

OUR JOURNEY

A COLLECTION OF GOOD PRACTICES FROM
THE SAFEGUARD YOUNG PEOPLE PROGRAMME



Acknowledgements

The United Nations Population Fund East and Southern Africa Regional Office extends its sincere gratitude to all stakeholders who provided strategic guidance and valuable contributions to this documentation of good practices from the Safeguard Young People (SYP) programme.

Special thanks go to the SYP focal points in Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe, as well as to the SYP Regional Office team, working under the leadership of the SYP Regional Coordinator, Renata Tallarico. Special mention goes to Lindiwe Siyaya, Lindsay Barnes, Lucetta Takawira, Kizito Nsanzya and Maria Bakaroudis, and also to Mercedes Sayagues, who edited the Collection of Good Practices from the SYP Programme.

Our deep appreciation is extended to the governments of the eight SYP countries and to our implementing partners, who have been central to the SYP journey through the years.

The SYP programme would not have been possible without the financial and technical support of the Swiss Agency for Development and Cooperation.

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Abbreviations

AFHS	Adolescent-Friendly Health Services
ASRHR	Adolescent Sexual and Reproductive Health and Rights
ART	Antiretroviral Treatment
AU	African Union
AYSRHR	Adolescents and Youth Sexual and Reproductive Health and Rights
CEDAW	Convention on the Elimination of any Form of Discrimination Against Women
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
CSW	Commission on the Status of Women
CRC	Convention of the Rights of the Child
DHS	Demographic and Health Survey
EAC	East African Community
EU	European Union
FACT	Family AIDS Caring Trust
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender-Based Violence
GLOW	Girls Leading Our World
GROM	Gender Responsive Oversight Model
HIV	Human Immunodeficiency Virus
IGAD	Intergovernmental Authority on Development
ISHP	Integrated School Health Policy
LePHIA	Lesotho Population-Based HIV Impact Assessment
PCC	Parent Child Communication
RECs	Regional Economic Communities
SADC	Southern African Development Community
SADC-PF	Southern African Development Community Parliamentary Forum
SBCC	Social and Behaviour Change Communication
SDC	Swiss Agency for Development and Cooperation
SIDA	Swedish International Development Cooperation Agency
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TAG	Technical Advisory Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
YRBBS	Youth Risk Behavioural and Biological Surveillance Survey
YFHS	Youth-Friendly Health Services
ZAPSO	Zimbabwe AIDS Prevention and Support Organization
ZiCHIRe	Zimbabwe Community Health Intervention Research

Our Journey



Dr. Julitta Onabanjo
Regional Director
UNFPA East and Southern Africa

Back in 2013, UNFPA embarked on a very special journey – the Safeguard Young People programme. We knew our final destination was to build generations of healthy, informed, responsible and empowered adolescents and young people in eight countries in Southern Africa.

The SYP programme aims to scale up comprehensive interventions for youth through a multi-sectoral approach that touches on policy, integrated HIV and youth-friendly sexual and reproductive health services, sexuality education and empowerment, based on human rights and gender equality.

Reliable evidence has pointed out their needs and challenges. High HIV prevalence, gender inequality, high levels of poverty, limited access to basic health care, and poor education compound the challenges of implementing sexual and reproductive health and rights interventions. A regional and holistic approach was needed.

Then we had to map the journey. Of course, each country would create its own road map according to its priorities. But the regional approach brought huge advantages. It reduces duplication, maximizes efficacy, cuts costs, and guarantees quality. National and regional ownership of the programme ensures sustainability.

Six years later, I am pleased to share some of the good practices that have emerged from SYP Phase 1 and 2 (2014-2016 and 2017-2019). All along, the potential for replication, adaptation and scaling up has been a key concern for SYP, and the good practices selected fit the bill.

This is a rich and varied collection. It includes the development of a Model Law to eradicate child marriage, which has been used successfully in Botswana, Malawi and Mozambique. It details reaching youth left behind, like the herd boys of Lesotho, and working in Malawi with counsellors for initiation rites for girls and boys to incorporate appropriate health and gender messages. We discuss tackling high levels of learner pregnancy in a South African high school, and institutionalizing comprehensive sexuality education in Namibia. Finally, we look at the linking of schools and health centres in Zambia, and enabling parents and children to better communicate about SRHR issues in Zimbabwe.

An African proverb says: If you want to travel fast, go alone. If you want to travel far, go together. SYP has an impressive group of fellow travellers – governments, regional institutions, ministries, implementing partners, civil society, communities, donors, and young people, each and every one energized with a shared vision of a better future for our youth.

At the time of writing these words, I had just returned from the Nairobi Summit on ICPD25, my heart filled with the momentous collective commitment made to launch a decade of action and results for the health and rights of women, girls and young people.

It is very timely to share these SYP good practices, in the hope of inspiring a variety of actors across the region to take this forward. Together, we can realize the promises of ICPD25 and the Sustainable Development Goals.

About the Safeguard Young People Programme

The United Nations Population Fund East and Southern Africa Regional Office (UNFPA ESARO) works in 23 countries in the region to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

Safeguard Young People (SYP), UNFPA ESARO's flagship youth programme, has been implemented by UNFPA and its national and regional partners since November 2013 in eight Southern African countries.

The first and second phases of the programme (2014-2016 and 2017-2019) were designed to address the sexual and reproductive health and rights (SRHR) needs of adolescents and young people. The focus of SYP is on scaling up interventions through a multi-sectoral approach that addresses policy, integrated HIV and SRH youth-friendly health services, comprehensive sexuality education (CSE) for in- and out-of-school young people, as well as youth leadership, participation and empowerment.

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

SYP is integrated into the UNFPA ESA Regional Interventions Action Plan (2018-2021). At country level it is aligned to the existing UNFPA country programmes, which have been developed in line with national, regional, and global priorities. SYP has been supported technically and financially by the Swiss Agency for Development and Cooperation. SYP interventions are complemented by other UNFPA-supported regional initiatives, such as UNFPA Supplies, the UN Joint Programme 2gether 4 SRHR, the UNFPA-UNICEF Global Programme to End Child Marriage and others, according to the country implementing the SYP programme.

The programme has a core foundation in the strong partnerships established with key regional and national institutions, such as the Southern African Development Community (SADC) Secretariat, SADC Parliamentary Forum (SADC-PF), and the Ministries of Health, Education and Youth in Botswana, Eswatini, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe.

A review carried out at the end of Phase 1 in 2016 assessed the extent to which SYP is achieving progress, relevance, effectiveness, efficiency and sustainability towards reaching its mandated strategic outcomes. The review identified a number of unique features:

- SYP is the only comprehensive multisectoral programme focusing on adolescent SRHR in Southern Africa that involves all key stakeholders in government, such as ministries of education, youth and health, civil society and communities, with a strong component of youth participation.
- SYP is guided by a high-level interministerial commitment – the ESA Commitment to scale up CSE and SRH services for young people – with clear targets in the areas of SRH, CSE, HIV prevention, and reduction of GBV and other harmful practices.
- SYP is timely and relevant in the context of youth in the region through the following approaches: incorporating the lessons learned from two decades of responses to HIV, focusing on inclusive sustainable development, and emphasizing the opportunities that the demographic dividend can yield for a country.
- SYP emphasizes youth participation at all levels of the programme and actively builds the capacities of youth and youth organizations to be involved.

There is much to celebrate in the progress achieved by SYP in advancing SRHR initiatives and programming but challenges persist. The SADC region continues to have a shockingly high share of people living with HIV and new infections. Gender inequality, high levels of poverty, limited access to basic health care, and poor education compound the challenges in implementing SRHR policies and strategies.

SYP Programme Results at a Glance

Legal and Policy Instruments developed and utilized by countries	Regional Materials Produced and Utilized by Countries
<ul style="list-style-type: none"> Regional Legal Framework for Harmonizing the Legal Environment for ASRHR Technical briefs on criminalization of consensual sex and harmonization of ages of consent SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage SADC CSW Resolution 60/2 Programme of Actions on HIV, Women and Girls SADC-PF Gender Responsive Oversight Model (GROM) SADC Regional Strategy on Sexual and Reproductive Health and Rights (2019 - 2030) SADC Parliamentary Forum Youth Programme SADC PF Gender Responsive Oversight Model Regional guidance note on alternative rites of passage Regional collection of good practices fostered under the SYP Programme Regional Study on the SRHR needs of boys and young men Regional Mapping of programmes integrating SRHR in economic empowerment initiatives for young people 	<ul style="list-style-type: none"> CSE scripted lessons plans that support teachers to deliver CSE Pre-Service CSE Teacher Training Module CSE Online Training Module for pre and in-service teacher training iCAN Package with information on HIV and SRHR for young people living with HIV and their circles of care Regional CSE resource package for out-of-school youth (facilitators manual, participants workbook, posters, pamphlets, AMAZE videos, programming guide, training of trainers guide) CSE monitoring and observation tool Training package on youth, peace and security, and humanitarian action Regional Guidance on straightening competency-based education on adolescent health in pre- and in-service training for health-care providers Regional Strategic Guidance to increase access to SRHR for young persons with disabilities in ESA
<p>Other tools:</p> <ul style="list-style-type: none"> TuneMe mobisite adopted by 7 countries and integrated in the UNFPA m-health portfolio globally The Music Project Regional SYP social media Adolescent & Youth Dashboard M&E online reporting platform (DevInfo and Data for All Monitoring) 	

Selected Total Results in Numbers as of December 2019

 **6,509**

Youth network members (target of 5,000 in Phase 2) were SRHR and youth development

 **29,367**

Teachers trained in CSE over Phase 1 and 2 (target of 20,000 in Phase 2)

 **11,376,475**

Young people reached with various SBCC/CSE programmes (target of 9 million over the two Phases)

 **8,485**

Pre-service and in-service providers trained in adolescent/youth-friendly health service delivery (target of 5,000 over the two Phases)

 **6,086,606**

Adolescents and young people reached with SRH and HIV services (target of 3.5 million over the two Phases)

 **1,765**

Health service delivery points offering standard package of adolescent/youth-friendly health services (Target of 1100 over the two Phases)

The Benefits of SYP as a Regional Programme

Return on investment and economy of scale. The regional approach reduces duplication and maximizes joint strategies. It facilitates quality assurance by applying regional standards and promotes valuable exchanges and good practices among the implementing countries. For instance, the UNFPA Regional Office developed a CSE manual for out-of-school youth that was quality-assured and aligned to international standards. The manual was adopted and adapted by the eight SYP implementing countries. This significantly reduced the cost in terms of funds, time and human resources of developing a manual in each country. Another benefit is the social return on investment that involves extra-financial value, such as the multiplier effect beyond the SADC region, e.g. TuneMe.org was integrated in the UNFPA global m-health portfolio to be adopted by other countries.

Effectiveness, quality assurance and harmonization. In terms of effectiveness, SYP as a regional programme has made numerous, significant and long-standing contributions to national development. SYP is well positioned to find targeted solutions to common societal challenges in the eight implementing countries. Because of its regional approach and the support of political institutions such as SADC, SYP has proven more efficient than isolated country action or once-off interventions. This links to the regional definition of standards and harmonization of interventions, and promotes South-South cooperation, knowledge-sharing and strategic information as an underpinning strategy.

Cutting edge technical assistance to countries and SADC. The regional approach and the establishment of a regional technical team to support the implementing countries, the SADC Secretariat, and SADC-PF has ensured not only optimal coordination of the programme but also free access to global expertise and technical knowledge to facilitate the implementation of upstream interventions.

Regional trends and integration of cross-border matters. Within the UN system (e.g. United Nations Sustainable Development Cooperation Framework) as well as in other sectors, regional trends and cross-border issues have a central role in shaping policy dialogue. SYP has been a pioneer in integrating regional trends to guide the programme, especially in light of the strong partnership established with SADC and SADC-PF.

Legacy and sustainability of the programme: SYP enables benchmarking and strengthens regional leadership on youth issues. It exerts peer pressure on key stakeholders to raise national standards to regional ideals and to think regionally. It encourages the sharing and adaptation of good practices. The ownership of the programme at regional and country level ensures sustainability and lays the foundations for a long-lasting legacy.

SYP supports **institutionalization** efforts to ensure longevity and sustainability of action. Two successful examples are the institutionalization of CSE in primary and secondary school curricula and the integration of youth-friendly services standards of delivery in pre- and in-services nursing colleges.

What do we mean by 'good practices'?

UNFPA defines good practice as experiences acquired during programme implementation, which demonstrate proven methods, techniques, or practices. Good practices generally meet the following four criteria: relevance, innovation, impact, and replicability.

RELEVANCE	To UNFPA's core mandate
INNOVATION	New and creative approaches or ideas to solving problems
IMPACT	Demonstrate a positive and tangible result that enhances or enriches programme delivery and that contributes (or at least is expected to contribute) to long term results
REPLICABILITY	Serve as effective models; have potential for application to other contexts/programmes

Good practices provide an opportunity to share experiences UNFPA has gained, with the potential to be applied to other contexts to improve results; the recording of a good practice typically illustrates the particular context, problems faced, innovative approaches adopted to address problems, and do things better and more efficiently, as well as lessons learned."

SYP Good Practices at Regional Level



Generating strategic information to be used by key stakeholders in advancing the agenda of adolescents and young people's SRHR

Renata Tallarico, SYP Regional Coordinator, UNFPA East and Southern Africa Regional Office - tallarico@unfpa.org

Introduction

The African Union (AU) has contributed to advancing human rights protection and worked closely with regional structures, such as SADC and East African Community (EAC), to strengthen norms, provide mechanisms for peer review, and assist countries in codifying human rights stipulations within domestic policies and institutions. A number of protocols and commitments have been established, to which the majority of countries in the ESA region have signed up, to address the issues of adolescents and young people. For instance, the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, better known as the Maputo Protocol (2005), guarantees comprehensive rights to women and girls, including improved autonomy in their reproductive health decisions.

Guided by continental and regional SRHR policies and strategies, Member States have a clear mandate to develop, implement and evaluate effective policies and strategies related to sexuality education and SRH to improve related health outcomes for young people. Meanwhile, while many countries in East and Southern Africa have laws, policies, national SRH/HIV frameworks and action plans that make explicit reference to CSE, youth-friendly health services (YFHS) and the right of young people to have a say in matters concerning their well-being and their future, several countries are still missing such frameworks, some require updates, and gaps persist in implementation, monitoring and evaluation.

One important aspect in realizing the fulfilment of and protection from violation of adolescents' SRHR is the

alignment of legal and policy frameworks that have a direct or indirect bearing on access to SRH information and services. In many countries, access to services is linked to the legal majority of age and therefore only allowed without parental consent from age 18 or 21. Some countries with very high HIV prevalence have made exceptions for HIV services and antiretroviral therapy (ART) allowing adolescents to be tested or treated without parental consent from the age of 12 years.

The minimum age for consent to marriage varies from 15 to 21 years in the ESA region, but with parental consent it is possible for minors, some as young as 13 years, to marry in many countries. To date, early and forced marriages occur in many ESA countries. Child marriage constitutes a serious violation of human rights. In many cases it denies girls and young people their rights to education, to health, to live in security, and to choose when and whom they marry – rights that are enshrined in the Convention of the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

The age of consent to sex also varies among countries. This disparity generates both restrictions for adolescents and young people in accessing SRH services and challenges for health-care providers. A consequence is that adolescents who are sexually active before age 18 may face discrimination at the health services and in their communities; this can lead them to hide or not access services and compromise their ability to have safer sex and healthier lives.

Implementation of the practice

Enterprises University of Pretoria (Pty) Ltd was appointed by UNFPA ESARO to undertake a study on the Harmonization of the Legal Environment for Adolescent Sexual and Reproductive Health and Rights in East and Southern Africa, including the development of a regional legal framework that identifies good practices and makes recommendations for countries to act upon.

The task involved an exhaustive analysis of the information collected, including status of implementation, monitoring and evaluation of the relevant laws and policies in the ESA region, the documentation of good practices and lessons learned at the national and/or regional level, and the development of recommendations for SADC, EAC, IGAD and their Member States to enable the realization of SRHR for adolescents and young people. The study informs the development of a regional legal framework that takes into consideration regional and global commitments. The regional framework is a guiding document in the area of ASRHR for countries and Regional Economic Communities (RECs), with clear recommendations to strengthen

existing legislation and policies in light of the gaps identified in the Harmonization of the Legal Environment study.

The review of the laws and policies and the development of the regional legal framework have been guided by a technical advisory group (TAG) that validated the two documents and approved their provisions. The TAG comprised experts from universities, the judiciary and other sectors, including representatives of RECs and the Africa Union Commission as well as young people.

The review and the regional framework were summarized in a booklet that was widely disseminated through a number of channels, including the UNFPA ESARO website and social media. The full documents were shared by email to interested parties.

Results from the study and its recommendations have been presented at international, continental and regional conferences, and at workshops held with decision-makers, parliamentarians and young people.

Results of the practice

The regional legal framework and the study became a reference document for many ESA countries in support of advocacy efforts, based on evidence and good practices, to fulfil, respect and protect human rights, in particular adolescents and youth SRHR.

As a result, the information and the recommendations shared were utilized by the SADC-PF as formative research to inform the development of the SADC Model Law on Eliminating Child Marriage and Protecting those Already in Marriage; by the

SADC Secretariat to inform the development of the SADC SRHR Strategy, especially in relation to the definition of the age of consent to services; by Botswana to advocate for the inclusion of the Romeo and Juliet clause¹ in the Penal Code to avoid criminalization of consensual sex among minors; by Burundi to advocate for a rights-based re-entry policy in school after pregnancy, and by the Malawi government to facilitate the amendment of the Constitution raising the age of consent to marriage to 18 without exceptions.

Lessons learned

- The main lesson learned, drawing from this advocacy effort, is that knowledge is used more effectively when the information is demonstrably relevant to stakeholders, when it is disseminated effectively, and when stakeholders are motivated to use it. The establishment of a Technical Advisory Group was key to translate knowledge generation into knowledge utilization.

Conclusion

In conclusion, advocacy efforts are fruitful if underpinned by deep knowledge and understanding of the issues being advanced, coupled with the acknowledgement of good practices showing that change can happen.

A reference document, as the laws and policy review has been for many, needs to be driven by key stakeholders to ensure ownership and sustainability.

Finally, the generation of evidence has to be routinely updated and extensively disseminated through different channels according to the audience we want to reach.

Further reading

<https://esaro.unfpa.org/en/publications/harmonizing-legal-environment-adolescent-sexual-and-reproductive-health-and-rights-0>

¹ The close in age defence, also called the Romeo and Juliet clause is built into statutory rape laws. These laws address situations in which two individuals who are close in age of which one or both are not yet of legal age, engage in consensual sexual relations. The age difference allowed by Romeo and Juliet clause varies by state, though it is generally not more than five years.



Regional Comprehensive Sexuality Education Resource Package for Out-of-School Young People

Maria Bakaroudis, Comprehensive Sexuality Education Specialist, UNFPA East and Southern Africa Regional Office – bakaroudis@unfpa.org

Introduction

The SYP programme works towards increasing young people's knowledge and skills to adopt protective sexual behaviours through access to quality in and out of out-of-school CSE, Social and Behaviour Change Communication (SBCC) and youth-friendly SRHR services.

SYP has been implemented since 2014 in the eight Southern African countries with the highest HIV prevalence – Botswana, Eswatini, Lesotho, Malawi, South Africa, Zambia and Zimbabwe. The programme found that partners were using a variety of SRHR/HIV and life skills teaching and learning materials for out-of-school adolescents and young people. Many stakeholders, especially young people, considered the existing materials to be misaligned to the current sexual realities of young people. The materials were of assorted quality and comprehensiveness in addressing SRHR issues. Often the sexualities and reproductive health behaviours of young people were presented negatively,

as inherently risky, problematic, in need of control. This frequently translated into abstinence only or abstinence-focused programmes. The scientific accuracy and age – and development – appropriateness of some content were problematic. These same shortcomings can also be found in some in-school CSE programmes. Moreover, out-of-school facilitators were of various skill levels, and not all were able to deliver the information effectively and objectively. In short, what was on offer was not good quality CSE.

Given the tens of thousands of out-of-school youth in the region, many of whom are from marginalized populations, and after decades of small-scale and sporadic outreach programmes using substandard materials with untrained facilitators, it was important as an initial step for SYP to develop standardised, top quality teaching and learning materials and build the capacity of implementers of out-of-school CSE programmes.

Implementation of the practice

To provide a resource package for national use that maintains the international standards of effective CSE², SYP first collected and reviewed existing SRHR/CSE/SBCC teaching and learning materials, identified content gaps and other technical shortcomings, and conducted consultations with key stakeholders. Next, several components of the package were developed: a comprehensive Facilitator's Manual in the form of scripted lesson plans, an accompanying Participant's Workbook featuring both adapted resources and original content to address common gaps in existing materials. Other

support materials developed include three posters (male and female sexual and reproductive anatomy and menstrual cycle) and four pamphlets (HIV Testing, Youth-Friendly Services, Social Media Safety, Knowing your Rights).

Three rounds of field testing took place. The user-friendliness of the facilitator's manual and review of key messages directed at young people were tested through training of trainers workshops (TOTs) with implementing partners from the eight SYP countries and UNFPA focal points. Field testing

² CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. CSE is comprehensive when it covers the full range of topics related to human sexuality, rights and gender, without omitting challenging or sensitive topics. Qualities of effective CSE: scientifically accurate, incremental, age and developmentally appropriate, based on human rights and gender equality, culturally relevant and context-appropriate, inclusive of the life skills, and transformative. (UN International Technical Guidance on Sexuality Education, 2018).

also took place with young people to assess whether the topics covered were relevant, modes of delivery entertaining and effective, and key messages retained.

A common shortcoming in cascade models of training – where one group of trainers trains others and these in turn train others – is the dilution of the quality and integrity of the training. To avoid this problem, a Training of Trainers Facilitation Guide and a CSE observation and monitoring tool were developed as part of the package. The TOT Guide builds the skills to develop lesson plans that employ all learning domains, to use participatory methods to deliver key messages, to handle sensitive questions around sexuality and reproductive health, and to link CSE delivery with YFHS. To assist implementing partners from government departments, parent groups and community-based organizations in planning their programmes for out-of-school young people, a Sexual and Reproductive Health Programme Guide was developed. The Guide enables partners to identify

the behaviours and key SRH outcomes they want to address in their programmes and offers guidance on how to engage out-of-school young people.

The resource package also includes the iCAN package for Young People Living with HIV, which looks at their specific CSE needs, and a set of animated videos for young adolescents aged 10 to 14 years through the AMAZE project (amaze.org/za). Piloting of dedicated CSE materials for young people with disabilities is underway, as the package continues to evolve to ensure no one is left behind.

The package includes SBCC content, such as TuneMe.org – a mobisite where young people use smart or basic phones to access CSE information, ask moderated questions, and find the health services closest to them through GPS technology. Another SBCC component of the resource package is the music album “We Will” and its music videos.

Results of the practice

Taken together, these components provide multiple complementary channels to increase knowledge, assess values and attitudes, and develop life skills and health-seeking behaviours to prevent early and unintended pregnancy, HIV and other STIs, GBV, provide timely puberty education including menstrual health management, and prevent harmful traditional practices such as early marriages and FGM, with an approach based on human rights and gender equality.

The regional approach described above has fostered South-South cooperation and has saved significant financial and

human resources as well as time in the development of CSE materials with technically sound key messages for each country. The eight SYP countries successfully adapted the materials to their local sociocultural contexts and their governments endorsed the package as the nationally recognized materials for out-of-school young people. This has attracted new partners, within and beyond the SYP countries, to use these internationally standardized materials that bear both the government and UNFPA/SYP logos. By the end of 2019, SYP had reached about 7.25 million youth through the combined out-of-school CSE and SBCC approaches. Local capacities to plan and deliver out-of-school CSE have been built.

Lessons learned

- The link between the regional and national consultative processes and the advocacy of implementing partners to support the expansion of CSE out-of-schools was essential. Challenges include following the cohorts of young participants to ensure they have multiple exposures to CSE content. It will be important to research implementation issues so that the evidence base of “what works” is built in terms of dosage, delivery modalities, and longitudinal studies to track long-term impacts in the SRH lives of the young people. It will also be important to understand how best to sustain out-of-school CSE.

Further reading

<https://esaro.unfpa.org/en/publications/regional-comprehensive-sexuality-education-resource-package-out-school-young-people>

Conclusion

The Regional Comprehensive Sexuality Education Resource Package for Out-of-School Young People is a set of teaching and learning materials for flexible use in settings outside the formal classrooms that countries have adapted to reach significant groups of young people through newly trained facilitators. Two critical advantages of the strategy employed are the standardization of quality CSE content aligned to international standards, and the cost-effectiveness of developing one package to be adapted by countries.



The SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage

Maja Hansen, ASHR Specialist, UNFPA East and Southern Africa Regional Office - mhansen@unfpa.org

Introduction

The SADC Model Law on Eradicating Child Marriage and Protecting Children Already in Marriage, adopted by the Plenary Assembly of SADC-PF in June 2016, is a milestone in the efforts to end child marriage in Southern Africa.

Child marriage is widespread but not evenly practiced across the 15 countries of the SADC region. In eight countries, child marriage prevalence rates exceed 30 per cent while three countries have prevalence rates lower than 10 per cent. Mozambique, Malawi, Madagascar and the Democratic Republic of the Congo are among the world's 20 countries with the highest child marriage prevalence rates.

The Model Law provides practical guidance to parliamentarians who are uniquely positioned to shape and promote the implementation of child marriage legislation within their countries and beyond. It also provides practical guidance for civil society organizations (CSO) and youth advocates on how to use the Model Law for direct advocacy, accountability or programmatic implementation. It suggests possible actions that CSOs and youth advocates can take to advance the Model Law in their countries.

The Model Law provides guidance to parliamentarians, Ministries of Justice, policy-makers and other stakeholders in SADC Member States as they develop effective national laws to end child marriage and address inconsistencies in their current legal frameworks. It provides good practice language

without loopholes that can be easily adopted and adapted by Member States when drafting their national legislation on eradicating child marriage.

Without usurping the authority of national legislatures, the Model Law offers model provisions to assist Member States to domesticate international and regional human rights instruments dealing with, or impacting on, child marriage. The development of the Model Law involved wide consultations across SADC Member States, including child brides, experts on child marriage, civil society representatives, parliamentarians, government officials and legislative drafting counsels from the Ministries of Justice.

The consultations informed the content of the Model Law, pooling the unique expertise and perspectives of various stakeholders so as to build ownership and acceptability of the Model Law in the SADC countries.

When a young girl becomes a bride, the negative consequences are lifelong – for the girl, for her children and for her nation. The Model Law has tremendous potential to advance the eradication of child marriage and make a huge difference in the lives of many young girls if it is properly understood by all stakeholders and used to develop national legislation and policies.

Implementation of the practice

Most Parliaments of SADC Member States have constitutional competence to initiate bills through Members of Parliament or the Executive for enactment of legislation by Parliament, following set procedures as contained in national laws and standing orders or rules of the National Assembly.

However, for purposes of the SADC Model Law, it is important that a close working relationship with the executive is established to ease the process of successfully enacting the national legislation. The legislative process requires active engagement with the executive. A decision must be made as to whether the Model Law will be introduced as a private members' bill or a government bill introduced by the Ministry responsible for children's affairs.

Because every State has a drafting style for national laws, the legislative drafter must adhere to the national style to avoid conflict between the bill domesticating the Model Law and the Statute Book of the respective State. This will ease the passage of the bill in the legislature.

The legislative process of initiating and enacting legislation followed by a country for the adoption of the Model Laws needs to follow the processes as defined by constitutional requirements.

The success of the SADC-PF efforts on eradicating child marriage will depend to a large extent on the advocacy, institutional development and capacity-building work in Member States, such as:

- Social mobilization of communities, supported by leaders
- Identification and influence of social networks
- Public pledges and statements
- Facilitating participative sessions, community ownership, and female empowerment
- A non-coercive, non-judgmental, culturally sensitive approach whose primary focus is on the fulfilment of human rights and the empowerment of women and girls
- Dissemination, enforcement, and ownership of the Model Law by the community.



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Results of the practice

Using the Model Law as a Reference as Part of Legal Review Processes: The Case of Malawi

In February 2017, the Malawi Parliament amended the Constitution in order to:

- Raise the age by which a person is defined as a child to 18 years (from 16 years)
- Raise the minimum age of marriage for boys and girls to 18 years without exceptions (from 15 with parental consent)
- Delete the section which granted parents the power to consent to the marriage of adolescents between the ages of 15 to 18 years.

The constitutional amendment was signed into law in April 2017 by the President. As a consequence, the Malawi Ministry of Justice and Constitutional Affairs set up a constitutional amendment task force to amend all relevant laws to comply with the amended Constitution and align with Article 2 of the African Charter on the Rights and Welfare of Children (which defines a child as "every human being below the age of 18 years").

Comprising the Ministries of Gender and Justice, UN agencies and CSOs, the task force is in charge of harmonizing all child-related laws accordingly - including the Penal Code, the Employment Act, the Child Care, Protection and Justice Act and others. In this process, the SADC Model Law is used as a reference: when the laws are reviewed, compliance with the content of the Model Law is also checked.

Lessons learned

- The need for effective multi-stakeholder engagement and partnering is essential for the development and drafting of any Model Law that impacts strongly on society. Although many experts and CSOs have written many articles on child marriage, a targeted field impact assessment of the thematic areas of the Model Law should have been undertaken, especially in communities where child marriage thrives, for example, in Malawi, Mozambique and Zambia. Community involvement can lead religious and traditional leaders to reflect on how the cultural practice of child marriage negatively affects girls.

Conclusion

It is recommended that if a proposed Model Law is to be people-oriented, consultations should include local communities and not be restricted to experts and civil society. Traditional authorities should be consulted as a body, so that good practices in the region are shared to enhance the Model Law, and that consultations are not limited to a handful of traditional leaders, as was the case during the consultative process on the SADC Model Law on child marriage. National legislatures should first raise a motion proposing a change to the policy framework of the government in relation to the subject matter proposed by the SADC-PF. If passed, the SADC-PF Secretariat and other key stakeholders should be invited to engage the relevant government department or ministry on the scope of the regional legislation. The process will thus gain regional support up front instead of at the tail end.

Further reading

<https://esaro.unfpa.org/sites/default/files/pub-pdf/J7288E%20-%20SADC%20Model%20Law%20Toolkit%20final.pdf>



SYP Good Practices at Country Level



Botswana: Influencing a Legal Review to Advance Sexual and Reproductive Health and Rights of Adolescents and Young People

Kefilwe Koogotsitse, Programme Specialist (Youth), UNFPA Botswana – Koogotsitse@unfpa.org

Introduction

Botswana has a youthful population, with 53 per cent aged below 25 years. Overall HIV prevalence is very high at 18 per cent, and it is also high among youth aged 15 to 24 years (8 per cent) and those aged 10 to 14 years (5 per cent). Girls are three times more likely to be infected than boys. About a quarter of new infections occur among young women aged 15 to 24 years. The proportion of adolescents who had sex before age 15 doubled between 2010 (17 per cent) and 2016 (33 per cent). An estimated 22 per cent of girls report that their first sexual experience was forced.

In view of this landscape, the Government began the process of amending the Penal Code. One objective of the Penal Code Amendment bill was to align the age of consent to sex of 16 years with the definition of a child as prescribed by the 2019 Children's Act by amending Penal Code Section 147(1) and raising the age of consent to sex from 16 years to 18 years. The bill also sought to delete the special defence in the old Penal Code section 147(5)³ exploited by perpetrators on the belief that a girl was above the age of consent to sex.

While the government proceeded with raising the age of consent to 18 years with the intent to protect girls from adult sexual predators, the amendment posed negative implications as explained to the right (see Box 1) for the sexual and reproductive health and rights of adolescent girls and boys too.

Therefore, UNFPA and other partners led a robust advocacy campaign to improve the amendments to the Penal Code.

The good practice was not setting the age of consent to sex to 18 but the advocacy to ensure adolescents' SRHR are protected in a changing legal environment. The advocacy efforts succeeded in including protective clause in the law that was passed.

Box 1. Implications of raising the age of consent to sex from 16 to 18 years

1. The law will criminalize rather than protect adolescents, is likely to drive adolescent sexual behaviours underground, impede them from freely accessing SRH services and increase their vulnerabilities.
2. The law will undermine adolescents' right to autonomy, self-determination and the principle of evolving capacities of adolescents regarding their sexual development. It will criminalize consensual sexual activity between peers.
3. The law is likely to undermine the aspirations of the national policies that seek to advance access to SRH services by adolescents and will likely be a barrier to meeting the ESA commitments on CSE and YFHS.

³ Penal Code Section 147(5) - It shall be sufficient defence to any charge under this section if it appears to the court before whom the charge is brought that the person charged had reasonable cause to believe and did in fact believe that the person was of or above 16 years or was such charged person's spouse

Implementation of the practice

UNFPA and partners advocated for government to maintain the age of consent to sex at 16 years and to include protective clauses (Romeo and Juliet clause⁴) for sexually active adolescents. Among the advocacy actions undertaken:

a) Advocacy briefings with key decision-makers and proponents of the bill on the implications of the amendment: UNFPA held a briefing with the Member of Parliament who tabled the motion before Parliament in 2017. Another briefing was held with the Minister of Defense, Justice and Security, in whose ministry a task force was established to harmonize the Penal Code of Botswana and the 2009 Children's Act. UNFPA explained the implications of raising the age of consent to sex from 16 to 18 years and the advantages of the Romeo and Juliet protective clause for consensual sex between peers. Given the data about age at first sex, the bill was likely to criminalize many adolescents who are sexually active although below the age of 18 years (see Box 1 on implication).

UNFPA and partners highlighted the provisions of the United Nations Convention on the Rights of the Child (UNCRC), including its General Comment 20⁵ and, the African Charter on the Rights and Welfare of the Child, of which Botswana is a signatory. Both human rights instruments have articulated the rights of adolescents to non-discrimination, the best interests of the child, and respecting evolving capacities of children, among others. The UNCRC General Comment 20⁵ describes evolving capacities as an enabling principle that considers the process of maturation and learning through which children progressively acquire competencies, understanding and increasing levels of agency to take responsibilities and exercise their rights.

b) Drafting key advocacy write-up to the Attorney General

To inform the legislators about the implications and recommendations for the bill, an advocacy write-up was developed and shared with the Attorney General (see Box 2).

c) Building alliances with strategic partners to push the advocacy agenda

UNFPA partnered with the Youth Hub, a youth network under the SRHR AIDS Trust, to engage with Parliamentarians on the bill. The young activists received technical support on drafting write-ups and capacity-building on advocacy skills. During the second reading of the bill, young activists engaged with Parliamentarians to advocate for the inclusion of protective clauses.

Results of the practice

The Penal Code was amended and passed into law by the President of the Republic of Botswana in 2018. The law raised the age of consent to sex from 16 years to 18 years, removed the special defence on the age of the girl, and included protective clauses for sexually active adolescents below 18 years who engage in consensual sexual activity with their peers. Same-

Box 2. Recommendations and Proposals to the Bill

- Set the minimum age of consent to sexual activity for both boys and girls at 16 years.
- Include a close-in-age defence/ Romeo and Juliet clause to decriminalize consensual sexual activity between adolescents.
- Set a minimum age below which no sex is allowed whether with an adolescent or adult.
- Harmonize the age of consent for boys and girls.
- Remove Section 147(5) defense that one believed that a girl was above the age of consent. This opens the way for abuse and may negate protection of girls who are victims of sexual violations.
- Make special provisions for boys and girls whose legal capacity is diminished, e.g. the mentally challenged.
- Where need arises, matters concerning non-consensual sex between adolescents should be dealt with through courts designed to consider legal matters related to the wellbeing of children.

⁴ The close in age defence, also called the Romeo and Juliet clause is built into statutory rape laws. These laws address situations in which two individuals who are close in age of which one or both are not yet of legal age, engage in consensual sexual relations. The age difference allowed by Romeo and Juliet clause varies by state, though it is generally not more than five years.

⁵ State parties should take into account the need to balance protection and evolving capacities, and define an acceptable minimum age when determining the legal age for sexual consent. State parties should avoid criminalizing adolescents of similar ages for factually consensual and non-exploitative sexual activity. General Comment No. 20, para 40"

sex consensual sexual activity was not part of the advocacy because acts associated with same-sex sexual activity are still criminalized in Botswana. The protection clauses are as follows:

- Adolescents who engage in sexual activity with a peer not more than two years older or younger than them will not be criminalized.
- Sexual activity is only permissible for any person who is 12 years and older.

While the age of consent to sex was not maintained at 16 years, other important points were included in the Penal Code, thanks to the advocacy campaign.

Lessons learned

What worked well during the advocacy?

- Mapping stakeholders and building alliances
- Collecting and using evidence to advocate
- Creating tailor-made messages for the different audiences
- Collaborating with strategic partners and like-minded advocates
- Engaging young people to lead the advocacy and define their SRH rights
- Understanding the advocacy landscape to better manage oppositions.
- Facilitating the inclusion of legal mitigation measures to ensure the fulfillment of ASRHR notwithstanding an unfavorable legislation.

The art of advocacy does not mean one will always get what they are advocating for, as happened with our advocacy in this case. We learned from our effort that we should have engaged more with the opponents of the protective clauses. Had we embarked on targeted education of opponents, we could have won them over but we had limited time to engage them separately and reach them with the same messages repeatedly.

Conclusion

The amendment of the Penal Code sought to protect adolescents and secure their sexual and reproductive health rights. While the age of consent to sex was raised from 16 years to 18 years, the inclusion of protective clauses ensured that adolescents' sexual behaviours are not criminalized and they are protected from sexual predators. The clauses help to break the barrier to accessing SRH services without fear and respects the evolving capacities of adolescents.

This advocacy is considered a good practice because the legal review can be replicated with other similar laws. Engaging in advocacy through partnerships, persuasive briefing and targeted messages were key to success.

Further reading

- African Charter on the Rights and Welfare of the Child
- Children's Act, 2009
- Convention on the Rights of the Child
- CRC General Comment 20, paragraph 40
- Botswana Penal Code





Eswatini: Reaching the Hard-to-Reach Adolescent Girl

Bongani Dlamini, Programme Specialist-SRHR, HIV & Youth, UNFPA Eswatini – bodlamini@unfpa.org

Introduction

Eswatini has a young population. Nearly half of its 1.1 million population are young people between the age of 10 and 35 (UN World Prospects 2019).

Early sexual debut, teenage pregnancy, high HIV prevalence and incidence, high levels of violence including sexual violence, gender inequality and limited access to comprehensive ASRH information and services are some of the problems that adolescents and young people face. In addition, gender inequality and patriarchal social norms limit women's personal independence and access to empowering opportunities, especially in the rural areas.

Implementation of the practice

The main objectives of the GLOW programme are:

- To reach young women and girls in 38 rural areas with a comprehensive package of SRH information.
- To increase young people's knowledge and skills towards adoption of safer sexual behaviours.
- To promote, support and inspire gender equality and female empowerment.

GLOW clubs and camp activities offer a safe and supportive environment where girls can share their experiences and aspirations, with role modelling from trained women who understand their realities.

Girls Leading Our World (GLOW), a global project initiated by Peace Corps volunteers and partners to empower girls and improve the status of women, operates in Eswatini since 2010.

With UNFPA support, GLOW has developed an innovative approach to reach girls in rural areas with a comprehensive package of SRH information that empowers girls to make informed and healthy decisions for their lives.

Eswatini GLOW Counsellors use a mentorship manual that covers issues of girl identity and self-esteem, health, HIV education and SRH, relationships, violence and abuse, making change and taking action, and gender equality and power.

UNFPA's partnership with GLOW is part of a broader youth empowerment programme supported by the European Union, the Swedish International Development Cooperation Agency, the Swiss Agency for Development and Cooperation and UNFPA to improve the sexual and reproductive health status of young people aged 10 to 24 years.

Results of the practice

An effectiveness study on the adolescent mentoring programme conducted among 135 members of GLOW clubs noted positive changes among the mentees:

- A quarter said that they were no longer afraid to say NO if there is something they do not want to do.
- 23 per cent said they feel more confident after joining the GLOW club.
- 15 per cent said they are more comfortable around other people.
- 13 per cent said they concentrate more on their schoolwork.

- 80 per cent were happily close to their mentors.
- 94 per cent have positively influenced their peers with knowledge gained in their GLOW clubs.

"As GLOW Club members we discuss a lot of things, including not practicing sex. Our mentors talk to us on a number of situations and give us knowledge and skills to solve such situations. It is an advantage to be a member of the GLOW Club at school," said a mentee.

Lessons learned

The two major lessons learned from this practice are:

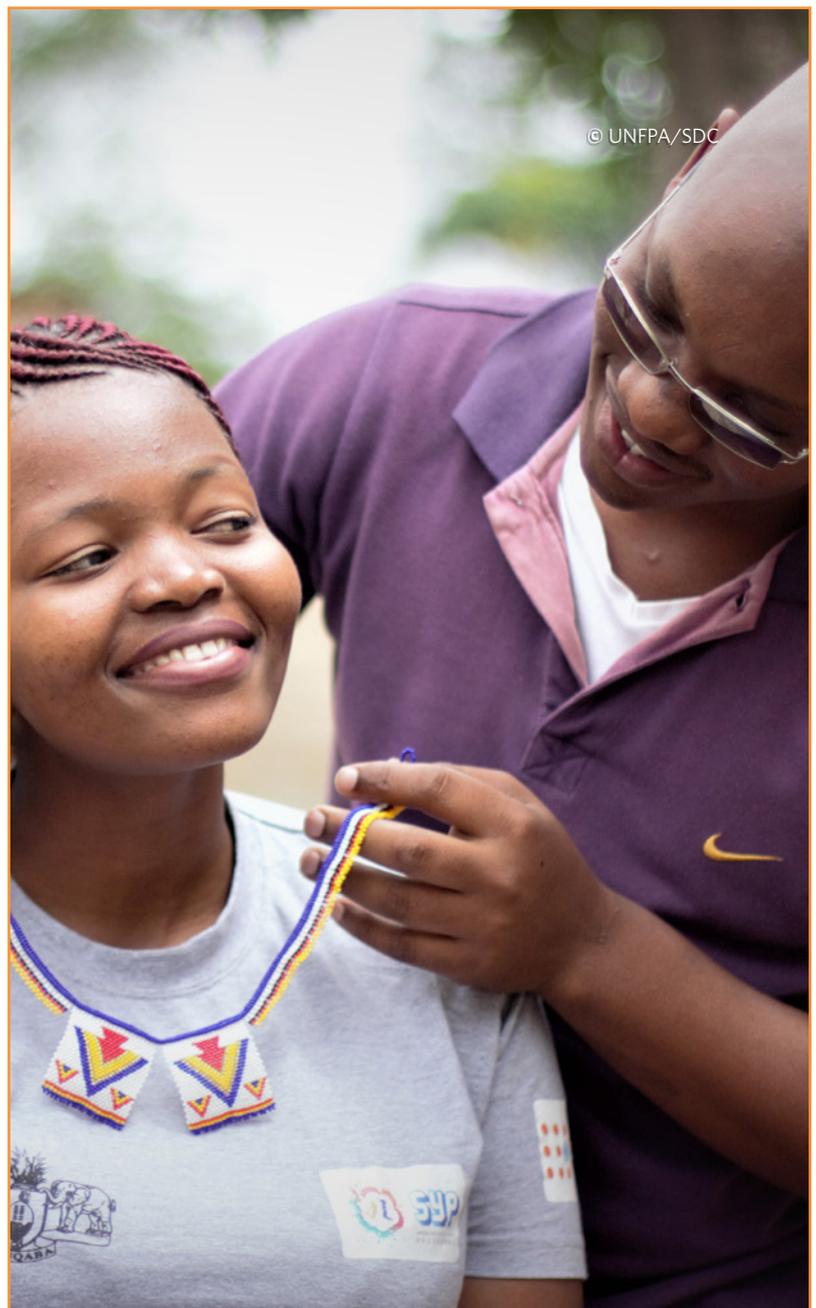
- Having community volunteers is essential for the smooth functioning of clubs.
- Having a guiding manual on mentorship standardizes interventions.

Conclusion

The adolescent girl mentorship in rural communities is a good practice in empowering young girls. A review of the mentorship curriculum is necessary to ensure that it adequately responds to the holistic needs of the girl child as well as other factors of the external environment. It would be beneficial to set up GLOW clubs in all schools. Developing interventions to involve parents, guardians, teachers, traditional authorities and religious leaders in assisting the development of the girl child will complement the GLOW programme.

Further reading

https://www.huffpost.com/entry/laughing-dancing-and-lear_b_6337224





Lesotho: Herd Boys Programme on Gender-Based Violence and Comprehensive Sexuality Education

Maseretse Ratia, Programme Analyst BCC Adolescent and Youth, UNFPA Lesotho - ratia@unfpa.org

Introduction

The Herd Boys Training Programme empowers young herders to become agents of change in their own lives and in their communities. Because herding is one of the few jobs available, herd boys make up a significant portion of the male youth population in Lesotho. With stock theft on the rise, even more boys are sent to watch over the livestock in vast mountain pastures.

But thousands of herd boys are isolated and uneducated, without support or positive role models. From as young as six year old, their work as shepherds - whether as a family chore or as a low-paying job - limits their access to education, information and resources. Their mobile lifestyle and social perception of being uneducated segregates them from other youth and community members.

Implementation of the Practice

The Herd Boys Programme is implemented by UNFPA's partner Help Lesotho in the rural areas of Butha-Buthe and Thaba-Tseka districts. Targeting herd boys aged 10-24 years, the Programme is delivered over six months through a combination of training workshops, group discussions, video clips and role play scenarios.

The first five months of intensive trainings take place in winter when herd boys have moved from the mountain cattle posts to the villages. Using participatory methods, the Programme facilitates conversations between herd boys and community

Lacking socialization or guidance, rejected and isolated, many of the boys grow up with little sense of connection or responsibility to others. Some become shy and afraid of people, others turn to drugs and alcohol, and many engage in risky sexual behaviour in a country with the world's second highest HIV prevalence rate. HIV incidence for males aged 15-24 is 0.13 per cent and for females, just under 2 per cent. HIV prevalence for females aged 15-24 is just under 17 per cent, four times higher than their male counterparts at 4 per cent (LePHIA 2016-2017).

The main objectives of the Herd Boys Programme include:

- Providing comprehensive sexuality education to herd boy.
- Challenging harmful values and instilling positive values.
- Empowering herd boys to make healthy decisions and become agents of change.

members to foster a sense of belonging and appreciation, and between herd boys and their employers to raise awareness of their human rights as workers and as young people.

The Programme distributes free condoms and offers STI/HIV and voluntary medical circumcision referrals. Implementation is managed by staff trained to use the SYP CSE manual for out-of-school youth. Topics cover healthy relationships, preventing HIV transmission, reproductive health, gender equity, preventing sexual and domestic violence, the effects of drugs and alcohol, peer pressure, self-esteem, and role modelling.

Results of the practice

Other programmes have attempted to reach the herd boys but failed to effectively connect with them or to have a lasting impact. Help Lesotho's programme has proven to be different and highly effective. Now herd boys actively seek support and information to prevent the spread of HIV, respect the rights of girls and women, and help their communities. One reason is that the Programme treats participants with respect, values their opinions, and creates a safe space for asking questions.

Many herd boys say that they engaged in dangerous, risky and illegal behaviours simply because no one cared enough to tell them not to. Through the Programme, participants feel valued and important; they know that the community is counting on them to be part of the solution against HIV and gender inequity. Herd boys have learned to advocate for others, to take initiative to stop violence against women and girls, and to share what they learn with their peers. In turn, communities are

becoming more inclusive towards herd boys as the young men show a genuine desire to change their behaviour.

The Programme has produced the following results:

- Reached around 700 herd boys with CSE, GBV and child marriage information.
- A majority of participants have visited for the first time a health facility for STI and HIV screening.
- Parents, chiefs and community counsellors attest to the herd boys' positive behaviour change in the way they treat women and girls.
- Herd boys mobilize against child marriage and GBV in their communities.

Another reason for the Programme's success is that its engagement with herd boys also involves parents, community chiefs, counsellors and employers.

Lessons learned

- Training participants who have never attended class poses learning and instructional challenges and requires very skilled facilitators. Herd boys are mobile; they follow the pastures, and this affects continuity and attendance of sessions.
- The involvement of parents, employers and community leadership is vital in running this Programme. It is equally important to teach herd boys their rights as

young people and as workers alongside the rights of women and girls.

- During the training, drama performances by community groups stimulate conversations around child marriage and sexual violence. The Programme reached a larger population through the herd boys peer approach, using an abridged CSE booklet to facilitate discussions. The programme is scalable since there are herd boys in all districts of Lesotho.

Conclusion

The Herd Boys Programme provides the young men with psychosocial support, life skills, SRHR services and strategies to deal with drugs and alcohol abuse. Experience shows that capacity-building of vulnerable boys promotes the social safety and wellness of girls, women and their families and is sustainable and valuable.

The Programme employed carefully constructed and proven support strategies specifically developed for herd boys. Its reiterative trainings promote trust-building, peer support, health service provision and information dissemination. The trainings provide a safe space for herd boys to share their

feelings and experiences, and instil a sense of belonging. Research confirms that reiterative trainings are essential to create the safe environment required for vulnerable boys to openly discuss difficult, culturally taboo topics, to understand the linkages between self-esteem, gender equity and HIV, and to adopt life-changing strategies and behavioural changes.

Partnership with health centres and village health workers allows herd boys to receive community-based and on-site health services during their trainings, increasing the likelihood they will seek such health services for themselves and their families in the future.

Further reading

<https://www.helplesotho.org/herd-boy-training-ending-violence-in-lesotho/>



Malawi: Integration of Comprehensive Sexuality Education in the Rites of Passage Curriculum

Rose Kamanga, Programme Analyst adolescents and youth, UNFPA Malawi – kamanga@unfpa.org

Introduction

Evidence has shown that age-appropriate and gender-sensitive comprehensive sexuality education (CSE) equips young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle along the path to becoming informed adults.

However, in some settings, when youth are in transition from childhood to adulthood, they are given information that may be detrimental to their development. In Malawi, the traditional initiation ceremonies often impart information that is not age-appropriate, is scientifically inaccurate and often judgmental. Initiation ceremonies have been associated with violence, violations of human rights and negative health effects.

Initiation ceremonies mark the rite of passage, at puberty, from childhood to adulthood. Girl and boy initiates are isolated for a period of time from the larger community and taught how they should behave as adults.

In the past, initiation counsellors had little knowledge about risky sexual behaviour associated with HIV infection, unplanned pregnancy and gender-based violence. They encouraged young people to have (unprotected) sex, or told young girls they were ready to be married and be mothers. Such teachings are no longer in sync with contemporary values of education, children's rights and gender equality, although the cultural and social cohesion values of initiation ceremonies still run strong.

Stanley Makhapa, now in his thirties, narrates his experiences at a Mang'anja initiation ceremony: "At the initiation camp I was taught that I was a grown-up. I started challenging my parents and having multiple sex partners just to prove my manhood, like I was advised at the camp. I now realize that this was not good at all."

Chinamwali⁶, Maseseto and Msondo are the most common initiation practices for girls and as well as Jando and Gule Wamkulu⁷ for boys.

Implementation of the Practice

Given the importance of these cultural practices, UNFPA, under the SYP programme, commissioned in 2015 an extensive research to understand the value of initiation practices and their impact on adolescent sexual and

reproductive health. The study recommended engaging with initiation counsellors to integrate CSE into their curricula. The Malawi Girl Guides Association works with initiation counsellors, traditional counsellors, marriage counsellors,

⁶ Maseseto, Chinamwali, Msondo ceremonies are all names from different ethnic groups defining initiation ceremonies conducted when girls experience their first menses. A traditional girl initiation ceremony. It is done soon after a girl enters puberty. The girl is taken into confinement for seven days, where she is counselled by elderly women (known as Anankungwi) on a number of issues believed to prepare her for adulthood.

⁷ Jando is a Yao ceremony that involves male circumcision as well as counselling. The boys are isolated for some days where circumcision and counselling are undertaken. Gule wamkulu is a similar ceremony for Chewa males only. The ceremony consists of dances performed by members of the Nyau society on various occasions, including initiation.

religious leaders and mothers' groups, among others, to incorporate CSE in their teachings and make the traditional practices safer while preserving culture and tradition.

Results of the practice

Initiation counsellors are slowly integrating CSE in their curriculum, removing songs with lyrics explicitly referring to sexual practices, initiating only those girls who have come of age (who have reached puberty), observing the school calendar so that initiates do not miss classes (releasing initiates before school opens), and working with health personnel to ensure hygiene and safety in their practices (for example, use of groves and different razor blades to remove the foreskin of each initiate).

Genaroza Gerevazio is a cultural leader who has been working in girls' initiation camps in T/A Mkanda in Mchinji for decades, introducing young Chewa girls to womanhood. She describes what has changed.

"Previously, we were putting all the girls together, young and old. We have learned that this is not the correct way of imparting these important messages. Now we group the girls according to their ages. We advise parents to send us only those girls who have come of age and we do not allow songs and messages that are suggestive in nature."

Gerevazio changed her methods after attending a training facilitated by the Malawi Girl Guides Association in 2017. The training brought together chiefs, village elders and initiation counsellors with the aim of modifying the methods and content delivered at traditional initiation ceremonies.

Dailesi Salaji, member of a mothers' group in Ntagaluka village, Traditional Authority Chowe in Mangochi, says that the relationship between the community and the school has

The study focused on the six districts (Dedza, Mangochi, Mchinji, Nkhatabay, Chikwawa and Chiradzulu) where SYP has been implemented since 2015.

improved the counselling: "We make sure that teachers and parents work together so that messages, particularly those dealing with sexual and reproductive health, are tailor-made to suit the girls' ages."

Initiation counsellor Yusuf James says that an important change in the initiation for boys is the adoption of clinical tools for male circumcision to prevent the spread of HIV and other infections. Angaliba (initiation counsellors) work hand in hand with health workers during the ceremonies: "Nowadays we demand that every initiate provide his own razor blade and once used it is destroyed. We make sure that the individual performing the circumcision wears surgical gloves that we get from hospitals to avoid contaminating the wound."

After an orientation on the need of age-appropriate and culturally relevant information, traditional authority Katuli in Mangochi and other chiefs developed guiding principles to conduct initiation ceremonies, eliminating beatings, obscene songs, and other harmful practices. The manual Misyungu Jakwiganya-Lunda ni Ndamo Syambone (Miyambo yo phunzitsira- Nzeru ndi chikhalidwe chabwino/Cultural practices that can be taught for wisdom) was shared with the traditional authority.

"The book is a guide for initiation counsellors to use at the camps. The book can also be read as reference for all who are interested in Yao culture," explains chief Katuli

Lessons learned

- Working with initiation counsellors, chiefs and other community structures to eradicate some of the harmful practices and traditions is of mutual benefit as it will preserve culture while protecting the youth.
- Tradition is passed down from one generation to another and it is hard to completely change it. But it is possible to reinforce positive SRHR messaging by working closely with the local structures in charge of initiation rites.

Conclusion

Resistance to change exists but working with cultural gatekeepers to see both the good and bad side of traditional practices will ensure effective and long-lasting change.



Namibia: Creating an Empowered Generation through Enhanced Access to Sexual and Reproductive Health Information

Loide Amkongo, Assistant Representative, UNFPA Namibia - amkongo@unfpa.org

Introduction

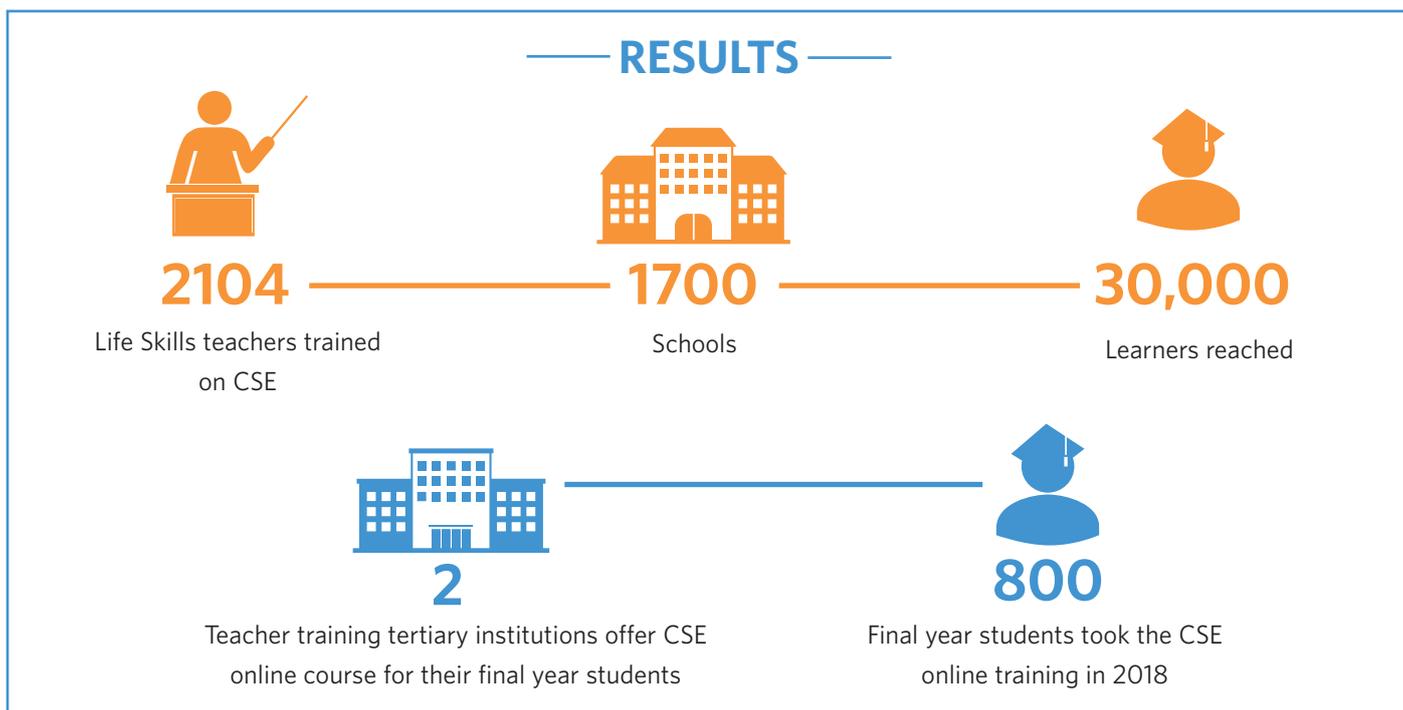
Namibia is a youthful country with 66 per cent of the 2.6 million population under the age of 30. Adolescents aged 10-19 years constitute 23 per cent of the population.

Namibia's Sexual and Reproductive Health Policy has among its objectives to improve attitudes and practices related to sexual and reproductive health.

With a high prevalence of HIV and other STIs, high teenage pregnancy, high unemployment and frequent sexual and gender-based violence, ensuring the SRHR of young people is a priority of the Namibian government. One of the strategies to achieve this goal is the widespread introduction of age-appropriate CSE.

Implementation of the Practice

Namibia started implementing its CSE for in-school and out-of-school youth in 2015. The life skills syllabus was reviewed and new manuals and online modules were developed.





Teachers to be trained in 2019



Learners were introduced to CSE in faith-based institutions

The government set up a National School Health Task Force, co-chaired by the Ministry of Basic Education, Arts and Culture and the Ministry of Health and Social Services, with officials from other ministries, development partners and civil society organizations. Similar coordinating mechanisms were established in all fourteen regions of the country. Civil society organizations are especially involved in implementing the programme for out-of-school adolescents and young people.

Results of the practice

- Comprehensive Sexuality Education seems to be effective as the results observed since its introduction by the government have showed young people progress in adopting safer sexual behaviors.
- It is very relevant in Namibia as it addresses a priority health problem, which is the increasing new HIV infections among adolescents and young people.
- Young people are involved in the implementation and messages are age-appropriate.
- Key stakeholders have bought into the implementation of CSE.
- The model of implementation in building critical skills of teachers and learners who could become peer counsellors and future facilitators and the involvement of the civil society organizations ensures its sustainability.
- It is possible and easy to replicate the delivery of comprehensive sexuality education.
- There is active community involvement and collaboration between many stakeholders, including government ministries, faith-based organizations, civil society organizations, parents and teachers.
- Comprehensive Sexuality Education has strong political commitment as the government took the initiative to introduce the programme in schools, and government Ministries lead the implementation with support from the UN Agencies and other development partners.
- The office of the First Lady of Namibia plays an active role in supporting the implementation and serves in the National Task Force on School Health. The First Lady champions the work around CSE, including engaging religious and community leaders. She recently discussed the critical importance of involving young people as leaders of change during the Women Deliver conference in Vancouver, Canada.
- Comprehensive Sexuality Education has addressed some of the difficult topics that parents and communities encounter with young people, such as sexual and reproductive health and rights, gender-based violence and alcohol and drug abuse."

Lessons learned

Innovative strategies are required to engender behaviour change.

- CSE requires cooperation from different stakeholders, especially parents, communities, religious leaders and civil society organizations.
- Addressing sex-related topics that are culturally and religiously sensitive requires tact and buy-in from all stakeholders.
- Active participation and ownership of the programme by young people is crucial, as well as political commitment from the leadership to drive the process.
- Building a critical mass of facilitators through the institutionalization of skills development guarantees sustainability.

Conclusion

Implementation of a robust and supportive supervision, monitoring and evaluation system is highly desirable, as is making CSE an examinable subject in schools. This will go a long way in reducing new HIV infections, teenage pregnancy, school drop-outs, maternal mortality and unsafe abortions.

CSE is a good practice highly recommended for all developing countries with demographic characteristics similar to Namibia to nurture new generations knowledgeable about SRHR.



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South Africa: The Nzululwazi model and new emerging areas as a good practice for adolescent sexual and reproductive health service provision in schools

Precious Magogodi, Adolescent, Youth and Gender Officer, UNFPA South Africa - magogodi@unfpa.org

Introduction

At Nzululwazi Senior Secondary School (NSSS), located in Mount Frere, in Alfred Nzo District in the Eastern Cape, the high number of learner pregnancies was first noticed in 2005 and the numbers progressively increased. In 2014 the school reported an alarming number of learner pregnancies – 70 – resulting in the dropout of all the pregnant learners. The high teenage pregnancy rate was an indicator of both individual risky sexual behaviour and poor ASRH response in the school and the community.

The school principal approached the HIV Directorate within the Provincial Department of Basic Education and the concern was presented to the Intergovernmental meeting. In November 2014, the authorities agreed to prioritize implementation of the SYP programme at NSSS. Guided by the Integrated School Health Policy (ISHP) and the CSE Framework, the intervention would address both the high teenage pregnancy and poor ASRH services at NSSS.

Implementation of the Practice

The SYP Programme was rolled out in the Eastern Cape Province from July 2014 to December 2016 and started to focus on NSSS in 2015.

The NGO Restless Development was requested by the Department of Basic Education (DBE), in collaboration with the Department of Social Development and Department of Health, to coordinate the implementation of the SYP programme at NSSS.

SYP activities at NSSS were premised on five strategies:

1. Strengthening stakeholder collaboration, cooperation, knowledge-sharing and management, including government ministries, civil society organizations and community members as well as young people themselves.
2. Increasing young people's knowledge of protective sexual behaviours.
3. Strengthening quality, age-appropriate and integrated ASRH, HIV and GBV services for adolescents and youth.
4. Ensuring meaningful participation of young people in leadership on SRH/HIV.
5. Programme management, monitoring and evaluation.

Results of the practice

The project achieved notable positive results at the four implementation levels:

At government level: The government supported the implementation of the model and increased its efforts to advance the ISHP model also looking into innovative ways of overcoming obstacles to the implementation with a focus on ensuring provision of ASRH services.

At school level: The management of the school worked to strengthen a conducive environment to promote ASRHR also through the facilitation of an open dialogue among government, learners, teachers and community, raising awareness of ASRHR across the entire school. In addition to

that, the school itself benefitted of indirect gains generated by the capacity building of teachers on CSE and policy implementation.

At community level: The implementation of the ISHP model increase community awareness in relation to SRHR needs of adolescents and young people while strengthening the community support to the school.

At individual youth level: The empowerment of adolescents and young people on issues related to ASRHR, including HIV prevention, not only facilitated a deeper understanding of their SRHR needs related but increased service uptake by the learners.

Lessons learned

The lessons learned from implementing the SYP at NSSS are summarized below:

- From 2014 to mid-2016, Restless Development invested significantly in coordination of ISHP processes and direct support to peer educators. Unfortunately, the capacity building of peer educators only started in June 2016.
- Effective policy implementation does not occur organically but through a planned and coordinated process. The implementation of ISHP required an inception phase dedicated to the clarification of the scope of the model within the school as well as within its adjoining community.
- Combining policy dialogue with community awareness ensures support and buy-in from parents and guardians. At the start of SYP interventions at NSSS, some parents and community members were skeptical. A number of meetings were held with them to address their concerns in order to facilitate the implementation of the programme.
- To achieve optimum results, coordination should focus on both inter- and intra- government department levels. For example, while intergovernmental ISHP implementation was clear, the DBE needed to hold meetings to clarify internal department issues.
- A dedicated lead organization or individual should coordinate ASRH processes and keep track of progress and issues. This role was performed well by Restless Development. To ensure sustainability, and as part of an exit strategy, grassroots organizations should be identified for this coordination role.
- To meaningfully determine project efficacy, allow considerable time between project implementation and assessment of results. At NSSS, due to limited implementation time of direct ISHP interventions, their impact on youth participation and leadership could not be ascertained.
- When assessing results, differentiate process results and direct beneficiary results. Process interventions refer to activities implemented by intermediary structures to reach the actual beneficiaries. These take considerable time and yet the results may be intangible or fluid, for example, meetings. Between 2014 and 2016, Restless Development worked hard in coordination efforts but the results - processes - cannot always be quantified.

Conclusion

Many stories indicate a positive impact of the SYP project at different levels:

- Initially sceptical parents supported the programme.
- A learner dropped her 'sugar daddy' and focused instead on her schoolwork.
- Learners shared their experiences and gave mutual support.
- Health providers at the clinics changed their attitudes towards the young users, giving them confidence to access SHR services.
- Parents told of a new ease in discussing SRH issues with their children.



Zambia: Development of a Bidirectional Referral Mechanism for CSE and Adolescent Sexual and Reproductive Health Services for Learners

Joy Mukatimui Masheke Manengu, Adolescent Sexual Reproductive Health and Youth Programme Specialist, UNFPA Zambia - manengu@unfpa.org

Introduction

Recent studies supported by UNFPA and based on the 2013-2014 Zambia Demographic and Health Survey (ZDHS) have identified high rates of adolescent pregnancy and mapped hot spots and factors associated with it. Findings from these studies, among others, have informed the National Gender Policy on adolescent pregnancy and child marriage.

According to the 2013-2014 ZDHS, 29 per cent of girls aged 15-19 have ever been pregnant or had a live birth. Rates of adolescent pregnancy are higher in rural areas (37 per cent) compared with urban areas (20 per cent). Teenage pregnancy rates have risen between 2007 and 2014, notably in rural areas. The pattern of teenage pregnancy in Zambia indicates a threefold burden at primary schools compared to secondary schools.

In response, since 2014 the Government has integrated CSE in schools from grades 5 to 12 and has developed an adolescent health strategy for the period 2017-2021 to establish and strengthen AFHS.

However, there are no functional linkages between schools providing CSE and health facilities providing AFHS. Information alone is not enough to enable self-efficacy and agency among adolescents to access SRH health information and services. Linkages are needed.

UNFPA and UNESCO supported the Population Council to test a model that links CSE with AFHS in 23 schools and nearby health facilities in Mufumbwe and Solwezi districts in North West province. The underlying theory of change is that enabling adolescents to have access to SRH information and services can reduce pregnancies among learners.

Implementation of the Practice

To realize this theory of change, UNFPA and UNESCO supported both the Ministries of Health and General Education with scaled up establishment of AFHS in the health facilities linked to the schools and saturation of capacity of teachers to provide CSE in the target schools. In order for the UN agencies to measure impact of the bi-directional linkages, the Population Counsel was jointly engaged by the UN to undertake an operational research study.

The methodology of the study utilizes an integrated approach where schools and nearby health facilities are linked to provision of CSE and appropriate SRH services to adolescents. A referral system between schools and health facilities was developed and rolled out.



Zimbabwe: The Parent Child Communication on SRHR Programme

Pennelope Kasere, Programme Analyst –ASRH, UNFPA Zimbabwe - kasere@unfpa.org

Introduction

Zimbabwe's second National Adolescent and Youth Sexual and Reproductive Health (AYSRH) Strategy, launched in 2017, aims to address the SRHR needs of 10 to 24 year old who constitute a third of Zimbabwe's population. This strategy identifies critical challenges such as high rates of unplanned pregnancies, early childbearing, child marriages, GBV, maternal mortality, HIV and other STIs.

In 2014, adolescent fertility was estimated at 120 births per 1,000 girls aged 15-19, up from 99 births per 1,000 girls aged 15-19 in 2005–2006⁸. The main consequences for pregnant adolescents include dropping out of school, being kicked out of their homes, being abandoned by the man responsible for the pregnancy, and being rejected by their peers.

Implementation of the Practice

PCC covers 20 districts across the provinces of Mashonaland Central, West and East, Matabeleland North and South and peri-urban Harare. PCC is implemented by Zimbabwe Community Health Intervention Research (ZiCHIRe) in peri-urban Harare, by Family AIDS Caring Trust (FACT) in Mashonaland West, by World Vision in Matabeleland South, and by Zimbabwe AIDS Prevention and Support Organization (ZAPSO) in Mashonaland Central.

PCC sessions are facilitated by mentors who work with parents, guardians, adolescents and youth aged 10 to 24 years. Many PCC mentors have experience in other UNFPA programmes, such as home visits by the Behaviour Change Facilitators (BCF) and the Sista2Sista programme. Working

With a focus on prevention, the Strategy promotes increased community and youth participation in AYSRHR and HIV programmes, as well as improved parent to child communication on SRH issues.

In collaboration with the Government of Zimbabwe, UNFPA has developed creative approaches for generating demand for SRH services that strengthen national programming around SRH, HIV and GBV.

One successful approach is the Parent Child Communication (PCC) on SRH programme, which promotes decentralized communication around SRH, HIV and GBV within families and communities. The overall aim of PCC is to reduce early marriage, teenage pregnancies, STI and HIV incidences, and GBV.

with 10 households per group, mentors build the capacity of families to talk about SRH and GBV with ease and comfort. Selected households must have at least one young person aged 10 to 24.

Mentors go through a five-part training using the Let's Chat! Parent Child Communication on Sexual and Reproductive Health Manual, which covers human and sexual development relationships, reproductive health, harmful cultural practices, STIs, HIV and AIDS, and more. The participatory manual includes group work, games, and assessments for adolescents only, parents/guardians only and combined interaction. Since the beginning of the programme, the curriculum of five to eleven modules has been revised once.

⁸ National Adolescent Fertility Study: Technical Report, Ministry of Health and Child Care, ZNFPC, UNFPA, 2016

Results of the practice

MENTORS' VIEWS

Mentors reported that PCC improved their community mobilization and project management skills. This cascades beyond PCC because many mentors are involved in the Sista2Sista and BCF programmes. As parent themselves, mentors reported better communication and negotiation skills with their children.

ADOLESCENTS' VIEWS

Adolescents reported being able to communicate around SRH with their parents and learning about puberty, personal hygiene, relationship management, sex, sexuality and sexual consent, drugs and substance abuse, through PCC.

As one adolescent said: "We used to be scared to tell our parents our problems but now we are open about talking to them."

PARENTS' AND GUARDIANS' VIEWS

Many parents said that before the PCC programme they thought it was someone else's job – a counsellor, school teacher or family member like a tete or sekuru (aunt and uncle) – to advise their children about growing up and SRHR. They now realize it is their parental responsibility to equip their children with accurate information about sex and sexuality.

Lessons learned

- PCC was the first programme of its kind to involve both boys and girls, whose needs may converge or diverge, in AYSRHR programming. Another unique perspective that PCC brought to AYSRHR programming is the involvement of parents and guardians in talking directly to the young people about issues often considered taboo culturally.
- Implementers noted a wide range of positive changes post PCC, such as reported reduced cases of teenage pregnancies, increased awareness of SRHR, and uptake of HIV testing and medical male circumcision, which were in part, as a result to the programme.
- One aspect to be improved is greater involvement of men as mentors and parents. This imbalance might reflect the larger share of parental responsibilities that seems to be greater for mothers. In future phases, PCC will try to engage more men in the programme.

Conclusion

The programme has helped young people deal confidently with issues ranging from young parenthood to bodily changes and puberty. Parents and guardians gained greater knowledge of and ability to talk about youth issues. In short, PCC works as a two-way avenue – parent-to-child and child-to-parent communication.

Further reading

<https://zimbabwe.unfpa.org/en/publications/stories-change-parent-child-communication-sexual-and-reproductive-health-zimbabwe>



Overall Conclusion

The SYP good practices documented here have been implemented for periods varying between three and six years. During this time, SYP regional and country teams have observed signature interventions within the regional programme with the intention to document their relevance, efficacy and replicability.

With a clear description of strategies selected, lessons learned, what worked and what didn't work, the documented good practices serve as a basis for adaptation and scaling up in different settings. Additional information on the various good practices reported in this publication can be accessed contacting the SYP focal persons as included in each one of the interventions included in this document.

The aim of this publication is to inspire governments and other stakeholders to reflect on ways to learn, replicate, improve and expand similar interventions to advance the realization of the sexual and reproductive health and rights of adolescents and young people in the region and beyond.



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United Nations Population Fund
East and Southern Africa Regional Office
9 Simba Road / PO Box 2980, Sunninghill, 2191, South Africa
Tel: +27 11 6035300

Email: esaro.info@unfpa.org

Website: esaro.unfpa.org

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