

# PARLIAMENT OF ZIMBABWE

*Tuesday, 9<sup>th</sup> June, 2026*

*The Senate met at Half-past Two o'clock p.m.*

## PRAYERS

(THE HON. PRESIDENT OF SENATE *in the Chair*)

**HON. SEN. BVUMO:** Thank you Hon. Madam President. I rise on a point of national interest, which is to unequivocally condemn in the strongest sense the word barbaric violence that recently reared its ugly head at Chahwanda Stadium in Kwekwe thereby directly affecting the integrity, reputation and transparency of football in the country.

We say no to violence in all its forms, and call upon the authorities to mete out the worst punishment ever to curb this scourge. Football is there to unite us and it should remain so. I thank you.

## MOTION

### BUSINESS OF THE HOUSE

**HON. SEN. MUZENDA:** Thank you Madam President. I move that Orders of the Day, Numbers 1 to 14 on today's *Order Paper* be stood over until the rest of the Orders of the Day are disposed of.

**HON. SEN. GOTORA:** I second.

Motion put and agreed to.

### **MOTION**

#### **PUBLIC AWARENESS CAMPAIGNS TO DEMYSTIFY ALZHEIMERS DISEASE AND NEURODEGENERATIVE DISORDERS**

Fifteenth Order read: Adjourned debate on motion on the prevalence of neurodegenerative related diseases across sub-Saharan Africa.

Question again proposed.

**HON. SEN. KABONDO:** Thank you Madam President. I want to thank you for this opportunity for allowing me to debate on this motion that was brought by Hon. Senator Tongogara.

I rise to support Senator Tongogara's motion on the growing prevalence of Alzheimer's diseases, dementia and related neurodegenerative disorders in sub-Saharan Africa and Zimbabwe in particular. This is a very important motion to me because all of us here are soon to be candidates for this kind of disease. So, it is really important to me. I am glad because we got this opportunity to discuss

and come up with better solutions on how to handle it when we still can.

This motion is timely. Our country, like many others, is undergoing demographic shifts with more people living longer. While increased life expectancy is welcome, it brings new health challenges. Among them is the rising burden of dementia and Alzheimer's conditions that erode memory, cognition, behaviour and ultimately, a person's dignity and independence. The greater concern is that these conditions remain under-recognised, under-diagnosed and widely misunderstood.

In Africa, over 75% of dementia cases go undiagnosed. Many families see symptoms like memory loss, confusion or personality changes as normal for ageing or worse as witchcraft or spiritual affliction. The result is stigma, neglect, isolation for people who need care and compassion. In rural areas, Madam President, elderly citizens with dementia are often abandoned or mistreated simply because their families do not understand what is happening. We cannot allow our elders to suffer in silence.

We must also acknowledge the burden on caregivers, Madam President. Most are women and young relatives who sacrifice their education, work and wellbeing to provide care without training or support. The emotional and financial toll is severe. For these reasons, I support the call for the Ministry of Health and Child Care, working with other ministries, to run a nationwide public awareness campaign. Education is our first defence. Communities need to know that dementia is a medical condition, not a case.

I also back the creation of a National Dementia Strategy. This will give us a coordinated approach to early diagnosis, treatment, caregiver support, rehabilitation and long-term planning. Many countries have already adopted dementia action plans in line with the World Health Organisation's Global Action Plan, and Zimbabwe should do the same.

Integrating basic mental health education into schools is another key step Madam President. Teaching young people about ageing and these diseases will build empathy and more compassionate society. Strengthening community health systems is equally urgent. Village health workers are often the first point of contact in rural areas. With

training to spot early signs of dementia, they can help families get timely help and reduce suffering.

Finally, I support increased investment in local research and declaration of a National Dementia Awareness Month. We need better data to guide policy and regular national conversations to break stigma and encourage shared responsibility.

In conclusion, dementia is not just a health issue, it is a social, economic and human rights issue. How we treat our elderly reflects on who we are as a nation. Let us act now to ensure people living with Alzheimer's and dementia receive the dignity, care and support they deserve. I thank you.

**THE HON. PRESIDENT OF SENATE:** Thank you very much, Hon. Senator. From the enthusiastic applause of the audience, it is clear that they recognise the importance of addressing this issue promptly.

**\*HON. SEN. SHIRI:** Thank you Madam President. I would like to express my support for the motion brought before this esteemed House by Hon. Sen. Tongogara. This motion is particularly relevant in our country, Zimbabwe.

The statistics clearly indicate that dementia is affecting a significant number of people. Currently, 27 377 individuals have been diagnosed with dementia, a condition that leads to forgetfulness and can result in various behaviours, including wandering and neglecting personal care.

Unfortunately, some affected individuals may even commit crimes and many are being neglected by their families. If we examine this issue closely, Madam President, we find that acceptance of dementia is lacking in our society. Many families struggle to acknowledge that their loved ones are suffering from this condition. Some children even resort to sending their elderly parents to nursing homes, believing they can no longer care for them due to dementia.

I have witnessed this first-hand with a cousin who exhibited forgetfulness, running in and out of the house, convinced she had lost her glasses at church, even though she was wearing them. We need to recognise the reality of dementia in our communities. Projections suggest that the number of cases could rise to 80 386 by 2050, which is an alarming increase of 199%. This condition is significant and may be influenced by our dietary habits and lifestyle choices.

Yesterday, I attended a funeral in Bulawayo for our grandmother, who lived to be 110 years old and did not suffer from dementia. This highlights the importance of diet and lifestyle in preventing such conditions. Unfortunately, there is a pervasive social stigma associated with dementia, where affected individuals are often labelled as witches or ostracised within our culture. We must educate our communities about dementia to foster acceptance and support for those affected.

Just as we raise awareness about other diseases like kwashiorkor, we need to prioritise education about dementia. This issue can create barriers between individuals and their families but there are organisations already working to educate the public about dementia.

We also commend the Government for appointing directors responsible for mental wellness. Every Wednesday, there are wellness initiatives, even within Parliament. Many people, after leaving this House, head home, consume excessive amounts of starch and neglect physical exercise, which can contribute to various health issues, including dementia.

Our behaviours significantly impact our health. The directors assigned to the 26 ministries must ensure that they follow directives aimed at promoting mental wellness. We should also take time to disconnect from our devices and engage in meaningful conversations about our mental well-being.

Oftentimes, the issues affecting us are rooted in our minds, leading to isolation and solitary behaviour. We must recognise that dementia awareness has increased in our communities, yet many still exhibit forgetfulness, as evidenced by the items left behind in this House.

It is common for Members to remind each other about forgotten belongings, highlighting the prevalence of forgetfulness. The Ministry of Health must take decisive action to address dementia, including promoting traditional medicine, healthy diets and effective stress management.

Presently, women are participating in wellness initiatives but societal expectations often restrict their opportunities to socialise. In contrast, men have more chances to connect at traditional courts, beer halls and churches.

Let us create spaces for social interaction within our communities, including churches and Parliament, where we can empathise with one another and support those in need. It is crucial for us, as leaders, to understand and assist individuals experiencing dementia.

As Hon. Members of this House, we must actively educate the public about dementia, highlighting its causes and symptoms, as confusion can lead to severe consequences, including parents forgetting their children.

Ultimately, dementia affects everyone and if left unaddressed, it will result in a growing number of individuals classified as disabled. As a nation, we can combat dementia by fostering social connections and ensuring that our ministries work collaboratively to support affected individuals. I thank you.

**HON. SEN. MUPFUMIRA:** Thank you Madam President, for allowing me to contribute to this motion raised by Hon. Sen. Tongogara. I do it with conviction, knowing that some of us here are now in that era. The Hon. Senator has done this House a great deal by

placing before us a subject that is far too long-lived in the shadows of our national health discourse.

Dementia is not a condition that belongs only in the corridors of hospitals or in the hushed conversations of families. It is a condition that deserves the full weight of this Senate's attention, our collective conscience and our legislative will.

Madam President, let us ground this debate in the reality that confronts Zimbabwe. More than 55 million people are living with dementia worldwide. Sub-Saharan Africa alone, the figure is 2.1 million in 2015 and is projected to reach 7.6 million by 2050.

Every figure represents a grandmother, a grandfather and a parent, someone who once knew every face in the family but now struggles to recognise the very children they raised. Closer to home, approximately 27 000 Zimbabweans are currently living with dementia, a figure expected to triple to 80 000 by 2050. Yet even these estimates are likely understated.

When a condition is underdiagnosed and widely misunderstood, the numbers we count are inevitably fewer than the numbers that really exist. This is a development to celebrate, but it also means that

age-related conditions, including dementia, will become an increasingly prominent feature of our public health landscape if we do not act now.

Madam President, when we speak of dementia in the elderly, we cannot separate that conversation from the material reality of how Zimbabwe cares or fails to care for its older citizens. The picture is deeply troubling. In one of the committees, we went around Zimbabwe visiting old people's homes in all the provinces and all the homes were not owned by the State. They are owned by other institutions; they have no money and the people are really living in very bad conditions.

We have only a handful of Government-supported residential facilities. The majority are supported or operated by NGOs, faith-based organisations, or private entities and several of which save former migrant workers from Malawi, Zambia and Mozambique who have no extended family to fall back on.

A 2018 Parliamentary Committee on Labour Social Welfare Report found that residents of State-linked homes face poverty,

financial constraints, poor infrastructure and a gap in healthcare access as defining features of their daily lives.

Many facilities lack even a residential nurse. One documented case captures the indignity of an elderly woman who was dying in a rural home but could not be transported to a clinic 50 kilometers away because the only available bus had broken down. That is not an isolated story. It is a symptom of systemic neglect.

The pension system compounds this suffering. While at NSSA, there is a minimum payout, which currently stands at USD30 a month. This is not enough for a basic food basket. For a family of six, it costs USD 440; our adults are being asked to survive on a fraction of what international poverty thresholds consider the floor of human dignity.

Pension funds were devastated Madam President, by the hyperinflation of 2007 and 2009 and many pensioners received as little as five dollars for nothing. In their entire retirement benefit, after the demonetisation of the Zimbabwe dollar, while compensation processes were initiated from 2024, the damage to the livelihoods and

dignity of the entire generation of Zimbabweans who worked and contributed cannot be undone.

It is against this backdrop that the Senate must confront a hard truth. Zimbabwe does not yet have the infrastructure, the funding, or the policy architecture to care for a rapidly aging population.

Culturally, we have always prided ourselves on family-centered care for hours, but pervasive poverty, HIV and AIDS pandemic, devastating toll on working-age adults and the economic pressures of recent decades have quietly eroded the tradition.

Growing numbers of older Zimbabweans, including those with dementia find themselves isolated and poor without adequate care.

This is a national shame that this House must speak against with clarity and force. What makes the situation in Zimbabwe particularly troubling is not only the scale of the condition, but the layer of stigma and misunderstanding that surrounds it.

In many of our communities, elderly persons who begin to lose their memory, who wander at night and who speak to people no longer there, are not seen as someone well. They are seen as someone who is bewitched or a witch. Families are torn apart by accusations.

Elderly women are chased from their homes. Elders who spent their entire lives building families in communities are dying without dignity, without understanding and without care.

The consequence of this stigma is that the families delay seeking medical help when they do seek it. The diagnostic capacity is often not there to meet them. Zimbabwe has a severe shortage of geriatric specialists. Most hospitals have no capacity to diagnose dementia. Countless Zimbabweans are living with an undiagnosed condition, receiving no treatment, no support and no dignity in their final years.

Madam President, I wish to bring particular focus to the dimension of the crisis that this House, as a Chamber with a strong commitment to gender equity, must take seriously. The burden of caregiving for persons living with dementia falls disproportionately on women, the daughter, the daughter-in-law and the granddaughter, who absorb the daily exhausting and often invisible labour of caring for a parent or grandparent with dementia. This care is physical, economic and psychological.

Women who are primary caregivers frequently reduce or abandon their own employment to fulfill this role, with no

compensation, no respite and no recognition. When women bear the overwhelming majority of this burden without support, without policy recognition and without financial protection, we are effectively taxing our women for the failures of our public health system. This Senate must speak against that clearly.

Section 2076 of the Constitution guarantees every citizen the right to health care. Section 82 specifically protects the rights of older members of society, requiring the State to take reasonable measures to ensure that older persons receive appropriate care and support. The absence of a structured national response to dementia, no national strategy, no diagnostic capacity and no caregiver support is not merely a policy gap. It is a people's right, the Protocol on the Rights of Older Persons in Africa and the United Nations Principles for Older Persons. A person who is living with dementia does not lose their rights because they have lost their memory.

Madam President, one of the most powerful and underutilised tools in this debate is prevention. The 2024 Lancet Commission on Dementia Prevention, among the most authoritative global bodies on the subject, concluded that up to 45 percent of all dementia cases

could potentially be prevented or delayed by addressing 14 modifiable lifestyle risk factors. This is not small; this is nearly half of all cases prevented, not through expensive drugs but through the choices we make in the conditions we create across our lifetimes.

Zimbabwe, with its youth-heavy population of 42% under the age of 25, has a unique and time-sensitive opportunity to embed dementia prevention into national health education before the tide of ageing crests. The food we eat is among the most powerful determinants of brain health. Research consistently shows that the Mediterranean diet and its variants, rich in fruits, leafy green vegetables, fish, nuts, olive oil and whole grains while limiting processed foods, sugar and red meat, significantly reduce the risk of cognitive decline in dementia.

These are not foreign luxuries. Many of the recommended foods are grown in Zimbabwe. *Muriwo*, *matemba*, groundnuts, sweet potatoes and legumes align closely with what nutritionists recommend for brain health. The challenge is not what is unavailable but what is being displaced by ultra processed foods by sugar-heavy beverages and by the cultural drift away from traditional diets. Type 2 diabetes

is a known and serious risk factor for Alzheimer's and diets that prevent diabetes protect the brain as well. Our schools, clinics and media must all carry this message.

Regular physical exercise is among the most evidence-backed protective factors against dementia. Studies show that exercising at least three times per week brisk walking, swimming, dancing, football, gardening or any activity that elevates the heart rate can physically stimulate brain growth, particularly in the hippocampus, the region most affected by Alzheimer's disease. Exercise increases proteins in the brain that support neuron survival and growth; it also reduces inflammation, manages blood pressure, controls weight and combats depression. Zimbabwe has no shortage of affordable physical activity. What it lacks is the national health culture that frames movement as brain protection, not vanity.

Sleep is when the brain clears toxic waste including the amyloid proteins that accumulate in Alzheimer's disease. Chronic poor sleep is now recognised as both a risk factor and an early symptom of dementia. Seven to eight hours of quality sleep each night is not a luxury it is brain maintenance. Stress management, avoidance of

alcohol and nicotine and a consistent sleep routine are all scientifically supported ways of protecting long-term cognitive health.

Education is one of the most powerful and earliest protections against dementia. The Lancet Commission identifies failure to complete secondary education as a risk factor established in early life. Higher education builds what scientists call cognitive reserve the brain's capacity to compensate for damage before symptoms appear. The protective effect of mental stimulation does not end at school. Reading, engaging in community activities, learning new skills, pursuing creative hobbies and maintaining strong social connections throughout adulthood all build and sustain that reserve. Loneliness and social isolation, by contrast, are significant dementia risks. A person who is intellectually active, socially connected and purposefully engaged in midlife and old age carries a meaningfully lower risk.

Uncontrolled high blood pressure, obesity, high cholesterol, and diabetes are among the list of modifiable dementia risk factors. Many of these conditions are preventable and treatable and addressing them in midlife between the ages of 40 and 65 has the greatest impact on

dementia risk in later life. This makes primary healthcare not just a treatment system but a dementia prevention system. Every clinic that screens for hypertension, every health worker who counsels diet and exercise, every community programme that supports mental health they are all knowingly or not in the business of protecting Zimbabwe's cognitive future.

Zimbabwe has no standalone National Dementia Strategy or Action Plan. Dementia is not adequately addressed in the current National Mental Health Policy or National Health Strategy. There is no coordinated national public awareness campaign on dementia.

While the Zimbabwe Alzheimer's and Related Disorders Association (ZARDA) does commendable work, it operates without the scale that a national crisis demands. There is no formal support framework for dementia caregivers, no respite care services, no caregiver allowances, no training programmes, and no psychosocial support.

The people who carry the heaviest burden are completely invisible to the State. There is also an urgent need for national dementia prevalence data, and for dementia care to be integrated into

undergraduate and postgraduate medical and nursing curricula at every level.

Madam President, this motion calls this Senate to act on multiple fronts simultaneously. We need a National Dementia Strategy, a dedicated, funded, time-bound plan that addresses diagnosis, care, caregiver support, public awareness, and research. We need a serious reinvestment in government-supported residential care for the elderly, raising the standard of facilities above the poverty and neglect documented by parliamentary committees. We need a pension system that pays elderly Zimbabweans above the international extreme poverty line because a person who spent decades contributing to this nation deserves better than USD30 a month. We need EMA, the Ministry of Health, the Ministry of Education, faith communities, local authorities, and the media all actively carrying the message of dementia prevention and the lifestyle choices diet, exercise, sleep, mental engagement, social connection that science tells us can protect the brain across a lifetime.

We speak in this Senate about Vision 2030 and leaving no one behind but a vision that does not include the elderly, the frail, and the

cognitively vulnerable is not a complete vision. The Zimbabwean who built this nation, who fought for its independence, who raised the generation now sitting in this chamber that person, living with dementia in isolation, without diagnosis, without care, without dignity is our failure and we have the power today to begin correcting it.

I want to conclude by drawing attention to this Senate to a matter of urgent legislative significance. The National Health Insurance Bill has been talked about for years, maybe more than five years, which this country has long must not be allowed to pass through this Parliament without explicit, robust and enforceable provisions for the medical and health needs of the elderly. Let us be clear, a National Health Insurance framework that is silent on the specific vulnerabilities of older persons is not a comprehensive framework. It is an incomplete one. The elderly in Zimbabwe face a distinct and compounding set of health challenges and age-related issues.

I rise to address that we take this issue seriously because maybe half of us in here are already in that era and we must try to make sure that the children coming before us do not get into the mess we are in

at the moment, where I forget my car keys and cannot remember where they are. It is so depressing. So, we must do all we can as a community, Government, and individuals to make sure that we take this issue seriously. I thank you.

**\*HON. SEN. MUNZVERENGWI:** Thank you Madam President. I stood up to add my voice to the motion that was moved by Hon. Sen. Tongogara about dementia. After listening to the statistics and the figures, which highlight that we have over 27000 people who suffer from dementia and in our old age we become senile. The challenge that we face as a nation is that in other families, family members do not understand that there is a disease or an illness called dementia. Sometimes they say maybe the elderly person is not mentally sane. Sometimes other stories are said because people do not understand. Do families understand that as you grow older you begin to behave like a child, sometimes organising and reorganising things? Sometimes people do not look after the elderly.

Dementia is an illness, which is more prevalent in women. At times when you suffer a lot, you end up appearing as an insane person. At times you speak to yourself or you talk to yourself. The

issue that I want to emphasise to our children when they go to the diaspora. They go to care homes. When you look at care homes, you would find that they are looking after old people who are suffering from dementia. Sometimes people with dementia behave differently. Our young people are employed in other countries to look after those with dementia.

So, coming back to this august House, I want to say that is there a particular programme where those who suffer from dementia are going to be institutionalised? Sometimes you would find that this could be a widower who is suffering from dementia but people shun the elderly; they do not want to assist them. My question is, how can we address this? Could the Minister of Health and Child Care look into the issue so that, as the issue becomes prevalent, people suffering from dementia get to be looked after and also there is a need for educating families so that they understand how to treat these people and also look at their welfare. It is quite important to look at their welfare. Dementia is not unique to certain individuals but it can affect everyone. As you grow older, you face the vulnerability of suffering from dementia. So, we really need to look at the issue of educating

families that when their elderly family members suffer from dementia, they should go to hospitals and going to the hospitals, do we have doctors who understand that when an elderly person comes to the hospital, they should educate families on how to look after those suffering from dementia.

Sometimes the elderly are dumped by the roadside and at times they are neglected but we need to understand that this is how dementia is and how it affects the elderly. So, the issue of having competent medical professionals in hospitals is quite important in terms of addressing dementia and also coming up with special programmes, whether in villages where village heads have meetings with families. At one point, we had a challenge where prophets were coming into communities; sometimes when someone collapses because of diabetes, you, would find that the prophet would say that this person has been bewitched. Sometimes this can happen because of lack of knowledge.

So, the issue of dementia, which was brought by Hon. Sen. Tongogar, is quite pertinent to us as a nation so that we formulate programmes which are going to benefit those who suffer from

dementia. Sometimes it is difficult for them to take their medication without assistance. So, it is important to educate families so that they understand the importance of looking after those who suffer from dementia. Thank you Madam President.

**HON. SEN. BVUMO:** Thank you Madam President for allowing me to give my voice on this very important motion raised by Hon. Sen. Tongogara. At the outset, permit me to commend the mover of the motion for bringing it before this august House, a matter of growing national significance, one which touches upon the health, dignity and welfare of some of the most vulnerable members of our society. It is fitting that this debate is taking place in the Senate. By its very composition, this House is a repository of wisdom, experience and institutional memory, drawing its membership largely from the senior citizens, traditional leaders and distinguished combatants who have dedicated the greater part of their lives to the service of this nation. Yet it is this very demographic that is, disproportionately susceptible to dementia and other neurodegenerative disorders.

Accordingly, Hon. President, this Chamber is uniquely positioned to appreciate both the human and societal implications of these conditions. Indeed, if we are to discharge our constitutional obligation to protect the rights and welfare of older persons, we cannot remain indifferent to a disease that gradually erodes memory, cognition, independence and ultimately, the dignity of those affected by it. Dementia is not merely a medical condition. It is a social, economic and humanitarian challenge. It progressively impairs an individual's ability to reason, communicate, recognise loved ones and perform the ordinary tasks of daily living. In many instances, the condition transforms one's vibrant and productive citizens into individuals who depend upon others for their care and survival. What is particularly concerning is that dementia remains poorly understood in many of our communities.

Symptoms such as memory loss, confusion and behavioural changes are often dismissed as a natural consequence of ageing or regrettably attributed to superstition and other misconceptions. Such misunderstandings frequently result in delayed diagnosis, social stigma and the unnecessary suffering of both patients and their

families. The burden of dementia extends far beyond the individual patient. It imposes immense emotional, physical and financial strain upon families and caregivers, many of whom are compelled to sacrifice employment opportunities, income and personal wellbeing to provide round-the-clock care. In the absence of adequate institutional support, the responsibility of care rests almost entirely upon households that are grappling with economic challenges. Furthermore, the increasing prevalence of dementia presents a growing challenge to our health care system. The demand for specialised neurological and geriatric services continues to rise, yet access to such services remains limited, particularly in rural and underserved communities. This living reality underscores the urgent need for deliberate policy interventions and strategic investments in elderly health care.

There is also a compelling constitutional dimension to this matter. Section 82 of the Constitution of Zimbabwe guarantees the rights of older patients and obliges the State to take reasonable measures to ensure that they receive care, support, and protection. It therefore follows that addressing dementia is not merely a health care imperative; it is a constitutional responsibility and a moral obligation

owed to those who have contributed immeasurably to the development and prosperity of our nation.

I therefore strongly support the cause contained in the motion for the formulation of a comprehensive national dementia strategy, the strengthening of specialised health care services, the expansion of public awareness programmes, the training of health care personnel, and the establishment of support mechanisms for caregivers. Such measures would not only improve health outcomes but also preserve the dignity and quality of life of thousands of Zimbabwean families. As a nation, we must prepare for the realities of the ageing population.

The measure of a civilised society lies not only in how it nurtures the young, but also in how it honours, protects, and cares for its elderly citizens. A nation that forgets its elderly loses part of its own memory. As dementia threatens the memories of our senior citizens, let the Parliament ensure that their welfare is never forgotten. By supporting this motion, we are not merely debating a disease; we are defending human dignity, honouring those who built our nation, and securing a compassionate future for generations to come. So, with

these remarks, I fully support the motion probably raised by Hon. Sen. Tongogara. Thank you very much.

**HON. SEN. TONGOGARA:** Thank you Mr. President. I move that the debate do now adjourn.

**HON. SEN. MOHADI:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

## **MOTION**

### **REPORT OF THE ZIMBABWE GENDER COMMISSION FOR THE YEAR 2024**

Sixteenth Order read: Adjourned debate on motion on the Report of the Zimbabwe Gender Commission for the year 2024.

Question again proposed.

**HON. SEN. MUZENDA:** Mr. President, I move that the debate do now adjourn.

**HON. SEN. GOTORA:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

## **MOTION**

REPORT OF THE DELEGATION TO THE 58<sup>TH</sup> PLENARY  
ASSEMBLY OF THE SADC PARLIAMENTARY FORUM HELD  
IN SOUTH AFRICA FROM 30<sup>TH</sup> NOVEMBER TO 5<sup>TH</sup>  
DECEMBER 2025

Seventeenth Order read: Adjourned debate on motion on the Report of the Delegation to the 58<sup>th</sup> Plenary Assembly of the SADC Parliamentary Forum held in South Africa from the 30<sup>th</sup> November to 5<sup>th</sup> December, 2025.

Question again proposed.

**\*HON. SEN. MBOWA:** Thank you Mr. President. I want to start by thanking all Hon. Senators who debated the motion on the Report of the SADC Parliamentary Report, which was brought to this august House. I now move that the House adopts the motion that this House takes note of the Report of the delegation to the 58<sup>th</sup> Plenary Assembly of the SADC Parliamentary Forum held in South Africa from 30<sup>th</sup> November to 5<sup>th</sup> December 2025.

Motion put and agreed to.

**MOTION**

REPORT OF THE THEMATIC COMMITTEE ON CLIMATE  
CHANGE ON THE INQUIRY INTO THE STATE OF WETLANDS  
IN HARARE

Eighteenth Order read: Adjourned debate on motion that this House considers and adopts the Report of the Thematic Committee on Climate Change on the inquiry into the state of wetlands in Harare.

Question again proposed.

**HON. SEN. NYATHI:** Thank you Mr. President, for giving me this opportunity. Mr. President, wetlands are not swamps to be filled and built upon. They are nature's water factories. They clean our water. They hold floods. They recharge our underground water. They keep our rivers flowing. When we destroy a wetland, we are not just removing a patch of such ground. We are removing the very system that keeps our taps running and our families safe.

Mr. President, in Harare alone, more than half of the wetlands are already gone or severely damaged. Suburbs like Budiro, Kuwadzana, Marlborough, Borrowdale and Glenview now sit on what were once thriving wetlands. Lake Chivero and Lake Manyame are water sources for millions of Harare residents and are now at serious

risk of contamination. This is not a future problem; it is happening right now.

Our international obligations are being violated. Mr. President, Zimbabwe is a proud signatory to the Ramsar Convention on Wetlands. We hosted the Ramsar COP15 in Victoria Falls in 2025, showcasing ourselves to the world as a nation committed to wetlands conservation. Yet at home, internationally protected wetlands linked to Mana Pools and Lake Chivero are being fenced off, reclaimed and built upon. We cannot stand before the world and speak conservation while destroying our own wetlands behind closed doors. That is hypocrisy and this Senate must say so plainly.

Mr. President, this is not abstract. When wetlands are destroyed, floods get worse because there is nothing left to absorb the water. Waterborne diseases increase because our natural water filters are gone. Food production suffers because irrigation systems dry up. The communities that suffer most are not the wealthy developers building on these wetlands; they are the ordinary families in the high-density suburbs of Budiro or Kuwadzana who drink from Lake Chivero and who watch their homes flood every rainy season.

Mr. President, our Committee is calling for clear and immediate action. First, an immediate moratorium, a full stop on any further allocation of wetlands across the country, not tomorrow but now.

Second, all wetlands must be formally declared ecologically sensitive areas under law so that no council, no minister and no land baron can touch them.

Third, an inter-ministerial commission of inquiry must be established to investigate how wetland stands were allocated, who authorised them and who benefited.

Fourthly, the Zimbabwe Anti-Corruption Commission and the Office of the President and Cabinet must step in. This has gone beyond the capacity of environmental agencies alone.

Fifth, environmental impact assessment must be independently reviewed so that the manipulation we uncovered where rejected projects were later mysteriously approved can never happen again. I urge every Hon. Senator to support this report fully and to send a clear message that

Zimbabwe's wetlands are not for sale. I thank you Mr. President.

**\*HON. SEN. CHITSAMBA:** Thank you very much Madam President of Senate. I stand up to support the motion that was brought by Hon. Sen. Mupfumira. This is not something that we are used to in Parliament, we must be responsible for what is going on. This shows that Zimbabwe is being destroyed slowly. We must be able to work together as a country. We want to know the measures that are being taken by the Government to protect our wetlands. The Government is urging people not to build on wetlands because if our wetlands are destroyed, we do not lose greener areas only but we lose water conservation areas. We will also be polluting the water that is meant for human consumption. Yes, we do have the law but this is not enough, this debate is reminding us that we must always follow the laws.

The laws must not be applied selectively, everyone who breaks the law must be brought to book. This problem is not in Harare only, all the wetlands have been destroyed and this is the problem that we are facing now. Places like Kuwadzana, Budiro, Malborough, Borrowdale and Greendale you can see that these are now residential stands, schools and business centres. All these things were built on

wetlands. Places like Lake Chivero, Lake Manyame provides water to millions of people in Harare, these rivers now face risk of contamination. Madam President, I agree with Hon. Sen. Mupfumira that Government must intervene in these issues as their will lead us to more problems. Environmental Management Agency (EMA) is failing to control this problem because it is failing to preserve our wetlands. Councils must act in accordance with the existing laws. If people build on wet land, they risk their houses being flooded during the rainy season. The Government through the Zimbabwe Anti-Corruption Commission must look at this issue and also the land barons who are selling wet lands. I urge that the Ministry of Local Government and Public Works and Ministry of Environmental, Climate and Wild Life to work together to curb this problem.

**THE TEMPORARY PRESIDENT OF SENATE:** Order Hon. Senate I do not understand you when you say *Mai Mutungamiriri*.

**HON. SEN. CHITSAMBA:** I am respecting you by saying *Mai Mutungamiriri* sorry Madam President.

**THE TEMPORARY PRESIDENT:** Ok continue.

**HON. SEN. CHITSAMBA:** Following Zimbabwe's hosting of the UN Convention on Wetlands (Ramsar COP15) in Victoria Falls, the country has positioned itself at the forefront of wetlands preservation.

Lastly, I want to say that if we destroy our wetlands, we will not be able to restore them back. We must not just talk, we must act. December 2025 the Government tried very hard to prevent people from building on wetlands. The wetlands take a lot of years to build but they can be destroyed within a short space of time. The few wetlands that we have so far must not be destroyed, we must preserve these for the future generations. I support this motion and I thank you.

**HON. SEN. L. SIBANDA:** Thank you Madam President of Senate for the opportunity that you have given me. I stand here with a heavy heart because what we are debating today is not just about grass, mud or water. It is about the future of Harare and the children who live in it. The report brought by Hon. Sen. Mupfumira is telling us what many of us already see with our own eyes.

Madam President Ma'am, if you drive around Harare, where they used to be velds that hold water in the rainy season, now you see

foundations for houses where children used to play and where cattle used to graze, you see malls and stands for sale. Investigations tell us that 2% of wetland in Zimbabwe have already been damaged. In Harare, less than 5% of our 47 Gazetted wetlands are still intact. That means that we are losing the very spongy land that soaks up rain and release it slowly to keep our boreholes and Lake Chivero alive. We are paying the price, last year along Madam President Ma'am, Harare had over 50 flooding incidents, streets became rivers, houses were destroyed, lives were lost and in 2022, over 10000 people fell sick because of cholera and typhoid.

When we destroy wetlands, we destroy our natural water filters, sewage and waste flows straight into the water that we drink. Madam President of Senate, I am not here to blame one ministry or one council, the problem is bigger than that. Our laws are good on paper, the 2022 National Wetland Policy is solid, the Environmental Management Act says wetlands must be protected but on the ground we see houses being built, laws ignored and the environmental assessment is done after the bulldozers have already moved in.

**HON. SEN. L. SIBANDA:** Madam President, I think of the mothers in Kuwadzana, in Dzivarasekwa, who queue for water at 3 a.m. because the boreholes are drying up. I think of the families in Marlborough and Budiro whose houses flooded last year because a wetland upstream was built over. This is not an environmental issue for NGOs. This is a bread-and-butter issue for every Harare resident. So I support this report, Madam President, but support alone is not enough; we must act.

1. We put an immediate stop to new allocations of land on wetlands until we know what is left.

2. We set up a commission to look at how these stands were allocated and hold people accountable.

3. We give EMA tips if they issue a stop order. It must mean stop, not wait until we finish building.

Madam President, Harare was built on wetlands. If we kill the wetlands, we kill the city. Let us not be the Parliament that watched Harare run dry while we debate. Let us be the Parliament that acted. I so submit.

**^^HON. SEN. MALULEKE:** Thank you for allowing me to contribute to this motion. I was a member of this Committee and I would like to express my gratitude to the Hon. Chair for presenting the report that highlights our findings. We observed that the council and land barons engaged in the illegal sale of land. During the rainy season, many houses and schools were destroyed and numerous individuals lost their properties due to illegal settlements in these areas.

Our primary appeal is that before any payments are made for these stands, prospective buyers should conduct a site visit to assess the conditions of the land. Given the difficulty in securing funds, they must not waste their money on unsuitable properties.

Additionally, we must collaborate with the Environmental Management Agency (EMA) as many issues were uncovered, revealing that the allocated lands were often in unsuitable locations. We toured various sites and witnessed these conditions firsthand.

Madam President, as a Committee, we have conducted thorough inspections. I do not wish to prolong my remarks but I would like to thank Madam President of the Senate and acknowledge the Hon.

Chair for presenting the report accurately regarding our observations on the ground.

I urge the responsible Hon. Minister for Local Government to visit these sites and ensure that all resolutions proposed by the Committee are implemented effectively.

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

**HON. SEN. TSOMONDO:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

## **MOTION**

### **ENACTMENT OF LEGISLATION TO PROHIBIT ACCESS TO HARMFUL COMMERCIAL SOCIAL MEDIA PLATFORMS TO CHILDREN UNDER SIXTEEN**

Nineteenth Order read: Adjourned debate on motion on unrestricted access to social media platforms by children.

Question again proposed.

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

**HON. SEN. TSOMONDO:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

### **MOTION**

#### **ESTABLISHMENT OF A PROGRAMME TO PROTECT AND GROW ZIMBABWE'S NATIONAL HERD**

Twentieth Order read: Adjourned debate on motion on recurring outbreaks of livestock diseases.

Question again proposed.

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

**HON. SEN. MACKENZIE NCUBE:** I second.

Motion put agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

### **MOTION**

#### **RESUSCITATION OF THE MANUFACTURING SECTOR**

Twenty-first Order read: Adjourned debate on motion on challenges faced by Zimbabwe's manufacturing sector as a result of prolonged industrialisation.

Question again proposed.

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

**HON. SEN. NDEBELE:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

## **MOTION**

### **STIFFER PENALTIES FOR PERPETRATORS OF CHILD MARRIAGES**

Twenty-Seventh Order read: Adjourned debate on motion on the prevalence of early child marriages and teenage pregnancies among communities.

Question again proposed.

**\*HON. SEN. TONGOGARA:** Thank you Madam President, for giving me the chance to speak on this motion that was brought in here by Hon. Sen. Chakabuda on early child marriages. These marriages result in girls getting pregnant at very young ages. This issue started a long time ago and it has been discussed, but we have not seen any progress.

It was shown in the report of Hon. Sen. Chakabuda that poverty is what is causing early child marriages. If poverty is like this, it causes children from poor backgrounds to copy those from rich backgrounds who can afford eating Chicken Inn, whilst those from poor backgrounds eat *maputi*, resulting in those from poor backgrounds going out with sugar daddies. They will be swayed by cars and they will be told you cannot be eating *maputi*, let us go and get some Chicken Inn. That is where children's lives get ruined because they are not getting their basic needs.

Another reason found is that parents are going outside the country, saying they are working for their children, but those children remain alone at home without being looked after and without anyone giving them rules for them to grow up as good children; they have to follow certain rules.

If parents are out, the children remain alone and end up doing what they want; that is why you heard that there were things like vuzu parties, because children were alone and there were no guardians.

Diseases such as HIV and AIDS and COVID 19 caused the death of many parents and as a result most children became orphans who had to take care of other siblings.

*An Hon. Member having passed between the Chair and the Hon. Member speaking.*

**THE TEMPORARY SPEAKER (HON. SEN. A. DUBE):**

Order, Hon. Sen. Tongogara. Hon. Sen. Mupfumira, are you coming here?

**HON. SEN. MUPFUMIRA:** No.

**THE TEMPORARY SPEAKER:** Can you go to that entrance?

Hon. Tongogara, may you continue.

**\*HON. SEN. TONGOGARA:** Thank you Madam President. I was saying that when these orphans remained alone, they had to look after their siblings to see if they had gotten something to eat, and where to stay. You will notice that those children will grow up poor with a lot of bills, such as electricity, rentals and food. Those children are still kids and their future will be destroyed.

It was also seen that children who become pregnant at a young age have many problems. I would like to say that the main problem

that is painful is that the children will be really young and their private parts will still be fragile. When it is said that a child is going to give birth, that is when you will see that the child is facing a fistula. They will have problems sitting down. Now there is a place called *Mafistula*. You will see that now children walk around failing to control their bladders, which is caused by early childbearing.

Moving on from that, Madam President, we see that children have to leave school. For them to go from primary school to high school, they will not have enough resources and their lives will be ruined. Now we end up having school dropouts.

Another thing that is a problem is the issue of faith. Church leaders would say I dreamt that this child should be my wife. This then causes the children to have problems because now they have to leave school and the bishops will be declaring that this is my wife and that will be the seventh or eighth wife. That is a very big problem and it is bothering us as parents and it is bothering children as well in the country.

Madam President, for now, it is not happening in a lot of places that poverty is causing an exchange of children and food. Now it is

not very common, but it used to happen. What I have said is what is now happening.

We have the Child Marriage Act, [Chapter 5:7], which is there to protect children, but with that being said, we are not seeing the protection. That means that the laws that are there, there is no one who is following them.

There is no one following up to see that if a child is married at a young age, what should happen. There is no one taking them to court. People should get arrested and be given long sentences because sometimes the sentences that are given are very short and they do not change and they go back to repeat the same behaviour of molesting children.

I would like to ask if there can be long sentences that are deterrant enough so that they know that after they do such things, they will be in jail for a long time. They should be put in jail in such times as June, because we know that in jail, there are no blankets. If someone is given a long sentence, they will know that they will never repeat that because it is a very painful process.

Madam President, I would like to say thank you to Hon. Sen. Chakabuda for this motion. As a country, we aspire to protect children to grow up to fulfil what they need to do. I would like to end up saying, I hope as a country, as we say that we are teaching the girl child, there is also the boy child, because for it to happen like this, it takes two to tango. A girl child cannot get herself pregnant. So, we also have to teach the boy child.

All children should be taught while at school, so that they know that all children are special and they should be kept and grow up with such lessons, so that we reduce early child marriages and children who get pregnant at very tender ages. Thank you Madam President.

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

**HON. SEN. ZVIDZAI:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

## **MOTION**

**REPORT OF THE JOINT PORTFOLIO COMMITTEE ON  
TOURISM AND HOSPITALITY INDUSTRY AND THEMATIC**

COMMITTEE ON CULTURE AND HERITAGE ON THE STATE  
OF OUR HERITAGE, CULTURE AND MONUMENTS

Twenty-third Order read: Adjourned debate on motion on the report of the Joint Portfolio Committee on Tourism and Hospitality Industry and Thematic Committee on Culture and Heritage on the state of our heritage, culture and monuments in relation to Zimbabwe's tourism.

Question again proposed.

**HON. SEN. CHIEF NHEMA:** I move that the debate do now adjourn.

**HON. SEN. CHIEF MUTASA:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

**MOTION**

ENHANCED SECURITY SYSTEMS ON INTELLIGENCE-LED  
INVESTIGATIONS

Twenty-fourth Order read: Adjourned debate on motion on the need to strengthen mechanisms to prevent murder cases in Zimbabwe.

Question again proposed.

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

**HON. SEN. MUPFUMIRA:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

## **MOTION**

### **PRESIDENTIAL SPEECH: DEBATE ON ADDRESS**

Twenty-fifth Order read: Adjourned debate on motion in reply to the Presidential Speech.

Question again proposed.

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

**HON. SEN. GOTORA:** I second.

Motion put and agreed to.

Debate to resume: Wednesday, 10<sup>th</sup> June, 2026.

*On the motion of **HON. SEN. MUZENDA**, seconded by **HON. SEN. GOTORA**, the Senate adjourned at Twenty-One Minutes past Four o'clock p.m.*