More access, better quality

5 URGENT ISSUES ►
That need immediate attention

‘THE GUARD MOCKED ME’ ►
Why we need youth friendly services

Regional Linking and Learning Expert Meeting in Pretoria 12-14 October 2015
WE MET IN PRETORIA

This expert meeting is a great opportunity to link up! With other professionals, people with shared experiences and shared ambitions. During the plenary session you could have your photo taken with someone you hooked up with. Also, you could choose a quote you identified with. Who did Lombe, Koene, Pierre and Francis link up with?

Why did you choose these quotes?
Lombe (LDT) Zambia + Koena (Access C2) South Africa

Lombe ‘Young people need to be able to be confident about themselves. Talking about sexuality helps that. They need to make their own choices about sex.’

Koena ‘Also, we want to fight stigmatisation. We should work as a team instead of separately. In Africa we call that “Ubuntu”. I consider everyone equal. Don’t do to anyone else what you don’t want to experience yourself.’

Why did you link up?
Dr Pierre Somse (UNAIDS) + Francis

Pierre ‘The UN should involve young people genuinely, instead of just "using them" for input. Young people show a lot of leadership; we need to support that. That is why I like to talk to and learn from young people such as Francis.’

Francis ‘We actually already linked a few weeks ago at another conference.’

Colofon
This expert meeting is organised in collaboration with STOP AIDS NOW!, Rutgers and SAT. Funding partners are:

THIS MAGAZINE IS A REFLECTION OF THE REGIONAL LINKING AND LEARNING EXPERT MEETING ‘MORE ACCESS, BETTER QUALITY’, WHICH TOOK PLACE FROM 12 TO 14 OCTOBER 2015 IN PRETORIA, SOUTH AFRICA.

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A hundred people, from eighteen different countries. With all kinds of backgrounds and expertise, but working with and for young people and sexual and reproductive health and rights (SRHR) and HIV prevention.

Through this event we had the opportunity to link policy and practice. And we were all able to meet so many interesting colleagues.

For three days we discussed and shared on topics, such as: what are the most urgent issues? What do we need to be doing? And what should we no longer do to ensure young people can make their own choices regarding sexuality and HIV prevention? The meeting was a mix of practical workshops and plenary presentations on policies and trends on regional and international level.

We would like to say a big thank you to everybody who attended the meeting: the trainers, experts, UN and government representatives, embassies and, of course, the young people themselves. And we would also like to thank everybody for the great learning opportunities they gave all the participants.

For us, it was truly wonderful to organize this event. We all thoroughly enjoyed this collaboration between STOP AIDS NOW!, Rutgers and SAT, and the great support of UNESCO and UNFPA.

Very much looking forward to working with you again, I wish you all the best,

Miriam Groenhof
STOP AIDS NOW!
1. Child marriage

Facts: In Eastern and Southern Africa 7 million young girls are married before the age of 18. That is 34 per cent. Laws and policies are in place, but many loopholes for early marriage exist. For instance if there is parental consent or a ministerial or court approval. Girls who marry early are often excluded from education, isolated from their communities and get pregnant at a very early age. They are also susceptible to an elevated chance of HIV infection and gender based violence (GBV) with long lasting and devastating consequences for them later in life. Therefore, child marriage is a human rights violation.

Source: UNFPA

2. HIV: young women and girls are being left behind

Facts: Although across Africa HIV infection rates have begun to fall, the Eastern and Southern African region still remains the epicentre of the HIV epidemic. Adolescents and young people are disproportionately affected. Adolescents (10-19 years) for instance are the only age group in which AIDS deaths have risen between 2001 and 2013. Also, AIDS-related maternal mortality is significant. In four countries in the region it is recorded at over 50 per cent. Legal and policy constraints, stigma, discrimination and access to services remain challenges. Feminisation of the epidemic

Young women between 15 and 24 years account for 31 per cent of all new HIV infections in Sub-Saharan Africa. Women acquire HIV five to seven years earlier than men. Young women and girls are being left behind.

3. Gender Based Violence and girls’ empowerment

Facts: Around the world, 1 in 3 women have experienced physical or sexual violence, mostly by an intimate partner. About 120 million girls have been forced into intercourse or other sexual acts at some point in their lives. In 29 countries alone, 133 million women and girls have undergone female genital mutilation. Available data suggests that married adolescent girls and young women aged
Meaningful youth participation

African Youth and Adolescents Network (AfriYAN) aims to increase meaningful youth participation in Africa’s development. The main mission of the network is to work through its members creating an enabling environment for the promotion of an effective participation of adolescents and youth in the fight against HIV/AIDS, poverty, unemployment, gender inequalities and iniquities; as well as in the promotion of sexual and reproductive health.

#EndAdolescentAIDS is a platform for action and collaboration to inspire a social movement to drive better results for adolescents through critical changes

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15–24 years are most affected by spousal physical or sexual violence. This is often due to low empowerment and negotiation power that results from a lack of education and low status within the family and the relationship.

In some settings in Sub-Saharan Africa, up to 45 per cent of adolescent girls report that their first sexual experience was forced. Over half of married adolescent girls and young women in Sub-Saharan countries do not have the final say regarding their own health care. Young women who experience intimate partner violence are 50 per cent more likely to acquire HIV than women who have not. Source: Beijing20 and UNFPA

4. Early and unintended pregnancy

Facts: Despite progress, adolescent birth rates in the Sub-Saharan African region remain the world’s highest with a regional average of 120 births per 1,000 girls aged 15-19 years. And it is still on the rise. In 22 countries in Africa, more than 1 in 4 young women age 20 to 24 report a birth before age 18. Prevalence is highest among young girls from rural areas, without education and from the poorest quintiles.

Pregnancy means the end of education for many adolescent girls. For instance, 12,500 girls dropped out of school due to pregnancy in Zambia in 2013, as did 7,133 in Tanzania. Pregnancy levels are a good reflection of unprotected sex. The unmet need for contraception and youth-friendly health services is most pronounced among adolescents. Source: UNFPA

5. Maternal mortality

Facts:

- Over 95 per cent of married girls under age 20 have no say over use of contraceptives.
- Women under the age of 20 have the lowest access to reproductive and sexual health services and skilled birth attendance.
- The majority of adolescents who die from causes related to pregnancy and childbirth are from Africa.
- Pregnancy related complications (and HIV) are the leading causes of death among girls aged 15-19 in Sub-Saharan Africa.
- Girls under 15 years are more likely to die from complications during pregnancy and child birth than older cohorts.
- Women under the age of 25 account for 60 per cent of the 5.5 million unsafe abortions that are undertaken in Sub-Saharan Africa every year. Source: UNFPA

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5 MOST URGENT ISSUES

Coments
THINGS THAT NEED TO BE DONE:

1. A multi-sectoral framework put into place for strengthened adolescents and youth policies and programming.

2. Scaling up of comprehensive sexuality education and sexual and reproductive health care for young people across Eastern and Southern Africa.

3. Increase access to quality formal education.

4. Mobilize communities to transform social norms.

5. Enhance the economic situation of girls and their families.

6. Generate an enabling legal and policy environment. Such as: abortion, increase legal age for marriage.

7. Improve maternal care.

8. Meaningful engagement of young people (boys and girls) and leadership of young people living with and affected by HIV.

9. Strategies to reduce intimate partner violence and reduce vulnerability to HIV.

10. Working in partnership towards a common agenda.

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MenCare+

Involvement of men and boys is essential to improve the sexual health of young women and also of boys and men. Trainer Thulani Velebayi works for Sonke Gender Justices in South Africa. Through their programma MenCare+ they focus on the involvement of men as engaging partners and fathers. During the expert meeting an excellent workshop was provided with the aim to understand unequal power balances, which may also exist in same sex sexual relationships.

WEBSITE >
A rough deal

Girls and young women get a rough deal. Severe gender inequality sets the girls back on almost every issue. Whether it is education, access to non-judgmental health services and contraceptives, exposure to (sexual) violence, HIV infection, health or mortality rates. That much we can certainly conclude taking in the 5 most urgent issues. This infographic summarizes the situation for girls.

Boys and men are part of the solution. By educating and engaging them to be caring fathers and partners, sexual health of women and girls can be improved.
‘THE MALE SECURITY GUARD AT THE HEALTH CENTER MOCKED ME’

What does it mean to have youth friendly health services? The experience that Nyasha Sithole, a 25 year old youth advocate from Zimbabwe, had at a health service in Harare, taught her the importance of this question. Here she shares her experience.

Which SRHR-issue is most important to you?
Nyasha: ‘The right to access to youth friendly health services, that are non-judgmental, affordable, and geared towards me as a young person.’

Could you describe a situation in which you felt sad or angry due to the way you were approached by health services?
What exactly happened?
‘When I was 23 years old I decided to seek screening service for STI (sexually transmitted disease), at what I thought was a youth friendly health center in Harare. I arrived at the center before opening time and had to wait for the nurse to arrive. While waiting for the nurse, I was mocked by the male security guard. He said to me “wakalumwa”, that means “you have an STI”. I felt really bad. Then, when the nurse arrived, she asked me if I had brought money for the services, although she must have known that in Zimbabwe, youths below 24 have the right to free health service. After explaining that I had come to seek STI screening, the nurse asked me to take off all my cloths and asked me to lie down on a bed. There, I waited for almost an hour before she came back. How humiliating to wait around in that room for so long. Naked. Only to have a blood sample taken.’

‘How humiliating to wait around in that room for so long. Naked.’

What did you do after that experience?
‘I reported it to the youth coordinator for Youth Network, mrs Beauty Nyamwanza, who wrote an email to the executive director of the Zimbabwe National Family Planning Council, the mother body for all health centers. The matter was dealt with at that top management level. Mrs Nyamwanza also encouraged me to share my experience with all youth platforms and eventually it formed one of the advocacy issues for the youth.’

What do you feel needs to change to avoid such incidents in future?
‘Health service providers need to be trained continuously on what it really means to be a youth friendly health service in order to change their attitude. Finally, I think we also need more young medical health workers in these health centers.’
Linking & learning

"As professionals we have contact through internet, webinars, conference calls... But once in a while we need face-to-face moments like this."

Renato Pinto, UNICEF
While the 2014 review of the first year of implementation of the ESA Commitment showed promising progress, the findings also indicated more can be done to involve civil society, youth-led organizations and youth leaders. But how? And what can civil society and the young people do? At the Linking and Learning Expert Meeting we spoke with Yalem Mulugeta (DEC Ethiopia) and Nyasha Sithole (youth advocate from Zimbabwe) about this topic.

Creating an enabling environment for comprehensive sexuality education (CSE) is important. In the first year review UNESCO therefore states the need to engage civil society in the implementation of the ESA Commitment. Nyasha Sithole, sexual and reproductive health and rights youth advocate, agrees with this. ‘Government and civil society need to get on the same page, to speak to each other and become one voice.’ Yalem Mulugeta, program director at the Development Expertise Center (DEC) in Ethiopia, also sees the ESA commitment as an opportunity to bring together government and civil society. DEC supports the commitment by implementing the comprehensive sexual education program ‘The World Starts With me’. In the implementation of CSE Yalem tries to work closely with the government and other parties, but it’s not always easy. Yalem: ‘The government is still hesitant. It thinks children should not be exposed to sexuality education. With the ESA commitment we hope to convince the government that sexuality education can very well be age appropriate, culturally relevant and convey a message, that it is not only about HIV prevention.’

Helpful input
In this regard UNESCO speaks about a multi-sectoral approach to build and create ownership among the various stakeholders. How does that work in practice? Yalem works with an advisory group that is made up out of representatives from a variety of sectors such as health, education, and the Youth Affairs Bureau. ‘We work with them on different levels. Within the communities they are represented by locals who communicate what we are doing. As CSE contains several sensitive topics, it is very helpful to get input from teachers, parents, religious leaders on how to address these issues. Working together with these local representatives has helped us take away the resistance from other groups and develop an appropriate CSE manual.’

‘Youth serving organisations? We can serve ourselves!’
We can participate
Nyahsa has noticed, however, a discrepancy between what is said by the government on the international policy level and what happens locally. To bridge the gap Nyasha suggests governments should start by asking young people ‘What can we do for you?’ Nyasha is not alone. UNESCO also sees an active role for young people in realising the ESA commitment goals. Young people need to be meaningfully involved in the process. Speaking from her own experience as a youth advocate, Nyasha questions what this engagement means in practice. ‘Generally speaking, young people are only consulted and not a part of the real implementation. We would like to be considered as equal, to work together in a partnership.’ She advocates for bigger and more active role. ‘Why are we speaking about “youth serving organisations”? Why serving us? We can serve ourselves! We can participate in the implementation and monitoring.’

Students are eager
Yalem agrees. She tries to involve youth as much as possible in the implementation of CSE. ‘We try to engage young people by empowering them. We try to involve youth from the start, enquire what their needs are, select students at school, who can serve as role models for others.’ She explains that students often are eager to advocate for sexuality education, because normally there is no room to discuss these issues at school or with their families. But Nyasha thinks young people can also be empowered if they are given a role on national and regional platforms to share their experiences. ‘Why not let policy that concerns youth be presented by young people themselves? Let’s do it differently this time! Instead of the big organisations, such as UNAIDS, UNESCO, let young people present the country progress report to the ministries.’

As it turns out, this is actually the plan for the Durban 2016 meeting where further ESA progress will be presented.

What is the ESA Commitment?
In December 2013 ministers of Education and Health from twenty Eastern and Southern African (ESA) countries affirmed and endorsed their joint commitment to deliver comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services for adolescents and young people. This is what we call the ESA Ministerial Commitment.

Which countries signed the commitment?
Angola, Botswana, Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.
WORKSHOPS

SEXUAL DIVERSITY: REFUSING TO LABEL PEOPLE

If you aren’t labeled, you’re less likely to be abused. Therefore the movement Queer/Questioning refuses to label people. They don’t identify people as hetero or homosexuals. They argue your identity is built up from your heart, your head and your body. To let people experience this, they developed this exercise. They asked the workshop participants to:

Feel.
This is about self experience. Do you feel your sexual attraction and gender identity is conform your identity?

Show.
Self expression shows your sexual orientation and your gender identity. Do you dare to show this?

Think.
This is about self identification. Do you dare to identify yourself conform what you feel and show?

It might well be possible that these three elements do not match. For instance, you are a male, you are attracted to men, but you do not identify yourself as such. This could be because cultural pressure obstructs you from being yourself. If you experience consistency in how you feel, show and think, you are self empowered, and people around you accept your diversity. That way you experience quality

SEXUALITY EDUCATION FOR YOUNG CHILDREN

Sometimes the idea of sexuality education for small children (aged 4-6) can lead to resistance from the general public. People tend to think it is inappropriate. Also, teachers can find it very challenging to start off a conversation about sexuality with children. However, the World Health Organisation (WHO) has developed guidelines for specific sexual education topics suitable for this young age group. In this workshop they were shared. Firstly, sexuality education is not only about sexual intercourse. Hence comprehensive sexuality education (CSE) is much more than just teaching about contraceptives and sexual intercourse. Sexuality education for young children includes other topics that are relevant to their age, such as hygiene, touch and feelings, friendship and the big question: where do children come from? What works really well is the use of dolls in explaining various topics, for instance in demonstrating how giving birth actually works.

This workshop was led by Sanderijn van der Doef (Rutgers, Netherlands)
Involving young people in evaluation

Young people can actually be involved in the evaluation of a multi-country project. The Link Up mid-term review, for instance, had a strong participatory youth component. Young people acted as consultants, involved in the design of the questionnaires or the analysis of data. These are some of the tips, given by Link Up:

- Create a sense of ownership. Young people must own the process of evaluation.
- A youth advisory group should be involved from the start. Even in designing the format of evaluation.
- Promote learning in the process by having good mentors who listen and help young people lead.
- Allow flexibility in the process of evaluation.
- Have a team of young people to support each other. You need a team, because you can’t do everything by yourself.
- Learn from each other’s findings, compare notes, discuss and together pick the central themes.
- Treat young people and consultants equally.
- Disseminate the findings.

Led by: Brian Ssensalire, Cedric Nininahazwe, Diana Namata Amanyire and Georgina Caswell (Burundi, Uganda, Ethiopia LINK UP)

To get into the mood for this workshop, we shared experiences of our own puberty. It turned out many of us have experienced awkward moments:

‘All I was told about my menstruation was that it happens. My aunt told me to use cloths to create pads. I took a t-shirt, folded it and used it as a pad. When I played with my friends it unfolded and fell out.’

‘I had many wet dreams. And every time I saw pictures of naked women my thing reacted. I thought, hey, this thing is troubling me.’

‘My friends said that when menstruating and growing breasts, it means that you have had sex. It took me a week to tell my mum I had started menstruating.’

It is clear that young people are sexually active. Teachers as well as health care workers fear for the well being of young people in communities, where cultural norms and tradition prevail. Healthy Young People in Malawi is a good example of a program that links services to education. In the workshop they gave these tips:

- Be where the young people are. Go find them and bring services closer to them. For instance with a mobile clinic: health care workers providing services in an ambulance. Park the mobile clinic next to a school, attract attention with loud music and offer services to young people.
- Build capacity of health care workers who know how to deal with young people’s issues.
- Improve health centers. Make sure young people like to visit them, for instance by providing games.
- In general men are the decision makers. Involve them.
- Make sure health staff are never judgmental.
- Make sure your opening hours are convenient.

This workshop was led by Melina Dzowela (ICCO, Malawi) and Robert Mtenje Mponela (EEDF, Malawi)
THE NO SHAME GAME

Super personal questions, such as: Did you ever fake an orgasm? Or: Do you keep your private parts as clean as your hands? Questions you would never consider answering, right? Especially, when a stranger asked them, right? Wrong. In Pretoria the participants of the Linking & Learning Expert Meeting did answer them. And it had a powerful effect.

The game has been developed to let participants experience that you can feel perfectly comfortable talking about sexuality (back home too, in a school or health care setting), if you follow these ground rules:

1. You and your conversational partner are free to answer or to refuse to answer any question at any time. (This is actually a very basic human right.)
2. You and your conversational partner behave completely non-judgmental.

At the start of the game the participants are given a stack of cards with the various intimate questions. For each new question they pair up with a new person, try to agree on whether to answer or not, and then discuss the question among themselves. Mostly the game starts a little bashful and quiet, but as people share in this unique experience of shedding their shame, they become louder and more and more exhilarated. Watching the group, workshop facilitators Meskerem Damene (ICCO) and Jo Reinders (Rutgers) notice the deep eye contact between the couples talking. ‘It’s working’, Meskerem comments, ‘the participants seem to experience little shame.’ Neither differences in age, gender nor nationality seem to cause discomfort. Jo: ‘What only matters is whether an environment is safe.’

How people reacted:

• Jacqueline Nintunze (Burundi): ‘I learned that women from different countries share similar thoughts, feelings and values about sexual health.’
• Ishmal: ‘I really missed and still miss sharing this information with my parents.’
• Brian: ‘Because I don’t know these people, it was easier for me to disclose. I also was very curious to know the experiences of older, experienced people.’
• Samuel: ‘It makes you realize that you have a diversity of attitudes, feelings and experiences with sexuality within yourself as you talk about different situations with a variety of people’. I give different answers to different people, interesting.’

In the eyes of our parents, we will never grow. They will always divide your age by five, and see you as their baby who doesn’t have sex.
Meet our trainers!

Trainers from twelve different countries are available to support organisations. They offer practical training sessions on various topics. Get to know them. And if it is useful, contact them.

**Nontlantla Mkwanazi**  
**Age** 31  
**Organisation** LoveLife  
**Country** South Africa  
**Experience as a trainer** Since 2003. But in 2012 I started as a national trainer.  
**Specialty as a trainer** SRHR and HIV. And training trainers.

**Best memory of a training you facilitated:**
‘During a session of sharing experiences, a young woman living with HIV, stood up. She confessed that she hadn’t told anyone what she was going through. Not even her sister, who was also her best friend. After realizing that this was a safe space to share and learn from each others’ experiences, she decided to share her own experience. She also told the participants that she had accepted her situation and felt that now she had more sisters to lean on.’

**How other trainers describe your qualities:**
‘Confident and supportive.’

**Hajjarah Nagadya**  
**Age** 28 years old  
**Organisation** International Community of Women Living with HIV Eastern Africa  
**Country** Uganda  
**Experience as a trainer** 4 years  
**Specialty as a trainer** Among others: advocacy, gender, family planning, EMTCT, human rights for women living with HIV, policy analysis, sex, sexuality, adolescence: growth and development, HIV/AIDS related stigma and discrimination, cervical cancer.

**Best memory of a training you facilitated:**
‘I got an opportunity to train staff from a nearby company on HIV, and I discovered that even the most educated people did not understand HIV. Even they said things, such as “I would kill myself, if I had HIV”. It made me realise that we sometimes miss the point, by thinking that uneducated people are the most vulnerable. And how we need to do more in reaching out to workplaces, if we really want to curb the HIV incidence rate.’

**How other trainers describe your qualities:**
‘I have been described, among others, as a strong activist and a motivator.’

**MORE TRAINER PROFILES**
HOW TO Use new forms of sex education for young people

You weren’t able to take part in all the workshops at the Linking & Learning Expert Meeting? Don’t worry. On this page and the next we offer you two interesting workshops. For you, to do at home. And to bring into practice. On this page you can learn how to reach young people with new forms of sexual education, based on the workshop led by Maureen Andinda of Reach a Hand Uganda (RAHU).

1. Use ‘young’ media to convey your mess
Don’t try to create new media platforms, far away from where young people hang out naturally. Instead try to reach them through the media they already use. These might be social media or more mainstream media, such as radio programs, school outreaches or magazines. RAHU has created many social media campaigns and broadcasts a tv talkshow every fortnight around sexuality related issues. But they also organise school outreaches to connect with rural communities that don’t have tv or internet access.

2. Use role models
This is one of RAHU’s famous ingredients. Young people can feel really touched by the personal stories about sexuality of famous people. They think: ‘Wow, this person is just like me! I want to listen to him! Conveying messages about safe, enjoyable and consensual sex becomes so much easier then.

3. Don’t try to be hip
Just be yourself. Young people speak the language of young people, adults do not. So don’t try to act young, but connect with youth led organisations that can make this work for you. Don’t have a RAHU in your country? Then support youth leadership and creation of such networks!

4. Use the arts to bring across your message
The arts (music, dance, drama) are a creative avenue for young people to express themselves; in ways they can easily relate to. For instance, you could create competitions for school students to write scripts for plays on sexuality issues, such as teen pregnancy.

5. Make your message easy to understand
Test your message on young people. Many SRHR-texts for education are too long, complicated or conflicting.

6. Don’t be afraid to connect the young with the old
Even though talking about sexuality with an adult may be nerve wrecking for a youngster, facilitating it may open many doors. When younger and older people open up to each other, mutual understanding and respect grows. RAHU does this with a method they call ‘Intergenerational Dialogue’.

Be yourself.
Don’t try to act young.
Discuss sensitive issues in CSE

Some issues in comprehensive sexuality education can be very sensitive, such as pre-marital sex, abortion, sexual diversity, masturbation or pornography. Many trainers and teachers find it difficult to discuss these issues. However, they cannot be ignored. So, how to go about it? In this method you learn to discuss these sensitive issues by separating fact from fiction. Because it is the fiction that can make sensitive topics so troublesome.

Even in the introduction round make a point of distinguishing constantly between fact and opinion.

A fact is, for instance: Everybody has a sexual orientation. Or: The earth is round. An opinion is, for instance: White people can’t dance. Or: Homosexuality is sinful.

While discussing sensitive issues, statements are often presented as fact, while being pure opinion. This can be very hurtful or confusing to (young) people. They need to be able to distinguish between fact and opinion and decide for themselves what their personal view is. Our views shouldn’t be imposed to them.

Therefore, discriminating between facts and opinions, while discussing sensitive issues, is one of the qualities teachers and trainers need to develop. That is the core of this exercise.

The workshop was led by: Pilirani Kamaliza (Teachers Union Malawi) and Sanderijn van der Doef (Rutgers, The Netherlands)

How to do the exercise?

1. Distinguish between a fact and an opinion. Ask the group to characterize both. Examples: facts are evidence based, validated, possible to be replicated. Opinions are beliefs, subjective, can be discussed.

2. Form small groups and ask every group to think of three facts and three opinions about SRHR. Take 5 minutes to do this.

3. Then, in plenary: let all groups share their facts and opinions. Reflect together critically whether they are right: what makes this a fact, or an opinion? Sometimes the statements need to be improved to qualify as a fact.

4. Can the group members think of common facts and opinions regarding sensitive issues? Name 4. Try to unpack them: is this a fact or an opinion?

5. Conclude: why it is so important to be able to separate fact from opinion, especially in talking about sensitive topics? People do not have to agree with an opinion, and they do not have to accept it. But let us respect other opinions, as long as they do not violate human rights.
Moving forward

For three wonderful days we have discussed topics and shared our ideas on what are the most urgent issues in sexual and reproductive health and rights and HIV. On what works, what does not, and on how to go forward. Here are some of the ideas on how we to take this further after Pretoria. How to continue with this important work.

READY, STEADY, GO, TRAINERS!

Elsewhere in this magazine we talked about the trainers who are available to support civil society organisations (CSO’s) working with youth. Their training covered: health promotion, SRHR, meaningful youth participation, CSE, gender awareness, stigma and discrimination, measuring effects on outcome level. Now the trainers are ready to support CSO’s in: Zimbabwe, Ethiopia, Nigeria, Kenya, Ghana, Senegal, Mali, Uganda, Tanzania, Zambia, Malawi and South Africa.

In the coming months, STOP AIDS NOW!, Rutgers and members of the advisory board are eager to develop a follow-up. We want to continue training and supporting trainers in twelve countries and providing new trainers with the opportunity to join our pool of master trainers. Also, we are looking to expand the content of our modules (such as livelihoods and financial education) and provide a blended learning platform. That is online learning as well as face-to-face training and support for CSO’s, as well as master trainers.

Learn more about our work:

RUTGERS >
STOP AIDS NOW! >
Newsletter
RUTGERS >
STOP AIDS NOW! >

CALL 2 ACTION

Child marriage, teenage pregnancies, gender based violence and HIV are so obviously linked. Therefore we must address them in a comprehensive approach! As members of the civil society - adults and youngsters - let us call on the UN, the government and donors to ALWAYS DEVELOP COMPREHENSIVE PROGRAMS!

In return the UN and donors call upon civil society and young people to:

• Work in the hot spots
• Bring effective quality programs to scale
• To start engaging in the monitoring of the ESA commitment
• Connect with the ESA focal points in your countries
• Let us urge the UN to allow young people to present an endorsed ESA progress report at the International Aids Conference in Durban 2016.
• Not just lips service! Not only should we listen to young people, but also respond to what we hear. We need to ACT on what young people share with us!
SUSTAINABLE DEVELOPMENT GOALS IN SHORT:

What are the Sustainable Development Goals (SDGs)
• The Sustainable Development Goals (SDGs) are a new, universal set of goals, targets and indicators that UN member states have agreed to achieve in the next fifteen years.
• The SDGs integrate the social, economic and environmental dimensions of sustainable development. That way they aim to end extreme poverty, fight inequality and injustice and fix climate change. The SDGs are universal which means they need to be achieved in all countries and for all people.
• The SDGs follow and expand on the Millennium Development Goals (MDGs), which were agreed on by governments in 2001 and are due to expire by the end of 2015.

What are the main differences?
• The SDGs cover more issues than the MDGs: human rights, economic development, and environmental issues. The SDGs also focus more on the root causes of poverty and include a stand-alone goal on gender equality. There are 17 SDGs and 169 targets. The MDGs only existed of 8 goals.
• The SDGs are not only goals for ‘poor countries’, but for EVERYONE. So also for the European countries and North America. It is a universal agenda.

Are sexual and reproductive health and rights (SRHR) part of the SDGs?
Yes and no!
• Yes: sexual and reproductive health are part of the targets. It is very important that target 3.7 (universal access to SRH services, information and education) and 5.6 (universal access to sexual and reproductive health and reproductive rights) exist. Also the agenda includes targets to end discriminatory laws and policies. Ample entry points to address SRHR.
• No: Unfortunately sexual rights are not included in the SDGs. This means that for women, young people and sexual minorities like LGBTQI’s and people living with HIV ipv HIV positives it remains unclear if they are accepted as people who may enjoy their sexualities and need specific health care.

Read & Learn
Community system strengthening
WEBSITE
All in initiative: Zero new infections, zero deaths, zero discrimination
#endadolescentsAID
WEBSITE >
Fast track (UNAIDS)
WEBSITE >
Safeguard young people (UNFPA)
WEBSITE >
APP Tune Me >
Young people today
WEBSITE >
VIDEO >
SRH policy and law review
WEBSITE >
All presentations of the meeting
DOWNLOAD >

TOO GOOD TO BE TRUE?

Health teams at school
Dr. Nonhlandla Dlamini told the audience of the Linking & Learning Expert Meeting that it is possible to address SRHR within a comprehensive health approach at schools, aimed at taking away barriers for learning.
In South Africa schools are visited by health teams and they address all kinds of health issues, such as hearing and vision, speech, nutrition, oral health, chronic disease and psychosocial vulnerability. They also give the children a HPV-vaccination and that also seems to be a good entry point for reaching many young girls.
Learned a new word today: facipulation (facilitated manipulation). In other words: the way adults use young people that seems like meaningful youth participation, but actually is sheer tokenism. Laura Van Lee

Such an Important workshop! Addressing needs of young people living with HIV. Excellent Youth facilitators.

Pixie Kamaliza De

Co-chair of today, beautiful Merian! At breakfast she explained how much she enjoyed this meeting, especially meeting other linking policy makers with us programmers. What is your opinion of the meeting?

Lombe Fruitfulness Mposha Nice! Renias Munding I agree with Merian. For me I have had the opportunity to share my experiences on quality srhr programming. More importantly learning about the esa commitments and various strategies for reaching young people with CSE. Presentations from UNESCO and the integrated schoop health services have inspired me.

Mamadou Ndiaye Très jolie

Drawing sex stories :) Georgina Caswell

#linkingpretoria