

PARLIAMENT OF ZIMBAWE

Tuesday, 14th March, 2017

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

PRAYERS

(THE HON. SPEAKER *in the Chair*)

ANNOUNCEMENTS BY THE HON. SPEAKER

WORKSHOP ON THE CODE OF CONDUCT FOR MEMBERS OF PARLIAMENT

THE HON. SPEAKER: I have to inform the House that the workshop on the code of conduct for all Members of Parliament has been postponed to Wednesday, 22nd March, 2017. The workshop will consider the Code of Conduct for Members of Parliament and the Privileges and Powers of Parliament Act. It will be held at the Harare International Conference Centre (HICC) at 0830 hours. Hon. Members are requested to take copies of the following documents to the workshop: -

1. Parliamentary Salaries, Allowances and Benefit Act;
2. The Privileges, Immunities and Powers of Parliament Act; and

3. The Code of Conduct together with its annexure which is the Declaration Form.

This is a very important meeting and it touches on the welfare of Members of Parliament. You are urged to attend with those three documents.

REPORT OF THE AUDITOR-GENERAL

THE HON. SPEAKER: I wish to bring to the attention of the House that Section 12 of the Audit Office Act [Chapter 22:18] states as follows, “any report transmitted in terms of Section 10 or 11 (a) to the Minister or (b) to the appropriate Minister shall be laid by the appropriate Minister as the case maybe before the National Assembly on one of the seven days in which the National Assembly sits next after he or she received such a report. Where the Minister or appropriate Minister fails to lay any report before the National Assembly in terms of Sub-section (1) within the period specified therein, the Auditor-General shall transmit a copy of such a report to the Speaker of the National Assembly for the Speaker to lay it before the National Assembly.

On Friday, 28th September, 2016, the Auditor-General submitted the Report on the Management of Irrigation Schemes by the Department of Irrigation under the Ministry of Agriculture, Mechanisation and Irrigation Development in terms of the Audit Office Act [Chapter 22:18]. In view of the fact that the relevant Minister has not tabled the said report within the specified time frame, I therefore lay upon the table the aforesaid report in terms of Section 12 (ii) of the Audit Office Act [Chapter 22:18].

BIOMETRIC REGISTRATION SYSTEM AT PARLIAMENT

THE HON. SPEAKER: As you have observed Hon. Members, the administration of Parliament has installed fingerprint scanners at all entrances into the building. This is the first phase of the biometric registration system that we are in the process of installing as part of our endeavour to automate all key business processes in line with Goal 2 of our Institutional Strategic Plan which aims to modernise the work of Parliament leveraging on ICT. The biometric registration system will enhance ease of access into the building for both Hon. Members and

staff of Parliament as you will be able to enter the building even without your I.D. once you are registered on the system.

Additionally, the system will also generate an electronic attendance register of both sittings of the Houses and committee meetings, thus reducing the prevalence of human error in recording the attendance of Hon. Members. This electronic attendance register will eventually be linked directly to the accounts department and will automatically calculate and update the sitting allowances and fuel owed to each Hon. Member on House and/or Committee meetings. To make it easy for Hon. Members to register onto the system, our security officers will begin with the National Assembly this week. They will be stationed in the retiring lobby for Members near the pigeon holes lobby from 1430 hours today until Friday, 17th March, 2017 at 1300 hours.

Next week, they will proceed to register Senators and they will be stationed in the Senate lobby from 1430 hours every sitting day until adjournment of the Senate. I am therefore, urging Hon. Members to

register on the system as advised. It is envisioned that the system will go live on 3rd April, 2017.

MOTION

BUSINESS OF THE HOUSE

THE DEPUTY MINISTER OF PUBLIC SERVICE, LABOUR AND SOCIAL SERVICES (HON. ENG. MATANGAIDZE): I move that Orders of the Day, Number 1 to 36 on the *Order Paper* be stood over until Order of the Day, Number 37 has been disposed of.

Motion put and agreed to.

MOTION

FIRST REPORT OF THE PORTFOLIO COMMITTEE ON PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE ON THE ADMINISTRATION OF THE BASIC EDUCATION ASSISTANCE MODULE (BEAM)

Thirty Seventh Order read: Adjourned debate on motion on the First Report of the Portfolio Committee on Public Service, Labour and Social Services on the Administration of Basic Education Assistance Module (BEAM).

Question again proposed.

THE DEPUTY MINISTER OF PUBLIC SERVICE, LABOUR AND SOCIAL SERVICES (HON. ENG. MATANGAIDZE): I would like to thank you Mr Speaker Sir, for the opportunity for my Ministry to table its response to the First Report of the Portfolio Committee on Public Service, Labour and Social Services on the administration of the Basic Education Assistance Module programme.

Mr Speaker Sir, allow me to thank Members of your Portfolio Committee chaired by Hon. Kwaramba for the detailed and comprehensive work they put in compiling this work. The BEAM programme is indeed very topical as it impacts on all constituencies country wide. As to be expected, the motion attracted a lot of interest and debate, raising focus areas which need to be addressed in adequately administering the programme. Accordingly, allow me to thank the Hon. Members who took time to contribute in the debate.

Mr Speaker Sir, allow me to also acknowledge that the debate fully recognised the tenets of this module that is one of my Ministry's main social protection programmes. It is a national community based

programme which we implement in partnership with the Ministry of Primary and Secondary Education and affords schools fees assistance targeted at vulnerable children of school going age attending both primary and secondary levels in rural and urban areas.

The primary objective of the programme is to reduce the number of children dropping out of school due to economic hardships. Specifically, it targets children who are in school but failing to pay or having difficulties in paying school demanded fees, who have dropped out of school due to economic hardships and who have never been to school due to economic hardship but are of school going age.

Currently, assistance provided covers full tuition fees and levies at both primary and secondary levels for eligible needy children. For children living with disabilities attending special schools, it also covers boarding fees. In addition, examination fees are paid for the same needy children for public exams. Beneficiary selection is done by each primary school's selection committee elected by the parent body of each school and limited by an annual hard budget allocated to each school.

In debate, some Hon. Members pointed out that this broad *modus operandi* framework needed to be expanded. The Members raised concern that the BEAM programme is blinkered towards welfare issues of beneficiaries in that it only focuses on school fees and does not address other environmental conditions and issues which affect a child's school attendance such as school uniforms and any other extra needs. In clarification, it must be borne in mind that BEAM is only one of the many social protection programmes my Ministry implements which cover the various needs faced by BEAM beneficiaries and other vulnerable families from poor backgrounds.

In this regard, it is imperative that I highlight some of these programmes and ensure how they complement the BEAM initiatives and address Hon. Members' concerns. Some of these social protection programmes including public assistance and public works are aimed at reducing family household poverty levels, thus preventing targeted households from resorting to perverse coping mechanisms amongst them, child labour which prevents children from attending school.

My Ministry also implements the harmonised social cash transfer programme which unconditionally transfers cash to the food poor and labour constrained households which they then use to meet their basic requirements. Reviews which have been conducted on the harmonised social cash transfer programme indicate all beneficiary households on this programme also qualify for other social protection programmes like education, health and food assistance. Indeed, 82% of households under the harmonised social cash transfer programme care for vulnerable children, most of them benefiting from the BEAM programme.

Going forward, the following action plans will be looked at to address welfare issues which may impact on both BEAM and non-BEAM beneficiaries across families.

- Firstly, promoting income generating projects (IGPs) like horticulture and market gardening at micro level such as schools for the benefit of BEAM beneficiaries and other vulnerable children.

- Secondly, supporting and promoting IGPs at household level, among them, small livestock rearing, poultry and market gardening to avoid over dependence on Government. Government will look at intensifying the provision of agricultural inputs through relevant Ministries to roll out the programme.
- Thirdly, as part of our social welfare workforce strengthening and in order to increase children's access to welfare and protection services, my Ministry in 2015, rolled out the National Case Management System to all districts in the country. The programme introduces a voluntary frontline ward cadre, the Community Childcare Worker (CCW) selected by communities. The cadre is the Ministry's face in the community for identifying and referring needy cases for various welfare and child protection issues.

Mr. Speaker Sir, with regards to increasing awareness to the BEAM programme, it is important to highlight that BEAM is a community programme and as such, stakeholders and communities must identify themselves with the programme's governance structures, i.e. village and

ward assemblies where there are traditional leaders, councillors, Government Sector Agencies and Private Voluntary Organisations.

In order to maximize the publicity of the programmes and ensure its adequate prominence to would be beneficiaries and the community at large, my Ministry will in addition to current efforts such as exhibitions and talk-shows at various national and community events, e.g. agricultural shows and radio talks, pursue the following:

- Both the Ministry's District Officials and their Ministry of Primary and Secondary Education counterparts supported by the District Administrators will be sensitised to spearhead the publicity of the programmes at meetings and related gatherings by making use of local leadership at village, ward and district levels.
- Information, Education and Communication (IEC) material like the BEAM brochures and posters in both English and local vernacular languages (Ndebele and Shona) are currently available and will, going forward, be distributed in

all public places such as schools, churches, district resource centres, council offices, health facilities, shopping centers and other relevant venues as well as through the print and electronic media.

Subject to resource availability, my Ministry will endeavour to ensure that the IEC material is also available in other local vernacular languages since our Constitution provides for use of all our country's languages.

THE HON. SPEAKER: Order, order Hon. Members, several questions have been asked in the past concerning the BEAM programme. That little corner there by the door is not listening at all. I do not know what message you will carry to your constituencies. BEAM is a very important Government Policy Programme, which you need to explain to the electorate from an informed position. If you are not listening to the Minister's report, why then do you say it is important that your recommendations in Portfolio Committees must be taken seriously by the Hon. Ministers if you cannot listen to the responses. If

you do not want to listen, please, you are free to leave the House and allow those who want to listen carefully to do so without any obstruction at all. Thank you.

HON. ENG. MATANGAIDZE: Ministry officials will also disseminate information about the BEAM programme and cash paying points for the Harmonised Social Cash Transfer Programme and at District Child Protection Coordination (DCPC) meetings so that information is disseminated to a larger number of people.

Hon. Members debated on resource mobilisation and indeed schools must be capacitated to come up with IGPs in keeping with the psychomotor policy, e.g. moulding of bricks for selling in their respective communities, harvesting of natural resources such as timber and river sand. Leadership at grassroots level, i.e. village and ward, will be sensitised to embark on projects that have low set-up costs.

Hon. Members might want to know that some schools have already started income generating projects; for example in Manicaland Province, some schools are utilising natural resources to come up with projects

such as banana plantations, bee keeping and piggery. This is a noble idea and other schools in the country will, during routine monitoring visits and training, be sensitised and encouraged to embark on such projects so that even without BEAM funding, schools can assist some vulnerable children.

In addition, some Civil Society Organisations are already complimenting Government's efforts by assisting children to access education. My Ministry will also continuously engage development partners to raise funds to assist more vulnerable children.

On Joint Monitoring and Supervision, Hon Members must note that in line with BEAM policy requirements, programme implementation monitoring visits with the Ministry of Primary and Secondary Education, which is an implementing partner are already happening both at national and sub-national level. These visits are scheduled for each term to inform both Ministries on the challenges and positives the programme might be facing.

Hon. Members called for an all inclusive BEAM implantation. By this, Members called for the participation and involvement of all relevant stakeholders in the provision of education assistance to vulnerable children. It is my Ministry's belief that the very fact that BEAM is a community anchored programme, renders it all inclusive. General members of and in the community, openly participate in critical BEAM activities such as beneficiary nomination and election of Selection Committees.

Furthermore, community and traditional leaders have distinct roles in the BEAM processes as well as the various Ministries who also form membership of the BEAM implementation structures at national and sub-national levels. In addition, civil society and church organisations are also roped in to assist. My Ministry will continuously endeavour to scale up such participation. The recently undertaken BEAM review recommended this as an all inclusive approach.

On relations between the school heads and parents; from the monitoring that was done, it was revealed that sound relationships exist

between most schools and parents. Some parents and schools even arrange payment plans for children with outstanding school fees arrears. In addition, it is only proper that the requirements governing relationships between school heads and parents or the community as a whole should be under the governance of the Ministry of Primary and Secondary Education's Public Relations programme. However, my Ministry will make recommendations of the same at sub-national levels through Rural District Development Committees (RDDC) and other public meetings such as our sub-national officials.

Mr. Speaker Sir, on Child Headed Households; selection of beneficiaries into the BEAM programme is based on both child and family socio-economic vulnerability. Thus, children considered vulnerable are nominated by persons in their respective communities who are knowledgeable of their circumstances. In this regard, child headed households are indeed given priority in the BEAM selection process. However, because some child headed households are not necessarily financially vulnerable, community selection supported by

my Ministry's staff means testing may have to take this into consideration into the BEAM programme. Indeed, if they are vulnerable, they will be assisted.

Madam Speaker, Hon. Members suggested an MOU between the Ministry of Primary and Secondary Education, the Ministry of Public Service, Labour and Social Welfare and ZIMSEC. MOUs are generally meant to tie-up critical entities or stakeholders to a common understanding and operational modalities. The current BEAM policy already provides for an MOU between the Ministry of Public Service, Labour and Social Welfare and the Ministry of Primary and Secondary Education. Hon. Members propose that there be an MOU between the Ministry of Public Service, Labour and Social Welfare and ZIMSEC whereby the later would allow BEAM beneficiaries to sit for exams with the understanding that Government will pay the examination fees.

Already, an understanding exists along these lines, albeit unwritten, and Madam Speaker, I agree that a formal MOU needs to be entered into. The recently undertaken BEAM policy review

recommended the need for such an MOU and we will move forward to operationalise this recommendation.

Madam Speaker, with regards to chasing away of BEAM beneficiaries from school, there is in place a policy in the Ministry of Primary and Secondary Education which states that children whether on BEAM or not, should not be sent home due to non-payment of school fees. It is emphasised that the contract for payment of school related fees is between the school and the parent, and not with the child. Thus, the policy should be enforced by the responsible Ministry to make sure that children are not sent home due to school fees arrears. However, as soon as funds are released by Treasury, all outstanding fees for BEAM beneficiaries are honoured.

Madam Speaker, with regards to nepotism in selection of beneficiaries, my Ministry castigates in the strongest ways, this bad practice. Accordingly, this is completely discouraged and censured. Hence, all reported and detected cases are dealt with and corrected promptly by my Ministry officials and these anomalies are also checked

upon during the termly routine monitoring visits conducted by my Ministry jointly with the Ministry of Primary and Secondary Education.

Madam Speaker, with regards to assistance covered by the BEAM programme, it is emphasised that already the programme assists children from Grade One up to “A” Level with payment of tuition and school levy fees and for those writing Ordinary and Advanced Level Examinations, their examination fees are paid for by the programme.

The policy recommends BEAM beneficiaries to write six subjects, including a practical subject as per Ministry of Primary and Secondary Education requirements because of resources constraints. All children who are on BEAM are not supposed to pay advance payments for both school fees and examination fees because the programme will cater for this. Investigations and corrective measures on reported schools who have been asking for advance payment are carried out and will always be done and corrective action taken.

In addition, children on BEAM have the right to choose the subjects they want to write according to their aptitude and ability.

School Heads are not supposed to impose on them which subjects to write. Madam Speaker, with regards to outstanding payments, the obtaining position is that with ZIMSEC, we have since paid for the 2016 examinations for both BEAM beneficiaries and non-BEAM candidates who failed to register due to economic challenges. It therefore should be reiterated that once the commitment to pay has been made, no candidates should be prevented or barred from writing examinations even if the actual payments have not been made or are delayed.

Mainstream schools are owed 2014 third term, 2015 and 2016 fees and special schools are owed fees for 2015 and 2016. The backlog has been caused by late disbursement of funds by Treasury and underfunding of the programme. Once the required resources are made available, the commitment is there to clear all arrears. I thank you Madam Speaker.

HON. KWARAMBA: Thank you Madam Speaker. I would like to thank the Hon. Minister for responding to the Committee Report on BEAM. The recommendations the Ministry has taken aboard are very

important since the BEAM programme has gone a long way in assisting the vulnerable groups. I also want to thank the many members who contributed to the motion. Madam Speaker, I therefore move for the adoption of the report.

HON. CHAMISA: Mine is just a point of privilege and appreciation in terms of our Standing Rules and Orders. You are aware Madam Speaker that in terms of Standing Order Number 26, our Ministers in all cases are supposed to provide a comprehensive report responding to recommendations by our Portfolio Committees within ten sitting days after having been notified by the Committee or Parliament. Once a Ministry or Minister fails to do that, there is a contempt of Parliament charge that has to fall upon the Minister.

We just want to appreciate the due diligence of Ministers who take Parliament seriously and take the reports of Parliament seriously. There were four recommendations and I was listening carefully. They have adopted all the four recommendations and they are going to implement them. This is very good Hon. Speaker. It is good because we also have

other Ministers who think that when we are here, we are here to play around. We are using taxpayers' money and we must give due regard to time, effort and even the cogence of the Constitution and the Standing Rules and Orders. Hon. Minister, this is very good. We appreciate it. We are not there to mark you; we are not your examiners but we are there to appreciate good things. Also to encourage other Ministers to say if we are to build this country, we must be serious about the things that we are doing, especially your Ministry has been doing well. We really appreciate that. May you send the message to other Ministers that we are serious about Parliament. We want these reports to make progressive and meaningful contribution to the upkeep of our country. We want to thank you. May you continue to be a good steward of the tax payers' money and also of the duty we have given you as a country. Thank you.

HON. KWARAMBA: I move that the motion on the First Report of the Portfolio Committee on Public Service, Labour and Social

Welfare on the Administration of the Basic Education Assistance
Module (BEAM), be adopted.

Motion put and agreed to.

HON. HOLDER: After the Minister has made a statement, can we not seek clarification? Is there any provision for that?

THE HON. DEPUTY SPEAKER: Hon. Member, it is not a Ministerial Statement. He is responding to the report which was put to the House by the Portfolio Committee chaired by Hon. Kwaramba.

HON. HOLDER: I do understand that Madam Speaker but I am saying that Hon. Members have some points that they wanted to clarify but I see that the motion has already been adopted.

THE HON. DEPUTY SPEAKER: We cannot continue debating the same report. There is no time to give back to that Committee as well. If you need to debate, you can as well debate on other motions.

MOTION

BUSINESS OF THE HOUSE

THE DEPUTY MINISTER OF FOREIGN AFFAIRS (HON.

MBWEMBWE): Madam Speaker, I move that Orders of the Day Numbers 1 to 36 and 38 be stood over until Orders Number 39, 40 and 41 have been disposed of.

Motion put and agreed to.

MOTION

**REPORT OF THE DELEGATION ON THE BILATERAL VISIT TO
THE PARLIAMENT OF KUWAIT**

Thirty-Ninth Order read: Adjourned debate on motion on the Report of the delegation to the Bilateral Visit to the Parliament of Kuwait.

THE DEPUTY MINISTER OF FOREIGN AFFAIRS (HON.

MBWEMBWE): Madam Speaker, I wish to thank the Speaker for the report tabled before Parliament after his delegation's very fruitful visit to Kuwait in 2016. The visit not only afforded him the opportunity to engage on some bilateral issues, but even more importantly, it secured

the freedom of 32 young Zimbabwean women who had been trafficked to that country by criminal syndicates.

The Ministry of Foreign Affairs has, since September 2015, been seized with the issue of our nationals trafficked to the State of Kuwait. The Ministry issued press statements warning citizens not to take up misleading offers and for relatives to contact the Ministry with information on their daughters or relatives who would have been trafficked to Kuwait.

This led to more parents coming to the Ministry to inform of their daughters or relatives who had gone to that country. It also led to a decrease of recruits as many became aware of the human trafficking that was being perpetrated by the criminal syndicates. The police also managed to get information on the recruiting agents. The Ministry subsequently co-ordinated the return of 51 women, with the support of their relatives.

Due to the multi-faceted nature of the problem, Government created an Inter-Ministerial Committee chaired by the Ministry of

Foreign Affairs and composed of the Ministry of Home Affairs (Zimbabwe Republic Police and Immigration Department); Office of Information, Media and Broadcasting Services; Attorney General's Office and Public Service, Labour and Social Welfare.

Madam Speaker, the Committee came up with recommendations which I took to Cabinet and was kept apprised of all the developments. Based on the recommendations, Cabinet made the following decisions;

- i) The creation of a Fund to assist the victims;
- ii) Request the Government of Kuwait to stop issuing Article 20 visas to our nationals;
- iii) The foreign Minister to write to his Kuwait counterpart to convey the Zimbabwe Government's decision; and
- iv) The Ministry of Home Affairs to intensify investigations in order to bring traffickers to book.

The Ministry of Foreign Affairs, in conjunction with the Ministry of Women Affairs, Gender and Community Development, approached

the International Organization on Migration (IOM), YWCA and UN Women to assist in the repatriation of our nationals to come back home. The Young Women's Christian Association then led by a Zimbabwean; Nyaradzai Gumbonzvanda contributed to the purchasing of tickets for 28 women. The IOM also indicated the possibility of extending reintegration assistance to the returnees.

The Ministry of Foreign Affairs also held several meetings with officials from the Embassy of Kuwait who were extremely cooperative.

I am glad to inform this House that the Minister wrote to his counterpart in Kuwait requesting that the Government of Kuwait:

Immediately desist from issuing to Zimbabwean nationals, especially women, Article 20 visas;

Assist in identifying and locating all the Zimbabweans issued with Article 20 visas;

Grants access to Zimbabwean diplomats accredited to Kuwait to these nationals with the view to having them repatriated to Zimbabwe;

Permits the diplomats to collect personal possessions left in the custody of their former masters as the ladies fled from the unbearable conditions they were subjected to;

Facilitates the immediate repatriation of those currently held at the Zimbabwean Embassy or in shelters;

Arrests and deports from Kuwait into our custody, Zimbabwean criminals who have been identified as being part of the criminal syndicate operating in the trafficking in persons in the State of Kuwait.

The Government of Zimbabwe will continue to do all in its power to make sure that all those of our nationals in Kuwait who wish to return home will be assisted.

Let me give the breakdown of the Zimbabwean women repatriated to date.

According to Kuwait authorities, around 200 Article 20 visas were issued since September 2015. Only 15 of those were issued through the Kuwait Embassy in Harare. The rest were processed by criminal

syndicates. The Ministry, in conjunction with our embassy in Kuwait assisted the following of our nationals to be repatriated from Kuwait:

- those assisted by relatives that is between November 2015 and early 2016 were 33;
- Young Women's Christian Association between 13 and 19th May, 2016 assisted 28;
- Parliamentarians and Mr. Chivhayo assisted 32 on 30th May, 2016;
- Government through the Ministry of Public Service, Labour and Social Welfare on 2nd June, 2016 assisted 29;
- Government through the Ministry of Public Service, Labour and Social Welfare on 16th June, 2016 assisted 14;
- Government through the Ministry of Public Service, Labour and Social Welfare on 21st July, 2016 assisted 13;
- Government through the Ministry of Public Service, Labour and Social Welfare (that is returnees from Saudi Arabia) 2;

- Employer assisted (one returnee from Saudi Arabia) on 13th September, 2016;
- Government through the Ministry of Public Service, Labour and Social Welfare on 22nd November, 2016 assisted 6;
- Government through the Ministry of Public Service, Labour and Social Welfare on 26th January, 2017 assisted 3;

giving us a total of 161 as at 26th of January, 2017.

Our Embassy in Kuwait, estimates that approximately 50

Zimbabwean women are still in Kuwait, while about 10 could be in Saudi Arabia. Government will continue to assist all our nationals who wish to return home.

Madam Speaker, the Kuwait Government assisted in identifying and locating Zimbabweans issued with “Article 20” visas, as well as granting access to Zimbabweans diplomats accredited to Kuwait to these nationals, with the view of having them repatriated home. Our officers were also permitted to collect personal possessions from the maids’

former employers. The Kuwaiti Government has also been assisting the Embassy in providing food and shelter to our nationals who wish to return home.

I am pleased to inform Hon. Members that the Government of Kuwait has been very helpful in the whole repatriation exercise.

A request was made for the Kuwaitis to arrest and deport Zimbabwean criminals who have been identified as members of the criminal syndicates involved in the trafficking of nationals to the State of Kuwait. Consequently, three Zimbabwean women were netted and repatriated. They have since appeared in court.

Another Zimbabwean female kingpin, in the trafficking, is still at large and is thought to be outside Kuwait.

Madam Speaker, the Ministry of Home Affairs is actively seized with the trafficking in persons investigations and have apprehended several suspects, who have been arraigned before the courts. We continue to watch the due process with keen interest and hope that it puts an end to this abhorrent crime.

Madam Speaker, I also wish to bring to your attention that Zimbabwe launched the Trafficking in Persons National Act Plan (NAPLAC) on 29th July, 2016. The plan is actively being implemented.

The Trafficking in Persons (TIP) Act [Chapter 9:25] was signed into law on 13th June, 2014. This Act is Zimbabwe's first permanent legislation on TIP and stipulated its international obligations as a signatory to the "Palermo Protocol", to the United Nations Convention against Transnational Organised Crime. The coming into force of this Act demonstrates our Government's seriousness and determination in dealing with the scourge of human trafficking. I thank you Madam Speaker. – [HON. MEMBERS: *Hear, hear.*] –

HON. PARADZA: Thank you Madam Speaker. Firstly, I would like to thank all the Hon. Members who contributed to this debate and also Hon. Minister for his response to our recommendations. Cabinet was agreeable to our recommendations and acted upon them. We are happy about that.

Madam Speaker, we are glad that the Government has set up a fund to make sure that all our remaining girls are brought back home. As the Hon. Minister said, there are about 50 or so who are still held up in Kuwait. However, what is worrying is that the Kuwait denied visas to some of our social welfare officers from the Government through the Ministry of Public Service, Labour and Social Welfare who were supposed to go there to conduct the cleanup operation including some investigators from the police ... - [HON. P. D. SIBANDA: *They are too poor, they would have remained there!*] –

Madam Speaker, as Members of Parliament who are concerned about all this, we have set up a parliamentary committee of Against Trafficking of Human Persons and this is currently in motion. Through the Ministry of Women's Affairs, Gender and Community Development and the Government through the Ministry of Public Service, Labour and Social Welfare; we are working together with IOM to make sure that we assist these returnees to get some income generating projects and a fund to that effect has been setup through IOM.

Madam Speaker, I therefore move for the adoption of the motion on the Report of the delegation to the Bilateral Visit to the Parliament of Kuwait.

Motion with leave adopted.

MOTION

REPORT OF THE PORTFOLIO COMMITTEE ON FOREIGN AFFAIRS ON THE EXCHANGE VISIT TO THE PALESTINE LEGISLATIVE COUNCIL

Fortieth Order read: Adjourned debate on the Report on the exchange visit by the Portfolio Committee on Foreign Affairs to the Palestine Legislative Council held from 15th to 20th May, 2016.

Question again proposed.

THE DEPUTY MINISTER OF FOREIGN AFFAIRS (HON. MBWEMBWE): Thank you Madam Speaker, let me from the outset thank the Chairperson of the Parliamentary Portfolio Committee on Foreign Affairs, Hon. Kindness Paradza and his delegation for the report

tabled before Parliament after their visit to Palestine in 2016. I also thank all the Hon. Members of the Portfolio Committee on Foreign Affairs.

Madam Speaker, Zimbabwe and Palestine share historic brotherly relations of cooperation and solidarity, established well before Zimbabwe's independence and these were consolidated and solidified after independence. Naturally, after Zimbabwe's Independence, the cordial relations have grown to new heights.

Zimbabwe has continued to render full and unwavering support to the Palestinian cause and just struggle. It is reaffirmed the Palestinian Liberation Organisation (P. L.O.), as the sole and authentic representative of the Palestinian people and facilitated the opening of the P. L. O. Embassy in 1983, with Cde. Ali Halimeh, now late, as the first Palestinian Ambassador accredited to Zimbabwe.

Ambassador Halimeh had the distinct honour of serving as Dean of the Diplomatic Corps in Zimbabwe, despite protestations from some quarters. The Ambassador worked tirelessly towards cementing

relations between Zimbabwe and Palestine, just as he also brought the plight of his people to the fore. In 1988, Zimbabwe was one of the first countries to recognise the proclamation of Independence of the State of Palestine.

Madam Speaker, Zimbabwe has been one of the staunchest supporters of the Palestinian quest for self-determination. The President, His Excellency, Cde. R. G. Mugabe, enjoyed very close and fraternal relations with the founder and former President of the Palestinian Liberation Organisation, Cde. Yasser Arafat. The late Palestinian leader paid a State visit to Zimbabwe in 2001, reaffirming the close relations between Zimbabwe and Palestine.

Madam Speaker, Zimbabwe continues to support the AU's efforts in solidarity with Palestine. The President, Mr. Mahmoud Abbas, is always invited to address the AU Heads of States and Government Summits. Palestine holds an observers' status at the AU. This gesture shows that African Union is still vigorously pursuing the decolonisation agenda and President Abbas always expressed his country's gratitude for

the efforts, the AU is making in order for the Palestine to achieve full statehood.

ZIMBABWE’S STATEMENTS TO THE UN ON PALESTINE

Zimbabwe has been consistent in its support for Palestine statehood. One of President Mugabe and ZANU-PF’s crowning achievements in the area of revolutionary solidarity has been the unwavering support of the Palestinian people and struggle. His Excellency, the President Cde. R. G. Mugabe, in his annual address to the United Nations General Assembly (UNGA) has repeatedly highlighted the following:

- Support for the establishment of a Palestinian State based on the pre-June 1967 borders, with East Jerusalem, as its capital;
- Need to implement all UN resolutions on Palestine;
- Call for an end to all Israel settlement activity in the occupied Palestinian territories;
- Destruction of the “wall of shame”;

- Urging the Security Council to be more pro-active, even-handed and decisive on the issue of Palestine;
- Advocates for the boycott of Israeli products;
- Calls for the resumption of peace talks and advancement of the Middle East Peace Process and
- Encourages unity among all Palestinian groups, particularly Fatah and Hamas.

ZIMBABWE'S SUPPORT FOR PALESTINE AT UN AND INTERNATIONAL FORA

Zimbabwe has consistently supported UN Resolutions in support of Palestine. Zimbabwe has maintained its principled stance and continues to show support for Palestine in that regard.

- In September, 2015, in unanimous vote, the General Assembly (GA) agreed to hoist the Palestine flag at the United Nations Headquarters in New York, a privilege also extended to the Holy See;

- United Nations General Assembly Resolutions 67/19 upgraded....

THE HON. DEPUTY SPEAKER: Order Hon. Chibaya, the ladies

were very quiet when you were out.

THE DEPUTY MINISTER OF FOREIGN AFFAIRS (HON. MBWMBWE): Let me take that again. The United Nations General Assembly resolution 61/19 upgraded Palestine to a non-member observer state status in the United Nations (2012);

- Zimbabwe also voted in favour of Palestine's membership of UNESCO in 2011;

- Zimbabwe also supports Palestine's quest to join more International Organisations, including UN Agencies as a prelude to full UN membership.

NAM COMMITTEE ON PALESTINE

Zimbabwe is an active member of the Non Aligned Movement (NAM) Committee on Palestine. The Committee's mandate is to lobby for the full recognition and attainment of statehood for the State of Palestine, as well as to focus the attention of international community on the situation in Palestine.

The Committee usually meets during NAM Summits, mid-term Ministerial meetings and annually in September, on the sidelines of UNGA at the United Nations Headquarters in New York. The Minister of Foreign Affairs has always participated at all Committee meetings.

The Committee can convene emergency meetings as and when the need arises. This was the case in August 2014 when Iran, the then Chair, convened an emergency meeting following a 55 day military invasion of Palestine by Israel. The meeting discussed means to end the Israel atrocities in the Gaza strip and duly condemned the atrocities. The Committee requested humanitarian assistance for Palestine and also made individual country pledges.

Madam Speaker, in the Security Council the NAM continues to be a flag bearer in the fight for the Palestinian cause. In a recent debate in the Security Council, the NAM asked how the Council could remain silent as Israel continued its repression of the Palestinian people. It pointed out that the destructive impact of Israel violations was immense, emphasising that such criminality must be rejected and must not be allowed to go unpunished.

NAM CONTINUES TO URGE FOR THE RESUMPTION OF PEACE TALKS

Zimbabwe supports the NAM 's position which urges the international community – particularly Security Council – to end the occupation of Palestinian and other Arab lands, thereby paving way for the fulfillment of the rights and independence of the Palestinian people. The Movement also reaffirmed its longstanding solidarity with the Palestinian people.

CONCLUSION

Zimbabwe will continue to support all initiatives aimed at realising Palestinian independence and her full participation in the community of nations. Visits such as the one undertaken by Hon. Paradza and his delegation serve to reassure the Palestinians of Zimbabwe's unwavering support and should be greatly encouraged. Thank you Madam Speaker.

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

THE HON. DEPUTY SPEAKER: Order! Order Hon. Mupfumi.

HON. PARADZA: Thank you Madam Speaker. I would like on behalf of my Committee, to thank all Hon. Members who contributed to this motion. I would like also to thank the Minister for his comprehensive response to our report and also for the unwavering support which Zimbabwe has towards the Palestinian question.

For over 70 years now, the Palestinian people have suffered in order to free themselves from the occupying forces of Israel. Israel has continued for those 70 years, since 1948 to ignore and violate all United Nations Security Council Resolutions. Even the latest one, the OZUL Accord, where it was agreed to form a two-state solution between them,

so that they can live side by side as neighbours, Israel continues to ignore that.

This issue has been worsened by the fact that the new American President, Donald Trump is siding with Israel against Palestine. He is actually thinking of moving US Embassy from Tele Avivi to East Jerusalem, which is the Holy Land which belongs to the Palestinian people.

We have about seven million Palestinians who are refugees inside their own country as well as outside. Most of these have not tasted any peace since 1948. However, I would like to thank the Government of Iran for keeping this Palestinian question at least, so that the world continues to remember that there are still people in Palestine who are suffering. This is because the wars in the Middle East, Iraq, Syria, Afghanistan and Yemen have sought of taken the Palestinian question outside the UN Radar or rather the International Radar. It is no longer a priority as all these countries are now focusing on these wars. We are happy that the Government of Iran is reviving this.

From our own point of view as Zimbabwe, we must also revive the Zimbabwe-Palestinian Friendship Association so that we keep the fire burning. As we speak, Israel continues to build illegal settlements in West Bank and this is an area which belongs to the Palestinian people, but Israel continues to violate the UN resolution. I would like to move that the House adopts this motion on the Report on the exchange visit by the Portfolio Committee on Foreign Affairs to the Palestine Legislative Council held from 15th to 20th May, 2016.

Motion with leave, adopted.

MOTION

REPORT OF THE PORTFOLIO COMMITTEE ON FOREIGN AFFAIRS ON THE VISIT TO EMBASSIES

Forty-First Order read: Adjourned debate on motion on the Report of the visits to Embassies by the Portfolio Committee on Foreign Affairs from 16th to 19 November, 2015.

Question again proposed.

THE DEPUTY MINISTER OF FOREIGN AFFAIRS (HON. MBWEMBWE): Thank you Madam Speaker. First of all, I wish to thank the Chair of the Portfolio Committee on Foreign Affairs, Hon. Paradza and his delegation for undertaking the visits to Addis Ababa and Gaborone. The findings though disturbing, are quite pertinent. Let me at the outset say that the situation obtaining in Addis Ababa and Gaborone is a microcosm of what is happening at most of our Missions globally.

Mr. Speaker Sir, the main reason why Government has not been able to adequately maintain these properties are the economic challenges that the country has been experiencing over successive years. It is common knowledge that the Ministry of Foreign Affairs, like all other Government departments, is only a tenant in Government buildings both inside and outside Zimbabwe.

With regards to the Chancery in Addis Ababa, Treasury availed US\$20 000 for the repair of the leaking roof soon after the esteemed Committee members had visited the station. With respect to our

Embassy in Gaborone, the Ministry last received US\$15 000 in 2012 for repairs and maintenance. Currently, we await funding for the renovation and repairs that need to be undertaken at the Chancery.

Mr. Speaker, I do not wish to go into the specific details of the underfunding of the maintenance vote for the Ministry of Foreign Affairs. This information is readily available to all Hon. Members. My Ministry's budget passes through this august House year in and year out. Each year Hon. Members have noted the inadequacy of the resources made available. I am grateful to Hon. Members who make this observation every year. Let us all appreciate that we are going through challenging times. The Minister is in constant discussions with his colleague, the Minister of Finance and Economic Development, to see how this situation can be remedied as soon as possible under the circumstances.

I am confident that the facelift requirements of Government owned properties at our Embassies in Africa by the Ministry of Local Government, Public Works and National Housing will be done as soon

as the resources become available. My Ministry has already submitted the requirements for 12 of our Embassies in Africa namely Beira, Lilongwe, Lusaka, Nairobi, Maputo, Addis Ababa, Gaborone, Pretoria, Windhoek, Johannesburg, Cape Town and Dar-es-Salaam. I am glad to report to this august House that the renovations at our Mission in Juba South Sudan have already been done.

Mr. Speaker, my Ministry noted with appreciation all the recommendations that the Committee made. I wish to assure Hon. Members that we will continue to work closely with colleagues in other Ministries, the Ministry of Finance and Economic Development, the Ministry of Local Government, Public Works and National Housing as we, together, endeavour to improve that state of our properties, as well as the welfare of our diplomats abroad. Let me once again, Mr. Speaker Sir, thank you for the Committee's report.

HON. PARADZA: Thank you Mr. Speaker. Once again, I would like to thank all the Hon. Members that contributed to this motion and also the Minister for his response. However, Mr. Speaker, since our

return from Addis Ababa and the availing of this US\$20 000, up to now, no maintenance work has been done in our Embassy in Addis Ababa and also the situation is the same with other Embassies across the globe. We would like for Minister Chinamasa to really look at the budget of this Ministry so that we can have some allocation to deal with these Embassies.

It is not only the buildings Mr. Speaker. Also the vehicles there are all very old and no longer fit to be diplomatic vehicles and it is no longer exciting talking to our Ambassadors. Mr. Speaker, it is no longer exciting to be an Ambassador for Zimbabwe at this particular moment because of the situation there at the Embassies. However, we are glad that the Government, through the Public Service Commission, has seen it fit that salaries for our diplomats go through the SSB and some of them are able to access. However, we have other countries, like for example Iran and Cuba, where they are having difficulties in accessing their salaries because the visa cards are not functioning there.

Mr. Speaker, I would also like to urge the Ministry of Finance and Economic Development and also possibly the Ministry of Local Government, Public Works and National Housing, to allocate at least US\$1 million or US\$2 million a year to build an Embassy a year; one embassy a year. This is the only way to go because when we were in Addis Ababa, we had the opportunity of visiting the Malawian Embassy and they had put up a nice two storey structure for US\$600 000. We also went to the Embassy of Gambia, a small country in West Africa. They have also done the same thing. They have used US\$600 000 to US\$700 000 and Zimbabwe, we have land which is already there in Addis Ababa, but this land has been lying like that for the past years since 2005 and nothing has been done.

We were surprised to see Minister Mumbengegwi taking His Excellency the President to go and officially open the Embassy which belongs to Equatorial Guinea. It is a marvelous piece of architecture, but he did not take the President to go and view our Embassy which is so dilapidated that you cannot believe it is an Embassy. However, having

said that, Mr. Speaker, I move that the motion on the report of the Portfolio Committee on Foreign Affairs on the visit to Embassies be adopted.

Motion with leave, adopted.

HON. RUNGANI: Mr. Speaker Sir, I move that Orders of the Day, Numbers 1 to Number 12 be stood over until Order of the Day, Number 13 has been disposed of.

HON. DR. CHIMEDZA: I second.

Motion put and agreed to.

MOTION

**FIRST REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH
AND CHILD CARE ON THE DEPLOYMENT, ROLES AND
RESPONSIBILITIES OF THE VILLAGE HEALTH WORKERS/CITY
HEALTH PROMOTERS IN THE PROVISION OF PRIMARY
HEALTH CARE**

HON. DR. CHIMEDZA: I move the motion standing in my name

that this House takes note of the First Report of the Portfolio Committee on Health and Child Care on the Deployment, Roles and Responsibilities of the Village Health Workers/City Health Promoters in the provision of Primary Health Care in Zimbabwe (S.C. 21, 2016).

HON. GABBUZA: I second.

HON. DR. CHIMEDZA: I rise for the House to take note of the First Report of the Portfolio Committee on Health and Child Care on the Deployment, Roles and the Responsibilities of the Village Health Workers/City Health Promoters in the provision of Primary Health Care in Zimbabwe (S.C. 21, 2016).

INTRODUCTION:

Pursuant to its oversight role over the Ministry of Health and Child Care, the Portfolio Committee on Health and Child Care enquired into the roles and responsibilities of the Village Health Workers (VHWs)/City Health Promoters (CHPs) in the provision of primary health care in Zimbabwe. The Committee was compelled to enquire on the deployment, roles and responsibilities of the Village Health

Workers/City Health Promoters following observations during the tours to Population Services Zimbabwe's Outreach Family Planning Services in Ntabazinduna and Chitindo areas in 2015.

From the tours conducted in Ntabazinduna and Chitindo areas, the Committee noted that the Village Health Workers have an essential role to play in the provision of the primary health care in Zimbabwe. The Committee learnt during these tours that the Village Health Workers face various challenges in the discharge of their duties, among them were inadequate tools of the trade and some discrepancies in allowances given to them.

OBJECTIVES

The objectives of the enquiry were:

- To appreciate the roles and responsibilities of the Village Health-Workers in the provision of primary health care in Zimbabwe;
- To appreciate recruitment and selection criteria of the Village Health Workers;

- To assess the deployment of the Village Health Workers in the rural communities;
- To understand the Village Health Workers' working conditions and remuneration; and
- To recommend possible incentives for improved service delivery for increased Village Health Workers productivity and effectiveness in the health sector.

METHODOLOGY

The Committee used two methods of data collection namely; oral evidence and familiarisation tours to selected Rural Health Centres and urban areas.

Oral Evidence Sessions

Brigadier General Dr. G. Gwinji, the Permanent Secretary for the Ministry of Health and Child Care briefed the Committee on the deployment, performance and remuneration of the VHWs/CHPs, on the 8th of March, 2016.

Familiarisation Visits

The Committee conducted familiarization visits to selected Rural Health Centres from 16 to 20 May 2016. The committee visited 8 Provinces, two Metropolitan provinces and one city. The purpose of the visits was to meet with sampled Village Health Workers (VHWs) and City Health Promoters (CHPs) from at least one district of each of the provinces. The Committee aimed at holding twenty-seven (27) meetings with the VHWs. However, due to unanticipated bad road networks in some districts, the Committee successfully held a total of twenty-three (23) meetings. The Committee interacted with a total of 567 Village Health Workers and City Health Promoters during the visits. The areas visited are presented in Table 1.

The Committee's first port of call was the District Nursing Officer/ Community Nursing Officer/ Health Promotion Coordinator or their representatives. These are the officers who mobilised the VHWs/CHPs and would lead the committee to each meeting point and took the privilege to brief the committee on statistics, recruitment and

deployment and roles of VHWs/CHPs. The Committee employed focus group discussion tool to gather more information from the VHWs/CHPs. In light of this approach, the VHWs/CHPs were themselves given a chance to share with the Committee their working conditions and challenges. Mostly, the VHWs would gather at a health centre where they report to. In rural communities, the number of VHW in a single meeting ranged from 4 to 19 while in urban area, it was above one hundred.

Table 1: Areas visited by the Committee

	Province	District	City	Rural Health Centre
1.	Mashonaland West	Karoi	-	-Kasimure Clinic -Tengwe Clinic -Zebra Downs
2.	Midlands	Gokwe-North	-	-Tsongayi clinic -Kuwirirana clinic
3.	Matebeland North	Nkayi	-	-Fanisoni clinic -Sesemba clinic -Zenka clinic
4.	Matebeland South	Plumtree	-	-Ndiweni clinic
5.	Mashonaland Central	Mt. Darwin	-	-Chitse Clinic -Dotito Clinic -Mutungagore
6.	Mashonaland East	Murehwa	-	-Kambarami Clinic -Nyamutumbu

				-Kadzere Clinic
7.	Manicaland	Makoni	-	-Mayo1 Clinic -Weya Clinic -Headlands Clinic
8.	Masvingo	Gutu		-Matizha Clinic -Chesguro Clinic
9.	Harare Metropolitan	-	Harare	-Venue of the meeting was at Rowan Martin Building
10.	Bulawayo Metropolitan	-	Bulawayo	-Venue of the meeting was the Tower Block
11.	-	-	Chitungwiza	-Venue of the meeting was Young Africa Skills Centre

THE COMMITTEE FINDINGS

BACKGROUND TO THE VILLAGE HEALTH WORKERS PROGRAMME

The Village Health Workers (VHW) Programme was launched in April 1981. In 1984, the programme was moved to the Ministry of Women's Affairs, Gender and Cooperative Development. Following the recommendation of the Presidential Commission in 1999, the VHWs programme was moved back to the Ministry of Health and Child Care (MoHCC) and it was resuscitated under this Ministry in 2000. The broad objective of the VHWs programme is to reduce morbidity and mortality

of all preventable and curable diseases. Specifically, the programme aims at the following:

- Strengthening of relationships between the communities and health service providers;
- Enhancing community ownership of the health programmes; and
- Strengthening early identification and referral of clients.

Administration of the Programme

The original funding was through the Zimbabwe AIDS Network (ZAN) and the agreement was an amount of US\$15.00 for each Village Health Worker which was split into US\$14.00 for VHWs and US\$1.00 for administration fee. However, lack of capacity and cost of implementation became a challenge for ZAN and responsibility was transferred to the MoHCC under the same arrangement. The purpose of the administration fees is to covers the following:

- Quarterly meetings;

- Payment runs to each health facility to pay each VHW; and
- Fuel and transport related costs and communication costs.

Roles and Responsibilities of VHWs/ CHPs

Generally, the Committee noticed that the roles and responsibilities of VHWs and CHPs were similar across the provinces and were mainly on primary health care, initial treatment and prevention, water and sanitation and hygiene promotion and health information dissemination.

They are a critical link between the clinics, other health care organisations/programmes and the communities thus, improving access to health services. They are the first point of call to primary health care in a village or community as it were. It was however noted that the VHWs perform other functions that are not ordinarily their duties especially at the health centres.

In particular, the roles and duties of the VHWs/CHPs were mentioned as follows:

- Diagnose and administer first dose treatments for malaria and minor ailments (e.g body aches, colds and baby eye challenges) and wound dressing;
- Refer patients that need further care to the nearest clinic;
- Advocate for sanitation and hygiene at households, encouraging each household to have a toilet, safe water source, rubbish pit and kitchen utensils drying shelf;
- Water sampling at new boreholes for onward transmission for bacterial and chemical analysis;
- Promote adherence to treatment and do follow ups on clients that are on treatment programmes like for ART, TB, cancer and stroke;
- Social mobilisation of communities during the Ministry of health and Child Care campaigns like the Expanded Programme on Immunisation (EPI);
- Record and monitor baby (under-fives) growth;

- Encourage and educate families on proper post-natal baby care;
- Transmit different health care information and messages to communities;
- Look out for disease outbreaks and make reports to the clinic;
- Observe the general wellness of villagers and encourage uptake of health care services where it is needed;
- Identify and register every pregnant woman and encourage them to go for ANC and then to the mothers waiting shelters on time;
- Educate and distribute family planning products like condoms;
- Alert communities of sexual and reproductive health issues;
- Mobilise male villagers to take up VMMC;
- Patient counseling;
- Submit monthly reports at their clinic where there is a VHW Return Form which captures malaria, PMTCT, OI/ART and

TB, condom distribution, EPI, disease surveillance, health promotion and growth monitoring;

- Assist several NGOs to proliferate their health community programmes. The VHW has become the focal person for any health community programme; and
- Sometimes are called in at clinics to assist staff with baby weighing, weeding and general cleaning.

Selection and Recruitment of VHWs and CHPs

In all the rural districts visited, the VHW is chosen by the community or village they are to serve, usually through the office of the headman. In Bulawayo City, all the City Health Promoters were selected by councillors from 29 wards in 2010. In Chitungwiza, the City Health Promoters were selected by their councillors in 2010 after having been trained as Red Cross cadres, while those for Harare City were selected at ZANU PF branches in 1986 with some having been recently selected through their councillors' office. In some communities, the selected

candidates will be interviewed at the clinic to assess suitability.

Communities look out for the following characteristics:

- Able to read and write.
- Aged 25 years and above.
- Interested/passion in health issues.
- Exemplary in issues of health and hygiene.
- Able to communicate.
- Respectable.
- Able to observe confidentiality.
- Committed to work on voluntary basis.
- Approachable person.
- Organised person.
- Married person (Dotito Community).

After the selection, they are called in batches for training (3 to 8 weeks), as and when funds are availed either from the Global Fund (GF) or the Health Transition Fund (HTF) which is now the Health

Development Fund (HDF). Trainings are ongoing with the latest batches met being end of April 2016 trainees.

They are trained to have adequate understanding of health issues and to be able to teach communities and perform several primary health care procedures. Among other key issues, trainings were said to cover disease identification and testing (e.g using malaria test kit), administering of certain medicines to patients, wound dressing, home based care, PMTCT, T.B case management, baby growth monitoring, family planning and water sanitation and hygiene (WASH). When available, they are given kits with medicines, bandages and malaria test kits. They are also given basic baby growth monitoring equipment like weighing scales.

After training, the VHWs and CHPs are recruited to serve in the communities from which they were selected, reporting at their nearest clinic. The deployment standard is to have one VHW covering a hundred households which is roughly one village. Due to shortages of funding, the majority of VHWs and CHPs interviewed are deployed to

cover more than one village. As more VHWs get trained, those areas that are in much need and underrepresented are then relieved.

Conditions of Service

The current VHW and CHP cadre was recruited and trained under the GF, HTF, UNICEF, OPHID, World Vision and CWGH. Of these four organisations, only GF and HTF further support the VHW with uniforms and regalia, kits, training costs (including allowances), a \$14 per month allowance and sometimes bicycles. The VHWs and CHPs are treated as volunteers and not employees hence none of the said issuances are obligatory and come as and when availed. It was noted in Bulawayo city that a handful of CHPs were not happy with the volunteer tag and had believed that they were employed by the State.

The Village Health Workers/ City Health Promoters are supposed to work 2-3 half days in a week. However, in most cases, the VHWs are now working throughout the week and remain with their doors open for service even at night.

Remuneration

There is no VHW who is getting their \$14 monthly allowance on time. There was a working gentleman's agreement to pay out the allowance once every quarter, however evidence gathered shows that the allowances payment is so erratic and uncertain with cadres sometimes paid once in a calendar year. When the allowances come, they will not be up to the payment date but have always remained behind, with the best performing districts having paid up VHWs up to February 2016.

It was noted that at most centres none of the VHWs appreciate how much they are owed in allowances. Some of the MoHCC staff also did not have the payments balance sheets at their fingertips and agreed that they employ a wait-and-see approach since they have no control or knowledge of what amount will come and when.

The HTF is giving cash payments through the MoHCC, while the GF has shifted to using Ecocash. There are recorded challenges with the Ecocash system where some cadres are not receiving their allowances (some from the onset while others received first and second rounds only) and are sometimes skipped when disbursements come but are

never back paid when the next disbursement reflects. In Bulilima district, up to 49 GF VHWs have not received their Ecocash allowances in spite of resubmissions and verification of personal details since 2013 when that mobile payment option was adopted.

Some of the VHWs indicated that they have to travel to their district hospitals to collect their allowances. The worst scenario was reported at Mayo1 Clinic in Makoni district where the VHWs have to look up for accommodation after having missed their buses due to the delays in the payments of their allowances by the Accountant at Rusape District Hospital. However, the VHWs in Gutu District get their allowances at the clinic they report to.

The VHWs appreciate that they are volunteers but kindly requested for at least timeous payment of the little appreciation they were promised and an upward review of between US\$20.00 and US\$150.00 would be most welcome.

In the event that a VHW is deceased, his/her allowances are then given to another VHW who was not receiving this allowance before.

Deployment

Due to lack of Government support and limited donor support to the VHWs programme, most of the communities are not adequately covered according to the one VHW per 100 household standards. The country has a coverage of 50% of the requirement—i.e 12 000/24 000.

The worst case scenario encountered was one VHW covering 17 villages in Cheshuro area, Gutu district. There are some scenarios in sparsely populated villages where there is more than one VHW in a village. But in most, if not all cases interrogated, VHWs are enduring long distances to cover their areas of jurisdiction. In Matizha, one VHW serves communities that are as far as 40-50km from the health centre and walks long distances of about 25km to provide health care services to other villages.

Table 2 shows the deployment of the VHWs/CHPs by province. It is also important at this point to state that one thousand and forty VHW (1040) new VHWs were trained in 2015 but do not receive allowances.

Table 2: Coverage of Village Health Workers by Province

Province	No. of VHWs in post that are paid by Health Transition Fund	No. of VHWs in post that are paid by Global Fund
Manicaland	597	840
Mashonaland Central	530	920
Mashonaland East	1111	1080
Mashonaland West	413	840
Masvingo	392	840
Matebeleland North	562	840
Matebeleland South	447	800
Midlands	516	920
Bulawayo City	-	120
Harare City	-	120
Chitungwiza City	-	120
Total	4568	7440 plus (40 not being paid: GF not considering the split & funds were not provided for)
Grand Total	12008 (plus 40 not being paid).	

Source: Submissions by the Permanent Secretary of MoHCC—

March, 2016

From the table above, it is evident that Mashonaland East Province has the highest coverage of VHWs compared to other provinces.

Mashonaland East province has one thousand, one hundred and eleven (1111) VHWs sponsored by HTF and one thousand and eighty (1080) VHWs sponsored by Global Fund, giving a total of two thousand, one hundred and ninety-one (2191). Consequently, the Committee expressed

great concern over this disparity and sought justification for this kind of arrangement.

Justification of the high coverage of VHWs in Mashonaland East Province

The reasons given for the high coverage of VHWs in Mashonaland East Province were as follows:

- i. Global Fund trained in all the nine (9) districts of the province;
- ii. UNICEF trained 82 VHWs in Seke district;
- iii. OPHID Trust trained 27 VHWs in Murehwa and 40 VHWs in Marondera districts;
- iv. Community Working Group for Health trained 300 VHWs in Chikomba and 300 VHWs in Uzumba-Marammba-Pfungwe districts (U.M.P);
- v. World Vision trained 117 VHWs in Mudzi district;

- vi. Health Transition Fund trained 480 VHWs in 7 districts, 40 each in the year 2015 (Seke, Wedza, Murehwa, Goromonzi, Marondera and Mutoko).

During the oral evidence, the Permanent Secretary for the MoHCC, Brigadier General Dr. G. Gwinji, attributed this high coverage to the potential of the province to attract donors and further stated that donors preferred to train VHWs in Mashonaland East Province due to its proximity to the capital city, Harare. Such a great support for this province has resulted in some districts having more VHWs than what they require while other districts within the province and other provinces in the country faced acute shortage of this cadre as Table 3 would reveal.

Table 3: Demographic Data by District in Mashonaland East

Province

District	Total Population 2015	Estimated Total Villages	Total VHWs in post	VHW Required
1. Chikomba	125 912	786	433	353
2. U.M.P	117 195	420	392	30
3. Seke	279 138	405	287	118
4. Mudzi	138 678	500	306	194
5. Murewa	209 362	450	221	229
6. Marondera	186 270	300	210	90
7. Goromonzi	293 133	500	199	301
8. Mutoko	152 077	400	199	201

9. Wedza	75 197	254	152	102
Totals	1 576 962	4015	2399	1618

Source: Submissions by the Permanent Secretary of Health and Child Care—April, 2016

The district numbers of VHWs that are highlighted in grey clearly show that five (5) districts (U.M.P, Seke, Mudzi, Marondera and Wedza) out of nine districts in Mashonaland East Province are over deployed with the VHWs.

Presentation

The Committee noted that upon training, the VHWs and CHPs were promised uniforms. When the Committee visited, some VHWs had their uniforms on while others did not have, either because the uniforms never came or are no longer usable or are oversized or small sizes. There was a unanimous outcry about the poor quality of materials and design used for uniforms. The cadre values the way they present themselves to the communities and pleaded for some uniforms as these will also make

them easy to identify. A complete uniform would include a dress/trousers and shirt, hat, jersey and shoes (preferably leather shoes).

Depending with the partners handouts, items like umbrellas, t-shirts, bags and cellular phone handsets sometimes come but in limited numbers such that no one cadre can get all the regalia at once. Receiving these items proved very motivational to the VHWs.

Identification badges were also requested, to make sure the cadre gets the space they deserve, even when they visit a health centre elsewhere to seek treatment, which would come for free. They also requested for raincoats and torches to use during the odd and adverse conditions under which they have to attend to work now and again.

The VHWs understood the need to be always smart and clean, but bemoaned their little allowance and erratic payments, a situation that makes it difficult for them to afford descend clothes and toiletries. They also even fail to afford money to build an exemplary homestead and would appreciate if funds could be availed to set up a model home at each VHW's homestead.

Tools of Trade

Some VHWs were given bicycles that are still functional while on the other hand, some are broken down. The bicycles are provided by World Bicycle Relief, and are designed in the USA. All the centres visited registered one similar challenge of lack of repair parts in local shops. They also informed the Committee that they use their own money for the bicycle repairs. The distances covered and the volumes of work to be done have exerted a heavy workload that most VHWs are failing to adequately carry. In the eight (8) provinces visited (the rural population), the VHWs who underwent training did not have bicycles to use and this also applied to their allowances and uniforms. In urban communities, some CHPs end up using their own resources on public transport to access their places of work.

Village Health Workers Kits were inadequately equipped to enable them carry out their duties in the communities, for example, shortage of drugs like painkillers, gloves, stationery, Mid-Upper Arm

Circumference (MUAC) Tape, torches to use at night, and raincoats to use during the rain season.

Community Work and Acceptance of the VHWs/CHPs

Generally, the cadre is well respected, trusted and valued in most communities, both by the villagers and several other external health care stakeholders. The VHW has managed to uplift the countries primary health care system over the years with notable results. There is however a serious shortage of tools of the trade in every place visited. Majority of the VHWs never received kits after training, and those who did, no longer get stocks replenishments from the local clinics. They face difficulties when they fail to find even painkillers, or fail to dress a wound and always have to refer patients to the clinics which in many cases are too far away. This has limited their usefulness in the community as far as treatment is concerned. Kits would normally contain items like methylated spirit, vaseline, gloves, small towels, painkillers, malaria test kit and pills, G.V, betadine, bandages and eye treatment creams.

Challenges were recorded with some religious groupings that refuse to take up any form of conventional medicine or utilize health care centres, as a way of their faith. In Headlands, the Committee received reports of maternal deaths that were due to home deliveries mainly from the Vapostori Religious Sect. This has presented a big problem especially during communicable disease outbreaks. Such people are also known to collect prevention items like mosquito nets and use them for unintended purposes like fishing. However, some districts reported that they were successful in persuading these religious sects to access conventional health services although many of them would seek these services nicodemously. As a result, Matizha community reported zero maternal related deaths between January and May 2016. Of interest to note in Gutu district, is the unequivocal support the VHWs and health system in general get from the traditional leaders, especially chiefs.

As far as spreading health messages is concerned, the VHWs appreciated and preferred the use of posters and pamphlets. These media of communication are not as available as they would want, and

sometimes they are available but written in a language that is foreign to the targeted community. An example was distribution of Shona Marvelon 28 (an oral contraceptive) pamphlets in a predominantly Ndebele speaking area of Fanisoni in Nkayi.

The VHWs registered demotivation when they have to preach a good message, say about WASH to a majority of citizenry who cannot afford the construction costs.

Lack of stationery was mentioned in several places as a big hindrance to the VHWs and CHP's referral and record keeping systems. This has also added up to the extra costs that the cadre has to face in order to execute their voluntary duties. Some clinics in Bulawayo town were giving their CHPs stationery.

Harare and Chitungwiza Health City Promoters

Harare City Council set a good example by paying the City Health Promoters allowances of US\$122.00 per month over and above the US\$14.00 they get from the donors. This has motivated the CHPs in doing their work. It was quite visible how happy and organised the

CHPs were and they attributed this to the good leadership of their Health Promotion Coordinators, Mr. Makwara and Ms. Makoni.

This situation was contrary to Chitungwiza City Health Promoters who indicated that there was no good work relation between the City Council and them. They accused the City Council of not being concerned with their welfare and working conditions as well as support on their allowances.

The CHPs bemoaned the failure by the City Council to collect refuse regularly and supply clean and safe drinking water to the citizens, adding that the lack of these services in the city made their effort to prevent the outbreak of diseases, especially cholera and typhoid futile.

COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

Observation

The Committee noted with concern that the VHW programme is donor driven and that raises sustainability issues. In light of this, the Committee recommends that:

Portfolio Committee on Health and Child Care

Recommendation Number 1/2016

There is need for strong Government support in terms of adequate budgetary allocation towards the VHW programme starting from the 2017 budget allocation.

The Committee further recommends that Government should immediately start working on innovative domestic health financing such as syntax in order to raise revenue to meet the demands in the health sector.

Observation

The Committee noted that there is variance in VHWs training periods. Some were trained for 3 weeks, others for 6 weeks and yet still some official documents indicate they are supposed to be trained for a total of 8 weeks. The Committee therefore, recommends that:

Portfolio Committee on Health and Child Care Recommendation

Number 2/2016

The Ministry of Health and Child Care should ensure full training (8 weeks) of the VHWs/CHPs as a matter of urgency.

Observation

The Committee also noted that there is an imbalance on resources disbursed to VHWs from district to district. Some districts like Hurungwe have received at least two batches of bicycles from Goal and later on from HTF, such that VHW received 2 bicycles between 2010 and 2013 and even afforded to give 23 more to untrained volunteers, while other districts have trained cadres who have not received a bicycle. This poor coordination of state programs and donated resources was witnessed by the committee at Fanisoni clinic where two perimeter fences, from different sources, are erected adjacently. In light of this, the Committee recommends that:

Portfolio Committee on Health and Child Care Recommendation

Number 3/2016

The Ministry of Health and Child Care should come up with mechanisms to improve coordination of VHW programmes, particularly in the distribution of supplies and equipment by the second quarter of 2017.

Observation

The Committee noted that the Ministry of Health and Child Care is doing very little to keep the VHW motivated and active. The Committee therefore, recommends that:

Portfolio Committee on Health and Child Care Recommendation

Number 4/2016

The Ministry of Health and Child Care should provide visible examples of the VHW/CHP's status such as identification cards with photos and certificates and make it possible for them to get preferential access to healthcare services or provide healthcare services at reduced cost or free by the second quarter of 2017.

Observation

The Committee noted that there is less regard of this very pivotal cadre within the MOHCC administration systems as evidenced by the absence of proper channels for the VHW to present their concerns. It is apparent that the Ministry and its partners dearly need, and in fact overuse, the VHW but do not demonstrate equal care and concern about their individual welfare, requests and challenges. In light of the foregoing, the Committee recommends that:

Portfolio Committee on Health and Child Care

Recommendation Number 5/2016

The Ministry of Health and Child Care should ensure that the VHWs/CHPs get the recognition and respect that they deserve from the health system with immediate effect. This should be done by provision of adequate tools of the trade and putting in place proper channels of communication through monthly meetings at the Rural Health Centres by the second quarter of 2017 to enable the VHWs air their views.

The Committee further recommends that the Ministry of Health should review VHWs allowances upward and liaise with the GF and

HDF on timeous disbursements of the VHWs' allowances starting from the first quarter of 2017.

Observation

The Committee noted some inconsistencies in allowances given to VHWs trained during the same period and failure to address simple matters like ecocash payouts since 2013 demonstrated poor administration. In view of this, the Committee recommends that:

Portfolio Committee on Health and Child Care Recommendation

Number 6/2016

The Ministry of Health and Child Care should assist in addressing the inconsistency/discrepancies in the payment of allowances of the VHWs/CHPs through provision of funds by the first quarter of 2017.

Observation

The committee failed to get a single VHW who knew what they are owed in allowances. Some did not even know the actual figure they are supposed to get per month, and when it comes backdated, they do not know for which months it is supposed to cover. Such practices create

fatal grounds for corruption. In view of this, the Committee therefore, recommends that:

**Portfolio Committee on Health and Child Care Recommendation
Number 7/2016**

The Ministry of Health and Child Care should immediately avail to the VHWs how much they are owed and include in the pay sheets information on the month which the VHWs would be receiving their allowances.

Observation

The Committee also noted that despite all the listed recruitment characteristics, there is still a significant number of inactive VHWs due to resignation after failing to cope with the conditions of service. The Committee recommends that:

**Portfolio Committee on Health and Child Care Recommendation
Number 8/2016**

The Ministry of Health and Child Care should provide an enabling work environment in terms of reasonable workload, supportive supervision, adequate supplies and equipment, carrier growth

opportunities and continuing education to motivate VHWs and keep them at work by the second quarter of 2017.

Observation

The Committee noted that there was untimely relaying of information on resignations, absconding and deaths of VHWs to paying agencies such that there are high chances that an inactive VHW can still continue to receive allowances especially on ecocash. For instance, in Bulilima, the Committee noted a case of 22 VHWs who had retired but were still on the payroll as a form of pension while there are more candidates waiting for funds to get trained and join the VHW workforce.

Furthermore, the Committee noted some disturbing arrangements in Matebeleland South, whereby payouts remaining after Health Transition Fund disbursement is not returned but given to VHWs under the Global Fund whose payments were delayed. In some instances, some change is returned in cash to the provincial offices as it is not clear how the funds are to be handled. In light of this, the Committee recommends that:

Portfolio Committee on Health and Child Care Recommendation

Number 9/2016

The Ministry of Health and Child Care should come up with a clear policy on mechanisms for the payment of the VHW upon retirement, resignation or abscondment of duties or deceasing by the first quarter of 2017.

The Ministry of Health and Child Care should come up with clear terms of reference or regulations regarding the acquittals of payments of the VHWs allowances. The Committee further recommends that the Ministry of Health and Child Care put in place strong monitoring systems to ensure timeous reporting of such.

Observation

The Committee noted that Hurungwe, Weya and Cheshuro communities had many active yet untrained VHW while other districts only call for specific villages to appoint according to the disbursed training funds. The Committee recommends that:

Portfolio Committee on Health and Child Care Recommendation

Number 10/2016

The Ministry of Health and Child Care should ensure that the untrained VHWs who are offering their services to the communities are trained through provision of funds by April, 2017.

Observation

The Committee noted that some deployment formulas used left a lot to be desired, whereby some villages have more than one (1) VHW yet other villages in the same district have none. The Committee recommends that:

Portfolio Committee on Health and Child Care Recommendation Number 11/2016

The Ministry of Health and Child Care should ensure fair deployment of VHWs in all the provinces of the country by directing donors to the areas that are most underrepresented or underserved and stop the current practice of deploying VHWs to areas that are already represented, leaving the underrepresented areas unattended by the second quarter of 2017.

Observation

The Committee also noted that the working hours for the VHWs are not 2-3 half days due to the ever growing demand of their services by the communities. The Committee recommends that:

Portfolio Committee on Health and Child Care

Recommendation Number 12/2016

The Ministry of Health and Child Care should take cognizance that the VHWs/CHPs now work more than 2-3 half days as stipulated before and improve their working conditions and allowances accordingly from the first quarter of 2017.

HON. P.D SIBANDA: Thank you very much Hon. Speaker for giving me an opportunity to also have an input to this important report from the Health Committee.

When we talk about issues of village health workers, generally, I think these are issues that people can simply take lightly but if you ask all Hon. Members that are stationed in rural areas, they will tell you the importance of these unsung heroes that are called village health workers

especially in assisting in the discharge of our health care services in the rural areas.

The importance of village health workers can never be over emphasized, especially when we look at the state of our health sector in terms of how it has been compromised in terms of its accessibility, affordability and in terms of its quality. In terms of accessibility, I think the policy of the Ministry of Health is such that clinics should be at least ten kilometers apart in rural areas. That is the ideal scenario. The understanding is that within ten kilometers radius, it is easy for people that are in the rural areas to be able to walk to the clinics and access medical help.

However, whilst that is the ideal situation, the real situation that is prevailing on the ground as has been enunciated in the report is such that some clinics are 60-100 kms apart in rural areas. Worse still, the rural areas that we are talking about are rural areas that have got poor road networks where there is no road traffic movement which can make it easy for a sick person to easily access a clinic that is far away.

When we are talking about quality that has been compromised, it is important to take note that in rural areas, some health centres are actually manned by these village health workers and these are the people called nurses by people in the rural areas. When they tell you that they are going to see a nurse or doctor, they will be referring to a village health worker because of the scarcity and inadequacy of the number of the health provider employees in the health sector that we have in this country.

The other problem that has compromised our health sector is that fact that the personnel in the health sector, especially those who are in the rural areas are poorly remunerated as there are no incentives of being stationed in rural areas. I can give you an example of a report that was given by your Committee some time back talking about the allowances that are distributed coming from Global Fund and HTF going to the health sector. It was discovered that while nurses who are stationed in rural areas are getting something like \$50.00 a month as allowances, you will find that personnel who are stationed at the Ministry of Health and

Child Care Headquarters are getting around \$200.00 per month from the same donors. That amount that they are given is also in addition to whatever perks that they get from the Ministry of Health and Child Care. Therefore, if you look at how the rural health sector is not incentivised that therefore creates more need for Village Health Workers to be incentivised, and motivated so that they can continue to discharge their responsibilities.

The nature of challenges that is faced by our health sector calls for shift of focus to prevention rather than treating or cure because as far as we know, our health sector has become so dilapidated that we cannot treat. We are unable to treat these days, we are unable to cure.

Therefore it is important that we shift our focus towards prevention. The Village Health Workers are the people who are offering the services of prevention in the rural areas. These are services that are associated with sanitation and the other good health behaviour in the rural areas that can assist our people to prevent attracting diseases. The Village Health Workers are responsible for implementation, monitoring and evaluation

of measures that are necessary for prevention of disease contraction and disease spread in the rural areas.

Where someone falls sick, in the rural areas like I indicated that some clinics are about 60 to 100 km apart; the Village Health Workers are handy in providing primary care and management of sickness before the patient starts looking for transport to take them to clinics. As I indicated earlier on Hon. Speaker, in areas like my constituency in Tshunga, one of my wards called Tshunga; it is an area that has got no accessibility in terms of road network and telecommunications. There is only one health centre that is there and that health centre is manned by none other than the Village Health Workers. Those are the only health personnel that are known by the community, a total population that comprises of not less than three wards in that particular area with about four chieftainships. Those are the kind of services that these people are offering.

The people who are offering such an essential service, we call them “voluntary”, that is what they are called. Volunteering to offer

such an essential service, service that we cannot afford to do without as a nation. Hon. Speaker, as the mover of the motion indicated, the agreement was that Village Health Workers would be working part-time, voluntarily for two to three days a week but nowadays they are not only working seven days a week. They are working almost 24 hours a day because every time a person falls sick, the first port of call that they go to is the Village Health Worker.

To worsen the situation as has been indicated, these people are paid \$14.00 per month as an allowance. That allowance comes from Global Fund and the HTF and the Government of Zimbabwe is giving them nothing – not even uniforms. The Government of Zimbabwe is giving nothing to the Village Health Workers. So it actually means that these unsung heroes in our health sector are being acknowledged by foreigners rather than by ourselves – we do not care about them. Foreigners are the ones who are acknowledging the critical and important role that they are playing in our health sector.

As has been indicated, Hon. Speaker, they are not even getting the \$52.00 quarterly amount of money that they are supposed to get. But like heroes that they are, we have never heard of Village Health Workers going on strike nor abrogating their responsibilities – they continue to deliver service to our service regardless of the fact that as a Government and as a nation, we have not been able to recognise them.

Let me talk about the allocation of resources that has been talked about in the report by the Ministry of Health and Child Care. On resources, I am now talking about the Village Health Workers. Mashonaland East has got 2 399 Village Health Workers and the rest of the other provinces have Village Health Workers who range between 1 200 to 1 400 – every other province and only Mashonaland East has got 2 399. As has been alluded to in the report, when we asked the Ministry of Health and Child Care, why is it that Mashonaland East has got over 100% more than any other province? The reason that was given was that the situation was so because of proximity to Harare.

If we enquire into that we will find that is not true. Mashonaland Central is actually closer to Harare than Mashonaland East yet it has got less than 1 400 Village Health Workers. So, why is it that donors are running towards Mashonaland East and leaving Mashonaland Central and every other province that is closer to Harare? The issue is not the distance or proximity but about the skewed distribution of resources by this Ministry of Health and Child Care. Remember Hon. Speaker, earlier on, we once gave a report as Committee on Health and Child Care stating that this is the same Ministry that is paying Rural Health personnel about \$50.00 as allowances from the donors. It is the same Ministry that is paying a person who is stationed at Headquarters \$200.00 per month but only giving \$50.00 to the person who is actually delivering service. Giving \$200.00 to a person who is merely seated at the Headquarters and obviously with other huge perks that are coming from the Government and that \$200.00 goes on top of whatever the Government is giving that person.

It is the same Ministry, Hon. Speaker, that at one time we indicated gave St. Alberts' Mission Hospitals \$709 200.00 and gave Kariyangwe Mission Hospital \$37 500.00. The reason why I am bringing about these figures is simply trying to show a trend within the Ministry of Health and Child Care that it does not do equitable distribution of resources. That is the reason why Mashonaland East today has got 2 399 Village Health Workers whilst other provinces have got less than 1 4 00. What is it that is special about Mashonaland East province?

I tried to enquire, Hon. Speaker, after I saw these figures and one thing that I discovered was that the Hon. Minister of Health and Child Care comes from Mashonaland East province. – [HON. D. SIBANDA: *Batshele!*] - I am sure it might be coincidence that the Ministry of Health and Child Care says that Mashonaland East has such a high number of village health worker because donors prefer Mashonaland East than other provinces because of proximity. As I have indicated, proximity cannot hold water because Mashonaland East is not the closest province from Harare. I also believe that the Ministry of Health

and Child Care has got as responsibility to ensure that when donors come in and say they want to train village health workers, they should not allow them to simply say we want to choose this province.

They should direct them in order so that we can get equitable distribution of resources. When we are talking about what we are talking about Mr. Speaker; these are resources. Let us say, by any chance the Government of Zimbabwe decides to add something to the allowances that village health workers are getting, what it means is that whatever amount of money that is given to each village health worker, multiply it by the number of village health workers that are in that province, it automatically translates into that province getting more allocation from Government and in this case, from donors than the other provinces.

So, the common denominator of Mashonaland East is that the Minister of Health and Child Care comes from that province. My inquiry seems also to prove that the Secretary for Health comes from the same province. – [AN HON. MEMBER: *no.*] – So, it is only the

Minister? That having been said Mr. Speaker, it is important that we indicate that the Ministry should practice fair and equitable distribution of resources if we are going to make sure that next time it distributes its resources well.

I am seeing that the lights are on, but basically what I want to conclude on is that the fact that a critical component of our health distribution is entirely dependent on donors; I mean village health workers. As I indicated earlier on, all their allowances, uniforms and cycles are given by the donors and nothing is coming from the Government of Zimbabwe, at a time when 98% of drug requirements in the health sector also comes from donors. This reflects a serious donor dependence syndrome within our health sector. Therefore, it is important that we try by all means as a Government and as a people to try and invest as much resources as possible into our health sector. We cannot continue to say the mainstream health sector is dependent upon donors and the village health workers are also dependent upon donors. It is incumbent upon us, and this is a clarion call to the Government of

Zimbabwe that we need to invest some money, especially into the allowances of village health workers.

Mr. Speaker, \$14 in the kind of economy that we are living in means nothing. It is money that does not buy anything. Therefore, it would be proper if this allowance can be increased, say like \$50 or \$100 a month, with the difference coming from the Government of Zimbabwe. I do not believe in that we need to go and push donors again to say can you increase this money. I believe that the Government of Zimbabwe has got to find a way to finance the allowances of village health workers, until such a time when we have got sufficient resources to stabilise our health sector. In the current scenario that we have, village health workers continue to play an important role. Therefore, it is important that we motivate them in the discharge of their responsibility. Thank you Mr. Speaker.

HON. MATUKE: I move that the debate do now adjourn.

HON. RUNGANI: I second.

Motion put and agreed to.

The debate to resume: Wednesday, 15th March, 2017.

*On the motion of **HON. MATUKE** seconded by **HON. D.***

SIBANDA, *the House adjourned at Twenty Minutes to Five o'clock p.m.*