



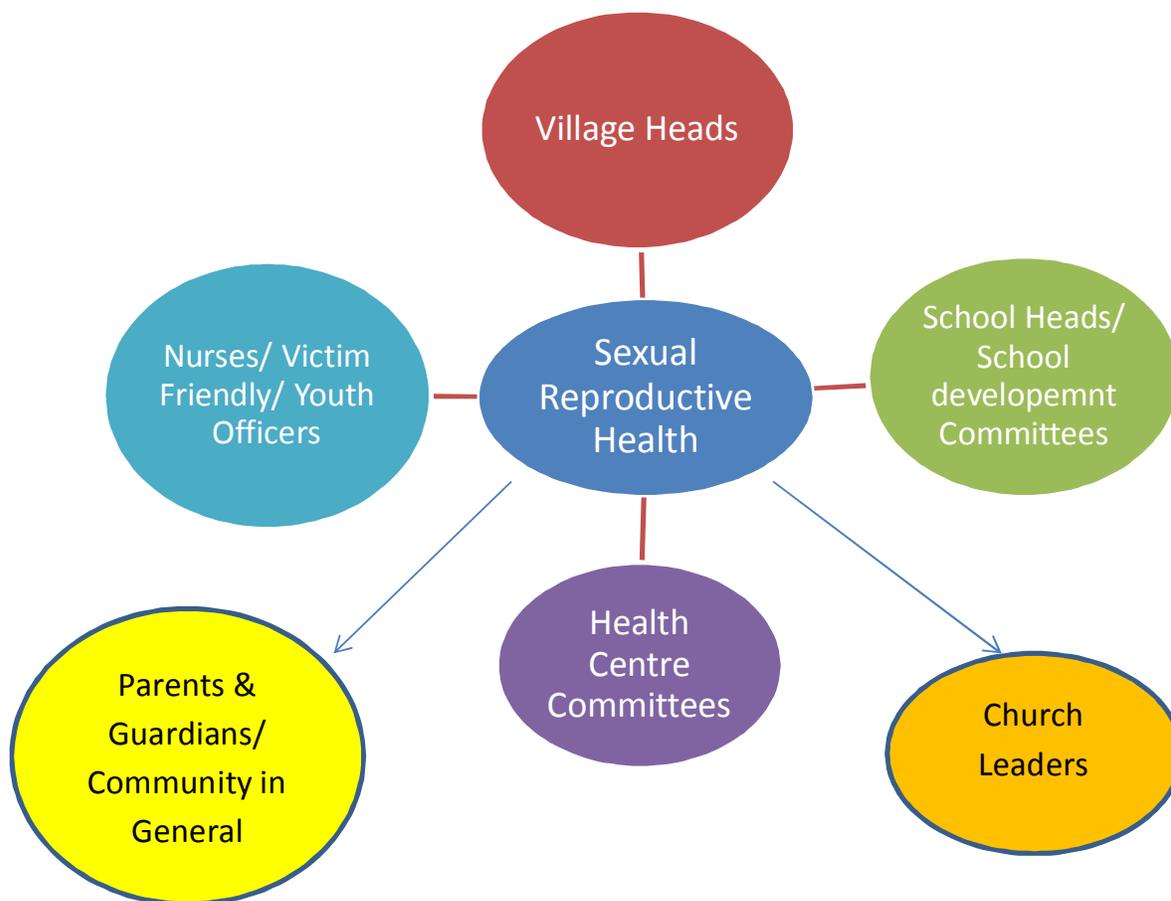
Family AIDS Caring Trust

Project Title:	Strengthening HIV & SRHR Service Uptake by Youths in Zimbabwe
Project Reference #:	Reference #: IMP 129
Project Operational Areas:	Manicaland & Mashonaland West Provinces in Zimbabwe
Target Group:	Young people aged 10 - 24
Contact Person:	Gertrude Shumba Executive Director gshumba@fact.org.zw Tel: +263 20 66015/61648 or +263772514406

1. Introduction

Promoting universal access to HIV prevention, treatment, care and support and Sexual Reproductive Health services, FACT is addressing HIV and Sexual Reproductive Health information gaps among the target population 10-24 years old. FACT has aligned all interventions to the national HIV combination prevention strategy through demand creation social and behaviour change communication, condom promotion and distribution, HTS provision, prevention of Sexual Reproductive Infections, linking young males to voluntary medical male circumcision, and young expecting mothers to PMTCT. Establishment of support groups for young people living with HIV is contributing to the broader treatment, care and support strategy. This publication will focus more on issues of sustainability strategies being explored to ensure continued support beyond DFID funding.

2. Engaging Opinion Leaders in SRH



Opinion leaders are important in addressing Sexual Reproductive Health issues for young people and should not be left out. They have the power to influence positive behaviour change if given the platform and recognised in project implementation. FACT therefore, continues to engage opinion leaders in implementation of the SRH and HIV project. During the reporting period, 227 (i.e 132 females and 95 males) leaders from the Church, community/traditional, professionals like School heads, Nurses Victim Friendly and Youth Officers; School development Committees, , were engaged

in dialogue on SRH issues affecting young people in their communities., Discussions were mainly on progress of the project and how leaders can meaningfully and effectively contribute or influence young people in accessing SRH services at their local clinics. Through discussions leaders were able to identify SRH issues affecting youths in their communities and these were commonly identified as power relation issues which make youths unable to freely make their own RSH decisions and choices in settings such as early marriages, school drop-outs, drug abuse, prostitution, child headed families and poverty. Leaders identified their role which they saw as important because of the power of influence they have, and could contribute to young people's access to SRH information and services.

Engaging community structures, results in ownership and sustainability of the intervention is viewed as a catalyst for communities to be able to identify and prioritize Adolescent Sexual Reproductive Health. Community dialogues also opened eyes of the opinion and religious leaders on cultural and religious norms that disadvantage girls during their development. Leaders came up with immediate strategies to raise awareness on such practices some of which included inclusion of SRH in community meeting platforms for awareness raising and also strengthening already existing structures for reporting and referral for services.

Achievements

- 45 health centre committees were engaged throughout 2016 to review project progress and emphasis was on playing their role in ensuring security to the YFS equipment provided to clinics and also promote functionality of Youth Friendly Corners through mobilising young people to utilise the equipment provided at YFCs.
- 5 district key stakeholders who include Headman, Village heads, Church leaders, WAAD Chairpersons, Nurses, Teachers, , Youth officers and ZRP officers from Victim Friendly Unit were engaged throughout the year through quarterly meetings were where they shared progress and challenges in rolling out the interventions.
- Ward opinion and church leaders were engaged so that they would prioritize Adolescent Sexual Reproductive Health and start including the issues on their agenda.
- 90 nurses were trained in integrated HIV and Sexual Reproductive Health service provision and youth friendly response
- 36 communities were engaged in dialogue on SRH and HIV issues with opinion leaders who included Councillors, village heads, church leaders, youth officers, School Heads, SDC members, Nurses, Community Case Care Workers, Behaviour Change facilitators, and Health Centre Committee Members.

3. Sista2Sista Graduation

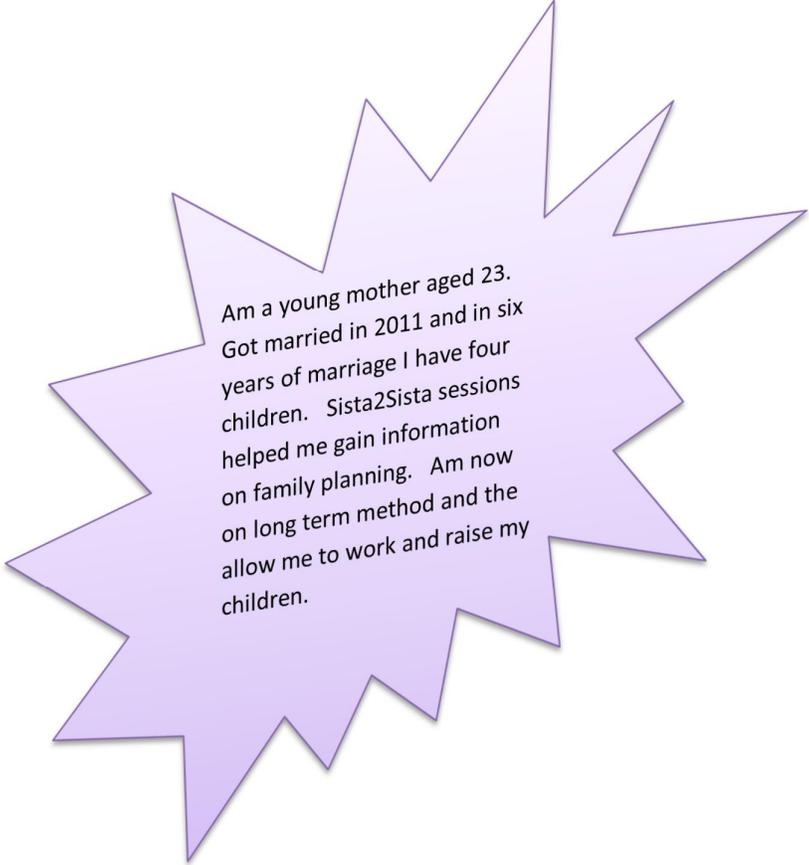
Sista2Sista club sessions were completed and 12 graduation ceremonies were conducted in December 2016. More are scheduled in the year 2017. Young girls appreciated the knowledge they gained from the sessions which they said helped them to make informed decisions. They have become more cautious of their SRH needs and are able to suppress some bodily demands in a bid to delay early sexual debut.

From their testimonies it was observed that some girls had already indulged and were in relationships, but with the knowledge they got, they emphasised the need to focus on their education first which they said was their foundation for their future. The graduation ceremony was made interesting as the girls performed short plays, poems and break into songs and dance.

Testimonies:

My name is Chipo (Not her real name):

Am 15 years old, form 3 at Chitakatira Secondary School. I used to engage in sexual activities but after attending Sista2Sista sessions, I realised it was all wrong. I stopped immediately and began to focus on my school work. I gained confidence and was tested for HIV.



Am a young mother aged 23. Got married in 2011 and in six years of marriage I have four children. Sista2Sista sessions helped me gain information on family planning. Am now on long term method and the allow me to work and raise my children.

4. Conclusion

Leaders are important in project implementation and can influence positive results of any project if meaningfully involved. Their involvement is also important for ensuring sustainability of any project. Integration with other key players on SRH helps in reaching out to most difficult target groups such as out of school youths.

Photo Gallery



Dialogue meeting with HCC



Dialogue meeting with communities



Engaging community opinion leaders





Girls showcase SRH knowledge through role plays