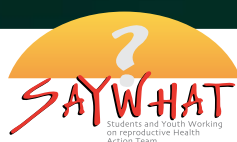




A Sexual and Reproductive Health Success Story

Youth Leading Youth: SAYWHAT Reclaiming Sexual and Reproductive Health and Rights for Young People in Zimbabwe's Tertiary Institutions



FORD FOUNDATION



SAHAIDS Southern Africa HIV and AIDS Information Dissemination Service

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CWGH	Community Working Group on Health
HIV	Human Immunodeficiency Virus
ICPD/POA	International Conference on AIDS and STIs in Africa/Plan of Action
ICTs	Information, Communication Technologies
MER	Monitoring, Evaluation and Reporting
MMC	Medical Male Circumcision
NGOs	Non-Governmental Organisations
PSI	Population Services International
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SAYWHAT	Students And Youth Working on Reproductive Health Action Team
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
STI	Sexually-Transmitted Infections
PLHIV	People Living with HIV
ZNFPCC	Zimbabwe National Family Planning Council

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Executive Summary

The African continent is home to the largest proportion of young people in the world. Investment choices that governments, development agencies and other stakeholders make today have significant impacts on national and global developments in the future. Young people are strategic stakeholders in this growth as they are the future leaders involved in national and regional development at various levels. In the absence of deliberate efforts by development partners to invest in young people today, it will be difficult to realise targeted development in the future. The child-to-adult **passage in Africa is characterised by a plethora of challenges which contributes to many young people failing to reach their full potential. Such challenges include poverty, unemployment, violence, sexual coercion and exploitation, substance abuse, crime and other risky behaviours.**

Over the years, commendable initiatives have been undertaken by governments, funding partners and civil society organisations to address the challenges that confront young people in the region. These efforts have contributed towards raising awareness of the magnitude of challenges that young people face. However, the majority of these efforts have failed to transfer requisite knowledge and skills to enable young people to take the lead in addressing their own challenges. Evidence increasingly demonstrates that youth leadership and participation in problem identification, and in designing relevant interventions to address the identified challenges, can bring sustainable results. Youth empowerment lies at the centre of such initiatives and makes young people partners, and not beneficiaries, in interventions meant to benefit them. Students And Youths Working on Reproductive Health Action Team (SAYWHAT), a non-governmental organisation (NGO) based in Zimbabwe, is a role model of an effective youth-led empowerment initiative which demonstrates impressive levels of youth participation.

SAYWHAT was formed out of the findings of a group discussion amongst university students where they aimed to discuss and address the socio-economic challenges confronting them at the time due to macro level economic challenges. In 2003, the discussion team evolved into a youth initiative of significant proportions, progressively identifying with young people and gaining the respect of development stakeholders. The key factor of their success is that it was an initiative by youths themselves, therefore its messages and objectives resonated with young people.

SAYWHAT has remained a learning organisation, first exposing itself to organisational development through being hosted by an established organisation over a period of time; secondly by co-opting strategic, technical experts onto its Advisory Board and continuously tapping into their wisdom. By doing this, the organisation has managed to avoid mistakes often made by peer organisations which failed to outlive their founders.

Working through established tertiary institutional structures has opened doors for SAYWHAT to influence key sexual health and related policies. The organisation has managed to position itself as a strategic youth organisation and has been co-opted into strategic national platforms, in the process gaining an important footing which allows the organisation to influence policy review and development, and to amplify the voices of young people.

1. Context

1.1

Purpose of Documenting Success Stories in Sexual and Reproductive Health Responses

In the southern African region, a significant amount of work is being done by community-based organisations and their partners to support communities with knowledge and skills which will contribute towards a reduction of vulnerabilities and risks related to their sexual and reproductive health (SRH). Many of these interventions are changing lives and infusing a heightened sense of empowerment and coping-capacities among target groups. However, much of this work remains undocumented and has not been shared for wider learning.

By documenting interventions that have had a positive impact - strategically sharing successes and approaches (the 'how' and 'what') used to achieve success – other organisations can learn, adapt and replicate the successful interventions to benefit communities in their constituencies. A documented success story increases the body of available knowledge for reference on what 'works' and how it works, and presents a valid basis to reliably inform resource allocation and mobilisation decisions made by funding agents and programme managers. Of course, documenting a success story and sharing it widely also provides inspiration and motivation for those involved in making the intervention a success and raises the visibility of their efforts.

A success story can be described as:

"... A story illustrating how a positive change came about. This is done by sharing the 'who, what, where, why, when, and how' of an individual, household, or community in a story that shows the case of different individuals, households, or communities that were targeted by the programme."

The Students and Youths Working on Reproductive Health Action Team (SAYWHAT) are a working example of young people who can create, maintain and run a sustainable, youth-led SRHR organisation. SAYWHAT has distinguished itself as a champion for young people's sexual and reproductive health and rights, and in the process won the respect of both its peers and stakeholders. Although it started as a group discussion amongst youth in tertiary institutions, SAYWHAT has grown into a youth-led organisation whose influence on key youth-related SRHR issues goes beyond Zimbabwe. They are invited to participate in many international youth platforms.

SAYWHAT's ability to create linkages between SRHR and HIV, and to identify and address the gender dynamics in SRHR through their Web For Life Programme has further distinguished them as leaders in comprehensively addressing youth sexuality issues. Through the Web For Life Programme, a network of female students has been established; this network is active in providing peers with an SRHR capacity development and advocacy platform. The Positive Living project has created a platform for disseminating pertinent HIV and SRHR information, and linking HIV positive students to relevant services. This increasing stakeholder recognition has led to SAYWHAT being identified as an effective initiative that could be successfully replicated in other tertiary institutions in the southern Africa region.

Although SAYWHAT has hosted other students from tertiary institutions in the region on 'look and learn' tours, documenting and disseminating the pillars of their success will go a long way in creating further opportunities for learning amongst stakeholders in the sub-region. SAYWHAT partners with other like-minded institutions of higher learning in the region where invaluable learning takes place through networking and information exchange. They partner with the University of KwaZulu-Natal (UKZN) in South Africa which has contributed to increased access to SRHR and HIV services amongst targeted students.

This document is useful for anyone interested in learning more about the SAYWHAT programme, and important for organisations looking to replicate the model and its approaches, especially as it outlines the '**how and what**' that makes SAYWHAT's SRHR Programme a success story.

1.2

Youth Led Empowerment as a Strategy for Reducing Adolescent Vulnerabilities

According to UNICEF (2009), the HIV epidemic has redefined the lives of Africa's young people in general and young women and girls in particular. Southern Africa is home to the highest number of people living with HIV globally and, simultaneously, has some of the world's highest rates of violence against women. Of the total 37.8 million people living with HIV globally, 17 million are women, 77% of whom are women and girls living in sub-Saharan Africa. Young women aged 15 to 24 years are more than three times more likely to be infected than young men of the same age group¹. The inability of young women and girls to make informed sexual and reproductive health choices; to negotiate for safer sex; to access information on health-related diagnostic, treatment, care and support services; to protect themselves from gender-based violence and to avoid transactional and intergenerational sex as an option for survival all continue to fuel the spread of HIV and intensify the impact of HIV on young women and girls in southern Africa.

In Zimbabwe, one in four women report having experienced sexual violence by an intimate partner. Furthermore, 60% of murder cases in Zimbabwean courts in 2006 and again in 2009 were related to domestic violence². As long as women and girls are unable to earn an income, are threatened with violence and prevented from exercising their rights to education, health, and property, it will be difficult to reverse the HIV epidemic. These challenges, coupled with limited knowledge on sexual and reproductive health and rights amongst men in general and young men in particular, will continue to perpetuate the violation of women and girls' sexual and reproductive rights. The absence of youth-led and youth-targeted sexual and reproductive health programmes has for a long time created a void in building a movement of young people determined to break this cycle of abuse and to promote young people's sexual and reproductive health in Zimbabwe.

¹ Women and HIV/AIDS: Confronting the Crisis, 2004 - UNAIDS, UNFPA, UNIFEM

² Musasa Project Report 2006 and Zimbabwe sets up Sex Offenders Register <http://www.genderlinks.org.za/article/zimbabwe-sets-up-sex-offenders-register-2011-02-02>

According to UNAIDS (2008), Zimbabwe's high HIV prevalence rate is largely driven by behavioural factors including:

- Multiple concurrent partnerships
- Inconsistent condom use
- Intergenerational sex

However, the underlying factors are gender imbalances, stigma and socio-cultural norms (Average prevalence for the 15-24 age group is 5.5% (7.5% females and 3.5% in males). According to Zimbabwe National Family planning Council (ZNFPC) one of the identified gaps in addressing youth SRHR is the limited availability of Youth Friendly Health Services (YFHS) at tertiary institutions with 32 of YFHS out of a total of 66 Districts are not located within reach of students at tertiary institutions. Currently there is no college clinic that offers antiretroviral therapy (ART) including comprehensive treatment and management of sexually transmitted infections (STIs). There is limited availability of female condoms in tertiary institutions, this absence of medium to long term contraception, with only male condoms available in colleges, remains a cause for concern. There exists high stigmatisation of young women who opt to approach other health facilities to access such contraceptive devices.

SAYWHAT has also highlighted the low knowledge levels and limited access to post abortion care services for students who require them. The past decade where Zimbabwe has experienced socio-political challenges has witnessed deterioration of social services provided by tertiary institutions. This has resulted in a mismatch between the enrolment levels and facilities and infrastructure to support students such as food, accommodation and health care services. Students living with HIV confront a plethora of challenges including limited access to HIV Testing and Counselling (HTC), ART and psycho-social support.

There is increasing stakeholder recognition of the importance of addressing young peoples' SRHR as an HIV prevention strategy. An important ingredient of this process is youth participation. Youth participation is integral to achieving SRHR for young people and yet too often young people are viewed as a problem group and not as development partners with capacity to make a difference.

The International Conference on Population and Development (ICPD) held in 1994 reinforced the fact that interventions for adolescents are most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing effective, acceptable and relevant programmes that respond to those needs³. If provided with a platform, youths are capable of becoming experts, making informed choices, and are receptive to positive change that leads to long-term benefits. Evidence has demonstrated that young people are experts in addressing their own needs and situations and, when given a platform, they are their own best representatives.

Over the years, youth-led initiatives have emerged to respond to youth-related sexual and reproductive health and HIV issues. Evidence has demonstrated that as successful and long-lasting as the impact of work led by young people has been, youth initiatives can also be short lived⁴. Youth organisations addressing SRHR and HIV often exist for a few years before they wither as members grow older and begin to explore new fields. This success story booklet documents how one youth organisation has designed and implemented SRHR interventions and survived.

³ International Conference on Peace and Development Plan of Action 1994, Paragraph 7.43

⁴ Youth Led Organisations and SRHR A Youth Guide, 2009-Youth Coalition, CHOICE for youth and sexuality

2.

Methodology and Documentation Approach

2.1

Documenting Developmental Success Stories – The SAfAIDS Model

SAfAIDS has been documenting best/good practices and success stories in development work, particularly HIV, gender, culture and SRH-related programmes and policies across the SADC region for over five years. During this period, SAfAIDS has established standard criteria for identification of success story, and a standard methodology for documentation. The organisation has gained expertise in the targeted dissemination and sharing of documented good practices and success stories that have proven effective and valuable to support programmes in scale-up and replication of effective programmes, and in advocacy for resource mobilisation HIV, gender, culture and SRH.

The systematic approach used for documenting the SAYWHAT Youth SRHR Programme as a success story has been drawn from SAfAIDS' experiences, as well as those of other organisations such as USAID/Africare¹ and DFID²).

a] Defining the Success Story

The success story has been defined within this construct as: *“a story illustrating a positive change, by sharing the ‘who, what, where, why, when and how’ of an individual, household, or community in a story that represents the case of different individuals, households, or communities targeted by the programme”*.

b] Documenting the Success Story

After identifying the programme or intervention to be documented, and in preparation for field work to collect data around the success story, the following steps have been considered:

Step 1: Defining the Generalised ‘Success’, also known as the programme ‘Impact’

Focus is placed on the generalised impact or success, demonstrating that the success has been experienced by a substantial number of beneficiaries, rather than being about one individual. It is important not to develop a success story out of an experience that was felt by only one or two beneficiaries. This involves identifying ways in which beneficiaries are successfully responding to or reducing, their risks of contracting HIV or experiencing other social ills, and describing the specific programme approaches to which we can attribute these behaviour changes.

¹ http://www.africare.org/news/tech/documents/AFSRNo4_BrysonEley_SuccessStoryGuide_Final_Jan7_2008_updated_June08.pdf
² <http://www.idrc.ca/uploads/user-S/11592105581icd-guidelines.pdf>

Step 2: Outlining the Descriptive Details of the Impact. Who participated in the achievement of the results?

The story seeks to outline where the intervention took place, and during what time period, referring to what gap or need is being met by the intervention, and what behaviour change (to reduce a certain vulnerability or risk) is intended by the introduction of the intervention. The target audience (intended beneficiaries), and stakeholders (including different community groups and bodies) involved in the intervention, from inception onwards, have been described. The link between their involvement and the positive impact is shared as observed, and the description of positive impact seeks to reflect two important elements of the success story: integration and universal participation.

Step 3: Answer Eight Key Impact Questions

Data collection tools were designed, and data collected was analysed and collated in the write-up that presented information answering the following overarching questions:

1. **What did they do?** What were the approaches used? This includes stakeholders, e.g. programme designers, implementers, beneficiaries, community at large, other supporting structures.
2. **How did they do it?** Were innovative or new approaches employed, with the specific target audience, to meet the specific need? Was a rights-based approach considered? Was there multi-sectorial involvement? Can others also easily do it (adapt and replicate)?
3. **How long did it take?** Were the processes tediously long or effected within relatively short periods? Would it be possible to scale-up the intervention easily?
4. **What were the challenges faced?** How were these overcome, and how did they affect positive impacts?
5. **What were the opportunities identified during programme roll-out?** How were they directly/indirectly related to the positive impact?
6. **What did it cost?** Were cost-effective strategies employed and how?
7. **What were the results?** Were the objectives of the programme met (even beyond expectations)? What were the main positive changes that can be attributed to what was done (strategies and approaches) during the programme?
8. **Are the results long-lasting?** Were the approaches sustainable, or are there plans to ensure sustained results for the beneficiaries?

Step 4: Illustrate the Story of One that Represents the Project Impact on Many

The success story was prepared using information collected in response to the above eight *Impact Questions*, so the experiences of one of the beneficiaries was highlighted to illustrate the success of the programme. Anecdotes have also been included for the same purpose.

Step 5: Collect Captivating Quotations and Photos to Represent the Story

Photographs were taken from the very early stages of the project's inception and these were used to illustrate the 'success story' of the project. These complemented photographs that were taken by the field team during the data collection period. Formal consent to take photographs (ethical considerations) was sought, and quotations were recorded to animate the document, and offer a 'human face' to the described impact.

Step 6: Use of the Completed Success Story

Prior to the data collection phase, uses for the valuable document were mapped. The following significant uses for the success story document were identified:

- **Provide a tool for learning, adaptation and replication by other** as it systematically portrays the 'how and what' of the success story.
- **Add to body of available knowledge** for reference on what 'works' and how it works.
- **Provide an evidence-based tool for informing funding decisions** (to influence resource allocation and mobilisation by the donor community).
- **Provide a tool for advocacy and scale-up** of similar interventions.
- **Raise the visibility of 'good work' and act as inspiration and motivation** for those involved in the success story.

The success story dissemination plan shall be developed in consultation with SAYWHAT and both SAfAIDS and SAYWHAT will make use of various platforms for dissemination, for instance sharing via online platforms (websites, blogs); targeted distribution of the story in hardcopy; airing via audio-visual media; publishing in newsletters and similar mass periodicals; or orally share at meetings, conferences and so forth.

c] Measuring Success

In order to validate and measure the 'successes' described in the documented story in a methodical and standardised manner, the following were considered during the documentation process:

- Involvement of the target audience(s) and beneficiaries.
- Clearly identifiable before and after effect (changes).
- Expanded public and private dialogue.
- Increased leadership and agenda-setting by vulnerable/disadvantaged groups.
- Increased linking/networking between groups with similar interests/vulnerabilities, who might otherwise have not been in contact.
- Improved capacity of beneficiaries in responding to and reducing their risk/vulnerabilities.

Methodology:

A number of data collection tools and methods were employed for the purpose of triangulating findings and validating findings. The following methods and tools were employed during the data collection process:

- Focus groups discussions (FGDs), using FGD guides, with
 - Young women/young men
 - Young women and men together (all the above inclusive of young people living with HIV)
 - College graduates who participated in the SAYWHAT programme
 - SAYWHAT programme implementers

- Key interviews using structured, closed and open questions and interview guides, with:
 - Selected beneficiaries, including PLHIV
 - College authorities, including college and clinic staff
 - SAYWHAT director, managers and key staff

- Literature review, using a categorical checklist, of:
 - SAYWHAT documents including any
 - Programme guiding documents e.g. workplans, strategies, monitoring plans, policies
 - Programme reports, evaluations and assessments
 - Documentation of testimonies from beneficiaries
 - Photographs showing programme activities
 - Web-based databases and resources, on similar SRH-related interventions in the country and region.

- Observation, using a checklist, and images captured on digital camera.

See Annex 1 for samples of the data collection tools used during the documentation process.

d) Data Collection and Analysis:

Data was collected onsite, and the methodology allowed for fluidity in terms of exploratory questioning and sourcing of information for validation. Field work took place at various tertiary institutions where SAYWHAT operates, both in the capital city, Harare and other towns. Data collection was done from the 22nd to the 24th of November 2010. Analysis and collation information into a first draft report was done manually and using checklists, as information collected was mainly qualitative in nature.

e) Review of Documented Story

The success story draft was shared with SAYWHAT for review and approval before final production and dissemination for scale-up in the region.

Sharing and Scale-up Mapping

The success story will be shared via relevant platforms, both e-platforms and in hard copy. A mapping meeting to strategise around scale-up, advocacy and potential fund-raising activities related to the success story will be held.

3.

SAYWHAT Programme Description and Start Up

3.1

Sexual Health Becoming a Concern for Youth

Students And Youths Working on Reproductive Health Action Team (SAYWHAT) is a youth-led, youth-targeted initiative, born out of the desire to create a platform for students in Zimbabwe's tertiary institutions to discuss sexual and reproductive health and rights (SRHR) issues. SAYWHAT employs a comprehensive sexual and reproductive health and rights (SRHR) framework into their work and addresses HIV as a component of SRHR. This approach has enabled SAYWHAT to address the broader issues affecting young people as opposed to narrowly focusing on HIV. From inception, SAYWHAT has emphasised on addressing unwanted pregnancies, unsafe abortions and low condom use amongst other youth-related challenges. Students are sexually active. SAYWHAT was founded in December 2003, and was housed by another non-governmental organisation Community Working Group on Health (CWGH) until 2008. SAYWHAT was registered as a Trust in 2007.

The organisation was founded at the height of complex national socio-economic challenges that generally resulted in declining investment in social services, including education and health and high brain drain in these and other sectors. Prior to the economic meltdown, Zimbabwe's education system was highly rated, but it significantly deteriorated during the economic crisis, resulting in a widespread failure to provide basic services to students at tertiary institutions. Some of the affected services include study grants, accommodation, catering services and health services. Given that the majority of students at tertiary institutions in Zimbabwe come from poor peasantry backgrounds, it became difficult for parents to take over from the government and provide tuition fees and funds for accommodation and food. Tertiary students in general, and female students in particular, were confronted with a plethora of challenges. In response to these challenges, students adopted a variety of coping mechanisms, some of which exposed them to sexual exploitation by older men living in cities and to contracting sexually transmitted infections, including HIV. One example, adopted by both female and male students, was co-habiting with an older sexual partner and engaging in sex work to raise funds to cover tuition fees, food and accommodation. Incidences of sexually transmitted infections and HIV infection among students increased.

These coping mechanisms undermined young women's sexual rights and exacerbated the challenges they were dealing with, resulting in many young people being caught up in a spiral that they could not unlock on their own. The challenges were further compounded by limited access and availability of health services at both the colleges and in the country.

Despite the obvious challenges faced by students in this area at that time, there seemed to be no dialogue initiated around these issues by key stakeholders. Students thus decided to take a lead in addressing the problems. The growing scale of suffering experienced by students as a result of the challenges they faced pushed them to take action to address the problems.

There was a growing realisation that the SRHR services at tertiary institutions were both inadequate and unfriendly to youth. College culture was further undermining the realisation of sexual and reproductive health and rights. An example is a practice known as “The Gold Rush” where older students who view new female students as sexually unexploited, compete for new college students whom they often abuse. SAYWHAT realised that first year students were more vulnerable due to inadequate knowledge and skills about their SRHR since high school education often does not adequately prepare them for college “freedom”. Sexual debut often happens at tertiary institutions with little or no preparation.

3.2

Turning Desire into Action

The desire by this group of tertiary institution students evolved into a project hosted at that time by a health advocacy organisation called Community Working Group on Health (CWGH). It is during this stint that SAYWHAT reached students in many tertiary institutions and students easily identified with it as it was led by their peers. The project scored many successes and gained popularity amongst students. The organisation, named SAYWHAT, mainly aimed to mobilise youth on sexual and reproductive health and rights including their linkage to HIV transmission and prevention.

3.3

Transforming a Student Movement into a Youth Organisation

Following its transformation from a student movement, into a recognised Youth SRHR organisation with a secretariat, and armed with newly acquired knowledge and skills, courtesy of CWGH mentorship, SAYWHAT became a recognised structure in tertiary institutions. Although, at the time of its founding, many thought that health could not be addressed by a student movement in the same way as politics and human rights, SAYWHAT managed to elevate health into a core student issue.

The momentum created by SAYWHAT earned it support from development partners. Its high impact, low cost strategy where students based in colleges and universities volunteer to spearhead its activities with their peers provided the leverage that has elevated and increased stakeholder recognition of this organisation's work.



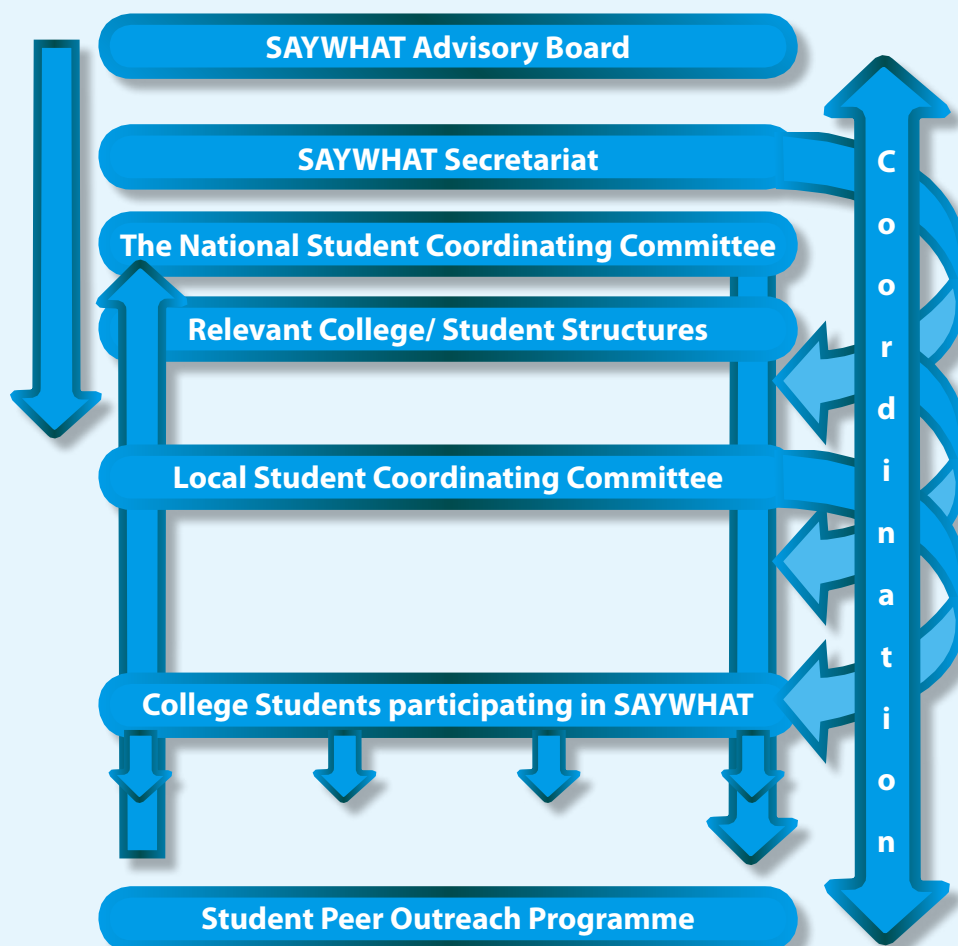
Some of SAYWHAT's former student members

4. Programme Design

SAYWHAT targets students in tertiary institutions in Zimbabwe. It is currently reaching students in 30 of the 45 tertiary institutions in the country and has plans to expand to cover all the institutions by the end of 2011. At the heart of its success has been the organisation's approach to designing its structures and interventions together with the young people they desire to reach.

4.1

Creating Structures to Consolidate Youth Participation



4.1.1 Youth Design Youth Rescue Package

With a handful of development partners, including Ford Foundation who believed in a youth-led initiative; SAYWHAT began to design an intervention that would put the student at the centre. The student structures created augur well for the empowerment of youth to design and lead their own development course and interrogate the underlying causes of the challenges they face. Working through existing college and student structures, SAYWHAT began to mobilise for the establishment of student SRHR structures. Students were provided with a platform to discuss their HIV and SRHR issues through these newly created college-based structures. A national platform was later created where student representatives from various colleges shared students' concerns. At the end of the national student meeting to discuss and identify strategies to respond to SRHR and HIV-related challenges, a roadmap for responding to the challenges was developed, forming a basis for the SAYWHAT response. A response that has created a network of tertiary students that are a recognised, formidable youth voice that has significantly contributed to the shaping of youth-related SRHR and HIV policy in Zimbabwe and the region.

4.1.2 The National Student Coordinating Committee

The National Student Coordinating Committee is the highest student structure and is responsible for establishing student needs, identifying appropriate solutions and implementing agreed strategies in the various colleges through the Local Student Coordinating Committee. It is also responsible for influencing programme design to respond to the ever-changing and dynamic needs of young people at tertiary institutions. It meets regularly to review progress towards set goals and to recommend ways of improving service delivery. The National Student Coordinating Committee is comprised of members of the Local Coordinating Committees which are college-based and articulate the needs of students from their colleges.

4.1.3 Technical Expertise Supporting Operations

Due to a realisation that young people do not have a monopoly on knowledge but would benefit from the expertise and mentorship from relevant individuals and institutions, SAYWHAT has created an Advisory Board which is comprised of technical experts who support in fine-tuning and aligning interventions to national priorities. Contributing to the achievement of national youth-related health priorities is central to SAYWHAT's programme design and the Advisory board plays an important role in this regard. This is strategic as it helps SAYWHAT to remain relevant to national health priorities and to influence these priorities in such a way that they best accommodate the needs of young people.

4.1.4 Weaving into Tertiary Institution's Structures

To obtain buy-in from targeted tertiary institutions and to work towards sustainability, SAYWHAT works through a focal person who is identified by college authorities and is often the college's HIV Coordinator. The focal person also acts as a college advisor who assists SAYWHAT to identify other areas where the college requires support in providing young people with resources to lower vulnerabilities. The focal person works together with the college-based student structure called the Local Coordinating Committee which forms part of the SAYWHAT National Students' Coordinating Committee.

4.2

Designing Youth-Led Interventions

To respond effectively to the identified challenges faced by students in tertiary institutions and to reduce students' vulnerability to HIV and STIs, SAYWHAT, through its structures, has identified the following key intervention areas:

- Knowledge generation and information sharing
- Capacity building and support provision
- Networking and Advocacy

4.2.1 Creating a Sustainable Pool of Youth Leaders

SAYWHAT makes deliberate efforts to nurture and grow youth leaders as a sustainability strategy. There is a realisation that to maintain its niche as a youth-led initiative, SAYWHAT has to groom young people for leadership on an ongoing basis. In addition to its leadership training, it identifies strategic platforms where young people can gain leadership exposure and promotes cross-learning for its constituency. This has resulted in increased recognition of SAYWHAT by key stakeholders beyond Zimbabwe and has created additional platforms for the organisation to further champion young people's SRHR.

“The exposure I have gained through exchange visits has moulded me into a confident professional who can defend young people’s sexual health and rights at any platform. The college activities took me to a certain level but now working for SAYWHAT, and the exposure I have, has put me at a very different level - I am comfortable in my space.” SAYWHAT former beneficiary and now an employee

4.2.2 Addressing Gender Disparities Created by Past Generations

The SAYWHAT gender programme is built on the notion of creating a gender-just environment and is a result of the experiences that young women face in tertiary institutions due to limited and inadequate programmes and interventions that prepare young women for college life. The colleges' annual “Gold Rush”, a practice where male students target young women newly enrolled in colleges, often for sexual exploitation, impacts negatively on many young women's lives. Some of the consequences last a lifetime, beyond college life and at times they result in the student failing to complete tertiary education. To mitigate the effects of this inadequate preparation, SAYWHAT, through its gender programme and structures, mobilises both young female and male students to engage with the underlying causes of gender disparities as a strategy to build capacity for addressing gender issues.

Through its Web for Life Programme, SAYWHAT amplifies the voices of young women in promoting gender equality and women's rights. Due to its focus on collaborating with tertiary institutions in all its work, SAYWHAT has been accorded a place in the institutions' new student orientation programmes. This move has allowed SAYWHAT to be timely with its response to the challenges that new students, especially female students, face at tertiary institutions. Students are provided with a support structure from the start of their college life, but more importantly they are “released” into college life armed with accurate information about HIV and sexual and reproductive health and rights. This information empowers them and enables them to make informed choices.

“During orientation, I did not realise the true value of the information SAYWHAT provided, but later on in college things started to happen to me and my friends, and their words of wisdom rang in my ears and I was able to make the right decisions - I became the rare gold that the rushers could not find.” Bindura University Female Student aged 21

Female students' empowerment

This focus was developed from the realisation that female students still face the brunt of gender imbalances within tertiary institutions, therefore there is a need to specifically focus on empowering them to become more competent in redressing their vulnerability context. Under this is the Web for Life Network; a group of female students that anchors all female students' empowerment initiatives within their colleges. They get help from coalitions that they form with organisations that focus on service provision and the promotion of gender justice.

Transformation of practices that fuels gender imbalances

Under this focus area, SAYWHAT ensures that there is advocacy for an enabling environment that is able to promote better gender outcomes. SAYWHAT challenges the college structures, systems and set ups that restrict the equal enjoyment of opportunities and access to services and commodities on sexual and reproductive health. Under this SAYWHAT has successfully managed to lobby colleges into providing both the male and female condoms within tertiary institutions so as to meet the demands of both male and female students. SAYWHAT also promotes existing policies and strategies that are available both at national and institution level so as to empower students to claim their rights for gender equality on one hand whilst ensuring that college authorities as duty bearers are made to account to the students.

Engaging male students as partners

SAYWHAT has created the Mugota/Young Man's talk as a platform for exclusive engagement with male students so that they discuss their SRHR challenges that relate them specifically as male students. In this platform, male students also identify their responsibilities in responding to the SRHR challenges that confront them and their female counterparts. The Mugota initiative is designed to promote gender accountability among male students so that they critically look at themselves and their behaviour so as to change those aspects that fuels negative gender stereotypes and practices.

4.2.3 Generating Youth Capacity for Problem-Solving

SAYWHAT realises that without creating a platform for students and youth to acknowledge their own challenges, to build their capacity and identify their own solutions, it will be difficult to address the challenges. SAYWHAT believes that youth have the capacity to protect themselves and to achieve set goals but that they require constant support. This support, however, often dries up once they move to tertiary institutions where they are presented with opportunities to make wider choices for themselves. To support the capacity of students to respond to SRHR and HIV-related challenges, through increased knowledge and skills, SAYWHAT identifies, and collaborates with, strategic stakeholders who have demonstrated capacity in the various targeted areas. SAYWHAT prides itself as a being a learning organisation and enhances its own capacity to provide cutting edge SRHR service through networking with strategic partners.

Due to its increased capacity in SRHR-related issues, SAYWHAT has been invited by the Zimbabwe Government, via the National AIDS Council, to join the Male Circumcision Technical Working Group and the Condom Technical Working Group. National Technical Working Groups (TWG) are a strategic platform for key national level stakeholders to dialogue on pertinent national level issues that often contribute towards design and implementation of relevant national policies and strategies. SAYWHAT has used the opportunity to participate in these high-level national policy platforms to influence related policies to address pertinent youth issues. SAYWHAT has a MoU with Zimbabwe National Family Planning Council (ZNFPC) which facilitates for standardised trainings and effective youth friendly service provision in tertiary institutions, as well as increased access to contraception.

4.2.4 Youth Uniting Against HIV

The HIV epidemic knows no boundaries, and young people have not been spared, in fact, they bear the brunt of the HIV epidemic. SAYWHAT has realised that there are HIV positive students within the colleges in which they operate who at times experience extreme stigma and discrimination from both students and college staff. The Positive Living project is a double-edged programme targeting HIV negative and positive students. It aims to empower students living with HIV to accept their status and seek appropriate services as a way of addressing both self-stigma and that from others. It also seeks to provide HIV prevention, treatment, care and support information to the student population as both a prevention and a stigma reduction tool. The positive living project has a strong advocacy thrust whose aim is to ensure that college authorities and relevant ministries fulfil their duty of regularly providing ARVs as they are essential drugs for students living with HIV. The project also aims to promote positive living amongst both negative and positive students. It takes positive living as not only something for those living with HIV but a prerequisite for healthy living. The project further reduces vulnerability through providing livelihoods support to needy HIV positive students. Students credit the project for increasing access to HIV prevention, treatment, care and support as it creates linkages with key service providers through its support structures.



Stigma and discrimination poster displayed at a local university

"When I was at college I was made to feel I didn't belong, I had so much regret. They say the college years are the best years in life, but it was not to be for me due to my status. SAYWHAT made me feel like a person again, and I was able to confront stigma head on and others started to accept me as I was. If it were not for them, I could not have completed my degree, but more importantly I could be dead as I saw no end to this but death. At the workplace, some people tried to stigmatise me but they came late, I was at another stage." Former beneficiary of SAYWHAT Positive Living Project

"Before SAYWHAT came to our college, I never thought I was at risk of HIV infection, but, as a result of their teaching, I went for an HIV test for the first time in my life. If I had delayed I could have been taken by surprise by HIV since I did not consider myself a candidate for HIV." Belvedere Teachers' College Student

5.

Unpacking the Pillars of a Youth SRHR Success Story

5.1

SAYWHAT: Leading the Example for Youth-Led Interventions

The SAYWHAT initiative is increasingly gaining stakeholder recognition due to its ability to impact on youth by changing their mind-sets. SAYWHAT has thus far made considerable progress in addressing youth-specific SRHR and HIV issues through adopting young people-centred innovative interventions. The elements discussed in this section are what make the SAYWHAT programme conspicuous amongst youth-targeted health interventions.

5.2

Speaking the Language of Youth - Ensuring Relevance and Responsiveness

SAYWHAT was born out of the recognition by young people of their own challenges and the realisation that they needed to take action to achieve the desired results. These were the seeds of success which resulted in the creation of a strong foundation upon which appropriate youth-focused responses were designed and implemented. The concept of a youth-led and youth-run organisation has confirmed long-held beliefs in the positive impact of peer education interventions. SAYWHAT Secretariat is run by young people and this augurs well for appropriate message development as appropriate messengers are used, increasing chances that the target will be receptive.

The use of mobile telecommunications as an information dissemination tool by SAYWHAT has been well received by students who rated the service as one of their preferred ways of receiving information as it enables them to quickly share this information with sexual partners and others, thereby generating and facilitating discussion.

“It is not easy for most of us young women to discuss sexual matters with our boyfriends but, when I receive an SMS from SAYWHAT, I simply pass it on to my boyfriend. When we meet later after lectures it becomes a topic for discussion and this makes it easy for me to state my beliefs on the topic.” Kushinga Pikilela Agriculture College Female Student aged 20

“SAYWHAT speaks our language and, therefore, we understand them.” Student Belvedere Teachers’ College

5.3

Blending into College Structures - Building Community Ownership



Sister Masvaure (Left), Bindura University Nurse, holds up a SAfAIDS newsletter

The students structures created at thirty tertiary institutions in Zimbabwe have become synonymous with the dissemination of timely, youth-friendly and appropriate information and services. SAYWHAT has created linkages with other services offered to students by tertiary institutions such as college clinics, student body activities and student orientation programmes amongst others.

Through SAYWHAT lobbying college authorities, SRHR has been included in most college syllabi, with positive effects on the organisation's programmes. The

majority of colleges where the organisation has a presence recognise SAYWHAT as an important referral point for students facing difficulties. Referrals help SAYWHAT to respond from within, and make it easy to complement college efforts and maximise impact.

“The College has realised that SAYWHAT, although a young people’s organisation, has a wealth of information on HIV and sexual and reproductive health, so the College is tapping into that knowledge. Our HIV coordinators have been capacitated by SAYWHAT so they are strategic partners here. Some students actually prefer to approach SAYWHAT when they have social problems and to us it’s good because all we want is to create a supportive environment for our students” Vice Principal at one of the tertiary institutions

5.4

Low Cost, High Coverage, High Impact

The SAYWHAT model where students are at the centre of the response has resulted in a linear secretariat whose role is mainly coordination. In this model, student volunteers are supported to drive the programme. Student networks created through SAYWHAT's support enable wider student reach at a minimum cost. With an annual budget of USD240,000, SAYWHAT is able to support and directly reach 4,000 students in tertiary institutions and more than 5,000 students indirectly. The organisation has a database of 4,000 students who it actively interacts with through its activities and text message communication initiative.

The collaboration with college authorities through the Ministry of Higher and Tertiary Education has enabled SAYWHAT to reach more students than the organisation would have been able to through establishing a vertical programme at tertiary institutions.

5.5

Tapping Into Existing Knowledge Sources and Services - Integration and Comprehensiveness

SAYWHAT has managed to link with key SRHR and HIV policy and programme implementing bodies and they have, in the process, identified national strategic priority areas to address. This has facilitated their advocacy as they have gained respect from key policy making stakeholders and others in the sector. SAYWHAT as a youth led initiative recognises its limited capacity to provide all the targeted SRHR and HIV services for its target group and has deliberately identified and collaborated with other institutions providing relevant services. This strategy has provided capacity not only to their target group but also to the secretariat.



Some Bindura University students participate in a Focus Group Discussion

SAYWHAT partnered with SAFAIDS to implement an innovative gender programme called 'Changing the River's Flow' (CTRF). Through this project which challenges gender dynamics in a cultural context, SAYWHAT has consolidated its gender-related methodologies as this project introduced SAYWHAT stakeholders and target audiences to a community dialogue methodology that has increased debate and discussion on the inter-linkages between gender, HIV and culture. SAYWHAT has also collaborated with SAFAIDS in advocacy for universal access to SRHR services and information as articulated by the African Union in its 2006 Maputo Plan of Action (MPoA).

Through this project, SAYWHAT has consolidated its advocacy for availability and access to SRHR services and information for young people through engagement with government and policy makers to ensure that commitments are met. Through these and other collaborations, SAYWHAT has mobilised diverse services for students who are at the centre of their programming. To complement the provision of youth-friendly SRHR and HIV services, SAYWHAT collaborates with Population Services International (PSI) who provide HIV counselling and testing services, and with the Zimbabwe National Family Planning Council (ZNFPC) who provide sexual and reproductive health information and service to young people. This approach has also provided space for SAYWHAT to focus on the provision of its core services, resulting in increased learning and efficiency over time.

"SAYWHAT is a youth-led organisation that has had a big impact in our colleges and universities. SAYWHAT has meaningfully contributed to addressing key youth SRHR issues, including those articulated in the ZNASP (Zimbabwe National HIV/AIDS Strategic Plan). With limited resources, SAYWHAT has made a difference to the ZNASP within the few years of its existence. We introduced medical male circumcision in 2007; there is now information in schools, especially in tertiary colleges because of SAYWHAT. They have helped us to access young people with the pertinent information." Ministry of Health Official in the AIDS and TB Unit.

6. Lessons Learnt

The SAYWHAT initiative has generated invaluable lessons that can be used to improve future youth-targeted SRHR and HIV programmes.

Mentoring Youth Organisations for Success

Although SAYWHAT is truly a youth-initiated and youth-led initiative, the organisation's survival as a youth organisation lies in the nurturing and mentoring that the founders received through the auspices of Community Working Group on Health (CWGH). Transforming youth initiatives into sustainable organisations requires a mentor with youth interests at heart and with the capacity to provide mentorship that is specifically focused on organisational development.

Generating Capacity for Youth to Lead in Their Own Interventions

Generating the capacity of young people to respond to their own challenges is more empowering than providing services to young people. Capacity development should target both beneficiaries and youth leaders driving the intervention in order to respond effectively to the dynamism of young people's needs.

Integration of Youth Initiatives into Existing Interventions

At project start-up, it is important for organisations to identify opportunities for integrating their projects and interventions into existing services provided in the targeted constituency. This strategy was adopted due to a realisation that introducing parallel programmes for students would prove difficult given their schedules and competing interests. This strategy also helps to provide an existing firm foundation from which to launch interventions, thereby maximising the impact of the intervention within a relatively short period of time. SAYWHAT designed interventions to integrate with and enhance services and products, for example, health care, entertainment, student orientation, student union activities and curriculum which were already provided to students at their tertiary institutions, achieving some impact.

Addressing Underlying Causes of Youth Vulnerabilities

Interrogate the particular national or community challenges and identify the real underlying causes of vulnerability as a first step to addressing them through the implementation of targeted interventions. Whilst accommodation and transport presented themselves as key challenges faced by young people working with SAYWHAT, there was a realisation that the challenges went beyond what could be seen on the surface. The real challenges, which increased young people's vulnerability to HIV and STIs for instance, were inadequate information and skills to support youth to understand, access and enjoy their sexual and reproductive rights.

Creating Networks for Cost Effectiveness and Sustainability

Early on in the project, identify and mentor beneficiaries who will eventually become part of the project implementing machinery, either as paid staff or volunteers. This is both cost-effective and sustainable as it empowers target groups, in this case young people, to manage the project, building capacity, encouraging ownership of the project and minimising operating costs. The use of information communication technology (computers, mobile phones and sms) has proved a cost-cutting, yet highly effective measure for SAYWHAT because project leaders are able to report progress and challenges in a timely and efficient manner without SAYWHAT diverting funds from programmes to logistics to physically visit each college.

Integration of HIV into SRHR to Address Underlying Causes of Youth Vulnerability

HIV may manifest itself as an obvious cause for youth vulnerability, but continued analysis of the challenges faced by youth enabled SAYWHAT to identify limited SRHR knowledge as another cause of vulnerability. By linking the two, SAYWHAT was able to adequately address the underlying causes of youth vulnerability.

7. Challenges

The SAYWHAT initiative is increasingly being identified by peers and stakeholders as an important and effective learning organisation because it has the capacity to respond to its challenges as they arise.

Programme Expansion to Address Other Challenges Young People Experience

Although students living with HIV and female students have been rightly identified as a group requiring additional support, other groups may also have inherent issues that further exacerbate their sexual health challenges such as disability, albinism, minority sexual orientation (LGBTI) and others. It would be important for SAYWHAT, as the organisation moves to scale-up its programmes, to take into consideration other challenges and issues which may present barriers to specific groups of young men and women accessing sexual and reproductive health services and enjoying their rights.

Addressing Youth SRHR Issues Beyond Tertiary Institutions

As a recognised youth advocacy group, SAYWHAT can take advantage of its position, influence and reach to advocate for broader youth SRHR issues, for instance sex education in high schools, in order to address some of the challenges. This move would ensure that there are fewer students entering, and currently in, tertiary institutions who lack information and skills that will support them to protect themselves from unintended pregnancy, STIs and HIV infection. Out of school youth can be reached through community centres, support groups, churches and youth clubs.

Consolidating Monitoring for Timely Advocacy

The current use of ICTs to facilitate communication between the organisation and its partners, students, can be strengthened to facilitate timely advocacy action. The current organisational ICT programme does not have a clear, deliberate and well documented strategy and plan to achieve this.

8. Recommendations

Strengthening Monitoring and Evaluation Systems

In order to effectively collect data for tracking the impact of projects against set objectives and for informing the future strategic direction of the project, the SAYWHAT implementing team will need to focus on strengthening the monitoring, evaluation and reporting system. The network of students created to support this project and collaboration with college authorities provides opportunities for enhancing data collection for the project. This needs to be supported by building the capacity of implementers, including staff, volunteers and collaborating university and college staff in M&E and reporting.

Community involvement

Without a strong component targeting the inclusion of communities, the intervention may appear isolated from communities who are custodians of the target group. Increasing community involvement is a good strategy to garner support for sustained behaviour change at this level.

Strengthening support mechanisms for HIV positive students

Through mobilisation, students have accessed counselling and testing. There is a need to support the establishment of support groups for students living with HIV at tertiary institutions as a way to both provide incentives for disclosure and a strategy to sustain behaviour change.

Annexes

Annex 1: Data collection tools



1.1

Focus Group Discussion Guide for Programme Implementers/Programme Managers

Approximate time: 1 hour

Suggested # of participants: 7- 10

Introduction

Introduce yourself/ves. Share reason for holding the FGD: *“We would like to get a better understanding of how the SAYWHAT project (give referring name known by beneficiaries) has influenced the lives of young people by helping you with skills and knowledge to reduce your risk and vulnerability; in your community”.*

Get verbal consent and assure participants that information shared shall be treated as confidential, unless they state otherwise. Continue to ask the following questions.

Programme Overview: inception, implementation, finance, M&E, reach, beneficiaries

- a) How did the “SAYWHAT SRHR” programme start? Why was it started? How were priorities identified? How did culture, socio-economic status, gender dynamics, risk factors, and other environmental factors influence programme start-up? What needs did it intend to meet?
- b) Briefly describe what the “SAYWHAT SRHR project for tertiary institutions” programme is about, including its purpose, objectives, target beneficiaries etc. and its structure of work
- c) What documents do you refer to guide the implementation of the programme? For example workplan, etc. (request sample copies)? How are your activities and processes documented?
- d) Who was involved during programme development? Community? Min of Tertiary Education? Student bodies? Development partners?
- e) Who is now involved in the implementation of the programme? How are they involved?
- f) How do beneficiaries access services of the programme? Outreach plan? Extent of reach?
- g) What systems are in place to ensure effective programme functioning? For example, financial and auditing, human capacity, equipment, staff development and skills transfer etc.
- h) What happens with the M&E data collected? How does it inform the programme and any recognized successes?

Integration

- i) How do you market the programme/incite involvement by different stakeholders?
- j) How does the programme integrate with other programmes? Is it multi-dimensional in approach? Describe
- k) What measures have the SAYWHAT management team taken to nurture partnerships with local, national or regional partners/institutions, including private sector and civil society organizations?

Rights-based approach

- l) How has the programme ensured inclusion of specific vulnerable groups, such as students PLHIV, LGBTI, SWs, orphaned youth, etc.?
- m) How are programme services and benefits equitably availed, e.g. those with the greatest need access services first?

Cost-effective measures

- n) How are resources distributed towards/within the programme?
- o) How is a service-cost measured e.g. by tracking inputs versus outputs and cost/beneficiary? Has there been any success that can be attributed to your approach in this area?
- p) What cost-saving and cost-reduction measures have you effected during the life of the programme? How have the beneficiaries been involved in this?

Challenges and opportunities

- q) What are some of the main challenges you have faced in the programme? How have you overcome these?
- r) What opportunities did you identify as the programme rolled-out (which you had not anticipated at the beginning), and how did you use of them to enhance the success or impact of the programme?
- s) How have the beneficiaries been involved in addressing challenges and in leveraging opportunities? Did you consult them?

Dimensions of Success

- t) What would you say is unique about this programme? Why?
- u) What key lessons have been learnt from implementing the programme? How have these been used to inform the programme as it evolves? Give examples
- v) What positive impact have you measured during the life of the programme? Describe and show evidence
- w) What main successes can you identify in relation to:
 - How the programme is being implemented, are there any strategies you have identified as working better than others to bring faster more effective and quality results?
 - How the lives of beneficiaries have changed for the better
 - How the community has been positively affected by the programme

Sustainability and scale-up

- x) What measures have been put in place to mobilize local resources towards sustainability of the programme? For example, technical and financial support, income generating innovations etc.?
- y) What plans are in place to maintain the successes gained?
- z) What plans are in place to scale-up the programme and stimulate replication by others in the province, or country, or beyond?



1.2

Focus Group Discussion for Beneficiaries (Young women)

Anticipated time - 1 hour

Suggested number of discussants - maximum of 10

Introduction

Good morning (afternoon). My name is _____. I would like to have a discussion with you so that I can better understand how the work that the SAYWHAT is spearheading here in Sexual and Reproductive Health and Rights (SRHR) has affected your lives and the lives of people in your community.

Section A

1. Do you have any knowledge on SRHR? How did you acquire that knowledge?
2. Has the Government set aside a day to commemorate SRHR in the country?
3. Is there free access to condoms especially for prevention and positive prevention among PLHIV? If yes, how is the availability of female condoms versus male condoms?
4. Does your learning institution have a clinic/ hospital? If yes, how effective is the clinic - in terms of service delivery on SRHR, availability of medication and confidentiality?
5. How accessible are the SRHR services at this college especially for young women and students living with HIV?
6. How affordable are the services? Are there any user fees charged?
7. How hospitable are the service providers in the local clinics/ hospitals? Do you use the College Clinic? How would you describe the SRHR services provided there especially for young women?
8. Does SAYWHAT conduct any awareness campaign programmes at this college? If yes, how often and what is the involvement of the students in such interventions?
9. What are the strategies used to deliver the information to the students at this college?
10. Do you access SRHR services outside the college premises? If yes where and why do you take that option? What challenges do you face with the local clinic?
11. How responsive are students to the awareness campaigns?
12. Were there any consultative processes conducted by the SAYWHAT on how to address SRHR issues amongst the students? If yes, to what extent were you involved in the process?
13. How are the availability and the affordability of the medications?

14. How has this project affected the lives of young women/men – what have been the benefits? For example, has the project affected their:
- a) Ability to make healthy and safe informed choices?
 - b) Understanding of HIV, related risks and how to protect themselves and their partner/s from HIV transmission?
 - c) Understanding of rights related to SRH and exercising them?
 - d) Interactions with peers, yourselves and others in the community? Respecting others?
 - e) View (perception) of themselves? Self-esteem, self-respect
15. Do you have anything else you would like to share?



1.3

Focus Group Discussion for Lecturers/student bodies

Approximate time: 1 – 2 hours

Suggested # of participants: 7- 10

Introduction

Introduce yourself/ves. Share reason for holding the FGD: *“We would like to get a better understanding of how the SAYWHAT SRHR programme (give referring name known by beneficiaries) has influenced the lives of young people by helping you with skills and knowledge to reduce your risk and vulnerability; in your community”.*

Describe in simple terms (and local language) the meaning of the terms: ‘risk’ and ‘vulnerability’.

Get verbal consent and assure participants that information shared shall be treated as confidential, unless they state otherwise. Continue to ask the following questions.

1. What is your understanding of the SAYWHAT SRHR programme?
2. What is new or different, that this programme brings to this college?
3. What problem/s or need/s is the programme addressing at this college?
4. Who, from the college community, has been/is involved in this programme? List everyone from the start of the programme, and describe how they have they been involved.
5. How are you involved in this programme?
6. Who is benefiting from the programme? How?
7. What are the strategies (ways and approaches) that the programme uses to reach young people (women specifically, and men specifically) in your community?
8. Do these strategies also encourage meaningful involvement of youth living with HIV, especially young women living with HIV? Describe how
9. What problem/s – if any – does the programme address? Describe examples and how
10. How are young women and men involved in this programme? Describe the activities e.g. planning, and how regularly they are involved etc. Does the programme encourage their involvement, or do they actively ask to be involved?
11. Have there been any challenges relating to the programme? If yes, what were they? How were they solved, or what are the plans to overcome them?

12. How has this programme affected the lives of young women/men – what have been the benefits?
For example, has the programme affected their:
- a) Ability to make healthy and safe informed choices?
 - b) Understanding of HIV, related risks and how to protect themselves and their partner/s from HIV transmission?
 - c) Understanding of rights related to SRH and exercising them?
 - d) Interactions with peers, yourselves and others in the community? Respecting others?
 - e) View (perception) of themselves? Self-esteem, self-respect
13. How has the programme affected the lives of others in the community? Men? Women? Children? Schools? Health care workers? Others?
14. What would you say are the successes of the programme? Describe them. Why are they successes?
15. How would you support continued sustainability of these successes, as a parent, guardian, lecturer, student body etc?
16. Is there anything more you would like to share about the programme?
17. What else would you like to see happening for young women and men at this college, in the community etc? Some examples could be; to help them access their rights; know more their sexual and reproductive health; gain skills to help them reduce their risk and vulnerability to HIV and gender violence and poor SRH, etc.



1.4

Focus Group Discussion Guide for Service Providers College clinics and clinics close to colleges

Suggested # of participants: 7- 10

Introduction

Introduce yourself/ves. Share reason for holding the FGD: *"We would like to get a better understanding of how the SAYWHAT project (give referring name known by beneficiaries) has influenced the lives of young people by helping you with skills and knowledge to reduce your risk and vulnerability; in your community".*

Get verbal consent and assure participants that information shared shall be treated as confidential, unless they state otherwise. Continue to ask the following questions.

Youth-friendly SRHR services provision for youth empowerment, development and wellbeing

- a) What measures has government taken to build the capacity of service delivery points and all levels of service providers to provide a comprehensive, sensitive package of care for young people?
- b) Please specify any youth-friendly health services within the training curricula
- c) What IEC strategies for parents and educators to communicate to young people have been developed? Please specify the IEC strategies.
- d) What measures have been taken to strengthen youth-friendly services at service tertiary institutions? Please specify the following:
 - Percent of young people with knowledge about both abstinence and condom use
- e) What SRHR services do you offer?
 - 1) Family Planning (FP)?
 - 2) Maternal and Child Health (MCH)?
 - 3) Prevention of Mother-to-Child Transmission (PMTCT)?
 - 4) Antiretroviral (ARV) therapy?
 - 5) Diagnosis and treatment of cancers of the reproductive system?
 - 6) Infertility?
 - 7) Post-abortion care?
 - 8) Treatment and referral of rape survivors?
 - 9) Post Exposure Prophylaxis (PEP)?
 - 10) Female condoms?
 - 11) Male circumcision?
 - 12) Emergency contraception?

- f) What measures have been taken to integrate provision of youth friendly services including promotion of abstinence and dual protection methods within existing services? Please specify the following:
- Percent of Condom use among young people
 - Young adult pregnancy rate
- g) What alternative service delivery mechanisms to reach young people including outreaches, peer education, CBD and social marketing have been developed
- h) What programmes targeted at providing sexuality education for young people in tertiary institutions have been implemented? What is the age of sexual debut?
- i) What measures have been put in place to facilitate the meaningful participation of young people, including young PLHIV, and communities, in the positioning and delivery of youth-friendly services?
- j) What is the level of involvement of young people including young PLHIV and communities in the positioning and delivery of youth-friendly services?
- k) Has the clinic recorded reduced STI/HIV incidence as a result of interventions by key stakeholders including SAYWHAT and the clinic?
- l) What challenges does the clinic face in its quest to provide comprehensive SRHR services to students at this college?



1.5

Focus Group Discussion (FGD) Guide for Beneficiaries: 3 - 4 groups (Young Women, Young Men, Young Women and Men combined, including Young PLHIV)

Approximate time: 1 – ½ hours

Suggested # of participants: 7- 10

Introduction

Introduce yourself/ves. Share the reason for holding the FGD: *“We would like to get a better understanding of how the SAYWHAT SRHR Programme for Youth in Tertiary Institutions in Zimbabwe, (give referring name known by beneficiaries) has influenced your lives by helping you with skills and knowledge to reduce your risk and vulnerability; and the lives of those around you in the community”.*

Describe in simple terms (and local language) the meaning of the terms: ‘risk’ and ‘vulnerability’.

Get verbal consent and assure participants that information shared shall be treated as confidential, unless they state otherwise. Continue to ask the following questions.

Description and Relevance:

1. What is your understanding of the SAYWHAT SRHR programme in Tertiary Institutions in Zimbabwe?
2. What is new or different, that this programme brings to your college and community (and you)?
3. What problem/s or need/s is the programme addressing at your college?
From the start of the programme, who from the students has been/is involved and in what ways are they/have they been involved?
4. Who is benefiting from the programme? How?
5. What are the strategies (ways and approaches) that the programme uses to reach young people (women specifically, and men specifically) at this college?
6. Do these strategies also encourage meaningful involvement of youth living with HIV, especially young women living with HIV? Describe how

Personal Involvement:

1. What problem/s – if any - in your life, did the programme address? Describe how.
2. How are you involved in this programme? Describe activities, e.g. planning, and regularity of involvement etc. Does the programme encourage your involvement, or do you ask to be involved?
3. Have you / are you sharing the benefits of the programme with your family, peers (other female and male youth in your community), workmates, others? Give examples and share what has been the result of sharing these benefits with others?
4. Have you faced any challenges since getting involved with the programme? What were they? How were they solved/are you planning to overcome them?

Impact/Evidence of Change:

1. How has this programme affected your life? What have been the benefits?
Describe how it has affected your:
 - a) Ability to make informed choices
 - b) Your understanding of HIV, related risks and how to protect yourself or your partner/s from HIV transmission
 - c) Your understanding of your SRH rights, exercising them, and respecting rights of others
 - d) Interactions with your peers, and others in the community
 - e) View (perception) of yourself.
2. What information, packages, and tools have you gained/received from the programme, to assist you in reducing your risk and vulnerability, and improve your health? How regularly do you refer to these in your daily life?
3. How has the programme affected the lives of others at this college? Men? Women? Health care workers? Others?

Elements of Success:

1. What would you say are the successes of the SAYWHAT SRHR programme? Why are they successes?
2. What do you think are your rights? What are your thoughts around sexual and reproductive health and rights (SRHR)?
3. How has the programme affected your rights, specifically your SRHR? Since being part of the programme, has anything changed in you knowing, accessing, etc. your rights? Has your sexual and reproductive health changed, improved?
4. How has the programme assisted you to better understand issues round HIV and related risks? How has the programme assisted you to make informed decisions and choices in your life to reduce risks and any vulnerability you may have had before, both in relation to HIV and other issues?
5. Are there any support/peer or similar groups – that enable continuous support between and among youth maintain healthy lifestyles? If yes, describe how they started, their purpose and how useful they have been. If no, are there plans to have such a structure in place?
6. Are there any youth friendly health service providers at the college or in your town/ city (name them)? Are you accessing them more now since involvement with the programme? How about your peers, how has the programme influenced their access of the youth friendly health services?

General:

1. Is there anything more you would like to share about the programme?
2. What else would you like to see happening for young women and men in your community? For example, to help them access their rights; know more about their sexual and reproductive health; gain skills to help them reduce their risk and vulnerability to HIV and gender violence and poor SRH, etc



Interview and Photographic Consent Form

I, the undersigned do hereby authorise Southern Africa HIV and AIDS Information Dissemination Service, hereafter referred to as SAfAIDS and/or its associates, assistants, or subcontractors to interview, photograph or film the interview proceedings

Name (please print)

The undersigned further authorises SAfAIDS to use and display, or to permit the use and display of said interviews, photographs publications, multimedia production, display, advertisement or World-Wide Web Publication, **which relate to the SAYWHAT SRHR Programme at Tertiary Institutions in Zimbabwe**

SAfAIDS or its contractor will not use the information and photographs or film in material which does not relate to the SAYWHAT SRHR Programme for Tertiary Institutions in Zimbabwe.

The undersigned agrees that SAfAIDS may use the name, likeness, or biographical information supplied by the undersigned.

The undersigned releases SAfAIDS, its agents, officers and employees from any and all claims and demands arising out of, or in connection with, the use of the said information and photographs / images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

**Signature of the Individual Photographed
Or Interviewed**

Date _____

**Signature of Interviewer/ Photographer
(on Behalf of the Group)**

Date _____

Signature of Witness

Date

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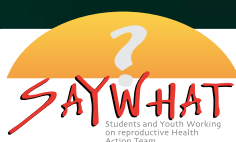
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