Empowering Millions
How the Safeguard Young People Programme (2013–2023) Catalysed a Decade of Change for Young People in East and Southern Africa
IMAGINE AN EAST AND SOUTHERN AFRICA WHERE YOUNG PEOPLE THRIVE, where all adolescents and young people aged 10 to 24 years are healthy, productive and empowered.
This is the vision of the Safeguard Young People (SYP) programme, which works with youth to equip them with comprehensive knowledge and skills relating to their sexuality, rights and health-seeking behaviours. The goal is to ensure that young people are free from sexually transmitted infections (STIs) including HIV, unintended pregnancies, child marriages and gender-based violence (GBV). At the heart of the programme is the belief that young people need to be supported holistically in their own diverse and often complex environments so they can make informed decisions and realize their full potential.
In the 10 years since the programme’s inception, exciting and significant results have been achieved.

**17 million LEARNERS** accessed comprehensive sexuality education (CSE) in school.

**14 million YOUNG PEOPLE** reached with sexual and reproductive health and HIV services.

**21,000 SERVICE PROVIDERS** trained on the provision of adolescent and youth-friendly services.

**1,300 HEALTH FACILITIES** supported to offer adolescent and youth-friendly services.

**280 DISTRICT AND NATIONAL YOUTH NETWORKS** supported and functional.

**18,000 YOUNG PEOPLE** built capacity in leadership, advocacy and youth development.

**40 million EXPOSURES OF YOUNG PEOPLE** to sexual and reproductive health information and education.

**275,000 BOYS AND GIRLS** educated on how to respond to the effects of climate change, environment and disaster risks related to SRHR, HIV, GBV and well-being.

These transformative and noteworthy results include supporting 17 million learners to access inclusive and quality comprehensive sexuality education (CSE) in school; reaching 14 million young people with sexual and reproductive health (SRH) and HIV services, more than 21,000 service providers trained on the provision of adolescent and youth-friendly services; and supporting over 1,300 health facilities to offer adolescent and youth-friendly services. More than 280 district and national youth networks were supported and are functional, and the capacity of 18,000 young people has been built in leadership, advocacy and youth development. In addition, 40 million exposures of young people to SRH information and education through online and offline social and behaviour change communication campaigns and community-based CSE programming have been recorded. Moreover, 275,000 boys and girls have been educated on how to respond to the effects of climate change, environment and disaster risks as they relate to sexual and reproductive health and rights (SRHR), HIV, GBV and well-being.
Paving the way for young people’s universal access to sexual and reproductive health

The East and Southern Africa (ESA) region is home to more than 630 million people in 23 diverse countries. The SYP Programme supported 12 countries in the region with a population of 266,972,000, one third of whom are young people aged between 10 and 24 years. Therefore, the health and well-being of young people, including their SRHR, continue to play a pivotal role in the development of the region. Improvements in the SRHR of young people contribute to multiple dividends, including the demographic, gender, health, education and climate dividends.

“SYP is committed to supporting adolescent girls and young women, in particular to know and claim their rights and instill greater accountability of governments to respect, protect and fulfill those rights.”

Lydia Zigomo, Regional Director, UNFPA East and Southern Africa

To improve the SRHR of young people, ministers of education and health from ESA, in partnership with UNFPA, UNESCO, UNICEF, UNAIDS and others, came together in 2013 to endorse the ministerial commitment on CSE and SRH services for adolescents and young people in East and Southern Africa (the ESA commitment). The commitment is now in its second term (2021–2030), and is inclusive of additional ministries like gender and youth. This commitment serves as the cornerstone for the implementation of UNFPA’s regional flagship youth initiative, the SYP Programme, to accelerate progress towards attaining universal access to comprehensive SRH services and the realization of the rights of young people.

1  2021 World Population Prospects
The SYP Programme has been implemented since 2013 by UNFPA in ESA, starting with eight countries (Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe), with support from the Swiss Agency for Development and Cooperation (SDC). In 2021, the programme was expanded to include four additional countries (Angola, Mozambique, Rwanda and the United Republic of Tanzania). The Embassy of the Kingdom of the Netherlands (EKN) joined as a main donor supporting Angola and Mozambique, and since 2023, has also supported Eswatini, South Africa, Zambia and Zimbabwe.

The programme navigates multiple levels of engagement, encompassing policy advocacy, accessible and youth-responsive health-care systems, community engagement, in- and out-of-school CSE, and individual empowerment, while promoting gender-equitable norms. This holistic approach aims to empower young individuals and to create an enabling environment which supports them in making healthy life choices.

“Switzerland takes pride in its decade-long commitment to the Safeguard Young People Programme, exemplified by substantial investments in both financial and technical resources. This investment has yielded tangible results, notably in enhancing the sexual and reproductive health of young people, thereby fostering their potential for meaningful economic pursuits—a testament to the adage that “health is wealth.” Through dedicated efforts, the programme has not only empowered its participants but also influenced policy dialogue, catalysing transformative change at the individual, community, national and regional levels.”

Stefano Berti, Head of Cooperation, Deputy Head of Mission, Embassy of Switzerland to Zimbabwe, Zambia and Malawi
“The Netherlands has inclusivity and the fight against stigma and discrimination as core values. We believe that young people are the key for a better future, if provided with the right tools. The SYP Programme from UNFPA embodies our vision to empower young people across the Southern African Development Community region by facilitating access to comprehensive sexual and reproductive health and rights services.”

Maarten Rusch, Head of Cooperation, Embassy of the Kingdom of the Netherlands in Maputo, Mozambique
Over the past 10 years, the programme has contributed significantly to the following 10 achievements:

1. Impactful policies, extensive legal reforms

Over the past 10 years, SYP has contributed to reshaping policies and legislation related to young people’s SRHR. The programme has established strategic partnerships with the African Union; Regional Economic Communities, in particular the East African Community (EAC) and Southern African Development Community (SADC); governments; parliamentarians including the SADC Parliamentary Forum; youth networks; youth leaders; civil society; academia; and others. These partnerships are helping to transform the policy landscape at continental, regional and national levels, fulfilling broader commitments on young people’s SRHR.

At the continental level, SYP and UNFPA have played a crucial role not only in raising awareness about the importance of adolescent sexual and reproductive health and rights (ASRHR) to decrease maternal mortality in the region, but also in supporting implementation of the African Union’s Campaign on Accelerated Reduction of Maternal Mortality in Africa.
In 2022, the African Union decided to extend CARMMA until 2030 and expand its scope to include adolescent health, including adolescent SRHR. The SYP Programme has contributed to the African Union’s Accountability Framework to Eliminate Harmful Practices and the African Union’s Continental Strategy on Education for Health and Well-being (EHW), which was launched in 2023. The EHW strategy aims to enhance the physical, mental and reproductive health of young people, while contributing to the achievement of education goals. This strategy complements the ministerial commitments in the East and Southern Africa and West and Central Africa regions. The SYP Programme continues to support strategic initiatives to translate these strategies into practice.

On the regional level, the programme has supported the development of the SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage. Changes include defining a person below age 18 as a child and setting the minimum marriage age to 18 for young men and women. SYP also supported the development of the SADC Model Law on GBV. The programme’s policy-level achievements extend to shaping the SADC Protocol on Youth and contributing to the SADC Youth Programme. In 2015, a review was conducted of 23 countries on the Harmonization of the Legal Environment on ASRHR in ESA, which was updated in 2020. Two technical briefs were developed on the age of consent to services and the criminalization of consensual sexual activities among minors; these briefs stimulated action at all levels, improved the human rights-based approach in country programme documents, and informed the development of the SADC Youth Programme.

The SYP Programme continues to support the domestication of continental and regional strategies at the national level. Strategic support from the programme has, for example, contributed to the enactment of child marriage laws in six countries, namely Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe. SYP also supported the development or updating of National Youth Policies in 10 countries (Angola, Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe) and learner pregnancy retention and re-entry laws and policies in eight countries (Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe). Policy dialogues with national partners and wide stakeholder engagement, including with young people, are an important element of this work.

Building on the current momentum around Universal Health Coverage (UHC) in Africa, UNFPA through SYP and other initiatives is supporting progressive inclusion of comprehensive SRHR information and services, including ASRHR, within the country-specific UHC benefit packages, UHC Financing and UHC Financial Risk Protection mechanisms.
2. Millions receive comprehensive sexuality education

SYP believes that CSE contributes to fulfilling young people's right to life-saving, age relevant and scientifically accurate information about their bodies, healthy relationships, SRHR and life skills to plan for their future in a safe and supportive environment. CSE empowers and equips young people to safeguard their health and dignity, providing a crucial toolkit of knowledge, the development of health-promoting and gender-transformative attitudes and behaviours, and essential life skills that serve young people beyond their SRHR.

SYP continues to invest in the provision of universal access to CSE for young people in- and out-of-school through the formal education sector and community-based interventions to ensure that no one is left behind, given that about half of the region's young people are not attending school.

The programme has successfully contributed to integrating CSE into the formal education sector – sometimes called life skills education or similar – and into the national school curricula of all 12 countries, impacting more than 17 million learners across over 76,000 schools in the region. To enable this, in-service teachers as well as teachers in training received face to face and online capacity building. SYP also advocated for CSE as a standalone and examinable component of the school curriculum in selected countries. Moreover, 11 SYP countries have included substance abuse prevention within their in- and out-of-school CSE or life skills programmes.
“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.”

Mpho Maketela, Life Skills Subject Specialist, Ministry of Education in Lesotho

To ensure that all youth are reached given that half of the region's young people do not attend school and are especially vulnerable and marginalized, SYP also supports out of school, community-based CSE initiatives such as:

- A regional out-of-school CSE resource package that is used extensively across all SYP participating countries and beyond. The resource package for out-of-school youth also includes a facilitators’ manual, participants’ workbook, posters and pamphlets.

- Specially designed CSE teaching and learning materials catering to young people with disabilities and those living with HIV.

- Digital solutions to reach young people online, such as the AMAZE videos aimed at very young adolescents (10 to 14 years old), the TuneMe app and mobisite, and a regional “Let’s Talk” multimedia social and behaviour change communication campaign. With the support of these and other digital campaigns, as well as community-based CSE programming, an estimated **40 million young people** have been reached with life-saving SRHR information.

- Other social behaviour change campaigns, such as the “Let’s Talk” regional campaign and radio drama series to end early and unintended pregnancy, and the CONDOMIZE! campaign, which enhanced condom accessibility for vulnerable and at-risk populations, thereby mitigating the associated stigma linked with condom use.

- Implementation of a Parent-to-Child Communication programme on SRHR, fostering open and informative dialogues within families to ensure an enabling and supportive environment for adolescents and young people in nine countries.
“We need to have honest conversations at all levels on how we view young people. Limiting their access to information on sexual and reproductive health only increases their vulnerability. Young people should be free to make decisions about their health and their lives.”

Rowena Koloi, Youth Advocate and Chairperson of the Network of Young People with Disabilities, Botswana

Positive Change: From Targeted Apps in Angola to Reed Dance Activities in Eswatini

**Angola:** Successful launch of the Oi Kambas app in 2022, contributing to improved access to relevant SRHR information. Moreover, the SMS Jovem Digital Platform is fully operational with 15 counsellors and nearly 100,000 subscribers.

**Botswana:** Implementation of CSE tailored for young people with impaired vision across four educational institutions.

**Eswatini:** Strengthened social behaviour change communication efforts, particularly during traditional events like the Reed Dance for adolescent girls and Lusekwane for adolescent boys, focusing on SRHR, HIV and GBV. This is in addition to the roll-out of the Life Skills Education programme for both in- and out-of-school youth.

**Lesotho:** Developed a programme for herd boys, reaching more than 1000 boys and young men between the ages of 10 and 24 with information on the prevention of GBV including child marriage, SRHR information and services, including HIV self-tests, and screening and treatment for STIs.

**The United Republic of Tanzania:** Integrated SRHR content in the Technical Vocational Education Life Skills Curriculum through successful engagement of the Ministry of Education, Technical and Vocational Education and Training Unit (TVET) and Karibu Tanzania Organization, ensuring that young people at Vocational Education Training Colleges receive SRHR information.
Fostering linkages between comprehensive sexuality education and sexual and reproductive health and rights services

The renewed ESA Commitment (2021) reinforced integration of both in- and out-of-school CSE with SRHR and other services. This strategic emphasis aims to ensure that young people not only receive essential information but also have seamless access to the SRHR services.

With the support of the SYP Programme, all countries confirmed the key endorsement milestones:

- Evaluation of the regional commitment 2013-2020, beginning with national and regional consultations.
- Development of a regional accountability framework to monitor progress up to 2030.
- Linking other ministerial portfolios such as culture and economic empowerment to the expanded regional commitment, as well as engaging marginalized groups, especially young people living with disabilities, and taking a strong stance on poverty, livelihoods and social safety nets.
UNFPA, in collaboration with governments and civil society representatives, actively contributed to the Technical Coordinating Committee on the regional CSE commitment, ensuring coordinated action – a role pivotal to the success and global visibility of the SYP Programme.

Building on existing research, UNFPA has initiated a regional study to assess, draw lessons and identify replicable good practices in linking CSE to SRHR services and advocate for functional, measurable referral mechanisms between CSE programmes and SRHR and GBV services.

**South Africa**: The Nzululwazi model, piloted at Nzululwazi Senior Secondary School in the Eastern Cape and adapted in two additional districts and currently being replicated in one district of Limpopo province, strengthening ASRH service provision in schools.

**Zambia**: The development of a Bidirectional Referral Mechanism for CSE and Adolescent Sexual and Reproductive Health Services for Learners, including a randomized control study on Comprehensive sexuality education linked to sexual and reproductive health services reduces early and unintended pregnancies among in-school adolescent girls in Zambia.
Integrating sexual and reproductive health into economic empowerment initiatives

While various factors impact the health and well-being of young individuals, limited access to livelihood opportunities is a major obstacle in addressing life challenges, including young people’s SRHR needs. A girl leaving school due to pregnancy faces fewer economic prospects, while another girl who completes her education is less likely to resort to transactional sex if she attains economic self-sufficiency. As young people are set to become a substantial segment of Africa’s population by 2050, it is critical that adolescents receive support for SRH along with economic empowerment initiatives.

The need to address economic empowerment, an issue raised prominently by young people, was made a component of the SYP Programme. SYP has supported an evidence-informed publication of the Programmatic Guidance on Integrating Adolescent Sexual and Reproductive Health and Rights and Economic Empowerment of Young People, and three tutorial videos. These knowledge products have been produced in collaboration with the International Labour Organization (ILO) and the World Bank to outline best practices and entry points for integrating SRHR dimensions into youth empowerment and employment generation initiatives across the region.
Beyond Health: The Hopley Initiative in Zimbabwe and the Youth Empowerment Hub in Rwanda

The Hopley initiative in **Zimbabwe** stands as a successful model of holistic integrated SRHR, skills development and youth economic empowerment. This initiative was started through a public-private partnership involving UNFPA, ILO, the private cement company Lafarge Holcim Cement and the City of Harare. Out-of-school youth actively participated in constructing the Tariro Youth Centre and the youth-friendly Hopley Clinic, located in an underserved peri-urban district on the outskirts of Harare. Currently the centre is run by the City of Harare and UNFPA in partnership with Plan International, offering life skills and entrepreneurship training, vocational training courses, livelihood skills training and SRHR/HIV/GBV training, workshops and campaigns. The youth centre provides a secure space, and to date, more than 5,000 individuals have accessed information on SRHR. Furthermore, more than 300 participants have benefited from diverse livelihood training programmes.

In **Rwanda**, AfriYAN established the Youth Empowerment Hub in 2022, which combines a creative space for developing and disseminating impactful content on SRHR with socioeconomic empowerment, and acts as a catalyst for empowerment and growth among youth-led organizations. This holistic approach enables the Hub to empower young leaders and contribute to long-term positive change in the areas of SRHR, gender justice and youth empowerment.
Fourteen million receive quality youth-friendly health services

With the support provided by SYP, more than 14 million adolescents and young people received integrated SRHR services from 2014 to 2023. This underscores the programme’s dedication to ensuring equitable access to comprehensive health care, while also addressing GBV and HIV for adolescents and youth. SYP aims to ensure that young people feel welcomed when seeking SRHR services, increasing their likelihood of returning to the health facility and recommending the services to peers. Thus, an early focus of SYP has been to train nurses and other staff at health facilities to deliver adolescent and youth-friendly health services (AYFHS). In the last 10 years, more than 21,000 pre-service and in-service providers were trained in high-quality AYFHS delivery. SYP has also spearheaded an initiative for AYFHS accreditation across multiple countries. This is a voluntary recognition programme fostering a culture of quality improvement in health facilities so as to better meet the needs of adolescents and young people. More than 1,300 health service delivery points offer a standardized package of AYFHS. Together, these endeavours have led to a notable increase in service utilization, as indicated by the evaluation of SYP phases 1 and 2, showcasing a growing number of young people seeking health facilities perceived to be staffed by professionals providing quality services in diagnosis, treatment and counselling.
Assessing youth-friendly health services in real-time

Malawi serves as an exemplary model for evaluating the effectiveness of services offered: Utilizing comprehensive accreditation standards for YFHS, the Ministry of Health dispatches assessment teams to health facilities without prior notice to evaluate service provision. These assessors observe provider-client interactions, assess the presence of youth-friendly signage, check for the availability of family planning commodities and determine if the facility provides special hours of operation for young people. Importantly, young people’s feedback on service quality is integrated into accreditation decisions.

Mobile outreach for remote areas and during the pandemic

Mobile outreach has been used successfully in various SYP countries in different contexts. In Namibia, 14 mobile units stationed in informal settlements and shopping malls to avoid people having to travel away from their communities during the COVID-19 movement restrictions, reached over 22,000 young people to support the provision of essential SRH, HIV and GBV services. In Mozambique, mobile brigades are used to reach adolescents and young people in remote communities providing adolescent sexual and reproductive health (ASRH) services that are integrated with other health services (malaria screening, nutrition, vaccination, GBV etc.). Since 2021, more than 120,000 young people in remote communities have been reached.
Innovative strategies in response to climate change concerns

SYP, in collaboration with the United Kingdom’s Queen Mary University, took a leading role in laying essential groundwork to illustrate the interlinkages between climate change and SRHR. The collaboration resulted in the development of several background documents and useful materials that explain the impact of climate change on aspects such as bodily autonomy, access to family planning, as well as the adverse consequences for maternal health, GBV and child marriage.

The resources developed include an advocacy brief, various infographics and an animated video. SYP also supported the analysis of SRHR in National Climate Policy, a key document highlighting the substantive gaps in this regard. The collaboration with Queen Mary University resulted in the development of a stand-alone module, Resilient Futures: Young People, the Climate Crisis, and Sexual and Reproductive Health and Rights. This first-of-a-kind module links the impact of climate change to SRHR through CSE platforms and methodologies, and has accompanying animated and promotional videos.

Since SYP started including climate change concerns in its interventions in 2020, 275,000 boys and girls have been educated on how to respond to the effects of climate change, environment and disaster risks as they relate to SRHR, HIV, GBV and well-being.
Climate Change Impacts in Malawi

The impacts of climate change are starkly evident on the shores of Lake Malawi in Nkhata Bay district where extreme weather events, such as frequent floods and droughts, are leading to physical displacements, the loss of household income, along with increased poverty and disruptions to education and health services. This has a negative impact on the SRHR of adolescents and young people, leading to an increase in early, forced and child marriages as families seek to alleviate the pressure of raising their children.

With support from the SYP Programme, the chairperson on Nkhata Bay Youth Network, who is also a CSE facilitator, encourages young people to address issues of climate change as well as SRHR. They hold climate talks about environment conservation and climate change, as an entry point to engage young people on SHR issues.
Targeted interventions that enhance menstrual health

UNFPA through SYP and other initiatives, has broadened its core mission by integrating menstrual health into its global and continental engagements, forging partner agreements and increasing commitments at various levels. The vision is of a world where women and girls wield the power of choice over their bodies, lives and surroundings. UNFPA believes that aligning menstrual health with SRHR can achieve universal access to SRH information and services, ensuring the highest standard of health and well-being for women and girls.

This integration supports UNFPA’s global strategy for adolescents and youth My Body, My life, My World! Rights and Choices for All Adolescents and Youth, by promoting comprehensive programmes and policies addressing both menstrual health, hygiene and SRHR. Over the past five years, SYP has intensified menstrual health interventions through advocacy, knowledge management and support for regional and national networks.

Within this context, SYP significantly contributed to the establishing the Africa Coalition on Menstrual Health, building on the 2018 First Africa Menstrual Health Symposium. SYP has been hosting and supporting this coalition, which has an online membership of 600 profiles. Serving as a crucial advocacy and capacity-building platform, the coalition facilitates experience sharing, pushes advocacy agendas, tracks commitments and mobilizes resources for menstrual health.
SYP supported the Africa Coalition on Menstrual Health to host an additional two menstrual health symposiums that brought together more than 300 participants, including decision-makers, community practitioners, innovators, donors and academics. Additionally, SYP supported the development of technical guidelines, briefs and scoping assessments, serving as valuable resources to amplify the linkage and integration of menstrual health in various development aspects.

Furthermore, the region also achieved country-level accomplishments that include a baseline survey and advocacy programme in Eswatini, South Africa, the United Republic of Tanzania and Uganda.

“The Sista2Sista clubs are attended by girls of ages 10 to 24. Lessons around menstrual hygiene for those experiencing puberty usually include preparations for the onset of the period and use of sanitary products while for the older ones, the emphasis is on hygiene during the period.”

Spiwe Mpofu, a Sista2Sista mentor in Hopley, Zimbabwe.

Sista2Sista clubs receive support from the SYP Programme.
Trailblazing self-care approaches in the wake of COVID-19 and beyond

In the wake of the COVID-19 pandemic, SYP has been prioritizing self-care strategies as part of its efforts to broaden access to SRHR services for adolescents and young people both in development and humanitarian settings. This was after research findings showed the pandemic to have led to an increase in teenage pregnancies, higher occurrences of child marriages, elevated rates of unsafe abortions, a surge in GBV, heightened rates of school dropouts, reduced access to SRH health services, including HIV testing as well as placed health facilities and resources under stress. During the pandemic, SRH self-care emerged as a possible solution to limitations in physical access, however many SRH self-care initiatives remain limited in scale. SYP supported high quality secondary research to identify key success criteria for designing and implementing SRH self-care intervention at scale.
On the basis of this knowledge product, promising SRH self-care models have been developed and are being piloted in selected countries across the region. The five key success criteria for developing and implementing self-care interventions at scale are:

- **Advocacy and Structural Changes**: Designing and delivering self-care interventions for young people necessitate investments in advocacy to change laws, policies and financing, addressing the structural inequalities hindering access to SRH information and services.

- **Digital Solutions**: The use of digital solutions is essential for achieving widespread adoption of self-care interventions.

- **Regular Reinforcement**: Consistent reinforcement, including through health workers, peers, digital platforms and school-based initiatives, is crucial for translating knowledge into use.

- **Support Person**: Having a support person who could be a more experienced peer counsellor, community health worker or health professional, enhances the confidence of young people to improve knowledge, self-screening and self-management.

- **Access to Products**: Access to products for self-screening and self-management is vital, along with robust linkages to referral and follow-up services.
The mental health of adolescents and young people, intricately linked with ASRHR, has emerged as a significant concern, gaining heightened relevance during the COVID-19 pandemic. In collaboration with UNICEF, SYP produced a technical brief addressing the bidirectional relationship between SRHR and mental health.

Integrated and trauma-informed CSE presents an opportunity to deliver mental health information to young people, both in- and out-of-school. During the course of the COVID-19 pandemic, various initiatives, conducted online and in person, aimed to enhance the mental health of adolescents and young people.

High-level discussions on mental health, its connections to ASRHR, and economic empowerment took place at two YouthConnekt Africa Summits (2022 and 2023), involving representatives from ministries of youth in six countries and beyond. SYP has supported advocacy efforts to incorporate both SRHR and mental health in the new youth policies of participating countries, and in the SADC Protocol on Youth.
The 2023 UNFPA Mental Health and SRHR hacklab tackled mental health and SRHR challenges faced by young people, seeking innovative solutions. Led by SYP in partnership with YouthConnekt Africa and Afrilabs, two winning ideas emerged: Sex Talks, a Namibian youth podcast by Selma Ndasilohenda Iyambo offering SRHR and mental health insights, and Tilitonse, a Malawian one-stop centre by Tapiwa Penama providing comprehensive support for vulnerable youth in Dzaleka refugee camp.

**Mozambique** is one of the SYP countries that has started integrating mental health and psychosocial support in their interventions in order to ensure that the mentors and other SYP beneficiaries receive the needed support. So far 81 trainers were trained and over 1000 young people reached with mental health and psychosocial support.
Nurturing emergent leaders: Over 46 youth organizations supported

Central to SYP’s evidence-informed advocacy and accountability initiatives is a commitment to youth leadership and active participation. This entails the regular and systematic inclusion of young people in policy-level engagements, along with their integral role in the SYP steering committee, influencing the programme’s direction and evolution. To ensure that young people can meaningfully contribute to these processes, strategic capacity-building for youth networks and emerging leaders is essential.

During the past 10 years, SYP has supported training of over 8,000 youth network members in advocacy for SRHR and youth development. Additionally, more than 46 youth organizations benefited from training in leadership, results-based management, advocacy and communication, and programming, empowering them to effectively contribute to national development processes.

SYP uses a variety of platforms and channels to amplify engagement on SRHR, simultaneously rallying young people to advocate for increased investments in youth-related issues at all levels. Each SYP country implements its distinct peer facilitation model, encompassing the recruitment, training and active involvement of young individuals in programme design, implementation and evaluation. Moreover, these empowered youth receive support to tap into existing UNFPA networks, such as Y-Peer, Y-Act, AfriYAN and Young Positives; fostering connections that expand their impact within broader communities.
“The fact of having a vital discussion with policymakers and decision-makers is not just enough. We as young leaders need to collaborate with our fellow young advocates and researchers to advance evidence-based advocacy for increased action and accountability to implement existing Sexual Reproductive Health and Rights, HIV and gender equality commitments. The collaboration also can stimulate the sharing of best practices, challenges, experiences and suggested innovative solutions to inform laws, policies and programmes and to strengthen their ability to claim their rights and exercise youth-led accountability.”

Hussein Melele, Vice President of AfriYAN

The first 10 years of the SYP Programme have been a remarkable journey, ensuring rights and choices for young people in the region. It is cause for celebration that a phenomenal 14 million adolescents and young individuals received integrated SHR services. The 2021 ESA Commitment reinforced this effort, integrating CSE into both in- and out-of-school settings, ensuring essential information and seamless access to SRHR services.

The strategic partnerships forged with the African Union, EAC and SADC have reshaped policies and legislations at the continental, regional and national levels.

These achievements have contributed to a significant 36 per cent decline in new HIV infections among adolescents and young people, and a 16 per cent reduction in unmet need for family planning among all women, averting millions of unintended pregnancies and thousands of maternal deaths.

As we reflect on these accomplishments, 30 years after the landmark International Conference on Population and Development, we look forward to our collective continued commitment to ensuring the rights and choices of young people, empowering them to reach their full potential and shaping a future marked by health, empowerment and prosperity.

2 UNAids Data 2023, Geneva.
References

1. 2021 World Population Prospects

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