## National Students' Conference

Report
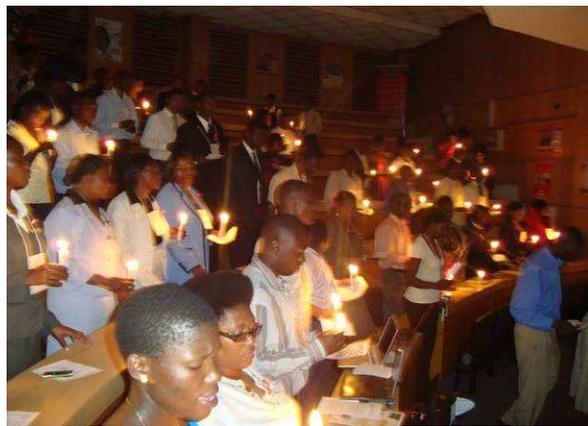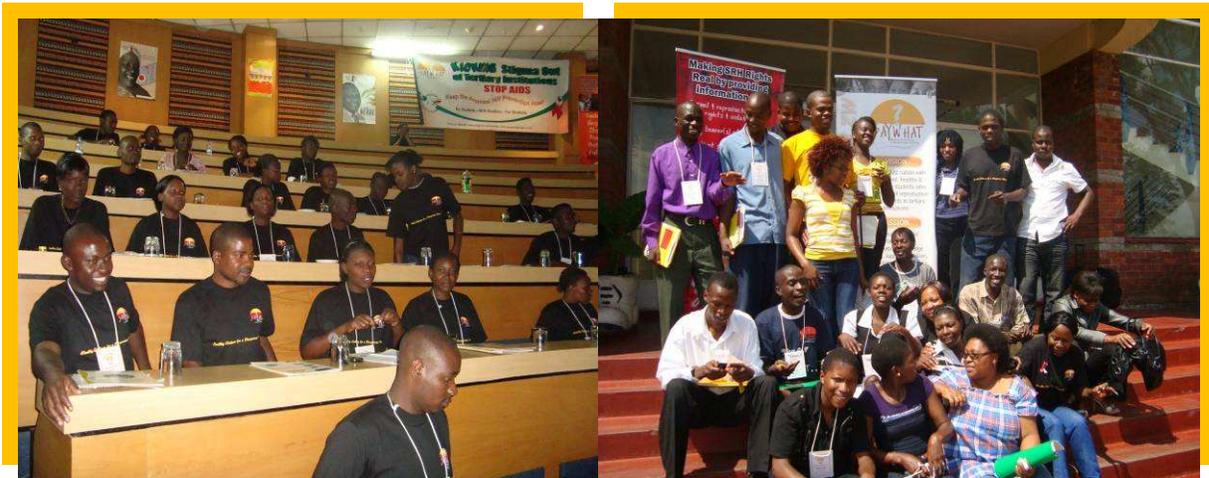
December 2009

Acknowledgements

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SAYWHAT would like to acknowledge and extend its heartfelt gratitude to the 2009 delegates for their active participation and contributions as well as their recommendations leading to the completion of this report.

We would like to thank all the stakeholders and partners that participated at the 2009 National Students' Conference, SAfAIDS, Action Aid, PSI, The Ministry of Health and Child Welfare, NAC, ZWALA, YIDEZ, YET, SIDA, New Life, New Start, ZNFPC, UNFPA, Ministry of Higher and Tertiary Education.

We also acknowledge the support rendered by the Dean of Students from Chinhoyi University of Technology and the Director of Agriculture in the department of education. Such support gives legitimacy to the SRHR concerns for students discussed during the conference as well as the mandate of SAYWHAT.

The conference also enjoyed favorable coverage which was a result of a corporative media that understands the importance of sexual and reproductive health and rights for students in tertiary institutions.

SAYWHAT's National Coordinating Committee played a critical role in making the 2009 conference a success and their support that lived through their year long term of office will always be appreciated. The Conference Chair Kudzi Mubvumbu is also acknowledged for the great work she did for the whole duration of the conference.

Lastly, SAYWHAT would acknowledge the efforts of its conference rapporteour who assisted in the documentation of this report.

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List of Acronyms

CEDAW: Convention on the Elimination of all forms of Discrimination Against Women

CWGH: Community Working Group on Health

DVA: Domestic Violence Act

GBV: Gender Based Violence

ICT: Information and Communication Technologies

LCC: Local Coordinating Committee

MC: Male Circumcision

MCP: Multiple Concurrent Partnerships

MoHCW: Ministry of Health and Child Welfare

NCC: national Coordinating Committee

PITC: Provider Initiated Testing and Counseling

SADC: Southern African Development Community

SAfAIDS: Southern Africa AIDS Information Dissemination Services

SAYWHAT: Students and Youths Working on Reproductive Health Action Team

SRHR: Sexual and Reproductive Health Rights

STI: Sexually Transmitted Infections

UNFPA: United Nations Population Fund

VCT: Voluntary Counseling and Testing

ZDHS: Zimbabwe Demographic and Health Survey

ZNFPC: Zimbabwe National Family Planning Council

ZWALA: Zimbabwe Women Lawyers Association

Executive summary

The Students and Youths Working on Reproductive Health Action Team (SAYWHAT) hosted 60 students from 30 tertiary institutions during its 4th National Students Conference from the 16th to the 18th of December 2009 under the theme *"Healthy Students for a prosperous Nation"*

Through presentations, parallel sessions and group discussions led by programmers from the Ministry of Health and Child Welfare, UNFPA, SAfAIDS, YET, PSI to mention but a few the Conference's intended to:

- Outline how Healthy Students are a potent resource to a prosperous nation

- Interrogate the sexual and reproductive health responses that have been undertaken in tertiary institutions

- Provide Information on Key strategies on SRHR that have been introduced in 2009

- Contextualize the debate on constitution making, bill of rights and rights based approach to sexual and reproductive health rights

- Provide a platform for students to create sexual and reproductive health responses that addresses their challenges

- Allow for priority setting on sexual and reproductive health concerns among students

Among the key issues that came out was the need for a universal curriculum on SRHR for tertiary institutions. The delegates also reiterated that there is need for clear monitoring and evaluation and coordination of SRHR programs within tertiary institutions. In light of the risk posed by Multiple and Concurrent partnerships there was a call for behavioral change amongst all students and focus on life skills and livelihoods training to sustain such.

SAYWHAT was advised to commit to more institutional visits, regional conferences and information dissemination programs to reach out to more youths including those with special interests such as youths with a disability. Government on the other hand was tasked to ensure that there is review of relevant policies such as the National Youth policy and that they should be operational through well coordinated strategies.

The constitution making process was identified as an opportunity that can ensure the realization of health as a right including sexual and reproductive health. There was interest over exploring emerging issues such as Male circumcision and the relationship between climate change and reproductive health.

Generally there was a call for commitment among all students, college authorities and SAYWHAT's membership for more effective responses that addresses the real SRH challenges obtained in tertiary institutions.

Introduction

The Students and Youths Working on Reproductive Health Action Team, (SAYWHAT) convened the National Students' Conference from the 16th-18th December 2009. The conference provides a platform for students, sexual and reproductive health service providers, policymakers, development partners as well as other stakeholders to take stock of progress made, challenges faced along with programming priorities and possibilities for the coming year.

In line with the student driven approach adopted by SAYWHAT, the conference was attended by 60 students from 30 colleges in the categories of polytechnics, teachers' colleges, universities and agricultural colleges including 3 delegates from the University of Kwazulu Natal in South Africa. The theme of the conference was *"Healthy Students for a prosperous Nation"* and this captures how health is central to all other developmental issues for young people. The theme entails an exploration of the SRH framework in Zimbabwe as well as the advocacy avenues for especially in the constitution making process and how health should be included in the bill of rights. In light of the recent cases of STIs within institutions and high HIV prevalence the conference provided a platform to interrogate strategies that would ensure that students are healthy for the prosperity of the nation.

Background

SAYWHAT is a membership based civil society organization founded in December 2003 as a platform where students in tertiary institutions can discuss sexual and reproductive health challenges. The organization currently draws its membership from more than 25 tertiary institutions in Zimbabwe. Its overarching aim is to foster, among the students, a sharp sense of personal responsibility for maintaining good sexual and reproductive health status. SAYWHAT also seeks to mobilize Zimbabwean students to participate in the promotion of the global targets and goals for better sexual and reproductive health.

SAYWHAT promotes information and knowledge sharing among students; undertakes networking and advocacy and provides support services to students on sexual and reproductive health issues. SAYWHAT advocates for user friendly treatment, care and support services for students living with HIV/AIDS and for policies against sexual harassment and gender based violence among other determines of reproductive health.

The National Students Conference has become the students' annual platform for engagement amongst themselves and with other stakeholders including college authorities to prioritize, validate, report and monitor on progress made as well as initiate dialogue on emerging issues with a bearing to their SRHR.

Operating environment

2009 was a watershed year for SAYWHAT. The organization managed to get its own premises and was weaned from The Community Working Group on Health (CWGH). A strategic plan was developed through a consultative process which highlights the organization's targets for the next five years. The conference is the first one being held after the development of the strategic plan and it provides benchmarks to assess the extent to which the institution has managed to make an impact while staying within the confines of its mandate which is crystallized in the strategic plan.

The year 2009 is also significant in political and socio-economic terms. The coming into being of the inclusive government has provided some serenity in the political front while the stability has provided optimism for democratization processes, economic and human development along with social development. Coming out of more than a decade of political and socioeconomic decline, there is hope for the future and students need to be actively involved in shaping a better society for themselves and for others.

Despite the optimism on the prospects of stability and development, students in Zimbabwe live with severe health threats characterized by an unacceptably high HIV prevalence rate, inadequate access to health facilities in general and youth friendly sexual and reproductive health services as well lack of treatment and care facilities. Despite positive advances in terms of issues of representation, more still needs to be done to realize meaningful participation of young people to fully enjoy their Sexual and Reproductive Health Rights.

The constitution making process that is currently underway in Zimbabwe provides students with an opportunity to lobby for the inclusion of SRH issues into the supreme law document which will guarantee enjoyment of SRH rights by students today and beyond. Due to the growing focus on evidence based advocacy, the conference is a platform to map the SRHR concerns for students while exploring the available avenues for advocacy.

Conference's Objectives

The 2009 SAYWHAT National Student's Conference's overall objectives included:

- Outlining how Healthy Students are a potent resource to a prosperous nation

- Interrogating the sexual and reproductive health responses that have been undertaken in tertiary institutions

- Providing Information on Key strategies on SRHR that have been introduced in 2009

- Contextualizing the debate on constitution making, bill of rights and rights based approach to sexual and reproductive health rights

- Providing a platform for students to create sexual and reproductive health responses that addresses their challenges

- Allowing for priority setting on sexual and reproductive health concerns among students

Conference's Expected Outcomes

The conference expected the following outcomes:

- A comprehensive understanding of SRHR programming in various tertiary institutions

- 60 students informed on sexual and reproductive health rights, treatment literacy and advocacy

- Clear action points on advocacy, monitoring and evaluation and constitution making processes

- Clear understanding of policy position on MC policy and the ASRH strategy guidelines

- Tailor made programmes that have commitment from beneficiaries

- Dialogue among students and policy makers as well as college authorities

- Increased personalization of SRHR challenges and reduced stigma and discrimination towards people living with HIV and AIDS

Presentations synopsis

Introductions and Welcome remarks

The Programmes Manager for SAYWHAT made the welcome remarks and led the delegates into introductions. All participants introduced themselves in order to make the process more participatory. The programmes manager emphasized the fact that the conference was not a platform where presentations were going to be read out by experts but rather a participatory consultative process where every delegate was expected to make valuable contributions. After the introductions and welcome remarks, delegates made presentations on college feedback reports.

Exhibitions

The evening program consisted of exhibitions on various themes that form the core of SAYWHAT's work. There were five desks divided as follows:

i. The NCC Desk

ii. The Web for Life Desk

iii. MCP desk

iv. Condom Efficacy and Male Circumcision desk

v. Treatment literacy and positive living desk

vi. SAYWHAT publications and reports desk

The main issues that came from the exhibitions are:

- The exhibitions helped to give insight on SRH issues which provided a basic overview on issues that would be discussed in-depth during the conference
- There is need for discussions on issues of stigma and disclosure
- Most participants had interest in issues of Male Circumcision and Multiple and Concurrent Partnerships although there are some who still have fears over male circumcision
- Messaging and information sessions on MC should be managed to change perceptions amongst students
- The Constitution making processes and how students can make use of such should be explained so that they are actively engaged as citizens without fears of being associated to party politics
- Students are not aware of existing policies or do not have adequate information
- There is need for more interventions in promoting the female condom and this includes ensuring that they are affordable to the female students
- There is need to actively involve students in implementing SRHR programs within institutions
- Distribution of SAYWHAT IEC material should ensure that students can access the material

Day 2

Simbarashe Nyamasoka, the outgoing National Coordinating Committee Chairperson for SAYWHAT gave the opening remarks and thanked the delegates for attending while expressing his optimism that the conference was not going to be a futile gathering but a meaningful and useful process of consultation which would come up with concrete positions to be used in advancing the SRHR concerns for students in tertiary institutions.

Keynote address

Goodhope Ruswa from SIDA gave a keynote address. Firstly, he highlighted the theme of the conference which was entitled; "Healthy students, for a prosperous nation". Inevitably the address began by providing the background within which the conference was being held, it pointed out that the country was in transformation on the political front.

The political stability brought about by the inclusive government had provided hope for socioeconomic stability, democratization as well as the development of human capital including improvements in education which is critical for the students.

The speaker highlighted that after a decade of turmoil and uncertainty, students were looking at a hopeful future. This is not only due to the guarantee of finishing one's education but also the potential of getting employment and contributing to the development of the nation. The most important factor is that students have the power to shape the future of the nation.

Despite the potential of a great future, the speaker affirmed that Zimbabwean students are still living under threat. Political bickering is still threatening the political and socioeconomic stability while the country still has one of the highest HIV prevalence rates in the world. Furthermore, the health delivery system is incapacitated while private care still remains out of the reach of the majority. The country is still some way from achieving universal access targets while students have no access to acceptable SRH services.

The speaker highlighted that health forms the basis of any development initiative. With that in mind, the conference had to analyze the state of the health delivery system specifically for SRH of students. Alluding to the conference theme, he highlighted the fact that healthy students are fundamental to a prosperous nation. The conference needed to analyze the role of duty bearers and that of rights holders to ensure that rights are realized. He noted that the conference was an opportunity to strategize for better services and need to tackle issues of Students Living with HIV, care, Treatment as well as addressing the SRH needs of sexually active and inactive students.

It was highlighted that more lobbying is still needed for the achievement of universal access targets while advocating for the acknowledgement of health as a basic human right within the constitution under development. Focus should be placed on ensuring that students graduate alive so that the nation has a healthy workforce.

Finally the speaker thanked the delegates for attending the conference and expressed hope and optimism that the conference would add value not only to SAYWHAT's secretariat but also to the students who are the owners of SAYWHAT.

Feedback on ASRH research findings

In 2009, SAYWHAT conducted a research on access to Sexual and Reproductive Health services within tertiary institutions. The research aimed to assess the state of Sexual and Reproductive Health needs for students and the barriers to accessing SRH services by students in tertiary institutions. The specific objectives of the research were;

1. To assess the extent to which students have access to SRH prevention, treatment and care services within their institutions in Zimbabwe and the barriers to their access;

2. To assess the state of programming in tertiary institutions in the area of SRH for students through a rights-based approach looking at the limitations that policies in these institutions have;

3. To Identify and prioritize the unmet SRH prevention, treatment, care and mitigation needs of Students in Tertiary institutions; and

4. To lead to the improvement of the state of programming in tertiary institutions in SRH issues and to upsurge the students' access to SRH prevention, treatment and care services.

Findings

The research used multiple variables to get an understanding of the state of SRH programming within tertiary institutions. It was revealed that polytechnics had the highest percentage of students who were unaware of the SRH services within their campuses. Although most institutions had clinics, drugs were unavailable and SRH service provision is still a long way from being youth friendly. In addition, SRHR information was mainly acquired from second or third parties like peers and the media which has proved to be dangerous and misleading information. Furthermore, only two colleges (Kushinga Phikelela and Bindura) had VCT facilities within their campus whilst almost fifty percent of the respondents

preferred such facilities within campuses. Consequently, there are not VCT facilities tailor made for students and which are offered in settings that are not intimidating to students.

The majority of the students interviewed revealed that they had knowledge on the efficacy of condoms but the number of those who knew about condoms was higher than that of students who actually used condoms. This highlighted the gap that programmers (SAYWHAT included) need to focus on SRHR programmes within tertiary institutions need to move beyond information dissemination towards encouraging the use of available information to improve the SRHR standards for students. Finally, the gender imbalances that permeate Zimbabwean society were revealed within tertiary institutions as most female students revealed that they could not negotiate for safe sex.

Despite the existence of SRHR policies within institutions, students expressed ignorance on their existence and this revealed the challenges existing within the institutions whereby policies meant to improve students' health are not publicized to the students.

Summary of research findings

- Limited access to SRH services for students

- SRH programmes focus on students involved in clubs and not the whole college

- SRH programming should be tailor made to suit the needs of the students

- Institutions do not have sound Resource centers

- campus clinics do not have Youth Friendly Services

- There is limited availability of Drugs in clinics

Overview of the ASRH strategy

Aveneni Mangombe from the Ministry of Health and Child Welfare gave an overview of the ASRH strategy.

The overall purpose of the ASRH strategy (2010 – 2015) is to improve the sexual and reproductive health status of young people (10 – 24 years) in Zimbabwe.

The presentation provided an overview of global and national frameworks within which the strategy was developed. The global framework consists of the following;

❖ International Conference on Population and Development (ICPD), 1994

- ❖ Sexual and Reproductive Health Strategy for the SADC Region: 2006 – 2015,

- ❖ Universal Declaration of Human Rights, Economic, Social and Cultural Rights Covenant,

- ❖ Convention on the Elimination of all forms of Discrimination Against Women (CEDAW),

- ❖ United Nations Convention on the Rights and Welfare of Children,

- ❖ United Nations General Assembly Special Session on HIV and AIDS (UNGASS)

- ❖ African Charter on the Rights of Children,

- ❖ African Youth Charter.

The national framework consists of the following;

- ❖ Termination of Pregnancy Act,

- ❖ Sexual Offences Act; 2003,

- ❖ Domestic Violence Act,

- ❖ Legal Age of Majority Act,

- ❖ The Children's Protection and Adoption Act

These laws protect sexual and reproductive rights for young people in Zimbabwe. Besides the laws, there are also ASRH related policies that are supposed to guide ASRH provision. These include the National Reproductive Health Policy, the Population Policy, the National Gender Policy and Strategy, the National Reproductive Health Service Delivery Guidelines, the National Reproductive Health Behavior Change Communication Strategy as well as the National Guidelines on Family Planning.

The problem identification and development process consisted of Secondary Analysis of ZDHS Data, a review of laws, policies and strategies related to ASRH, the MOHCW Assessment of 2008, Mapping of Youth and RH Based Organisations, the Young Adult Survey, Wider consultations: both locally and internationally and ASRH Coordination forum which became the ASRH Strategy Development Committee.

ASRH Strategy Rationale

The rationale for the strategy is the need to improve the operating environment for the provision of ASRH services while reorganizing and strengthening the existing health system

in order to meet the sexual and reproductive health needs of young people. It was further necessitated by the realization that ASRH programmes are still limited in scope, lack standardization, integration and coordination. The need for Integration of ASRH programmes with other health and non-health/development programmes is weak and it also formed the basis of the need for a strategy.

ASRH Strategy Outline

The strategy provides an analysis of the situation regarding provision of sexual and reproductive health services to young people in Zimbabwe while providing key approaches and strategies to be adopted for the provision of friendly SRH services to young people during the period 2009 – 2015. It also includes cross cutting issues that will facilitate provision of sexual and reproductive health services to young people during the period 2009 - 2015. The package presented in the strategy includes preventive, promotive, curative and counselling services for young people (10 - 24 years).

Operationalization

Implementation of the strategy will adopt a two phased approach with the first phase covering 2010-2012 while phase two will cover 2013-2015. Annual plans will be developed and they will be used to facilitate the phased implementation. They will also clearly outline the annual priority activities, resource requirements and specific roles and responsibilities of stakeholders, in line with the phased approach.

Leadership and Management Framework

Leadership and responsibility will be spearheaded by the Ministry of Health and Child Welfare, at all levels. Implementation of specific interventions will be carried out by other line ministries, parastatals and non governmental organizations while integration and coordination will be carried out by the ASRH Coordination forum, at all levels.

Questions

1) Where are youth friendly centres located and what are the activities?

Response

Youth friendly centres are found at most clinics and they have been integrated into ZNFPC's peer educators program. Some of the youth friendly centres have been rehabilitated by funding from the Global Fund.

2) Research shows that services are still not youth friendly, what is the ministry doing about this?

Response

The ministry is striving to achieve the WHO recommended levels of youth friendly services which should be affordable, accessible and also offered in friendly environments. There has been training of all health workers on Reproductive Health. Plans are also underway to include training on youth friendly service provision in pre-service training for all health workers. Post service training is also underway.

Male circumcision and young people

Getrude Ncube from the Ministry of Health and Child Welfare made the presentation. The presentation provided an overview of HIV prevalence in Zimbabwe, evidence that Male Circumcision prevents HIV infection as well as an update on the MC program in Zimbabwe.

30% of males globally are circumcised for religious, cultural or social reasons. HIV infection is less prevalent in areas where male circumcision is common. Three randomized controlled trials demonstrated 60% lower incidence of HIV infection in circumcised men and all trials were stopped midway by their respective Data Safety and Monitoring Boards because of the strong protective effect of MC on reducing the heterosexual transmission of HIV.

WHO/UNAIDS recommendations

MC should be implemented as part of a comprehensive package of HIV prevention interventions in countries with high HIV prevalence. It reduces individual biological susceptibility to heterosexually acquired infection in men and high burden countries have been selected for support by WHO: Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

Zimbabwe

Current population based estimates of MC are based on the recent ZDHS (2005-06) data in which results show that according to self reported circumcision status 10% of the men report being circumcised. Studies have shown that Zimbabwe will avert almost 750,000 HIV infections between 2009&2025 by scaling up MC to reach 80% of adults & newborns and a consultative meeting held in 2007 gave a recommended the need for a situation analysis on MC.

Zimbabwe MC Situation analysis

- All institutions reported a readiness and a willingness to scale up through integrated approach

- All interviewed GMOs were trained and performed MCs based on medical indications

- Need for standardization of procedure and training in local anesthesia

- Central Hospitals inappropriate for MC service delivery but appropriate role for standardized training

- Provincial Hospitals should be used for team training and delivery

- MC service delivery to be provided at district level, close to patient's home

Zimbabwe's MC program Implementation

Service delivery and Training will take a phased approach with learning phases. Different models of service delivery namely, integrated vs. vertical, private vs. public will be adopted. Learning sites have been established at Karanda Mission Hospital, Mutare Provincial Hospital (PPP), Stand-Alone site Bulawayo (PSI managed), and Manyame Airbase Hospital. A national training site (ZNFPC) is in the process of being established.

Summary

- Male circumcision is feasible in Zimbabwe

- Zimbabwe has adopted MC as an additional very effective HIV prevention intervention for female to male transmission of HIV

- This MC shall be provided as part of a comprehensive package together with other prevention messages and condom promotion and distribution

- The target group - All men but priority age -group 18-29 years

- Therefore there is need to scale up the services taking into consideration lessons learnt from the pilot phase

- Advocacy and Communications is <u>critical</u> as we scale up and it's time to act in an effort to achieve universal access to HIV prevention, treatment and care

Question

Is MC free?

Response

Circumcision for the pilot phase is free but it is being offered to men who are HIV negative. HIV positive men can also be referred for MC at other institutions.

Stock Taking-Gender Based Violence

Vimbai Mlambo from the SAYWHAT gender desk presented on Gender Based Violence. The presentation provided the internationally accepted definition of GBV which is, violence that targets individuals or groups of individuals on the basis of their gender from other forms of violence. GBV includes violent acts such as **rape, torture, mutilation, sexual slavery, forced impregnation and murder**. It also defines threats of these acts as a form of violence'. – **CEDAW**

Providing the internationally accepted definition of GBV provided an understanding of gender based violence and how it manifests itself in tertiary institutions. There are various international and regional agreements that bind governments to work towards eliminating GBV. The key instruments include;

- The Convention on the Elimination of all forms of Discrimination Against Women

- SADC Gender Protocol

- ICPD Programme of Action

- Beijing Platform for Action

- Maputo Plan of Action

At national level, the Domestic Violence Act, The Criminal Law Codification and Reform Act (prohibiting sexual and physical violence) as well as The Labour Act (outlawing Sexual Harassment) try to address issues of GBV.

Despite the existence of these instruments, there is a need to ensure the implementation of the laws so that they result in improved livelihoods for women. Implementers including SAYWHAT need to integrate these instruments in their work and initiatives. It is also critical to promote the active participation of young women in all these initiatives so that they own the processes and build their self esteem.

Entry points for advocacy and lobbying in schools and tertiary institutions

Advocacy and lobbying initiatives in schools and tertiary institutions have to be carefully designed to ensure consistency and coherence in the delivery of information by various implementers. Efforts can focus on the following;

- Promoting the development and implementation of policies that protect against violence within the tertiary institutions.

- Popularisation of such policies and laws.

- Lobbying for laws that make it a mandatory to report child abuse.

- There is need for mainstreaming issues of trafficking in all orgs that deal with SRHR and HIV issues as it is a driver of such especially for young children and youths

- Youth organisations must put Gender-Based Violence on the agenda.

- Active involvement and support of youth initiatives especially young women.

- Supporting structures to ensure that students are protected.

The Constitution making process, Bill of Rights and Rights Based Approach and their relationship to students' SRH

Sydney Chisi presented on the role of students in the constitutional process. The presentation focused on the current situation as well as opportunities for the future in relation to the development of a constitution that caters for the interests of students particularly issues of SRHR. The presentation highlighted the need for students to identify their position and role in the matrix of change while identifying and lobbying for their desired position.

Zimbabwe is still using the Lancaster House constitution. Many amendments have been made and these have been for political purposes rather than a genuine desire to improve the lives of citizens, including students. In order to understand how SRHR issues should be embedded within the constitution, it is critical to understand the rights movement from the first generation up to third generation rights. Social services should be rights not privileges and students are supposed to demand SRHR services without fear.

Questions

What are the key processes that youths should understand for them to fully participate in SRHR?

Response

Firstly, students need to be able to understand what the constitution is, what it means to them, and how they can make an input. Besides having an understanding of the constitution and the issues of participation, students should understand their rights and critically SRH rights. Understanding these allows students to make informed and meaningful contributions to the processes while lobbying and advocacy efforts will be guided by facts. Constitutional literacy is important as it allows students not only to articulate what they

want but also to take part in government processes and civic society. This should allow them to articulate all Health concerns while lobbying for the removal of gatekeepers.

2) *How are you taking the process to students?*

Taking the constitutional process to the students has been difficult due to the polarization within the various stakeholders in the constitutional process. While political polarization is evident at central government level, civil society has been equally polarized leading to divisions within the students' body. The ideal situation would be to achieve unity among the students' movement and avoid having different groups purporting to represent students on the same issue. Students should become constitutional advocates in their institutions.

Health Delivery System and positive living

Sekai Tikhatali from the New Life Post Test Support Centre presented on positive living. Sekai is married and has two children and she looks healthy. Having her present was also meant to encourage the personalization of risk among students while promoting knowledge of one's status.

The presentation focused on Voluntary Counseling and Testing (VCT) as well as Provider Initiated Counseling and Testing (PITC). Both of these testing approaches are available in Zimbabwe. However, although both approaches are highly effective and useful, VCT was encouraged as it is conducted at the client's initiative. In so doing, the client owns the process and makes a conscious and deliberate decision to go through VCT. PITC is important as it attempts to integrate HIV testing and counseling into the general public health system.

Despite the different approaches to testing, there are fundamental advantages for knowing one's status and these are as follows:

On the sidelines of the conference there was a VCT site and 29 Students got tested and collected their results. There was overwhelming interest towards getting tested especially following the stories of people on full disclosure and the benefits of testing for HIV that were presented by New Start.

- ❖ Prevention

- ❖ Empowerment

- ❖ Coping

- ❖ Information/knowledge

- ❖ Acceptance

❖ Access to support systems

The presentation highlighted the weaknesses in the Zimbabwean support systems assisting those who would have tested positive. This was identified as one of the challenges towards the increased uptake of VCT services. These challenges include distress and shock, stigma and discrimination, fear, depression and others.

Due to the various psychosocial and economic challenges that arise from being HIV positive, it is critical to establish and fully publicize post test support groups. These assist a person with HIV related issues like disclosure, ART adherence, nutritional support as well as counseling. It is critical for PLWHA to have a chance to interact and share experiences at the same time demonstrating the importance of knowing one's status.

Finally, the presentation focused on positive living, what it entails as well as the various tips for positive living. All this was meant to encourage students to know their status so that they protect themselves and others at the same time clarify some of the issues that form the basis of stigma and discrimination towards PLWHA in tertiary institutions.

Tendai Chipwanyira, a student from Masvingo polytechnic also disclosed her status during the conference and shared her story. Tendai disclosed to her colleagues at college as a way of ensuring increased personalization of risk. Some of the challenges she had to confront include disbelief from her colleagues who believe that she will be joking as she looks healthy. She also shared her ordeal of failing to go for a CD4 Count because of money, although not yet on medication Tendai is living healthy and intends to form a post test support club at her college.

Questions

Do you face stigma?

Response

Stigma is still widespread in Zimbabwe. It might not be direct but it is subtle and it is the most painful because of the insinuations. Stigma is much more rampant at family level such that it has become a stumbling block to disclosure.

"The people at home have marked their cups and plates, I have my own side of the bed and my husband has his own. He even has his own mosquito net…" Sekai Tikhatali

What are the financial implications of being positive?

Response

Fortunately, ARVs are provided free of charge by the government. The challenge is that patients are supposed to buy prescription drugs for opportunistic infections. It is also challenging to get the required diet although some Non Governmental Organizations provide food packs.

"Some NGOs provide food packs but you have to be frail for you to qualify to get them".

Introducing ICTs to SRHR responses: Learning from the use of text messages

The rapid growth and development of the Information and Communication Technologies has brought with it endless possibilities both within the communications sector as well as in other spheres of development. Due to the high consumption of ICT hardware and software within the student constituency, this presentation sought to highlight the possibilities of using text messages within SRHR programming and beyond. James Mutisi from Hansole made the presentation.

Text messages have become a cheap, efficient and convenient way for interpersonal communication. Through continuous innovations, bulk text messages have become critical elements in disseminating generic messages. The growth in the number of mobile handsets has also meant that most institutions can reach their target market than any other communications medium. This is done with maximum efficiency and accuracy.

The use of bulk SMS has been adopted by educational institutions in South African, Kenya and many other countries where students can get their results via SMS. This approach can be adopted for SRHR programming especially with the challenges that arise in trying to reach the large number of students within various institutions. As SAYWHAT, institutional level databases can be kept where the LCC can occasionally send messages that are specific to their institution.

Questions

How long does it take for the messages to be delivered?

Response

The messages take a maximum of ten seconds to be delivered. One can send 20 000 messages at once and the system is very flexible such that it can be adapted to the specific needs of institutions.

The real driver: Multiple Concurrent Partnerships and behavioral change in Tertiary Institutions

While efforts are being made to achieve targets for universal access, it is critical to reduce the number of new infections. PSI conducted research on the extent to which MCPs contribute to increased risk of HIV infection. HIV interventions focus on partner reduction and there is need to acknowledge overlapping sexual relationships. Concurrent Sexual Partnerships (CSPs) have been shown to amplify nascent HIV epidemics by as much as ten-fold. Despite the high risk this has at individual and at population levels, there is scarce descriptive data on CSPs and related psycho-social determinants.

The research used both qualitative and quantitative approaches in order to understand the multiple variables that contribute to MCPs. Qualitative approaches were used to provide descriptive data on types and contexts of concurrent sexual partnerships while exploring potential psycho-social determinants of concurrent heterosexual partnerships. Qualitative approaches were further used to describe associated HIV risk within different concurrent partnerships including consistency of condom use.

Quantitative approaches on the other hand were used to segment target population by determinants, set baseline measures for determinants and exposure as well as to evaluate the impact of program exposure on MCP and related determinants.

Findings
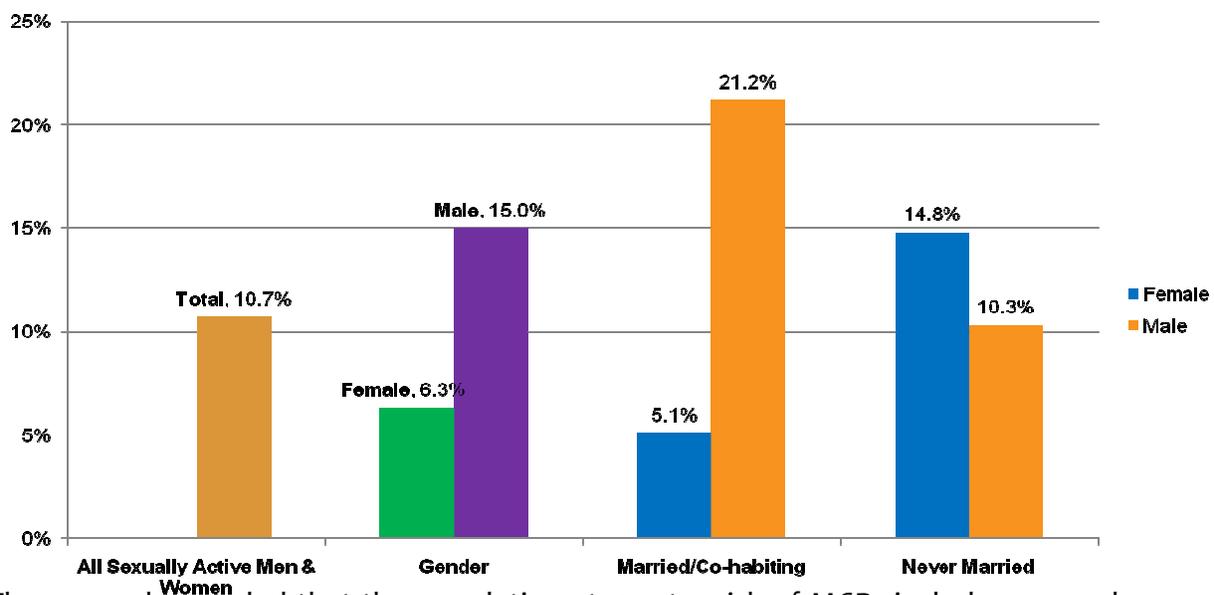
The research revealed that the population at greater risk of MCPs include men and women between the ages of 15-49 years. MCPs were shown to be caused by social pressure from

significant people like pals, family members and church elders. In addition, relationship satisfaction was cited as another cause of MCPs. This was because people looked for the fulfillment of expectations in sexual, financial, emotional, domestic and role support for survival. Other respondents also noted that they engaged in MCPs so as to maintain a high status within their communities by traveling in fancy cars and accessing various entertainment joints.

Conclusions

CSPs are wide-ranging and diverse with multiple socio-culturally entrenched determinants:

- ❖ There are strong social and economic pressures for men and women to engage in concurrent relationships. Men are particularly pressured into these relationships by peers. Economic needs for women and young girls may override concerns and fears about HIV/AIDS;

- ❖ 'Quality of relationships' is a broad determinant which covers issues around sexual satisfaction, gender roles, personal appearances, and partner violence and abuse;

- ❖ Respondents discussed benefits in relation to engagement in concurrent partnerships including economic and social (popularity);

- ❖ Condoms are used on an irregular basis and multiple factors affect men's and women's willingness to use condoms within a relationship.

Implications

Data indicate directions and challenges for future interventions in Zimbabwe and these includes;

- ❖ Promoting open communication between couples regarding sexual preferences.

- ❖ Focus on discouraging cross-generational sexual relations for both men and women.

- ❖ For some women, CSP meets socioeconomic needs, that may prove more compelling than health needs

- ❖ Increasing individual risk perception – address 'trusted partner myth'.

- ❖ Promote consistent condom use within all sexual relationships.

Questions

What are you as PSI doing to discourage MCPs in tertiary institutions?

Response

PSI has identified tertiary institutions as key points of entry for behavior change interventions. The organization has entered into partnerships with SAYWHAT and SHAPE Zimbabwe which are organizations implementing SRHR programmes in tertiary institutions.

Monitoring and Resource tracking as new advocacy pillars for SRHR responses

The presentation was preceded by the screening of a documentary from India on social audits. The key theme in the documentary was the importance of citizens' participation in issues of their governance and welfare while demanding accountability from those entrusted with administration of public affairs.

Social Audits through Budget Monitoring and Resource tracking have assumed centre stage in contemporary advocacy as they are a type of "evidence based advocacy" that ensures "the root cause" of a challenge or conflict is identified through ensuring ownership and meaningful participation.

Social accountability involves Mechanisms through which citizens, communities & civil society organizations can participate in public policy making, participatory budgeting, public expenditure tracking, citizen monitoring of public service delivery, lobbying and advocacy campaigns that holds authorities accountable. Such participation will ensure that there is no:

- Inappropriate resource allocation

- Inefficiency in expenditure

- Misallocation of resources

- Misdistribution of resources (leakages in the chain)

- Poor performance/implementation

- Demand side failure

The presentation concluded by encouraging students to have information on SRHR issues so that when they advocate for service provision and improvement they will do so from an informed position.

Parallel Sessions

Track A:

Strengthening SRHR responses through Monitoring and evaluation systems in Tertiary Institutions. Who and how should SRHR responses be monitored in institutions?

The session was led by Tamisai Chinhengo from UNFPA. The discussion provided a background on Monitoring and Evaluation. The group agreed that monitoring is a continuous process meant to make adjustments to the programme at the same time identifying better ways of implementing interventions. Evaluation, on the other hand is used to assess the impact and the outcomes of interventions. There are many ASRH programmes in tertiary institutions. Due to a lack of cooperation between researchers, implementers, governments and donors, Monitoring and Evaluation of SRHR programmes in tertiary institutions is weak.

In order for institutions to have proper monitoring and evaluation systems, there is need for a proper baseline study to establish the needs. Due to the lack of baseline information, most interventions are difficult to evaluate. After establishing a baseline, it is important to develop proper indicators. Indicators are the pointers against which progress can be measured in monitoring and evaluation. In selecting indicators, it is critical to focus on their measurability. It should be easy to get data using the indicators. In addition, indicators should not be compound and should not only rely on information at a higher level.

The discussion focused on who should carry out monitoring and evaluation of SRHR programmes in tertiary institutions. Monitoring and evaluation should be conducted by all stakeholders. These stakeholders include students, staff, AIDS committees, the community, clinics and other service providers. It is critical for implementers to scan the whole environment for possible partnerships. The discussion emphasized the need for an integrated system. There is need for coordination and collaboration at all levels. Students from the various colleges outlined the lack of coordination among various implementers as the biggest challenge towards effective SRHR programming in tertiary institutions. At the moment, it seems that different organizations are implementing different interventions without sharing information which hampers monitoring and evaluation efforts.

"Last year I got three proposals for funding from three different organizations purporting to be doing exactly the same thing at the same tertiary institution. This shows the uncoordinated approach to SRHR programming in tertiary institutions". Tamisai Chinhengo, UNFPA

Track B:

How to make Sexual and Reproductive Health education more relevant in today's reality?

This session was led by Mr Musegedi from the Ministry of Higher and Tertiary Education who is also a board member of SAYWHAT. He led the session through question based discussions and captured below are the questions and responses that came from the group discussions.

What SRHR Information is relevant to today's students?

- Information that is being disseminated is relevant for example information on MC, NCPs and the constitution making process, although budget allocations for tertiary institutions should sustain SRHR information dissemination programs

Is the education system able to carter for the SRHR information needs for students?

- Most curriculums have courses on health education which includes HIV and AIDS but there is need for monitoring to ensure that these lessons are taken seriously

Is the education system catering for all the SRHR needs for students?

- There is need for the education system to be inclusive and carter for special groups such as the disabled. Refresher courses are also necessary for effective delivery by lecturers on issues such as HIV and AIDS were there is always new information for example the issue of MC.

What should be included in the curriculum?

- There is need for specific information on sexual and reproductive rights as well as the rationale or the importance of such an issue within our curriculum. There is need however to ensure effective implementation even of the current curriculum

Should there be a universal curriculum on SRHR for all tertiary institutions?

- The Ministry of Higher and tertiary Education should develop guidelines and then institutions would mould specific curriculums that reflects the reality of their peculiar circumstances and needs

Should SRHR issues have their own exams?

- This can be important in ensuring that these issues are prioritized and this will also allow monitoring of behavioral change as well as encompass changes

What role should be played by institutions to for effective SRHR responses?

- There is need for more awareness campaigns and incentives to mobilize support for the campaigns. There is need for participatory approaches like dramas

Conclusion

There is need for a Universal curriculum that provides for information that serves for the SRHR concerns for students. Students through peer approaches should also educate each other to supplement information provided by lecturers.

Track C:

Environment, Climate Change and Sexual and Reproductive Health

This session was led by Tayson Mudarikiri from Youth Empowerment Trust. The discussants were first asked to what they associate with peace, serenity and ambience. Most of the respondents noted that peace and beauty was intertwined with the natural environment including trees and natural scenery.

Human beings need the environment for their continuous existence. Despite the important role of the environment in the lives of human beings, people have destroyed the environment through indiscriminate cutting down of trees and unsustainable land use patterns. Humans have the power to save and maintain the environment.

A significant topic on the global agenda is climate change. This has been characterized by increasing temperatures, shifting seasons as well as unreliable rainfall. This has led to some countries experiencing extreme aridity while some unpredictable rainfall patterns have led to excessive precipitation destroying people and their sources of livelihood.

It has been proven that:

- We need the environment for basic survival
- We are destroying the environment
- We have the potential to save the environment

Climate change and environmental degradation have significant implications for SRHR especially for women. Droughts will result in food shortages and women are often sexually abused if they are underprivileged. Besides sexual abuse, women especially those from rural areas, will walk long distances to look for water and firewood.

The relationship between climate change and SRHR also manifests on issues of:

- Nutrition and HIV

- Clean water for menstrual cycle

- Clean water for Home based care

- Adherence to treatment for example because of floods people might not be mobile

Way forward

- Climate change should be mainstreamed to SRHR because of the relationship between the two

- There is need for Advocacy so that SRHR remains on the agenda

- There is need to solve climate change within the context of SRH so as to address the gender dynamics

- Access to information and civic education on climate change is paramount

Track D:

Student's participation in the Constitution making process for Sexual and reproductive health rights: What are our priorities and what are our strategies?

This session was led by Emma Machokoto from The Zimbabwe Women Lawyers Association (ZWLA). The purpose of the session was to get insights from students on their priorities and strategies in advancing their SRHR in the constitution making process.

Priorities

The group emphasized the need for the right to health to be upheld. In addition, it was highlighted that students should have access to health services including treatment, care, drugs and medical aid. Students should also be allowed access to updated, correct and accurate information on health and SRH specifically. Besides the above, it is critical for students to access relevant policies.

Furthermore, students felt that they need the right to protection of the law. This protection should include elimination of harmful cultural practices like female genital mutilation, forced virginity testing as well as forced marriages. Also of importance was the right to an adequate standard of living for all citizens, the right to transparent allocation and use of resources (including social audits) along with the right to proper and effective sanitation to promote a healthy lifestyle.

Strategies

❖ Students should pressurize student bodies to take their issues to the policymakers. Student bodies should be united and should make consistent demands.

❖ Students need to be a part of the wider civil society movement and actively participate in the constitution making process

❖ Constitutional literacy among students should be used to initiate platforms for them to articulate their demands pertaining to the constitution.

❖ Female students can familiarize themselves with the women's charter as well as use it as a reference point when participating in the constitution making process.

❖ The media should be extensively used to raise SRH issues for the constitution

Track E:

Gender Barometer and non harmful strategies for students' responses
This discussion was led by Virginia Muwanigwa and firstly defined gender and sex. Despite a lot of information and efforts to distinguish between gender and sex the two terms have often been used interchangeably and this has adversely affected the way gender issues are tackled.

Definitions

Gender: Refers to the social differences between women and men that have been learnt and are changeable over time and have wide variations both within and between cultures (National Gender Policy Implementation Strategy and Workplan, 2008-2012).

Sex: It is the biological state of being male or female and cannot be changed.

Gender imbalances still exist within society and within tertiary institutions. Women and gilrs still find themselves systematically marginalized and there is need for interventions that address this.

Key areas

There is need to build a body of trained youths on gender. This is critical in deconstructing some of the cultural constructs that lead to gender imbalances within communities and institutions. Training should not only target girls but also boys. This training on gender and SRHR should be cascaded in different institutions while more advocacy efforts and

resources should be channelled towards eradicating harmful cultural practices that erode girls' self esteem while endangering their health.

Further advocacy efforts should be targeted at deconstructing the myth that females are the only victims of abuse. This has led to many abused males suffering in silence. It is critical to sensitize society, starting with tertiary institutions against stereotypical mindsets e.g mini skirts are for prostitutes and that girls cannot say "yes" the first time.

Finally, it was agreed that more effort should also be directed towards increasing awareness and conscientising society on human rights instruments that they can use to defend themselves. It is also important to lobby for increased access to SRH services for both male and female students.

Track F:

SRH information documentation and packaging: claiming the media space for young people

This discussion was led by Obrian Nyamucherera from SAfAIDS and focused on among other things, the definition of documentation, priority areas for youths in Zimbabwe as well as various ways of claiming the media space in Zimbabwe.

Documentation

Refers to practical ways of recording and analyzing results in ways that are clearly defined. Good documentation should be simple and appropriate.

Priority areas for young people in Zimbabwe

- ❖ Youths do not know their rights and they do not know the steps that should be taken to claim their rights.

- ❖ MCPs hence the increased risk of contracting HIV/AIDS

- ❖ There is stigma and discrimination for example discrimination targeting students from agricultural colleges

- ❖ Inadequate health facilities

- ❖ Lack of SRHR information

- ❖ Low risk perception

- ❖ There is also Gender Based Violence among young people

❖ There is a gap in programming as organizations like SAYWHAT targets tertiary institution students and this in some cases is very late

❖ There are inadequate contraceptive services like pills and where they are available, proper and correct information on their use is limited.

How to claim the media space

❖ Use of discussion forums as well as TV shows.

❖ Use of internet, letters to the Editor, bulk SMS

❖ Position papers which includes a lot of researches.

❖ Press releases

❖ Notices in schools, colleges and universities

❖ Direct concerns to the government

Recommendations for the conference

❖ There is need to make use of community media like dramas and theatre to communicate

❖ The conference should come up with a communiqué

❖ The conference should come up with a press release

❖ The conference should come up with a position paper calling upon the government to address burning issues

Value of the conference to students

After the conference the delegates had an opportunity to make an evaluation and state the benefits that the conference have had on the. Most of them concurred that the conference managed to increase their knowledge levels on SRHR and they will be able to impart such to other students who failed to attend the conference. The delegates noted that with enough space the information gathered through the conference will manage them to lobby and advocate for SRH through the constitution, policies and laws. There was an obvious change towards a positive living and a health seeking behavior as witnessed with the demand for VCT which was not matched by the available time that the new start personnel had during the conference. The perspective of the relationship between climate and SRH was new to all the delegates. Most young people do not believe they are at risk of HIV but the story of

Tendai allowed them to realize that everyone is a risk, it also allowed for positive attitude towards people living with HIV and AIDS. Accurate information on issues such as male circumcision was able to change the perceptions and address some of the fears amongst students.

Key recommendations and Resolutions

Programmatic

There was a call that there is need to still look at strategies and initiatives that address Stigma and discrimination which is what hinders most students from living positively. Sex education should become more comprehensive and well monitored; such education should include issues such as STIs which have been on the increase within some institutions.

There is need for the reviewing of the National Youth Policy and the operationalisation of the African Youth Charter so that the youth concerns in general are addressed within a comprehensive framework. There was a call to involve government official at the conference like how the Deputy Minister of Justice and Legal affairs Honorable Majome during the SAYWHAT2009 Female Student's Conference.

The use of media and edutainment such as drama and documentaries on SRH was encouraged for effective participation of students who find it difficult to retain SRHR issues that are delivered within classroom settings. The relationship between climate change and SRHR should be explored to see how these threats could be responded to through integrated programs.

For SAYWHAT

SAYWHAT was advised to also have more students to make presentations, especially those that are aimed at assessing SRHR issues within institutions. With the significance of the issues that were discussed during the conference most students suggested that the Conference must be done at provincial levels to capture all institutions. The conference also noted that the Representation in the NCC should be segmented to have representation from all types of colleges. The Inclusion of students living with disabilities was another concern that SAYWHAT was encouraged to consider and SAYWHAT extended this responsibility to college authorities who are the ones with responsibility of selecting delegates for the conference. The institution was also tasked to ensure that the delegates that would be selected for the conference should be well groomed and able to articulate issues to back to their colleagues. There was a call for more outreach to institutions. SAYWHAT was

commended for its selection of presenters who reflected a diversity of knowledge and the WAD Commemorations made a difference by allowing people to reflect on the HIV pandemic and their beloved ones that they have lost but also look with hope towards those that are living positive.

On Logistics and conference management

In terms of the overall management of the conference students were impressed by the time management although there were suggestions that the Conference must be given more time to avoid congestion of sessions and allow students to share on their own experiences and findings. Most of the delegates appealed that there must be enough time and services for Voluntary Counseling and Testing for all participants, such a request is encouraging as this was just a pilot for SAYWHAT to provide such services during the annual conference.

To college authorities

The conference recommended the need for Friendly Health Service on all campuses as a way of meeting SRHR concerns for students in environment that promotes a healthy seeking behavior. Colleges were tasked to start considering Nutritional support to students who are living with HIV.

For students

There is need for Behavioral Change among students especially on issues of MCPs which has been noted as being amongst the key drivers of HIV. The same behavioral change was demanded on issues relating to the Management of relationships and choosing lifetime partners. There were also proposals towards life skills and livelihoods training as components that ensures for the sustenance of positive behavioral change. Students should have increased participation in the constitution making process. Students should not be worried about who is leading the process as long as the constitution outcome reflects their concerns as well.

Way Forward

The Programs manager, Darlington Muyambwa concluded by thanking all presenters and the delegates and gave a strong conviction that SAYWHAT will be committed to the recommendations made during the conference. The institution will compose a comprehensive report that will be shared with stakeholders and partners and will be used as a reference point in SAYWHAT's plan annual planning for 2010. There will also be a position paper that will be developed from the conference which shall be shared through various mediums including the mass media and the internet. The institution will also invite

stakeholders and partners to measure its success by the way that it shall adhere to the conference resolutions.

World AIDS Day commemorations

In the evening, there were World AIDS DAY commemorations that were meant for reflection on the commitment towards Human rights and Universal Access. The programs manager opened the proceedings with an encouragement to all the delegates that the session was an important one that has been set aside to reflect on the HIV pandemic. The speech by the National AIDS Council Youth Coordinator, Beauty Nyamwanza managed to provide the background to the World AIDS Day Campaign as well as the candlelight memorial.

All the delegates were given an opportunity to remember those that they have lost to the HIV pandemic or those that are living with HIV, they wrote down their names and in a procession they laid down roses and lit their candles. One participant commented that "In my life this is the first that I have been made to think so deep of the HIV pandemic and those that I have lost…"

Annexes
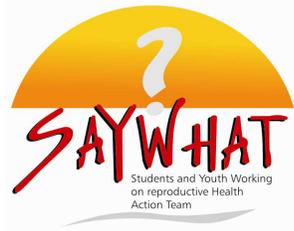
SAYWHAT

NATIONAL STUDENTS CONFERENCE 2009

EVALUATION FORM
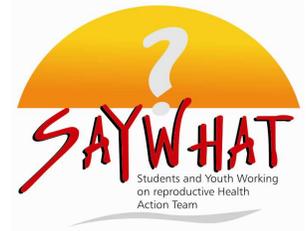
This information shall be confidential and used to inform internal SAYWHAT programming. Participants are requested to be as honest and factual as possible.

Which session /presentation/topics were most beneficial to you?

………

………

………

How do you think that session/presentation/topic is going to change your KARB (knowledge levels, attitudes, religion, and behavior) towards SRH?

………

………

………

Who was your best presenter and why?

………

………

………..

Who was the worst presenter? What needs to be improved in his/her presentation?

………

………

………

What issues do you think were most relevant to you in terms of your Sexual and Reproductive Health Concerns?

……

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……

How do you think these issues above will be relevant to your college life and beyond?

……

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……

What other topics/sessions do you think need to be added to make this conference meaningful to students?

……

……

What needs to be improved in the overall conduction of the conference? (i.e. Conference invitations, communication, transport arrangements, general welfare and other logistics)

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Any other COMMENTS………

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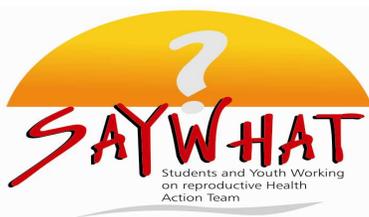
National Students Conference 2009

Programme

Time	Issue	Facilitator
	DAY 1: 16 December 2009 : Day of Arrival	SAYWHAT
1230-1245	Pick up from Main Post office	
1245-1315	Accreditation of delegates	SAYWHAT
1315-1400	Lunch	ALL
1400-1420	Introductions and Welcome remarks	PM
1420-1630	College feed back reports	ALL
1630-1730	Networking	ALL
1730-1830	Dinner	ALL
1830-2000	Exhibitions, Information and knowledge desks: i. The NCC Desk ii. The Web for Life Desk iii. The MCP, Condom Efficacy and Male Circumcision desk iv. Treatment literacy and positive living desk v. SAYWHAT publications and reports desk **DAY 2: 17 December 2009: Annual Conference**	SAYWHAT
0800-0815	Opening Remarks	SAYWHAT National Coordinating Committee Chair– *Simba Nyamasoka*
0815-0840	Key Note Address	SIDA – *Goodhope Ruswa*
0840-0900	Feedback on SRHR research findings	SAYWHAT – *Beatrice Savadye*
0900-0925	Overview of the ASRH strategy	MoHCW – *Aveneni*

		Mangombe
0925-0930	Plenary	SAYWHAT
0930-0955	Male circumcision and young people	MoHCW – *Getrude Ncube*
0955-1000	Plenary	SAYWHAT
1010-1040	Stock taking- Gender Based Violence	SAYWHAT – *Vimbai Mlambo*
1040-1110	The Constitution Process, Bill of Rights and Rights Based Approach and their relationship to students' sexual and reproductive health	YIDEZ- *Sydney Chisi*
1110-1115	Plenary	SAYWHAT
1115-1140	Health delivery system and positive living	New Life – *Sekai Tikhatali*
1140-1145	The ` I ` story	
1145-1155	Plenary	
11155-1210	Introducing ICTs to SRHR responses: Learning from the use of text messages.	HANSOLE- *Jacob Mutisi*
1210-1300	The real driver: Multiple Concurrent Partnerships and behavioral change in Tertiary Institutions	PSI – *Wellington Mushayi*
1300-1400	**LUNCH**	
1400-1430	Monitoring and Resource tracking as new advocacy pillars for SRHR responses	SAYWHAT PM – *Darlington Muyambwa*
1430-1520	**Parallel Sessions:** **Track A:** Strengthening SRHR responses through Monitoring and evaluation systems in Tertiary Institutions. Who and how should SRHR responses be monitored in institutions?	UNFPA – *Tamisayi Chinhengo*
	Track B: How to make Sexual and Reproductive Health education more relevant in today's reality?	Ministry of Higher and Tertiary Education - *Mr Musegedi*
	Track C: Environment, Climate Change and Sexual and	YET - *Tyson Mudarikiri*

	Reproductive Health	
	Track D: Student's participation in the Constitution making process for Sexual and reproductive health rights: What are our priorities and what are our strategies?	ZWLA – *Emma Machokoto*
	Track E: Gender Barometer and non harmful strategies for students' responses	ActionAID- *Virginia Muwanigwa*
	Track F: SRH information documentation and packaging: claiming the media space for young people	SAfAIDS – *Obrian Nyamucherera*
1525-1600	Parallel sessions feed back	
1600-1615	Pulling the strings and closing remarks	PM
1615-1620	Departure of guest presenters	PM
1620-1640	Outline of evening program	PM
1640-1800	Networking	
1800-1845	**Dinner**	
1845-2200	World AIDS Day Commemorations	
	Day 3: 18 December 2009 - AGM and departure of non AGM delegates	
0600-0800	Breakfast and departure of non-AGM Delegates	ALL
0800-1300	AGM	Delegates
1300-1400	**Lunch and departure**	**ALL**

CANDLE LIGHT MEMORIAL

17 December 2009

Theme: *'Together We Are the Solution'*

(Please dress in Formal Wear!)

1845 – 1900	Opening Remarks
1900 – 1915	Keynote Address on World AIDS Day Commemorations
1915 – 1930	Background to Candle Light Memorial
1930 – 1945	Save one Life and Make a Difference Campaign
1945 -2020	**Remembering our loved ones**
	Laying of Flowers (Song)
	Lighting of Candles (Song)
2020-2200	Lets shine young leaders and Networking

'Healthy Students for a Prosperous Nation'

CONFERENCE PARTICIPANTS LIST

INSTITUTION	PARTICIPANTS	SEX
BELVEDERE TECHNICAL TEACHERS' COLLEGE	1. MERCY NDORO	F
	2. TAKUDZWA MUVINGI	M
SEKE TEACHERS' COLLEGE	3. PRIMROSE KWARAMBA	F
	4. DENFORD ZAWU	M
MORGAN ZINTECH	5. NICHOLAS BANDA	M
	6. LAMINA CHINAMA	F
	7. KUDZAI MUBVUMBU	F
GWEBI AGRICULTURAL COLLEGE	8. ANNA MAHWANDE	F
	9. MAIROSI NYAMAYARO	M
CHINHOYI UNIVERSITY OF TECHNOLOGY	10. TAWANDA NAPWANYA	M
	11. LEO MUNYONHO	M
	12. DUMISANI MOYO	M
	13. FELISTUS CHIMBIMA	F
KUSHINGA PHIKELELA FARMER TRAINING CENTRE	14. RICHARD MAKAYA	M
	15. NYARAI VITO	F
BINDURA UNIVERSITY OF SCIENCE EDUCATION	16. OLIVIA MUCHERA	F
	17. ALBINO ZVIKOMBERERO	M
	18. AMON HONDO	M
MARYMOUNT TEACHERS' COLLEGE	19. RATIDZO MASHANDA	F
	20. SIMBARASHE SIGAUKE	M
MUTARE POLYTECHNIC COLLEGE	21. FATIMA KENNEDY	F
	22. SITHABILE MPOFU	F

MORGENSTER TEACHERS COLLEGE	23. TACHIONA AILET	F
	24. AARON ZIMANO	M
GREAT ZIMBABWE	25. PRUDENCE MADZADZAVARA	M
UNIVERSITY	26. CLEMENCE TAKAINDISA	M
MASVINGO POLYTECHNIC COLLEGE	27. LYNROSA MPONDA	F
	28. SIBANGILIZWE MAPHOSA	M
	29. TENDAI CHIPWANYIRA	F
MIDLANDS STATE UNIVERSITY	30. KELVIN MAJORA	M
	31. COURTENEY CHITATE	F
	32. GLADYS CHIMEDZA	F
UNITED COLLEGE OF EDUCATION	33. NOBUHLE MHLANGA	F
	34. JOTAM TEWAI	M
HILLSIDE TEACHERS' COLLEGE	35. RAVEN TAKURA	M
	36. TENDAI MUTOKE	F
ESIGODINI AGRICULTURAL COLLEGE	37. RUMBIDZAI MAREGERE	F
	38. SIMBARASHE MUJURU	M
CHIBERO AGRICULTURAL COLLEGE	39. LUCKMAN MABANDI	M
	40. KWANELE GODIBA	F
MAGAMBA VOCATIONAL TRAINING CENTRE	41. ABSOLOM CHAMISA	M
	42. TSITSI CHIRIPASI	F
BULAWAYO POLYTECHNIC COLLEGE	43. BRENDA MARIZA	F
	44. SIMON YONA	M
MAZOWE VETENARY	45. CHIPIWA GANGA	F

COLLEGE	46. PHILIMON CHITSVA	M
MUTARE TEACHERS' COLLEGE	47. SHAOLINE MARIMO	F
	48. DUMISANI BASOPO	M
BONDOLFI TEACHERS'	49. KUDAKWASHE HWANDI	M
	50. GAUDENCIA CHIVORESE	F
MASVINGO TEACHERS COLLEGE	51. PESANAI MASARA	M
RIO TINTO AGRICULTURAL COLLEGE	52. MELODY MASARA	F
	53. KUDZAI WUTA	M
MLEZU COLLEGE OF AGRICULTUE	54. PINIEL CHIBHARO	M
	55. SUSAN SIBANDA	F
HARARE POLYTECHNIC COLLEGE	56. NELSON HOMELA	M
UNIVERSITY OF KWA-ZULU NATAL	57. ROSEMARY LINDIWE MBHELE	F
	58. SINENHLANHLA MHLONGO	F
	59. MUNATSI SHOKO	M
SECRETARIAT	60. MOREBLESSING CHIBAYA	F
	61. VIMBAI MLAMBO	F
	62. SENDISA NDLOVU	M
	63. DARLINGTON MUYAMBWA	M
	64. JIMMY WILFORD	M
	65. BEATRICE SAVADYE	F
	66. MEMORY MARIMIRA	F
	67. LANGALETHU NKALA	F
	68. TRYCOUSE KARIGAMBI	M
NCC CHAIRPERSON	69. SIMBARASHE NYAMASOKA	M

NCC TREASURER	70. VICTORIA RUZANDE	F
NCC MEMBER	71. GLORIA MUCHACHA	F
NCC MEMBER	72. SICABANGENI NCUBE	F
HONORAL MEMBER	73. WILFORD WILFORD	M
HONORAL MEMBER	74. BOTHWELL MUTASA	M
HONORAL MEMBER	75. TEDIAS MUSHAKWE	M
YOUTH DIALOGUE	76. TAZIWA MACHIWANA	M
YOUTH DIALOGUE	77. NETSAI ZVIUYA	F
ZNFPC	78. KAREN SHIRI	F
ZNFPC	79. KUDA MTETWA	F
PSI	80. WILBERT MUSHAYI	M
PSI	81. OLIVER VEMBO	M
ACTION AID	82. VIRGINIA MUWANIGWA	F
MOHCW	83. AVENENI MANGOMBE	M
ZBC SPOTFM	84. MQHELE TSHUMA	M
SWEDISH EMBASSY	85. GOODHOPE RUSWA	M
PADARE	86. KEVIN MUDZINDI	M
PADARE	87. ELIAS NYAMAKOPE	M
PADARE	88. SANDRA NDERE	F
NEWLIFE	89. SEKAI THIKATHALI	F
CUT	90. GORDON GZORO	M
MOHCW	91. GETRUDE NCUBE	F
MINISTRY OF AGRIc	92. M NYAMANGARA	M
SAFAIDS	93. OBRIAN NYAMUCHERERA	M

ZYPDC	94. T AURAI MAHACHI	M
YIDEZ	95. SYDNEY CHISI	M
YET	96. TYSON MUDARIKIRI	M
YET	97. ALICE CHIHAVA	F
NAC	98. BEAUTY NYAMWANZA	F
NEW DIMENSION CONSULTING	99. INNOCENT YEKEYE	M
ZBC	100. BRIAN MUSUNA	M
ZAN	101. KURAUONE MAPINDU	M
MULTITASKERS	102. DELFINA BARSCHDORCH	F
HERALD	103. FELEX SHARE	M
THE ZIMBABWEAN	104. GRAIL KUPAKUWANA	M
UNFPA	105. TAMISAYI CHINHENGO	F
MOHET,H/O	106. FEDELIS MUSEGEDI	M
ZBC	107. JULIUS CHIRUME	M
ZBC	108. T JOHWERA	M
NEWSTART	109. K NOKO	F
NEWSTART	110. C SIBANDA	F
NEWSTART	111. N ZIMUTO	F
HANSOLE	112. KUDZAYI MUTISI	M
ZWLA	113. EMMA MACHOKOTO	M
SST	114. MASIMBA NYAMANHINDI	M