THE SAFEGUARD YOUNG PEOPLE PROGRAMME PHASE II REPORT 2017-2019
Addressing the urgent needs of youth across Southern Africa
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**United Nations Population Fund**
Delivering a world where every pregnancy is wanted
every childbirth is safe and every young person’s potential is fulfilled
## ACRONYMS

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AfriYAN</td>
<td>African Youth and Adolescents Network on Population and Development</td>
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<tr>
<td>ASRHR</td>
<td>Adolescent Sexual and Reproductive Health and Rights</td>
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<tr>
<td>AY</td>
<td>Adolescents and Youth</td>
</tr>
<tr>
<td>AYFHS</td>
<td>Adolescent and Youth Friendly Health Services</td>
</tr>
<tr>
<td>AYFSRH</td>
<td>Adolescent and Youth Friendly Sexual and Reproductive Health</td>
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<tr>
<td>CEDRIG</td>
<td>Climate, Environment and Disaster Risk Reduction Integration Guidance</td>
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<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
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<td>ESA</td>
<td>East and Southern Africa</td>
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<td>ESARO</td>
<td>East and Southern Africa Regional Office</td>
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<tr>
<td>EUP</td>
<td>Early and Unintended Pregnancies</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IPPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>MHM</td>
<td>Menstrual Health Management</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SADC-PF</td>
<td>Southern African Development Community Parliamentary Forum</td>
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<tr>
<td>SAfAIDS</td>
<td>Southern Africa HIV and AIDS Information Dissemination Service</td>
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<td>SBCC</td>
<td>Social and Behaviour Change Communication</td>
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<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<td>SYP</td>
<td>Safeguard Young People Programme</td>
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<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>YFHS</td>
<td>Youth-Friendly Health Services</td>
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ACKNOWLEDGMENTS

The SYP Programme and this report would not have been possible without the financial and technical support of the Swiss Agency for Development and Cooperation (SDC).

Special thanks for their leadership and support to the SADC Secretariat, the SADC Parliamentary Forum and the governments of Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe. Great appreciation also goes to the UNFPA’s partners and the UNFPA Country Offices implementing the programme.

Special mention goes to the UNFPA East and Southern Africa Regional Office, particularly to the SYP regional team for their guidance and dedication, namely Renata Tallarico, Jyoti Tewari, Kizito Nsanzya, Maria Bakaroudis, Maja Hansen, Lucetta Takawira and Lindiwe Siyaya.
Safeguard Young People (SYP) is the flagship youth programme of the United Nations Population Fund East and Southern Africa Regional Office (UNFPA ESARO). The programme was designed to address the sexual and reproductive health and rights (SRHR) needs of adolescents and young people using a holistic approach.

- **117,766,000**
  - Total population of SYP countries (2019 World Population Prospects)

- **34,947,000**
  - (or 30% of the total)
  - The population of young people aged 10 to 24 years

- **109.6**
  - The average weighted adolescent birth rate for ESA region

- **45%**
  - Of global HIV infections are in East and Southern Africa

- **53%**
  - Of people living with HIV globally are in East and Southern Africa

- **58%**
  - Of those living with HIV in Sub-Saharan Africa are women

- **25%**
  - Of new infections are among adolescent girls and young women

- **45.33%**
  - Average condom use at last high-risk sex among young women aged 15–24 years in ESA

- **60.86%**
  - Average condom use at last high-risk sex among young men aged 15–24 in ESA

- **9%**
  - Of girls aged 20–24 years were married before the age of 15 in ESA

- **35%**
  - Of girls aged 20–24 years were married before the age of 18 in ESA

- **12%**
  - Of new infections are among boys and young men
OUR HISTORY. The Safeguard Young People programme has been implemented by UNFPA and its regional and national partners in eight Southern African countries from November 2013. Since then, UNFPA has successfully achieved a number of results in two phases. Building on the first six years of the programme, UNFPA, with the support of SDC, has developed Phase III which will run from 2020 to 2022.

OUR AIM. To empower adolescents and young people aged 10 to 24 years to lead healthy lives and to protect themselves from sexually transmitted infections (STIs), including HIV, unintended pregnancies, unsafe abortions, early marriages, gender-based violence and harmful cultural practices. At the same time, SYP promotes inclusiveness, gender-equitable norms and protective behaviours.

OUR APPROACH. The programme scales up interventions for adolescents and young people using a human rights and gender equality approach across multiple sectors. This means building an enabling policy and legal environment, expanding access to quality youth-friendly, integrated HIV and SRHR services, delivering comprehensive sexuality education (CSE) in and outside formal classroom settings, and strengthening youth leadership, participation and empowerment.

WHERE WE WORK. SYP is a regional programme developed and implemented in collaboration with the SADC Secretariat and the SADC Parliamentary Forum. At country level the programme is implemented in Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe.

OUR PARTNERS. The programme’s core foundation lies in the strong partnerships established with key regional and national institutions, such as the SADC Secretariat, the SADC-Parliamentary Forum, and the ministries of health, education and youth in implementing countries. We have the financial and technical support of the SDC and other development partners. The establishment of partnerships facilitates the leveraging of resources and programmes, improves coordination, avoids overlap and duplication, increases geographical focus and nurtures synergies and sustainability.
SYP PHASE II RESULTS IN A NUTSHELL
Fulfilling Young People’s Sexual and Reproductive Health and Rights

**KEY RESULTS**

**KNOWLEDGE**

| 6,268 | Schools with teachers trained on CSE |
| 12,991 | Teachers trained on CSE |

**HEALTH**

| 4,846,164 | Youth reached with SRH and HIV services |
| 7093 | Service providers trained on YFS |
| 695 | Health facilities supported to offer YFS |

**YOUTH EMPOWERMENT**

| 6,551 | Youth trained in advocacy for SRHR |
| 213 | Functional SYP supported district and national youth networks |

**BUILDING AN ENABLING POLICY ENVIRONMENT**

<table>
<thead>
<tr>
<th>PHASE II TARGETS</th>
<th>END OF PHASE II RESULTS</th>
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<tr>
<td>8 countries utilized the Regional Framework for harmonization of the legal environment for ASRH</td>
<td>Botswana, Eswatini, Lesotho, Malawi, Namibia and South Africa</td>
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<tr>
<td>7 countries utilized the SADC Model Law on child marriage</td>
<td>Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia, Zimbabwe and SADC</td>
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<tr>
<td>4 countries domesticated the SADC Model Law on child marriage</td>
<td>Malawi, Namibia, South Africa and Zimbabwe</td>
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HOW OUR WORK CHANGES LIVES

Using a human rights approach, SYP addresses young people’s needs through:

- **ADVOCACY**: Improving policy, legal, and programming environments
- **KNOWLEDGE**: Increasing young people’s knowledge and skills to adopt protective sexual behaviours
- **HEALTH**: Expanding access and improving the quality of youth-friendly sexual and reproductive health services
- **YOUTH EMPOWERMENT**: Promoting meaningful participation of young people in decision-making processes.
We are seeing the results of six years of advocacy by SYP and partners, and collaboration with SADC and the eight governments, parliaments and policy-makers. The SYP countries and the SADC Secretariat are progressively using the legal tools produced by SYP to inform the formulation and/or reform of laws and policies with a solid human rights foundation.

In this area, SYP has a multipronged approach, consisting of:

- Collaborating with the SADC Parliamentary Forum and the SADC Secretariat.
- Doing research to produce evidence.
- Promoting advocacy led by young activists, civil society organizations and United Nations agencies.
- Providing examples of good laws and technical briefs to guide reform.
- Engaging communities including parents, teachers, and traditional and religious leaders.
Regional Highlights:

Enabling Policy Environment

The 2015 study on the Harmonization of the Legal Environment for Adolescents Sexual and Reproductive Health Rights in East and Southern Africa (ESA) and the Regional Legal Framework were updated in 2019, followed by a regional validation meeting. Two technical briefs were produced to guide legal and policy reform.

Harmonization of Minimum Ages of Consent and ASRHR

**Age of consent to sex, marriage, and access to SRH services in ESA**

This brief examines the laws setting the age of consent to marriage, to sex, and to access SRHR services in 23 ESA countries, shares best practices and makes recommendations on harmonizing ages of consent. The brief argues that minimum ages of consent do not need to be the same for the three categories because they serve different purposes.

Criminalization of Consensual Sexual Acts among Adolescents

**Reasons, impact and proposal for a different approach**

This brief gives an overview of legislation in several ESA countries, describes the impact of criminalization of consensual adolescent sex, and encourages law reform that will eliminate or limit such criminalization. Fear of being charged with offences dissuades adolescents from seeking needed SRHR information and services. The brief explains the close-in-age defense (Romeo and Juliet clause)1 and gives examples of good laws in ESA.

At its inaugural meeting in May in Johannesburg, South Africa, the Regional Parliamentary Model Laws Oversight Committee of the SADC-PF resolved to prioritize monitoring the domestication of the SADC Model Law on eradicating child marriage and protecting those already in marriage and harmonizing regional legal norms on SRHR and gender equality.

**East and Southern Africa Ministerial Commitment on CSE and SRH services for young people 2018 Progress Report.** SYP is the only programme in the region that operationalizes in full the ESA Commitment on CSE and SRH services for young people. The SYP team assisted in the drafting, finalization, and dissemination of the 2018 ESA Commitment Progress Report, which tracks the results across the ESA Commitment targets in 21 countries. To find out more about the ESA Commitment:


1 The close in age defense, also called the Romeo and Juliet clause is built into statutory rape laws. These laws address situations in which two individuals who are close in age of which one or both are not yet of age, engage in consensual sexual relations. The age difference allowed by Romeo and Juliet clause varies by state, though it is generally not more than five years.
The African Coalition for Menstrual Health Management (ACMHM) intensified its advocacy for MHM integration in national and regional policies. Among other activities, the coalition has helped develop standards for washable/reusable sanitary pads.

At the UN Commission on the Status of Women (CSW), the coalition advocated linking menstrual health with public services, sustainable infrastructure and women’s empowerment. The coalition led the MHM engagement at the ICPD25 Summit in Nairobi in November 2019.

Continental Education Strategy for Africa – Education for health and well-being of adolescents and young people. Among the thematic clusters of the African Union Continental Education Strategy for Africa 2016–2025, the sub-cluster on education for health and well-being (EHW) of adolescents and young people has a primary focus on CSE. Safeguard Young People supports the EHW strategy as part of its ESA Commitment advocacy work.

Let’s talk! Pregnancy at the right time

Let’s Talk!, is a regional campaign to reduce early and unintended pregnancies (EUP) in the ESA region which was launched in July 2019. It is led by the Technical Coordinating Group for the ESA Commitment, comprising UNESCO, UNFPA/SYP, SAfAIDS and Save the Children Sweden. Preparations involved a situational analysis on EUP followed by a regional meeting to discuss the findings, a partnership with the NGO PCI Media, and multimedia content development.

In September 2019, in Johannesburg, SYP brought together development partners, the private sector, United Nations agencies and young people under the theme Through our eyes: UNFPA in action - Celebrating the progress made on adolescent and youth SRHR since ICPD in 1994. This was an opportunity to celebrate progress while reflecting on what more needs to be done. New partnerships were forged in support of adolescent sexual and reproductive health rights.

The new Guidelines for Developing a Child Marriage Budget Brief, produced by UNICEF and UNFPA, will be rolled out in SYP countries with a high prevalence of child marriage.
Progress by country

SYP in Botswana supported the development of the adolescent youth-friendly service assessment and demographic dividend study to provide a tool for ongoing advocacy related to ASRHR and the development of the National Teenage Pregnancy Strategy and the Adolescent Health Strategy.

SYP in Eswatini supported the dissemination of the findings and recommendations of the State of the Youth Report in three regions. The report stimulated discussions on the establishment of a regional youth forum, resulting in the Manzini regional administrator establishing a youth officer post in his office.

In Lesotho the programme supported the government in reviewing the 2003 National Youth Policy, the National School Health and Nutrition Policy, the 2011 National Health Policy and the National Reproductive, Maternal, NeoNatal, Child and Adolescent Health Strategy which will be foundational to ensuring greater access to SRHR for adolescents and young people.

SYP Malawi worked with the Ministry of Gender to adapt the SADC Model Law on Ending Child Marriage to the Malawian context. SYP supported the Ministry of Education Science and Technology (MoEST) in reviewing the learner readmission policy that allows students to return back to school after pregnancy.

In Namibia, SYP supported the development of the National Sexual and Reproductive Health and Rights and HIV and Other Services integration guideline. Technical assistance to the Ministry of Health and Social Services (MHSS) was provided in developing the National Strategic Framework on HIV. The strategic framework highlights adolescent girls and young people as the primary target.

In South Africa, the programme supported the finalization of the National Adolescent Youth Health Policy which provides guidance on how adolescent and youth-friendly services should be provided and defines the kinds of care which should be provided as a package.

In Zambia, SYP supported advocacy efforts with parliamentarians to align the minimum age of consent for SRH services (18 years) with the age of consent to sexual activity (16 years). The programme also supported the drafting of the Costed Plan of Action for the 2017-2021 National Strategy for Ending Child Marriage.

SYP in Zimbabwe supported a national adolescent fertility study to enhance evidence and understanding of the rising number of cases of adolescent pregnancy in the country. The programme also supported the National Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy II: 2016–2020.
Olorato Batoeng was a 17-year-old high school student when she fell pregnant and dropped out of school. When the baby’s father left them, Olorato’s family supported her. “I stayed at home doing nothing, sometimes I feel like I lost two years of my life,” she recalls. “But I realized life would be very difficult if I didn’t go back to school.”

Botswana has a policy of school readmission for young mothers six months after cessation of pregnancy but the policy is unclear, not well known, and requires five documents from doctors, hospitals, schools and birth certificates. The requirements, coupled with social stigma, discourage many young mothers, especially the poor and rural, from going back to school.

But not Olorato. She did not give up on her dream of becoming a librarian and in 2018 she returned to school. Today she speaks boldly and loudly about what schools can do to prevent teen pregnancies: “Girls should be taught about family planning as early as junior school [13–16 years old] rather than waiting until they get to senior secondary school where it will be very late.”

According to the Ministry of Education, in 2015, the year Olorato fell pregnant, 813 girls dropped out of school due to pregnancy. Helping girls avoid unintended pregnancy and making it easier for young mothers to complete their education are two advocacy points of the UNFPA campaign on early and unintended pregnancy that will start in Botswana in 2020.
Regional Highlights:

In the classroom

- SYP, with UNESCO and the ministries of education in SYP countries, boosted the number of schools with teachers trained in comprehensive sexuality education (CSE) and teaching – in 2019, 4,097 teachers were trained and 1,128 schools were added, reaching a total of 6,268 schools and far exceeding the target of 1,189 schools in Phase II.

- Eswatini, Lesotho, Malawi, Namibia, Zambia and Zimbabwe have institutionalized CSE in pre-service training. South Africa is in the process of institutionalizing CSE in teacher training colleges.

- 57 SYP focus districts, against a target of 40 in the eight countries, have functional referral systems between education, health and social services providers.

Outside of the classroom

- All eight countries have a national CSE strategy for out-of-school youth. South Africa is adapting the regional strategy so that it is endorsed as the national strategy guiding CSE programming for out of school CSE.

- SYP reached over 10 million adolescents and young people with CSE/SBCC programmes using a range of innovative approaches: the TuneMe mobisite, social media platforms, cultural events, youth clubs, and community-based outreach programmes. This was against a target of 6 million.
Four years of TuneMe – an evaluation

An evaluation of TuneMe was carried out in Malawi, Zambia and Zimbabwe, the first SYP countries to launch it four years ago. Users described TuneMe as being educative, helpful, informative and relevant to their needs. Interfacing with TuneMe positively influenced users’ knowledge of SRHR issues. As reported by the young people interviewed, condom use and HIV testing significantly increased among users. Their peer-peer, child-parent, student-teacher and partner-partner interactions/discussions on SRH improved. However, the content was reported to be static, and needs frequent updating and localization. Data costs are a barrier, especially in Zambia and Zimbabwe. Many users asked if they could have TuneMe on Whatsapp. There was consensus among users that TuneMe is worth supporting and expanding.

The impact of rites of passage on adolescents

UNFPA ESARO reviewed the existing literature on adolescent rites of passage and initiation ceremonies in four SYP implementing countries – Eswatini, Malawi, South Africa and Zambia. The review assessed the impact of these rites on young people’s lives and proposed alternatives for those found to be physically, socially and emotionally harmful. The core values of these rites – helping adolescents learn about their cultures and prepare for adulthood – are sound but some of the practices violate adolescents’ rights.

The movement for change must bring together local spiritual, community and political leaders, and national legislators. A guidance note was developed to assist countries in programming for alternative rites of passage that respect both the physical and psychological integrity of adolescents.

INITIATION RITES: KEEPING THE GOOD, DISCARDING THE HARMFUL

The Malawi Girl Guides Association and SYP continue engaging with initiation counsellors to include CSE in their teachings at ceremonies. As a result, Yao chiefs in Mangochi district produced a book with CSE information and guidelines on how initiation ceremonies can be responsibly conducted to meet the SRHR needs of Yao youth and avoid any harm.
Progress by country

**BOTSWANA.** The radio talk show Don’t Get It Twisted aired 41 programmes, reaching some 232,200 young people aged 15 to 24 years. Among the topics covered: protecting yourself on social media, GBV, the risk of multiple concurrent partners, unsafe abortions and contraceptives.

**ESWATINI.** SYP supported the education ministry in integrating components of Comprehensive Life Skills Education (CLSE) into the Education Sector Policy. This ensures the provision of CLSE to all learners in Eswatini from primary to secondary school.

**MALAWI.** 1,174,923 out-of-school young people were reached with CSE through a range of different delivery and engagement modes.

**SOUTH AFRICA.** 744 teachers were trained on the online and face-to-face course on CSE, in partnership with the provincial education departments in the Eastern Cape and KwaZulu Natal. These teachers will teach an estimated 20,000 learners.

**ZAMBIA**
- 2,355,106 young people were reached with messages on SRHR/HIV/GBV services and over 30 million condoms were distributed.
- 65 peer educators and 25 community-based organizations were trained to use the SYP out-of-school CSE manual, resulting in 18,532 out-of-school youths referred for SRHR services.
- 1,065 teachers, against a target of 300, were trained on in-school CSE and taught 498,240 learners in 694 schools in SYP districts and beyond.

**ZIMBABWE**
- 2,371 teachers were trained in guidance and counselling and life-skills orientation programmes, in partnership with the Ministry of Education.
- 17,295 girls joined Sista2Sista clubs, 36,789 girls tested for HIV, and 88,083 girls used a modern contraceptive method, which is a 16 per cent increase from 2018.
- 62,096 parent/person exposures in the Parent Child Communication programme were reported.
Collaborating with the UN Joint Programme 2gether 4 SRHR:

Safeguard Young People contributed to the development of the SADC Strategy on SRHR (2018–2030) and the SADC SRHR Scorecard under the leadership of the SADC Secretariat and in collaboration with the UN Joint Programme 2gether 4 SRHR.

A regional SRHR needs assessment for boys and young men aged 10–35 was commissioned to better understand the structural, social, behavioural, and health issues of males related to SRHR, HIV and SGBV. The results will inform the regional adaptation of the IPPF/UNFPA Global SRH service package for men and adolescent boys.

A review of provisions for adolescent SRHR in national strategies and plans, their costing, budget allocations and expenditures in five ESA countries was undertaken.

Safeguard Young People and 2gether 4 SRHR provided technical support to SADC to update the 2015 SADC Minimum Standards for the Integration of SRH and HIV. The update emphasizes the rights and needs of youth, key populations and people with disabilities.

WE DECIDE: Young Persons with Disabilities, a Programme for Equal Opportunities and a Life Free of Violence is a UNFPA initiative, supported by Spain. At a planning meeting attended by 80 participants from 21 ESA countries, SYP presented its pilot CSE resource package for people with a range of disabilities.
Progress by country

In **Botswana**, 35 health service delivery points, with a catchment population of 54,000 young people, are supported to offer a standard package of adolescent and youth-friendly health services.

In **Malawi**, 2,158 health service providers, against a target of 2,000, were trained in youth-friendly service provision. This resulted in just under a million (977,014) adolescents and young people being reached with YFSRH services through various delivery modes, including 42 SYP-supported facilities.

In **Lesotho**, 668 pre-service and in-service providers were trained in adolescent and youth-friendly health services delivery.

In **Namibia**, 93 health service providers were trained in youth-friendly service provision, 35 health workers were trained on family planning long-acting methods and 42 health workers were trained on clinical management of SGBV. CONDOMIZE! events conducted in informal settlements, refugee camps and three tertiary institutions reached 5,880 young people.

In **South Africa**, SYP supports 57 health facilities that provide AYFH services in two districts, one in the Eastern Cape and the other in KwaZulu-Natal. A total of 746,657 adolescent and young people has been reached with services in these facilities, while 90 service providers (100 per cent of target) were trained in the provision of youth-friendly services.

In **Zambia**, 935 health-care providers (exceeding the target of 316) were trained to deliver adolescent-and youth-friendly integrated SRH/HIV/GBV services in the 48 supported health facilities, reaching more than 1.1 million adolescents and young people against a phase target of 500,000.

The operational study linking 23 schools to nearby AYF health centres in Mufumbwe and Solwezi districts resulted in 31,841 learners accessing both CSE and SRH services, and a reduction in learners’ pregnancies.

In **Zimbabwe**, principal nursing tutors from 25 state registered nursing schools, 22 midwifery schools and 17 primary care nursing schools were trained on AYFHS.

In the SYP focus districts, 306 (or 85 per cent) of the 364 health facilities were certified as meeting the nine national standards on AYFHS. A total of more than 1.8 million adolescents and young people, against a target of 333,000, received services from these facilities for whom 2,700 health providers were trained in the provision of youth-friendly services.
EMPOWERING YOUTH

SYP at the International Conference on AIDS and STIs in Africa
This session was led by young people and featured rapper and SYP Ambassador KrTC of Hip Hop from Eswatini. Its objective was to identify barriers to access information and services for HIV and STIs and propose solutions to end new STIs and HIV infections among young people. Three SYP poster presentations and pop-up sessions on CSE were very popular.

Youth, HIV and UHC at the Nairobi Summit
At the Nairobi Summit on ICPD 25, AfriYAN convened a session titled Young people at the centre of global HIV and SRHR response to achieve universal health coverage, where young people identified barriers and solutions in the HIV response for youth.

Youth Connekt Africa Summit
SYP has supported the Youth Connekt Africa summit since its inception. In 2019, for instance, SYP organized two sessions led by young activists. One session examined Universal Health Coverage and the links between youth health and well-being and economic growth. The second session discussed teenage pregnancy and poor access to SRHR services. Eschewing the traditional panel format, youth engaged an audience of over 2,000 people through storytelling, interviews with role models and social media chats.

Youth, gender and SRHR in the climate crisis, Johannesburg
The SYP session at the International Symposium on Sexual and Reproductive Health and Rights, Gender and Climate Change Resilience, put young people at the centre of action on the climate crisis and its consequences for the SRHR of women and youth.

Strengthening Youth-Led Accountability for SRHR, HIV and gender equality
Restless Development and UNFPA ESARO worked with more than 200 young people from ESA to design a youth accountability framework to monitor political commitments on SRHR, HIV and gender equality.

Outcome 4:
Strengthened capacity of adolescents and youth networks to meaningfully participate in international, regional and national decision-making platforms.

Steps of the Accountability Cycle:

1. Identify your accountability focus.
2. Map your accountability ecosystem.
3. Build your accountability network.
4. Establish measurable indicators.
5. Identify available data on your issue, and generate your own if required.
6. Analyse your data to inform key advocacy messages.
7. Seek accountability and speak to targeted decision makers.
8. Report back to your community and continue monitoring progress.
The Accountability Cycle was presented at the Africa Health Agenda International Conference in Kigali, Rwanda, and at the Youth Indaba in South Africa. The Youth Indaba produced the Tshwane Declaration on Strengthening Youth-led Accountability in SADC Parliaments, which was adopted by the SADC-PF Standing Committee on Gender Equality, Women’s Advancement and Youth Development, and presented at the ICPD25 Summit in Nairobi.

Progress by country

**ESWATINI.** Over 500 members of youth networks were trained in advocacy for SRHR and youth development. The programme has provided technical support to 20 networks over the phase.

**MALAWI.** SYP Malawi provided support towards the setting up, revamping and training of youth networks in Malawi, totaling 75 in Phase II, with a national youth network established and fully operational. The programme has trained over 1,500 youth network members in advocacy for SRHR and youth development.

**ZAMBIA.** Over 1,100 young people from 90 supported and functional youth networks were trained on advocacy and youth-led accountability for SRHR and youth development. The regional AfriYAN also led capacity-building workshops for 29 Zambian youth organizations.

**ZIMBABWE.** In the last year of the phase, capacity building on operationalizing the youth desks was conducted for 30 members of the Young People’s Network (YPN), 50 members of the Youth Policy tracking group, and 20 officials from different ministries. Across the phase, over 650 youth network members were trained in advocacy for SRHR and youth development. The programme provided technical support to 21 youth networks.

**TOP TAKEAWAYS IN PHASE II**

**On legal and policy environment**

Consultation with young people is key to ensure their needs are reflected in national guidance documents. SYP has shown governments and partners the value of youth engagement in influencing policy.

Continued capacity building for implementing partners and continuous engagement with government and stakeholders are essential.

Innovative and flexible ways of programming are required, such as using technology and multimedia platforms to reach young people.

**On knowledge and skills**

Functional community-based committees for ASRHR create strong links between community-based programmes and service provision.

Exploring and investing in alternative models and reporting mechanisms to link school-based CSE with AYFSRH services is recommended, given the success of the operational study in Zambia.
STORY OF CHANGE
From Child Bride to University Graduate

Chipasha Iliamupu, a 25-year-old young mother and former child bride from Kaoma – a rural district in Western Zambia – shares how life skills taught through a “safe space” in her school helped her assert herself and claim her rights against child marriage.

“At age 15, I dropped out of school to get married to an army sergeant who was 20 years older than me. My family was experiencing financial problems, and as such, my father was happy to receive 300 Zambian Kwacha ($30) as bride price from him. My husband abused me physically, emotionally and sexually even during my pregnancy. Being very young, I found it very difficult to stand up to him even when I knew what he was doing was wrong. However, my reality changed one year later, when I participated in a child marriage awareness raising activity (SYP) in my village, which encouraged me to return to school and complete my education. I was also pleased to learn that the schools had a safe space for girls, which empowers girls like me to claim our rights and fulfill their potential. With the help of our mentor, I finally moved out of my abusive marriage, together with my baby,” says Chipasha.

In 2014, Chipasha completed high school and was among the highest scoring students in her class. Based on her outstanding performance, she was awarded a full government scholarship to study at the University of Zambia, where she graduated with merit, earning a Bachelor of Arts Degree in Education in March 2019.

Using her past experiences and knowledge acquired through the safe space, Chipasha is now encouraging other girls affected by and at risk of child marriage through public talks and group discussions at various fora in Zambia as well as other countries within the region.

“Today, I have a message for girls who are caught up in the same situation I was in 10 years ago. I urge you all to speak up, learn about your rights and seek to get back to school. Time has come for you to stand up and say NO to child marriage. Once you are educated, you can be whatever you want to be – a doctor, engineer or a lawyer...anything you want to be! You will also have the power to make a difference in the lives of other people and contribute to our country’s development. I am a living testimony of this,” says Chipasha with a smile.
LOOKING AHEAD

In addition to building on previous areas of intervention and results achieved in previous years, SYP Phase III (2020-2022) will continue to build on UNFPA ESARO’s experience and technical expertise on adolescent sexual and reproductive health rights programming globally, regionally and nationally, as well as on the expertise of the newly established Middle Income Countries’ (MICs) Hub, a team of technical and operational regional staff dedicated to addressing the needs of vulnerable populations in MICs in collaboration with other regional programmes.

In Phase III, we envision a programme that is gender transformative, reaching boys and girls aged 10-24 with SRHR information and services, focusing more on HIV prevention services with the intent to increase uptake of testing, treatment and care by adolescents and youth, generating evidence on SRHR including menstrual health management (MHM), supporting the inclusion of adolescent health specific indicators in national Health Information Management Systems while improving disaggregated data collection and analysis at both national and programme levels.

SYP Phase III will also integrate elements of the Climate, Environment and Disaster Risk Reduction Integration Guidance (CEDRIG) through climate smart programming for the utilization of climate adaptation strategies.
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