has spread, we are now saying we will try to save you as much as we can. We are working with other countries now to help even those in levels three and four; that is the drug that we trying to import for user trial and that is what we want for trials. This is a process by the Medical Control Authority of Zimbabwe, they have protocols that they must follow in terms of the law.

I had already answered Hon. Matewu on the question of the migration of nurses. It is not about poor remuneration. It is about a number of factors but today, I think let us concentrate on the issue that it is not only remuneration but it is a number of factors, that is, conditions of service which we are addressing, and we will continue. I was discussing with the Director General of the World Health Organisation, Dr. Tedros. He said, ‘look, I also suffered this problem in Ethiopia’ and

I said, ‘what did you do?’ He said, ‘I ended up ordering all universities to train and was training three thousand doctors in one year and now they can no longer be taken because they have saturated the places.’

Finish, *zvapera*. So, we are going to do that. *Tichavatirena, asi munodzoka kumusha, kuna mai hakunzi, mukawona tsoka yangu ndadzoka muyidimbure. Aah tinoiwonaka saka todimbura here? Vana ndvedu – vanokanganisika, handiti? Mupfungwa nemundangariro.*

Hon. Mokone, you spoke about measures to address Cholera.

When Cholera outbreak happened in Chegutu, we informed the entire country. We activated our Disaster Management Committees and as I am talking, both the Disaster Management Committees and Treasury are ready. We have set the resources aside; this is why we are able to control. You will not like it if you look at the statistics of Malawi, they suffered because of Cyclone Freddy; and South Africa and Mozambique were also not spared. Some of our people now, and this is why we say that we need to always be with the people and continuously educate them. This is because they will think it is just diarrhoea, it will stop.

*Ombonotora magwenzi ombodya, ozowona kuti aaah, zvinhu pano hazvina kumira mushe.* So, we want our people to be treated *nekukasira*.

Broken down equipment - yes, I have already spoken on that Honourable. It is being repaired and some of it, we are going to be disposing. Manama Mission Hospital yes, we are very aware. It is a mission hospital but they looked after us during the times when medicines, hospitals or health facilities could not be availed in the rural areas. Mission hospitals served our people, that is why the Ministry had to send the Deputy Minister to Manama Mission Hospital. Now we have put the money together and requested the Ministry of Defence and War Veterans to assist. It is my hope that the Mission Hospital will be repaired quickly to usable state. I want to thank you again for raising that issue.

Madam Speaker Ma'am, Hon. Members, I think those were the issues that were raised. – [HON. MEMBERS: *Hear, hear.*] –

**THE HON. DEPUTY SPEAKER:** Thank you Hon. Acting President. Order, order Hon. Raidza! Any further questions of clarifications?

**\*HON. NYAMUDEZA:** Thank you Madam Speaker. My question to the Acting President is, we always see PSMAS Medical Aid Society closing yet we will be paying our subscriptions. I need clarification on that. Secondly, the Acting President has talked about training centers around the country but are they going to be in provinces or districts? I thank you.

**\*HON. MADZIMURE:** Thank you Madam Speaker. I have got about four clarifications. The first one relates to specialized equipment which is used to diagnose problems associated with the back. Some call it MRI. It costs not less than USD200 for anyone to go through the process of being diagnosed of a certain disease. When you go to operations like back operations, it now costs not less than USD4 thousand. It affects a lot of people who are now from the age of 60 going above. If we look at Government employees and pensioners, they cannot afford private hospital fees for that particular problem. What is the Ministry doing to ensure that public hospitals have specialized machines that can perform those functions?

The other problem Madam Speaker is on council clinics that were taken over by Government. The situation in those clinics are getting worse by the day. Also, council clinics are now losing staff faster than what used to happen before Government took over. Can the Hon. Vice President explain what could have gone wrong?

On the issue of staff Madam Speaker, only a years ago, we were asking the Ministry to unfreeze medical positions such as nurses. However, a year later, we now have a problem where we already, from the Vice President's position, have more than 25% shortage of the health sector staff. Does the Hon. Vice President feel that the measures they have put in place like free canteens and free transport going to help retain staff and encourage more people to be trained? Also, the issue of the decline in the health workers' salaries caused by the rate that is continuously going down, is this going to encourage people to train? Thank you, Madam Speaker.

**\*HON. TSUURA:** Thank you Madam Speaker. Let me thank the Minister of Health and Child Care and the Acting President of Zimbabwe. I need clarification on the issue of the village health workers

around the country. What is Government policy regarding payment of their salaries so that they are able to conduct their duties as well as get resources to enable them provide the hospitals with the required statistics? I thank you.

**THE ACTING PRESIDENT OF ZIMBABWE AND VICE PRESIDENT AND MINISTER OF HEALTH AND CHILD CARE (HON. GEN. RTD. DR. C. G. D. N. CHIWENGA):** Madam Speaker, Hon. Members, PSMAS is no longer closed. PSMAS is open but we made a statement and we have completed the forensic audit and the law has taken its course. We have put funds so that PSMAS starts operating and they started operating properly. That is what I can say at the present moment. I do not want to discuss a lot because the law enforcement is now on the matter after the forensic audit report was completed. We are putting measures through the regulator of all the medical societies in the country.

It is not only PSMAS which was errant. All medical societies in the country have not been complying with the work which they are

supposed to do or using the subscriptions from their clients properly. We are going to visit each and everyone.

On the issue of training centres, we are going to establish training centres all over the country. Where there are facilities, we are going to upgrade and repair them so that we can train our medical professionals. That was Hon. Nyamudeza. Hon. Madzimore, I think I have already talked about the issue of MRIs. As I am talking, we are installing MRIs at Parirenyatwa Group of Hospitals and at Mpilo Hospitals. The problems we are talking about of MRIs, they are not the only ones which can do the tricks but we can use the Computed Tomography (CT) scans depending on the severity of the problem.

Public or Government hospitals are the ones which we have said we want to equip with all that is necessary. As I am talking, we have now bought dental machines which are now going to be sufficient to post in all our provincial and district hospitals. *Mai vakarwadziwa nezino vari uko, havachati ndakuenda kuHarare, Gweru or Bulawayo to have tooth taken out. It can now be done at the district hospital.*

You have raised the issue of council clinics that they are losing the people, yes true. You are aware if you have been following, we went to council and said, right, we now want to takeover and help you to run your clinics. They were talking of unaffordable salaries at that time.

*Ukaita chinhu chinozokubaya muridzi wacho.* When the councils recruited, they overpaid without looking into their purse – [HON. BITI: *Ndi Chombo*] – *aiwa, Chombo aita sei zvake. Musiyei. Panenge pakanganiswa tinotaura kuti apa pakakanganiswa. Macity fathers vakanotora ndokunopa vanhu ava vachiti vari kukaurisa Government. Mari ndobva yapera, zvino hapachina mari yekuvabhadhara* – [AN HON. MEMBER: *Central Government*] – [HON. BITI: *Ndi Chombo akaita zvinhu izvi*] – *aiwa macouncils.* So, what we are trying to do is to discuss and this is why we are saying we are going to train people who are going to be amenable and work in the Zimbabwe we all stay in, not the Zimbabwe which is artificial.

Medical positions have not dropped to 27%, I said 13%. It is very clear, even in the most hit hard areas, they do not get to that percentage. Yes, we agree with you on canteens and everything; there you are 100%



correct that they help motivate the people but the issue of whether somebody wants to come, the patriotic Zimbabweans will come to train and we shall train them. There are so many. Hon. Members, you must see the cue when it comes to who wants to be trained but now, we are much stricter. Somebody phoned me and says, 'Oh! Are you the Minister of Health' and I said, 'yes I am the Minister of Health'. They said 'can I get a vacancy so that I can go to U.K' and I said, 'Sorry, I do not have vacancies for people to go to U.K but I have vacancies for Zimbabweans'.

So, one comes with a ready mindset that I train and have a passport ready now to go. Now, those people, we do not train. We are now much cleverer. They will be some cries that we are no longer being taken for nurse training. We shall vet and then take the people who want to work for the people of Zimbabwe. By the way, the certificates are ours. We issued the certificates. They did not come from their homes with the certificates.

Madam Speaker, Hon. Members; the low salaries which Hon. Members spoke about, it is very good and that is what Zimbabwe can

afford now but I can tell you that by the end of this year, with peace, love, unity and harmony, with all the projects now online and minerals now coming up, we will be paying well – [HON. MEMBERS: *Hear, hear*] – so the most loyal Zimbabweans will come for training either as medical doctors or nurses. Those who think the salaries are low can go and find somewhere they can train but I do not know if they will be able to manage the fees in the countries they want to go and work after giving them the education.

Hon. Tsuura, *aiwa mbuya veutano takuvatora ikozvino kuvaisa pa*Government salary. They used to be paid by development partners or donors but if things do not go well between us, they quickly withdraw *kana vada voti takukupai. Isu havasi hama dzedu, havasi vana vanamai vedu. Tintonga nyika yedu sevana ve*Zimbabwe, *hatiteerere zvinotaurwa nedzimwe nyika. Isu takakwana vana va*Munhumutapa. *Ndatenda.*

*[Hon. Members rose as The Acting President exited]*

**MOTION**

## BUSINESS OF THE HOUSE

### **THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** I move that Orders of the Day, Numbers 1 to 18 on today's *Order Paper* be stood over until Order of the Day Number 19 is disposed of.

Motion put and agreed to.

### **SECOND READING**

#### ELECTRICITY AMENDMENT BILL [H. B. 7, 2022]

Nineteenth Order read: Second Reading: Electricity Amendment Bill [H. B. 7, 2022].

### **THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Madam Speaker

I rise to present my second reading speech for the Electricity Amendment Bill. This is a very short Bill. Besides the short title of the Bill, it consists of two clauses.

Basically, what this Bill is all about is to criminalise those people that vandalise electricity infrastructure to the extent that if they are

caught, the court must not be given the discretion to give a fine but a mandatory jail sentence.

Madam Speaker, we believe that a move like this will ensure that the critical national infrastructure that we need will be protected.

Basically, what Government is trying to do is to bring in provisions within our Electricity Act that will criminalise and ensure that we have deterrent penalties for those that vandalise critical infrastructure within our community.

Madam Speaker, you will agree with me that electricity cables, if vandalised, can lead to food shortages and can even lead to deaths. I want to therefore urge Hon. Members, this is a very short amendment, to accept these amendments to bring these deterrent sentences so that they bring into our society a sense that if you commit these crimes, you will be sent to jail without an option of a fine.

I so move that the Bill be read a second time.

**HON. TSUURA:** The Portfolio Committee on Energy and Power Development conducted nationwide public hearings from 6-8 February on the Electricity Amendment Bill which seeks to amend the

Electricity Act [ Chapter 13:19]. The public hearings were conducted in compliance with Section 141 of the constitution which stipulates that Parliament **must**:

- (a) *facilitate public involvement in its legislative and other processes and in the processes of its Committees;*
- (b) *ensure that the interested parties are consulted about Bills being considered by parliament unless such consultation is inappropriate or impracticable..."*

Therefore, public participation and involvement in law-making processes remains a central mandate of Parliament and complies with its vision of “... *people-driven*” Parliament.

## **METHODOLOGY**

The Committee engaged the Ministry of Energy and Power Development to unpack the bill. It further conducted public consultations on virtual platforms such as Zoom and radio. Three sessions were conducted on the Zoom platform and two on different radio stations with national coverage (see Appendix 1). This report,

therefore, summarizes the inputs received from the people of Zimbabwe with regard to the Electricity Amendment Bill.

## **GENERAL SUBMISSIONS**

The majority agreed to the proposals in the Bill. The public highlighted that the Bill must also protect both the service provider and the clients. They further indicated the need for the Bill to clarify the responsible authority for replacing vandalised infrastructure. ZESA should be obligated to ensure the security and protection of electricity infrastructure given that only skilled personnel have the capacity to vandalise the infrastructure. The public also advocated for the formulation of a database that will be used to record all the transformers in the country as well as a tracking mechanism for stolen transformers.

The public also highlighted that there are fluctuations in voltage transmissions which is damaging electric gadgets. They recommended that ZESA should control its supply voltage as well as compensate the public for damaged electric gadgets. It was also mentioned that

transformers should have localised live power, to avoid theft during load-shedding hours.

The public also noted with concern that reported cases are not well handled by ZESA. They recommended that ZESA should have a clear recording system on all reported cases of faulty areas.

Additionally, they suggested that the Bill should provide penalties for ZESA employees that demand communities to contribute money towards the replacement of stolen or faulty electricity infrastructure.

ZESA should also compensate individuals or communities that replace or install electricity infrastructure on its behalf.

The public recommended for provision of incentives to encourage whistleblowing of perpetrators of vandalism. It was further recommended that the Bill should provide punishment for law enforcement agents who accept bribes from those found guilty of vandalism or illegal transportation of electricity infrastructure. Some suggested that law enforcement agents should be imprisoned and relieved of their duties.

It was proposed that the Bill should also include penalties liable to electricity bill defaulters.

The participants also expressed the need for ZESA to publicise the load-shedding schedule.

The public bemoaned the lack of a legal framework to protect other renewable energy sources in the proposed Bill. They recommended that the Bill should also protect renewable energy equipment prone to vandalism and illegal transportation.

It was indicated that the Government should implement strategies that encourage the participation of private players in power production in order to curb power shortages and load shedding that end up encouraging the theft of infrastructure.

The public was worried about the wording of the Bill which created vagueness and room for misinterpretation and corruption when establishing the crime.

It was proposed the Bill should remove legal representation for guilty persons.



## **SPECIFIC SUBMISSIONS ON THE PROPOSED AMENDMENTS**

### **4.1 Clause 1: Short Title of the Bill**

There was no objection raised concerning the title of the bill.

### **Clause 2: Amendment of Section 60A of Cap 13:19**

#### **Abstraction or Diversion of Any Electric Current**

The participants proposed that in a case where the client had reported to ZESA about faulty meters and ZESA fails to respond in time, the client must not be charged with diverging electric current.

the public emphasised that the Bill should clarify from which point it makes it illegal to divert any electric current.

The public also proposed for the Bill to clarify what constitutes the “special circumstances” where one can be exempted from a stiffer penalty, as stipulated in the clause.

#### **Vandalism**

The public recommended for the mandatory sentence for anyone found guilty of this offense to average between 15 to 35 years for ordinary

citizens. It was proposed that ZESA employees that are found guilty of this offense should be imprisoned for 30 to 40 years or life in prison.

Some members of the public queried the effect of a longer mandatory sentence on increasing corrupt activities such as bribes. As such they recommended for the mandatory sentence to be maintained at 5 years to curb corruption caused by guilty persons that attempt to evade the longer sentence.

The public proposed that the Bill should remove “special circumstances”.

It was recommended that the Bill should also provide for the repossession of stolen property and other property of the guilty persons as a mechanism to compensate for their crime in addition to the prison time.

It was also suggested that the mandatory sentence should be conditional upon the value of the vandalized or stolen electricity infrastructure.

Some suggested that the guilty persons to have their ears removed as well as shoot to kill on site for those caught in the act of the crime.

4.2.2.7 The public recommended that the Bill remove the provision for fines for guilty persons.

**Clause 3: Amendment of Section 60C of Cap 13:19**

**4.3.1 Transportation of Material Used in Connection with Generation, Transmission, Distribution, or Supply of Electricity.**

The public recommended that the clause should also introduce stringent measures to deal with the end users of the materials.

The public also proposed that there should be two penalties for illegal transportation and failure to disclose end users of the materials.

Committee Observations - The nature of the bill does not generate much excitement among members of the public.

- a) The public was in consensus that the Bill should also protect the consumers of electricity apart from the provider.
- b) The bill should have further amended the Electricity Act [Cap 13:19] to include the punishment liable to ZESA when it fails to supply basic minimum power to consumers.

**COMMITTEE RECOMMENDATIONS**

The Ministry should copy from the Stock Theft Act which has no room for special circumstances that can mitigate mandatory sentences.

a) The Bill should provide definitions of terms for ‘illegal connections’, ‘special circumstances’ and ‘diverting electric current’.

b) The mandatory sentence should be a minimum of 10 years.

However, those that vandalize more valuable infrastructure such as transformers should receive a longer sentence.

c) The Ministry should implement an asset management register that can be used as a tracking mechanism for stolen transformers.

It will also assist in ensuring that all electricity infrastructure in the country is insured and easily replaced.

In conclusion, Electricity is vital for economic development hence passing the bill with the proposed amendments will help legislate the sector in a manner that improves service delivery. However, the Committee is of the view that law should not be regarded as the panacea to challenges it seeks to address such as vandalism. ZESA

should be proactive in ensuring that the electricity infrastructure in the country is well-secured and durable.

**Appendix 1: Venues of Public Hearings**

<b>Date</b>	<b>Platform</b>	<b>Time of Public Hearing</b>
06/02/2023	Zoom Platform 1	1000-1200hrs
06/02/2023	Zoom Platform 2	1400-1600hrs
06/02/2023	Star FM	1830-1930hrs
07/02/2023	National FM	1400-1500hrs
08/02/2023	Zoom Platform 3	1000-1200hrs

I thank you.

**HON. BITI:** This is a very small Bill which should raise no controversy but I want to mention two things. The first one is that from the Bill which just went through the House, the amendments to the Criminal Procedure and Evidence Act with its hefty penalties on rape and also the present one, the Electricity Amendment Act with its hefty penalties and punishment for people who steal, we should not fool ourselves in thinking that heavy penalties are necessarily a deterrent, they are not. People know that if you kill someone, you will be subject to capital punishment. It has not stopped. On a day to day basis, at least

six cases of capital punishment are being committed. Every hour six women are being raped.

In understanding crime and criminology, we should understand that crime will always occur because of societal challenges. In the case of the vandalism of electricity cables and copper wires, a lot of our people are being driven to crime because of poverty and difficult economic conditions. Any criminologist will tell you that you cannot deal with crime by simply looking at penalties. You need to deal with crime by also looking at the causes of crime. Rushing to impose harsh penalties is not the solution and I urge that we need to adopt a holistic approach to crime, what is causing these crimes and what is causing an increase in theft of cables and the vandalism of ZESA material because of the high value in a situation where 95% of our people are unemployed.

As far as the penalties are concerned, there is now inconsistent application of mandatory penalties. Stock theft is nine years. You have possession of a gun which is five years. You have mandatory sentence imposed with special circumstances being taken into account. You have

some mandatory sentences where special circumstances are not taken into account. I am submitting that we need harmonisation of these mandatory sentences because they are now so inconsistent and there is no rational or objective explanation as to why we are treating them inconsistently. Once you say it is a mandatory sentence, it is serious and its treatment by the courts must be uniform; treatment in terms of special circumstances, treatment in terms of mitigating circumstances and treatment in terms of aggravating circumstances. That is not happening.

Lastly, mandatory sentences are by their nature unconstitutional. They are unconstitutional because Section 69 (1) says a person is entitled to a free and fair trial by an impartial court. A trial involves two processes of inquiry, the culpability enquiry. Have you stolen the cow in the case of mandatory sentence for stock theft? Have you vandalised in the case of this Bill that we are talking about? That is the first enquiry. The second enquiry is an enquiry on sentence. That is a serious enquiry. In developed jurisdictions, you actually have lawyers who are specialised in dealing with criminal liability. Then you have lawyers that are specialised now in sentence. If they stand before a magistrate, a

person can be given community service. They go to your history on how you grew up and so forth.

The problem with mandatory sentence is that we are taking away the right of the court to enquire in the issue of mitigation. Criminology has now developed that the fact that there was violence in your house – your father used to beat your mother actually has an effect on whether a child can commit a crime and the sentence you impose - that is how it has developed. I teach some studies at some IVY League University in America and we had a professor coming to deal just with penalty sentence. The problem with taking away from the courts the capacity and obligation to inquire on criminal penalties is unconstitutional. We need to be very careful. Yesterday I referred to two judgements, one from Uganda, the case of State *vs* Alice Kigula and one from Malawi, the State *vs* Kafantayeni which have clocked mandatory sentences. I think that we should trust our courts. If you look at rape now, people are going to jail for 30 years, I was reading the other day a judgement by Justice Ziyambi. So, the courts are well trained to judge the temperature of society. Many years ago, courts were imposing 20 years for a car that



cost US\$200 because at the time a deterrent was needed. Right now, courts are aware that they need to deter cable thefts.

Lastly, the ZESA grid is not the only source of electricity. I have not visited your house but I am sure there is a solar panel and a lithium battery, so the law should also discourage and offer disincentives for people that are also stealing solar geysers, solar panels and batteries. I thank you very much Madam Speaker.

**\*HON. CHIKUKWA:** Thank you Madam Speaker. I stand to speak as a layman on the issue of the law but I personally would like to see deterrent laws put in place to ensure people do not commit crimes if they know the sentence. In some countries they have sharia law and they know if you steal your hands will be decapitated. I had an opportunity to visit such countries and indeed even if you forget your phone no-one will steal it because they are all aware of the sharia law. They know there is no lawyer who will plead on their behalf not to have the sharia law applied. So, I am lobbying for a mandatory sentence to be put in place because the theft is too much. Sometimes people say it is

because of poverty but if you go to places like America, they even steal much more than they do here yet they have jobs and good lives. So, I think it is spiritual and they just love stealing. That is why at times people who steal are even managers earning a lot of money and have good perks but they still steal because of a demonic spirit to steal. So, we should not stop putting laws in place because our people are saying we are poor. Actually, if you look at those who have been arrested, it is those who have everything. Those who do not have are scared of being arrested. They worry about their children and say if I cannot fend for my children whilst I am around what more if I get arrested and I am not there, my children will suffer even more. So, I am saying all those stealing and vandalising should face a mandatory deterrent sentence. If we leave it to the courts, we have some corrupt judges who will favour those with money and they do not go to jail but those who do not have will be given hefty sentences. So, if it is mandatory, even if you have money it will not work.

**HON. KASHIRI:** I was listening attentively to submissions made by Hon. Biti whereby he is trying to give the courts the leeway to come up with sentences. What are we trying to achieve through this Bill? We are trying to deter thieves from stealing. If they know that they have a leeway to be pardoned by the courts, we are not achieving what we intend to achieve. I would want to submit that should we have repeat offenders, let us go for a stiffer penalty, even a death sentence. We first have a mandatory sentence and for a repeat offender, it should be stiffer.

**HON. CHINYANGANYA:** Thank you Madam Speaker for affording me the opportunity to add my voice to the Electricity Amendment Bill debate. I do concur with the amendment because people are suffering and the economy is suffering because of thieves who are stealing cables, transformers and are vandalising power infrastructure. Business people are running losses and people are losing meat, vegetables, you name it because of vandalism. MPs are also affected because many times we are chipping in to buy the stolen equipment using our own monies which is not good. So, I do concur

with the provisions of the Bill to have a mandatory sentence as it will instill fear in some of the vandalisers. Previously people were being sentenced to community service for stealing and vandalising transformers and cables. So, if a person knows that he or she will get 10 years sentence, it will be a deterrent.

I also think ZESA should invest in technology such as trackers and alarms so that thieves will be scared to steal. Also, if the equipment is stolen it can be easily traced. That will reduce the bills of buying transformers and cables if they are not stolen.

**\*HON CHIBAGU:** I stand to support the proposal for a mandatory sentence so that we preserve what we have as Zimbabweans. Long ago during the colonial era children did not steal as they were scared to do so but currently, our children spend time during the day smoking dagga and taking *mutoriro*. Then by night they go and steal and vandalise property. It is so painful to see that happening. Even our irrigation pipes are being vandalised and we are at a loss as to what we should do. Farming is a serious issue as it sustains livelihoods but they

do not care about that. So, I plead with this House to ensure that we put laws in place that assist build Zimbabwe. We should be honest and do the correct thing so that our children do not continue stealing and vandalising things. I thank you.

## **THE MINISTER OF ENERGY AND POWER**

**DEVELOPMENT (HON. SODA):** Thank you Madam Speaker

Ma'am. Let me begin by thanking the Committee on Energy and Power Development that went around to solicit the views of the public on the Electricity Amendment Bill. I am happy that the public concurred with the proposals that were made, to impose stiffer penalties for vandalism of our equipment that is used for generation, transmission and also distribution of electricity.

What I have just taken note of is the need for compensation for the users that would have been affected in terms of their appliances, when appliances are affected. The public submitted that there was need for them to be compensated. The compensation is in place and it is being applied by ZESA. Whenever there is some irregular power supply

situation which ends up affecting appliances, ZESA has a policy of making compensation. This is already provided for.

The other submission was that penalties for ZESA employees that would have vandalised equipment, should be stiffer than that of the ordinary people. I think this was the feeling of the public but it will lead to discrimination. This is the view of the Ministry that we cannot differentiate or separate penalties that are given to ordinary people and those that apply to ZESA employees.

The other submission was on ZESA to compensate individuals that would have replaced equipment lost through vandalism. This is already in place and it is already in application. Then the issue of load shedding where the public feel that there was need for a load shedding schedule. This is in place, you recall in this House, the Members also asked for a load shedding schedule, which we said once unit 7 and 8 are on the grid, then we shall have a dependable load shedding schedule and this is work in progress.

There is also the issue of renewable energy to be also covered. This was also submitted by Hon. Biti that the Bill does not seem to be

covering renewable energy. Once we indicate that equipment that is used for generation, transmission and distribution of electricity, that is all encompassing. It includes hydro, coal generation and it also includes everything, inclusive of renewable energy. All that has been taken care of.

The issue of fault metres, where one would have reported and ZESA fails to respond or to attend to those metres, the public had the view that people should then be exonerated when they do illegal connections. We cannot allow lawlessness and once people have reported, they should wait until ZESA comes to attend to their property.

Let me go to the issues that have been raised by Hon. Biti, again to say that some people are committing crimes because of poverty. We cannot allow lawlessness, just because people are poor. People who commit crimes should be subjected to the law. Then the issue of harmonisation of sentences, which he also spoke about and the issue of the special circumstances. The issue of special circumstances is still provided for in the Bill. Whenever there are extenuating circumstances, that has already been provided and which gives discretion to the courts

apart from the mandatory sentence that would have been imposed by the Bill.

Then, Hon. Chikukwa was also in support of the Bill. She even went to give examples of other countries where there are laws like the Sharia Law. She was just supporting that there is need to have such stiffer penalties that are imposed for abstraction of electricity and for vandalism of equipment.

Hon. Chinyanganya, also spoke in support of the amendments that are proposed by the Bill. He even gave examples of the effects of vandalism where there is disruption of economic activities. He was in support. Also Hon. Kashiri was supporting imposition of stiffer penalties and also, he was even intimating that for the repeat offenders, then a penalty like death should be preferred but for the purposes of this Bill, we are saying stiffer and mandatory sentences should be preferred.

Again, Hon. Chinyanganya went on to say that ZESA should invest in technologies like tracking, already this is in place. ZESA has procured some drones and in some sites, there are cameras and other modern technologies which they are using. However, all we should just



do is to have a culture of protecting our equipment other than causing for such investment when this is a matter of attitudes and also sabotage.

The same sentiments were echoed by Hon. Chibhagu, who even said that this vandalism looks like a way of sabotage, where she even compared that during the colonial times when the farms were owned by the White settlers, vandalism was not as rampant as it is at the moment. She thinks it looks like people are sabotaging against the current farmers that have been settled on the farms.

Madam Speaker, I now move that the Bill be now read a Second time.

Motion put and agreed to.

Bill read a second time.

Committee Stage: With leave, forthwith.

## **COMMITTEE STAGE**

**ELECTRICITY AMENDMENT BILL [H. B. 7, 2022]**

House in Committee.

Clauses 1 to 3 put and agreed to.

House resumed.

Bill reported without amendments.

Third Reading: With leave, forthwith.

### **THIRD READING**

ELECTRICITY AMENDMENT BILL [H. B. 7, 2022]

**THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Madam

Speaker, I move that the Bill be read the third time.

Motion put and agreed to.

Bill read the third time.

### **MOTION**

BUSINESS OF THE HOUSE

**THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** I move that we

revert to Order of the Day Number 18 on today's *Order Paper*. I thank you.

Motion put and agreed to.

### **SECOND READING**

LABOUR AMENDMENT BILL [H. B. 14, 2021]

Eighteenth Order read: Adjourned debate on motion on the Second Reading of the Labour Amendment Bill [H. B. 14, 2021].

**THE MINISTER OF JUSTICE, LEGAL AND PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Thank you Madam Speaker Ma'am. Allow me to respond to issues raised by Hon. Members on the Labour Amendment Bill. The first point raised was that there must be a clear definition of what forced labour and child labour is in light of our culture, tradition and heritage. The definitions used in the Bill are derived from the International Labour Organisation Conventions which we have ratified. These are minimum labour standards which are internationally accepted.

In our case, we have defined forced labour in terms of the ILO Convention 29 on forced labour and went a step further to clarify that it shall not include any work that is done as part of communal work or services, hence safeguarding our culture and tradition where communal work or services is infused in our culture and tradition. On child labour, the Bill also borrows from the ILO Convention 138, on minimum age

which is an internationally accepted definition. As a country, we are bound by this convention as we have also ratified it.

Madam Speaker, on the issue of fast-tracking the process in the prosecution of sexual offenders at work place that was also raised, our Constitution under Section 50, gives rights to arrested and detained persons. As such, due process must be followed so that there is no miscarriage of justice. Further, the issue of penalties rests with the judiciary who interpret and apply the law the way they see fit. We are lawmakers and there must be a separation of powers between what we do and what the judiciary does, which is the point that Hon. Biti was raising earlier on that we must give the judiciary a leeway to do that.

The last issue that was raised about the Bill is that the Bill does not address the issue of employment of persons with disability. This issue is covered in the Bill, but let me hasten to say that this issue is comprehensively covered under the relevant Bill, which is the Persons with Disability Bill soon to be presented in this august House once it is finalised by Cabinet. The issue of employment is specifically covered

under Clause 37 of the Disability Bill. Having said that, I move that the Bill be now read a second time. I thank you.

Motion put and agreed to.

Bill read a second time.

Committee Stage: With leave, forthwith.

## **COMMITTEE STAGE**

### **LABOUR AMENDMENT BILL [H. B. 14, 2021]**

House in Committee.

Clauses 1 to 7 put and agreed to.

On Clause 8:

**HON. BITI:** Clause 8 is seeking to make amendments to Section 12. This provision is where labour law is. I used to be a labour lawyer for many years because this deals with termination. When you look at this, it is as if we are eliminating termination by notice which is okay. It means we are going back to the old position where we had Statutory Instrument 371 of 85, the position that existed after independence when the Labour Act was passed in 1985 which says that ‘no termination of employment can take place unless the Minister of Labour has approved

in terms of S.I. 371 of 85', but the notorious Zuva Judgement reversed that and said, an employer can terminate on notice.

When that happened, labour law died because what is the point of having a disciplinary hearing when you can simply give three months' notice? We need to go back to the status quo. We need to go back to the old position where you cannot terminate on notice. You should only terminate - in other words, we need to remove no-fault termination and go back to fault termination to protect workers. I know what happened during that time. The IMF put pressure to the then Minister of Finance to say your labour laws must be flexible.

So instead of coming to Parliament, the court did what he should have done, to come here, confront workers and he knew he can confront workers. My proposal Madam Speaker is that let us be very clear that we are reverting to no-fault termination and that you cannot terminate on notice. You can have fixed term of contract. You can employ someone and even this law allows seasonal workers. The majority of people on your right side are farm owners, you are allowed to employ seasonal workers, but a normal industrial worker should only be terminated on

fault. That means that the only no-fault situation is retrenchment which is covered by the next provision.

Hon. Minister, please let us go back to no-fault because it is leaving that floor and it is not repealing the entire Section 12. If it was repealing the entire Section 12, but it is leaving that, so let us go back to no-fault termination. If you want to fire somebody, discipline him if he commits a fault. In other words, let us reverse the case of Livingstone Dhonga and Zuva, the Supreme Court Judgement by the late Chief Justice Godfrey Chidyausiku. Thank you.

**THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Do you have the Labour Act there – [HON. BITI: *Yes, I have got it.*] – Hon. Chair, what he is saying, I agree with but the import of what Clause 8 is trying to bring forward is that it is trying to explain the conditions upon which employment may be terminated, to indicate that it is for misconduct when it is mutual agreement. If it is a fixed term contract for six months, when it expires and pursuant to retrenchment proceedings – so, maybe if I can check the provision that was put in place after the Zuva

judgement has not been repealed because these are the provisions that the amendments that are being put forward after the substitution.

**THE TEMPORARY CHAIRPERSON:** We suspend Committee business for 10 minutes.

*Business suspended at 2042 hours and resumed at 2052 hours.*

On Clause 8:

**THE MINISTER OF JUSTICE, LEGAL AND PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Thank you Hon. Chair. I am proposing amendments in my name to Clause 8. Amendment of Section 12 of Cap 28:01 so that it reads as follows: - by the deletion of the following sentences. Section 12, this is what I want deleted. “Section 12 (“Duration, particulars and termination of employment contract”) of the principal Act is amended— (a) in subsection (4) by the deletion of the words “to be given by either party shall be” and the substitution of “to be given by either party shall (notwithstanding any provisions of the common law to the contrary) ”;



(b) by the repeal of subsections (4a) and (4b) and the substitution of the following-

I am proposing that all this be deleted and it will read as follows: - and this becomes “(a) by the repeal of Section 4 (a) and (b) and the substitution of the following: - 4(a) a contract of employment...” as it reads and then at the end, where (b) says, “by mutual agreement in writing (with notice under subsection (4) unless otherwise agreed...” by the deletion of everything in brackets), where it says “with notice”. So, it is just to delete the first part and on (b), to delete what is in brackets where it says, with notice under subsection (4).

Amendment to Clause 8, put and agreed to.

Clause 8, as amended, put and agreed to.

Clauses 9 and 10 put and agreed to.

On Clause 11:

**\*HON. BITI:** Clause 11 is amending Section 18 which deals with maternity leave. Madam Speaker, it is now time that Zimbabwe recognises paternity leave. I propose that we amend Section 18 since we

are giving women 90 days. The Constitution of Zimbabwe speaks of equality under Section 56. Let us also give men paternity leave, even if we start with one month. Even if it is an unpaid paternity leave. Madam Speaker, you have a husband and he should be given paternity leave.

**\*HON. HAMAUSWA:** Madam Chair, I want to support the idea of paternity leave. I happened to work ....

**\*THE TEMPORARY CHAIRPERSON:** Can you elaborate paternity leave?

**\*HON. HAMAUSWA:** There might be complications when a woman gives birth, maybe cesarean wounds which need nursing. This is the global trend. In Zambia, I benefited 14 days of paternity leave where I was with my wife and the newly born child. That is the time to show love and bond with the newly born baby. Madam Chair, when we craft laws, we should bear in mind that there are other people like Hon. Munetsi who may be having many wives, so the paternity leave must be limited to at least three children. Even the sick leave has got conditions that when you are sick to the extent that you are now bedridden, you will

go to unpaid sick leave. Hon. Biti mentioned that men and women are equal under the Constitution.

Secondly, in marriage, we are also equal. Recently, we have enacted the Marriages Act and we are equal – [HON. MEMBERS: *Inaudible interjections.*] – Yes, paternity leave is very important. If we fail to include it, we are not being progressive. At least one month of paternity leave. It should be once a year or once in two years.

**\*THE TEMPORARY CHAIRPERSON:** The law will be impartial because the paternity leave will not be given on some of the children if we have to limit the number of children when the father should apply for paternity leave.

**\*HON. R. R. NYTAHI:** Hon. Chair, I think the issue of paternity leave is important. Some of us are no longer giving birth to children. The normal standard in other countries, the woman is given maternity leave in order for her to recover and take care of the baby. When the woman goes back to work, then the father is given the paternity leave. This enables the parents to bond with their child than for the child to bond with the house helper. This is a noble idea. This should be one and a half

months to three months paid paternity leave. They should exchange when taking their leaves. After giving birth, women should go on maternity leave to look after the child and when she goes back to work, the father also takes paternity leave to help look after the new born child and they can alternate taking the leave days so that the child gets enough care from them than from the childminder.

This is a noble idea that you might fail to understand, but this is happening in other countries, and it can be for one and half months and they get paid. The mother is actually allowed to take some days before she delivers and after she has given birth, the father can also take leave and they both look after the child. It is happening in other countries and has become the norm.

**\*THE TEMPORARY CHAIRPERSON:** Hon. Nyathi, we want this to be clear to everyone not that I want to appear to be sort of debating with you. So, you are saying they should be taking turns to take maternity or paternity leave, at what point can this happen, can you clarify? – [HON. BITI: *Mwana panenge akuvhurwa zheve*] –

**\*HON. HAMAUSWA:** I was a beneficiary of paternity leave, in Zambia they give 14 days of paternity leave. A lot of things happen when a child is born. There might be complications which require the attention of the mother and the father has to support his wife. We are also forgetting that the mother might not be employed and the father can take paternity to support or nurse his wife. We are able to convey our congratulatory messages because it is a miracle in itself that a child is born because childbirth is not a walk in the park.

A husband can be given 14 days paternity leave once in every two years. There may be complications which I think will be fair enough so that they are able to give support to their wife. We enacted the Marriage Bill and there should be consistency of equality as per the Constitution. Why do we now want to remove what you have given with the right hand and take it away with the left hand?

**\*HON. MUTSEYAMI:** The issue of paternity leave is very important. It is important for the father to have time with the newly born child to bond with the child, a paternal bond between the baby and the father for at least two weeks in a period of two years. There should be a

record for the father to enjoy 14 days paternity in a period of two years for a maximum of three children.

**\*THE TEMPORARY CHAIRPERSON:** Does that not infringe on the child's rights?

**\*HON. MUTSEYAMI:** We are trying to manage because we might have a time where the father will be continuously at home on paternity leave.

**\*HON. MATSUNGA:** I would like to support the issue of paternity leave for our male counterparts. In our culture, women are actually sent back home to their parents when giving birth to the first child but after the first child, I cannot continue going back. My husband who is the father becomes the one who takes care of me after giving birth. We cannot expect that to happen for five children, but I believe if we work with a number of three children, that is acceptable. We are looking at my partner comforting me just before and after giving birth. Maybe I will have been operated, so I am saying may you give an opportunity to our male counterparts for them to take care of us. So may we put it down so that it becomes part of our law that our male

counterparts get paternity leave. Actually, paternity leave will bring love and unity in these households.

**\*THE TEMPORARY CHAIRPERSON:** What then happens to those who are in polygamous marriages in the case where the women might fall pregnant almost during the same period?

**\*HON. MATSUNGA:** It is the same because right now our law states that we have no-one called a prostitute. We are saying everyone who has given birth should be taken care of. We are looking for equality whether it is a man or woman. If you have 10 women, it means you are strong enough to take care of all of them. We have a limited number that we are proposing and as a 'bull' you are going to manage somehow to take care of them. When I go into labour, the husband should be there to see what I go through and be able to comfort me because there is a lot of pain experienced by women when they go into labour but if they do not have an opportunity to go on paternity leave, who is going to take care of the woman?

**\*HON. MADZIMURE:** The truth of the matter is that women often complain that as soon as they deliver a baby, the relationship

between the wife and the husband changes. There are some women who go into labour for two days, and the husband will leave for work not knowing what will become of the wife who is in labour.

The Minister has said it well that childbearing is a national service, hence women need the support of their husbands during the labour period. During this painful period, a woman needs a lot of love and care from her husband. This in turn creates a strong bond between the wife and husband. Even the child inside her mother's womb is able to hear the warmth of the father, therefore men should be given paternity leave.

In some instances, you would find that the new born baby has a strong bond with the maid than the father because the father was not always there for the baby and its mother.

**\*THE TEMPORARY CHAIRPERSON:** If you are given paternity leave, will you be always present at home with your wives?

**\*HON. MADZIMURE:** If a man is given paternity leave and does not attend to his wife then it means they are not responsible fathers; they do not even deserve to be called fathers. However, we cannot say all men are irresponsible.



Hon. Minister, you will be the best Minister ever, if you accept that proposal to give paternity leave.

**\*HON. MADIWA:** I just want to add my voice to the debate of paternity leave. It is an issue that men and women have been clamouring for a long time. When we talk of paternity leave, we are talking of family matters and that the newborn baby should be close to both parents.

In other countries when a woman goes into labour, the nurses and doctors will be there to give technical experience but the man is asked to receive the baby during the process of deliverance.

The father-to-child bond is created when the baby is still in their mother's womb. The behaviour, attitudes, and character of a new born baby is adopted at the infancy stage. Therefore, if the husband and wife assist each other in bringing up the child whilst at the very early stages of development, it will create strong family ties.

So, I am in agreement with paternity leave that the father should be given a chance to raise their children from the very early stages of a child. The current two weeks period is very minimal, the man should

also be given a full month to take care of the child and mother during childbearing.

Moreover, during the first month of maternity leave, the woman would not be able to perform the duties of a wife in the bedroom, so there might be room for adulterous action by the husband if they are not together. So, both parents should be given paternity and maternity leave in order to safeguard their marriage because men will end up looking for girlfriends. I thank you.

**HON. L. SIBANDA:** Paternity should be granted to men until the day the woman delivers the child. Some women deliver through the caesarian section; therefore, the men should be present in order to change the child's diapers and to comfort the woman from the pain.

Men should be given paternity leave for almost one month to assist in taking care of the child. After delivery, a woman has got a lot of tasks that she will not be able to perform alone, she will need assistance from the man to take care of the baby.

For example, if you have just delivered and the man goes to work, he will be attracted to other women and at the end of the day there will be broken homes. I thank you.

**\*HON CHINOTIMBA:** I want to raise a few points on paternity leave. As prescribed in the law, a woman is supposed to be given 90 days' leave which is three months. This is done in preparation for her to carry this national duty. It is a law that is in subsistence. On a daily basis, if you count the number of women that give birth, you will find that they are many. I have three companies all in all, one is a security company with 100 employees, the second one is a milling company with 50 employees and the third one is a garment making factory with 30 employees. All those people have wives. If ten women in a single company were to fall pregnant and go on maternity leave, that means ten men will also go on leave and the company will be closed.

What a man can do is that when a wife has fallen pregnant, the man can be given off days because the wife is not feeling well and not that they be granted paternity leave. All these Hon. Members on the left side are trade unionists. There is no such law. Once the man is ill, they

can have leave days. I disagree with the fact that men should be granted paternity leave. The men should work because a country is built by its rightful owners. Men should work and women should go and give birth.

**+HON. TEMBO:** I do not agree with Hon. Chinotimba because it is impossible for women with husbands that work in the same company to be impregnated at the same time. I disagree that ten women can be impregnated at the same company within the same month. It would appear that a company would have made a caucus that we want it to happen that way. Women should be given their maternity leave and likewise, men should be given their paternity leave so that they can be able to raise their child and create a bond with their children. Children have to have a bond with their parents.

**\*HON. DR. MURIRE:** I am one person who does not agree with that. I will support what Hon. Chinotimba has said. If you look at a security company, if you look at 10% of his workforce being on paternity leave, the work is arranged in such a manner that they will be two weeks in and two weeks out.

**HON. MADZIMURE:** On a point of order Madam Chair. The Hon. Member is misdirected because we are talking about paternity leave. We are not talking about the individual women. If you employ women only in your company, that is your business and you will not deny them their right to go on maternity leave. We are talking about a husband who is not employed at the same company with the wife.

**\*HON. DR. MURIRE:** What I am saying is that there are other sectors where you can say two weeks off and two weeks in for workers. When you talk of workers, it means when others are off duty, we are getting 10% that is going on leave. It will affect productivity of the company. We should look at that. Whatever we are discussing, we should consider productivity of these companies. What productivity are we going to get with regard to this law?

**HON ZIYAMBI:** While I appreciate the need for men to be given paternity leave, it is an amendment for another day. For now, we are not taking it. I move that the amendment as proposed which is progressive for women be adopted. I thank you.

Amendment to Clause 11 put and agreed to.

Clause 11 as amended, put and agreed to.

On Clause 12:

**THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON ZIYAMBI):** I move the amendment standing in my name that;

**12 New Section inserted in Cap.28:01**

The principal Act is amended by the insertion after section 18 of the following sections—

“18A Contracts for hourly work

(1) No employer shall engage an employee on terms that the employee will be paid only for the hours that such employee actually works—

(a) on terms that prohibit such employee from being employed by another employer or on his or her own account, during the hours when he or she is not working for the first mentioned employer;

(b) if the effect of such contract is that in any consecutive period of two months, the employee earns less than the minimum remuneration or wage fixed in a collective bargaining agreement as the minimum rate of remuneration or minimum wage for the undertaking or industry, and grade and type of occupation governed by that collective bargaining agreement, in which event the employee concerned shall be entitled to be paid the difference between what he or she has earned in that period of two months and one month's remuneration or wage;

(c) if such contracts are prohibited by the collective bargaining agreement governing the undertaking, industry and grade and type of occupation.

#### 18B labour brokerage arrangements

(1) In this section—

“labour brokerage arrangement” means an agreement whereby a person (the third party) wishing to engage other persons in the capacity of employees (the employees) enter into a contract or other arrangement with a principal (the labour broker) by the terms of which the labour broker manages the payroll or other services in connection with the

remuneration and other benefits of the employees and is directly responsible for the discipline including the dismissal of the employees and the third party assigns their duties and supervises the execution of their work.

(2) Employees employed by virtue of a labour brokerage arrangement shall have conditions no less favourable than—

(a) other employees in that grade or occupation employed by the same employer; or

(b) the collective bargaining agreement for the undertaking or industry, where the third party only employs its employees in terms of a labour brokerage arrangement.

(3) Unless the labour brokerage arrangement specifies unambiguously which of the parties to the arrangement is responsible for the payments or damages in question, the labour broker and the third party are jointly and severally liable for any payments or damages to the employee arising out of any grievance or dispute or unfair labour practice.”.

**HON. BITI:** Madam Speaker Ma’am, this section is trying to introduce a very dangerous thing - in Section 18(b) the introduction of



labour brokerage arrangements. Labour brokerage arrangements are modern day slavery because it works on the basis that a middle-man will employ his own employees and then sub-employ those people to a company or bank. For instance, cleaning services: instead of the bank employing cleaners, it will employ this brokerage company which then employs these people. It amounts to modern day slavery. It has been condemned by the IMF and if you go to South Africa, one of the biggest labour issues now are these brokerage companies. They will get a contract and not pay workers their due. We should refuse the importation of labour brokerage law into our jurisdiction, particularly in a country where there is serious unemployment. If I wanted a job, I would go to any bank or any company and get employed. We should not introduce labour brokerage in our law. So Section 18 (b) must be totally removed because it is dangerous, abnoxious, unconstitutional, unheard of and an unpalatable exercise with the great energy we have right now.

**HON. MADZIMURE:** What Hon Biti is saying is very true. I was once a manager at the GMB and what they once did was to bring

guards from Fawcett instead of the GMB guards that they had because they were running away from paying their pensions. However, five years down the line, they went back to the old system because this system could not work. The issue of having other workers being contracted to do certain duties that must be done by people directly employed by the company is simply running away from responsibility and we cannot get away with that. What we are doing is pretending to be a black government that loves its people. Yet we are now bringing through the back door, the same laws that caused the people to take up arms. It was not only the issue of land but also the issue of the labour laws that we had. The Burombos and Joshua Nkomos will now be turning in their graves when we bring such laws to bury the people of Zimbabwe. This does not make any sense. Why are we so cruel to our people? Why do you want them to suffer so much, why do you hate them so much? We have refused to enjoy paternity and now we are refusing them the right to enjoy the labour laws that we have put in place because when you are contracted to work in a company, they have no responsibility whatsoever.

**\*HON. CHINOTIMBA:** Madam Speaker, I think this law was brought in here before it was gazzetted and as labour unions, we rejected it. A company should employ its own people and be responsible for paying their portion of NSSA contributions. That is what companies are running away from. They do not want a worker to have a better life so they refuse employing the workers and opt to go and hire from a middle man. If it is a security company, they should employ security guards to go and work at the company that needs guards. As the employer, we get paid for services rendered by our guards and in turn also pay the guards. That is constitutional not this. It is unheard of that in this Parliament we need cleaners but Parliament no longer employs cleaners but they go and look for a middleman. It simply means they are running away from some responsibilities, so this law should be removed.

**THE MINISTER OF JUSTICE, LEGAL AND PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Hon. Chair, I propose that we expunge subclause 2 from the Bill.

Amendment to Clause 12 (2) put and agreed to.

Clause 12 (2) as amended, put and agreed to.

Clauses 13 to 29 put and agreed to.

On Clause 30:

**HON. BITI:** On Clause 30, Section 93 together with the amendments we have made in Section 12, when we dealt with Clause 11, it is the second most important provision. What was now happening is that if an employee had a complaint against an employee, he would write to a Labour Officer. A Labour Officer could make a determination on the dispute. When he or she makes a determination, he or she gives a judgement but that judgement was not called a judgement. It was called a draft judgement. The law then obliged that, that Labour Officer, through an affidavit, to register that draft judgement with the Labour Court.

The problem that was happening now was that some Labour Officers would not register those judgements. In some cases, the Labour Officers would actually quit the Government employ. They would start working for National Employment Councils or even leave Zimbabwe. When someone else tried to register that Draft Order, the Labour Court would say no and there are various judgements that says no. Only the

Labour Officer who would have wrote the judgement have got the power. Now this current provision is progressive because it goes back to the old position where a Labour Officer makes a judgement and it becomes binding.

The problem now is that we have got hundreds of workers who had got draft judgements in their favour but they were not registered for whatever reason with the Labour Court. So, I propose an amendment here, which we may put for tied reasons in the transitional provisions. The provision I proposed, which I have discussed with both the Minister of Justice and the Minister of Labour, Prof. Mavima, is that we put a provision that says if for whatever reason, a draft judgement that was made by a Labour Officer, in terms of the old Section 5 (c ) was not registered as it was supposed to do in terms of 5 (d), that Draft Order is deemed to be a judgement that is executable and executable in the currency that it was expressed so that if it was to be converted, it will be converted to the RTGs as of today's exchange rate. We have got people that are caught up in this lurch.

Lawyers tried to challenge the constitutionality of the old provision but did not succeed in the Constitutional Court. It is time that we do justice to those hundreds of workers who are left in suspension because a Labour Officer did not register a judgement. That old provision which was a haste provision was sneaked in, in Act No. 15 (2015). Minister, you recall that Act No. 15 was the Emergent Labour Amendment that was made to mitigate the effect of Zuva. It was the one that put that provision that says if you are given notice then you are entitled to compensation of two weeks for every year served. It was a rushed amendment because unions had complained. Now, let us do the right thing, a Labour Officer has got powers of making a judgement. If you are unhappy with it, you go to the Labour Court. If you are unhappy with the Labour Court judgement, you go to the Supreme Court but what happens with these people who suffer because Labour Officers either did not read rules or left the Government employ? Let us look after them. I thank you.

**THE MINISTER OF JUSTICE, LEGAL AND  
PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** Thank you

Madam Chair. I would like to thank Hon. Biti for his contribution. In fact, what he said is exactly what is being addressed by this Bill, but his only concern is decisions that were made that may be affected when this becomes law. My suggestion is, may be if we do not, we put it in transitional provisions, not here, to indicate that where judgements were made in terms of Section 98, where decisions were made by the Labour Officer and not registered, they shall be deemed to be registered. This is addressing the issues that he was raising to say that if a Labour Officer issues a judgement and if it is not registered, it was just left like that. In sub-section 2 it says, it shall be deemed to be and it will be enforceable. This is what we are trying to cure, which is not there in the current Labour Act. So, I agree but on transitional provisions, we can then add that so that when this becomes law and those cases come up then they will be deemed to be registered judgements under the powers of the Labour Officers. Therefore, I move that we adopt this as it is but we remember that when we finish this under transitional provisions, if they are not there, we then put that.

Amendments to Clause 30 put and agreed to.

Clause 30, as amended, put and agreed to.

On Clause 31:

**HON. BITI:** Clause 31 deals with compulsory arbitration. I am concerned with Section 98 (2), which says subject to this section, the Arbitration Act shall apply to a dispute referred to compulsory arbitration. Why do we need this provision? We do not need it, it is superfluous. The arbitration should be governed by this provision because that other Act - you know it: Uncitral Model Law, it is complicated. You are over legalising. These are labour issues, remove that. Just be quiet about it. Why are you putting it, *imi varume muri* two?

**THE MINISTER OF JUSTICE, LEGAL AND**

**PARLIAMENTARY AFFAIRS (HON. ZIYAMBI):** It is a provision that is – [HON. BITI: *Ngaibve*] – it is a provision that we left which was there in the current Labour Act. I agree. – [HON. BITI: *Bvisai zviro izvi.*] – Hon. Chair, I agree we expunge this provision and re-number accordingly.

Clause 31 expunged.



Clause 32 now 31, Clause 33 now 32, Clause 34 now 33, Clause 35 now 34, Clause 36 now 35, Clause 37 now 36 and Schedule put and agreed to.

House resumed.

Progress reported.

Committee to resume: Thursday, 1<sup>st</sup> June, 2023.

*On the motion of* **THE MINISTER OF JUSTICE, LEGAL AND PARLIAMENTARY AFFAIRS (HON. ZIYAMBI)**, *the House adjourned at Ten o'clock p.m.*