ZIMBABWE

BRIEFING TO THE PRE-SESSION WORKING-GROUP OF THE UN COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN

51st session

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INTRODUCTION

Amnesty International submits the following information to the pre-session working group of the Committee on the Elimination of Discrimination against Women (the Committee), in advance of preparing the list of issues for the examination of Zimbabwe's second, third, forth and fifth periodic reports, submitted under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women (the Convention). The briefing focuses on concerns under articles 2, 7, 11 and 12 of the Convention.

This briefing reflects Amnesty International's information on human rights violations committed during and after mass forced evictions carried out in 2005. The program of forced evictions was carried out across the country, affecting an estimated 700,000 people, who were left without homes, or livelihoods, or both.

1. BACKGROUND

Known as *Operation Murambatsvina*, Zimbabwe's mass forced evictions were carried out ostensibly to clear urban and peri-urban areas of illegal structures. However, the evictions were carried out without giving adequate notice or provision of alternative housing and compensation to the affected people. As the primary carers, not just for their own children but also children orphaned by the AIDS pandemic, the destruction of homes during *Operation Murambatsvina* had a disproportionate effect on women, who were forced to seek alternative shelter for themselves and for the children in their care. Single and widowed women who were forcibly returned to rural areas following the forced evictions faced discrimination in access to land for resettlement as a result of customary practices in land allocation where women can only access land through their husbands or male relatives.

In addition to destruction of homes, *Operation Murambatsvina* also targeted informal traders in urban areas. Women, who constitute the majority of informal market traders and are often the primary providers for their families, were disproportionately affected by this policy. Many women in low income urban areas earn their livelihood through selling vegetables and other wares at market stalls set up by local authorities, as well as on roadside market stalls. The destruction of these market stalls under *Operation Murambatsvina* left many households headed by women without a source of income, significantly affecting their ability to access food, health care, housing and other basic services.

Overall, *Operation Murambatsvina* resulted in serious human rights violations, in particular violations of the right of women to an adequate standard of living, including the right to adequate housing, the right to the highest attainable standard of health and the right to gain a living through work. The forced evictions and subsequent government failure to provide effective remedies have driven victims deeper into poverty– with most of the people affected now living in worse conditions than before the evictions.

Following international pressure, the government of Zimbabwe launched *Operation Garikai* – a programme ostensibly set up to remedy the negative impact of *Operation Murambatsvina*. However, *Operation Garikai* was hurriedly put together without consultation with the victims

and was seriously under-funded. Some victims who were beneficiaries of the programme were allocated unfinished houses with no access to water, sanitation, roads and other services. Most of the beneficiaries were allocated bare plots of land which were not serviced, on which they erected makeshift plastic shelters with assistance from humanitarian organisations. No other assistance has been offered by the government to the hundreds of thousands of victims. Six years on, the majority of the victims still live in these worn out structures.

Amnesty International's submission focuses on:

- Violations of the right to work by the destruction of livelihoods (article 11);

- Violation of the right to health of pregnant women and girls in *Operation Garikai* settlements in Zimbabwe using the case study of Hopley settlement in Harare[1] (article 12); and

- The impact of arbitrary arrest and unlawful detention on women human rights defenders who engage in peaceful activism to highlight the negative impact of the economic decline on women in Zimbabwe (articles 2 and 7)

2. RIGHT TO WORK (ARTICLE 11)

Operation Murambatsvina had a disproportionate effect on women's right to work in Zimbabwe. The programme destroyed women's sources of livelihood when markets and informal businesses were targeted for demolition, denying thousands of women their right to gain a living through work and their right to an adequate standard of living. Women trading on the informal markets were already amongst the poorest in Zimbabwe, they were thus driven deeper into poverty when the markets were destroyed during the mass forced evictions.

The clampdown on informal traders continued even after *Operation Murambatsvina* ended. Rather than taking steps to restore women's livelihoods destroyed during *Operation Murambatsvina*, Zimbabwean authorities to date continue to harass, arrest and seize the goods of vendors and other informal workers.[2] As a result women are compelled to take on any income-generating activities that are available to them, including arduous physical labour, such as collecting firewood, even during the later stages of pregnancy, or in some cases engaging in commercial sex work to supplement their incomes, thereby exposing themselves to HIV infection.

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[1] Hopley settlement (also known as Hopley Farm) has an estimated 5,000 residents and is located about 10km south of Harare. Most of its residents are victims of *Operation Murambatsvina*.

[2] Zimbabwe: No Justice for the victims of forced evictions, Amnesty International, 8 September 2006, pp24 -27

2.1 RECOMMENDATIONS TO THE GOVERNMENT OF ZIMBABWE

In order to address *Operation Murambatsvina*'s disproportionate impact on women's right to work, Amnesty International has recommended to the government of Zimbabwe to

- Immediately end the police harassment of street vendors and small and micro businesses.

- Review and revise the implementation of *Operation Garikai/Hlalani Kuhle* in respect of vending sites with the genuine participation of informal vendors and traders with a view to progressively increasing the availability and accessibility of secure vending sites.

- While progressively working to increase access to regulated vending sites, the government must not impede the right to an adequate standard of living and the right to gain a living by work of those who do not have access to such vending sites. Any limits placed on the right to gain a living by working (for example, by engaging in informal vegetable selling, with or without licence) should be reasonable, legitimate and proportionate and take into account the absence of alternatives for the majority of people and the human rights implications.

- Investigate all allegations of discriminatory allocation of vending sites in Harare. Ensure that the procedure for allocation of vending sites fully respects the human rights principle of non-discrimination.

3. RIGHT TO HEALTH (ARTICLE 12)

Article 12(2) of the CEDAW requires states to ensure women's access to appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary. In General Comment 24 the Committee noted the duty of State parties to ensure women's access to safe motherhood and emergency obstetric services. The Committee recommends to states to "reduce maternal mortality rates through safe motherhood services and prenatal assistance" (General Comment 24, para 31(c)).

Pregnancy-related health complications are a primary cause of maternal and newborn morbidity and mortality in Zimbabwe.[3] According to the 2007 Zimbabwe Maternal and Perinatal Mortality Study the country's maternal mortality rate is reported at 725 per 100,000 live births and the neonatal death rate is 29 per 1,000 live births.[4] Quality care before, during and after delivery, including skilled birth attendance and emergency obstetric and neonatal care have been identified as key interventions to save women's and newborns' lives under the Global Consensus for Maternal and Newborn Health.[5] According to the

[3] Ministry of Health and Child Welfare, 2007 Zimbabwe Maternal and Perinatal Mortality Study.

[4] Ministry of Health and Child Welfare, 2007 Zimbabwe Maternal and Perinatal Mortality Study.

[5] A new Global Consensus for Maternal, Newborn and Child Health, was agreed in 2009 by a broad range of governments, non-governmental organizations, international health agencies, and individuals, through

2005-2006 Zimbabwe Demographic and Health Survey, 45 per cent of mothers in Zimbabwe have no access to postnatal check up by a trained health provider.[6]

Amnesty International's recent report focusing on the *Operation Garikai* settlement of Hopley in Harare, found that the care available for pregnant women and girls in this settlement during the postnatal period is dangerously inadequate; in cases where women do not manage to make their own arrangements in the absence of public services, care is non-existent.[7]

Zimbabwe's failure to respect, protect and fulfil the right to health, including maternal health care, for pregnant women and girls who were affected by *Operation Murambatsvina* has forced pregnant women and girls in *Operation Garikai* settlements to deliver at home without a skilled birth attendant, increasing risks to both the woman and her baby.

Amnesty International's study at Hopley identifies 21 cases of newborn deaths, including preterm births that reportedly took place during the first five months of 2010.[8] Although the cases were identified though a convenience sampling method, 21 incidents of neonatal deaths in a period of five months for a population of about 5000 people suggests a rate of neonatal deaths in this community which is much higher than the national average rate of 29 neonatal deaths per 1000 live births. There was no official monitoring of births and deaths at the settlement.

Women who had experienced home deliveries and community leaders interviewed by Amnesty International, attributed the home deliveries to the government's failure to provide a maternal health care service at a clinic within the community run by the local authority. Some of the women who had given birth before the mass forced evictions had delivered in hospital.

The evidence gathered by Amnesty International at Hopley suggests a link between the newborn deaths and the government's ongoing failure to provide effective remedies for the 2005 mass forced evictions and failure to ensure access to essential life-saving healthcare. As a result, women's well-being, health and lives are at risk because the government failed to provide them with access to reproductive and maternal health information and services.

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the Partnership for Maternal, Newborn & Child Health (PMNCH). The Consensus sets out the key action steps to save the lives of more than 10 million women and children between by 2015. It was launched at the United Nations on 23 September 2009.

[6] Central Statistical Office [Zimbabwe] and Macro International Inc, March 2007, Zimbabwe 2005-06 Demographic and Health Survey, p 129, accessible at: http://www.measuredhs.com/pubs/pdf/FR186/FR186.pdf.

[7] No Chance to Live, Newborn Deaths at Hopley Settlement, Zimbabwe, AI Index AFR 46/18/2010, December 2010

[8] Amnesty International identified the 21 cases of newborn deaths through either interviewing the mothers or family members or community leaders who had direct and specific knowledge of the infant's death and were able to provide details.

3.1 PROHIBITIVE HEALTH CARE COSTS

Most people generally cannot afford healthcare fees in Zimbabwe. According to the 2005-2006 Zimbabwe Demographic and Health Survey, some 58 per cent of Zimbabwean women were unable to access healthcare because they did not have money to pay for treatment.[9] Lack of access to healthcare, because of an inability to raise funds for treatment, rises to 75 per cent for women in the lowest of five wealth groups, the group to which women living at Hopley and other *Operation Garikai* settlements are likely to belong.[10]

Most pregnant women and girls at Hopley are deprived of the benefits of antenatal care because they cannot afford the fees charged. The nearest maternity clinic, run by the Harare city council, charges USD 30 to register for both antenatal care and delivery. Before December 2010 the council was charging USD 50. The reduction was a positive step towards broadening the accessibility of maternal health care. However, for many women the USD 30 fee is still prohibitive because of the destruction of livelihoods which took place during *Operation Murambatsvina* and the continued targeting of informal markets by police. At present the formal unemployment figure in Zimbabwe stands at over eighty per cent and the community at Hopley are reliant on food aid. The inability to afford antenatal fees forces pregnant women and girls at Hopley to delay seeking care, quite often until they are in labour or experiencing complications, increasing the risk of death or damage to health.

Antenatal care can help to reduce maternal and neonatal mortality by alerting women and their families to symptoms that signal medical care is urgently needed. Antenatal care also serves numerous other critical functions; for example, it can help to ensure the prevention of HIV transmission from mother to child. The inadequate access to antenatal care services in Hopley contributes to the risk of preventable death and ill-health for women and newborns.

Several of the women interviewed by Amnesty International gave birth on their own, in conditions which may have put both the lives of the woman and the baby at risk. Some of the women were unaware at the time of delivery that they were carrying twins and suffered complications, including breech deliveries, and the babies died.

Zimbabwe's Deputy Prime Minister Thokozani Khupe who is also the Chair of the Parliamentary Cluster on Social Services, visited Hopley settlement in December 2010, a week after Amnesty published its findings on neonatal mortality at the settlement and in response to lobbying by Amnesty International. During the visit the Deputy Prime Minister made a public commitment to the community to scrap the registration fee for maternal health care. However, this is yet to be implemented.

3.2 DIFFICULTIES IN ACCESSING HEALTH CARE FACILITIES: SAFETY AND TRANSPORT

In order to access maternal health services women at Hopley travel to a municipal maternity

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[9] Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. March 2007. Zimbabwe Demographic and Health Survey 2005-06. Calverton, Maryland: CSO and Macro International Inc, p. 133, accessible at: http://www.measuredhs.com/pubs/pdf/FR186/FR186.pdf

[10] Ibid.

clinic in the suburb of Glen Norah, some three kilometres away. However, because of high crime in the area it is unsafe for anyone, let alone women, to walk to the clinic at night. Amnesty International has documented cases where women have given birth while walking to the clinic while in labour during daylight.[11]

The cost of transport and healthcare are major obstacles to accessing maternal and newborn care for women at Hopley settlement. These barriers increase the risk of maternal and neonatal ill-health and death. Unaffordable costs mean that many of the women at Hopley needing healthcare will not be able to access it.

3.3 ACCESS TO WATER AND SANITATION

Lack of access to clean water and sanitation in *Operation Garikai* settlements also contributes to women's ill-health. During home deliveries women reported using dirty water to clean themselves and their newborn babies. Lack of access to safe water and sanitation exposes newborn babies to infections which can be life-threatening. At the time of Amnesty International's visit in May and June 2010, five of the six boreholes sunk by a humanitarian organization were not working. The community relied on wells dug at their small plots of land, some next to pit toilets, risking contamination.

3.4 INADEQUATE HOUSING

In interviews with women and girls and community leaders at Hopley, Amnesty International documented several reports of preterm births (babies born around seven months) who died hours after delivery because the mothers could not keep them warm in the plastic shacks.

3.5 RECOMMENDATIONS TO THE GOVERNMENT OF ZIMBABWE

Amnesty International has recommended to the government of Zimbabwe to urgently address serious threats to the health and lives of women and newborn babies at Hopley settlement and other *Operation Garikai* settlements. The government should:

- Immediately put in place all necessary measures to ensure pregnant women and girls at Hopley settlement have access to maternal and newborn care;

- Investigate the reasons for preterm births and newborn deaths at Hopley settlement and the situation at other Operation Garikai settlements and identify and implement government interventions required to prevent maternal and newborn ill-health and death;

- Put in place a health surveillance system to monitor the overall health situation in Operation Garikai settlements with a view to identifying the needs of inhabitants, including Hopley; such health surveillance should specifically monitor maternal, neonatal and infant mortality and morbidity;

- Ensure the provision of a full range of accessible and affordable sexual, reproductive and

[11] No Chance to Live, Newborn Deaths at Hopley Settlement, Zimbabwe, AI Index AFR 46/18/2010, December 2010.

maternal health care information and services for women and girls living in Operation Garikai settlements, including in particular antenatal care, skilled birth attendants, emergency obstetric care and post-natal care;

- Ensure that costs are not a barrier to accessing essential health services including emergency obstetric care and other reproductive and maternal health services;

- Ensure effective referrals for access to health care for pregnant women – including transport – in particular for populations living at a significant distance from the nearest health care facilities;

- Ensure access to clean water and sanitation in all Operation Garikai settlements;

- Ensure that victims of violations of the right to health can access effective judicial and other appropriate remedies;

- Where the government is unable to meet its obligations it should seek international cooperation and assistance to ensure at least minimum essential levels of healthcare - including emergency obstetric care and postnatal care - and clean water and sanitation for all.

4. VIOLATION OF WOMEN'S RIGHTS TO FREEDOM OF EXPRESSION, ASSOCIATION AND PEACEFUL PROTEST (ARTICLES 2 AND 7(C))

In response to the disproportionate impact of the economic decline on women's access to basic goods and services in the past decade, a strong grassroots women's social justice movement has emerged in Zimbabwe. One of the leading organisations in this movement is Women of Zimbabwe Arise (WOZA), which engages in non-violent peaceful protests focussing on women's access to food, water, health care, electricity, and education for their children and other dependents. WOZA has a membership of about 80,000 activists making it the largest organisation of grassroots women in Zimbabwe. WOZA activists engaging in peaceful protest to highlight lack of access to basic services often suffer human rights violations by police including police brutality. WOZA members constitute the majority of Zimbabwean activists who have been arbitrarily arrested, unlawfully detained and subjected to torture and other ill-treatment while in police custody. While in detention WOZA members have been subjected to sexist attacks designed to de-legitimize their concerns and activism as women. They have also been subjected to other ill-treatment including denial of food and medical treatment. The detention of women activists has also had a disproportionately negative effect on their own welfare and that of their children and dependents.

Amnesty International is concerned that the Zimbabwean authorities have repeatedly violated women human rights defenders' right to promote and protect human rights, and has allowed impunity for such violations to persist. The government has used the law, excessive force against peaceful women protesters, and torture and other inhuman and degrading treatment in order to stop women human rights defenders from going about their legitimate activities to campaign for the protection of their human rights.

The police have used the Public Order and Security Act (POSA)[12] to deny human rights defenders permission to hold peaceful demonstrations. Police use the POSA to break up peaceful demonstrations, arrest and detain human rights defenders. Women human rights defenders have been charged under the POSA or the Criminal Codification Reform Act after engaging in peaceful protest including on issues especially affecting women as the primary providers, not only for their own children but also for other children orphaned by the AIDS pandemic, such as access to food, water, health care, electricity, and education.

Amnesty International is also concerned about the ill-treatment of women human rights defenders while in police custody after engaging in, or attempting to engage in, peaceful protest. They are often held in overcrowded cells for periods ranging from a couple of hours to several days before being taken to court or released. Police often deny human rights defenders access to lawyers, to food and to sanitary products.[13] In addition, human rights defenders who are injured as a result of police beatings during arrest and/or while in custody are also denied access to medical care. These human rights violations have gender specific manifestations and a gender specific impact on women human rights defenders as described below. Amnesty International has documented several cases of excessive use of force by police during arrest and detention of women human rights defenders.[14]

4.1 DISCRIMINATION, SEXUALITY BAITING, DISCRIMINATORY STEREOTYPING OF WOMEN HUMAN RIGHTS DEFENDERS AND DENIAL OF ACCESS TO HEALTH CARE IN POLICE CUSTODY (ARTICLES 2(D), 7(C) AND 12))

Since 2000, human rights defenders in Zimbabwe, including members of WOZA, have been targeted for arbitrary arrest, unlawful detention, torture and other ill-treatment while in police custody. For women human rights defenders, their ill-treatment by police while in detention often takes a gender specific dimension designed to humiliate and to de-legitimize women's human rights concerns and activism.

Amnesty International has documented cases of women human rights defenders who have been arrested and taken into police custody, and were humiliated and subjected to sexist verbal attacks. These include being called "whores" and being told that they are "bad women" who deserve no sympathy from the police authorities. Women human rights defenders are portrayed as deviant women who have malicious intentions. This form of treatment amounts to sexuality baiting, aimed at undermining the work of women human rights defenders by discrediting their activities and isolating them from the rest of the human rights movement. Amnesty International has information that women who dare to challenge violations of economic and social rights are subjected to derogatory or sinister accusations by

[12] At the time of reporting a Private Member Bill to amend the POSA was still being debated in Parliament.

[13] Rule 5 of the UN Rules for the Treatment of Women Prisoners and Non-custodial measures for Women Offenders (the Bangkok Rules) requires access to sanitary towels free of charge, and access to washing facilities for menstruating women. UN Doc A/RES/65/229, 16 March 2011: available at http://www.un.org/en/ecosoc/docs/2010/res%202010-16.pdf (accessed 10 June 2011).

[14] Zimbabwe: Between a rock and a hard place - women human rights defenders at risk, Index AFR 46/017/2007, 25 July 2007

the police, aimed at discrediting their character.

Lawyers in cities across Zimbabwe who have represented women human rights defenders when they are arrested have told Amnesty International that male police officers subject women human rights defenders to sexist verbal abuse. They have reported, for example, that male police officers have used statements such as "I am not here to sleep with you" and "You should go and find husbands instead of wasting time engaging in WOZA things." Older women are told to "go and practice witchcraft" instead of engaging in activism. Such sexist verbal attacks by police on women human rights defenders while in custody are evidence of the police's endorsement of negative gender stereotypes and gender discrimination. They insinuate that women human rights defenders have no business becoming active in the public sphere in defence of human rights, because they are women, and because they are perceived as not abiding by stereotypes of what is deemed by society as "appropriate" behaviour for women. Attacks of this kind amount to violence against women and constitute violations of women's human rights.

4.2 DENIAL OF ACCESS TO TREATMENT FOR WOMEN ACTIVISTS IN DETENTION (ARTICLE 12)

Amnesty International is concerned about the systematic denial of access to medical care to detained women's activists as a form of punishment for engaging in peaceful protest. WOZA activists who are arrested and beaten by police are often denied the medical treatment they need for the injuries sustained while in police custody.

In June 2009 while Amnesty International's Secretary General was holding a press conference in Harare, four WOZA activists, a cameraman from the state-owned Herald newspaper and an independent journalist were arrested and beaten by police about 50 metres from the hotel. The WOZA activists were denied access to medical treatment as a punishment for their activism and detained overnight. The independent journalist and cameraman, both male, were released the same day. Lawyers have told Amnesty International that they have great difficulty in ensuring that detained activists can obtain medical attention.

On 6 June 2007, seven members of WOZA were arbitrarily arrested and detained after engaging in a peaceful protest in Bulawayo. The women were reportedly beaten by riot police who were trying to disperse the peaceful protestors. Two of those detained were also reportedly beaten while in police custody. Five of the women were charged under Section 46 of the Criminal Law (Codification and Reform) as read with Section 2(v) of the schedule to the Criminal Code(1) and released on 8 June. The remaining two, WOZA leaders, Jenni Williams and Magodonga Mahlangu, were charged under Sections 37 (1a)(2) and 46 (2v) of the Criminal Law (Codification and Reform) Act and released on 9 June. One of the women told Amnesty International that whilst she was in custody, several policy officers beat her with baton sticks, including across her breasts. Additionally, police officers had thrown bucket loads of water into the cells each day, forcing them to spend time on wet concrete, despite it being winter in Zimbabwe. The seven women were only given two blankets between them. Jenni Williams and Magodonga Mahlangu had no blankets on their last night in custody. None of the activists were able to access medical treatment until they had been released.

4.3 DETENTION OF HUMAN RIGHTS DEFENDERS INCLUDING PREGNANT WOMEN AND MOTHERS WITH SMALL CHILDREN (ARTICLE 7(C) AND 12)

Amnesty International has documented several cases where, the lives or health of women human rights defenders and their young children have been put at risk while in police custody.[15]

A number of women human rights defenders from WOZA sometimes take their babies with them to marches. The women told Amnesty International that most of them have no one else to leave the babies with. In most instances the babies are still breastfeeding and cannot be separated from their mothers for prolonged periods. Amnesty International notes that these women tend to be single mothers living on their own.

Although most women human rights defenders who are arrested with babies are released earlier than women without children, and do not spend nights in police cells, some have not been so fortunate. Amnesty International has documented cases where the police subjected the mothers and babies to cruel, inhuman and degrading treatment and at times even appeared to justify such treatment.

In one incident in November 2006, six mothers with babies were arrested and detained overnight at various police stations in Bulawayo after having spent the whole day at Bulawayo Central police station in the rain, in a fenced area in an open-air courtyard. When two WOZA leaders who were also in detention objected to the ill-treatment of the women, particularly the mothers with babies, police reportedly told them that "they deserved the treatment". Later that evening the police transferred the detainees to several police stations in Bulawayo. The mothers with babies were not released until the following day.

Amnesty International interviewed a 26-year-old WOZA member, who was one of the six mothers with babies arrested. At the time, her baby was nine months old. Police took away her bag with nappies and would not allow her to change the baby's soiled nappy. She told Amnesty International that the women pleaded repeatedly with the police but were told that they "should have stayed at home if they wanted better treatment." In the evening, the woman was transferred together with 13 other protesters, including another woman with a small baby, to Queens Park police station. She was only allowed to change her baby's nappy around midnight after lawyers finally managed to obtain access. As a result the baby developed an infection which required medical care.[16]

In December 2005, an activist with the Women and AIDS Support Network, was arrested by police for attempting to participate in a peaceful march on Harare's First Street, as part of a campaign in support of women's access to anti-retroviral therapy. The march had been sanctioned by the police. Despite the fact that she was six months pregnant, she was detained overnight at Harare Central police station in a very cold cell with no blankets.

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[15] Zimbabwe: Between a rock and a hard place - women human rights defenders at risk, Index AFR 46/017/2007, 25 July 2007

[16] Ibid.

The Special Rapporteur on torture has recognised that "[p]regnant women should not be deprived of their liberty unless there are absolutely compelling reasons to do so and their particular vulnerability should be borne in mind."[17] Further, the UN Rules for the treatment of women prisoners (the Bangkok Rules) requires prison officials to allow women caring for children to make arrangements for their care, and specifies that non-custodial sentences for pregnant women and women with dependent children shall be preferred where appropriate.[18] Despite this, the Zimbabwe Republic Police have demonstrated total disregard for the rights of arrested and detained women human rights defenders who are pregnant or mothers or carers of young children. Such disregard results in violations of women's and children's human rights.

Women human rights defenders are also concerned about the welfare of family members, particularly small children, who are often left without care while the mothers are in detention. Women human rights defenders having day-to-day responsibility for care of young children or elderly parents, often find it difficult to continue their human rights work knowing that arrest and detention would prevent them from fulfilling that role in the family.

4.4 RECOMMENDATIONS TO THE GOVERNMENT OF ZIMBABWE

Amnesty International has recommended to the government of Zimbabwe that it should:

- Immediately cease all intimidation, arbitrary arrest and torture of women human rights defenders by the police.

- Address legitimate concerns raised by women human rights defenders, including reviewing government policies with regard to food security and harassment of informal traders.

- Invest in the training of officials from the Zimbabwe Republic Police in understanding and responding appropriately to crowd behaviour, and methods of persuasion, negotiation and mediation with a view to limiting the use of force and firearms in line with Basic Principle 20 of the UN Basic Principles on the Use of Forces and Firearms by Law Enforcement Officials. In terms of discrimination against women, it would be particularly important that this training include gender sensitivity and obligations surrounding discrimination against women.

- Allow detained women human rights defenders access to lawyers, medical care, food and sanitary pads.

In respect of detention of pregnant women, mothers with babies and carers of children, Amnesty International has recommended to the government of Zimbabwe to:

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[17] Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, to the Human Rights Council, A/HRC/7/3, 2008, para 41.

[18] The Bangkok Rules, Rules 2.2 and 64, UN Doc A/RES/65/229, 16 March 2011: available at http://www.un.org/en/ecosoc/docs/2010/res%202010-16.pdf (accessed 10 June 2011).

- Operate on the basis of a general presumption, as required by the Bangkok Rules, against the arrest and detention of women who are pregnant or mothers or carers of children (including single mothers). At the time of arrest and detention, detaining authorities must ensure that women who are pregnant or mothers (in particular those who are breastfeeding) or carers of children are identified confidentially with a view to ensuring urgent consideration of their situation so that, where possible, they are released immediately.

- Ensure that mothers (in particular those who are breastfeeding) or carers of children, who are detained, receive the support they require to arrange interim alternative care for children in their care.

- Give unconditional access to the healthcare information and services required by pregnant women and women who have recently given birth, who have been detained. The special nutritional needs of such women and women who are breastfeeding in detention must be met.

- Give access to the facilities and resources needed for childcare in detention, including nutritional and sanitary products, to women with babies or small children.

- State authorities must not refuse special consideration to the needs of women who are pregnant or mothers or carers of children (as well as the needs of children detained with their mothers) or justify such refusal arbitrarily as a punitive measure.

- Give support to families of detained women human rights defenders, where needed, while the women are in custody.

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