THE EASTERN AND SOUTHERN AFRICA (ESA) COMMITMENT

COMBINING OUR EFFORTS FOR A UNIFYING VISION

A young African, a global citizen who is empowered, educated, healthy, resilient and socially responsible - an autonomous decision-maker and has the capacity to reach their full potential and contribute to the development of their community, country and the region.

In December 2013, ministers of education and health from twenty ESA countries affirmed and endorsed their joint commitment to deliver comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services for young people. The ESA Commitment document was developed based on a Regional Report, "Young People Today: Time to Act Now" which reviewed the trends and status of sexual and reproductive health and HIV among adolescents and young people in the ESA Region including comprehensive sexuality education and service needs. Some of the Report findings informing the Commitment include the following:

Adolescents and young people (aged 10-24) make up an estimated 33 per cent of the total population of the Eastern and Southern Africa (ESA) region. Young people will drive development in the next two decades.

The following challenges are affecting adolescent and young people across Eastern and Southern Africa:

- 430,000 young people are infected with HIV per year (50 per hour).
- Young women are still disproportionately affected compared to young men.
- 2.6 million young people aged 15-24 are living with HIV.
- HIV knowledge levels among young people remain below 40%.
- Teenage pregnancy rates still remain high; by age 17, at least 1 in 5 young women have started childbearing in 6 of the 20 countries.
- Maternal mortality is among the leading causes of death for adolescent girls.

Key recommendations were offered as guidance on how to move forward:

- Bold leadership and strategic actions are needed. Commitment from the education and health sector to scale up the core elements of regional conventions.
- Recognize the changing realities in the lives of young people and work to eliminate future barriers to access sexual and reproductive health (SRH) and HIV services they need.
- Scale up comprehensive sexuality education (CSE) and youth SRH and HIV services.
- Take action early through education. Early adolescence (age 10-14) is a key stage for education to make a difference to key health and social outcomes.
- Maximise the proactive effect of “Education for All”. It is a key determinant of a number of health and social outcomes, including reduced HIV risk, maternal mortality and improved gender equality.
- Make an AIDS free future a reality.
- Strengthen gender and rights within education and health services.
- Work together towards a common agenda for adolescents and young people.


Regional Accountability Framework

The endorsed commitment has an accountability clause that binds the countries to deliver on certain targets in a given time period. The regional accountability framework, approved by all countries, is the key tool used by the East African Community and the Southern African Development Community (SADC) to track progress against the commitment.

This report is a summary of progress since this landmark ESA Ministerial Commitment was made. It presents the priorities identified and progress made during the past 12 months at regional and national levels with specific focus on the targets and accountability framework. The targets agreed to between now and 2020 are featured in a ‘pull-out and keep’ centre-spread in the report. This report presents four key areas of progress: the development of an enabling environment through multi-sectoral plans and resource allocation; the scale-up of comprehensive sexuality education; improvements in access to youth-friendly SRH services; and, reduction of unintended pregnancies, gender-based violence and child marriage. Highlights of country-specific initiatives that are contributing to better CSE and SRH services are also presented.

For full details on the ESA Commitment and progress, please go to youngpeopletoday.net

ESA Commitment Countries

Angola         Botswana         Kenya         Mozambique         Swaziland
Botswana       Burundi          Lesotho        Namibia           Tanzania
DR Congo       Madagascar       Malawi         Seychelles        Uganda
Ethiopia       Mauritius
Scale up access and quality of comprehensive sexuality education

Schools and other education institutions must deliver good quality sexuality education which is culturally appropriate, gender sensitive and evidence informed.

Increase access to youth friendly sexual and reproductive health services

Comprehensive sexuality education must be linked to accessible, affordable and effective health services and commodities for young people. This includes condoms, contraceptives, HCT, HIV/STI treatment, post abortion care, safe delivery, prevention of mother-to-child transmission and other related services.

Eliminate all HIV infections

HIV remains a problem, with 430,000 new infections per year among young people aged 15-24; with young women still more heavily affected and with an increase of 50% in deaths amongst adolescents living with HIV globally.

Reduce early and unintended pregnancies

Adolescent pregnancy often brings detrimental social and economic consequences for a girl, her family and the broader community especially if it leads to a girl dropping out of school. The health risks for adolescents are also greater, with higher risks of birth complications and maternal mortality.

Eliminate gender-based violence and child marriage

It is critical for countries in the region to make gender and rights a non-negotiable component of any response to the needs of adolescents and young people and to enforce existing zero-tolerance policies and laws effectively. In addition, countries must identify child marriage ‘hot spots’ and use the laws and existing policies to protect the rights of girls and young women.
WORKING TOGETHER TOWARDS THE COMMITMENT TARGETS

THE ACCOUNTABILITY FRAMEWORK

Countries under the Eastern and Southern Africa (ESA) Commitment are dedicated to achieving the Commitment targets. An accountability framework linked to the ESA Commitment was developed, and will be the key tool used by the Eastern African Community (EAC) and the Southern African Development Community (SADC) to track progress. The framework monitors 20 key indicators with specific year-end targets for 2015, 2017 and 2020. To see full details of the accountability framework, go to page 7 of this report.

DEVELOPING AND ENFORCING AN ENABLING ENVIRONMENT

1. Coordination of a multi-sectoral response

A coordinated multi-sectoral response is critical for the achievement of the Eastern and Southern Africa (ESA) Commitment Targets. Working groups from education, health and other sectors within the ESA Countries have come together to develop joint work plans outlining their priority activities to achieve the targets. The working groups also include civil society, traditional and religious leaders, young people and the UN family. Work plans, in particular, will provide detailed guidance as to how these various groups can support the attainment of the Commitment targets.

In Practice: In both Namibia and Swaziland, Joint Cabinet papers on the ESA Commitment have been presented to parliament in order to ensure that the Commitment is integrated into existing interventions.

2. Human and financial resources mobilised for implementation

Countries have allocated human and financial resources to support the implementation of the commitment.

In Practice: In Tanzania, development partners have committed a total of $2,920,222 (USD) (50 per cent of the planned budget) towards the implementation of the Commitment. Furthermore, education and health sectors, civil society organisations (CSOs), faith-based organisations and non-government organisations have committed human resources for the implementation of the joint work plan.
### 3. Policies, strategies and legal frameworks

A number of policies, strategies and legal frameworks are in place to address young people’s access to ASRH information and services. The ESA Commitment has seen countries put a spotlight on the importance of having policies that support young people’s access to ASRH information and services.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Youth friendly Health Services</th>
<th>Comprehensive Sexuality Education</th>
<th>Teenage Pregnancy</th>
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**Legend**
- Data not available
- Not Yet Developed
- In Progress
- Yes
- Integrated Elsewhere
Evidence has shown that comprehensive sexuality education (CSE) can effectively delay sexual activity, reduce unprotected sex, reduce number of sexual partners, and increase protection against unintended pregnancy, STIs and HIV.

**CSE DEFINED**

Comprehensive sexuality education (CSE) is defined as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information.”

**FACTS AT A GLANCE**

- 60% of adults from Burundi, Ethiopia, Kenya, Malawi, Namibia, Rwanda, Swaziland, Uganda and Zambia agree that children between 12 and 14 should be taught about condoms in school.
- 30% of girls and boys have adequate, comprehensive knowledge of HIV across Eastern and Southern Africa.

Evidence has shown that comprehensive sexuality education can effectively delay sexual activity, reduce unprotected sex, reduce number of sexual partners, and increase protection against unintended pregnancy, STIs and HIV.
SCALING UP CSE

The first year of the Eastern and Southern Africa (ESA) Commitment has seen an increase in the number of countries integrating CSE in the school curricula. In addition, CSE programmes have also been developed for out of school youth.

Effective CSE requires highly skilled and motivated teachers. The International Technical Guidance on Sexuality Education argues that teachers need appropriate training, skills in the use of participatory methods, and ongoing support. For many countries in the region, the capacity and performance levels of teachers regarding the delivery of comprehensive sexuality curricula remains a significant implementation challenge.

UNESCO and UNFPA, with support from USAID, commissioned a situational analysis in 2013 to review the status of pre- and in-service teacher training on sexuality education across Eastern and Southern Africa. The key findings of the report will inform a strategy on teacher training on CSE for the region.

### COMMITMENT TARGETS RELATED TO CSE FOR 2015:

1. Increase the number of schools that provide life skills-based HIV and sexuality education.
2. Increase the number of teachers who have received training and have taught lessons in HIV and sexuality education.
3. Ensure each country has a national CSE strategy for out of school youth.

### Country Inclusion of CSE in school curriculum

<table>
<thead>
<tr>
<th>Country</th>
<th>Primary</th>
<th>Secondary</th>
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</thead>
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<td>Namibia</td>
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<td>Standalone, assessed through continuous assessment</td>
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<td>South Africa</td>
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<td>Integrated and Examinable</td>
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<td>Uganda</td>
<td>Standalone Pilot in 2014; Delivery in 2015</td>
<td>Integrated - Mandatory; Examinable to commence in 2017</td>
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<td>Zambia</td>
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<tr>
<td>Zimbabwe</td>
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</tbody>
</table>

Table above shows CSE integration into country curriculum at both primary and secondary school

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“I think the knowledge I will receive will help me to stay in school longer. It will also allow me to focus on my future and help me achieve my dreams.”

- Harriet Tembo, aged 15, a student at Kablonga Basic School in Lusaka, Zambia
ACCOUNTABILITY FRAMEWORK TARGETS
THE EASTERN AND SOUTHERN AFRICA COMMITMENT

The following targets are to be met by 2015, 2017 and 2020:

2015

1. At least 40 per cent of schools will have good quality comprehensive sexuality education (CSE) in place, delivered by well-trained teachers. In addition, a good quality CSE strategy is in place and being implemented for out-of-school youth.

2. Develop a national strategy or plan to improve young people’s access to adolescent/youth friendly health services. In addition, ensure pre- and in-service sexual and reproductive health (SRH) services and CSE training for teachers, health and social workers are in place and being implemented in at least 10 countries.

3. Increase the number of health service delivery points that offer standard adolescent and youth friendly health services.

4. All countries will have a multi-sectoral joint strategy in place and have a functional task team that provides policy and technical guidance to the commitment progress. In addition, countries will earmark and mobilise financial resources for implementation.

5. Building up education sector policy to address school-related gender-based violence (SRGBV), implement a national policy or strategy on teenage pregnancy and develop rules and guidelines related to SRGBV for staff and students in education institutions.

2017

1. Reduce HIV infections amongst adolescents and young people aged 10-24 by 50 per cent and increase knowledge of prevention to 75 per cent.

2. Promote gender equality and empowerment by reducing the number of women childbearing, child marriage and the number of young people who believe wife beating is justified.

3. Promote access to services among young people including access to HIV testing and antiretroviral therapy.

4. All countries will finalise a national comprehensive sexuality education strategy, 70 per cent of teachers will be trained in CSE and at least 75 per cent of schools will have the CSE curriculum integrated.

5. All countries will finalise a costed national strategy for youth friendly health services.

6. Support continued efforts to address early and unintended pregnancies, child marriage and gender-based violence.

2020

1. Reduce HIV infections amongst adolescents and young people aged 10-24. This includes reducing HIV infections by 75 per cent and increasing knowledge of prevention to 95 per cent.

2. Promote gender equality and empowerment. This includes reducing the number of women childbearing by 75 per cent; reducing the percentage of women who believe wife beating is justified; and reducing child marriage.

3. Promote access to services among young people including HIV testing and antiretroviral therapy.

4. Ensure 90 per cent of teachers are trained in CSE and at least 90 per cent of schools have the CSE curriculum integrated.

5. Education institutions will have rules and guidelines for staff and students aimed at preventing school-related gender based violence.
It's time to break the silence in order to end gender based violence. Empowering girls and boys, strengthening relationships, encouraging equality is the only way forward.
YOUTH FRIENDLY HEALTH SERVICES DEFINED

Youth friendly health services are based on an understanding of what young people want and need. The services respect and respond to the many realities young people face, including sexual rights.

FACTS AT A GLANCE

FEWER THAN 5% of the poorest young people use modern contraception. (UNFPA, 2012b)

50% of the 3.2 million unsafe abortions conducted globally in women aged 15-19 years old. 50% are in the African region. (WHO)
SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES

INCREASING ACCESS TO YOUTH FRIENDLY HEALTH SERVICES

The health sector must work closely with the education sector to ensure that the comprehensive sexuality education provided in schools is complemented by the provision of youth friendly health services in order to achieve better sexual and reproductive health outcomes.

Young people require safe, effective, affordable and quality access to sexual and reproductive health services (SRH). These services offer a range of health, social and economic benefits for young people, including modern contraception, abortion (where legal), pregnancy advice and safe delivery care, voluntary medical male circumcision and confidential testing and counseling for HIV.

Huge strides have been made in Eastern and Southern Africa to expand young people’s access to HIV testing and counseling (HTC). This progress is in large part due to the fact that many countries have been investing in the expansion of HTC services.

Producing a Youth Friendly Services Implementation Manual for the Region

UNFPA is supporting a regional assessment of quality and coverage of youth friendly services through the International Planned Parenthood Federation (IPPF). The information from the assessment will be used to inform the development of harmonized standards and guidelines to be adopted by the Southern African Development Community (SADC), East African Community (EAC), and Intergovernmental Authority on Development (IGAD) Member States. Moreover the recommendation will be used to develop a state of the art, regional youth friendly service teaching manual and in-service and pre-service training modules to support implementation of the standards.

COUNTRIES PROVIDING YOUTH-FRIENDLY HEALTH SERVICES

80% PROVIDING SERVICES

20% NOT PROVIDING SERVICES

80% of countries indicated that they are providing youth friendly services. However, these services are not standard across the region. Note, there is missing data for four countries including Mauritius, Mozambique, Seychelles and South Africa.

COMMITMENT TARGETS RELATED TO SRH FOR 2015:

1. Have sexual and reproductive health training for both pre- and in-service health professionals.
2. Increase the number of countries with pre- and in-service training programmes on the delivery of youth friendly health services.
3. Increase the number of health service delivery points offer standard, youth friendly services.

“I was called in to see a nurse. They weren’t wearing a uniform and did not seem far from my age, which made me feel more comfortable. One thing that made me feel even better was knowing it was also confidential.”

- A 19 year-old young boy in Botswana recounts his experiences at a youth friendly clinic.
FACTS AT A GLANCE

34%
Of women aged from 20–24 years old were married or in union by the age of 18 in Eastern and Southern Africa. (UNFPA, 2012a)

20%
Of adolescents in Southern African countries have been victims of sexual violence in the region. (Andersson et al. 2008)

20%
Of young women in six countries in the region have started childbearing by the age of 17. This rises to over 35 per cent among 19 years olds in 10 countries. (Summary Report, Young People Today: Time to Act Now, 2013)

34%
Of women aged from 20–24 years old were married or in union by the age of 18 in Eastern and Southern Africa. (UNFPA, 2012a)
REDUCING UNINTENDED PREGNANCIES, GENDER-BASED VIOLENCE AND CHILD MARRIAGE

As part of working towards targets for 2015 and 2020, the Eastern and Southern Africa (ESA) Commitment and its partners are working together with ministries in reaching the following targets by the end of 2020:

1. Eliminating gender-based violence
2. Eliminating child marriage and unintended pregnancy

Continental Campaign to End Child Marriage in Africa

Efforts to address child marriage in the region have been bolstered by the African Union launch of a Continental Campaign to End Child Marriage in Africa. This is an initiative of the AUC Chairperson Dr Nkosazana Dlamini Zuma. It was initially proposed that the campaign would run for a period of two years in 10 countries: Burkina Faso, Cameroon, Chad, Ethiopia, Mauritania, Mozambique, Malawi, Niger, Sierra Leone and Zambia. However, other countries have since joined the campaign, including South Africa. Among the first steps to be taken under the campaign, lobbying for the enactment of laws in all African countries that will require that those who wish to marry be at least 18 years of age. The campaign will also begin to work with communities and local stakeholders to build awareness and accept changes in their perception and behavior towards child marriage.

Reinforcing positive traditional rites of passage

Four countries including, Lesotho, Malawi, Swaziland and Zambia are undertaking specialized studies on rites of passage to reinforce positive traditional rights related to sexual and reproductive health of adolescents and young people. In addition, the focus of these studies will also emphasize approaches and frameworks to eliminate and prevent harmful practices, such as child marriage.

Young women, age 15-19 years old, who have begun childbearing

The graph identifies the percentage of Females 15, 17 and 19 years of age who have started childbearing. (DHS)

Percentage of young women, age 20-24 years old, who married or entered into union by age 18

The graph includes the top seven countries in Eastern and Southern Africa with the highest percentages prevalence of child marriage (under age 18). (UNFPA, End Child Marriage, 2012)
EASTERN AND SOUTHERN AFRICA (ESA) COMMITMENT TARGETS

COUNTRY PROGRESS TOWARDS EASTERN AND SOUTHERN AFRICA (ESA) COMMITMENT TARGETS

Inaugural Intergenerational Dialogue on Sexual and Reproductive Health and Rights Takes Place in Uganda

This event brought together over 250 individuals including, youth, elders, civil society organizations, policy makers and educators from across Uganda to discuss how to strengthen effective and meaningful involvement of young people in sexual reproductive health rights. Touching on technical, contextual cultural, religious, age and gender dynamics, the Dialogue offered a platform for young people to engage with leaders from government, the private sector and civil society to share stories, recommendations and perspectives on concerns and issues affecting sexual and reproductive health rights.

The event highlighted important lessons learned from the experiences of older advocates of sexual health, and offered a safe place for young people to discuss what they think policy makers and leaders need to do in order to address issues facing them. Participants agreed that more conversations of this nature must take place in order to improve access and quality of youth friendly services.

Improved Political Commitment and Joint Collaboration of Key Ministers Takes Place in Swaziland

The Ministry of Education and Training, Ministry of Health and Ministry of Sports Culture and Youth Affairs developed a draft Cabinet Paper for the implementation of comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) activities in the country following the ESA Commitment Conference in December 2013. This has strengthened the government’s capacity to jointly collaborate on CSE issues for young people.

Youth Career Festival in Namibia Provides Sexuality Education

A youth career festival was hosted in Namibia that provided SRH services to approximately 4,000 young people who were attending the annual youth career fair. Condom demonstrations and free integrated HIV and SRH services, including HIV testing, were provided.

Lesotho Signs Sexual and Reproductive Health Declaration

In 2013, the Lesotho Ministry of Education and Training (MoET) revised and strengthened its life skills curriculum to include comprehensive sexuality education (CSE). However, key stakeholders, including religious leaders, parents, teachers and community leaders believed that teaching CSE in schools would lead to early sexual debut and countered the local culture and religion. Given the importance of engaging with key gatekeepers, and their role in supporting CSE, the Ministries (CSE). However, key stakeholders, including religious leaders, parents, teachers and community leaders believed that teaching CSE in schools would lead to early sexual debut and countered the local culture and religion. Given the importance of engaging with key gatekeepers, and their role in supporting CSE, the Ministries

South Africa Included Youth Friendly Health Services Component in National Maternal and Child Health Review

The findings from this and similar assessments undertaken in Malawi and Namibia will feed into the regional assessment of youth friendly services (YFS).

MTV Shuga Partnership Provides CSE Information to 4 Million Young People in Tanzania

Launched in 14 June 2013, Shuga radio has been airing a series of episodes that promote behaviour change communication interventions for youth in Tanzania. This initiative is an opportunity to strengthen communication and linkages between government sectors, communities, civil society organizations and the media with youth. The 12-episode drama series targets young people in six participating countries Tanzania, Kenya, DRC, Lesotho, South Africa and Cameroon.

The drama series reaches more young people in the rural community through community radios providing valuable and accessible information for approximately 4 million young people so they are empowered to make better decisions regarding their health.

Burundi Develops Networking Strategy to Increase Access to Youth Friendly Services

The National Programme of Reproductive Health and the Ministries of Health, Education and Youth is implementing a networking strategy to increase access for young people to youth friendly services. By collaborating with schools, youth centers and health centers, there are now 56 schools and 18 health centers involved in the initiative.

President of Malawi Signs Commitment to End Child Marriage

The President of Malawi, His Excellency Peter Mutharika signed the SADC Commitment to end child marriages on 20th July 2014. Following the signing of the commitment, a national campaign on ending child marriage was launched in October 2014. The campaign has a national task force and an implementation plan in place. In a related development, the Malawi Cabinet has endorsed the Marriage, Divorce and Family Relations Bill, which will be taken to Parliament for passing to become a law. The proposed Marriage law would make 18 the minimum age of marriage for girls and boys, addressing a major shortfall in Malawi’s previous efforts to protect girls against child marriage. It would also give equal status to parties in all marriages and would require that all marriages, including customary marriages, be registered with a competent authority.

Zambian Government Implements National Programme on CSE

The national CSE programme launched in April 2014, targets 1,750,000 young people, aged 10 to 24, with a new CSE curriculum. Currently, new teaching and learning materials are being developed and schools are being advised on polices and codes of conduct to reduce the high level of gender-based violence and HIV-related stigma and discrimination. Strategies to give young people easier access to HIV testing and other necessary medical services will also be implemented. The overall goal is for adolescents and young people in Zambia to receive better sexual and reproductive health services and education, with a focus on preventing new HIV infections and unintended pregnancies.

Condomize Campaign in Malawi, Lesotho, Swaziland and Zambia

With the launch of several new condom brands, countries engaged through radio and social media channels to ensure increased exposure of the importance of accurate, age specific information on HIV and sexual reproductive health rights (SRHR) for young people. Additional focus was placed on adolescent girls.