ORAL ANSWERS TO QUESTIONS WITHOUT NOTICE

*HON. SEN. CHIEF CHARUMBIRA: Thank you Madam President, my question is directed to the Minister of Youth, Indigenisation and Economic Empowerment. What is Government policy on Community Share Ownership Trusts (CSOTs) chaired by the chiefs in terms of the law? What does the policy say about companies that qualify and do not remit anything to these Community Share Ownership Trusts?

*THE MINISTER OF YOUTH, INDIGENISATION AND ECONOMIC EMPOWERMENT (HON. ZHUWAO): Thank you Madam President. I want to thank Hon. Sen. Chief Charumbira for the
question. This will give me an opportunity to explain Government policy regarding indigenisation and what His Excellency the President, Cde R. G. Mugabe explained in a policy statement in terms of the clarifications on the indigenization policy for businesses that are into natural resources sector. President Mugabe explained that natural resources are finite resources which after extraction, cannot be replaced. As a result of that, the local community should benefit from the extraction of such natural resources.

Government policy is that the line Ministers should assist the Community Share Ownership Trusts to ensure that qualifying businesses fulfill their obligation as regards the promises that they would have made. What remains to be done is to legislatively strengthen that policy as Government and come up with a legislation that compels the companies to honour their promises.

Let me further explain that at the moment, Government is busy drafting such an enabling legislation. I thank you.

*HON. SEN. KOMICHI: Thank you Madam President. My
question is directed to the Minister of Transport and Infrastructural Development. It concerns the issue of potholes in the urban centres. What role does ZINARA play on the road signs and kilometre pegs because in the entire country, there are no kilometre markers. What is happening? I thank you.

*THE MINISTER OF TRANSPORT AND INFRASTRUCTURAL DEVELOPMENT (HON. DR. GUMBO):*

Thank you Madam President. I thank Hon. Sen. Komichi for the question which then requires me to explain what the state of affairs is as regards the two questions. The first question is in regards to potholes in urban locations all urban settlements or cities. Towns have nothing to do with the Ministry of Transport and Infrastructural Development. Harare City Council, Bulawayo City Council, in fact all local authorities - ZINARA gives money to four road authorities; Town Councils, Rural District Councils, DDF and the Department of Roads. Those four road authorities have the power to maintain their own roads network. The Ministry of Transport and Infrastructural Development is in charge of
trunk roads. So the potholes that we are seeing in the urban centres require us to ask the councils what they are doing with the money that they are receiving if they are not dealing with the potholes.

It is correct Sen. Komichi, to say that road authorities in these cities are having inadequate funding. So they are not able to maintain the road infrastructure. The roads are now in a dilapidated state. As a result, they are now pothole infested because of the heavy rainfall which we are receiving, which reminds us of the heavy falls which we got in 1945 and in the 1980s. The heavy vehicles that are using those roads, because of the water table we are having our roads susceptible to potholes. We are not going to assist cities such as Harare, Gweru, Chinhoyi, Bindura, etc. There was a declaration that there is a national disaster on city roads. So, we are assisting the City of Harare to maintain these roads because they are receiving inadequate funding.

The funding now released by ZINARA is inadequate so as to ensure that all those people that are charged with road maintenance will be able to discharge their duties properly. At most, ZINARA has raised
$148 million. Out of that amount, a lot of it is used to pay for the Plumtree-Mutare road and other ancillary activities. We have a debt of $206 million which is serviced over 10 years. So far we have paid for three years with 7 years still outstanding. So we are realising very little and as a result, we are unable to give sufficient funds to our urban authorities.

Some of these urban centres that are properly using their funds have good roads. For example, Bulawayo is very clean because it is using their funds for that specific purpose. Gwanda and Kwekwe are in the similar category. The municipalities are paying or using that money for the purposes that it is intended whereas others use that money to pay their allowances and pay debts. As a result, they will be unable to meet their obligation on the road maintenance exercise. We went round the local authorities and urged them to use the money set out for the roads for that specific purpose. I believe I have tried to explain in a much clearer manner as regards that issue. I thank you.
*HON. SEN. KOMICHI:* I have asked about the road signs that are now missing in the entire country.

HON. DR. GUMBO: I am sorry; it is true there were three questions in one not two in one. The third aspect is that the road signs that we are now using conform to the SADC region. So, it is no longer the function of the Ministry of Transport alone but it is an issue that we are now carrying out in conjunction with the SADC region. We used to have our signs mounted on metals but we now use wooden poles. I am sorry we are not doing that as SADC but the problem that we are facing Madam President, is the signs that we are putting on the roads are now being vandalised and it is a problem that we are facing with our citizens.

It is noted that the signs are missing, some have been stolen and vandalised and these are being sorted out. For example, Plumtree to Mutare, we do not have such a responsibility until after 10 years. Group 5 has the responsibility to maintain those signs as well as the road itself. I thank you.
**HON. SEN. CHABUKA:** Thank you Madam President for giving me this opportunity to ask the Minister of Health and Child Care. What measures have you taken as a Ministry to assist children that are born with growths and the parents are unable to have those children operated on. Your hospitals are asking for cash upfront. Also, albinos are facing challenges of accessing their skin lotions or sun creams in order that they do not seriously get affected and develop wounds as a result of being susceptible to the heat wave. What measures are you taking to alleviate this plight of these vulnerable people? I thank you Madam President.

**THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA):** Thank you President of the Senate. I would want to thank the Senator for the two important questions that she has asked. What we are doing about children being born with abnormalities, growths in their bodies and swollen and are asking for assistance from the nation at large. We have observed that the majority of these people have gone to hospitals and have been told that those that have
hydrocephalus can be done locally. A tube can be inserted to drain water in the head. There are those that are born with a growth on the back, which is caused by the neural tube diseases. It affects the spinal cord or the brain. We can now conduct such operations in this country. We have certain doctors and professors or neurosurgeons that are capable of conducting these operations but we require modern equipment to conduct microsurgery. That is where we are found wanting.

What hurts us most is that these children should go as far as India and China for medication. We would love to have the equipment that they have in India and China to be available locally because our local doctors can conduct the same surgery. Those doctors that ask for cash upfront; it is not Government policy. Our policy is that every child should come to the hospital and be attended to. Payment will be done later. However, we have observed that some of our hospitals are not following this policy. Our policy says we do not chase away patients.

The second issue of the albinos, these people suffer from lack of melanin. Melanin gives human skin the colour. It helps as a sun screen.
THE HON. PRESIDENT OF THE SENATE: May the Hon. Minister please address the Chair.

*HON. DR. PARIRENYATWA: Thank you. The sun affects the albinos because they do not have melanin. As a result, their skins are affected. That is why the majority of them should wear hats so that their faces are not affected by the sun. We need money for them to be constantly applying sun screens so that their cells are not affected and damaged. We may have these sun screens here and there but again our problem is lack of resources. Day in day out, Madam President, I mourn the lack of adequate provision from the Treasury for the needs of the Ministry of Health and Child Care.

Ideally, we would require $65 million per year to buy drugs through the National Pharmaceutical Company of Zimbabwe. To afford sunscreens and other such medication, we will be in a position to buy such drugs for our people. I am grateful Hon. Senator for the question that you have asked. Our plea is that we require adequate funding to buy these drugs. I thank you.
HON. SEN. CHIEF MUSARURWA: Thank you Madam President. My question is directed to the Deputy Minister of Public Service, Labour and Social Services. May I be enlightened on the issue of the Basic Education Assistance Module (BEAM). What assistance are you going to give the girl child in the communal lands who now has to be married before the age of majority?

THE DEPUTY MINISTER OF PUBLIC SERVICE, LABOUR AND SOCIAL SERVICES (HON. ENG. MATANGAIDZE): Thank you Madam President. Thank you Hon. Sen. Chief for your pertinent question. The BEAM is a programme that we set out to assist particularly the girl child that the chief has mentioned. The leaders of the community assist us in looking for those children that are disadvantaged and those that have no parents to assist them with their fees. The communities select the children that are vulnerable. The chief is one of the elders in the community and has influence to direct in terms of orphans and those that are vulnerable in their respective communities.
I know that as Government we owe schools in fees for children that are on the BEAM. As Government, we believe that we will be paying and the headmasters should not chase away those children from school. The children should pursue their education and should even write their examinations. I would want to believe that we now have an understanding with the Ministry of Primary and Secondary Education. They are informing headmasters that children are no longer allowed to be sent away from school. They are now allowed to write their examinations and if there is any problem with payment, my Ministry will be responsible for the payment. I thank you for what you have mentioned Hon. Chief and because of the plea that you have made, Treasury would hear us and disburse some funds to pay for these debts. I thank you.

*HON. SEN. TIMVEOS:* My supplementary question is, what happens to the children who are on BEAM when they want to proceed to Form One?
*HON. ENG. MATANGAIDZE:* Thank you Madam President. I would want the august House to understand that the Committee that chooses children that are entitled for BEAM is the same for those that are at primary and secondary schools. Once a child has progressed from primary to secondary school, the same requirements would have been met. This is because this is the same selection committee that has identified the child at primary level. So, if there is incoherence in that regard, please come and see us because that should never be an issue. A child once admitted on BEAM from primary would go through secondary education on the same scheme. I thank you Madam President.

**HON. SEN. MASHAVAKURE:** Thank you Madam President. My question is directed to the Deputy Minister of Local Government, Public Works and National Housing. Before 2013, there were some special interest councilors to represent certain interests but they are no longer in use. The Constitution only came up with Members of Parliament with disability. Are you going to be putting such provisions
in the laws as you look at the operationalisation of the metropolitan provincial and district councils because it is missing in the Constitution?
I thank you.

THE DEPUTY MINISTER OF LOCAL GOVERNMENT, PUBLIC WORKS AND NATIONAL HOUSING (HON. CHINGOSHO): Thank you Madam President. I would want to thank the Hon. Senator for the question posed. Indeed, our Constitution is silent on that issue but the Ministry in its alignment is looking to get that in terms of the law. So, the issue of the disabled, when dealing with the alignment of the Constitution, that issue would be brought on board I thank you.

HON. SEN. KHUMALO: My question is directed to the Deputy Minister of Industry and Commerce. What steps has the Ministry taken to remove Statutory Instrument 20, to remove the consequences of the high charges of materials because even the farmers are failing to adapt?

THE DEPUTY MINISTER OF INDUSTRY AND COMMERCE (HON. MABUWA): I thank you Madam President for
the pertinent question from the Senator. The issue of the Statutory Instrument No. 20 belongs to the Ministry of Finance and Economic Development. It touches us as Industry and Commerce but it emanates from the Ministry of Finance and Economic Development. Therefore, the Minister of Finance and Economic Development stated clearly, that Statutory Instrument is going to be suspended but we are busy coming up with measures to reverse that instrument. Maybe tomorrow the suspension of the reversal will be published by the Ministry of Finance and Economic Development.

+HON. SEN. CHIEF GAMPU: My question is directed to the Minister of Health and Child Care. We have a number of people who are diabetic, unemployed and old - what help is Government giving to these kinds of people?

*THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA): I would want to thank the Hon. Senator for the question. I would want to say that some of the diseases that are non-communicable such as cancer, high blood pressure and diabetes, mostly
those three are now affecting the majority of our population and consequently a lot of people are suffering from strokes. You can suffer from heart diseases because of diabetes. Your liver can also be damaged because of diabetes. Diabetes affects even the eyes. It affects a lot of organs. We are observing that it is now quite common in Zimbabwe.

There are a lot of organisations that are assisting us as the Diabetic Associations. What is required is to create awareness amongst our people on how they can tell whether they have diabetes and this visibility should be raised in as far as that issue is concerned that if you are passing too much urine, eating a lot, getting hungry quickly and feeling weak, we suspect that you could be suffering from diabetes. There are certain other symptoms that prevail amongst women. We observe that any disease is not any one’s fault. These are chronic diseases and we hope our hospitals when they see that you suffer from high blood pressure, the drugs that are prescribed to you should be charged at half the price as compared to other drugs because if you are
going to be prescribed insulin, it is quite expensive and for a long time as it is a chronic disease.

I plead with you that the Ministry of Health and Child Care be given adequate funding. It is my plea once again that we be given sufficient funding so that we are able to buy medication. A lot of people suffer from diabetes, cancer and hypertension. They should easily access these drugs from Government hospitals. A lot of people are dying because they go and seek attention from hospitals and are not able to accept it. I urge this august Senate to give us more in terms of budget allocation.

We once reached a stage where we gathered together with experts in the Ministry to see what will be the required amount for the Ministry per year and what the cost of health care per year is in the public sector in Zimbabwe and we came up with a figure of $1.3 billion annually. Everyone was shocked bearing in mind that our economy is a $4 billion one. We are saying this is the amount that we require to ensure that the Ministry of Health and Child Care properly discharges its duties.
Whether the money is there or not but this is the figure that is required. Zimbabwe needs to know about it. We require $1.3 billion per year which helps us with infrastructure, equipment, staffing and drugs. That is what the health system of Zimbabwe requires. That will cover all the issues including those living with albinism and such other issues. Please register it in your minds that we require $1.3b. We are not being unrealistic but this is what the country needs, whether the money is there or not. I thank you.

*HON. SEN. MABUGU: My question is directed to the Minister of Transport and Infrastructural Development. Could you please tell us as to whether the construction of the Beitbridge-Masvingo-Harare road has started? If not when is the construction going to commence because a lot of fatalities are being recorded on that road due to potholes. I thank you.

*THE MINISTER OF TRANSPORT AND INFRASTRUCTURAL DEVELOPMENT (HON. DR. GUMBO): I would like to thank Senator Mabugu for her question. Let me clarify to
the Senators. We are happy because they will be listening to our questions unlike in the Lower House. Our road from Beitbridge to Chirundu which passes through Harare will now be constructed. We gave the tender to Geiger International which comes from Austria. What has stopped the commencement of the work is the rainy season but the engineers and other workers are already in this country. We were discussing with Hon. Sen. Chief Charumbira that our team of engineers and their own engineers are already in the country. Yesterday, we were looking for a place to conduct the ground breaking ceremony with all our chiefs from Beitbridge to Mahonaland East in Chikomba because this is the section that we are going to be constructing at the moment. We spoke to those in Masvingo and we informed them what it is all about and we were imparting knowledge to our chiefs. Half that road will now be constructed.

We stopped the Harare to Chirundu Road because we were promised some money by the Japanese. They promised a grant to His Excellency the President, Cde. Mugabe. They are working in Makuti to
see when they are going to be channeling the 20 km section that they would want to construct – how much would that grant cost. Then, we will deduct that amount from the one that is being charged from Harare to Chirundu by the contractor. It is now a reality Hon. Senator that the road is now going to be constructed. It will be constructed in segments - that is from Beitbridge to Chikomba, into six segments so that those that are working on that section of the road will be six groups. We would want to believe that in 18 months, one section of the road will have been completed in two and a half years.

We believe that the road will be fully dualised and that would reduce accidents as well as the potholes which I now also have observed when I travel that they are numerous. We are also trying to patch up the potholes from the fund that we came into agreement with South Africa. The Beitbridge access point is co-joined by Zimbabwe and South Africa. The levy that is being paid by motorists is being kept in Zimbabwe and we were given $4 million to repair potholes – that is $2 million from Beitbridge to Chirundu and Beitbridge to Victoria Falls so that we cover
the potholes and at the same time we will be constructing the road. I would want to believe that there are now fewer potholes along the Masvingo/Beitbridge Road. The road is getting narrower and narrower and as a result of that, a lot of swiping of motor vehicles is now occurring on that road.

Let me just empty all the issues that are there. The Zimbabwean companies are also going to be allowed to have 40% of the construction works. Advertisements are going to be placed in newspapers and I would want to say this so that it comes into the public domain because people are approaching me as individuals. You are going to be informed about the 40% quota of Zimbabweans and what are the works that you could do – whether it could be to transporting quarry, gravel or any other such works. Advertisements are going to be placed so that you can come on board as business persons and the Zimbabwean public can then benefit. I thank you.

+HON. SEN. A. SIBANDA: My question is directed to Hon. Dr. Gumbo the Minister of Transport and Infrastructural Development. Last
year, you talked about the road from Nkayi and Tsholotsho. The Minister promised that in a short time, they would have started work and how far have you gone now about that road which has gone for over 30 years without being rehabilitated.

**HON. DR. GUMBO:** Thank you for this backdoor supplementary question. I still want to take it that the issue is about roads and I think I should just oblige to respond to it. It is true that we promised that we would be dealing with or constructing the Nkayi-Bulawayo Road which we did. We did it by re-gravelling and it is totally washed away for now and it is in a very bad state. It is one of the roads which we are going to construct on what we call a Build, Operate and Transfer (BOT) model, but before that BOT takes place; it takes a lot of time. As you can see, even the one that we are talking about now, the Beitbridge-Chirundu Road, it was awarded last year in February but up to now, construction has not started. So at times may be we come too overzealous and let our colleagues know that we are going to be doing whatever we want to do and you will expect us to be on the ground the following week or month.
It is not really possible. The plans are there and we will be working on that road which is on a BOT model. So, we have not forgotten about it but at the moment, it is in a bad state and nationwide, all roads are washed away. The 70 000 km of roads particularly in the rural areas which we re-graveled last year, they are now all gone and there is actually no road to talk about countrywide. We are very concerned about it and we will be visiting all the places irrespective of whoever is there as an MP or anybody. We are looking at it as a Ministry to make the roads passable and not at the area or constituency or person but just to make sure that the roads are passable. There is a lot of crop that is going to be harvested this year because of the command agriculture and we would want to make sure that all the roads are trafficable. So, we are going to be visiting Nkayi Road again but at the moment, even if we can have the money, which we do not have because we need it as well, there is no ways we can visit any place and do the roads. You cannot do it in mud because of the rains that are upon us. We like them but also they come with a cost and this is the position. I thank you Madam President.
*HON. SEN. CHIEF CHISUNGA:* Thank you Madam President. My question is directed to the Minister of State for Provincial Affairs for Mashonaland Central, Adv. Martin Dinha. We have people that are facing the danger of hunger in Mashonaland Central in the Mbire District. We have gone for two months without getting the maize for drought relief. What steps have you taken to redress the situation? What measures are you taking to make the road from Kanyemba to Bindura to be traffickable?

**THE HON. PRESIDENT OF THE SENATE:** Hon. Chief, the question that you have asked is for the Ministry of Public Service, Labour and Social Services and the second one about the road is for Minister Dr. Gumbo. Please pose your questions to those two Hon. Ministers.

**HON. SEN. CHIEF CHISUNGA:** I stand guided Madam President. May the respective Ministers may respond to the questions.

**THE DEPUTY MINISTER OF PUBLIC SERVICE, LABOUR AND SOCIAL SERVICES (HON. ENG. MATANGAIDZE):** Thank
you Madam President, I only heard bits and pieces because the question was initially addressed to Hon. Dinha. I will respond.

That is the truth of the matter Madam President. The problem about the impassable roads is a problem that we are aware of year in, year out. We know that in Muzarabani, in Mashonaland Central, there are problems. The information that we have currently is that we had sent sufficient maize to cover two months knowing that within the two months, there will be problems with transport logistics. We had agreed that we would have problems of food for two months; thereafter the situation would have improved. Maybe we miscalculated; we may need to revisit the drawing board and see how best we can strategise that.

Year in, year out we plan to ensure that we deliver as much maize as possible before the onset of the rainy season because the roads become impassable during the rainy season. With regards to having sufficient stocks in the area to cover for the period that we have set out, maybe there was a mis-calculation or miscommunication between those that are at the head office and those on the ground. We will take it as a learning
curve. In future, we would want to look maybe, at three month supply having been given to the area to alleviate such a problem. I thank you.

*THE MINISTER OF TRANSPORT AND INFRASTRUCTURAL DEVELOPMENT (HON. DR. GUMBO):

Thank you Madam President. The Ministry of Transport has a headache with roads in Mashonaland Central. We went to Mashonaland Central on the 10\textsuperscript{th} of January, 2017 and informed the local Members of Parliament, road authorities in your province and we discussed about the roads in question that we would assist in ensuring that something would be done about those roads during this year. You may not have been at the meeting but the point is that there are some measures that we agreed with the leadership in Mashonaland Central on how we would do it.

The Ministry of Transport requires US$5 billion to ensure that all the roads are now trafficable. Mashonaland Central and Matabeleland North are the provinces that I personally visited and I assisted and I am aware of the draught, or famine or hunger. Chiredzi is impassible; the
same area where I come from in Gokwe is also impassible but we will go to all these places.

We have received questions as regards the roads that you have discussed. We have put aside a funding to assist in that regard. I thank you.

*HON. SEN. MAVHUNGA: Thank you Madam President. My question is directed to the Minister of Youth, Indigenisation and Economic Empowerment. Hon. Minister, when youths were given loans, they misused them because they did not know how to run their businesses well. What measures are you going to put in place to educate the youths on how best they can run their businesses and handle their finances well?

THE MINISTER OF YOUTH, INDIGENISATION AND ECONOMIC EMPOWERMENT (HON. ZHUWAO): Thank you Madam President. I am grateful for the question posed by the Hon. Senator. I would want to explain initially that the loans given to the youth by banks to start up their business; we are mostly informed that it
was misused. There are allegations that 97% of those loans were not repaid but I would want to say that the newspapers in the majority of cases will be saying false information. The money that was loaned is US$4, 9 million and US$1, 7 million was repaid. So, the majority of that loan was paid. The problem that was then experienced was that the youth that were given the funding failed to secure a market for their products.

Secondly, some of these youth did not have knowledge on how to manage finances. Some did not even know how businesses work. When we looked into the issue, we came up with a programme where each youth who is at a vocational training centre should also be taught about business entrepreneurial skills and the management of businesses. So, these entrepreneurial studies are now being carried out at 42 of our vocational training centres.

At National Youth Service, we have instructed that all the participants should also involve the education of entrepreneurial services as well as the history of this country. About of 320 graduates underwent
such programme. So, we now require all youth that are undergoing youth services, we are going to open all our camps for youth service this year so that they are all taught on how to have entrepreneurial skills and management of funds.

I would want to further add that the majority of those youth that are into practical subjects may not have the knowhow of accounting. We have taken measures to have such support services in the form of companies. There are about four companies in line with the four ZIM ASSET clusters. Youth Employ Zimbabwe is for poverty eradication, Kid-ship Zimbabwe is for utilities and infrastructure and Youth Make Zimbabwe is for value addition and beneficiation.

I would want to conclude Madam President, by explaining further that as a Ministry we have now said our thrust when we want to assist the youth, is to assist the youth that are already working. Last year, we went round this country and we found 39 358 youths that are already working. They have created employment for 93 692. These are the youths that we are targeting so as to enhance the work that they are
doing. We will be assisted by the Minister of Finance and Economic Development to open an Empower Bank for the youths. I thank you Madam President.

**HON. SEN. MARAVA:** Thank you Madam President. My question is directed to the Minister of Health and Child Care. Hon. Minister, we have got thousands of girl children who graduated from nursing, who are not employed. Their certificates have gathered enough dust. Do you have any plan; how are you going to help these children, especially those whose training has already become obsolete due to non-usage. How are you going to help them?

**THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA):** Thank you Madam President. I would like to thank the Hon. Senator for that very important question. It is true that there are a lot of our nurses whom we have trained at the level of Registered General Nurse, who train for three years as opposed to the Primary Care Nurse who trains for 18 months. Those who train for three
years are called Registered General Nurses. We now have 4 200 unemployed who have come out of our schools.

What we do need however, in our institutions is a figure of 8 000 nurses. So, while on one hand we have 4 200 unemployed, on the other hand we need 8 000 nurses in our institutions. The issue at hand is, we need the establishment of nurses and other health professionals to be put up. The current establishment reflects an establishment of 1983. We have been lobbying hard enough to be given more nurse establishment and other health professionals.

When you train nurses for three years and they do not get into work, usually after two years we have to re-train them, at least put them at a refresher course and that is expensive. So, we have got two options; firstly, to put up the establishment so that we can absorb all those nurses. Secondly, to do like what the Philippians and other countries do, to train nurses for other countries, on a properly structured manner where you say, okay we are training nurses – Ghana, do you need nurses; can we
send 200 nurses? We have a Memorandum of Agreement and a properly structured way of doing it.

Our preference is that, let us first fill in our needs by putting up the establishment. I must announce today that the Minister of Finance and Economic Development has been very good, he has offered us to recruit 2,000 nurses to start off with. I think that is good. So, we will be recruiting 2,000 nurses and we are hoping that as we talk with them more and more, they may expand that but for now, 2,000 nurses are going to be recruited so that we lessen the number of nurses that are unemployed in our country. So, it is a pertinent question; it is an important issue and really, we should carry this as a country that we have more places for those nurses who are training.

Let me add that we will not stop training. It has been advised that please since they are not being employed, stop training. We argued that we will continue training, may be at a lower scale because once you close a nursing school, to re-open it is always expensive. So, we have lessened the numbers. For example, institutions that used to take three
lots of nurses in January, May and September, we have asked them to take two lots of nurses for training so that we have less number of nurses but we continue training. Thank you Madam President.

Questions Without Notice were interrupted by THE HON.

PRESIDENT OF THE SENATE in terms of Standing Order Number 62.

Hon. Sen. Mohadi having wanted to move for the extension of time for Questions without Notice.

THE HON. PRESIDENT OF THE SENATE: At this point in time, you cannot extend the time, you have extended already. I would like to remind Hon. Senators - this is why I always almost beg to say, please do not address the House when you want to pose a question because you are eating into the question time. Please, pose your question and that question must be directed to the correct Ministry.

We actually take up half of the question time addressing the House before we pose our questions and questions have to be on the Ministry’s
policy please. So, I am sure when we come back next Thursday, with that in mind, we will pose questions. This is a long list but all these Senators are not going to enjoy questions which have come from their constituents because some of us have taken time. It is not appreciated. Please pose policy questions, make them short so that we can all pose the questions we would have brought from our respective constituencies.

**ORAL ANSWERS TO QUESTIONS WITH NOTICE**

**EVICTION OF COMMUNITIES FROM FARMING AND GRAZING LANDS IN THE ZVEHAMBA, MATANKENI AND MAHETSHE VILLAGES OF MATOBO DISTRICT**

1. **HON. SEN. MLOTSHWA** asked the Minister of Lands and Rural Resettlement to inform the House why the Government is violently evicting communities from farming and grazing lands in the Zvehamba, Matankeni, Mahetshe villages of Matobo District at the behest of Trek/ARDA Project which is enforcing a 1947 plan, which does not recognise that these families have been residing in these areas since 1912.
THE DEPUTY MINISTER OF LANDS AND RURAL
RESETTLEMENT (HON. CHIKWAMA): Thank you Hon. President. I would like to thank Hon. Mlotshwa for asking the question. The area in question belongs to ARDA and is clearly demarcated on the ground. This area is adjacent to communal areas. When ARDA took occupation of the area in 1947, they did not take up all the land that was allocated to them. ARDA had an agreement with the community that they can temporarily utilise the land that was not under its immediate use. However, the advent of command agriculture has seen ARDA reclaiming all their land, hence, resulting in evictions/conflict.

A visit was carried out by Matebeleland South Ministry of Lands and Rural Resettlement Officials, the Matobo District Administrator and ZRP on the invitation of Hon. A. Ncube. It was discovered that;

- No violent evictions were carried out;
- Farmers were engaged on 27th September, 2016 and 10th November, 2016;
Mainly arable land was affected by the ARDA expansion while houses were spared and at the moment, only eight arable pieces of land were affected;

There is only one case where ARDA expansion affected one household belonging to Mr. Collet Ncube. ARDA pledged to assist him to relocate whilst Public Works Department has been engaged to evaluate his property. Mr. Collet Ncube has not yet moved;

ARDA is on the ground and has since cleared 400 hectares for command agriculture;

After full expansion, ARDA will cover 1000 hectares;

Only two villages will be affected by the expansion, which are, Zvehamba and Matankeni, thus Mahetshe is spared; and

Villages have an alternative arable land since they were fully aware that the land they were using belongs to ARDA.
In addition to that, we do not manage land belonging to parastatals, that falls under other Ministries. Land belonging to ARDA is a responsibility of the Ministry of Agriculture, Mechanisation and Irrigation Development. I thank you.

**HON. SEN. MLOTSHWA:** Hon. Minister, ARDA was not there in 1947, there was a colonial organisation that pegged the land and forcibly evicted people who had settled there in 1912 and ARDA only came to fore in 1980. On the 13th of August, 2016, the Minister of Rural Development and Preservation of Culture and Heritage, Hon. A. Ncube sent people to inform the villagers. On the 15th September, we have footage of how violently the Ministry used excavators to destroy people’s farms. So, you cannot tell me that there was nothing like that. It is there, I live there.

As the Minister of Lands and Rural Resettlement, I want to know, how do you then present in the Cabinet, because you are supposed to give these people an alternative? They have a right to land, they have a right to farm and they need grazing land for economic purposes. If you
take 500 hectares and you do not give alternative as a Ministry, where do you expect them to go? My question is, when are you giving them the alternative because what you are reading there is not the true case?

HON. CHIKWAMA: I think ARDA has been there since long back, before 1980. Through our research, we found that maybe the name might have changed but it was there. Another issue I want to raise is that, whatever problem we might have in any area in Zimbabwe, we engage the people. That is why I told you that a team was set to visit the area and the findings are those which I read here. I do not know whether you are saying it is a lie but this is what is on the ground and Hon. A. Ncube can confirm that.

On alternative allocation of land, the Ministry cannot give an assurance that they are going to provide that because this land was allocated on an agreement long back that they were going to use the land which ARDA was not using at that time until ARDA was ready to use it. I also informed you that we do not manage land belonging to parastatals, it is the responsibility of other Ministries. So, if you are not sure with
our answer, you can approach the Ministry of Agriculture, Mechanisation and Irrigation Development, he is the one who controls ARDA. I thank you.

**HON. SEN. MAKONE:** Thank you Mr. President. I just want to follow up on that question. Between 1947 and 2016, I think we almost have 70 years if my arithmetic is correct. In 70 years, people built a lot in terms of property development. The dates that have been advanced here by the Hon. Senator indicates that these people were given one month within which to uproot themselves from places that they have been working from for 70 years. Surely, is it correct for a Government of Zimbabwe to treat its citizens in that manner?

**HON. CHIKWAMA:** Hon. Senator, I think I have already explained to you that there is no one whose house or property was destroyed. Only one person was affected and there is a team which is making evaluation of that property. The team from Public Works is also evaluating the value of that property. I heard you saying it is now 70 years but ARDA was not using that land. However, it was until the
programme of command agriculture was implemented that ARDA decided to use the land and they went back to the community to talk to them that we are going to use our lands. I have already explained everything - there is nothing like that, through our investigation this is what the team that visited there came up with. – [HON. SENATORS: Hear, hear.]-

THE HON. DEPUTY PRESIDENT OF THE SENATE: Order, Hon. Senator if you do not like the answer, there is a possibility of you making an appointment at the Ministry and you have a thorough discussion which you can even take an hour or more.

WATER RESOURCES DEVELOPMENT STRATEGIC PLAN

4. HON. SEN. B. SIBANDA asked the Minister of Environment, Water and Climate to advise the House whether the Ministry has:

   a) developed a water resources development strategic plan for the country in view of dwindling water levels and what timeframes have been specified for the development of extra water capacity for the main cities; and
b) what concrete plans, if any, are in place for the construction of the Zambezi Water Project.

THE MINISTER OF ENVIRONMENT, WATER AND CLIMATE (HON. MUCHINGURI): I want to thank Hon. Sibanda for the two parts questions. In response to part (a) of the question Mr. President, my Ministry has a strategic plan in place with proposed dams covering cities and towns like Harare, Bulawayo, Chitungwiza and Bindura among others. The designs for the proposed dams are already in place. The Ministry hosted a water investment conference in 2015 where some of the priority projects were presented to potential investors in order to finance the implementation of such projects. Water supply projects for towns like Harare and Chitungwiza have already secured investors. Water supply for Bulawayo will be boosted once the Epping Forest project is completed at the beginning of the 3rd quarter of 2017.

As for part (b) of the question Mr. President, the National Matabeleland Zambezi Water Project has a total budgetary requirement of US$1.72 billion. Due to the huge funding requirement, the project has been put to 3 phases. $122 million of this is required to complete the
first phase which is to build Gwayi Shangani dam and a $10 million mini hydro scheme on the same dam. The remaining $1.4 billion is going towards the second and third phases which are the construction of the conveyance infrastructure from Gwayi-Shangani Dam to Cowdray Park in Bulawayo and the construction of the pipeline from the Zambezi river to the dam.

Currently the first phase is under way, wholly funded by Government and the contractor will this year finish the foundation works following a budget allocation of $4.5 million by the Minister of Finance and Economic Development.

This is one of the priority projects and very important to the region and the country for which prospective investors are being engaged to finance the full implementation to completion. Funding constraints have seen limited progress being registered on the project, especially when given that it is capital intensive, but Government remains committed to see through the project. I thank you Madam President.

PLANS TO MITIGATE DROUGHT IN THE COUNTRY
5. **HON. SEN. CHIMBUDZI** asked the Minister of Environment, Water and Climate;

a) to state the plans in place to mitigate drought in case the country faces one.

b) to inform the House, what measures the Ministry has put in place to safeguard people in the low lying areas in the event of floods.

c) to inform the House, what contingent measures the Government has put in place in the event that Kariba Dam does not get adequate water to generate energy for the country

**THE MINISTER OF ENVIRONMENT, WATER AND CLIMATE (HON. MUCHINGURI):** Mr. President, my Ministry has plans to rehabilitate 100 community dams in the country’s 10 provinces under its water resources management planning and development department and the Ministry’s parastatal ZINWA making use of the US$ 7 million committed last year by Government. This is key drought
mitigation measure as it promotes the harvesting of rain water in the said dam for later use during the long dry spells associated with droughts.

The Ministry is working in the same vein to redesign and rehabilitate community dams which were damaged by the recent incessant rainfall activity and flooding across the country. These dams are key water sources for agricultural activities, especially water supply for irrigation watering livestock and recharging groundwater for domestic consumption. The Ministry is working with partner agencies in the WASH sector to drill, equip or rehabilitate a total of 5,600 boreholes in all communities across the country to ensure adequate water supplies.

Mr. President, with regards to the (b) part of the question - my Ministry is the technical arm of government that collect, analyse and disseminate meteorological and hydrological data and information in the interest of safety of the public and facilitating quick decision making on the part of Civil protection teams countrywide. The Ministry under its water resources management planning and development department and with ZINWA as the technical arm, collects data from hydrometric stations on strategic locations on the country’s rivers and these are
regularly monitored to check if flows are not posing a hazard to low lying communities.

The Ministry continues to push for automating its hydrometric stations so that there is real time data transmission and flood alerts can be given as quickly as possible in time to give the disaster response effort enough time to execute mitigation measures and save lives. The actual movement and translocation of people and animals during floods is led by the Civil Protection Unit, for which my Ministry is a member and actively participates.

As for question (c) on informing the House of contingency measures, the Government has put in place in the event that the Kariba Dam does not have adequate water to generate energy for the country.

Mr. President, my Ministry is in charge of water affairs and has a role to ensure that the available water resources in Kariba and other dams are used as efficiently as possible and in the national interest. In terms of power generation, the Ministry at the beginning of each hydrological season engages with all parties to the Zambezi River Authority where the Ministry of Energy and Power Development, as
well as Zimbabwe Power Company are represented and advises parties
to the water available so as to guide generation scheduling and avoid blackouts. Contingency measures to be able to generate power for the country will among other things start with spreading the available water resources over the entire hydrological season and thus avoiding blackouts. The Ministry is also facilitating the development of mini hydro projects on state dams and rivers, some perennial rivers and streams and thus providing an enabling environment for power generation. The actual power generation and plans for contingent planning in terms of energy rests with the responsible Ministry.

Lastly, responding to Question (d) from Hon. Sen. Chimbudzi, which requires me to inform the House on plans the Government has to remove weeds in most dams in our country, especially lake Chivero from which water to the locations in Harare come from.

Mr. President, the weeds in some of our dams such as Chivero are a symptom of pollution of our water sources by, among other things, the discharge of untreated sewerage effluent from the cities’ sewerage
treatment works. This effluent deposits a lot of organic nutrients into the water bodies, thus giving rise to the massive growth of weeds. The Ministry, through its environment arm is pushing for all stakeholders to observe best practices in environmental protection to sustainably put a stop to the pollution of our water sources and avoid costly remedial works which will divert funds from critical water infrastructure developmental investments.

There is a principle in place however which puts the burden on polluters. They should pay for the cost of restoring the environment to its ideal state before pollution as a result of their activities.

Government has further invested in draglines, which among other duties will be employed to clear our water bodies of the water hyacinth. Attending to the source, that is, ensuring that waste water being discharged into the environment is of acceptable quality remains the priority to addressing the challenge. This is why Government is working with development partners on various waste water rehabilitation programmes in towns and cities so that the infrastructure is
functional again and hence waste water quality is enhanced. I thank you Mr. President.

MEASURES TO ASSIST MENTAL HEALTH INSTITUTIONS

6. HON. SEN. CHIMBUDZI asked the Minister of Health and Child Care to:

a) Inform the House on the measures that have been put in place by the Government to assist mental health institutions like Ngomahuru and Ingutsheni to allocate them with the requisite resources;

b) To inform the House, what the Ministry is doing to ensure that Ngomahuru Mental Hospital gets adequate medical supplies for the mental patients;

c) To state the measures in place by the Ministry to ensure the availability of a clinic at Chikurubi Maximum Prison; and

d) To inform the House what plans the Ministry has in place to assist Bindura Prison to cater for the following:

   (i) Transport for prisoners;
(ii) Uniforms for prisoners;

(iii) A borehole.

**THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA):** I would want to thank Hon. Sen. Chimbudzi for that very important question. I want to acknowledge that Ingutsheni and Ngomahuru Hospitals are national institutions. Ingutsheni Hospital is in fact one of our six central hospitals. Therefore, they are of particular importance to the nation because they cater for the mental health of our population. The most important thing to recognise is that inmates and patients at those two institutions do not pay any user fees. The Ministry therefore, always tries to prioritise allocation to these two institutions.

The amounts that are allocated to them may seem small but wherever money is received, it is allocated to them too. The Ministry also sources for donations in the form of food for these two institutions, as well as clothing items, as there are some patients who are permanent at these institutions. We have got a list of donations that have been received from the Ministry of Public Service, Labour and Social
Services, as well as ZIMRA. Let it be noted that we have also given permission to the hospital management board at Ingutsheni and Ngomahuru to source for donations from the community in their respective areas where ever possible.

In terms of monies that were given to Ngomahuru and Ingutsheni Hospitals in the past two years, for 2016, Ngomahuru made a bid $798 135 and Government allocated $410 000. The actual cash received by the hospital was $498 048. Ingutsheni Hospital bidded for $3.3 million in 2016 and they were allocated through the budget $860 000. The actual money that came to them was $671 000. For 2017, Ngomahuru has made a bid of $1 million but the Government has allocated $410 000. We are still waiting for the actual money that will be received by Ngomahuru. Ingutsheni bidded for $23 million and have been allocated $872 000. We also have a list of donations that have been given and I will forward this for the scrutiny of Senators and the House. Thank you Mr. President.

SENSITISATION OF PROVINCIAL AND DISTRICT HOSPITALS ON THE ONE THOUSAND NUTRITION DAYS
7) **HON. SEN. D.T. KHUMALO** asked the Minister of Health and Child Care to inform the House what measures the Ministry has taken to sensitise the Provincial and District Hospitals on the One Thousand Nutrition Days, which the country embraced during the period 2010/11.

**THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA):** Thank you very much Mr. President. I would like to thank Hon. Sen. Khumalo for the question. I understand the question aims to understand what we have done as a Ministry to sensitise our provincial and district cadres on the importance of nutrition during the first 1000 days of birth, as a measure to reduce stunting and malnutrition. Since 2011, the Ministry has trained provincial and district health teams, responsible for both hospitals, clinics and also for communities to ensure they have adequate knowledge and skills in promoting nutrition in the first 1000 days of birth and to reduce stunting and malnutrition.

The Ministry has gone further to include sensitization of a multi-sectoral committee at provincial and district levels on the importance of
nutrition in these days. Training and capacity building activities have been conducted in all the eight provinces, targeting officers from different sectors, including Public Service and Social Welfare, Agriculture, Education and Local Government to ensure that they are aware of the importance of nutrition in the first 1000 days as a measure to reduce stunting.

Further sensitization and capacity building on importance of nutrition in the district and provincial staff have been conducted through training on various programmes, such as baby friendly hospital initiative, community infant and young child feeding programmes, world breastfeeding week and sensitization among other programmes the Ministry is currently implementing.

The Ministry has also developed a national nutrition communication strategy, which will end in 2018. One of the key aims under that is to involve multi-sectoral interventions to improve awareness of the 1000 days window of opportunity for preventing stunting for community members. The Ministry is also supplementing iron and foliate in pregnant mothers, as well as, Vitamin A
supplementation in the six to 59 months age group. Thank you.

HON. SEN. D.T. KHUMALO: My supplementary question is, we were moving around and asked the staff within the district and provincial hospitals. None of them knew anything about the 1000 days. We went around as a Committee of Parliament. None of the district and the provincial hospitals we visited had an idea of what the 1000 days are about.

HON. DR. PARIRENYATWA: Thank you very much Hon. Senator. I would just appeal that we get that report so that we can also appropriately respond to it.

UTILISATION OF DIETICIANS SERVICES IN HEALTH INSTITUTIONS

8. HON. SEN. KHUMALO. D.T asked the Minister of Health and Child Care to explain why to the House why Health Institutions are not utilizing the services of dieticians at their disposal to assist the malnourished children.

THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA): Thank you for the question Hon. Senator.
Let me first clarify that the Ministry of Health and Child Care is fully utilising nutrition specialists in all our provincial, district and community health facilities in managing malnourished children and adult patients. Our districts have nutritionists, a health professional cadre more like a dietician whom the Hon. Senator has referred to. Dieticians and nutritionists are both experts in food and diet. They have studied how diet; nutrition and supplements affect your body and your health. In our setting, the only difference between a nutritionist and a dietician is that a dietician is found at central hospital level, offering clinical nutrition services and dietetics which focuses more on individual patients and institution level while a nutritionist is found at provincial and district level offering a mixture of clinical nutrition and community nutrition dealing with nutrition issues for populations and communities.

Currently, the country trains nutritionists from the University of Zimbabwe and other universities such as MSU have already started producing nutritionists. Hence our Ministry has a post of a nutritionist for every district and these professionals are responsible for management of malnourished children and adults. As we speak, almost 80% of the
nutritionists post have been filled up in the various provinces and the gaps are due to challenges that include freezing of posts affecting other healthcare staff as well.

Currently, the Ministry employed about four dieticians in central hospitals and we also hope to improve recruitment of dieticians in provincial and district hospitals where their services are mostly relevant. There is however, a need to increase the number of positions for nutritionists and dieticians in the health sector to ensure that the population easily accesses services of these professionals.

**HON. SEN. T. KHUMALO**: Supplementary. During our visit, the provincial hospitals were referring the treatment of malnourished children to church hospitals because they said they were not able to do that feeding treatment. What is your response to that?

**HON. DR. PARIRENYATWA**: Again Mr. President, this is a specific hospital and I would like to see that report as well so that we can appropriately respond and take measures on it.

**PROVISION OF PSYCHOLOGICAL SUPPORT TO VICTIMS OF**
RAPE AND SODOMISED CHILDREN

9. HON. SEN. T. KHUMALO asked the Minister of Health and Child Care to explain to the House why the Ministry does not provide psychological support to victims of rape and sodomised children as way of mitigating against their traumatic experiences that results in such victims being admitted in mental institutions.

THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA): The Ministry of Health and Child Care works tirelessly towards the realisation of child rights as enshrined in our Constitution. As a Ministry we take great cognizance of the Principle of Survival and Best Interest of the Child as articulated in the regional and international treaties that Government has ratified:

- UN Convention on the Rights of the Child (UN CRC ratified in 1992)

In this regard the Ministry of Health and Child Care strives to ensure that institutions, services and facilities responsible for care and
protection of children are catered for by competent, suitably qualified staff in child friendly environments. To this effect, the Ministry of Health and Child Care has the following in place as regards to survivors of sexual abuse in terms of rape and sodomy:

i. **Survivor Friendly Clinic/Services Approach**: a friendly environment is the initial step in the provision of psychological support. The environment is non threatening, is child friendly with play materials of different forms to allow the survivor to relax and not be further traumatised.

ii. The services are delivered by qualified doctors and nurses who would have undergone training in the care and management of survivors of sexual violence.

The training package is inclusive of counselling skills and psychotherapy which form the basis of psychological support. Counselling is begun from the time the survivor is first attended to. Parents/guardians also receive counselling to enable them to be supportive to the survivor.
iii. The health personnel providing these services with support from partners specifically Family Support Trust are afforded a chance to further their skills in counseling by sending them to embark on a certificate course on Systematic Counselling with Connect. In 2016, 46 nurses received such training and this programme will continue to be rolled out to all who are providing the services.

iv. Peer Support Groups/Group Psychotherapy for survivors of sexual violence are being established for continuity with psycho-social support. It helps the survivors to have better coping mechanisms in their day-to-day lives and prevent cases of depression et cetera. The groups meet on regular basis where the capacitated health personnel with counselling skills facilitate the meetings.

v. Community Focal Persons, these are volunteer community cadres who are capacitated on issues of child rights including child violence issues. They identify cases of child rights violations, in this case, abuse; gives information to the survivors
and guardians on services available for intervention and they do basic counseling. They refer to the hospital for medical intervention, police and social welfare for further protection. They also assist in follow up of survivors in the community encouraging them to attend Peer Support Groups and to attend livelihoods skills training.

vi. **Livelihoods Skills Training**, those who will not be in school are taught different skills which help them to earn a living, for example hairdressing and cookery.

vii. **Continuing with Education**, during the counselling sessions, for the school going, they are encouraged to continue with education.

Collaboration is done for the school child to be further assisted through the School Psychological Services (where the case might not have been identified in the school).

As the Ministry of Health and Child Care, we do not have statistics of children in Mental Health Institutions Post Traumatic Syndrome following history of sexual violence. This is appreciated as it calls for a
study to find the extent of Post Traumatic Syndrome as related to sexual violence.

PROGRAMMES IN PLACE TO EDUCATE PEOPLE ON THE NEED TO CONTINUOUSLY TAKE ARVS

10. HON. SEN. TIMVEOS asked the Minister of Health and Child Care to explain to the House what programmes are in place to educate the people on the need to continuously take their ARVs in view of the fact that statistics show that men do not like their medication, a situation that has led to a lot of deaths in the country.

THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA): In general, men seem to present late to health facilities for health services and hence record higher mortality associated with HIV compared to women. Some of the reasons include:

- Men have a very poor health seeking behaviour than women; they present with advanced stages of HIV and hence are more likely to die than women.

- On the other hand; women have more opportunities to interact with
health services during pregnancy (antenatal care services) and when they are accompanying their children for immunisation and growth monitoring, they therefore, access services offered at the health facilities much earlier than men.

There are a number of initiatives that the Ministry is pursuing to support people so that they can adhere to their antiretroviral medicines, especially men, pregnant women and adolescent boys.

The following are some of the programmes and communication related initiatives:

- Within the prevention of mother to child transmission of HIV (PMTCT) programme, the male mobilisers and male champions who have been recruited and trained to work with men in the communities. This approach uses the peer influence model so that men can influence each other positively. Some of the issues that they target include; encouraging male partners to get tested, especially when the wife is pregnant and or during the lactation period and if he tests positive. When he tests positive,
he is referred for antiretroviral therapy initiation. After initiation, the community based mobilisers actively follow up the men on ART to encourage them to adhere to treatment. They also form support groups and these are very important to assist each other in dealing with issues that they may be facing. The programme has so far shown positive results although it is only in selected districts due to funding limitations. Resources are being mobilised to scale up this particular intervention.

- The second intervention is adherence, counselling and support. This is offered in the health facilities as part of the package of HIV care and offered by qualified trained and experienced health workers.

- The third thing that we do is wellness workplace based programmes and these are targeting employers and employees who are mostly men to improve their health status.

- The fourth one is outreach teams by health workers from health facilities. These go into the communities together with the
village health workers and this helps in increasing ART initiation and adherence, counselling at community level targeting especially men who otherwise would not seek health care.

- The fifth one is those who are tested through the Voluntary Medical Male Circumcision Programme and found positive are referred for HIV services. The Voluntary Medical Male Circumcision Programme targeting men is an entry point to sexual and reproductive health services.

- The sixth one is men’s health day initiatives. It is a special day set aside to provide comprehensive health services to men. This has been organised by local health facilities and local leaderships. These provide platforms for dialogue with men on health service delivery and to encourage health seeking behaviours among men, including ART adherence. Currently, this initiative is limited due to inadequate resources.
• Finally, special clinics are also being held for men through extending working hours outreach clinics to informal sectors, small scale miners and others to be able to reach them and give them appropriate counselling and ART therapy. I thank you Mr. President.

THE TEMPORARY PRESIDENT OF THE SENATE: Thank you Hon. Minister. I understand that there was a typing error on question 11. The question is by Hon. Sen. Timveos.

PLANS IN PLACE TO SAVE LIVES OWING TO PROHIBITIVE COSTS OF BLOOD

11. HON. SEN. TIMVEOS asked the Minister of Health and Child Care to inform the House what plans are in place to save lives owing to prohibitive costs of buying blood which requires as much as one hundred and twenty dollars ($120,00) a pint.
THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA): Thank you Mr. President of the Senate. I have question 12, I do not have question 11.

USE OF HERBS ON CURING CANCER AND HIV

12. HON. SEN. TIMVEOS asked the Minister of Health and Child Care to inform the House whether herbs can cure cancer and HIV and, if not, to explain why herbs can continue to be sold on the market for such purposes.

THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA): Thank you Mr. President of the Senate and I would like to thank very much Hon. Sen. Timveos for this very important question.

There has not been enough evidence from research, from large randomised clinical trials in particular to prove that herbal medicines do cure these two diseases. This does not mean that herbal medicines should not be used by people suffering from these diseases. Some herbs have been known to ameliorate side effects of medicines and symptoms
of these diseases and also provide some sort of relief on the part of the patient. The patient feels in charge of their illness and thus brings about a positive outlook to life which may benefit therapeutic outcomes of known remedies for these ailments which they are taking.

The cultural element plays a crucial role in determining what a patient takes. The role of the traditional medicine practitioner in our setting has a large influence in the treatment of these two diseases. These players in the health care system know the plants that may help in alleviating the conditions and thus, collaboration with them and with mainstream health care is crucial to establish evidence-based practices.

The advent of Chinese and Indian supplements on our market has also confounded the problem. These two systems are complex in their ways of diagnosis and treatment, and very much dissimilar to western methods. Traditional Chinese medicine is a much personalised therapeutic intervention method and it is difficult to use the same benchmarks of assessing effectiveness of these herbs in large
randomised clinical trials. Patients should visit qualified practitioners before consuming these supplements especially for these two diseases.

Some cancer drugs have been synthesised from plant products and these include the well known

- Vincristine and Vinblastine which are synthesised from the Vinca plant. There is no evidence from the large randomised clinical trials that the plant itself may cure cancer.

- There is also another drug called Paclitaxel which is from the Yew plant. Again, there is no large randomised clinical trial to prove that they cure cancers.

- Others are Topetacan and Etoposide.

In terms of HIV, numerous plants have been used in different societies to boost the immune system of HIV positive patients. In Southern Africa, the African potato and the sutherlandia have been endorsed for their immune boosting capabilities. This is mainly based on in-vitro studies (particularly cell culture) which means inside the
patient, which have identified components in them that achieve these properties. The results have not translated to in-vivo studies that play significantly to prove their effectiveness in curing the HIV.

To this effect, the following steps have been taken by my Ministry to assist in terms of traditional medicine. We now have the traditional medicines directorate whose database we are populating so that traditional health practitioners who claim the cure are on that database. We also have a directorate which coordinates operational research and this is really what we want - operational research and biomedical research to validate such claims.

I have already instituted a Complimentary/Traditional Medicines Research Committee (CTMRC) under the Medical Research Council of Zimbabwe mandated to provide oversight on all research involving herbal medicines and traditional practices. This Committee ensures research involving herbal medicine is conducted using high scientific safety and ethical standards that ensure integrity of data as well as the safety of participants, research staff, the public and the environment.
This platform creates linkages between practitioners of traditional medicine and researchers to validate claims with regards to cure of cancer, HIV/AIDS and other chronic diseases. We are however, careful that the medicines from our traditional healers are going to be patented so that they are not stolen by scientists from outside the country. I thank you.

HON. SEN. CHIEF CHARUMBIRA: Thank you very much Mr. President. It was so nice listening to the Minister of Health and Child Care on these issues. Minister, are these herbs that are sold in the streets and shops registered? We have Chinese, Malaysian herbs and teas all over; how are they brought into the country, how are they regulated? If there is no scientific research to prove that they are actually effective drugs, how does one allow them into Zimbabwe if we do not have any evidence scientifically that they can heal anything?

Hon. Minister, thank you for the effort that you are making to do more research on our traditional herbs because recently, I found out that Mukute is called Jamoon and then they give it a botanical nice name and
it becomes something very mysterious, researched in New York and India yet we are talking about *Mukute*. It said to be very good for high blood pressure and diabetes. All I am saying is that unless a herb has some name which is longer, more confusing, then it is not accepted *zvikangonzi Mukute* then *hapana nyaya chivanhu hazvina nebasa*. So, I am saying, do you register these herbs?

**HON. DR. PARIRENYATWA**: I would like to thank very much our chief for asking that pertinent question. It is true that the whole traditional herbs are under a lot of scrutiny now, positively. In fact, our Ministry is really encouraging research. I have seen a lot of such practitioners coming to my office with bags of *mushonga* saying these heal *makumbo, maziso* and HIV.

However, it is very difficult to then say let us use them. We have encouraged all those people to say let us do some research work by giving you patients with such problems so that we record the progress which we call operational research taking parameters that, how high is your haemoglobin, your HIV CD4 count. However, we will do
operational research but there is the ethical side of it that if a person is HIV positive, you should give them known ARV’s medication. So, it is a very difficult ethical one, whether to try this on someone who is HIV positive. Then we have those who suffer from cancer, they would have reached a stage where the relatives will say, I will go and try traditional medicine. There is no way that we can say no, we actually encourage that, so we use that and let us see. Some of these medicines are just placed in a water jar without any measurement and stay there for say about two hours and then they drink it, but how much has been extracted of that drug – we do not know.

So, there is a lot of room to do operational research. Moringa is a well known immune booster. If one takes it during tea time instead of using our usual teabags of our choice. So, somebody is actually doing that research on Moringa to be able to validate how much drugs there are, how much to take, can you take it as a pill or a tablet? So, it is important that this research in terms of traditional medicine is respected. What we do not like is for these herbs to be just flown Europe and then
come back packed differently and then it becomes foreign to us and we pay exorbitantly. So, we need to also protect our own practitioners.

This issue of the Chinese bringing their herbs, at one time we had *tianche* which took our country by storm. Roughly, it is an immune booster which has not been seen to cure anything. A lot of the Chinese medicines are taken as complimentary medicines; they come in as complimentary medicine. That is why they escape the scrutiny of the Medicines Control Authority of Zimbabwe. The MCAZ is trying to make some of these complimentary medicines to be registered. They are saying *zvanyanya manje*, can we not register anybody who says they have complimentary drugs.

Right Now, there are some who came saying they have stem cell therapy. We need to scrutinise that because it is going to take us by storm if we are not careful. So, you are quite right chief, that these things need us to sit down and open ourselves to the research. Let us not close our doors but also, let us protect our people. If you are on ARV’s, continue taking them. If you want supplementary, just do that but we
will be saying, take ARV medication which are approved to be working so well. So, it is an interesting area which we must scrutinise. I thank you.

*Questions Without Notice were interrupted by THE HON.*

**DEPUTY PRESIDENT OF THE SENATE in terms of Standing Order Number 62.**

**MOTION**

**BUSINESS OF THE SENATE**

**HON. SEN. TIMVEOS:** Thank you Mr. President. I move that Order of the Day, Number 1 on the *Order Paper*, be stood over until all the Orders of the Day have disposed of.

**HON. SEN. MARAVA:** I second.

Motion put and agreed.

**MOTION**
SADC MODEL LAW ON ERADICATING EARLY CHILD MARRIAGES

Second Order read: Adjourned debate on motion on SADC Model Law on eradicating Child Marriages.

Question again proposed.

HON. SEN. MOHADI: I move that the debate do now adjourn.

HON. SEN. MAKONE: I second.

Motion put and agreed to.

Debate to resume: Tuesday, 21st February, 2017.

On the motion of THE MINISTER OF HEALTH AND CHILD CARE (HON. DR. PARIRENYATWA), the Senate adjourned at Twenty-Minutes to Five o’clock p.m. until Tuesday, 21st February, 2017.