



THE SAFEGUARD YOUNG PEOPLE PROGRAMME

 Schweizerische Eidgenossenschaft
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Swiss Agency for Development
and Cooperation SDC





A UNIFYING VISION: THE EAST AND SOUTHERN AFRICA COMMITMENT

In December 2013, ministers of education and health from 20 East and Southern African (ESA) countries endorsed a joint ESA Commitment to address the pressing needs of young people regarding their sexual and reproductive health and rights (SRHR). The ESA Commitment features an accountability framework that binds countries to deliver on targets and track progress on providing comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services for young people. **Young people aged 10 to 24 comprise an estimated 33 per cent of the total ESA population. Their health, safety, knowledge, creativity, productivity, and resilience are essential for Africa's sustainable growth and development.**

UNFPA AND THE SWISS AGENCY FOR DEVELOPMENT AND COOPERATION RESPOND

With funding from the Swiss Agency for Development and Cooperation, the UNFPA East and Southern Africa Regional Office (ESARO) launched the Safeguard Young People Programme (SYP) in 2013 in eight southern African countries:

Botswana | Lesotho | Malawi | Namibia | Swaziland | South Africa | Zambia | Zimbabwe



SYP responds to the recommendations that formed the ESA Commitment and aligns with the global UNFPA Strategy on Adolescents and Youth, displaying bold leadership and strategic action to ensure young people's healthy and successful transition to adulthood. **The goal of SYP is to improve the sexual and reproductive health status of young people aged 10 to 24 by the end of 2019.** SYP adopts a multi-sectoral approach that addresses the needs and rights of the youth population holistically, in their diverse, complex environments, with an emphasis on transforming the gender dynamics that marginalize and harm young women.

Early intervention
makes a difference
in health and
social outcomes;
SYP targets young
people starting at
age 10

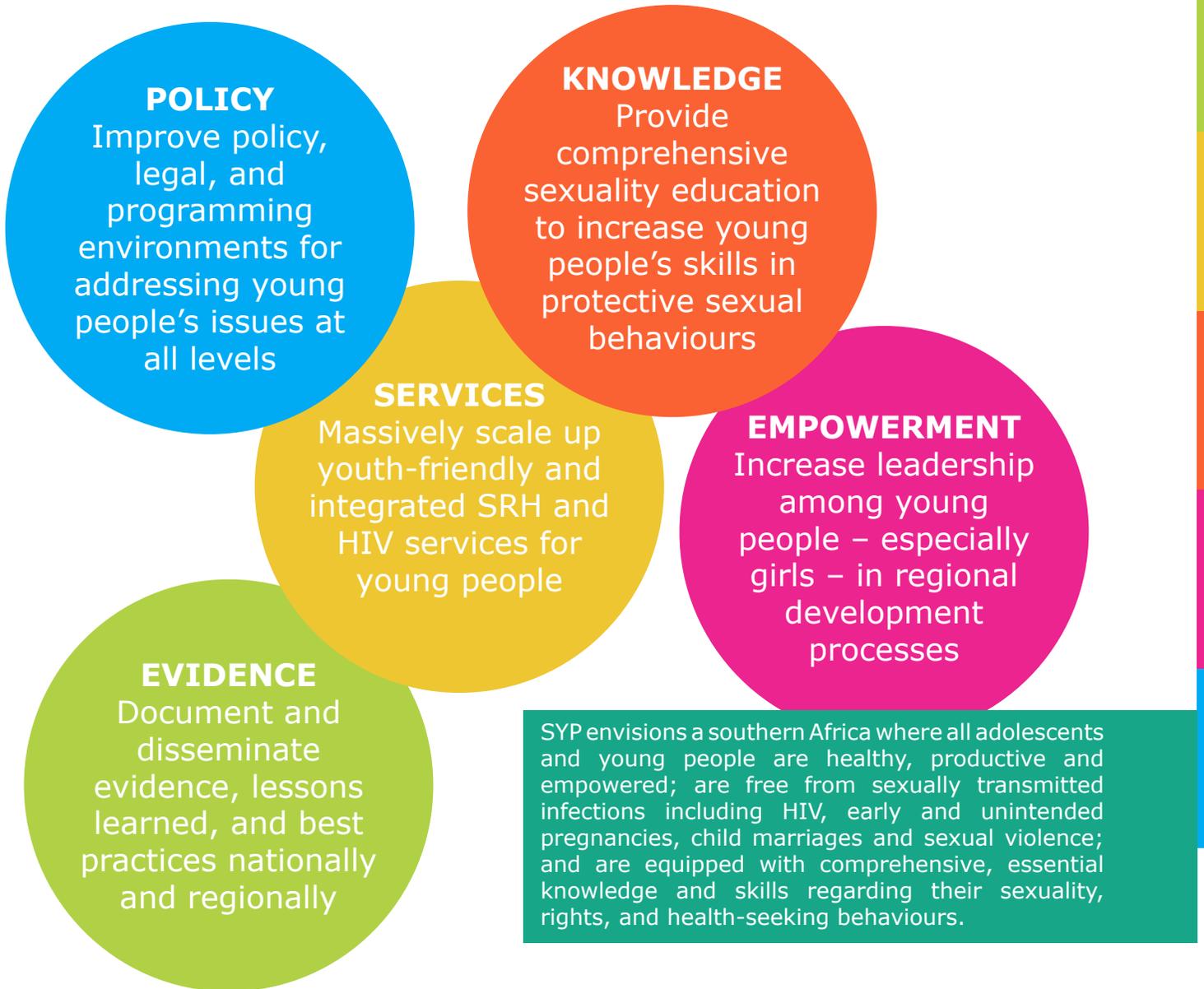


DONORS: SYP is co-funded by the Swiss Agency for Development and Cooperation; UNFPA's Global Programme on Reproductive Health Commodity Security; and the UNFPA/UNAIDS-implemented SRH/HIV Linkages Project in 7 countries, co-funded by the European Union and the Swedish International Development Agency.

Cover Photo: Members of an SYP Facebook Club in Bota, Zimbabwe
Photography © UNFPA ESARO/ Meaghan Charkowick
Publication date: July 2015

SYP: PRIMARY DOMAINS OF ACTION

SYP works with government ministries, traditional leaders, civil society and community-based implementing partners, parents, teachers, nurses, and – most importantly – young people themselves. A regional coordinating committee ensures quality control and monitoring of shared methodologies across the eight countries, but implementation looks slightly different in each country context as local ownership is key to SYP’s long-term sustainability strategy. Working through existing structures and building on each country’s prior successes is paramount to the programme design. Respectful of local values, SYP builds the relationships that enable it to challenge traditional thinking and spearhead dialogue around cultural practices that prevent or facilitate achievement of SRHR by young people.



THE URGENT NEED TO ADDRESS: YOUNG PEOPLE’S SEXUAL AND REPRODUCTIVE HEALTH

In the largely traditional societies of ESA, young people lack adequate information, skills, and services to protect themselves from unintended pregnancies and sexually transmitted infections including HIV, which disproportionately affects young women. They also lack life skills for negotiating healthy, equitable relationships and planning for their families and their futures. Traditional gender norms underpin the persistent marginalization and exploitation of young women, while young men are pressured to conform to rigid standards of masculinity. Sexual- and gender-based violence (SGBV) is common, as are child marriage, survival sex, and substance abuse. Compounded by high youth unemployment, these problems threaten the future of ESA nations and call for **big and bold action**.

KEY ACRONYMS!

- ASRH:** adolescent sexual and reproductive health
- CSE:** comprehensive sexuality education
- ESA:** East and Southern Africa
- SGBV:** sexual- and gender-based violence
- SRH:** sexual and reproductive health
- SRHR:** sexual and reproductive health and rights



ESA CHALLENGES

430,000 young people are infected with HIV per year (50 per hour)

HIV knowledge levels among young people are 30%

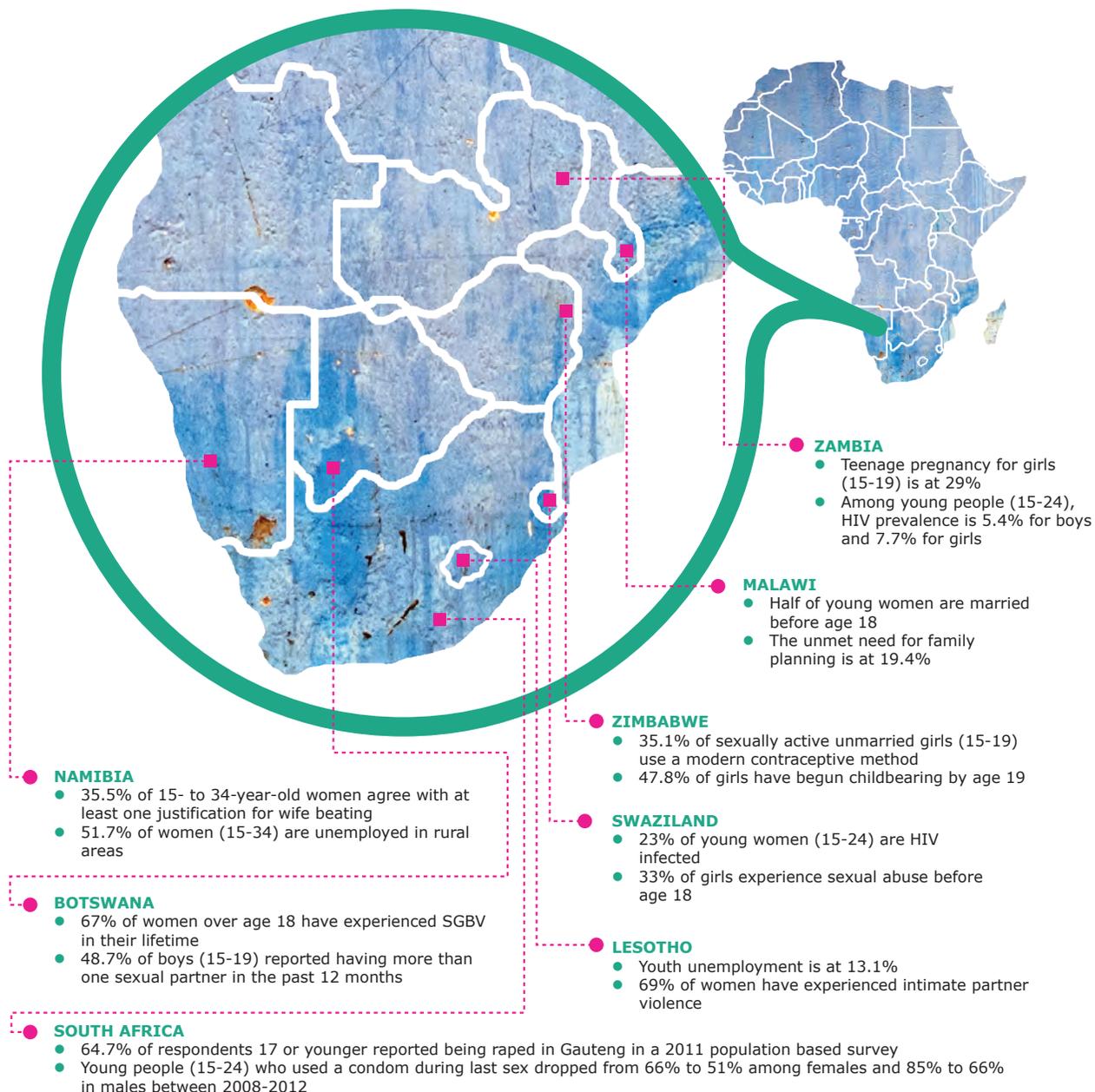
Maternal mortality is among the leading causes of death for adolescent girls

Fewer than 5% of the poorest young people use modern contraception

Half of the unsafe abortions conducted globally among young women (15-19) occur in Africa

SYP COUNTRIES

Illustrative statistics from SYP countries paint a portrait of some of the region's specific challenges.



DATA SOURCES: Adolescent Pregnancy. Fact Sheet #364. WHO 2014; Botswana AIDS Impact Survey IV, 2013; ESA Commitment. Year In Review: 2013/14; Gauteng Population Based Survey, Machisa et al, 2011; GBV Indicator Study-Botswana, 2012; Malawi MDG Endline Survey, 2010; Namibia DHS 2006/7; Namibia HIE Survey 2009/10; South African National HIV Prevalence: Incidence & Behavioral Survey, 2012; Swaziland Multiple Indicator Cluster Survey, 2010; The Status Report on Adolescents & Young People in Sub-Saharan Africa. A. Hervish & D. Clifton. UNFPA 2012; Young People Today. Time to Act Now. Summary Report, UNESCO 2013; Zambia DHS 2013/14; Zimbabwe DHS 2010/11; Field Interviews March/April 2015.

POLICY

Improving policy, programming and legal environments for addressing young people's issues at all levels

SYP collaborates with national and regional stakeholders to review laws and policies that negatively affect young people and holds leaders accountable for making progress on their ESA Commitment targets. SYP supports its countries to create conducive environments for young people to optimize their SRHR, and works with partners to harmonize legal and policy frameworks across all eight countries. SYP works with high level officials to achieve bold, shared goals for large-scale regional impact.

In **ZAMBIA**, the Government will use the findings of a Demographic Dividend Study undertaken with SYP support to inform youth health and education policy in the country's Seventh National Development Plan. The Study's report will be presented by Zambia's President as part of the planning process launch. In **NAMIBIA**, coordination of ESA Commitment implementation has been given high priority under the School Health Task Force, co-chaired by the ministries of health and education.

Traditional and faith-based leaders have unique authority in many African communities where they provide influential moral and ethical guidance. Some traditional communities have been slow to respond constructively to the realities and vulnerabilities of young people's SRHR. Traditional culture can be shrouded in shame about sex, and some traditional rites of passage are harmful to young people. SYP seeks to promote the positive aspects of traditional practices while finding community-accepted replacements

LESOTHO

In Lesotho, strategic partnerships and high level SYP advocacy have led to success. Where there was previous controversy about CSE, the ministries of education and health are eagerly collaborating and jointly integrating school health policy and training teachers and nurses on youth-friendly services. "For many years sexuality could not be taught in schools because officials argued that school proprietors would not accept it and that educators would not teach it. By building strategic partnerships and involving school proprietors, the CSE curriculum was approved and the National University will now offer a CSE course for teacher education. Teachers are also fully embracing the subject. This is meaningful progress for Lesotho."
- MRS. MPHOKO MAKETELA | LIFE SKILLS SUBJECT SPECIALIST | LESOTHO MINISTRY OF EDUCATION

for harmful, outdated ones. SYP works with traditional leaders and community 'gatekeepers' to help them understand their own important roles in strengthening the community systems that support healthy youth development.

ZAMBIA has one of the highest child marriage rates in the world, with 42 per cent of women aged 20 to 24 married by age 18. "The development of a national strategy to end child marriage will focus national and donor resources on this developmental challenge which continues to deter our adolescent girls from reaching their full potential in life."
- PERMANENT SECRETARY | ZAMBIA MINISTRY OF CHIEFS & TRADITIONAL AFFAIRS | DURING AN SYP-SUPPORTED WORKSHOP TO DEVELOP THE ZAMBIA NATIONAL STRATEGY TO END CHILD MARRIAGE

SYP in Swaziland uses the traditional sector as its core programming engine





KNOWLEDGE

Increasing young people's knowledge of and skills in protective sexual behaviours

Research has consistently proven that comprehensive sexuality education (CSE) can help young people delay sexual activity, reduce their number of sexual partners, and increase protective sexual behaviours. Young people who receive accurate, unbiased information through CSE are better able to develop health promoting life skills, understand and promote gender equality, realize their SRH rights, and demand high quality SRH services. SYP champions CSE becoming part of school curricula in all eight countries.

SYP in **SOUTH AFRICA** increased support for CSE through advocacy workshops with nearly 300 School Governing Bodies (SGB), 'gatekeepers' for school curricula; SGBs previously believed that CSE would promote promiscuity and now they support the CSE curriculum. In **MALAWI**, SYP supported the Ministry of Education to include sex and sexuality in its curriculum, trained 300 teachers in CSE, and sensitized 80 Parent Teacher Associations on the new curriculum. In **NAMIBIA**, SYP trained 22 trainers who taught CSE to nearly 2,000 students.

The Government of **ZAMBIA** has integrated CSE into its national school curriculum. SYP trained 270 peer educators and 54 teachers who reached nearly 7,500 secondary school students with SRH information.

SYP also addresses the wider community with its knowledge-based interventions. SYP conducts mass

No pregnancies were recorded between August 2014 and April 2015 in the 18 schools where SYP operates!

outreach and community sensitization campaigns to reach parents, teachers, and others so that communities work together to protect and promote young people's SRH. Media programming, health clubs, drama clubs, sporting events, and community open days are key avenues for dissemination of behaviour change communication materials, especially for out-of-school youth.

SYP in **SOUTH AFRICA** hosted intergenerational dialogue meetings with more than 100 local leaders to arrive at community-owned SGBV and HIV prevention strategies. In **MALAWI**, SYP revitalized a popular 'Condomize' campaign providing HIV testing and reaching more than 40,000 young people with SRH information. In **BOTSWANA**, SYP and partners embarked on a robust campaign to resuscitate social behaviour change on HIV prevention. By the end of 2014, half a million condoms were distributed and over 20,000 young people were mobilized.

Through SYP, Botswana provided HIV testing and counselling to 2,419 people, breaking the world record (along with Tanzania & South Africa) for the highest number of HIV tests in an 8-hour period!

"It should not be a death sentence when a young person does not meet societal expectations vis-a-vis their sexuality. We need to recognize that young people have the right to make decisions and we must give them information to make good, healthy decisions, regardless of whether they are the right ones in our eyes."

- TAMISAYI CHINHENGO | SYP PROGRAMME MANAGER | UNFPA ZIMBABWE

"When it comes to our African cultures, we promote the reproduction side of sex, and we suppress the intimacy. It's time to say that sexuality is not just the production of a healthy baby, it has other dimensions that are all human. In our sexuality education we help young people look at relationships in a healthy way, to recognize any kind of abuse and to understand that they can have mutually respectful, mutually protective, and mutually loving relationships. Sex should happen in a consensual manner and each partner should respect the rights of the other. This is what we want to inculcate through SYP."

- DR. ASHA MOHAMUD | ASRH POLICY ADVISOR | UNFPA ESARO



Young Zimbabweans are quizzed on their SRH knowledge during an SYP Open Day in Gutu

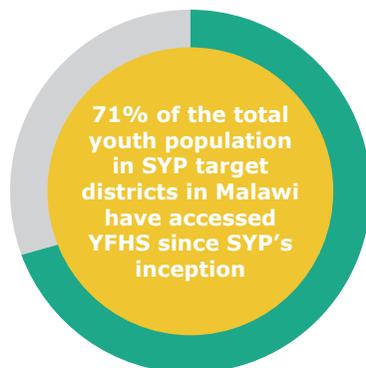
SERVICES

Scaling up youth-friendly and integrated SRH and HIV services for young people

Youth-friendly health service (YFHS) delivery is about providing services based on understanding and respecting what young people want and need. It is grounded in the realities of young people's lives and honours their right to make decisions for themselves. To be 'youth-friendly,' service providers must offer accurate, unbiased information and refrain from making judgments about a young person's thoughts, feelings, or behavior. SYP's emphasis is on both static and outreach services, integrated HIV and SRH services including distribution of contraception and condoms, promotion of HIV testing and treatment, and antenatal and post-natal care for young mothers. But 'youth-friendly' is also about human interactions; it is about understanding social dynamics and ensuring that young people feel safe and supported.

In each country, SYP supports Ministries of Health (MoH) to train nurses, outfit health facilities, and create demand for YFHS. Using comprehensive YFHS accreditation standards, the MoH in **MALAWI** sends teams of assessors to health facilities, unannounced, to evaluate service provision. They observe, for example, provider-client interactions; and whether the facility has 'youth-friendly' signage; whether family planning commodities are available; and whether the facility offers special hours of operation for young people. Young people's feedback on service quality is also incorporated into

accreditation decisions. SYP seeks to learn from Malawi's model for implementation in other countries.



Many SYP-supported facilities provide separate spaces – youth 'hubs' or 'corners' – where young people are welcome to gather socially while accessing knowledge and services. Health facilities have become important locales for reaching large numbers of young people, both in and out of school. Most health facilities also work closely with youth clubs and link young people to other services (e.g. NGOs that provide school scholarships) creating comprehensive support structures.

Between the third quarter of 2013 and the last quarter of 2014, the number of young people accessing resources at SYP-supported youth-friendly SRH centres at two tertiary institutions in **ZIMBABWE** increased by 70 per cent. In 2014, SYP provided family planning services to more than 4,600 young

"A youth-friendly corner is where we get to know each other, know how our body develops, know how our future is going to come in front of us, know how we are going to enjoy our lives. If I am confused about relationships or something about my body, I feel free to ask one of the peer educators."

- TANYARA | 16 | FACEBOOK CLUB MEMBER | BOTA, ZIMBABWE (pictured in cover photo, on right)

"With SYP, we assessed some of our facilities and saw clearly that nurses that have been capacitated [in YFHS] are doing it the right way. We have seen a big difference in the quality of service delivery between nurses who have been trained and those who haven't. We must capacitate more nurses."

- ZANDILE MASANGANE | ASRH FOCAL PERSON | SWAZILAND MINISTRY OF HEALTH

women and men in **BOTSWANA**. Of those, more than 3,000 were tested for HIV. Those who tested positive were counselled and initiated on treatment.

Health workers form the core of YFHS. SYP supports health worker trainings throughout its eight countries of operation. In **SWAZILAND**, SYP supports the MoH's comprehensive ASRH training for health workers focusing on physical development, adolescent rights, psychosocial support, gender, substance abuse, contraception, and HIV testing/counselling, among other topics.

A band of former school dropouts – all back in school – performs at an SYP Open Day in Zomba, Malawi





If it's not with us, it's not for us!

"As a young person I feel so good that my voice will be heard on the regional steering committee. And for me, I am equipped with life skills, I am able to say no to sex without protection, I am able to go for family planning services, I am able to speak openly about myself. I encourage other young people to have passion, to take responsibility so that we have a generation of young people who are knowledgeable, who are informed, and who have services they need available for them."

LUCETTA | 21 | SYP YOUTH AMBASSADOR & REGIONAL STEERING COMMITTEE MEMBER | HARARE, ZIMBABWE

EMPOWERMENT

Increasing leadership among young people – especially girls – in programme planning and regional development processes

SYP empowers young people with the skills, knowledge and platforms they require to participate in policy dialogue and influence decision makers on ASRH. SYP uses social media recruitment strategies to multiply the number of young people who are able to transfer knowledge to their peers about SRHR, link their peers with services, and mobilize other young people to advocate for increased investment in youth issues at all levels.

Each SYP country employs its own peer facilitation model. Young people are recruited; trained on SRHR issues, facilitation/communication strategies, and technology; and then involved in programme design, implementation, and evaluation. Over 1,000 young people have been trained and supported by SYP to provide peer education, facilitation, and community mobilization in the southern African districts most in need. Youth advocacy platforms are up and running in most SYP countries, and many young people who began as beneficiaries have since become volunteers or received training to continue working with SYP.



SYP reaches tens of thousands of girls at Swaziland's annual Reed Dance



MEET ROSE AND SOPHIE!

When Rose (pictured above left) became pregnant during secondary school her parents turned her away and she moved to Lilongwe with her boyfriend. Life became difficult when he could not find work. He beat her, denied her food, and when the baby was born he told Rose he would no longer support her. She returned to her parents who accepted her back and suggested that she attend meetings at the 'youth-friendly' health facility in Namwera that they heard about. Rose attended, appreciated the dialogue with other young people, and eventually trained to become a Community Based Development Advocate. Rose and other young people are instrumental in providing outreach services and knowledge to their peers in hard to reach SYP areas. Rose wants her son to complete school without dropping out like she did. **"After education, I want my son to become a loving person," she says. "I don't want any other woman to endure what I did. When he gets married, I want him to be a kind man, I want him to love his wife."**

- ROSE | 23 | SYP PEER EDUCATOR | MANGOCHI DISTRICT, MALAWI

Sophie (pictured above right) endured great hardship after her sister passed away suddenly and she was forced, at 13, to raise her sister's children when their father left. Her lip quivers when she recalls that time of loneliness and despair. But the twinkle in her eye glistens again when she describes returning to her home village in Mangochi District where she started participating in 'youth-friendly service' activities and received scholarship money to complete school. Eventually Sophie was trained as a peer educator by SYP and she was elected to the National Youth Parliament, for which she soon plans to run for a second term. **"I travel far to attend youth-friendly but it has allowed me to continue with my education and I'm able to teach others about how they can lead better lives. They need to have confidence in themselves so good things can happen. I am confident now. I want to become the first female lawyer in my community."**

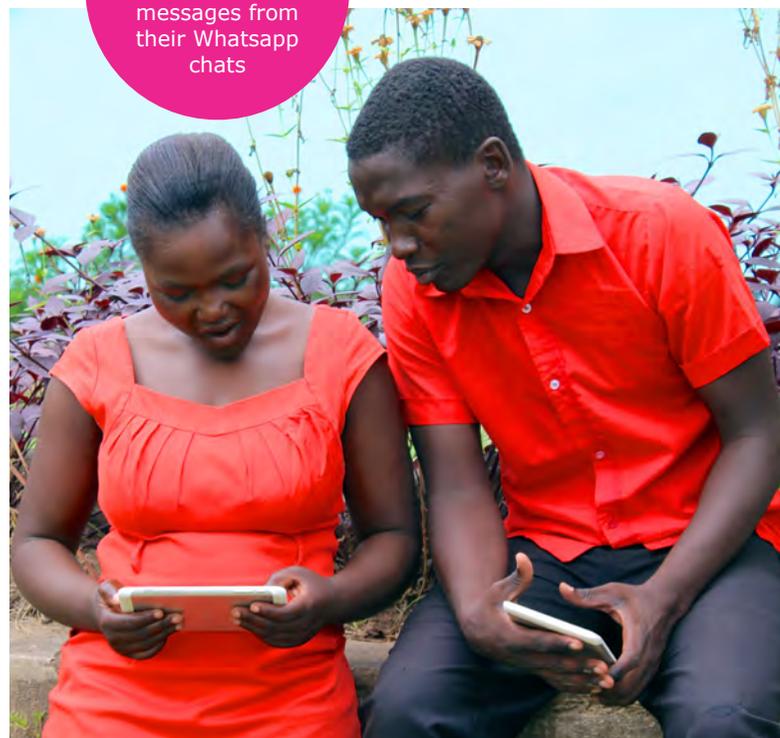
SOPHIE | 18 | SYP PEER EDUCATOR | MANGOCHI DISTRICT, MALAWI

MEET ZIVISO!

Ziviso is a peer educator and his enthusiasm for helping others is evident when he describes a 14-year-old girl, born HIV positive, who became unwell when she defaulted on her treatment. She refused to speak to the nurses so Ziviso counseled her as 'his sister' and eventually the girl resumed taking her medication. Ziviso details his community's problems: **"Boys are using drugs and drinking, you see young girls being raped, and most girls are being married to a 53-year-old man. She's going to drop school and she may become HIV positive and either way she will get pregnant. It's hurtful to see a young girl being married to an old man."** Ziviso and his fellow peer educators raise awareness to end child marriage. "I used to be a drinker," Ziviso says. "When I joined the peer educators my life changed. Now most of my friends don't drink. They spend time at the youth-friendly corner, playing football, watching videos, discussing issues. I'm proud of myself and I'm proud to be a peer educator."

- ZIVISO | 21 | SYP PEER EDUCATOR | BOTA, ZIMBABWE

Ziviso (pictured below right) and a fellow peer educator read messages from their Whatsapp chats





INNOVATION SPOTLIGHT: SOCIAL MEDIA AND TECHNOLOGY



An SYP Facebook Club meets in Bota, Zimbabwe

platforms including a national toll-free helpline and an online counselling chat platform.

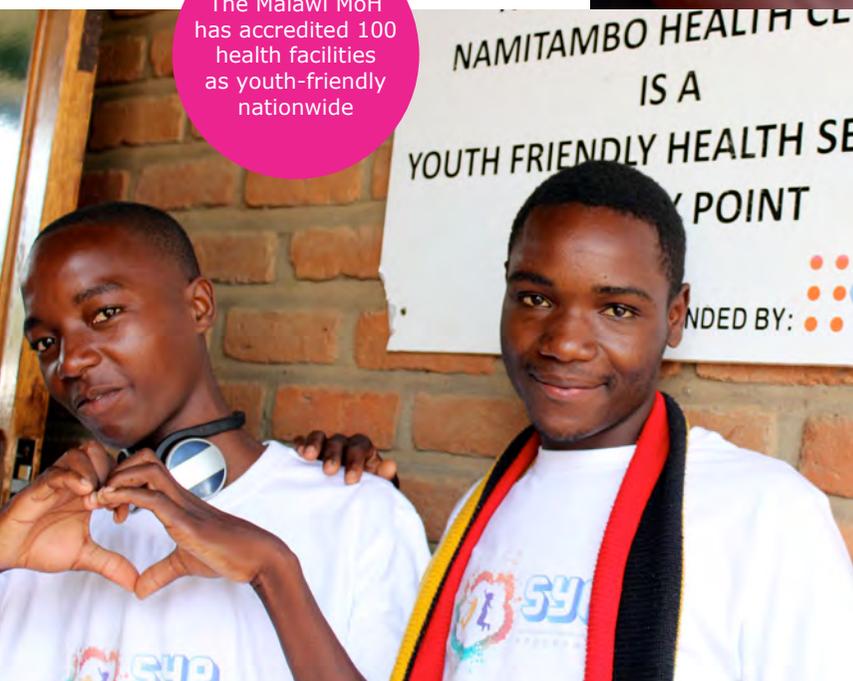
In **ZIMBABWE**, SYP trained peer educators on mobile technology and social media platforms and sent them back to their rural communities – with new tablets – where they created Facebook Clubs that engage other young people throughout Zimbabwe while exploring SRHR issues. Jephiter Tsamwi from SAY WHAT, is one of the many approachable, relatable young people who staff SYP implementing partner organizations. Says Jephiter, “Now imagine the Facebook clubs in Zimbabwe interacting, sharing ideas with clubs in Botswana, South Africa, Zambia and other countries in southern Africa. Imagine the impact in learning, sharing ideas, and improving the SRH knowledge of young people. There is so much potential for this programme to be scaled up. It will have the highest form of impact you can ever imagine.”

SYP optimizes the momentum and popularity of mobile technology and social media to reach large numbers of young people with empowering information and networking opportunities. In **SOUTH AFRICA**, SYP trained a Youth Advisory Panel to lead social media advocacy through its Facebook page, reaching nearly 5,400 young people. SYP in **BOTSWANA** runs two Facebook pages, followed by more than 4,700 young people, that routinely dispels myths about sex. In **MALAWI**, SYP supports its implementing partner YONECO to host multiple traditional and social media



A drama club performs a skit on child marriage at the Namwera Health Facility in Malawi

The Malawi MoH has accredited 100 health facilities as youth-friendly nationwide



NAMITAMBO HEALTH CENTRE IS A YOUTH FRIENDLY HEALTH SERVICE POINT

FINANCED BY:

EVIDENCE

Documenting and disseminating evidence, lessons learned, and best practices

Operating on a large scale across eight countries enables SYP to ambitiously build an extensive body of knowledge on young people and their needs. This research will tell the stories of southern Africa’s young people while informing evidence-based advocacy and programming. Numerous studies are underway in each SYP country, with some illustrative studies listed below.

A SAMPLING OF SYP SUPPORTED RESEARCH	
<p>BOTSWANA ‘Review of youth-friendly standards and assessment of youth-friendly facilities,’ starting June 2015.</p>	<p>LESOTHO ‘Exploring the impact of Basotho cultural practices on reproductive health status of adolescent girls and young people aged 10 to 24 years,’ starting August 2015</p>
<p>MALAWI ‘Exploring cultural practices that affect reproductive health status of adolescent girls and young people aged 10 to 24 years in six districts,’ draft report submitted May 2015.</p>	<p>NAMIBIA ‘Understanding teenage pregnancy in Namibia,’ study starting September 2015.</p>
<p>SOUTH AFRICA ‘Profiling evidence-based ‘Good Practices’ in HIV prevention and youth SRHR,’ to be disseminated in 2015.</p>	<p>SWAZILAND ‘State of the Youth in Swaziland,’ report underway for validation and dissemination in 2015.</p>
<p>ZAMBIA ‘Demographic Dividend Study’ to generate evidence to guide Zambia’s next National Development Plan, results to be presented by Government of Zambia in 2015.</p>	<p>ZIMBABWE ‘Availability and requirements of clinical SRH services at tertiary institutions to establish referral pathways to youth-friendly centers,’ underway in 2015.</p>

SYP: VISION FOR THE FUTURE

By the end of 2019, SYP expects to have reached 1.6 million young people via social media platforms and 3 million young people with comprehensive sexuality education. SYP envisions a southern Africa in which governments promote evidence-based laws and policies that enable young people to realize their rights and their potential, and in which youth-friendly health services are readily available. SYP wants girls to stay in school, wants parents to open up dialogue with their children and wants young people to be healthy, protected, and have access to information and opportunity. SYP expects to see a drastic reduction in unintended pregnancy in its target districts and hopes to make a major contribution towards achieving an AIDS-free generation in southern Africa.



Students at Qomintaba High School in SYP’s service area in Swaziland

SYP’s comprehensive approach across southern Africa is expected to improve SRH outcomes for individual young people and create supportive environments in which they collectively thrive.



Delivering a world where
every pregnancy is wanted,
every childbirth is safe and
every young person's
potential is fulfilled

UNFPA

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