



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
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1. Introduction

Aligning 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 has continued to bear positive results. Activities conducted this quarter indicate sustainability of the activities beyond DFID support. This publication will highlight how the JIC has continued to be one of the good tools for mobilising young people, creation of an enabling environment and sustainability of ASRHR activities through youth friendly service provision by Ministry of Health and Child Care.

2. Power of the JIC tool as a mobilisation strategy

In all districts, entry into schools with the JIC tool has been a success. Nurses took this opportunity to conduct HTS outreaches targeting the hard to reach in school youth. It is empowering for in school youths to know their HIV status and this will contribute to elimination of HIV new infections by 2030 through the 90; 90; 90 WHO strategy. From the total of 2786 (1346 males and 1452 females), 47.5% females and 40% accessed HTS and collected their results. Out of those tested only two were positive. The table shows the number of in school youth reached through the JIC tools with ASRH information.

JIC runs			HTS	
District	M	F	M	F
Kadoma	225	293	108	166
Makonde	242	228	77	133
Buhera	166	249	85	92
Chipinge	414	366	142	133
Mutare	299	316	133	166
Total	1346	1452	545	690

3. Dialogue/meetings with opinion leaders.

Various leadership structures in the communities remain central for the creation of enabling environment for the youth to access SRH information and services. During meetings with community leaders, (65 males and 72 females) have indicated that they are now including Gender Equity and Social Inclusion as an agenda item. They discuss gender issues affecting the community including ASRHR. This is a high level that is anticipated under this intervention. This quarter they managed to discuss the following issues:

- Best strategies to end child marriages

- GBV and age mixing.
- GBV and HIV transmission.

Clinic staff reported an increase in young people opting to get tested for HIV. They attributed this to the project activities especially information dissemination through JIC runs, youth friendly corners and sista2sista clubs. School heads reported that girls are now more empowered in terms of HIV and SRH issues as compared to boys. They have attributed this to the sista2sista clubs. They would also want the boy child to access information which the girl child is accessing. FACT would look into the request and find if any willing donors would be identified to support this cause.

4. Replication of interventions

Ministry of Health and Child Care has started training nurses in youth friendly service provision and community sensitisation meetings. The Ministry would target all the clinics in Makonde and Sanyati/Kadoma. This is a positive stance taken by the Ministry and works well towards sustainability of the intervention. FACT again through support from DFID has managed to pioneer a good practice that the Ministry has taken on board.

5. Conclusion

FACT has continued to roll out good practices in the form of the JIC tool, Sista2sista clubs and Youth friendly service provision. The project interventions are all good sustainable practices complimenting Value for Money.

Photo Gallery



In school JIC run in progress



A peer educator presenting at a community dialogue meeting



Sista2Sista Session in progress



HTS Outreach in Chiadzwa