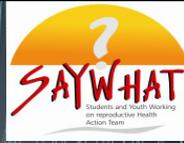


Chances and challenges of linking HIV and SRHR (Case of Zimbabwe)



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What is SAYWHAT

- The Students And Youths Working on reproductive Health Action Team (SAYWHAT) is a student membership based organization whose thrust is to address the Sexual and Reproductive Health Challenges of students in Zimbabwe's tertiary institutions through a rights based approach

History and Background

- SAYWHAT was founded by the students in 2003
- It was founded by students with students for students in tertiary institutions in Zimbabwe
- As a platform were students could discuss their SRH concerns and inform relevant advocacy issues
- Absence of a youth led initiative on health
- WHY REPRODUCTIVE HEALTH?????
- Students are sexually active
- High prevalence of unplanned pregnancies leading to unsafe abortions
- High prevalence of STIs including HIV and AIDS

Vision and Mission

SAYWHAT envisions a gender just nation with students who fully enjoy their sexual and reproductive health and rights in tertiary institutions

and its *Mission* is:

To ensure students' participation in information/ knowledge sharing, support provision, networking and advocacy to promote sexual reproductive health and rights in tertiary institutions in partnership with other service providers

Students and youths unmet needs

- High HIV prevalence rate largely being driven by behavioural factors which include multiple partnering, inconsistent condom use, risk practices (age mixing). However the underlying factors are gender imbalances, stigma and socio-cultural norms (Average prevalence for the 15-24 age group is 5,5 % (7.5% females and 3.5% in males)
- Limited youth friendly services in Zimbabwe including college clinics (32 YSFs out of 66 districts and are not in colleges)
- No college offers Ante Retroviral Therapy and comprehensive treatment and management of STIs with most colleges offering basic drugs such as Paracetamol and MMT.

- The absence of medium to long term contraception with only male condoms available in colleges. High stigmatisation of young women who try to access such at alternative clinics
- Absence of and limited knowledge post abortion care services for female students
- High enrolment mismatched by facilities and infrastructure to support students on accommodation, food and health care needs
- Limited access to integrated SRH and HIV services in the high user fees

- Limited access to HIV Testing and Counselling (HTC) services and psycho social support for students living with HIV
- High prevalence of unreported Sexual harassment cases in colleges and limited knowledge of legal recourse by students

Challenges of interlinking HIV and SRH (Policy)

- Lack of national policy or framework and standard operating procedures to guide SRH and HIV integration
- Donor specific interests in HIV or SRH and conditionalities on use of funds for specific HIV or SRH interventions
- Priority and more funding is given to HIV e.g 3% of Pay as you Earn(PAYE) is channelled to NAC for its HIV programming
- Critical SRH and HIV integration players such as nursing department and health training institution not often targeted in integration trainings and policy development
- Funding opportunities are currently more aligned to HIV and there is limited funding and support of the Reproductive Health unit

Systems and service delivery related challenges

- Stigma and discrimination when accessing SRH services e.g HIV positive mothers are not expected to fall pregnant or get information on contraception , young people accessing SRH information or contraception, LGBTIs discrimination and punitive laws which creates a hostile environment to accessing SRH services
- User fees as a barrier to up taking integrated services especially where the referred services has to be paid for
- Client related barriers where clients are not willing to receive integrated services due to lack of awareness of the need for such
- Only 3 organisations working on Health that have a primary focus on SRH against over 50 organisations working on HIV
- Negative attitudes of service providers due to failure to appreciate the need for integration

- Parallel structures and policies which do not communicate effectively e.g LGBTI is reflected as a priority area in the Zimbabwe National AIDS Strategic Plan (ZNASP)
- Lack of political will to implement and domesticate ratified international and regional conventions
- The prioritisation of HIV over SRH has led to the assumption that the "traditional" clients of SRH services differ from the "most at risk" clients of HIV services.

Chances...

- Constitution making process in Zimbabwe presents an advocacy opportunity to have second generation rights including sexual and reproductive health rights enshrined in the bill of rights
- Many SRH and HIV strategic documents such as Zimbabwe National HIV and AIDS Strategic Plan are currently under review
- The structure of the Ministry of Health presents an opportunity for integration. The HIV & TB unit , Zimbabwe National Family Planning Council, National AIDS Control Council and the Reproductive Health unit fall under the ministry
- Existing Policies and structures presents an opportunity to integrate SRH and HIV
- The existence of organizations working on Sexual and Reproductive Health
- The growing body of evidence on the benefits of integrating SRH, HIV and Gender

- Donors have been promoting inclusion of SRH issues in national proposals e.g the recent call from Global Fund
- The strong civil society organisations if well coordinated present an opportunity for SRH and HIV integration
- There is some level of integration at service delivery level that form a learning ground from which SRH and HIV integration can be scaled up internationally
- Technical partners like UNFPA are recruiting specific officers to coordinate SRHR and HIV integration

SAYWHAT SRH, Gender and HIV Integration

- SAYWHAT was established as an integrated approach and focus is not placed on HIV only but in the context of other SRH issues including rights, gender (Vision)
- SAYWHAT Manual that integrates Gender , HIV and SRH
- Creation of Local coordinating Committees who initiate SRH work plans at college level with HIV and Gender as Integrated components
- SAYWHAT developed the (SAYWHAT One Program Integrated Matrix-SOPIM) which is a tool that ensures integration of all SRH components including HIV and AIDS
- Participation of SAYWHAT in SRH and HIV Technical support groups where SAYWHAT advocates for integration of SRH and HIV programming

SAYWHAT Achievements

- - improved students health seeking behaviors – seeking early treatment
- a member of various technical support groups at National level
- Proper use of male and female condoms
- Network of positive living students
- Break the silence of sex and sexuality
- Web for life network
- Increased demand for SRH services by students
- Sanitary wear provision by some colleges
- Creation of youth friendly centers in 4 colleges
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SAYWHAT in Pictures



Sanitary wear campaign



Web for life - FSC



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