



#SARSYC2015



## Southern African Regional Students and Youth Conference on Sexual and Reproductive Health (SARSYC)

### Report



THEME

Youth SRH and the Post 2015 Agenda: A time to Invest in Young People to Harness the Democratic Dividend in Southern Africa

27-29 August 2015 | HICC, Harare Zimbabwe



## Conference Special Delegates and Partners

### a) Conference Conveners

Students and Youth Working on Reproductive Health Action Team (SAYWHAT)

### b) Main Conference Presenters and Panelists

Hon. David Parirenyatwa	<i>Minister of Health and Child Care</i>
Ms. Magret. Nyandoro	<i>Ministry of Health and Child Care- Reproductive Health Unit</i>
Dr. Tapiwa. Magure	<i>National AIDS Council</i>
Mrs Lois Chingandu	<i>SAfAIDS</i>
Mrs Angeline Musemburi	<i>United Nations Population Fund (UNFPA)</i>
His Worship Mr Rufaro Manyepo,	<i>Junior Mayor for Harare</i>
Mr Dijakovic	<i>UNESCO</i>
Mr Raymond Yekeye	<i>Chair/Director of the Organising Committee of ICASA Zimbabwe 2015</i>
Mr Jonathan Gunthorpe	<i>Director Southern African AIDS Trust (SAT)</i>
Ms Tamsayi Chinhengo	<i>UNFPA</i>
Mr Edford Mutuma	<i>Planned Parenthood Association of Zambia- Edford Mutuma</i>
Mary Crewe	<i>Centre for Sexualities AIDS &amp; Gender (University of Pretoria)</i>
Rachael Goba	<i>Zimbabwe National Family Planning Council</i>
Levi Pique	<i>United Nations Population Fund (UNFPA)</i>
Yemurai Nyoni	<i>Youth Activist, Zimbabwe</i>
Tikhala Itaye	<i>Co-chairperson of AFRIYAN-Namibia</i>
Bolivia Jeremia	<i>Youth Advocate-Botswana</i>
Lucky Mbewe	<i>Centre for Youth Empowerment and Civic Education-Malawi</i>
Charmaine Picardo	<i>SRHR Advocate</i>
Ishmael Ahamadu Chiposyo	<i>Youth Advocate-Botswana</i>



### c) Track Holders

1. *Students and Youth Working on Reproductive Health Action Team (SAYWHAT)*
2. *Africaid-Zvandiri*
3. *Population Services Zimbabwe*
4. *Roots*
5. *National Aids Council-Young People's Network on Sexual and Reproductive Health HIV and AIDS*
6. *SAFAIDS*

### d) Conference Rapporteurs

- Obrian F. Nyamucherera
- Anna Shambare
- Tarisai M. Nyamucherera
- Jacqueline Mudavanhu

### e) Conference Chair

Mrs. Tariro Makanga-Chikumbirike

### f) Conference Partners

HIVOS	UNFPA	UNESCO
SAIH	UN Women	CSA&G
OXFAM	AWDF	FORD FOUNDATION
UNICEF	TDHS	

### g) Government Ministries and Departments

- Ministry of Health and Child Care
- Ministry of Higher and Tertiary Education, Science and Technology Development
- Ministry of Women Affairs, Gender and Community Development
- Ministry of Youth, Indigenisation and Economic Empowerment
- National AIDS Council
- Zimbabwe Youth Council
- Zimbabwe National Family Planning Council





## Acronyms

AIDS:	Acquired Immuno-Deficiency Syndrome
GBV:	Gender Based Violence
HIV:	Human Immuno-deficiency Virus
IEC:	Information, Education and Communication
NGO:	Non Governmental Organisation
SAfAIDS:	Southern African HIV and AIDS Information Dissemination Services
SDGs:	Sustainable Development Goals
SRH:	Sexual and Reproductive Health
SRHR:	Sexual and Reproductive Health Rights
ASRHR:	Adolescent Sexual and Reproductive Health Rights
MoHCC:	Ministry of Health and Child Care
MDGs:	Millennium Development Goals
SARSYC:	Southern African Students and Youth Conference on Sexual and Reproductive Health
SADC:	Southern Africa Development Community
UNFPA:	United Nations Population Fund
PSZ:	Population Services Zimbabwe



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## Acknowledgements

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The track holders ensured that this conference exhausts and tackles the key sexual and reproductive health issues affecting young people in Southern Africa. It was also through the track holders that young people and delegates from various disciplines become part of the conference. Africaid, SAFAIDS, Roots, Population Services Zimbabwe, National Aids Council-Young People's Network on Sexual and Reproductive Health, HIV and AIDS (YPNSRHA), we thank you so much. The conference organising committee is also thankful to the role that was played by the SAYWHAT Team. Lastly, SAYWHAT would like to thank all delegates who attended this conference. Without their participation and inputs the conference would not have succeeded.



## Executive Summary

The inaugural Southern African Regional Students and Youth Conference on Sexual and Reproductive Health (SARSYC) was a two-day gathering convened at the Harare International Conference Centre (HICC) in Zimbabwe. The conference aimed to amplify the voices of students and youths on their sexual and reproductive health rights. It further sought to catalyze actions on improved accountability on commitments.



The conference drew over 350 delegates drawn from 8 countries namely, Zimbabwe, Zambia, Swaziland, South Africa, Namibia, Botswana, Lesotho and Malawi. The conference included thematic dialogue sessions, delivery of paper presentations, researches, expert practices and case studies amongst other dialogue session. Delegates were drawn from the academia, health and development practitioners, regional bodies and other implementing partners from the participating countries.



### The strategic objectives of the conference were:

- To provide students and young people with a platform for collective reflection and analysis on a common agenda for improved Sexual and Reproductive Health and Rights;
- To assess the effectiveness of all strategies which have been implemented to improve young people's access to SRH services and commodities under the guidance of country specific, regional and global frameworks
- To convene a regional forum where students and youth suggest newer and better strategies to help address unmet needs, rights of excluded/underserved youth sections, students living with disabilities and young women
- To build and strengthen students and young people's solidarity for collective regional advocacy; and
- To strengthen partnerships with development actors in Southern Africa around students and young people's sexual and reproductive health and rights.



The inaugural Southern African Students and Youth Conference on sexual and reproductive health ran under the theme, "Youth SRHR and the Post-2015 Agenda: A Time to invest in young people to harness the demographic dividend in Southern Africa".



The conference was primarily designed to draw the attention of stakeholders to the urgent need not only to commit but to also act on the mounting SRHR challenges that face the youth in the region. It was further designed to ignite interest of the students and youth on the new direction of the sustainable development goals and other existing commitments that needs the action of stakeholders for there to be fulfillment of the demographic promise.







The theme was further premised on the conceptualization of young people as a strategic demographic group whose well-being has potential to spur positive socio-economic and political transformation. Within that perspective, guaranteeing the sexual and reproductive health and rights of young people is not only a human rights imperative but it is fundamentally a socio-economic and political necessity. The theme captured the intention of students and young people in Southern Africa to understand and be part of the post-2015 development agenda as well as other specific initiatives and platforms such as the Eastern and Southern African (ESA) Commitment, ICASA 2015 and the international AIDS conference 2016. The conference was run under 6 Tracks focusing on different strategic thematic focus areas that capture the emerging and most critical sexual and reproductive health issues of young people. The tracks are listed below:

- Track 1 : Harnessing SRH&R advocacy through Youth Leadership- Hosted by SAFAIDS
- Track 2: Exploring challenges and opportunities in providing prevention, ART and positive living services for adolescents and young people living with HIV to improve quality and productivity of life- Hosted by: Africaid
- Track 3: Improving access to contraceptive services targeting adolescent girls and female students aged 10-24 in Southern Africa and an exploration of New Multipurpose Technologies.
- Track 4: Assessing SRH related programs and interventions targeting young people with different impairments of a physical, sensory and mental nature.
- Track 5: The role of young men in modern day societies of Southern Africa: opportunities and challenges for young men in the total elimination of violence against women and girls.
- Track 6: Too young to wed: Understanding the Policy, Economic and Health Impacts of Child Marriage in the Southern African Region-Hosted by Roots

The major outcome of this conference was the conference communique that captured key advocacy issues and commitments by young people and duty bearers. Through the communique, delegates who attended the conference called upon governments, regional entities, Health providers, UN agencies, CSOs, parents and guardians as well as other relevant entities in Southern Africa to prioritise:

- Harmonisation and dissemination of laws, policies and strategies related to Youth and SRH;
- Creation of a SADC fund for research, programming and implementation of SRH policies;
- Enforcement of comprehensive sexuality education in schools;
- Universality of SBCC material and services to cater for all youth including youth with a disability;
- Capacity enhancement/building and support to youth to create innovative communication strategies for young people;



- Provision of comprehensive, gender sensitive, youth friendly health services, including access to safe contraceptive options for young people, more specifically for underserved youth;
- Reintegration of young people on the streets (education, shelter, etc.);
- Exploring utilisation of new multi-purpose technologies in SRH programming;
- Reviewing and developing youth friendly SRH health management information and reporting systems;
- Commissioning SRH programmes that target and promote the role of religious & traditional leaders and parents/guardians in youth SRHR programming, especially in the context of parent-child communication and
- Convening the Southern African Regional Students and Youth conference on Sexual and Reproductive Health as a bi-annual event hosted on rotation by countries in the region.

This report provides a narrative account of the conference proceedings, the key issues and discussions that took place at this inaugural conference.





## Introduction and Background to SARSYC

According to the Population Reference Bureau (2012), young people in sub Saharan Africa constitute more than one third of the total population. However, despite their demographic significance, they face numerous sexual reproductive health and rights (SRHR) challenges. Unfortunately, sufficient investments have not been made towards ensuring a coordinated policy and programmatic response.

Young people need to take charge of their lives by playing an active role and participating development. Sexual and reproductive health issues can never be distanced from the development matrix especially in the Southern African context. Young people in Southern Africa face a myriad of sexual and reproductive health challenges and there is a striking commonality in these challenges across all the 8 countries that were represented at this conference. In addressing these challenges, there is always need for a common voice and shared vision among young people in the whole region. The Southern African Regional Students and Youth Conference (SARSYC) was one such a strategic platform meant to amplify the voices of young people on their sexual and reproductive health challenges. It further created a platform for learning and sharing of ideas among young people, civil societies and other players working in the field of SRHR.

The theme of the conference *“Youth SRH and the post 2015 agenda: a time to invest in young people to harness the demographic dividend in Southern Africa”*, is apt in that after the disappointment of the MDGs, young people have been offered an opportunity to influence how governments respond to their issues through the Sustainable Development Goals (SDGs). The SDGs are an opportunity for what one of the conference speakers called the “We” generation who put the needs of their generation ahead of others. Young people need to take space available in localizing the SDGs by taking roles as decision makers, taking part in the design, implementation and monitoring of this new development framework. The SDGs provide an opportunity for young people to demand participation and inclusion and make governments accountable. This SARSYC is a precursor to the ICASA 2015 and young people have another chance to put their issues on the global agenda during that conference which will again be held in Harare, Zimbabwe from the 29<sup>th</sup> of November to the 4<sup>th</sup> of December 2015.

Sexual and Reproductive Health challenges across Southern Africa disproportionately affect young people with the burden being more defined amongst young people with disabilities, adolescents living with HIV and adolescent girls. According to UNFPA, in most Southern African countries more than one third of women aged 20 to 24 years have been married or were in union before age 18. This challenge of child Marriages is reaching alarming levels and continues to make young girls vulnerable. In Malawi and



Mozambique, the rate is above 50% (UNFPA 2012). Girls under 18 are more likely to die during pregnancy and childbirth than women in their twenties due to various biological and socio-cultural dynamics which make them vulnerable and their inability to access sexual and reproductive health services and information (UNFPA 2007).

Students with impairments are faced with challenges related to access to information, services and commodities that are tailor made for them. Few institutions have developed comprehensive programs that address the challenges of students with impairments. Generally, the interventions on SRH have also failed to mainstream students with impairments and as such their sexual and reproductive health rights are ignored. Also significant attention of SRH interventions has been put on addressing the challenges that are faced by females given their vulnerability or simply how to empower them to better address the SRH challenges. Gender programming on SRH therefore has maintained a bias on females and in most cases leaving out the male counterparts' needs as well as excluding them from participation. The changing tide however has shown that there are benefits in male involvement and some successful initiatives targeting males as partners and advocates in SRH programs have been implemented.

Informed by these socio-economic and political realities of young people in Southern Africa, SAYWHAT hosted the inaugural Southern African Regional Students and Youth conference on Sexual and Reproductive Health (SARSYC) from the 28<sup>th</sup> to the 29<sup>th</sup> of August 2015.

## CONFERENCE PROCEEDINGS

### DAY 1

#### 1.1 Conference Chairperson's Opening Remarks

The conference started with the Conference Chairperson, Tariro Makanga-Chikumbirike welcoming all delegates to the conference. The Chairperson outlined that the purpose of the conference was to have a fulfilling discussion on Sexual Reproductive Health issues among the youth and students from Southern Africa. The opening remarks further urged delegates to take advantage of the conference platform to interrogate all critical reproductive health issues. The conference chair welcomed the young leaders and encouraged them to have open discussions on SRH and fruitful deliberations that will impact the lives of other young people and students who they represented.



## 1.2 Welcome Remarks



### His Worship the Junior Mayor of Harare – Mr. Rufaro Manyepa

The Junior Mayor welcomed all delegates to the conference and emphasised Southern Africa's commitment to address the Sexual and Reproductive Health Challenges among youths and students. He highlighted that the convergence of 8 countries in one place is a good example of SADC's commitment to tackle SRH issues, whilst the presence of youth at the conference is an indication of how excited young people are after being given an opportunity to take part seeking solutions for issues they directly face on a daily basis. He emphasized that it is crucial that the conference delegates reflect on past experiences and recognise the centrality of addressing the region's SRH issues to achieve the post 2015 development agenda. He also highlighted that the agenda that Southern Africa has on youth's reproductive health is such a noble one, but with it came responsibility.



## 1.3 About SARSYC

### Mrs. Nyandoro (Deputy Director of Reproductive Health Unit – MOHCC)

The Deputy Director welcomed delegates to the conference and highlighted that the year 2015 marks the end of the lifeline of the Millennium Development Goals, calling for the need to deliberate and discuss the post 2015 agenda. She noted that as delegates discuss and shape that agenda, there is need to ensure that sexual and reproductive health issues affecting young people remain a key priority. She expressed her hope that the conference would amplify the young people's voices on sexual reproductive health rights. She also reiterated that the conference was an opportunity as it brings together programme planners, youths and various stakeholders to discuss SRH challenges faced and deliberate on strategies to deal with them. She also mentioned that the thinking behind the conference was to satisfy the need for a regional space that brings together youth, students in tertiary institutions, governments, programme planners and implementers to gather and deliberate and share notes and ideas. She said this would allow for the identification of key priorities on responding to the SRH challenges that young people face for targeted interventions. She noted that the theme of the conference was strategic as it captured young people as an important group to achieve reproductive health goals, and ignites young people to a discussion of SDGs.





She suggested that the conference analyse and interrogate strategies on SRH post-ICPD and MDG frameworks and that young people suggest new ways of getting their ideas incorporated into SGDs. She also urged that the conference becomes an annual event because there is need for a regional space that brings together stakeholders and deliberate on SRH issues that young people face daily. She urged the youth to unite under the ambit of the conference and send a clear advocacy message to people and institutions that can help them overcome their SRHR challenges.



The SARSYC, it was noted, was designed to amplify the voices of students and young people on their sexual and reproductive health rights and create actions on improved accountability on commitments. She applauded collective partnership of multiple stakeholders and urged the conference delegates to focus on designing a response strategy to the SDGs so that young people are not left out of the process. She urged the conference organisers and delegates to come up with a clear statement to feed into global deliberations that will go beyond the ICASA Conference.



## 1.3 Goodwill Messages from Partners

### 1.3.1 Collective Actions in curbing New Infections among Young People in Southern Africa - Mr. Amos Mpofu (National Aids Council Zimbabwe)



He highlighted that NAC is working together with other partners to achieve the 2030 vision of zero new infections, zero AIDS related deaths and zero discrimination with a special focus on young people. He highlighted that the conference also coincides with a time when NAC is putting greater emphasis on the meaningful involvement of young people in designing and implementing interventions aimed at them. He acknowledged that as a region, stakeholders have not done well in reducing HIV and AIDS among young people thus the need for new strategies have to engage them. He noted that it is a concern that currently the national HIV prevalence has stabilized, among young people the incidence and prevalence is still high (and increasing). He further noted that the statistics show also high sexual abuse among the young people hence the need to prioritize them.



Southern Africa is the epicenter of the HIV epidemic globally because of its high HIV prevalence, high HIV incidences, high AIDS related deaths and a relatively high number of orphans due to HIV. He encouraged delegates not to be demoralized by the gloomy picture but rather be inspired and use it as a Launchpad to new strategies/interventions. He mentioned how unlike in the past things have shifted as youth are no longer recipients of projects but are active participants in finding solutions to challenges that confront them. He encouraged all delegates present to participate in the conference with passion, zeal and energy and map the way forward for young people in southern Africa.





### 1.3.2 SAFAIDS

#### Mrs. Lois Chingandu (Executive Director)

Mrs. Lois Chingandu expressed solidarity with SAYWHAT and endorsed the importance of young people in SRH programmes. She highlighted that for there



to be development this generation of the youths should move from being an "I" generation to a "we" generation. She said she noted that youths of today especially those who are 'privileged', in life usually complain on behalf of themselves and not on behalf of their counterparts. She mentioned that today's youths have access to most things such as social media and latest technology but they have not used them to help solve the problems they face. She mentioned that SAFAIDS is working on ensuring it identifies what the young generation can do to find their own solutions.

She concluded saying that ".....a "we" generation that is selfless, that changes the world for others is now what we want". Youths were described as the "antidote" that Africa needs. She ended by a rhetorical question, "What is your generation going to be known for considering the volumes of resources at their disposal besides social media (WhatsApp, Twitter and Facebook)?"

*"How has this generation used the time and resources at their disposal to craft solutions for problems facing Africa today"*

### 1.3.3 United Nations Population Fund (UNFPA) Zimbabwe

#### Mrs. Abigail Msemburi (Assistant Representative)

The presentation expressed appreciation for the involvement of UNFPA Zimbabwe in the conference where young people were prepared to engage and deliberate on the post 2015 development agenda. She reiterated that young people should be at the centre pushing the global SRH agenda. She encouraged young people to speak with one amplified and unified voice on SRH issues they face. The addressed challenged young people to use ICT and other opportunities presented by new media to advance their sexual reproductive health issues. At present globally, the 10-24 year age group is the largest in history and has the potential to transform economies hence policy makers need to have policies targeting them. She pointed out to the Ministry of `health and Child Care the importance of a supportive environment as youths can bring in energy and investment if they are supported. Policy makers need to include young people to ensure they make the right policy choices. She also mentioned that policy makers need to make the right decisions with respect to education, health and provide employment opportunities for young people. In





her remarks she implored all stakeholders that their actions will determine *whether youth bulge becomes a demographic bonus or else end up being a demographic time bomb*. Her speech also highlighted that poverty, poor health and lack of education especially in girls are some of the challenges that the post 2015 SDGs needs to address. She expressed pleasure at the fact that the proposed SDGs at least address these issues for the full realisation of their SRH rights for young people. In conclusion she urged the delegates to use the conference to develop and innovate on regional strategies that contribute towards the realization of the SDGs in the respective countries.

### 1.3.4 Southern African AIDS Trust (SAT)

#### Mr. Jonathan Gunthorp (Executive Director)

His speech highlighted that young people's voices are important in SRH challenges response strategies. He noted that although there are SRH issues in the region, there were also opportunities to find solutions. In his conclusion, he encouraged the delegates to use the conference to:

- Introspectively discover individual powers as change agents
- Get ways of ensuring that more young women go into tertiary institutions
- Discover cost effective ways addressing SRHR challenges of young people
- Begin efforts to find ways towards ensuring comprehensive sexuality education for young people in schools, homes and the entire society.
- Network and learn from each other in creating sustainable institutions that address challenges of young people



### 1.3.5 UNESCO

#### Mr. Damir Djakovic

He thanked the organisers and delegates for an opportunity to send a good will message at the conference. He noted the appropriateness of the theme of the conference which recognises that young people are not merely receptacles of information and ideas from adults but are indeed think tanks in their own right – who are able and competent visionaries with sharp intellect and energy that when deployed and tapped can solve the pressing problems currently faced in the Southern Africa region. However, he also spoke to the fact that the needs of young people and the challenges they face do not receive a great deal of systematic attention in policy, programs, practices, service and global development processes. Therefore, he noted, the conference offered an opportunity for young people to forge partnerships with adults to reflect on the post 2015 development agenda and





reverse the negative experiences of young people in SRHR, employment and well being. In terms of the post 2015 agenda, he noted that the SDGs were focused on the unfinished business of the MDGs which had 164 targets including SRH issues. He emphasised that young peoples' role in the post 2015 agenda of the SDGs would determine whether they fail or succeed.

In conclusion, he pronounced several key elements that he proposed to be considered during the conference: For Young People, By Young People and with Young People:

- The need to deliver evidence-based prevention programs for young people;
- To provide youth friendly sexual and reproductive health services and access to treatment;
- To ensure sustainable funding for youth HIV programmes;
- To invest and mentor youth to take leadership of the AIDS response;
- To see an increased youth participation in decision making, in research, planning, implementation and evaluation of programmes
- To document young people's experiences to inform good practices.



### 1.3.6 ICASA Zimbabwe Secretariat 2015 Mr. Raymond Yekeye (Head of Local Secretariat of ICASA 2015)

His speech highlighted the importance of the ICASA conference 2015 to be held in Zimbabwe where up to 7000 delegates are expected. He said the gathering will give an opportunity for young people to articulate their issues as this conference is focused in young people, thus SARSYC was a good precursor to the conference. He noted that during the ICASA, some young people have slots as key speakers in the plenary section whilst some are moderating and chairing sessions.

He therefore encouraged young people to make use of this knowledge sharing platform. He also highlighted that in the quest to promote the participation of young people in the conference they had set aside 100 out of a possible 500 scholarships for young people. He appealed to development partners to bring more young people to be part of the conference. At the time the conference (August 2015), about 4000 had registered and he encourage all young people to register through the website. He wished the delegates a successful conference and hoped to see all of them at the ICASA Conference 2015 in Harare, Zimbabwe.



## 1.4 Key Note Address



### Hon. Dr David Parirenyatwa (Minister of Health & Child Care)

The Minister welcomed all the delegates to the conference and to the country. He said that government through the Ministry and development partners supports the initiatives by young people to address the SRH in Zimbabwe. He reminded the delegates that the conference was an opportunity for different ideas to be brought together and be implemented. He said the 14% HIV prevalence in Zimbabwe will not go down much lower because people are now living on ARV's but HIV incidence is going down. He

highlighted the notion of key populations as very much relevant to the government and that according to him young people are a key population. They are a priority because in Zimbabwe, the incidence of STIs has shot up for those aged between 16 and 35 years hence all efforts should be put into targeting this age group. The other key populations that the Government of Zimbabwe prioritises include commercial sex workers, men in prison and mobile populations. He indicated to the delegates that the conference was happening at an opportune time when Zimbabwe was to host ICASA later in the year and young people needed submit their resolutions to the high level conference. He concluded by saying that the government cannot ignore the youth dividend/bulge as some issues facing the countries are addressed through the youth. He encouraged the youth to see themselves as tomorrow's leaders and should be giving the world direction. He wished the delegates a fruitful conference and intimated that these kinds of gathering should be done annually and in different countries so as to share ideas on addressing SRH challenges of young people.

## 1.5 Looking to the Rear view Mirror and Projecting Future Trends



### 1.5.1 The HIV and AIDS response for young people in the SADC region: The Then and Now (Mary Crewe from Centre for Sexualities, AIDS and Gender - University of Pretoria)

She presented on the critical issues affecting young people not only on HIV but on SRH issues including how young people will make identities. She highlighted the fact that at present the work being done in addressing sexual abuse in different southern African countries was still not sufficient. She reiterated the fact that young people are the agents of change and should change gender justice and



challenge gender based and normative-symbolic violence. She concluded by indicating that, going forward, beyond 2015 the culture of silence in the context of SRH will have to be challenged.

### 1.5.2 Where are we now on SRH? 20 years since the ICPD



#### (Mrs Tamisai Chinhengo – UNFPA)

She gave an update of the ICPD (1994-2014) and stated that for the world to map the way forward there is need to look back and learn from experience. She noted that the world has changed a lot from 1994 and among some of the changes include the cellphone penetration and primary school attendance. Sex education in 2015 now needs to be delivered early enough because many girls are being left to mature without the sexuality education. She noted that it is important to catch young people early before they

enter into the age where risky sexual behavior is practiced. However, she noted, there has been little research on SRH issues for young people and there is need for more research to be done in that area as comprehensive sexual education in schools as it is still viewed with suspicion by many including parents. She intimated that there is a need to strengthen the capacity of those that are to deliver on SRH issues. She also argued that it is important that sexual education be participatory and information to be delivered early – not just in high schools which is the norm in most cases. SRH services should be set up and young people should be consulted if there is need to set up youth friendly centers as many of these are set up without the involvement of young people. In conclusion she mentioned that programs should not be short lived but should go further and that the young people needs are addressed comprehensively. The presentation outlined that countries with both increasing numbers of young people and declining fertility have the potential to reap a 'demographic dividend' and with addressing young people's SRHR related challenges is a prerequisite to this demographic bonus.

### 1.5.3 From MDGs to SDGs: A look into the prospects and challenges for SRHR



#### SRHR

#### (Mr Mutuma Executive Director of Planned Parenthood Association of Zambia)

He encouraged young people not wait to be invited to the table but to position themselves to take part in achieving SDGs related to SRH. He urged young people to give solutions to the challenges that they are currently facing. He stated that SDGs mention universal access of SRH for young people. The SDGs outline that no one should be left behind and that is the commitment that governments have made. He concluded by outlining that it is entirely up

to the youths to position themselves and take part and show the governments that youths are able to take part and help in the development.



## 1.6 Where do we stand? A youth perspective on SRH programming in the region



### 1.6.1 Yemurai Nyoni (Zimbabwe)

He mentioned that young people have the power to ensure SRH issues are addressed in their different communities. In the past twelve months an unsustainably high number of first sexual encounters were forced and 9 out of 10 adolescence pregnancies occur in union. He argued that because they have the power which they have not used, youth are 'bad debtors' to their communities in the context of SRH advocacy. He suggested that for every child marriage, unsafe abortion and an STI infection recorded, there is someone in with power who has failed to stop this from happening. In his presentation, he emphasized that young people have the power to change the world and that they needed to acknowledge that they have this power and change the world.



### 1.6.2 Tikhala Itaye (Malawi and Namibia)

Her presentation carried the major message that young people have the capacity to drive and carry the SRH agenda forward. She presented how she has managed to convince development partners and a media agency to produce a documentary called, "Don't kiss and tell" that will in the near future be shown to a wide audience in in southern Africa and beyond. She created the drama series because of the huge influence the media has on young people and encouraged other young people not to give up on things they believed in. She further encouraged young people to be involved in SDGs as implementer and not beneficiaries. She then encouraged the delegates to let their hearts and passion drive the quest to have their SRH issues carried forward. *The bigger the movement, the bigger the impact*



### 1.6.3 Bolivia Jeremiah (Botswana)

In her presentation she noted that SRH services should be affordable, accessible and available and that services should accommodate the needs of the young people in and out of schools. She also lambasted an individualistic approach to solving the same problem and noted that the challenges that young people in Southern Africa are facing are just the same, hence the need for collective action. She encouraged delegates to go back on the drawing board and conduct interventions research. She further outlined the 6 stages of interventions research, and highlighted that usually, the problem starts at the design stage of the interventions calling upon for the young people to be the driving force if the interventions are to succeed.





## 1.7 Panel Session: Right for you! Translating Intention to Action



(Chair: Lucky Mbewe - Malawi)

**Topic: Condom Access and utilisation and utilisation by youth and students**

1.7.1 "Right for You! Translating Intention to Action": Condom Access and Utilisation by youth and students (situation analysis) *by Rachel Goba (Zimbabwe National Family Planning Council)*

She gave a situation analysis on young people access to SRH services (condoms) in Zimbabwe, where young people make up the large population in Zimbabwe. The statistics show that HIV prevalence in 15-24 is 7.3 in women and 3.6 in men, whilst child bearing increased from 16% to 23.5% among the 15-19 years olds. She also mentioned that condom use among sexually active young people with multiple sexual partners is only 50%. She intimated that the conference needed to map out what factors are affecting young women to access safe sex. Some of the barriers to condom use include cultural values, religion, socio-economic realities and misconceptions around the public sector condoms. She emphasized that recommendations must come from the young people on what should be done to increase use and access of condoms among young people.

### 1.7.2 Condom Access to Students: Right or Wrong?

(Ishmael Chiposyo (Botswana Student Network - University of Botswana))

His presentation showed that societies are full of conservative people who are still debating whether to give young people condoms when the young people are already sexually active. He indicated that society is still debating on the morality of whether condom use is right or wrong. He argued that issues of access need to be addressed because young people are having sex without protection due to the barriers that are currently present in many countries in southern Africa. In Zimbabwe there is still a debate on whether children in school should be given condoms whilst in Botswana students in secondary schools are getting condoms when in school. He concluded by saying that society needs to wake up to reality and address the evolving and ever changing SRH needs of young people.

#### Discussion

- Honorable Dr Ruth Labode, a Member of Parliament and also Chairperson of Parliamentary Portfolio Committee on Health and Child Care noted that local policies are not in line with realities of our present society. If one is under 16 and they have an STI, they have to go with their parent in order to receive medical attention
- Another delegate noted that young boys need to be taught that it is normal for young girls to carry condoms on their person



## 1.8 Breakaway Sessions

Participants were split into three groups for discussions on special topical areas to draw out key issues that participants felt needed to be included in the draft policy document.

### 1.8.1 Track 1: Harnessing SRH&R advocacy through Youth Leadership SAfAIDS

#### Summary of Track

The SAfAIDS track for the Southern African Students and Youth Regional Conference on Sexual Reproductive Health (SARSYC) was aimed at engaging the participants on models that SAfAIDS has used in order to harness the demographic dividend by empowering the youth to educate their peers on SRH&R. In the track, SAfAIDS showcased two main models that the organization has been using; The Young Leadership Academy (YPLA) model and the Young People's Sexual and Reproductive Health Information and Services Advocacy (YPISA) models. The main goal of showcasing these models was to give young people the opportunity to see how they can empower others through empowering themselves. Both models have shown success in allowing young people to be their own agents of SRH&R advocacy and development.



The track objectives were:

- To share the success of the YPISA model in promoting access to SRH&R information and services.
- To share key lessons learned during implementation of the YPISA model.
- To showcase the YPISA model through the work of the YPISAs
- To demonstrate initiatives of the SAfAIDS Young Leadership Academy model
- To demonstrate the applicability of the models across the regions in developing SRH&R advocacy and HIV prevention interventions.

#### Track Proceedings

They made a presentation of the Young for Real Programme which started in 2011 and has coverage in 7 provinces in Zimbabwe. The programme targets youth and policy makers, and uses media-social, print and electronic media including documentaries. To date this programme has trained many young peer to peer educators in the country.

They also showcased the YPISA model which was developed after evidence based research on SRH in 2009. Through capacity development they have increased awareness through the use of radio and TV and to date they have reached 1.8mln of their targeted population. The programme has transformed the lives of young people and school authorities are facilitating the activities of peer to peer educators. Some of the key factors that have made the model



successful in Zimbabwe include consistent messaging and ownership by young people who are both implementers and consumers of the programme. They also showcased the YPISA Community referral network in which they have done the following;

- They trained young boys and girls (YPISA) champions who are presently leading peer-peer education on SRH and the do the job of recruiting fellow peers referring them to SAfAIDS
- The YPISA champions also refer their peers to places where they can access SRH services
- They track to check if their peers have accessed SRH services

During the track, SAfAIDS facilitated two topics debate whose panelists were young people who were trained under the YPISA model. These topics were fiercely debated showing the knowledge that they have gained from participating in the programme. The topics were;

**Topic 1: "Traditional practices promote the violation of the emancipation of the girl child".**

**Topic 2: "Young people should be barred from accessing the social media because it it promoting negative sexual behavior"**

The key issues emerging from the discussions that followed the presentations were that;

- It is not possible to stop young people from accessing the internet but what they access should be controlled
- Social media is being used to convey messages on SRH issues and it is also a fora where young people learn how to use condoms,
- Young people need access to internet because they also get counselling services
- Rights to privacy for young people will reduce the possibility of parents mentoring their children
- Young people are usually too young to know what to do with their rights and thus need support from their parents and guardians

## 1.8.2 Track 2: Exploring challenges and opportunities in providing prevention, ART and positive living services for adolescents and young people living with HIV to improve quality and productivity of life.

### AFRICAID

#### Summary of Track

AIDS-related deaths in adolescents continue to increase as a result of poor linkage and retention in care, sub-optimal adherence and a lack of prioritisation of adolescents in service delivery. There is a critical need to hear the voices of young people living with HIV so that they themselves can shape the way services are delivered across the region. In this track, adolescents and young people came together from organisations across the region to share the successes and challenges from their respective countries and organisations, including the views of young key populations and young people living with HIV and disabilities. Key issues included positive health, dignity and prevention, access to ART and adherence, stigma and discrimination, retention challenges and



sexual and reproductive health, drawing on experiences from different settings. In the interactive session, they discussed and made recommendations for the delivery of prevention, ART and positive living services in order to improve quality of life for their peers across the region.

Young people living with HIV led this track. It combined their experiences and lessons learned from different countries in the region through their own verbal statements, testimonials, oral and poster presentations and discussions.

## Track Proceedings

This track provided a platform for adolescents to share successes and failures in a world where statistics paint a grim picture. It was noted that currently 2.1 million adolescents are living positively worldwide and adolescents' deaths have increased. According to the UNAIDS HIV report (2014) globally 76% of people with HIV are not yet on ART. The major challenge is that adolescents have not been benefiting from HIV services and a significant challenge is transitioning to adulthood focused services. The track showcased presentations from adolescents that were sharing their experiences from their respective countries namely Swaziland, Botswana and Zimbabwe.

The presenter from the Swaziland Network for Young Positive highlighted unfriendly health services they experience in Swaziland. Young people queue together with adults and the health professionals are judgmental towards the young people when they present with STIs and HIV. Young people also experience stigma at school and at home where they are not allowed to use any other utensils except those allocated to them and experience name calling. At the hospitals, their clinic cards have already a sticker that is known to be of those who are HIV positive which is discriminatory. Some of the recommendations to address the challenges that young people living with HIV in Swaziland face include increased commitment by government to addressing the needs of adolescents. There is a need for all stakeholders to listen to the needs of adolescents, orient health personnel to offer friendly health services and provide forums where they will be empowered.

The presenter from Botswana also painted a picture of the challenges that they face in their home settings. There is the problem of adherence to drugs leading to depression, fatigue, nausea and lowered immunity among young people. There is problem of disclosure among those living with HIV due to stigma and discrimination at both family and community levels. Other challenges that young people face include intergenerational relationships where young girls do not have power to negotiate safe sex. In addition, due to unemployment young people engage in risky behaviors such as sex work, alcohol and drug abuse. Youths who are positive turn to alcohol and drug abuse to solve their problems causing new infections, depression among other things. The government and stakeholders in Botswana have been active in providing HIV information, testing and counselling for free. However, more needs to be done in providing





SRH services for young people, more targeted toward youth and training of health professionals to provide youth friendly SRH services among others.

There were two presentations from Zimbabwe that were focused on the challenges faced by young people with a disability and those who are LGBTI. The challenges faced by those with long term physical, mental and sensory impairment include stigma, negative attitudes and unemployment. They also face challenges of affordability of SRH services and with health service providers who do not know sign language. In addition, negotiation for condom use and knowledge is a challenge; condoms are not friendly to those without hands. The recommendations included the need to empower those with disability with equal opportunities in employment. The presentation by representatives from the association of gays and lesbians in Zimbabwe painted a picture of young people who are affected by stigma, discrimination, shame and rejection leaving them vulnerable. There are no SRH services that are targeted at them even though they are a key population. Some of the recommendations included the need for the health service providers and other stakeholders to accept the sexual orientation of all people and not stigmatise. The presenter noted that interventions to lower HIV will be ineffective if gays and lesbians are continuously left out on SRH issues that affect them.

## Discussion

- There was a call to change the renaming of birth control pills to be called contraception and not family planning. This is important in that this could address some of the reasons why the youths are being shunned in hospitals because the term family planning points more to adults than young people
- There is a need to create support structures for adolescents to ensure continuity from teen hood to adulthood especially those living with HIV and AIDS. This ensures that the empowered youth who are now adults will not face challenges integrating into support structures when they are now adults, for example at university and youth organisations.
- There are inconsistencies in the provision of health services to people with disability as some service points have interpreters and some do not. Not all doctors are able to serve patients with disability if they come unaccompanied. It was recommended that the Government of Zimbabwe take seriously the need for sign language as a curriculum for health personnel so as to minimise barriers to SRH. It was recommended that when putting in place any programmes of some sort needs of those with disability should be seriously considered.



### 1.8.3 Track 3: Improving access to contraceptive services targeting adolescent girls and female students aged 10-24 in Southern Africa and an exploration of New Multipurpose Technologies. Population Services Zimbabwe (PSZ)

#### *Track Summary*

With the evidence of low contraceptive use amongst adolescent girls, this track assisted in diagnosing the key challenges as well as share information on how to improve access to and use of contraception amongst adolescent girls.

The track shared information on new innovations and multipurpose technologies that can work for adolescent girls including results where such have been piloted and their potential in addressing the current low uptake. The track focused on challenges that youth in tertiary institutions face as well as experience sharing on successful interventions that have focused on improving access and use of contraceptives in the institutions of higher learning. The overall thrust was to discuss issues that ensure prevention of unintended pregnancies, improvement of adolescent girls' knowledge of and access to Sexual and Reproductive Health (SRH) services and use of multipurpose technologies and new innovations.

#### *Track Proceedings*

PSZ gave an overview of family planning in Zimbabwe and their role in the provision of contraceptives to the whole of Zimbabwe. PSZ reaches out to the community through 3 channels which are static clinics, social franchise (private health workers assisting them to set up their services) and outreach (camps and tents provided by MOHCC). PSZ is all over the country and reaches even women who do not visit the clinics through different campaign methods implemented by hospitals (hospital must come home campaign). PSZ shared the fact that oral contraceptives are the ones that are mostly used by young people especially at tertiary institutions in Zimbabwe because they are easy to access and cheap. The legal age at which a person is allowed by law in Zimbabwe to buy and use contraceptives is 16 years and unlike other countries it is still not permitted by the authorities to distribute condoms in schools. PSZ admitted that they have not done well in terms of reaching people with disability in collaboration with government ministries and needs to devise new strategies and invest into braille IEC materials. PSZ emphasized the need for dual protection which protects from both STIs and pregnancy especially among young people. The track came up with resolutions to the challenges with regards to family planning among you people;

- IEC material in braille, many people to learn sign language to ensure the inclusion of disabled communities
- There is a need for speedy implementation of technologies in the distribution of condoms including development of mobile applications for young people to access information
- Youth centered campaigns are needed to ensure that more information reaches the youths through finding and identifying where youths hang



- around and find ways to attract them
- Rebranding of public products for family planning such as condoms to increase uptake
  - Services should be made available and friendly to young people.
  - Peer education should be the method used to reach out to the young people
  - Encourage parents to communicate with their children on SRH issues at an early stage, work with churches as well
  - Advocate for policy that adopt change (introduce condoms in schools since 90% of young people go to school). Condoms should be in school because that's where young people are. It does not necessarily mean that because one sees a condom in the toilet she or he would want to use one.
  - Train nurses to educate mothers on how to communicate with their children at a younger age.
  - Ministry of health to refurbish and put up clinics at university that initiate ART
  - Advocate for the removal of user fees on students as long as they have a school ID.

### Plenary Discussion

- Curriculum should be revamped to allow for nurses and teachers to be educated in sign language to ensure that they are qualified to serve those leaving with disabilities
- Attitude of personnel at health facilities that provide SRH services should be improved so as not to scare away young people in need of services
- There should be SRH services tailored to serve LGBTIs
- Peer led interventions need to be taken on board if SRH strategies are to be effective
- PSZ must increase number of outreach clinics especially at universities





## 2. DAY TWO

### 2.1 Plenary Discussion: Delegate Reaction to Presentations from Day 1

In the morning the floor was opened for discussion as the conference delegates were given an opportunity to ask questions and react to presentations from Day 1. Their contributions are summarised below.

- A delegate mentioned that it was not acceptable for youths to be on contraception, because we need to consider the morality aspect of it and strike a balance between morals and religious values and the rights of young people
- Another delegate raised the point that youths should be free to talk even to peers and be honest with them on the contraception they are using. She encouraged opening up amongst themselves saying if programmers and youth advocates lie to each other, the possibility of seeing change among other young people is greatly compromised.
- A major question of concern was why condoms are not being distributed in schools when clearly the pupils are indulging in sexual activities. Some of the reasons included the fact that elders are the biggest obstacle to this. Elders should be engaged or educated on that it is better to have youths who protect themselves than HIV/AIDS infected youths. It was encouraged to bring the elders into community gatherings and have these issues discussed. Another delegate highlighted that if the parents are not involved or engaged the issue of introducing condoms in schools is a mere waste of time.
- Also raised was the issue of the proliferation of house and nude parties all over Zimbabwe and what authorities are doing to reduce them and their effect on young people. The delegates agreed that young people need to be reminded that behind every right is a responsibility. *Young people are attending these parties due to the fear of being left behind often referred to as "kutya kusara".* A delegate urged that youths should uphold their personal values, that is, not to lose who they are because they have been pressured. Youths were advised that when one is at a party they should make valuable decisions and they should know where they are going
- Young people with disabilities should always be part of meetings where issues to do with SRH are being discussed

### 2.2 Breakaway Sessions

Participants were split into three groups for discussions in tracks

**2.2.1 Track 4: Assessing SRH related programs and interventions targeting young people with different impairments of a physical, sensory and mental nature.**



## National AIDS Council-YPNSRHA

### Track Summary

Young people with impairments are faced with challenges related to access to SRH information, services and commodities that are tailor made for them. Few institutions /Organisations have developed inclusive and/or comprehensive programmes that address the challenges of young people with impairments and as such their sexual and reproductive health rights are ignored. Leaving out young people with different impairments in developmental processes is a major setback to national development. As it stands today, in Zimbabwe the population of persons with different impairments that include visual, mental, physical, hearing and speech impairments stands at not less than 1 million which is a significant number that is also growing with time and has to be accommodated and catered for as well. Most of the public facilities be it health and education that are in Zimbabwe were constructed without considering young people with different impairments and this is a barrier for young people to fully exercise their right to access SRHR services. Stigma and discrimination coupled with lack of prioritization of this cluster of the population has stalled the mainstreaming of youths with different impairments in programme development, implementation, monitoring and evaluation capacity building and advocacy.



### Key highlights on expected outcomes of track

- Provide information on the current state of programming for young people with impairments including sharing of effective practices and lessons learned.
- Provide information on how to strengthen meaningful involvement of young people with impairments in programme development, implementation, monitoring, building their capacity and that of institutions.
- Derive ways on how to tackle current exclusion of the young people with impairments.
- Prioritizing of development of disability friendly information materials on SRH
- Sensitising and training of health practitioners in SRH service delivery to young people with disabilities

### Track Proceedings

In the track it was highlighted that different countries in southern Africa have to put in place policies that ensure that people with a disability's SRH issues are heard. Other concerns raised include that in Zimbabwe the needs of people



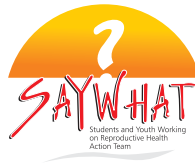
with a disability are still not met, and when one needs to visit the hospital, they need a letter from the Department of Social Welfare to get help. This process was said to be very cumbersome and limits young people's ability to access the services when they need them. Further, not many doctors and other health practitioners can assist patients with disability without the help of an interpreter calling for the need to enhance skills training for the service providers to ensure that there is inclusivity in service delivery.



## 2.2.2 Track 5: The role of young men in modern day societies of Southern Africa: opportunities and challenges for young men in the total elimination of violence against women and girls. SAYWHAT and UN Women

### Track Summary

This track tapped on the expertise and experiences of young men as they reflect on their role in the total elimination of gender based violence against women and



girls. Three presentations were delivered by representatives from UN Women, Zimbabwe Lawyers for Human Rights as well as Padare/Enkundleni/Men's Forum on Gender. The presentations were used to interrogate policies, programs and practices on GBV as they relate to young men.

UN Women delivered a presentation on men's role in the global response to violence against women and girls. Zimbabwe Lawyers for Human Rights delivered a presentation on violence against women and the law in Zimbabwe. The final track presentation was delivered by Padare/Enkundleni/Men's Forum on Gender and focused on the opportunities and challenges of engaging young men in the fight against GBV in Southern African communities.



### Track Proceedings

This track focused on the role of young men in responding to gender based violence in Zimbabwe with perspectives from relevant government ministries and civil society partners. The government representative highlighted that the levels of gender based violence are still a barrier to women development in Zimbabwe. It was noted that despite the Domestic Act of 2007 in Zimbabwe women are still vulnerable to gender based violence. Other presenters reiterated the need to emphasise the central role of young man in responding to GBV effectively as they are noted to be major perpetrators. It was also noted that the cost of GBV to the country was huge with the cost in 2009 being 2 billion affecting sustainable development. There is a need to develop strategies to prevent GBV before it even occurs.

It was noted that it is possible to create a gender sensitive society only if society





attack the cultural norms created by our culture for example females are socialised to be inferior to man Delegates noted that parents should strive to be good examples as parents children model children's behaviours. Children should also be educated on the bad side of violence against women. Zimbabwe is a signatory to protocols and declarations such as the Beijing Platform for Action, CEDAW, The UN Security Council Resolutions and SADC Protocol. However, there are gaps in implementation and accountability. Laws in all of Southern Africa are almost the same, the governments actually agree that there is a problem of GB violence and it has become the norm. It was also noted in this track that that violence is learned and therefore can be unlearned.

In terms of engaging men there is a need to address it at all levels for example from the family level and community level. New practices and norms should be challenged as patriarchy will not allow a man to cry for example or even use a pink tablet cover, calling for the need to develop new knowledge and language. Delegates noted that there is need to see the challenges brought out by patriarchy and address them, for example, culture seems not to celebrate men who are non-violent. It was also highlighted that society should break the culture of silence where women who are abused keep quiet and do not report the perpetrators of violence.

## Discussion

- A delegate raised the issues affecting pregnant women and mothers in the workplace. It was noted that there were acts of discrimination in the workplace for example no employer would employ a pregnant woman as they were considered a liability to the company. It was noted that breastfeeding time for lactating mothers was inadequate as the 2 30 minutes breaks can amount to nothing if one lives far off the workplace
- The culture of silence among abused women who are not economically independent can only be addressed through empowering the women. If the woman is empowered at least they will be having the resources to move ahead with their own life. There is an act in Zimbabwe that says there is to be provision of food and other for a woman abused although the implementation part of it is lagging behind.
- If both parents are victims of domestic violence, I was recommended that it is important to a child or young person to inform a third person to intervene, that same person can even accompany you to the department of social welfare.
- Exorbitant bride prices were also pointed to be a cause of violence; young couples start their families under pressure
- The track ended with a unanimous call for scaling up of programs targeting men and expansion of the current Men to Men Campaign in Zimbabwe from 3 districts to cover the whole of Zimbabwe.





## 2.2.3 Track 5: Too young to wed: Understanding the Policy, Economic and Health Impacts of Child Marriages in the Southern African Region

### ROOTS

#### Track Summary

ROOTS' Child Marriage Track sought to promote a space for engagement for young people and policy makers to foster strategies that contribute to ending child marriage in the region. The track sought to help young people to locate their role in ending child marriage and develop mechanisms for young people to hold governments accountable to ending child marriages. This track was a step towards building a young people's movement on ending child marriage. Engaging with Parliamentarians will influence policy change and provide an insight to policy makers on the extent to which people at the grassroots level are being affected by the malpractice of child marriage. Within the Track, child brides shared their lived realities and experiences on how child marriages have impacted their lives as well and form part of developing solutions to this scourge.



#### Track Proceedings

Presentations were given by Ministry of Women Affairs and representatives of advocacy organisations in the form of CAMFED and Plan International. The presentation by CAMFED focused on the role of education in ending child marriages in Zimbabwe. This is because in Zimbabwe over 40% of women are married before they reach 18 years and two thirds of them do not have formal education. Therefore, access, retention and quality of education are key to reducing child marriages and by extension the gender based violence they experience within the marriage. The presentation by Plan International exhibited a programme that keeps young girls in school initial at least when they are the age of 18. The unique aspect of the programme was the engagement of chiefs through the Chiefs councils who went on to developed a communiqué which was signed by all chiefs pledging to ensure that they take their part to end child marriages through their traditional leadership structures in Zimbabwe.

HIVOS Malawi gave a presentation on a programme to end child marriages in Malawi where at least 52% of women get married before they are 18 years taking away their opportunity to get education. The programme is a multi sector approach which involves traditional and religious leaders, teachers, the government and mother groups. They successfully advocated at national level for the improvement of the Marriage Act and the age of marriage is now 18 years. At the district levels they are involved in creating awareness on the dangers of child marriages as a result traditional leaders are now coming out in the open against child marriages. The Ministry of Women Affairs in Zimbabwe made a presentation and highlighted that Zimbabwe is a signatory to many





local and international conventions that seek for empowerment of women and girls. However, at present there was an urgent need for the harmonisation of all laws that speak on child marriages so that they speak with one voice so that child marriages in Zimbabwe can be stopped.

## Discussion

- The Chiefs representative advocated against workshopping and argued that the law is there but child marriages are happening in secrecy involving families from both parties
- There are few organisations that are engaging men on the role they are supposed to play to end child marriages.
- It was highlighted that the law on its own cannot achieve anything because it comes down to individuals and families that make decision on how to end child marriages
- Services should be readily available to ensure that when young girls cry for help to escape child marriages they get the help they need.
- The law should also punish individuals who facilitate child marriages for example sadombo, pastors and priest
- Keeping girls in school is not enough as they should get sexuality education
- There is a need to empower women if interventions to end child marriages are going to be sustainable
- Child marriages have social and developmental challenges on Southern African countries that is why they are lagging behind on achieving MDG's

## 2.3 Feedback from the Tracks and Plenary session

In this plenary session participants also gave feedback on the conference presentations and what they had learnt from the different tracks that they had participated in.

### Plenary

- At present in Zimbabwe there is confusion as various portions of the constitution refer to the ages of 16 and 18 interchangeably undermining the efforts of ending child marriages. However, legally, 16years is age of consent for sex and accessing contraceptives and 18 is adulthood age and they can decide on what they want including marriage.
- Orphans are more vulnerable to child marriages as they do not have strong parental guidance and protection. Early marriage is usually an option to get rid of caring for orphans who are sometimes under the guardianship of the extended family members
- Parents and children should be educated on the bad side of child marriages and the disadvantages that come with marrying off of young girls



## 2.4 Positive Talk Live Recording: Setting the post 2015 Agenda on youth and students' Sexual and Reproductive Health hosted by Tariro Makanga - Chikumbirike

The talk show was recorded live as part of the conference and the panelists included Lois Chingandu, Charmaine Picardo, Levi Singh, Sydney Hushe and Mpho Motiang. It centered on the SDGs and what role young people can take to make sure they address their SRH needs are part of the agenda. The main sentiments expressed by panelists and discussants were that all stakeholders need to engage at their respective levels and make sure that governments fulfill their commitments. Even though some delegates expressed the fact that there was little consultation on the SDGs young people were encouraged to make use of all tools and avenues available to them to localize the SDGs instead of waiting for a package from somewhere to make it happen for them. Young people were also encouraged to hold their their governments accountable for what they promise in the SDGs because at times governments do not put structures or money to support the SDGs at national levels.



One of the major concerns that were raised was that there was very less consultative process done in sensitising the key stakeholders about the SDGs. One of the Parliamentarians who was at the conference reiterated that even at Parliament level, very few are aware of what is in the SDGs. However, Lois Chingandu blamed the young people for not taking interest in issues that matter. She argued that information on SDGs is all over the internet and encouraged them to take seriously these global processes given that all of them have a bearing on their lives

## 3.0 Pre-Conference Activities, Side-Meetings and other Conference Outcomes

### 3.1 National Coordinating Committee LEAD Training SAYWHAT

SARSYC began with a capacity building training for young people in the leadership structures of SAYWHAT, the hosting organization. Young people in the highest decision making body of the organization, the National Coordinating Committee, received a training on Leadership Development (LEAD) aimed at strengthening their capacity to push the vision and work of the institution forward from local to national and regional level. The training was



conducted in Harare, at SAYWHAT offices.

The 12 young people who were trained played an active role in organizing the conference and are the same cadres who spearhead the organisation's work at local level in the various colleges in Zimbabwe.

### 3, 2 Imagined Futures Essay and Debate Competition CSA&G



This was one of the Major Pre-Conference Activities. This debate competition was hosted by the Centre for Sexualities, AIDS and Gender. The debate competition brought students in tertiary institutions from various countries in Southern Africa to debate on key SRH topics relevant to the young people of today. The debate was run under the topic; Can SRHR (Sexual Reproductive Health and Rights) be used as a transformation tool in a democracy? Among the key issues discussed were Gender; Sexuality; Advocacy; HIV, What are the challenges in providing/accessing SRHR in Southern Africa, What are the solutions to those challenges?, What is the role of political leadership in democracy and SRHR work?, Ways to assure accountability and transparency within democracy.

**Zambia emerged the winners in this competition, followed by Zimbabwe.**

### Southern African Web for Life Launch SAYWHAT and AWDF



Southern African Regional Students and Youth Conference on Sexual and Reproductive Health (SARSYC) will always be remembered as the platform that saw the launch of the regional young women's feminist movement meant to champion the sexual and reproductive health rights concerns of young women in the region. Prior to the launch, the young women gathered and mapped out strategies of ensuring that young women's issues are flagged out and mainstreamed in all the discussions that were taking place in the main conference and also the conference tracks. Indeed, the young women did not disappoint as gender and women's SRH concerns were considered part of the key agenda not only in the conference deliberations but even in the conference outcome paper.

The Southern African Web for Life Network was a necessity after young women realized the commonality of the challenges that they face across the region. Thus SAWEB is a platform for sharing ideas and notes among young women in Southern Africa in designing effective practices and strengthening SRH programming for young women in the region



## 4.0 Conference Declaration

As highlighted earlier in this report, the major outcome of the conference was a communique that was handed over to the ICASA president. Below is an insert of this outcome paper.

**Southern African Regional Students and Youth Conference on Sexual and Reproductive Health Rights: "Youth SRHR and the Post-2015 Agenda: A Time to invest in young people to harness the demographic dividend in Southern Africa".**

28 – 29 August 2015, Harare, Zimbabwe

### Background

The United Nations Commission for Africa's (2013) MDGs progress report acknowledges that Southern African countries have not been able to meet their MDG targets, despite recording significant improvements. Young people, who constitute more than one third of the total population in sub Saharan Africa, continue to face numerous sexual reproductive health and rights (SRHR) challenges. Informed by these realities and the ending of the lifeline of the Millennium Development Goals, the Students and Youth Working on Reproductive Health Action Team (SAYWHAT) hosted the inaugural two-day Southern Africa Regional Students and Youth conference on Sexual and Reproductive Health (SARSYC) from the 28th to the 29th of August 2015, in Harare, Zimbabwe. The conference ran under the theme: **"Youth SRHR and the Post-2015 Agenda: A Time to invest in young people to harness the demographic dividend in Southern Africa"**. Over 300 delegates, drawn from Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, participated in the conference.

### We acknowledge

- The country level strategies concerning youth and SRH;
- Recognition of youth SRHR in global and regional development commitments (Ministerial Commitment towards SRH and CSE in the Eastern and Southern Africa - ESA Commitment, Maputo Plan of Action, ICPD PoA, Addis Ababa Declaration on Population and Development, the inclusion of adolescents in the Global strategy on Women, Children and Adolescent health);
- Increased involvement of young people in development processes affecting us (Country delegations to SDG, ICPD discussions, dedicated youth conferences at global and regional level, program and material design. accommodating youth inputs in development processes, increased involvement in program design, monitoring and ).



- Support for youth-led initiatives from development agencies, CSOs and other stakeholders in building capacity and availing resources for youth work (Y4CARMMA)
- The efforts to develop a SADC Model Law on Child Marriage;
- The Pan-African campaign on Ending Child Marriages in Africa;
- The AU initiated CARMMA.

### However, We Note

- The contraceptive prevalence rate for Southern Africa was at 25% in 2010;
- The adolescent birth rate of girls aged between 15-19 was more than 50% in 2009, 90% of adolescent pregnancies occur in marriage or union;
- Survivors of child marriages have limited opportunities to be reintegrated into the school environment;
- The antenatal care coverage rate is below 47% when it looks at the required 4 visits but however high when at least 1 visit is considered;
- The unmet needs for family planning averages at 22.7% in Southern Africa;
- Limited programming of youth with disabilities;
- Inconsistencies and discrepancies between SRH related laws and policies;
- Absence of curriculum on communicating SRH issues to young people living with a disability and living in the streets;
- Limited availability and scope of youth friendly health programmes and services;
- Youth participation in SRH programming is still very limited;
- The role of parents/guardians and religious sector has been very limited;
- Lack of sex and age disaggregated data on SRH, with a specific focus on people with disabilities, adolescents, and other key populations.

### We commit ourselves to:

- Preventing stigma and discrimination with a specific focus on: young girls affected by child marriage, HIV, sexual activity, sexual orientation and people living with disabilities in Southern Africa;
- Holding governments in the Southern African Region accountable for the delivery, availability and scope of youth friendly SRH programs and the implementation of laws and policies related to SRH and HIV;
- Spearheading programs on demand creation and uptake of sign language courses, BC Communication by learning sign language and developing disability friendly SRH information and services in Southern African Region; strengthening structures that coordinate, empower and expose all the youth to opportunities, resources and skills on SRH In Southern African Region;





- Ensuring young people's access to information on policies supporting access to SRH services and information including on condom education in Southern African Region;
- Ensuring provision of adequate SRH commodities including safe contraceptives for young people in Southern African Region

**We call upon governments, regional entities, Health providers, UN agencies, CSOs, parents and guardians and other relevant entities in Southern Africa to prioritise:**

- Harmonisation and dissemination of laws, policies and strategies related to Youth and SRH;
- Creation of a SADC fund for research, programming and implementation of SRH policies;
- Enforcement of comprehensive sexuality education in schools;
- Universality of SBCC material and services to cater for all youth including youth with a disability;
- Capacity enhancement/building and support to youth to create innovative communication strategies for young people;
- Provision of comprehensive, gender sensitive, youth friendly health services, including access to safe contraceptive options for young people, more specifically for underserved youth;
- Reintegration of young people on the streets (education, shelter, etc.);
- Exploring of new multi-purpose technologies on SRH;
- Reviewing and development of youth friendly SRH health management information and reporting systems;
- Commissioning of SRH programmes that target and promote the role of religious & traditional leaders and parents/guardians in youth SRHR programming, especially in the context of parent-child communication and
- Convening the Southern African Regional Students and Youth conference on Sexual and Reproductive Health as a bi-annual event hosted on rotation by countries in the region

### 3. Closing Ceremony

The closing ceremony consisted of a speech of gratitude by the Conference Chair delivered to all the conference delegates. The students then read the declaration of the conference with the ICASA 2015 President being the guest of honor. A representative of the conference organisers thanked the all the delegates and partners who made the conference a success. In a brief speech the Guest of Honor, thanked the delegates and conference organisers for the successful hosting of the conference. He said there there is a need to continue the conversations initiated by the SARSYC at the upcoming ICASA 2015 conference.





## Annex 1: Conference Programme

Day 1- 28 August 2015

Time	Session	Speakers/Facilitator
8:00-8:30	Registration and Musical Performance	Jibilika Dance Group
8:30-9:00	Opening Plenary	
	Opening Remarks	Conference Chair
	Welcome remarks	His Worship The Junior Mayor of Harare
	About SARASYC	Ms. M. Nyandoro, Deputy Director, Reproductive Health Unit, in the Ministry of Health and Child Care, Zimbabwe
9:00-10:30	Opening Ceremony	
	i. Remarks from National AIDS Council	Dr Tapiwa Magure, Chief Executive Officer, NAC
	ii. Remarks from SAfAIDS	Lois Chingandu-Executive Director-SAfAIDS
	iii. Goodwill message from partners	- Mr Raymond Yekeye-Head of Local Secretariat of ICASA 2015 - Deputy Country Representative UNFPA - Representative from a Tertiary Institution in Zimbabwe - Jonathan Gunthorp-Director Southern African AIDS Trust (SAT)
	iv. Key Note Address: <i>Investing in young people to harness the demographic dividend</i>	Mr Damir Dijakovic-Officer in Charge/Program Specialist in Culture UNESCO  Hon. Dr. David Parirenyatwa Minister of Health and Child Care, Zimbabwe
10:30-11:00	Health Break	
11:00-12:30	1. Looking into the rear view mirror and projecting future trends:	
	Where are we now on SRH?: 20 Years Since the ICPD	Tamisayi Chinhengo-UNFPA
	From MDGs to SDGs: A look into the prospects and challenges for SRHR	Edford Mutuma-Executive Director of IPPF Zambia





	<p><b>The HIV and AIDS response for young people in the SADC Region: The Then and Now</b></p> <p>2. Where do we stand?: A youth perspective on SRH programming in the region</p>	<p>Mary Crewe-University of Pretoria Centre for Sexualities AIDS &amp; Gender</p> <p>Tikhala Itaye Yemurai Nyoni Bolivia Jeremia</p>
12:30-13:00	<p><b>“Right for You! Translating Intention to Action”</b></p> <p><b>Panel Session</b></p> <p>Topic: Condom Access and Utilisation by youth and students</p>	<p><b>Chairing-</b> Lucky Mbewe (Malawi)</p> <p><b>Panelists:</b> -Rachael Goba-Zimbabwe National Family Planning Council -Ishmael Chiposyo-University of Botswana-</p>
13:00-14:00	<b>Lunch Break</b>	
14:00:15:00	<p><b>Breakaway Tracks (First Session)</b></p> <p><b>Track 1: SAfAIDS: Harnessing SRH&amp;R advocacy through Youth Leadership</b></p> <p><b>Track 2: Africaid: Exploring challenges and opportunities in providing prevention, ART and positive living services for adolescents and young people living with HIV to improve quality and productivity of life.</b></p> <p><b>Track 3: Population Service Zimbabwe: Improving access to contraceptive services targeting adolescent girls and female students aged 10-24 in Southern Africa and an exploration of New Multipurpose Technologies.</b></p>	<p>See Track Summary</p>
15:00-15:30	<b>-Break-</b>	
15:30-16:30	<p><b>Breakaway tracks (First Session Continued)</b></p> <p><b>Track 1: SAfAIDS</b></p> <p><b>Track 2: Africaid</b></p> <p><b>Track 3: PSZ</b></p>	<p>See Track Summary</p>
16:30- 17:30	<p>Music and Dance</p> <p>Feedback Plenary</p> <p>Key learning points from the Tracks</p>	<p>Jibilika Dance Group</p> <p>Conference Chair</p> <p>Track Rapporteurs</p>
17:30-18:30	<b>Dinner</b>	
18:30-20:30	<b>Evening Events</b>	
	<ul style="list-style-type: none"> <li>• Mugota/Ixhiba/Young Man’s Forum</li> <li>• SAYWHAT and SAfAIDS: High level discussion on shaping priorities for the post 2015 youth Agenda and Advocacy</li> </ul>	





	<p>initiative (By Invitation for programmers and policymakers)</p> <ul style="list-style-type: none"> <li>• The Web for Life</li> </ul>	
<b>Day 2: 29 August 2015</b>		
Time	Session	Speakers
8:00-8:30	Dance and Music	Jibilika
8:30-9:00	Rapporteur's Feedback	Chief Rapporteur
	Plenary Discussion	Conference Chair
9:00-10:00	<p>Breakaway tracks (Second Session)</p> <p>Track 4: NAC- Young People's Network on Sexual and Reproductive Health Rights, HIV and AIDS (YPNSRHA): Track 4: Assessing SRH related programs and interventions targeting young people with different impairments of a physical, sensory and mental nature.</p> <p>Track 5: UN Women: The role of young men in modern day societies of Southern Africa: opportunities and challenges for young men in the total elimination of violence against women and girls.</p> <p>Track 5: Roots: Too young to wed: Understanding the Policy, Economic and Health Impacts of Child Marriage in the Southern African Region</p>	See Track Summary
10:00-10:30	Tea Break	
1030-11:30	<p>Breakaway Tracks (Second Session Continued)</p> <p>Track 4: National AIDS Council- YPNSRHA</p> <p>Track 5: UN Women</p> <p>Track 6: Roots</p>	See Track Summary
11:30-12:30	<p>Exhibition and Round Tables</p> <p>Declaration/ Commitment committee (side meeting)</p>	
1230-1330	Lunch Break	
1330-14:00	<p>Feedback Plenary</p> <p>Key learning points from the Tracks</p>	<p>Conference Chair</p> <p>Track Rapporteurs</p>
1400:15:30	Talk show: Setting the post 2015 Agenda on youth and students' Sexual and	Talk Show Anchor: Tariro Chikumbirike



	<b>Reproductive Health</b>	<b>Discussants:</b> Lois Chingandu Charmaine Picardo Levi Singh Sydney Hushe Mpho Motiang
1530-1600	<b>Health Break</b>	
1600-1700	<b>Closing Ceremony: Images of a New Dream</b>	Conference Chair
	<p>This session must focus on the way forward, including the following aspects:</p> <ul style="list-style-type: none"> <li>• Students' Reading of the declaration or commitment and handover to ICASA representatives and Guest of Honor</li> <li>• Organizer's closing remarks: the future of SARSYC and next steps (ICASA 2015 and Durban 2016)</li> <li>• Rapporteur's closing summary</li> <li>• An inspiring themed closing speech:</li> </ul> <p><i>Investing in students and youth to harness the demographic dividend: Where do we go from here?</i></p> <p><b>Guest of Honour Professor Jonathan Moyo Minister of Higher and Tertiary Education Science and Technology Development</b></p>	
1730-18:30	<b>Dinner</b>	
19:00-	Youth Concert – Musical Performance (Munya Matarutse, Brian Kadengu and Jibilika Dance Trust plus DJ Summertyme)	



## Annex2: Details of the Breakaway Sessions

### Day 1:

**Track 1: SAfAIDS: Harnessing SRH&R advocacy through Youth Leadership**

Facilitator(s): SAfAIDS

Rapporteur: Tarisai M. Nyamucherera



**Track 2: Africaid: Exploring challenges and opportunities in providing prevention, ART and positive living services for adolescents and young people living with HIV to improve quality and productivity of life.**

Facilitator(s): Africaid

Rapporteur: Anna Shambare



**Track 3: PSZ: Improving access to contraceptive services targeting adolescent girls and female students aged 10-24 in Southern Africa and an exploration of New Multipurpose Technologies**

Facilitator(s): PSZ

Rapporteur: Jacqueline Mudavanhu



### Day 2:

**Track 4: NAC: Track 4: Assessing SRH related programs and interventions targeting young people with different impairments of a physical, sensory and mental nature.**

Facilitator(s): NAC

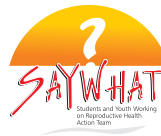
Rapporteur: Jacqueline Mudavanhu



**Track 5: UN Women: The role of young men in modern day societies of Southern Africa: opportunities and challenges for young men in the total elimination of violence against women and girls.**

Facilitator(s): UN Women

Rapporteur: Anna Shambare



### Group Six

**Track 6: ROOTS: Too young to wed: Understanding the Policy, Economic and Health Impacts of Child Marriage in the Southern African Region**

Facilitator(s): ROOTS: Rapporteur: Tarisai Nyamucherera

