



SYP

Safeguard Young People
PROGRAMME



**SAFEGUARD YOUNG
PEOPLE PROGRAMME
ANNUAL REPORT | 2015**



CONTENTS

1	CHAPTER 1: INTRODUCTION	<i>page 6</i>
2	CHAPTER 2: PROGRESS ON PROJECT OUTCOMES	<i>page 16</i>
3	CHAPTER 3: CHALLENGES	<i>page 34</i>
4	CHAPTER 4: LESSONS LEARNED	<i>page 36</i>
5	CONCLUSION	<i>page 36</i>

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ABBREVIATIONS

AfriYAN	African Youth Network on Population and Development
ANC	Antenatal Care
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AYFHS	Adolescent and Youth Friendly Health Services
CO	Country Office
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organizations
DFID	United Kingdom's Department of International Development
DHS	Demographic and Health Survey
ESA	East and Southern Africa
ESARO	Eastern and Southern Africa Regional Office (UNFPA)
E-MTCT	Elimination of mother-to-child transmission
FP	Family Planning
GBV	Gender-Based Violence
GIS	Geographic Information System
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Government)
HIMS	Health Information Management Systems
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
ICTs	Information Communication Technologies
IPs	Implementing Partners
IPPF	International Planned Parenthood Foundation
ISHP	Integrated school health programme
MICs	Multiple Indicator Cluster Surveys
MOESVTEE	Ministry of Education, Science, Vocational Training and Early Education
MoET	Ministry of Education and Training
MoH	Ministry of Health
MoPSE	Ministry of Primary and Secondary Education
MoY	Ministry of Youth
NGO	Non-Governmental Organization
PNC	Postnatal Care
PRB	Population Reference Bureau
SADC	Southern African Development Community
SBCC	Social and Behaviour Change Communication
SDC	Swiss Agency for Development and Cooperation
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SYP	Safeguard Young People Programme
TWG	Technical Working Group
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteer Programme
WCARO	Western and Central Africa Regional Office (UNFPA)
WHO	World Health Organization
YAP	Youth Advisory Panel
YFS	Youth Friendly Services
YLO	Youth-Led Organizations
YSO	Youth-Serving Organizations
ZYDR	Zimbabwe Youth Development Report



Photo © UNFP/Zambia

CHAPTER 1: INTRODUCTION

ABOUT SAFEGUARD YOUNG PEOPLE PROGRAMME

OVERVIEW

Imagine if every adolescent and young person was equipped with the knowledge and skills to engage with their sexuality. Imagine if they were able to freely and responsibly make decisions related to their sexual and reproductive rights without discrimination, coercion or violence. Every adolescent and young person should have this basic human right in order to realize their full potential and accomplish their dreams. This is the future that the Safeguard Young People Programme envisions.

In November 2013, the United Nations Population Fund (UNFPA) and Swiss Agency for Development and Cooperation (SDC) established a partnership to work together in promoting a healthy generation of adolescents and young people in southern Africa. This partnership and common vision originated the Safeguard Young People Programme (SYP), which aims to identify and scale up extensive interventions for adolescents and young people, including policy development; integrated and youth friendly HIV and sexual and reproductive health (SRH) services; comprehensive sexuality education (CSE) for in and out of school youth; and meaningful youth participation and empowerment. SYP is holistic in that it builds on the diverse contexts affecting the development of young people, including gender dynamics and inequalities, particularly those that disadvantage girls and women. SYP is a two-phased programme with the first phase currently being implemented until 2016. The second phase will be executed from 2017 to 2019.

SYP has already achieved significant results over the past two years. Much of the first year of progress focused on building a strong foundation for implementation of SYP, including setting up national and regional technical working groups in order to strengthen ownership and ensure efficient multi-sectoral coordination at all levels. With these strong foundations in place, the programme has since began scaling up quality interventions that are making lasting impacts at local, national and regional levels.

KEY PARTNERS

The achievements made by SYP could not have been possible without the various partners involved at different levels and across sectors. At regional level, the Southern African Development Community (SADC) Secretariat has been a main key partner in implementation, with additional support from the SADC Parliamentary Forum, United Nations Educational, Scientific and Cultural Organization (UNESCO), UNAIDS and Ford Foundation. At the country level, SYP has seen exemplary results through the ownership and participation of high calibre members in government including Principal Secretaries of Health, Education and Youth as well as other high-level officials and directors.

At national level, key implementing partners (IPs) include: Restless Development (South Africa); SAYWHAT (Zimbabwe); Young People's Network on Sexual Reproductive Health HIV and AIDS (Zimbabwe); Khulisa Umntfwana (Swaziland); Lusweti Institute for Health (Swaziland); Family Life Association of Swaziland; Family Planning Association of Malawi; Malawi Girl Guides Association; Youth Net and Counselling (Malawi); Planned Parenthood Association of Zambia; Zambia Health Education and Communication Trust; Lesotho Planning Parenthood Association; Help Lesotho, Population Services International (Lesotho) and Namibia Planned Parenthood Association.

ABOUT THIS REPORT

This report reflects on a brief analysis of these achievements since the inception of the programme with a focus on results reached in 2015. Achievements from 2015, as documented in Chapter Two of this report, are presented against the set outputs under the five main outcomes of the programme. Among the different outputs, the programme emphasises the following:

1. Mobilization and engagement of stakeholders,
2. Advocacy and awareness creation,
3. Formation of working committees,
4. Design, production and distribution of manuals and materials,
5. Capacity development through trainings, and
6. Design and production of tools and systems for social and behaviour change communication (SBCC) and CSE, particularly those involving information communication technologies (ICTs), such as www.TuneMe.org.



Photo © UNFPA

WORKING TOWARDS THE FOLLOWING OUTCOMES



OUTCOME 1

Improve the policy and legal environment for addressing adolescent sexual reproductive health issues.



OUTCOME 2

Increase young people's knowledge and skills towards adoption of protective sexual behaviours.



OUTCOME 3

Scale up youth friendly and integrated sexual and reproductive health (SRH) and HIV services for adolescents and young people through both static and outreach services.



OUTCOME 4

Strengthen young people's (especially adolescent girls') leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes.



OUTCOME 5

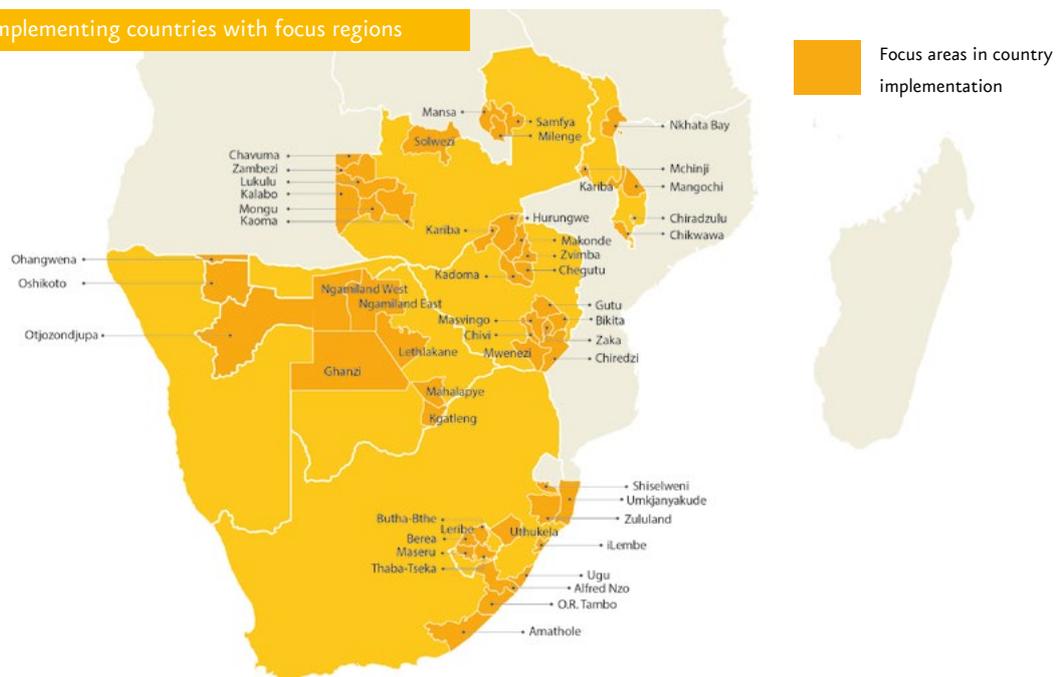
Strengthen coordination, documentation and dissemination of strategic information, lessons learned and best practices at the national and regional levels.



IMPLEMENTING COUNTRIES

There are eight countries implementing SYP including Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Focus areas have been identified as part of prioritizing especially vulnerable communities in each country. These are shown in Figure 1 below.

Figure 1: Map of implementing countries with focus regions



SPOTLIGHT ON 2015

REGIONAL HIGHLIGHTS

1. ANALYSIS OF LAWS AND POLICIES AFFECTING ASRHR

A comprehensive analysis of laws and policies affecting adolescent sexual and reproductive health and rights (ASRHR) was conducted in 2015, which is aimed at harmonizing legislation in the region. This analysis will be validated in 2016 by key stakeholders for its subsequent adoption by SADC and its member states.

2. THE SADC MODEL LAW ON CHILD MARRIAGE

The SADC Model Law on Child Marriage was developed, in collaboration with SADC Parliamentary Forum, with the main objective of serving as a yardstick and an advocacy tool for legislators in the SADC Region.

3. REGIONAL CSE RESOURCE MANUAL FOR OUT OF SCHOOL YOUTH

The newly-developed CSE manual aims at strengthening national capacity to improve and expand comprehensive adolescent sexual and reproductive health (ASRH) programmes. It was pre-tested with young people in Namibia as of December 2015.

4. MANUAL DEVELOPED FOR YOUNG PEOPLE LIVING WITH HIV

A manual called 'iCAN' for young people living with HIV has recently been finalized, in collaboration with Safaids Regional Office. It will be widely popularized in 2016 in all SYP countries for its adoption and utilization at national level.

5. REVIEW OF STANDARDS IN YOUTH FRIENDLY HEALTH SERVICE DELIVERY

A review of existing guidelines and standards on adolescent and youth friendly sexual and reproductive health (SRH) services in Eastern and Southern Africa was conducted, in collaboration with International Planned Parenthood Foundation (IPPF) Regional Office. The review will help to improve quality and coverage of adolescent and youth friendly SRH and develop better regional standards moving forward.

6. LAUNCH OF A MUSIC ALBUM THAT INCLUDES ASRH MESSAGES

The SYP music project produced an album, called "We Will" that includes 10 songs on issues related to adolescents sexual reproductive health. The songs are downloadable at:
www.safeguardyoungpeople.org/music

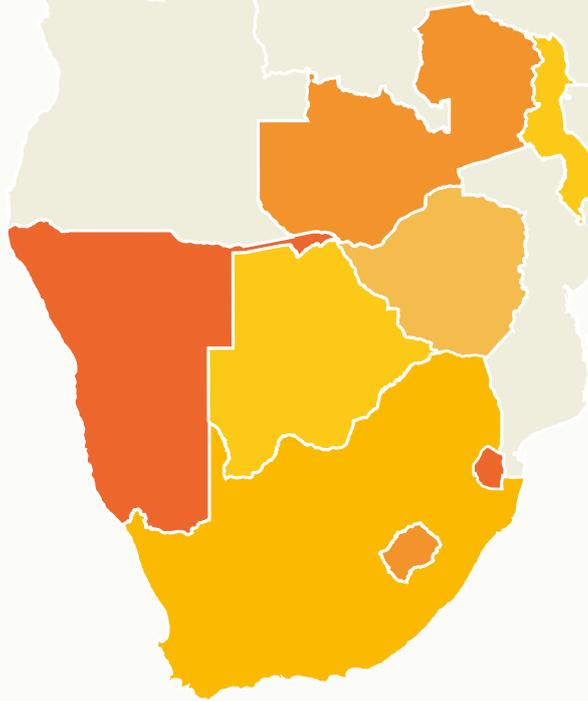
7. DEVELOPMENT OF THE 'TUNEME' YOUTH ENGAGEMENT PLATFORM

SYP facilitated the design of a mobisite called "TuneMe", a youth engagement platform that supports young people in accessing relevant adolescent sexual and reproductive health information. With additional funds secured from the United Kingdom's Department of International Development (DFID), the site will be expanded to reach an additional five Southern African countries between 2016 and 2017. It is available at www.TuneMe.org.

8. UPDATED INDICATORS ON THE AFRICA ADOLESCENTS AND YOUTH DASHBOARD

The Africa Adolescents and Youth Dashboard, an automated visualization and geographic representation of SRH data on adolescent and youth, has been updated with recent DHS and MICS data. A total of 16 new indicators have been added, bringing the total to 40 health and youth-related indicators on the website. The dashboard is available at:
www.dataforall.org/dashboard/unfpa/ay_africa/

COUNTRY HIGHLIGHTS



BOTSWANA

SYP in Botswana advocated with the government to address adolescent and sexual and reproductive health issues in the next National Development Plan II, which is currently being drafted.

LESOTHO

In Lesotho, SYP supported the development and review of the National Youth Policy and the Adolescent Sexual Reproductive Health Strategy.

MALAWI

SYP in Malawi supported advocacy activities that led to the passing in parliament of the reviewed Marriage, Divorce and Family Relations law which has raised the age of marriage from 16 to 18 years.

NAMIBIA

In collaboration with UNESCO and UNAIDS, Namibia conducted a series of regional cluster dialogues to orient regional policy makers on the Eastern and Southern African (ESA) Commitment and its targets.

SOUTH AFRICA

The South African cabinet approved the National ASRH Framework Strategy in February 2015. This will give guidance on how adolescent and youth friendly services should be provided including defining a package of care.

SWAZILAND

The HIV Testing Guidelines were revised and adopted in March 2015. The age of consent to HIV testing has since lowered to 12 years to increase access to services by adolescents and fulfil the principle of universal access.

ZAMBIA

The drafting of the National Strategy to End Child Marriage has been finalised and is expected to launch early in 2016. Zambia's Constitution was also amended to include clauses that set the minimum age of marriage to 19.

ZIMBABWE

The inaugural Zimbabwe Youth Development Report (ZYDR) was developed and launched in 2015. This included a youth development index, which will be used as a barometer for progress made in ensuring the better health outcomes for young people.

RESULTS AT A GLANCE

1. IMPROVING POLICY AND LEGAL ENVIRONMENTS

- 27** advocacy sessions have been held both in countries and at regional level to ensure buy-in and ownership of adolescent sexual and reproductive health interventions.
- 609** stakeholders, including government officials, non-governmental organizations (NGOs), community leaders, traditional leaders were capacitated face-to-face on CSE.

2. STRENGTHENING YOUNG PEOPLE'S LEADERSHIP AND PARTICIPATION

- 194,979** adolescent and young people were reached with social and behavioural change communication and CSE programmes, 165,471 more than in 2014. This is an 87% increase in reach.
- 1,839** young people were capacitated on leadership and participation in decision-making platforms. This result is five-times greater than last year when 376 young people were capacitated.
- 46** youth-led organizations (YLOs) and youth-serving organizations (YSOs) were capacitated in organizational management, governance and operations aspects.
- 1,868,705** learners in four out of the eight countries were exposed to CSE in school, as a direct support by SYP.

3. TRAINING TEACHERS WITH COMPREHENSIVE SEXUALITY EDUCATION

- 728** teachers were trained through a newly-launched on-line module by the end of 2015. Training manuals for teachers were also rolled out during the year.
- 24,197** teachers were trained on CSE through various face-to-face forums.

4. INCREASE YOUNG PEOPLE'S KNOWLEDGE AND SKILLS TOWARDS ADOPTION OF HEALTHIER SEXUAL BEHAVIOURS.

Over two years, more than

4.39 MILLION

young people and adolescent reached with at least one SYP intervention.
This surpasses the set target of 3,000,000 for the programme.

8,936

young people reached through the TuneMe mobisite platform.



2,043,713

young people reached through various social media channels, including: Twitter, Facebook, Radio and SMS.



136,267

young people reached through the SYP music project.



5. SCALE UP YOUTH FRIENDLY SRH AND HIV SERVICES



More than

42.7 MILLION

condoms distributed to young people

This rose exponentially from 2014.

10X MORE

than last year.



360,000

young people accessing adolescent sexual and reproductive health and rights services.

This was a decline in the number of young people reached with ASRHR services. 841,714 was recorded in 2014 but dropped drastically to 360,097 in 2015¹.

¹ The decline might be due to reduced need to uptake services by young people and/or under reporting by various implementing partners. This decline will be duly investigated and an on-line reporting system is planned to be introduced in 2016 to enhance reporting of access to services.



Photo of Evermore © UNFPA/Zimbabwe

LIVING POSITIVELY IN ZIMBABWE

The Bota Health Clinic in rural Zimbabwe's Masvingo Province has a 'youth-friendly corner' that actively addresses the SRH needs of many young people. It welcomes youth to use the corner as recreational space, in addition to accessing services. This is where a 16-year-old girl named Evermore turns for help.

Two years ago, Evermore left school at 14 to marry a 23-year-old man. The situation quickly became dire when her husband began to beat her and deny her of food. She was miserable, stressed, and scared.

After four months, Evermore appealed to her parents to help her leave the marriage. They took her to the Bota Health Clinic where she was first counselled by peer educators who then referred her to a nurse for further assistance. It was at this clinic that Evermore tested positive for HIV.

SYP supports the Bota Health Clinic and numerous others across Southern Africa to enhance and expand the work they have begun in youth-friendly health service provision. Each clinic has an adolescent SRH committee comprised of clinic staff, community members, and young people. Using innovative approaches to reach out to young people, these clinics and corners not only become youth-friendly health clinics but a supportive community as well.

"We want youth-friendly home environments, youth-friendly school environments, youth-friendly health facility environments, that are all conducive to our young people's healthy development," said Aveneni Mangombe, ASRH Programme Officer for the Ministry of Health.

When a young person visits the Bota clinic, they are counselled by one of four peer educators, who see on average 20 young people per day. And they handle the vast majority of cases: dispensing condoms, discussing relationship issues and dispelling myths about sex. Peer educators are trusted by other young people, so they often arrive at solutions together. When a client needs more help, as Evermore did, they are referred to one of the nurses, also trained in adolescent SRH.

The Bota clinic rallied around Evermore as she processed the trauma from her marriage and the news of her HIV status. "They counselled me that being HIV positive doesn't mean the end of life. They told me to continue my education." And so she did. Evermore returned to school and is now in Form 2, looking forward to completing her studies.

Evermore felt hopeful when she was connected through an SYP Facebook club to other young people who are living with HIV. She learned about 'living positively' and felt that she was not alone. And now she knows how to manage her status moving forward.

Bota Health Clinic Nurse-in-Charge, Chinokoro, is proud of the work being done in his community to comprehensively address young people's SRH. He is enthusiastic about the early gains and future potential of SYP's support: "If they are told to use condoms and if we give them the support they need, in the future we really can have an HIV-free generation."

"I was counselled that if I find a new boyfriend, I need to fully disclose my status to him. And when I've grown up and am ready to have a baby, there are services to prevent HIV transmission to my child."

UNITE TO END
EARLY
MARRIAGES

TIKANEN
TIKAGWIRIRI
WOCHITA NI

LET ME
MY E
ONT M

CHILD MARRIAG
NOW!!

Photo © UNFPA

CHAPTER 2: PROGRESS ON OUTCOMES

OUTCOME 1

Improved policy and legal environment for addressing young people's issues (SADC, national, sub-national levels).

REGIONAL PROGRESS

The Laws and Policy Review was conducted in 2015, in collaboration with the University of Pretoria. It aimed to assess the laws and policies that affect adolescents and young people's SRH in eight SYP and 15 additional Eastern and Southern African (ESA) countries. Conducted through a desktop review, along with other qualitative methods, the research examined the following:

1. Whether national laws and policies protect or impede the rights of adolescents and young people to access SRH and
2. Whether these laws and policies are harmonized, contradict each other or have discrepancies that need to be addressed.

The assessment resulted in the development of a harmonized regional legal framework to be adopted by SADC and consequentially by its Member States.

The development of the SADC Model Law on Child Marriage provided marked significant progress towards the realization of the project's outcome 1. The Model Law serves several purposes for legislators in the SADC region. Firstly, it acts as a yardstick and encourages governments to be accountable for regional and international goals they have committed to. Secondly, it becomes an advocacy tool that assists policy makers and legislative drafters to address all the relevant areas in need of legislative reform without usurping the authority of national legislatures to determine the content, extent, style and form of their national laws. The Model Law uses best practice language that prevents loopholes in the law, and can be easily adopted or adapted by Member States in their national laws that pertain with the eradication of child marriage. The model law was developed through an extensive consultative process which culminates with the adoption of the model law by SADC Parliamentary Forum in May 2016 during their General Assembly in Swaziland.

At the regional level UNFPA ESARO and partners embarked on a number of efforts that resulted in the elevation of the campaign to end child marriage. These included the following:



The development of the African Common Position to Ending Child Marriage, which was endorsed by Heads of States at the AU Summit in June 2015.



The commemoration of the 2015 Day of the Africa Child (DAC) with the theme "25 Years after the Adoption of the African Children's Charter: Accelerating our Collective Efforts to End Child Marriage in Africa" attended by more than 200 adolescents and young people.



Two regional capacity building workshops on ending child marriage and harmful traditional practices benefiting more than 150 technical experts from Regional Economic Commissions, civil society organizations (CSOs) and ministries of health and gender in high-prevalence child marriage countries.



The development of a continental framework for monitoring and evaluating the Campaign to End Child Marriage.



Photo © UNFPA

COUNTRY PROGRESS

During the course of the year, SYP in Botswana advocated with the government to address adolescent and sexual and reproductive health issues in the next National Development Plan 11, which is currently being drafted. As a result, the Plan has prioritized investing in young people to reap the demographic dividend, scaling up youth friendly services, scaling up integration of SRH/HIV services and addressing GBV.

In Lesotho, the programme supported the development and review of a number of policies and strategies that address or include issues related to young people, including the National Youth Policy and the Adolescent Sexual Reproductive Health Strategy. The School Health Policy was reviewed and awaits verification and adoption.

Studies on traditional cultural initiations and practices on young people were conducted in Malawi, Swaziland and Zambia. In some instances, draft reports still await stakeholder validation, but in other cases, the studies have been finalized and will soon be packaged for dissemination. The scope of the studies are to provide guidance for the development of appropriate programme interventions, addressing cultural practices that increase vulnerability of adolescent girls and young people while using the positive aspects as entry points for reaching out to young people with appropriate sexuality education.

SYP in Malawi supported advocacy activities leading to the passing in parliament of the reviewed Marriage, Divorce and Family Relations law, which has raised the age of marriage from 16 to 18 years. The law was enacted in February 2015.

In Namibia, a national study on determinants of teenage pregnancy was commissioned by UNFPA, in collaboration with the Ministry of Health in 2015, but has yet to be finalised. It is envisaged that the study will inform policy makers and programme planners on key interventions to be implemented to curb the increasing rates of teenage pregnancy in the country.



In South Africa, a draft Adolescent and Youth Health Policy has been developed with UNFPA's support. Once approved, it will give guidance on how adolescent and youth friendly services should be provided including defining a package of care.

In Swaziland, the HIV Testing Guidelines have been revised and adopted in March 2015, with the age of consent to HIV testing reduced from 16 to 12 years old, in line with the Child and Welfare Act.

The drafting of the National Strategy to End Child Marriage was finalized in Zambia and is expected to be launched early in 2016. Zambia's Constitution was also amended, and includes clauses that set the minimum age of marriage to 19. Moreover, there has been improved policy environment with the finalization and Presidential launch of the revised National Youth Policy and Action Plan, which were supported by UNFPA and partners.

The Zimbabwe Youth Council, with technical and financial support from UNFPA and the African Development Bank developed the inaugural Zimbabwe Youth Development Report (ZYDR). The report was launched in August 2015 by Minister of Youth, Indigenisation and Economic Empowerment. The ZYDR also includes a youth development index which will be used as a barometer for progress in the development of young people. Meanwhile, advocacy initiatives, conducted by the National Young People's Network, on ending child marriage was carried out in all 85 districts in Zimbabwe through the decentralisation of the Call to Action on Ending Child Marriage, drafted by the national advocacy committee. In addition, Zimbabwe hosted the Southern African Students and Youth Conference on Sexual and Reproductive Health in August 2015. The conference included a thematic focus on SRH access for youth with disabilities. Participants analyzed and interrogated current strategies implemented in Southern Africa and provided suggestions to improve interventions that address unmet needs and rights of special groups, such as youth and students with disabilities.



OUTCOME 2

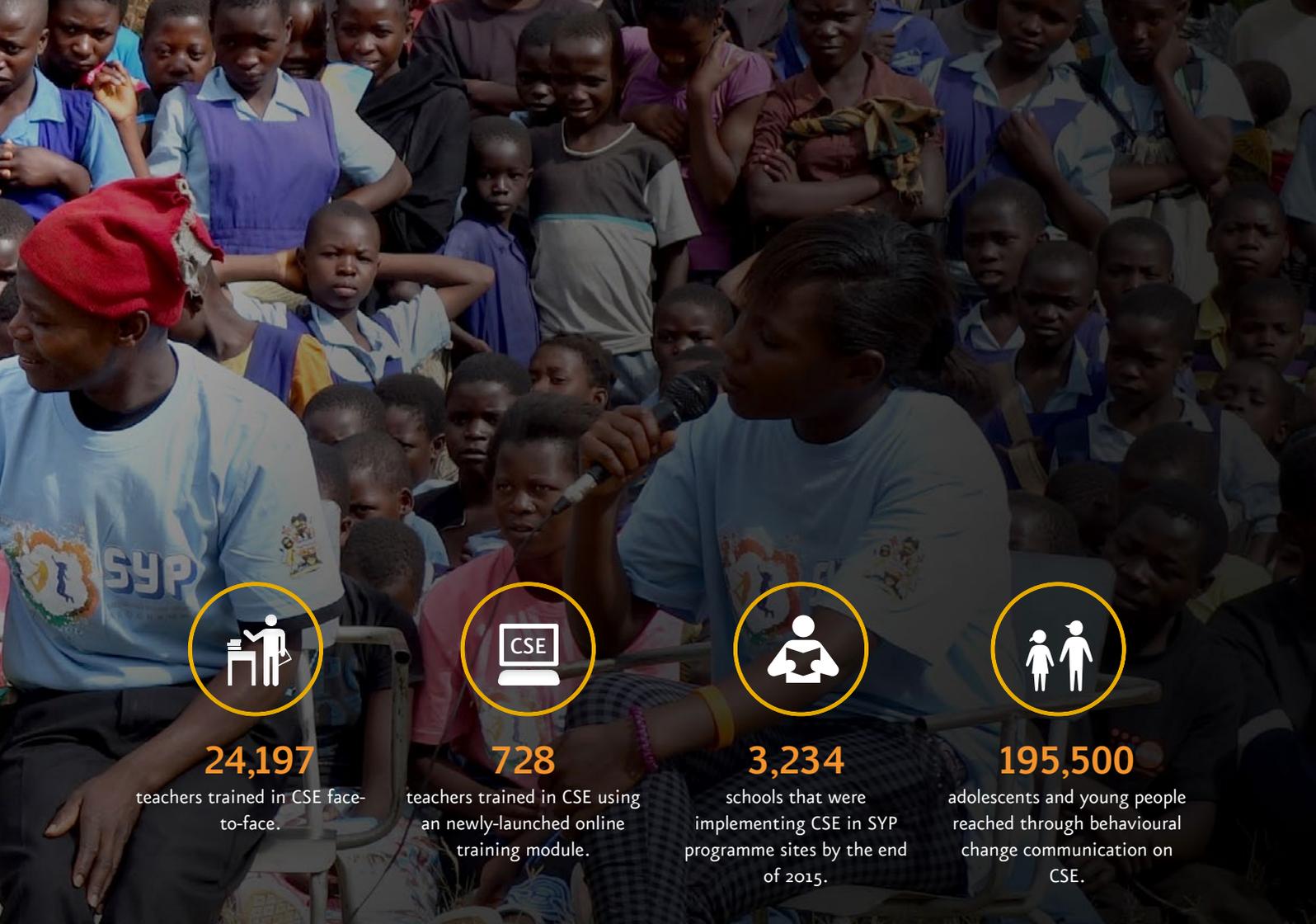
Increase young people's knowledge and skills towards adoption of protective sexual behaviours

REGIONAL PROGRESS

SYP is running a broad spectrum of activities relating to social and behaviour change communication (SBCC) including comprehensive sexuality education for in and out of school youth. The SBCC strategies include community conversations, cultural events, teen clubs for HIV positive and negative young people, information through social media, 'edutainment' through music and curricula-based comprehensive sexuality education.

Accelerating collaborative efforts in the Eastern and Southern African (ESA) Ministerial Commitment

2015 was a milestone year for the ESA Commitment, officially marking two years since ministers of health and education from 21 countries in the region made a commitment to scale up sexuality education and sexual and reproductive health services for young people. The ESA Commitment has set targets for 2015 that work to increase young people's knowledge and skills through the scale up of better quality sexuality education being delivered in and out schools. UNFPA, in partnership with UNESCO and UNAIDS, brought together the ESA Commitment Technical Coordinating Group in July 2015 to freely deliberate and review the progress that has been made since December 2013. With 60 representatives from government, SADC, the East African Community (EAC), Common Market for Eastern and Southern Africa (COMESA), development agencies, embassies, CSOs, teacher unions, religious institutions and YLOs in attendance, the meeting agreed on actions to accelerate progress towards the achievement of the 2015 ESA Commitment targets. The meeting also aimed at devising strategies to encourage greater leadership and ownership from country governments and partners.



24,197

teachers trained in CSE face-to-face.



728

teachers trained in CSE using an newly-launched online training module.



3,234

schools that were implementing CSE in SYP programme sites by the end of 2015.



195,500

adolescents and young people reached through behavioural change communication on CSE.

Institutionalizing CSE in and out of school curriculum

UNFPA, in partnership with Advocates for Youth and UNESCO, hosted a Pre-Service Teacher Training on Sexuality Education workshop from 1-5 June 2015 in Johannesburg. It aimed to equip 25 educators and lecturers from teacher training institutions (universities and colleges) with knowledge and skills related to the delivery of age-appropriate, human rights and gender-based CSE. This will contribute to further institutionalizing CSE delivery in teacher training institutions.

In addition, the Comprehensive Sexuality Education Resource Manual for out of school youth was finalized in 2015. This was driven by UNFPA's interest in developing a comprehensive resource for teaching out-of-school youth in the region about sexuality, gender, rights and related life skills. The manual is a guide that focuses on three important issues facing young people, including: (1) recognizing the importance of adhering to their own values; (2) learning more about how their bodies function and dealing with sexual and reproductive changes, feelings and behaviours and; (3) thinking about and planning for their future. A number of other initiatives have been undertaken at the regional level that have helped facilitate the institutionalization of CSE. These include the following:

- CSE scripted lessons plans that support teachers creatively deliver CSE in the classroom;
- The Pre-Service CSE Teacher Training Manual;
- A CSE Online Training Module for in-service teachers;
- A capacity building workshop for teacher unions held in Johannesburg on the 28th to 30th April 2015;
- The iCAN Package, focusing on information on HIV, sexuality and sexual and reproductive health for young people living with HIV (YPLHIV) and their circles of care; and
- A five-day CSE Regional Capacity Building workshop was held in Swaziland in April 2015, attended by 43 UNFPA implementing partners, youth and CSE focal points from the region. The workshop aimed to increase attendees' capacity to better advocate for, manage, and implement technically-sound CSE and SRHR activities for adolescents and young people.



Reaching thousands of young people through innovative approaches

UNFPA ESARO supported the development and launch of a youth engagement mobisite called “TuneMe”, in collaboration with Ford Foundation and Praekelt Foundation. Piloted in Malawi and Zambia as of October 2015, the platform supports young people in accessing relevant health related information including sexual and reproductive health and rights. It features a ‘youth friendly clinic finder’, with embedded GPS capabilities, as well as a feedback mechanism to report on the quality of services. In only a couple months of its launch, 8,936 people registered to access the platform by the end of December 2015. The mobisite can be accessed at: www.TuneMe.org.

The SYP Music Project produced a music album “We Will” that includes 10 songs with safer sex messages. The album and the SYP website (www.safeguardyoungpeople.org) was launched in Johannesburg on 12 August 2015, commemorating International Youth Day. The six young artists who compiled the Music Album volunteered their time both to produce the album and to perform live at music festivals, conferences and other youth-focused events in Swaziland, Zimbabwe and Malawi reaching over 359,000 young people.

COUNTRY PROGRESS

SYP in Botswana, in partnership with UNESCO, supported CSE training to 125 in-service teachers through the on-line course. A total of 25 curriculum developers and 31 guidance and counselling teachers (pre-service) were also trained in CSE. Alongside this, UNFPA engaged the Ministry of Education and Social Development (MOESD) to align the current Life Skills programme to CSE. Review of curricula is expected in 2016. Following UNFPA’s technical and financial support to the successful campaigns conducted in three districts of the country in 2014, the Botswana government invested a total of US\$100 000 to the 2015 CONDOMIZE! Campaign, which expanded its reach to over 10 districts.

Lesotho witnessed a significant increase in the number of adolescents and young people reached with the life skills package. In 2015 alone, 11,086 were reached - a 53 per cent increase from 2014. Of these, almost 50 per cent (5,459) were adolescent girls. 112 education professionals (97 teachers from high schools and 15 facilitators) successfully completed the CSE on-line course. Ministry of Education capacitated 13 teachers and two officials from Ministry of Health on CSE. Scripted lessons plans were piloted in 100

high schools in the districts of Leribe and Berea. Lesotho’s unique “Herd Boys” and “Young Mothers Support” programmes reached 258 out of school herd boys with content ranging from HIV preventive behaviours, condom use, GBV, drug and alcohol abuse and interpersonal skills. In addition, 280 adolescent mothers were provided with prevention of mother-to-child transmission information, maternal health services, HIV prevention, condom use and contraceptives, parenthood, and interpersonal skills respectively.

In Malawi, seven teacher training colleges have institutionalised CSE. As a result, a total of 1,766 teachers were oriented on the new curriculum on both primary and secondary school CSE curriculum content. 73 teachers completed the online teacher training course on CSE. 102 out-of-school youth (54 females and 48 males) aged 15-19 trained in CSE as peer educators coming from 51 youth clubs in 3 district supported by SYP. 4,603 young people (2,738 males and 1,865 females) were reached through CONDOMIZE! Campaign in Chikhwawa. Finally, over 1,600 young people were reached during a community concert at Lake of Stars Music Festival.

In Namibia, as part of strengthening the provision of comprehensive sexuality education, Planned Parenthood Association trained 32 teachers by on comprehensive sexuality



Photo © UNFPA Thaba Tseka Herd boys in Lesotho complete a week long life skills training

education using a face-to-face methodology. In addition, 120 life skills teachers were trained using the online module during a four-day workshop held from 12-15 October 2015 in Otjiwarongo. As a result, the two regions have observed a slight reduction in the number of learners dropping out of school due to pregnancies in schools where CSE is being implemented. A total of 13 schools were reached with dialogues and peer education strategies, resulting in 4,186 females and 3,814 males reached in the Ohangwena region for a total of 8000 learners.

In South Africa, SYP is supporting efforts made by the provincial governments in two provinces to target young people in institutions of higher learning. In 2015, more than 4,338 Grape scented public sector male condoms were distributed in these institutions; 2,149 students were reached with messages promoting condom use; 7,500 door hangers containing a single male condom were distributed in the institution residences and 405 Grape scented condom posters were also distributed. A radio communication and social media campaign also targeted young people in these areas, promoting dual protection, reaching 86,000 people through Twitter and Facebook and approximately 207,000 young people through radio communication.

SYP in Zambia, in partnership with UNESCO, supported the Ministry of Education, Science, Vocational Training and Early Education (MOESVTEE) in rolling out the online CSE training course for pre-service teachers. The training was completed by 150 teachers equipping them with the basic knowledge and skills necessary to deliver effective sexuality education in the classroom. In addition, UNFPA is supporting the government through MOESVTEE to develop an out of school youth curriculum that aims to equip young people with knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality in the context of their emotional and social development. The draft curriculum has been developed. Further, UNFPA supported MOESVTEE to pilot in-school CSE books for 27 schools in three of UNFPA's targeted provinces. The Pilot exercise trained 201 teachers (67 per province) on delivery of the CSE materials. Finally, The Ministry of Youth, in collaboration with UNFPA developed a CSE national framework for out of school youth and the Regional CSE Manual developed by ESARO will be

integrated in the list of tools to be used for the roll out of the national framework.

In Zimbabwe, collaborative efforts between UNESCO, UNICEF and UNFPA continued providing technical assistance to the Ministry of Primary and Secondary Education (MoPSE) on the curriculum review process. Draft primary and secondary school teacher's manuals are now in place. This will strengthen components of life skills, sexuality, HIV and AIDS education within the Guidance and Counselling Programme. However, the MoPSE is still finalizing a school health policy. Zimbabwe is yet to fully launch the ESA Commitment – UN Collaboration continues to advocate with both Ministries of Health and Education. The country has also not yet agreed to take up online teacher training on CSE, pending an orientation to CSE with senior MoPSE managers and continuous advocacy. Despite this, SYP has still contributed to the capacity building of 150 guidance and counselling teachers on the Life Skills, Sexuality, HIV and AIDS education strategy in two districts in the country.

UNFPA began working with the NGO Family AIDS Caring Trust in Zimbabwe to implement the Parent to Child Communication programme on Sexuality and Reproductive Health in Hurungwe District. The programme aims at enhancing communication between adolescents and their parents or guardians on sexual reproductive health and rights at family and community level. The recently developed manual called: "Let's Chat! Community Level Training Manual on Parent Child Communication on Sexual and Reproductive Health for Zimbabwe" has proved to be an important tool in engaging these communities, especially through the capacity building of community facilitators (Let's Chat Mentors) and community level sensitisations. This programme is being implemented with an operations research component and will be evaluated for interim results in December 2016.



Photo of Botswana Family Welfare Association (BOFWA) clinic in Gaborone © UNFPA/Botswana

OUTCOME 3

Scaled up youth friendly and integrated SRH and HIV services for adolescents and young people through both static and outreach services

REGIONAL PROGRESS

SYP has capitalised on the favourable environment that the ESA Commitment has created in improving and expanding adolescent and youth friendly health services (AYFHS). Most recently, a review and assessment was conducted, in collaboration with partners, to bring to light existing AYFHS guidelines and standards, and how they were being implemented. Preliminary results from the assessment in some countries were received at the end of 2015 and will help to inform the development of guidelines for the institutionalization of AYFHS in 2016. Once effective, it is envisaged that AYFHS offered across the region will witness a marked increase in the use of contraceptives and testing for HIV by youth.

In the same vein, a review, commissioned by UNFPA ESARO and in partnership with GIZ, assessed the level of institutionalization of quality AYFHS delivery in pre- and in-service training institutions for health care providers. Evidence found that the pre- and in-service health care educators and trainers' capacity is still insufficient to deliver and train on quality AYFHS. The review made a number of recommendations for SADC, Ministers of Health and partners based on international standards. Among the recommendations was to develop effective AYFHS training programmes for in-service and pre-service health providers so as to scale-up youth friendly services in the region.

Meanwhile, SYP established a sound partnership with the existing European Union "Linkages" project which expanded its scope to include youth friendly health services in targeted sites. Modalities of AYFHS include both static and outreach programmes such as distribution of contraceptives and condoms as well as promotion of HIV counselling and testing (HCT), antiretroviral therapy (ART), elimination of mother-to-child transmission (e-MTCT), antenatal care, post-natal care, and male circumcision, where appropriate.



US\$490,000

was mobilized by UNFPA South Africa to support innovative approaches to improving the quality youth friendly health services.



43 MILLION

condoms distributed last year. This is **10 TIMES MORE** than the previous year.



360,000

adolescents and young people reached with ASRRH services.

COUNTRY PROGRESS

Botswana provided technical support to review YFHS standards based on the new WHO international guidelines. The assessment's preliminary results show that Botswana has no clear YFHS standards, with the majority of health facilities not complying with WHO standards. Where youth friendly services (YFS) are provided; the package is not comprehensive; health care providers are not adequately trained in YFS and facilities do not have convenient open hours tailored for the needs of youth (opening times are usually 7:30 AM-4:30PM). These findings have provided impetus for SYP to support AYFHS delivery points in targeted districts moving forward into 2016 and beyond. The findings of the Botswana study will be integrated in the main assessment conducted at regional level.

In Malawi, SRHR stakeholders were supported to provide outreach activities to young people during the period under review. These services included access to contraceptives, STIs screening including syphilis, HTC, information on cervical cancer screening and condom orientation and distribution. 60 youth service providers were trained on youth friendly services. In all, 200,859 young people received ASRH services in 2015 from 35 health service delivery points offering YFHS in the six SYP districts. This is a 49 per cent decline from the 395,598 reached in 2014.

In Namibia, SRH/HIV integration guidelines have been drafted to guide health workers on the provision of integrated youth friendly health service delivery. 34 technical staff were consulted on the guidelines and their inputs were solicited and incorporated in the draft guidelines. Once the guidelines are rolled out, young people will benefit from accessing integrated SRH and HIV services in public facilities. In the Zambezi and Ohangwena regions of Namibia, 46 health workers from the focus regions were trained on YFHS including GBV. It is expected that these health workers will go on to provide YFS in health facilities. An additional 14 health workers from the focus regions were also trained on HIV provider initiated counselling and testing (PICT). A total of five clinics have initiated SRH/HIV integrated service delivery, providing young people with HIV counselling and testing services as part of the YFHS package.

SYP in South Africa has increased awareness among key stakeholders on the need to address teenage pregnancy and bring services closer to young people through the implementation of an integrated school health programme (ISHP). The piloted ISHP project, if showing positive results, will be presented to the South African government for scale up across the whole country. A task team of representatives were formed from the core local government departments (Health, Education and Social Development), provincial departments' representatives, CSOs, and UNFPA to coordinate the implementation of the ISHP and accelerate the provision of SRHR services in schools.



Photo © UNFPA

In addition, a rapid assessment of AYFHS and peer education programmes in selected Institutions of Higher Learning (IHL) was commissioned in two Southern African provinces, including Eastern Cape and Kwa-Zulu Natal. UNFPA South Africa successfully mobilized US\$490,000 from the UNFPA Innovation Fund that will support SYP in improving the quality youth friendly health services with a strong component on youth participation.

In Swaziland, three mobile outreach sites were supported to provide integrated services to adolescents and youth in selected sites, reaching 6,561 young people in 2015 from a baseline of 1,898 in 2011. A total of 9,840 young people by the end of 2015 were reached with SBCC from a baseline of 400 in 2011 in the Shiselweni region. The programme, in collaboration with other development partners including UNICEF and EGPAF, supported capacity building of health care workers to provide integrated ASRH that is youth friendly and age appropriate through training of 120 health care workers across all regions in the country. This resulted in the establishment of youth clubs in selected health facilities and forums that facilitate young people to discuss issues in accessing integrated SRH and HIV services. Swaziland is the leading country in training YFHS providers in 2015.

In Zambia, 40 health care providers were trained in the delivery of integrated SRH and HIV services for young people. Eight centres of excellences have been established for improved delivery of integrated SRH and HIV to young people. As part of the global Action for Adolescent Girls, UNFPA has increased the number of adolescent girls that access safe spaces to build their health, social and economic assets in order to reduce their vulnerability to child marriage. As of December 2015, a total of 62 safe spaces were created (40 by YWCA and 22 by Plan International), reaching 1,899 girls with asset building activities. In addition, to improve male involvement, 1,141 boys were reached through safe spaces in 4 districts of Luapula, Western and North Western Province. In addition, a total of 120 mentors for adolescent girls were identified and trained in target districts.

To help inform future programming and build evidence for successful and impactful ASRH interventions, an evaluation of UNFPA-funded ASRH interventions that have been implemented by the Ministry of Health and Child Care and Zimbabwe National Family Planning Council (2010-2014) was conducted.

Initial findings have identified that:

1. Most interventions were spread too thinly on the ground and in very few wards. Adoption of a district-wide approach to ensure broader coverage and reach to adolescents and young people will be needed. It was noted that increased concentration of activities had a higher possibility for achieving change at a larger scale.

2. While data was too limited to make an evidence-based recommendation, social media appears to be cost-effective and promising intervention when coupled with other approaches.
3. Evidence does not support significant investment in the current peer education approaches, though it may be a useful addition to other approaches. However, when coupled with social marketing approaches and strong community mobilization, behaviour change programming have shown to improve SRH outcomes among young people.

In Zimbabwe, two additional Youth Resource centres were opened at Midlands State University and Mutare Teachers College, making a total of four tertiary institutions that support and operate youth information resource centres. There was a 138% increase in students (2,787) reached through daily visits to the resource centres between January and June 2015. This is compared to only 1,170 over the same period in 2014. Meanwhile, a total of 12,102 exposures to SRH information (97% of target for reporting period) were achieved by peer educators and the Young People's Network on Sexual and Reproductive Health and HIV and AIDS (YPNSRHHA).

Overall, the number of young people reached with AYFHS dropped significantly from 841,714 in 2014 to 360,097. The decline could be due to reduced need for the uptake of services by young people or the under reporting by various implementing partners. This decline will be duly investigated and an on-line reporting system is planned to be introduced in 2016 to enhance reporting processes. Similarly, the number of providers trained on AYFHS also dropped from 1,281 in 2014 to 212 in 2015. However, the capacity building of health service providers reduced in the second year of implementation because the large majority of the providers targeted were trained in the previous year.



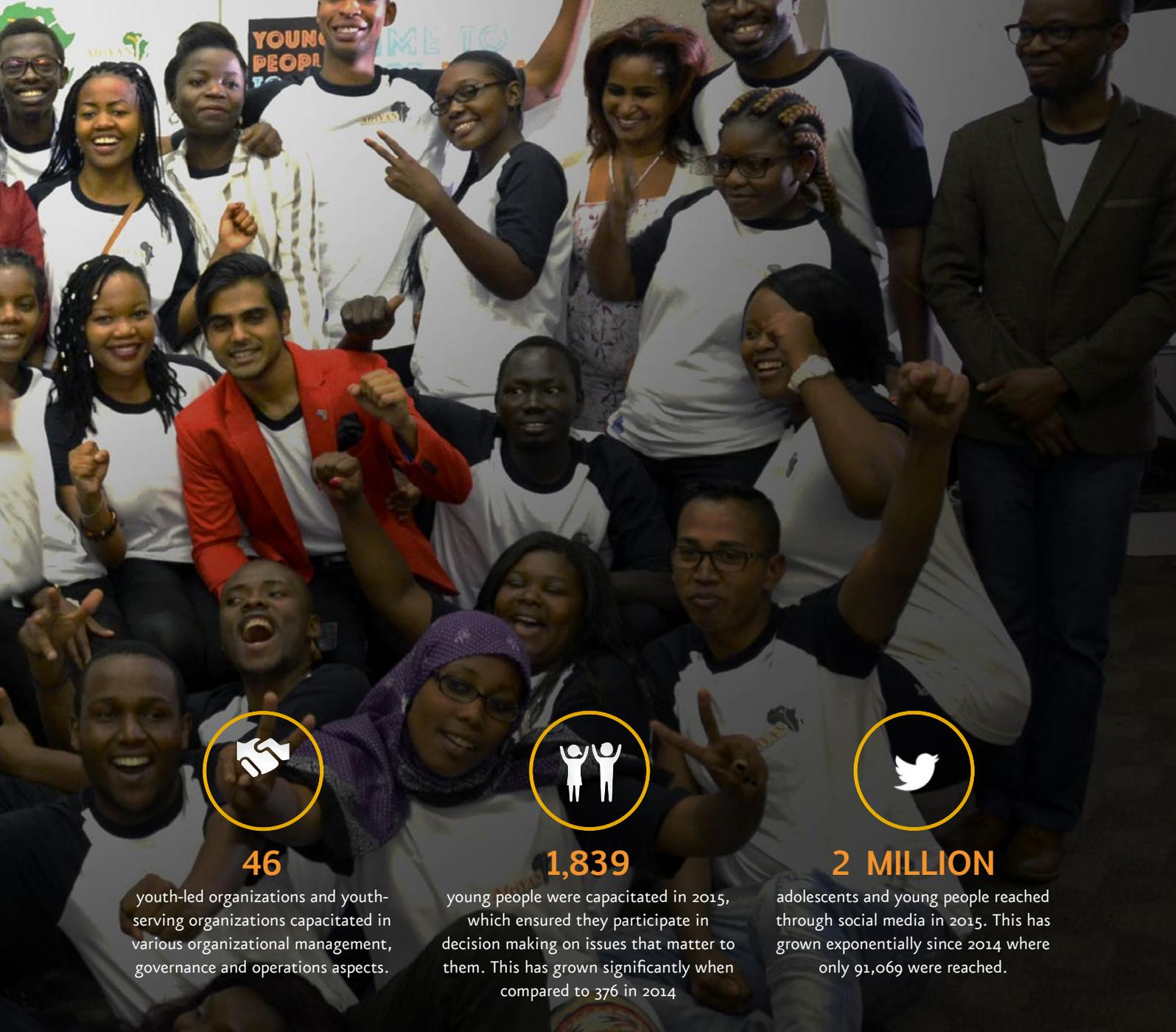
Photo of young people at AfriYAN General Assembly © Corrie Butler

OUTCOME 4

Strengthened young people's, especially adolescent girls', leadership and participation in programme planning, implementation and evaluation as well as in national and regional development processes

REGIONAL PROGRESS

This outcome helps empower young people with skills, knowledge and platforms to participate in policy dialogue and strengthen the networks and groups that help to organize and coordinate region-wide and local efforts. By strengthening young people's leadership and participation in national and regional development processes, ensures that young people: remain knowledgeable about CSE and SRHR issues; are educating themselves and peers about SRHR; are able to link their peers with services; and are advocating for increased investment on their issues.



46

youth-led organizations and youth-serving organizations capacitated in various organizational management, governance and operations aspects.



1,839

young people were capacitated in 2015, which ensured they participate in decision making on issues that matter to them. This has grown significantly when compared to 376 in 2014



2 MILLION

adolescents and young people reached through social media in 2015. This has grown exponentially since 2014 where only 91,069 were reached.

Under the direct guidance of UNFPA, UNAIDS, UNESCO and key development and implementing partners, the 2015 African Youth and Adolescent's Network on Population and Development (AfriYAN) General Assembly for East and Southern Africa was successfully held in Johannesburg. It brought together 45 representatives from national youth networks to discuss and revise the structure, scope, operations and direction of AfriYAN ESA, in order for a better coordinated, managed and structured network. The four-day meeting also provided an opportunity to strengthen advocacy skills. A new executive committee (EC) was elected to support its work for the next two years, which also serves as UNFPA ESARO Advisory Panel.

The biennial International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) was held in Harare, Zimbabwe in November 2015. SYP in collaboration with key partners sponsored a two-day ICASA Youth Pre-conference attended by about 350 young people from across Africa. The pre-conference discussions produced an outcome document which highlighted the importance of involving young people in decision making at all levels on matters concerning their health and development. One of the key issues that the outcome document called for was that young people should be accountable and commit to advocating for the review of punitive and conflicting laws, policies and legal frameworks that impede access to HIV and SRHR services for all. SYP contributed to the youth pre-conference, youth pavilion and global village through dialogues originating from the music performances by the six SYP artists.

COUNTRY PROGRESS

In order to close the gap on participation in Botswana, SYP established the Youth Advisory Panel, a mechanism for open dialogue and exchange between UNFPA and young people. This panel advise UNFPA on the strategic opportunities and actions that specifically address adolescent and youth issues. A total of 26 members make up the panel representing in and out of school youth, youth living with HIV and those living with disability from across the country.

The SYP supported the Youth Act Alliance in Malawi, a network of youth organizations, in the development of a communication and advocacy strategy which was used in advancing young people issues in the Post 2015 Agenda. All six district youth networks were revamped and capacitated with skills in programme planning, monitoring and evaluation and implementation. Each district youth network has now developed an action plan for implementation in 2016. Adolescent and young people's SRHR issues have also been extensively discussed on the SYP-supported Youth Talk programme on YFM Radio. This allowed to reach 9,070 young people on the programme Facebook page, 125,800 young people on WhatsApp and 186,000 young people through SMS. Another radio programme called Lovers Corner engaged 177,010 on WhatsApp and 704,000 on SMS – making a total of 1,201,880 young people reached with SRHR information through radio programming. In addition, a Toll-Free Helpline on SRH and GBV prevention ensured 13,485 callers accessed information (11,373 males and 2,112 females). Finally, a total of 7,530 young people accessed information on HIV, sexuality and relationships. This is an area that contributes to significant behaviour change among youth.

In Namibia, SYP has supported AfriYAN network in partnership with other partners to produce the “Don't Kiss and tell” television drama series. This is a young people ASRH programme developed in partnership with the Namibia Broadcasting Cooperation. 13 episodes have been produced with assistance from the UNFPA SYP project and the American cultural centre. The drama series was premiered at the National theatre of Namibia and airs once a week on national TV. The show is expected to reach a 61.9% of the Namibian population, with particular focus on young people below the age of 15 years which make up 39 per cent of the population (Population and Housing Census 2011). The show has reached 47,571 people though Facebook, with 5,378 likes on the Facebook page.

In South Africa, a three-day capacity building workshop for the UNFPA Youth Advisory Panel (YAP) was organized in April 2015. The workshop strengthened YAP members' knowledge and skills on global, regional and national adolescent and youth policies and programmes and the use of social media for reaching out and engaging with young people on ASRHR issues. YAP also developed its 2015 action plan. As a follow up to this training, the YAP developed a draft social media strategy to guide implementation of a campaign on SRHR and HIV prevention. The strategy will be finalized in the next two months. In June 2015, YAP members collaborated with the Foundation for Professional Development and UNAIDS to organize one of the largest pre-youth conference during the 7th National AIDS conference. This youth pre conference session attracted 300 young people and included the introduction and launch of UNFPA YAP. At the conference, UNFPA took part in the UN Joint Team, organizing a series of activities including a joint exhibition booth, condom education and demonstration and satellite sessions. YAP members manned the booth and 1,400 grape coloured and scented male condoms were distributed.

In Swaziland, plans are underway to establish an AfriYAN chapter in Swaziland following the participation of two young people at the AfriYAN general assembly in October. They have worked with the Swaziland National Youth Council (SNYC) to find a common ground to establish AfriYAN without duplicating efforts. Meanwhile, a total of 833 adolescent girls were reached with leadership and empowerment skills including SRHR information in 38 communities across the country. A positive impact on self-esteem, career and behavioural change has been observed in most of the girls.

SYP in Zambia supported the first African Union (AU) regional capacity building meeting on Ending Child Marriage and Other Harmful Traditional Practices in September 2015 where 150 experts were in attendance. Two adolescent girls, mentored by UNFPA's key partners, participated in advocating for increased action to end child marriage in the Africa region. In addition, SYP supported AfriYAN on capacity building of 30 active youth members in Luapula and North Western Provinces to effectively participate in the seventh National Development Planning process and ensure youth demands and aspirations are prioritized.

In Zimbabwe, 15 youth organizations have been trained in financial and organizational management, corporate governance, leadership, results-based management, linking policies and frameworks and evidence-informed programming to enable them to effectively participate in national development processes. This exceeds the project target of only six youth organizations. During the period under review, 123,733 bulk SMS were sent with each message reaching an estimated 13,500 young people. Targeted messages for each institution had varying reach, usually between 250 and 400. Messages were sent on the following thematic issues: STIs, GBV, safe sex practices, HTC and treatment, contraception and cancers. Social media was also a useful tool, attaining a total of 30,772 (176%) 'unique impressions' on the Facebook page.



Photo of young people at a SYP event © UNFPA



Photo © UNFPA

OUTCOME 5

Strengthened coordination, documentation and dissemination of strategic information, lessons learnt and best practices at the national and regional levels

REGIONAL PROGRESS

SYP has coordination and implementation mechanisms at both regional and national levels. The regional component focuses on planning, coordinating, managing and assisting countries in implementation, evidence generation and knowledge management, including documentation and evaluation. These efforts are supported by the Regional Steering Committee, which includes the membership of three government representatives per country (from education, health and youth – at permanent or deputy permanent secretary level); one representative from SADC; one representative from each UNFPA country office; one rotating UNFPA country resident representative; three UNFPA regional office representatives, including the Deputy Regional Director; two representative of SDC and one young person from each of the eight countries. In addition, at the country level, all eight countries have set up technical working groups, which meet regularly. These meetings have proved to be effective in sharing information, bringing stakeholders to the same level, monitoring implementation and ensuring government ownership of the programme.

Earlier in the year, a Regional Steering Committee meeting was held on March 2015 in Johannesburg, South Africa. The overall goal of the steering committee meeting was to provide policy and strategic guidance to the project to ensure that implementation was on track and annual work plans had been finalized according to the proposal document.

In November 2015, a Programme Coordination Meeting was held in Namibia, aimed at bringing together key implementing partners from all eight SYP countries, UNFPA country offices, and UNFPA Regional Office to agree on operational plans and modalities of the programme. The country offices, together with their national counterparts, presented their specific annual work plans. This was in

preparation for the final presentation to the programme's second Steering Committee Meeting scheduled for the beginning of 2016 where countries will report back on results achieved in 2015.

The regional office organized and held a Results Based Monitoring and Evaluation Training Workshop for Country Office Focal Points in August 2015. The SYP country office focal points and the implementing partners were equipped with tools and skills to collect and analyse information on the implementation of the programme, including assessing the political, social and economic context and trends in the Region. In addition, countries were given opportunity and support to produce monitoring and evaluation frameworks and demographic inventory tools as part specific efforts at national level. Overall, the training provided participants with not only the necessary knowledge and skills for effective monitoring and evaluation of the programme, but also enhanced capacity to produce substantive inputs for various UNFPA and SYP reports. At the same event, the Monitoring and Evaluation Technical Advisory Committee held their annual meeting, which served as a medium-term review and final evaluation of SYP to oversee quality assurance in the use of monitoring and evaluation tools and systems in terms of timeliness of report submission, data accuracy, reliability, and clarity and to serve as a reference group for knowledge generation.

The much-anticipated baseline study for SYP began at the end of 2015 after lengthy procurement processes. ICF Macro International was engaged in October 2015 to establish the programme's baseline data, which will lay the foundation for the review at the end of phase one of SYP. This study will inform programming for phase two and guide the end-line evaluation of the programme. The study is planned to be finalized by Mid-May 2016 with the preliminary findings available by mid-April 2016.

In addition to supporting foundational monitoring and evaluation systems in the programme, an innovative site resource mapping exercise was designed to sketch a geographic overview of programme implementation across the region. This included collecting insights related to social and economic contexts and trends in each of the eight countries targeted by SYP. This mapping will contribute to effective implementation, monitoring and evaluation and quality assurance of SYP. It will also continuously provide substantive input for UNFPA reporting, particularly with donors. This exercise will be used in the second phase of the programme to ensure that countries focus on hot spots and densely populated areas where priority interventions are needed. As part of the exercise, the Health Management Information Systems (HMIS) has been assessed to better understand what information can be collected on adolescents and young people. Support measures will be provided to the countries to enhance their HMIS. By the end of 2015, Swaziland, Zambia and Botswana have already mapped interventions, whilst the remaining five SYP countries will plan to be mapped by Mid-2016.

The Africa Adolescents and Youth Dashboard, an automated visualization and geographic representation of sexual and reproductive health data on adolescent and youth, was started in 2011 by UNFPA ESARO and Western and Central Regional Office (WCARO) in partnership with the Population Reference Bureau (PRB). In 2015, through SYP efforts and resources, the visualization was updated to include recent DHS and MICS data and 16 new indicators, bringing the total to 40 indicators on the site. These are grouped under the categories of population, education, health, HIV, gender and social inequality, labour market information and social interconnection. The web-based interactive map has also been enhanced by new user-friendly features such as ensuring data can be downloaded into Microsoft Excel, trend graphs can be saved as images, and geographic analyses can be performed by overlaying two or more indicators. This interactive map is available at www.dataforall.org/dashboard/unfpa/ay_africa

COUNTRY PROGRESS

SYP in Botswana supported an in-depth assessment on the country's opportunities and challenges in harnessing the demographic dividend. This study will provide policy options and recommendations for the country to reap from the dividend.

In Zambia, SYP has partnered with the Central Statistical Office to undertake an in-depth analysis of variables related to adolescents using 2013-2014 DHS data as well as with the Ministry of Finance to develop a demographic dividend study. As part of this collaboration, the Population Council has undertaken a further diagnostic assessment of adolescent pregnancy, which will advise the teenage pregnancy work being coordinated with the Vice President of the Republic of Zambia. The results of this and other reviews will be crucial to informing current work across the country and will help guide stronger policy and programming in the future.

In South Africa, SYP worked with the Department of Social Development to map adolescents and youth sexual and reproductive health and HIV service delivery points and providers including schools, youth skills centres, community as well as social services in the eight priority districts. The result was a user-friendly database of all service providers and points working in the field of sexual and reproductive health and HIV, youth development, school and social services in the eight UNFPA supported districts. The compilation of the database was done using geographic information system (GIS) technology to produce an interactive web-based map and an online directory of services for use by young people and the community as well as assist in planning further SYP interventions in the districts.



Photo © UNFPA

CHAPTER 3: CHALLENGES

CHALLENGES

1. Monitoring and evaluation systems have gaps in data collection on adolescents and young people.

During the second year of implementation of the programme, there has been a growing need for stronger monitoring and evaluation systems, particularly in collecting data on adolescents and young people. Ministries of health, education and youth in all the eight countries have faced challenges in collecting sufficient data, specifically relating to adolescents' sexual and reproductive health. For instance, age disaggregated data is not captured in most Health Management Information Systems (HMIS). This has resulted in a lack of consistent, reliable and credible data as part of monitoring and reporting.

2. Frequent changes in government slow programme implementation.

Frequent changes in government offices and principal secretaries has proven to be a challenge, especially in maintaining continuity of activities. Each new official requires SYP and other partners to sensitize and advocate for young people's SRHR needs, requiring new buy-in and commitment from government. This challenge is not only felt at government level but region-wide and across sectors. The movement of staff among implementing partners on the ground have also proven to impact programme implementation. For example, in Swaziland, there is a high turn-over of nursing staff, which has influenced the consistency in YFS provision and care. Generally, implementing partner's capacity challenges lead to delayed implementation.

3. Different internal priorities exist between UNFPA country offices and regional SYP programme results.

In the four middle income countries (Botswana, Namibia, South Africa and Swaziland), the programme is being implemented within the context of the UNFPA Strategic Plan. Therefore, the expectation in these countries is towards upstream interventions. This results in SYP experiencing the conflict of supporting advocacy and knowledge management interventions as opposed to supporting capacity building and service delivery. The affected countries have to deal with the different internal priorities set by national offices and the regional programme. However, UNFPA ESARO will be discussing this matter with UNFPA Head Quarters in order to request waivers for these countries to ensure the challenge is addressed.

4. Moving from policy to implementation requires patience.

While countries are enacting legislation that is meant to enable ASRHR, the translation of these progressive policies to implementation is often a challenge. Dissemination bottlenecks and varied interpretations of laws and policies have led to delays in the implementation of interventions. Existing dual legal systems in countries like Zambia and Zimbabwe hinder efforts to legally address pertinent issues affecting adolescent and young people, such as child marriage. For example, even where the minimum age of consent to marry may be 18, under customary law it could be legal at a lower age with parental consent. There also exists strong socio-cultural norms and religious beliefs that constrain effective delivery of adolescent and young people's SRHR.

5. Limited access to information and communication technologies negate full participation from young people.

Limited access to information and communication technologies, particularly the internet and 3G cellular phone networks, negate participation from young people and their exposure to SBCC, especially those living in rural areas. This also affects the roll-out of other digital platforms such as the online CSE teacher training module.

6. Approval processes for policies are sometimes cumbersome.

Approval processes for policies can sometimes be cumbersome across the region, which slows implementation activities. For instance, in Zimbabwe, the finalization of the school health policy and the approval for online teacher training on CSE have exceeded expected timelines. Similarly, delayed ethical clearances for studies negatively impact on implementation. The SYP baseline study, the regional assessment of YFHS and the Laws and Policy Review had setbacks due to delayed issuance of ethical clearances by the relevant authorities.

7. There are complex endorsement processes within SADC.

The endorsement process of regional frameworks and reports within the SADC Secretariat and SADC Parliamentary Forum is often lengthy and complex. The regional frameworks have to go through a number of committees and experts' panels as well as stakeholders' meetings before being presented for endorsement to Member States. Such processes require substantial time and financial support.



Photo © UNFPA

CHAPTER 4: LESSONS LEARNED

LESSONS LEARNED

1. A regional approach fosters greater information sharing, collaboration and results.

The implementation structure of the SYP programme has been met with active leadership and ownership from governments, mainly because the programme strengthens collaborative platforms between SADC, governments and other national partners towards the delivery of integrated adolescent sexual and reproductive services and rights, which has been a gap in most countries. This is more so because SYP is grounded in a regional approach, which facilitates collaboration between countries. This approach facilitates the promotion of south-to-south cooperation among countries and stimulates a healthy competition among countries when they meet to exchange information and results of their programmes. In addition, the participation of SADC and the SADC Parliamentary Forum, helps countries harmonize their systems and standards in order to improve adolescents and reproductive health and rights in their respective countries.

2. Country technical working groups have sharpened interventions.

The setting up of SYP technical working groups has contributed to the sharpening of interventions and sharing of information, while avoiding duplication of efforts. Partnership with key ministries and NGOs have created ownership and buy-in of young people's programmes. Therefore, the clarification of the roles of different ministries and NGO partners is very important. Proper communication and coordination among partners enhances programme implementation and fosters stronger political commitment that is crucial to the success of the programme.

3. Youth-led outreach interventions is a widely-accepted approach to the provision of YFHS.

Outreach interventions led by youth organizations are more readily accepted by young people than the conventional provision of youth friendly health services. In the same vein, the use of social media has widened reach of young people with what is considered sensitive, yet useful sexual reproductive health information. This has been the experience in all eight SYP countries. Investing in National Youth Networks becomes imperative as it increases youth participation and engages youth serving organizations as advocates on issues of health and development needs of adolescents and young people.

4. Music has an impact on personal and social development.

Music has profound influence on adolescents and young people. The delivery of sexual and reproductive messages to young people through music has proven to be very effective in the relay of the message, the frequency of receiving the message and the spread of the message. The use of popular artists has also attracted young people to follow up on radio programmes, attend events such as the Condomize Campaign and participate in social media platforms providing CSE information.

5. Engagement of traditional leaders help transform cultural norms and practices that negatively affect adolescents.

Strategic engagement of traditional leaders as custodians of community/traditional norms and practices has been very effective in transforming cultural norms and practices that negatively affect adolescents. More needs to be done in this area in the next phase of the programme.

CONCLUSION

The past two years has been crucial for the implementation of SYP. 2014 was a foundational year for the programme, as it excelled in establishing key partnerships, ensuring strong government ownership fostering leadership by key players including SADC, and developing functional monitoring and evaluation and coordination mechanisms across all eight countries in southern Africa. With this strong base, the programme has flourished in 2015, witnessing tremendous improvements to its performance at both national and regional level.

The need for a holistic programme on adolescents' sexual and reproductive health has been clearly voiced by many in the region, which is why SYP has already gained major momentum. From improving the policy and legal environment at government level to increasing knowledge and skills for thousands of young people in targeted communities; from scaling up access to youth friendly SRH and HIV services to strengthening young people's participation in programme planning – the programme strongly advocates for a dream of a healthier generation of young people. SYP will continue to support national efforts through a regional lens in order to fulfil the sexual and reproductive health and rights of all young people.



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

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