SAYWHAT

Students and Youth Working on reproductive Health Action Team

# REGIONAL STUDENTS' SRHR CONFERENCE

## 14-16 December 2011

## Harare, Zimbabwe

# Table of Contents

# List of Acronyms

| | |
|---|---|
| ABC | Abstinence, Be Faithful and Correct and Consistent Condom Use |
| AIDS | Acquired Immuno-Deficiency Syndrome |
| ARVs | Anti Retroviral |
| ASRH | Adolescent Sexual and Reproductive Health |
| CUT | Chinhoyi University of Technology |
| GBV | Gender Based Violence |
| HIV | Human Immune Virus |
| HPTN | HIV Prevention Trials Network |
| ICT | Information Communication Technologies |
| MC | Male Circumcision |
| MCH | Maternal and Child Health |
| MILK | Make it Loud and Clear Young Mothers Club |
| MP | Member of Parliament |
| NAC | National AIDS Council |
| PSS | Psychosocial Support |
| PWD | People with Disability |
| RHEAP | Reproductive Health Education and Advocacy Programme |
| SARAR | Self esteem Associative strengths Resourcefulness Action planning Responsibility |
| SAYWHAT | Students and Youths Working on Reproductive Health Action Team |
| SRHR | Sexual and Reproductive Health Rights |
| STI | Sexually Transmitted Infection |
| UKZN | University of KwaZulu Natal |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNZA | University of Zambia |
| UZ | University of Zambia |
| VCT | Voluntary Counselling and Testing |
| VTL | Vocational Training Loan |
| WHO | World Health Organisation |
| ZNFPC | Zimbabwe National Family Planning Council |

## Acknowledgements

Sincere appreciation is extended to the SAYWHAT National Coordinating Committee (NCC) for conceptualising the conference. The Secretariat is also grateful to tertiary institution authorities who selected and seconded delegates whose input enriched the conference.

Regional institutions (UKZN and UNZA) and the delegates seconded are highly acknowledged for the continued support and collaboration. The support provided by funding and technical partners is highly appreciated with special mention going to SAIH, Ford Foundation, Southern African AIDS Trust (SAT), Oxfam and Kingdom Bank.

The conference benefitted from sterling efforts by the current NCC Chairperson Glen Dhliwayo and past Chairpersons Simbarashe Nyamasoka as well as one of the first members of the Web for Life Network members Mona Mawire and the organising committee which was made of student volunteers who gave up their time to ensure success of the conference.

SAYWHAT would like to thank conference presenters and their host institutions for making key contributions towards the success of the conference.

The contribution towards the planning, hosting and evaluation of the conference by SAYWHAT's Secretariat is highly appreciated.

Members of the media are acknowledged for their role in sharing information about the conference and its outcomes.

# Executive Summary

Between the 14th and 16th of December 2011 SAYWHAT hosted its 6th Students' SRHR Conference. This was a watershed conference as it was rebranded into a regional conference in line with the regional scope of issues discussed as well as the regional nature of conference delegates. The Conference interrogated SRHR responses within the country and in the region while formulating clear research and advocacy priorities.

The conference was attended by 56 students from 25 tertiary institutions around Zimbabwe. In addition, there were 8 regional delegates from the University of KwaZulu Natal and the University of Zambia. Some sessions during the conference were presented by a range of experts in public health, higher education administration, disability and public policy formulation. The multi disciplinary nature of experts allowed for rich and diverse debate and strong recommendations.

The overall objectives of the conference were:

- To create a regional advocacy platform on Sexual and Reproductive health;
- To share effective practices from colleges within Southern Africa; and
- To define regional priorities that can be developed into a regional SRHR campaign or program for tertiary institutions within Southern Africa

In addition to rebranding into a regional conference, another key milestone was the pre conference platform for male students to discuss their SRHR issues. This followed the success of the Web for Life network for female students. The Male students' platform resulted in the formation of an SRHR network for male students branded **Mugota/Ixhiba/Young Men's Talk**. More than just being another event based initiative, the network defined its priorities and will be decentralised like the Web for Life network.

Pre conference platforms for male and female students were critical as they allowed for uninhibited discussion where males discussed amongst themselves about Male Circumcision, masculinity, GBV and a range of SRHR issues that mostly affect them. On the other hand, women also discussed about their role in promoting safe sex, issues of abortion, motherhood and their wider SRHR concerns. On the whole, these initial discussions allowed both males and females to understand themselves first before analysing their SRHR issues in relation to the other sex.

There was a diverse range of presentations focusing on disability, the state of SRH services in tertiary institutions, the role of policy makers in promoting SRHR, the role of students in the Zero movement, implications of prevalence declines along with implications of treatment as prevention and treatment for prevention. The conference also tackled the issue of funding and explored ways that tertiary institutions could adopt

to generate internal resources for SRH activities. Most significantly, there were life stories from students living with HIV and there was vibrant entertainment from the Web for Life Dance Ensemble, edutainment artist Isaac from the University of Zimbabwe as well as poet Princess from the same University.

The conference came up with six (6) priority areas synthesised into six (6) messages for policy makers. These messages were hand delivered to Parliamentarians who attended the conference and they will be the basis of advocacy and lobby positions. In addition, they will be the basis for measuring progress at the next regional conference. The six messages are as follows:

1. Prioritise policy and budget for young women empowerment and maternal health for sustainable development;
2. Sexual and Reproductive Health Rights of Young people with disabilities should be prioritised at budgetary and policy levels;
3. Access to SRHR needs for Young People Living With HIV must be recognised at budgetary, policy and operational level;
4. The right to health should be enshrined in the upcoming constitution;
5. There is need for strengthened collaboration between student representative bodies and parliament; and
6. There is need for budgetary and policy level commitments towards raising awareness around Sexual and Reproductive Health needs of young men.

## Introduction

**This report provides an account of proceedings during the SAYWHAT Regional Students' Sexual and Reproductive Health Rights (SRHR) conference held in Harare Zimbabwe from the 14th to the 16th of December 2011. The report provides some background to the conference as well as synopses of key presentations along with key points emerging out of dialogue sessions. It further presents resolutions along with agreed milestones against which progress will be measured.**

## Background

After growing from a national conference to a regional conference in 2010, the 2011 conference had its own key milestones chief of which was the introduction of a platform for male students to dialogue on their SRH issues. This follows tremendous success achieved with the female students' platform termed the "Web for Life". For the first time in the history of the conference, male students were afforded a dedicated platform to engage among themselves as well as ask questions to multidisciplinary experts on a range of SRH issues affecting them. The platform was aptly named Mugota/Ixhiba/Young Men's Talk.

The emphasis of dialogue in the name symbolises the beginning of a process of engagement as opposed to event based congregation. The platform is part of a wider realisation on one hand that men and young men in particular can be an entry point to comprehensive SRH information and service provision as well as addressing issues like Gender Based Violence whilst on the other they also have their peculiar SRHR challenges.

The conference drew delegates from tertiary institutions in Zimbabwe as well as from South Africa and Zimbabwe. In line with facilitating both policy and programming level dialogue, the conference brought tertiary institution administrators, Zimbabwean policy makers, government officials as well as tertiary institution students among them students living with HIV.

## Operating Environment

Three decades into the AIDS epidemic an AIDS free generation is looking ever so likely as advancements in science presents opportunities for survival. Amidst the euphoria surrounding survival prospects offered by treatment, demand is outstripping supply, countries are still grappling to eliminate vertical transmission, discriminatory legislation still affect service provision and funding for HIV programming is beginning to shrink at this critical juncture. According to a joint publication by UNAIDS and WHO, (2010) there is need to take AIDS out of isolation and leveraging the response for broader health and development outcomes, strengthening health systems and enhancing links, coordination and cooperation with other areas of development at the local and global levels to ensure healthier communities.

There is increasing evidence demonstrating financial and technical efficiency arising from integrating RH and HIV. The same applies for integrating HIV with Maternal and Child Health (MCH). This is critical as evidence has it that a woman in Sub-Saharan Africa has a 1 in 16 chance of dying in pregnancy or childbirth, compared to a 1 in 4,000 risk in a developing country – the largest difference between poor and rich countries of any health indicator (UNICEF, 2009). According to UNICEF (2010), educating girls for six years or more drastically

and consistently improves their prenatal care, postnatal care and childbirth survival rates. In addition, educating mothers also greatly cuts the death rate of children under five. Educated girls have higher self-esteem, are more likely to avoid HIV infection, violence and exploitation, and to spread good health and sanitation practices to their families and throughout their communities.

Students in tertiary institutions especially in Southern Africa still face multiple SRH challenges and access to adequate information and services is still a challenge. Key issues affecting students range from limited access to protective information, services and commodities. Institution based health services are still considered less friendly non confidential and inadequate. In addition, Zimbabwe tertiary institutions are not addressing special needs of pregnant students, those living with HIV and those that are differently abled with the generally constrained macroeconomic environment destroying any form of social safety net.

## Looking Back: 2010 Conference in Retrospect

The regional conference is an annual feature on the SAYWHAT calendar and an incremental approach has been adopted where resolutions from the previous conference guide programming for the following year while the next conference will be used to take stock of achievements, challenges, strengths and opportunities moving forward. The session on resolutions from the 2010 conference mostly focused on key points contained in the conference communiqué. The key points were as follows:

- Improving access to quality students friendly services that are sensitive to gender and the needs of students living with HIV and those with special needs;
- The need to scale up condom and male circumcision interventions to encourage uptake amongst students in tertiary institutions;
- Budgetary commitments to support institution based initiatives such as peer education and life skills by college authorities, governments and other partners;
- Create Media programming and initiatives that includes new ICTs to relay SRH information for students in tertiary institutions;
- Development of an M and E framework for SRH initiatives that will be used by college authorities and line ministries Integration of SRH, Gender and HIV for more effective responses that are complimentary;
- Enshrining the right to health within the bill of rights within the upcoming constitution; and
- Supporting research and documentation for evidence based SRH initiatives for students in tertiary institutions.

The resolutions from the conference largely guided prioritisation and there were landmark achievements especially in Zimbabwe.

SAYWHAT has designed project on positive living which have significantly increased access to information, services and commodities that promotes positive living amongst students and during the conference there were "positive living ambassadors" who shared their stories on how the Positive Living for Us Students

(PLUS) project under SAYWHAT has assisted them to live more positively.

In scaling up condom uptake and Male Circumcision SAYWHAT got into a partnership with Elecare an official distributor of the Carex condoms[1] to ensure that students access Carex branded condoms as an alternative choice and has also created MC ambassadors who have gone on to mobilise other students to undergo medical Male Circumcision in partnership with the Ministry of Health respectively.

In driving the use of new ICTs SAYWHAT has introduced a robust facility of bulk SMs where it sends out information to students in the form of short messages using mobile phones as well as cyber dialogues which are discussions that are facilitated using different online platforms such as facebook.

There have been parliamentary discussions on the need to ensure policy commitments towards facilitating access to sanitary wear for female students and all women. This has resulted in budgetary provisions towards translating the political commitments into improved SRH conditions for female students. There have also been discussions towards enshrining the right to health within the upcoming constitution and indications are that this will be achieved.

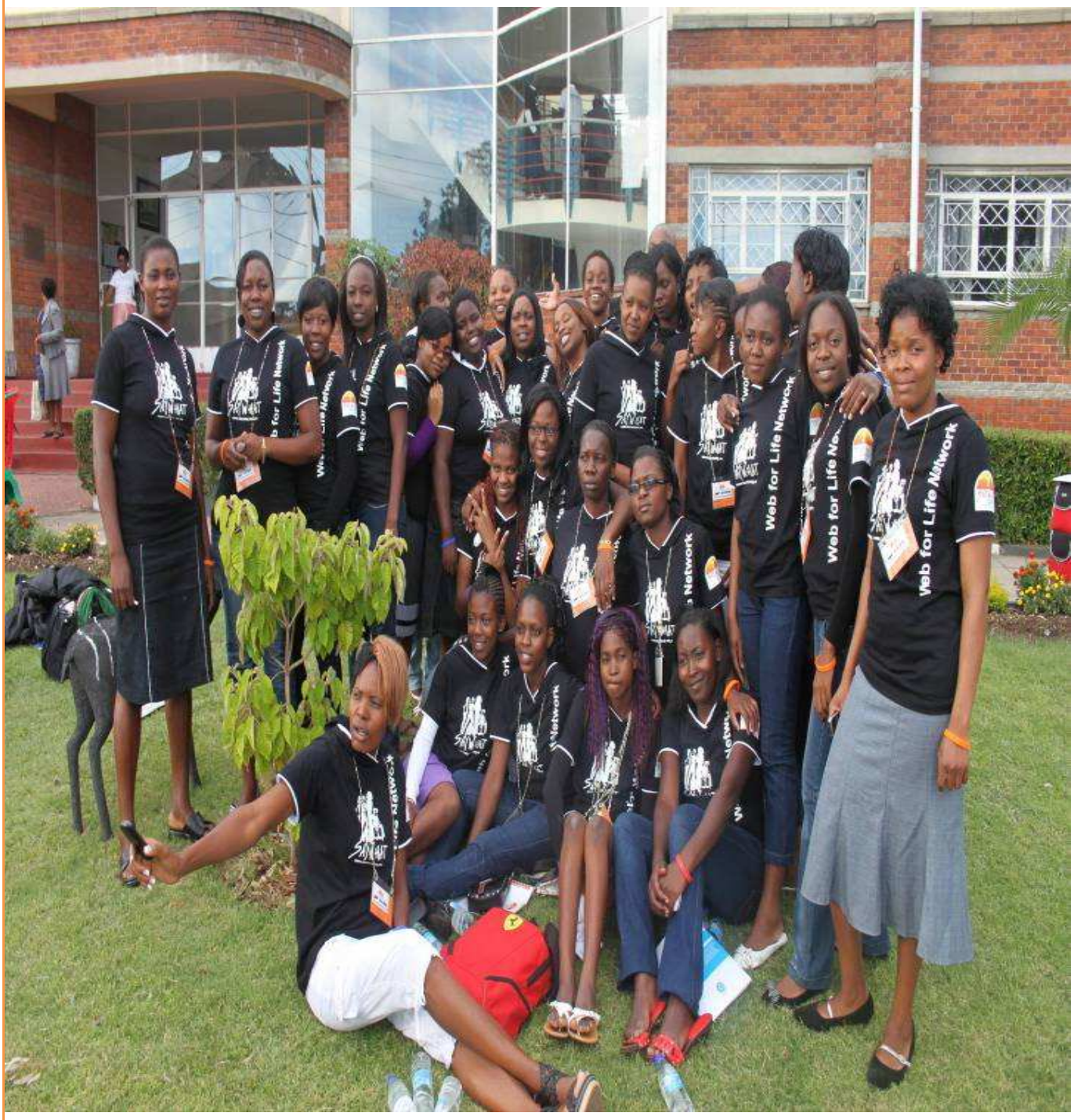
Furthermore, students within tertiary institutions have reportedly been vulnerable since government scrapped the Vocational Training Loan (VTL) and there have been strong lobbying to reinstate it. These efforts have borne fruits as the loans have been included in the national budget paving way for students to access them and improve their college survival.

A further achievement is the inclusion of a young person (Tinashe Mutsonziwa) on the National AIDS Council (NAC) board as a result of multi-partner lobbying which included SAYWHAT. Finally, development of an SRH M&E framework is underway with efforts being led by the Ministry of Health and Child Welfare with extensive input from SAYWHAT through the ASRH forum.

[1] *SAYWHAT research of 2009 indicated that some students preferred a variety of condoms including flavored condoms as this appealed more to them and as such SAYWHAT developed the partnership with Elecare to ensure access to this group of students complimenting the other distribution that is already there in tertiary institutions.*

# Web for Life Convention

# "Young women on the Move"



## Web for Life Convention

The Web for Life Network has developed and the process of decentralisation is well underway. To put the dialogue into perspective, there was feedback from the 2010 and 2011 Web for Life conventions.
The objectives of the Web for Life Convention are as follows:

- To provide space for interrogating the different actions of the web for life network
- To define a practical strategy on amplifying the influence, reach and relevance of the web for life network
- To define relevant advocacy issues for female students and create a clear statement on key priorities for the network

As outlined in the first presentation the broad areas that guides the Web for Life Network are:

- Monitoring and tracking budgets allocated for sexual and reproductive health and rights of young women;
- Advocate for the allocation of adequate quality and reliable Sexual and Reproductive Health Care services for all young women in Tertiary institutions;
- Promote and support young women's rights using local and national laws, national constitution and international instruments;
- Provide Maternal Health Care in tertiary institutions;
- Establish a board to support female students' activities and initiatives that fully empower them on their physical, emotional, psychological and social Sexual and Reproductive Health and Rights needs;
- Ensure the provision of Youth Friendly services and service providers in colleges;
- Involve policy makers, politicians, ministry of women's affairs in all deliberations on women's issues;
- Research and document female students' challenges, behaviours, attitudes and realities;
- Develop and implement supportive policies for pregnant students in tertiary institutions;
- Advocate and lobby for gender sensitive SRH services that embrace and recognize young women's rights to HIV prevention and Contraception;
- Advocate for young women's access to information and services on the prevention and management of abortions and their complications;
- Ensure availability of Anti Retroviral drugs and treatment of STIs at institutional clinics;
- The college stakeholders have been very supportive in mobilizing the students, offering own spaces, resources and students are also forthcoming;
- Promote the formulation and implementation of Sexual Harassment Policies that have clear work plans and budget allocations so as to protect the sexual rights of students, lecturers and their immediate communities.

**Key Note Address by Everjoice through a Video**

Everjoice who is the associate country Director of Oxfam Canada in Zimbabwe spoke about leadership and the importance of transformational leadership, guided by personal values as a way of averting the SRHR challenges that young women currently face. In summary, leadership as she defined is about being there, where and when all is happening. Emphasis was placed on understanding that to bring

about change, one looks at where she needs to be, how she will do it and when to do it. She spoke of mentorship and how young women should not wait to be invited but to take the initiative to ask for mentorship. Everjoice encouraged young women to make themselves available for opportunities. She indicated that leadership is making one's voice heard while highlighting the need to use ICTs through blogging and social media. She mentioned that a feminist is any woman who does not identify herself as a doormat and takes action about the imbalances that exist in any society. She also spoke of volunteerism as a ladder to leadership.

**Web for Life Feedback**

There were feedback presentations from students outlining the state of Web for Life decentralisation. There were three presentations from Hillside Teachers College (Fiona), Masvingo Polytechnic (Sharai) and the University of Zimbabwe (Princess). There have been activities at all three institutions and challenges facing female students are largely similar across the institutions making it easier to develop broad strategies.

However, there was strong evidence that the Web for Life Network provided a significant space for cross learning. At Hillside Teachers College they had devised the MILK (make it loud and clear, young mothers club).

On the other hand Masvingo Polytechnic had come up with the SARAR (**S – self esteem, A – associative strengths, R – resourcefulness, A – action planning, R – responsibility**) concept.

The University of Zimbabwe group was making use of edutainment especially with a realisation that students have many things competing for their attention and combining education and entertainment would assist a great deal. However, a key weakness noted relates to the absence of strong SAYWHAT structures at the UZ and this affects programming.

**Harmful Sexual and Reproductive Health practices in tertiary institutions**

The discussion focused on key determinants and results of harmful sexual and reproductive health practices in tertiary institutions. Key risky behaviours noted include **unprotected sex, multiple concurrent partnerships, drug abuse, backyard abortions, use of herbs for pleasure enhancement and low circumcision among male counterparts.**

The Life Skills Coordinator from CUT (Mrs Mukuvapasi) presented results of an SRH study which concluded that Casual sexual activities was being practiced by 68% of students sexually active and have had a lot of sexual partners, students attended a lot of HIV and AIDS programmes but did not put what they learnt into practice. The study indicated that students needed information and services to avoid high risky behaviours.

**Discussion**

The discussion was affirmative mostly drawing on low risk strategies that are part of national and international SRH good practices. Students have great awareness of protective strategies and during discussions they pointed out the need to reinforce the following the ABC Strategy- Abstinence, Being faithful to one sexual partner and correct and Consistent condom use. They also noted the need to Increase HIV personal risk perception as students are more scared of pregnancy than HIV infection.

It also came out of the discussion that Students are not free to go to university clinics because they end up being used as case studies and there is no relationship between university clinics nurses and students and in most cases confidentiality is not guaranteed. Also noted was the strong relationship between STIs and HIV.

**Wanted; safe space for female students' SRHR issues: Winnet Shamuyarira (Katswe Sistahood)**

As students go to universities, they are faced with a lot challenges and leading to young women engaging in sexual relationships with older men and having multiple partners. There is the problem of unsafe abortion, lack of information and services and women have limited power to negotiate safer sex due to unequal power relations. Sources of information are always not reliable because female students do not visit the clinic because of the unavailability of young women friendly corners.

She stressed the need for young women to create their own spaces to freely access health services and information. There was emphasis on the need for young women friendly tertiary institution based health service providers. In addition, there is need for social support structures to allow young women to speak out and seek assistance without social retribution.

**Game Changing Strategies on playing it Safe as female students and defining priority areas**

The sum of all discussions of the day was a coherent outline of priority areas identified by female students as being critical towards improving their SRH conditions. The following resolutions were made:

- There is need for clear strategies for supporting female students' SRHR Advocacy at college level in order to minimize abuse and discrimination of female students
- College authorities must recognize and acknowledge challenges faced by female students in tertiary institutions;
- The Ministry of Health and other partners must increase advocacy and interventions promoting the female condom as a way of empowering young women in decision making for prevention;
- College Authorities must create and strengthen policies, systems and support on Sexual Harassment in the colleges; and
- There is need to strengthen involvement of female students in key policy dialogues and give them the ability to share and fully represent their concerns.
- Increase programs on behavioural change and STI Treatment targeting young women
- College authorities must review regulations on contraceptive provision in order to increase access to contraceptives for female students.

## Update from Mugota/Ixhiba/Young Men's Talk


This was a male students' SRH dialogue which facilitated formation of a male students' SRHR network branded Mugota/Ixhiba/Young Men's Talk. The starting point was that SRHR discourse has largely focused on female students and rightly so because of their well documented structural disempowerment. However, SRHR issues are intertwined with social relations which inevitably involve both young men and young women. The general assumption has been that men always have their SRH issues well figured out but STI statistics, unintended pregnancies and anecdotal evidence of limited SRHR information among young men has resulted in a realisation of the need to prioritise young men's SRH needs.

**It's a Men's Issue too: Taking a Second Look at Male Students to understand their SRHR needs and concerns**-*Mr Dzoro (Dean of Students, CUT) & Aveneni Mangombe (Ministry of Health and Child Welfare)*

The dialogue started with brainstorming for definitions of manhood. The process of understanding different definitions of manhood was critical as it provided starting points for identifying the associative values that give rise to negative manifestations of manhood. Real manhood was associated with different attributes like the number of sexual partners, sexual feelings towards females, physical fitness, financial means and ability to take responsibility. The presenters indicated that it is because of such associative values that men sometimes resort to violence when they feel they are being regarded as inadequate. Emphasis was drawn to the universal nature of gender based violence and its different forms.

The key fact that emerged from this discussion is that men need to understand themselves first, then understand women in order to curb GBV. The lack of understanding often results in conflict of expectations and violence. The presenter concluded by indicating that dialogue around GBV should move beyond the man woman dichotomy towards finding strategies that promote equality. In conclusion, the key point was that voices of young men are silent in SRHR issues and moving ahead will require generation of evidence to mainstream voices of men.

**Gender Accountability: What have we done with the Power we have had?** *(Darlington Muyambwa)*

The presentation first provided an outline of principles of accountability, contestations around power and individual and collective responsibilities towards gender equality. The presenter outlined some key questions that are critical in ensuring gender accountability and these include what is power? What do we use power for? How do we negotiate for power? How does power relate to gender and how do we account for power? In clarifying the nature of power, key attributes of power were said to be Force, Legitimacy, Authority and Ability to coerce.

The presenter highlighted that focusing on accountability allows for development of parameters against which behaviours can be measured. Counterproductive behaviour can only be identified and rectified if accountability benchmarks have been set. There was dialogue on what should constitute an ideal young man but there was no consensus due to difficulties in agreeing on indicators of an ideal man. However, to get around contextual differences, participants agreed that due to the universal nature of human rights, these can be used for purposes of promoting accountability by gauging the extent to which behaviour adhere to and respect human rights principles.

**Mapping male students' participation in SRHR interventions** *(Tanyaradzwa Nyakatawa)*

This presentation started from an understanding that there are SRHR activities in tertiary institutions and there is need to gauge the nature and scope of male students' involvement. The presenter outlined that young men are involved in SRHR activities and take part as initiators or audience for Sex Education, Campaigns and Debates. The key point raised was that young men often participate actively if they held positions and urged for a move towards active participation even as audiences. As outlined in previous presentations, the missing link was evident. There was a call for generation of evidence first on the state of SRHR programming that of young men are involved. There was consensus on the need to use ICTs and social media as well as engage religious groups who command large followings.

**The "cut"-Discussing our feelings, fears and facts about Male Circumcision** *(Getrude Ncube)*

Since the adoption of Male Circumcision as part of the HIV prevention package, voluntary MC has been promoted and young men within tertiary institutions fall within the target population. This presentation provided facts on MC while the expert answered questions and corrected misconceptions among young men. The presentation provided the epidemiological situation for Zimbabwe as well as the evidence resulting in WHO recommendations to scale up medical MC.

The presentation further touched on the procedure in Zimbabwe and stressed the fact that the country was piloting the Prepex device which will be critical in reducing adverse events and increase practitioners that can do the procedure and numbers of people circumcised because it's a faster procedure. There was emphasis on the fact that MC is preceded by HIV testing and circumcision provides 60% protection making it imperative to view circumcision as part of the comprehensive prevention package. Young men sought clarification on myths related to excessive post procedure pain as well as perceived loss of sexual sensitivity. The expert indicated that there was pain but clients were offered painkillers and studies have not confirmed claims of loss of sexual drive. The presentation was strengthened by experience sharing where Anesu Munodawafa detailed his experience as he had gone through the circumcision process as an MC Ambassador for SAYWHAT.

**Redefining Masculinity-Is the feminine man a reality and is it what we need to respond to SRH challenges** *(Darlington Muyambwa)*

The discussion intended to explore conceptions of masculinity and how they result in unequal gender relations and sexual and reproductive health risk taking. The discussion explored different definitions of masculinity and how associative behaviours of masculinity result in negative behaviours. Participants agreed that masculinity has come to be associated with values that promote patriarchy. However, participants disagreed than the feminine man is the answer arguing that the task at hand involved ensuring males respect females. Masculinity and femininity have been in existence for so long they now have lots of negativities hence the need for approaches that are devoid of the ideological connotations. Concluding remarks were that men should revisit ideas that they should not cry or show compassion. What is required is a re-examination of attributes of masculinity as opposed to a simplistic shift towards femininity.

**Getting "P" out of the closet** *(Sendisa Ndlovu)*

This discussion was most significant and in line with providing a space for young men to dialogue. It focused on discussing about the penis which is a critical but not often talked about organ related to men's SRH. The session was developed from the acclaimed female driven play "Vagina Monologues" and intended to bring life to the penis in a bid to explore SRH challenges faced by young men. The session was organised into role plays where a penis was viewed as a human being who was supposed to narrate experiences at a UN conference, within a neighbourhood with friends and within a news setting. Key issues emerged were that there is misuse of the penis translating to risk taking. In addition, there are no spaces for young men to express their SRH concerns. The overarching conclusion was that young men also need liberated spaces where they can discuss about SRH issues and understand themselves more.

**Defining Priority Areas: An Agenda for Male Students' SRHR**

The discussions resulted in a move to rebrand the platform to Mugota/Ixhiba/Young Men's Talk. This derives from the fact that Mugota/Ixhiba is a room where young men sleep and discuss their issues in traditional African culture. Consequently, the space provided a rare platform for young men to discuss their SRH fears, concerns and misconceptions regarding sexual and reproductive health. For continuity and establishment of benchmarks for measuring progress, young men identified priorities which will guide the activities of Mugota/Ixhiba/Young Men's Talk. Identified priority areas are as follows:

- There is need to prioritise developing an agenda for Male Students SRHR. The agenda should focus on recognising violation of men's SRHR rights and providing support;
- Raising awareness around Men's Sexual and Reproductive Health Rights;
- Supporting advocacy and provision of PSS to abused Young men, Mentoring and Education;
- Increased provision of Young Men Friendly SRHR services such as Male Circumcision;
- Lobbying for budgetary provisions towards supporting young men's SRHR services;
- Strengthening avenues for Networking along with Research and Documentation for young men's SRH; and
- Naming the platform (Mugota/Ixhiba/Young Men's Talk).

## Students Dialogue: Experience from Regional Delegates

This session focused on SRHR programming experiences from regional institutions specifically University of Kwa Zulu Natal (UKZN) and University of Zambia (UNZA). Delegates from the University of Kwa Zulu Natal provided case studies of the Reproductive Health Education and Advocacy Programme (RHEAP). The RHEAP gives students a platform to ask questions around SRH issues and promote safety for young people. The organisation's vision is to empower students to take responsibility of their SRHR issues.


The programme further intends to support students to develop, implement and evaluate an intervention aimed at empowering students to take ownership of their sexual and reproductive health and to participate in healthy relationships, eventually resulting in better sexual and reproductive health outcomes. The key issue emerging out of this presentation was that institution based SRHR programmes should be well planned with a vision, mission and objectives to guide programming. Without a proper guiding framework, programming will often be piecemeal, uncoordinated and unsustainable.

Besides experiences from UKZN there were key experiences from UNZA. The starting point was that students at the institution faced challenges related to limited access to friendly SRH services while there were high levels of sexual risk taking among the student population. The institution has an HIV&AIDS response office which coordinates institution level responses and to improve students' access to SRHR services, the office promoted door to door VCT within the UNZA campus. This was in partnership with a VCT provider and ensured services were provided by professionals according to recommended guidelines. The key point emerging from the UNZA presentation was that SRH programming should move beyond the traditionally used strategies and use innovative targeting strategies that ensure students are reached within their natural settings increasing chance of them accepting any messages. There was caution that being innovative should not mean compromising standards and procedures.

### My Journey: Sharing on Being Young and Living with HIV

Statistics have played a huge part in demonstrating the gravity of the HIV epidemic. However, programmers and ordinary people have tended to forget the critical fact that behind statistics are human beings and multitudes of orphans. This session intended to humanise the response to HIV by facilitating sharing of experiences by students living with HIV. The session was initially intended for two life stories but two more participants ended up sharing stories on how they were infected and affected by HIV and AIDS. The life stories were told by two women who were infected in marriage, a young man born with HIV as well as a young man who lost his parents to HIV. This mix of stories demonstrates the multiple ways through which HIV affects different people. A key emerging point was that once a person tests positive, it is crucial to focus on how to live positively rather than on finding out how they got infected. *"I was regularly sick and when I was 16 I decided to go and test as I heard that my parents died of HIV. I tested positive and realised that I wasn't growing fast like others boys and most people call me small boy because of that not knowing that it was caused by my HIV status" Bruce Musarurwa*

## Presentations Synopsis

### Double Impact: Disability and SRHR Challenges

The presentation focused on the different causes and forms of disability. To set the tone for the presentation, the presenter outlined upfront that disability is not natural but most people have impairments and the nature of social organisation creates disability as it often fails to take into consideration needs of people with disability (PWD). The presenter outlined the relationship between poverty, socio economic disempowerment and disability. People with disability are more likely to be affected by poverty which can be both a determinant and a result of disability.

Disability does not only affect the individual but has a communal impact. The presenter outlined a significant fact that an estimated 25% of the global population is affected by disability. A significant issue is that an estimated 10% of national populations suffer some form of disability while PWD reportedly constitute as high as 20% of the poor. In addition, as many as 80% of working age PWDs are unemployed. Most significantly, an estimated 1% of disabled women are literate while school enrolment for PWDs is estimated at no more than 5-10%. Emerging recommendations dwelt on the need to promote access to SRHR by PWDs and ensuring availability and accessibility of SRH services by PWDs.

### Treatment as Prevention and Treatment for Prevention: Implications for Southern Africa Pandemic

After decades of scientific enquiry there is overwhelming evidence that treatment does not only save lives but greatly reduces heterosexual transmission of HIV. In light of UNAIDS' Treatment 2.0 movement and the highly successful HPTN 052 trial, there is need to explore implications for Southern Africa given the region's epidemic burden, resources and response priorities. The starting point for this presentation was that ARV can function as an effective HIV-prevention tool, even with high levels of drug resistance and risky sex. Furthermore, even a high-prevalence HIV epidemic could be eradicated using current ARVs.

Conclusive evidence supporting treatment as prevention emerged from the HPTN study which found a 96 percent reduction in HIV transmission among HIV-serodiscordant couples when the HIV-infected person had immediate initiation of antiretroviral treatment upon entering the study. The presentation stressed the fact that there are an estimated 34 million HIV-infected people globally of whom some 6.6 million are already taking ARVs. However an estimated 2.6 million people become infected each year. Successful implementation of treatment as prevention requires, expanded testing, linkage to care, initiation of ART, adherence support, positive prevention, community mobilization, policies and guidelines along with buy-in by PLWH.

For the region there are challenges towards successful implementation and these include affordability, availability, accessibility, sustainability, identifying the millions of infected and uninfected at high risk, attrition form the cascade, identifying acute infections, acceptance and long term adherence, drug toxicity with longer term use, HIV drug resistance, Risk compensation, Human resources especially in low resource countries and distributive justice and ethics. In conclusion, programming focus should be about incorporating new evidence and strengthening use of combination approaches.

### Are we there yet? Implications of Prevalence Declines

This session was organised through group work with groups of students discussing the following questions:

I. How can students contribute to the Zero movement (Zero HIV infections, Zero Discrimination, Zero AIDS Related Deaths)

II. What do students want to tell governments, NACs, donor agencies and college authorities on how we get to the imagined Zero

Discussions were done and the sum of what students felt would be their contribution towards the Zero movement is provided below:

- Prioritising what works for people along with what kind of treatment the people of need;
- Prioritising income generating projects or investments so that people have access to improved quality of life;
- Prioritising behaviour change among students and working towards increasing students personal risk perception;

- Improving use of edutainment and focus on inclusive programming;
- Governments should take the central role in ensuring that people have treatment; and
- Promote uptake of services like HTC and MC.

### Key Note: Towards an SRH Agenda for Students in the Region

This session focused on defining a regional SRH agenda for students. This allows for development, strengthening and sustenance of critical synergies within the regional students movement. Similar to previous presentations there was focus on looking at the current situation regarding SRH programming in institutions across the region. There was consensus that students have common challenges regardless of our contextual differences. There are also lessons for regional institutions to share. In conclusion the following key points summarise what is supposed to be the basis of a common SRH for students in the region.

1. Creation of a regional SRHR hub for sharing sustained effective practices, capacity building and resource mobilization;
2. Lobbying opinion leaders and facilitating proactive approaches to addressing SRH challenges;
3. Generating evidence and documenting interventions resulting in creation of models of excellence;
4. Understanding that Advocacy as a component of the SBCC continuum;
5. Lobbying Governments on provision of SRHR commodities within institutions
6. Thinking beyond the HIV epidemic and address comprehensively SRHR issues

## Panel Discussions

### State of SRHR Programming in Tertiary Institutions: What is and What Ought to be

This discussion intended to take stock of the situation regarding SRH programming within tertiary institutions. The overarching point from this discussion was that institutions have some services and major challenges relate to accessibility of services. Participants highlighted that institution based SRH services were not friendly and the conclusion was that institution based service providers have not adequately created relationships with students to ensure improved service delivery. A further concern raised related to inadequate services with key challenges noted around limited access to HTC, CD4 count, wide range of contraception and treatment and management of STIs including HIV. Female students further highlighted that most institutions within the region were not providing Maternal and Child Health (MCH) services despite the fact that the majority are within the child bearing age. The concluding recommendation from this discussion was that improving the state of SRH services within tertiary institutions should be a result of continuous dialogue rather than confrontation.

### Strategies and Policies for Ensuring Effective SRH Interventions in Tertiary Institutions

The conference brought two Zimbabwean parliamentarians in a bid to generate discussion on the SRH policy context as well as charting avenues for strengthening SRHR policy advocacy. According to House of Assembly member Honourable Dorcas Sibanda there have been policy level advocacy and lobbying around improving the SRH situation for students in tertiary institutions. Key outputs realised include the demonstration that parliament is supporting the need to make sanitary ware available. In addition, Vocational Training Loans are in the process of being reintroduced as a result of sustained policy advocacy.

Delegates fielded questions and comments to the parliamentarian and a significant comment related to the fact that politicians and other senior officials were engaging in transactional sexual relations with students. While the honourable MP acknowledged existence of such practices, she also urged students to move away from the victim mentality and take responsibility by refusing to be part of transactional sexual relations. In conclusion, students were reminded that they were part of multiple groups engaging in policy advocacy hence they need to generate evidence, learn about policy advocacy and follow proper channels to increase chances of having impact.

### State of SRH Programming and Service Provision-A Regional Perspective

The core presentation for this session was provided by University of Zambia (UNZA) and they provided a case study on Integrating HIV and AIDS in learning curriculums. The basis of this approach is a realisation that HIV and AIDS have always been addressed as a crosscutting issue without adequate implementation frameworks. The net effect has been that programming has not been effective and optimum results have often been below expectations. The approach was critical and facilitated access to information on HIV/AIDS by students and academics. This was significant as UNZA has an estimated 16,000 students and 2500 workers.

The integration process was preceded by exploratory studies as well as curriculum audits which provided an appreciation of the state of HIV and AIDS in relation to the overall educational curriculum. Studies showed that prior to integration efforts, HIV and AIDS was often taught within the Arts and Humanities while Sciences did not teach. Significantly, the School of Mines and the School of Engineering did not teach HIV and AIDS. Like all programming in tertiary institutions, there were challenges which included unavailability of funds, inadequate human resources as well as difficulties in mainstreaming HIV and AIDS into different curricular. The key lesson learned was that successful integration requires buy-in from all stakeholders and that all learning should be aimed at building life skills so that University graduates earn academic qualifications as well as HIV competency.

### Show us the Money: Discussing SRHR funding Opportunities for Tertiary Institutions

This presentation was led by the Zimbabwe National Family Planning Council (ZNFPC) and intended to facilitate dialogue on possible sources of SRH programme funding within tertiary institutions. The point made upfront was that institutions need to start focusing more on generating internal resources to fund SRH activities. This does not only back commitment made but allows institutions to chart their SRH agenda and strategies. Possible sources of funding identified include NGOs/ Donors, Tertiary Institutions themselves, National Aids Council and Government Allocated Funds. However, a key point made is that tertiary institutions are not recognising the importance of SRHR issues. A further concern

raised relates to secrecy around availability of government provided funding for tertiary institution based SRH programmes which affects strategic planning.

As a way forward, conference delegates recommended that government should fund SRHR programmes as they are currently not providing adequate support. In addition funding partners were urged to meet commitments as well as continue providing support. A further recommendation was that institutions should focus on involving other stakeholders like the private sector. In addition, there is need to make use of what is available, information acquired/ taking responsibility. Recommendations were also made on the need for organisations to share costs, information and strategies.

## Students' Six Messages to Policy Makers

In concluding the conference and based on conference deliberations, students came up with a summary of six messages which were presented to policymakers. The messages do not only espouse students' SRH aspirations but they also provide benchmarks against which progress will be measured. The six messages are as follows:

1. Prioritise policy and budget for young women empowerment and maternal health for sustainable development;
2. Sexual and Reproductive Health Rights of Young people with disabilities should be prioritised at budgetary and policy levels;
3. Access to SRHR needs for Young People Living With HIV must be recognised at budgetary, policy and operational level;
4. The right to health should be enshrined in the upcoming constitution;
5. There is need for strengthened collaboration between student representative bodies and parliament; and
6. There is need for budgetary and policy level commitments towards raising awareness around Sexual and Reproductive Health needs of young men.

## Closure

### Remarks from SAYWHAT Programmes Manager

SAYWHAT extended special gratitude to all conference delegates who attended the conference and contributed throughout the conference. Regional delegates from UNZA and UKZN were applauded for attending and sharing their experiences. In closing delegates were urged to view the conference as a launch pad of sustained programming as opposed to a once off event.

### Remarks from SAYWHAT National Coordinating Committee Chairperson

The Chairperson thanked conference chairs and the SAYWHAT secretariat for their efforts in organising the successful conference. In addition, the Chairperson thanked all delegates, funding partners, regional partners, the Dean of Students, Principals and Focal Persons.

# Annexure

## Annex 1: List of Delegates

| College | Delegates | Phone Number | Email address |
|---|---|---|---|
| 1. BTTC | Lydia Marwodzi | 0774 326 244 | patience lydia@hotmail.com |
| | Tafadzwa Masocha | 0772 657 749 | taftats@gmail.com |
| | Kelvin Mutengamira | 0773 891 323/0733 276 731 | Kevyboy7@gmail.com |
| | Takudzwa Muvingi | 0734342394 | takudzii@gmail.com |
| 2. SEKE | Mercy Rwambiwa | 0774 531 359 | mrwambiwa@gmail.com |
| | Anesu Munodawafa | 0735 909 882 | munodawafaanesu@gmail.com |
| 3. MORGAN | Craig Kucherera | 0776 028 137 | craigkuchera@gmail.com |
| 4. HIT | Penelope Malunga | 0773 972 618 | pennymalunga@yahoo.com |
| | Glen Dhliwayo | 0773 641 749 | glendhli@yahoo.com |
| | Nigel Babvu | 0772 316 977 | tbabvu@gmail.com |
| 5. WUA | Amanda Kanyemba | | nomsamanda@gmail.com |
| | Tanyaradzwa Nyakatawa | 0733867217 | tanyanyakatawa@gmail.com |
| 6. HILLSIDE | Brenda Musavengena | 0773 401 942 | bmusavengana@hotmail.com |
| | Walter Tasiana | 0775 170 113 | wtasiana@yahoo.com |
| 7. AU | Molyn Butaumocho | | 107278@africau.ac.zw |
| | Ronnie Nubi | 0773038673 | ronnienubie@gmail.com |
| 8. MUTARE POLY | Nyasha Nyamakupi | 0735 815 451 | |
| | Joseph Kasirai | | jkasirayi@gmail.com |
| | Brighton Nhengo | 0776 467 892 | nhengobright@gmail.com |
| 9. MARY MOUNT | Beauty Madiwa | 0735 219 754 | |
| 10. MUTARE TEACHERS | Lindiwe Sonai | 0777 198 865 | |
| 11. MSU | Nyasha Marufu | 0773 095 408 | nyasha62@yahoo.com |
| | Bruce Musarurwa | 0773 837 425 | brucemusarurwa@yahoo.com |
| 12. BUSE | Dorothy Madzerete | 0734 908 030 | dmadzerete@gmail.com |
| | Davison Mugarisanwa | 0773 403 327 | davisonmuga@gmail.com |
| 13. CUT | Miriam Makonese | 0776 160 582 | miriammakonese@yahoo.com |
| | Earl Mayingaidze | 0773 359 319 | earlmaindidze@hotmail.com |
| | Fiona Mangachena | 0773053571 | fifymwaa@gmail.com |
| 14. MASVINGO POLY | Sharai Mutyambizi | 0773 712 639 | |
| 15. GZU | Andile Ndlovu | 0772 313 150 | andyokandlovu@gmail.com |
| | Raviroyashe Mupasiri | 0773117061 | rdvmpasiri@yahoo.co.uk |

| | | | |
|---|---|---|---|
| 16. ESIGODINI | Nobuhle Dlodlo | 0713 594 731 | noedhlo.dhlodlo@gmail.com |
| | Prince Bhutsu | 0773 619 493 | prikudboots@gmail.com |
| 17. MLEZU | Nora Tiriboyi | 0772 771 502 | |
| | Pinnel Chibaro | 0714 005 579 | |
| 18. CHIBERO | Serah Mukosa | 0773 598 616 | sarahmukosa@yahoo.com |
| | Oscar Nemashakwe | 0772 850 303 | |
| 19. GWEBI | Ellen Godobi | 0733 892 421 | |
| | Morris Dafana | 0773 468 153 | morrisdafana@yahoo.com |
| 20. MAZOWE | Elipha Nzenza | 0733 010 463 | |
| | Bekhimpilo Showurayi | 0773 953 940 | |
| 21. KUSHINGA | Farai Chinyan'anya | | |
| 22. RIO | Denzel Marimo | | |
| 23. Mlezu | Elsa Takaedza | 0773 911 467 | |
| 24. Masvingo poly | Nyasha Rushwaya | 0772 526 567 | nyasha62@yahoo.com |
| 25. Hillside | Nyasha Ruwoko | 0774328715 | nyaroll@yahoo.com |
| 26. Esigodini | Ratang Kwela | 0773 107 249 | ratiekwela@gmail.com |
| 27. Rio | Tatenda Mutoti | 0773 969 774 | mutotitatenda@gmail.com |
| 28. WUA | Elscent Chatsanga | 0773 340 173 | chatsangaelscent@yahoo.com |
| 29. UZ | Princess Sibanda | 0772 954 034 | princess.sibanda@gmail.com |
| 30. UZ | Isaac Nyaradzo Nhongonhema | 0778 217 848<br>0774662852 | nyaradzonhongo@yahoo.com |
| 31. Hillside | Fiona Mutirori | 0772 372 551 | fiona.mutirori@yahoo.com |
| 32. CUT | Fiona Mangachena | 0774 142 409 | |
| 33. Harare Polytechnic | Memory Gora | 0712562349 | goramemk@yahoo.com |
| 34. Bulawayo Poly | Nomvelo Nkomo | 0733338114 | nomvelonkomo@yahoo.com |
| 35. UKZN | Lindiwe Mbhele | +27826293037 | mbheler@ukzn.ac.za |
| | Mnikeni Phakathi | | phakathi.comfort@yahoo.com |
| | Thembani Khumalo | | khumalo.tn@gmail.com |
| | Vince Ndou | | vince.ndou@gmail.com |
| 36. UNZA | Nyirenda Benjamin | +260979128798 | nyirenda.benjamin@yahoo.com |
| | Siame Philip | +260966280041 | philipsiame@rocketmail.com |
| | Musonda Bwalya | | musondabwalya@rocketmail.com |
| | Mweeta Hansel | | hanselmweetwa@yahoo.com |

## Annex 2: Summary of the Regional Technical Meeting

The Regional Technical Meeting was attended by Regional Delegates from UNZA and UKZN, SAYWHAT NCC Members, Representatives of the Web for Life and Mugota and 3 SAYWHAT Secretariat Members.

**The main objective of the meeting was to define key priority areas for the Region.**

Below are some of the broad Advocacy and Research issues that were discussed during the meeting and these shall be fine tuned and become the priority areas for Advocacy and Research.

Advocacy Issues

- Interventions targeting the lecturers e.g *Lecturer Peer Educators* so as to increase commitment amongst lecturers
- Advocate for creative SRHR programs which ensures active participation of students
- There should be Advocacy targeting institutions to introduce life Skills programs
- Abolishment of cultural practices affecting SRHR of young people
- M and E and reporting on young people's issues
- Colleges should introduce campus – SRH centers

Research Issues

- Socio – cultural aspects that promote unsafe sex including Knowledge, behavior and attitudes of young people towards unsafe sex
- Culture and Treatment and Management of HIV
- Access to treatment in tertiary institutions – engage key stakeholders and partners in the research
- Effects of policy and legal issues on the SRH of young people e.g abortions, LGBTIs – focusing on the conflict within different policies as well as the contradiction between what policy stipulates and what is practices
- A Comparative Study between countries on what effects does policy restrictions or policy provisions have on SRHR
- Young Women's vulnerability – nature of relationships engaged and how they affect the young women. (Are the young women always vulnerable or they at times are comfortable with transactional relationships?)
- Young men's SRHR challenges
- Low uptake of female condoms in tertiary institutions
- Effects of broken families on young people – responsibility of parents to educate and inform on SRHR to their children
- Policies on SRHR and HIV in tertiary institutions
- Document effective practices in the different countries in order to share practices.
- Identifying and defining a common culture
- Evidence on SRHR challenges of young people after college
- Gathering evidence on what can be done to reach out to the communities beyond institutions of higher learning
- Young women's reluctance to report cases of abuse, sexual violence
- Evidence on the appreciation and attendance of health lecturers
- Research on the SRHR Challenges of young people living with disabilities

## Annex 3: Conference Programme

**DAY 1: 2011 Web for Life Convention Programme – MTB – Chair - Mona Mawire**

| Time | Title | Facilitator |
|---|---|---|
| 830-900 | Introductions | Dorothy Madzerete |
| | Welcome Remarks | Nyasha Ruwoko |
| 900-930 | ***Presentation:*** Looking back at the 2010 Web for life convention | SAYWHAT |
| 930-1000 | ***Presentations:*** Web for life 2011 feedback | WFL Network Members |
| 1000-1030 | Plenary | SAYWHAT |
| 1030-1045 | **Health Break** | |
| 1045-1115 | Key Note Address | Everjoice J Win - OXFAM |
| 1115-1145 | ***Presentations***: Harmful Sexual and Reproductive Health practices in tertiary institutions | Fiona Mangachena<br>Memory Gora |
| 1145-1300 | ***Satellite session*** : Wanted: safe space for female students' SRHR issues | Katswe Sistahood<br>Fiona Mutirori<br>Ministry of Gender |
| 1300-1400 | **Lunch Break** | |
| 1400-1440 | ***Presentation***: Our Bodies… Our Rights | Sexual Rights Centre |
| 1440-1500 | ***Group discussion*** : Maternal health and female students: is this an issue | Web for life core group |
| 1500-1515 | **Health Break** | |
| 1515-1545 | ***Presentations and Feedback*** :Maternal health and female students: is this an issue | Elizabeth Glaser |
| 1545-1630 | ***Group session***: Game Changing strategies on playing it safe as female students and Defining priority areas | **Table Rappotuers** |
| 1630-1645 | ***Plenary:*** Rapporteur's Feedback | |
| | | |

**DAY 1: Male Students' SRHR Dialogue Programme – MTB – Chair – Simba**

| Time | Title | Facilitator |
|---|---|---|
| 830-900 | Introductions and Welcome remarks | Kevin Mutemaringa |
| 900-940 | ***Presentation and Plenary*** :"It's a Man's issue too: taking a second look on Male students to understand their SRHR needs and concerns" | SAYWHAT & AIDS & TB Unit, Mr Dzoro – HIT - Dean of Students |
| 940-1000 | Plenary | |
| 1000-1015 | **Tea Break** | |
| 1015-1100 | ***Key Presentation:*** Gender Accountability- What have we done with the power we have had? | SAYWHAT |
| 1100-1130 | ***Discussion***: Mapping male students' participation in SRHR interventions | Tanyaradzwa Nyakatawa |
| 1130-1200<br>1200-1230 | ***Presentation:*** "The cut"- Discussing our feelings, fears and facts about Male Circumcision<br>***Experience sharing***: Anesu Munodawafa | Ministry of Health |
| 1230-1300 | Plenary | SAYWHAT |
| 1300-1400 | **Lunch Break** | |
| 1400-1500 | ***Panel Discussion***: Redefining masculinity- Is the feminine man a reality and is it what we need to respond to Sexual and reproductive health challenges | Tanyaradzwa Nyakatawa<br>SAYWHAT |
| 1500-1515 | **Health Break** | |
| 1515-1600 | ***Discussion***: Getting "P" out of the closet | SAYWHAT |
| 1600-1645 | ***Plenary***: Defining priority areas: An Agenda for Male students' SRHR | Tanyaradzwa Nyakatawa |
| ***DAY 1: Evening Program*** | | |
| ***1900 - 2000*** | ***CAREX Night!*** ***2000 – 2200*** ***Music and Networking*** | |

**DAY 2: 2011 Natioal Students' Conference Program – Crowne Plza** Convention

| Time | Title | Facilitator |
|---|---|---|
| 830-900 | Introduction and A note on the National Student's Conference | SAYWHAT |
| 900-915 | ***Presentation***: The 2010 Conference resolutions in retrospect | SAYWHAT |
| 915-930 | ***Presentation***: Communiqué from the Web for Life and the Male Student's Dialogue | Princess Sibanda<br>Ronnie Nubi |
| 930-1000 | **Presentations:** Experiences from Regional Delegates | UNZA, UKZN |
| 1000-1015 | **Health Break** | |
| 1015-1035 | Speech Sharing my Journey: the story of being young and living with HIV | Positive Living Ambassadors |
| 1035-1100 | ***Presentation***: SRHR challenges and disability: the double impact | NASCOH |
| 1100-1115 | Plenary Discussion | SAYWHAT |
| 1115-1130 | Artistic Performance | Web for Life Dance Ensemble |
| 1130-1200 | Key Note Address | PS MoHTE |
| 1200-1245 | ***Panel discussion***: State of SRHR programming in tertiary institutions, What is and what ought to be. | Mr Chandauka - Dean (HIT), Mrs Moyo - Principal (Esgodini) |
| 1245-1300 | Plenary | |
| 1300-1400 | **Lunch Break** | |
| 1400-1410 | **Artistic Performance** | Princess Sibanda - Poem |
| 1410-1500 | ***Policy Round table***: Strategies and policies for ensuring effective SRH interventions in tertiary institutions | Portfolio committees on Health, Higher and Tertiary Education, Budget, Youth Development & Gender |
| 1500-1530 | PLENARY | SAYWHAT |
| 1530-1545 | **Health Break** | |
| 1545-1600 | ***Presentation***: Students' Six messages to Policy makers | Nyasha Ruwoko |
| 1630-1645 | Rapporteur's' summary | Rapporteur |
| 1645-1700 | Artistic performance and closure | Isaac - UZ |

**DAY 3: Regional Students' Conference Program – Crowne Plaza**

| Time | Title | Facilitator |
|---|---|---|
| 830-900 | Introduction and A note on the Regional Conference | SAYWHAT Executive Director |
| 900-930 | **Key Presentation :**Treatment as prevention and Treatment for Prevention: Implication for the southern Africa pandemic | AIDS & TB Unit Director |
| 930-1000 | ***Key Presentation*** **:**Are we there yet: Is the decline in our HIV and AIDS prevalence in some countries in Southern Africa telling us anything? | NAC |
| 1000-1030 | Plenary | SAYWHAT |
| 1030-1045 | **Health Break** | |
| 1045-1050 | **Artistic presentation** | Princess Sibanda |
| 1050-1130 | ***Panel Discussion***: State of SRHR programming and service provision- A regional perspective | UNZA & UKZN, NCC Chair |
| 1130-1145 | ***Key Note***: Towards an SRH Agenda for students in the Region | SAYWHAT |
| 1145-1230 | ***Panel discussion***: Show us the money: discussing SRHR funding opportunities for tertiary institutions | ZNFPC, Ministry of Health, GYC |
| 1230-1245 | Rapporteur's feedback | Rapporteur |
| 1245-1300 | Closing remarks | Darlington Muyambwa<br>Glen Dhliwayo |
| 1300-1400 | **Lunch Break** | |
| 1400-1530 | ***Technical meeting***: Defining key SRHR Advocacy and Research priorities for Southern Africa's tertiary institutions | Representatives from participating colleges |
| **1530** | **Heath Break and Close of meeting** | |
| **1700-1830** | **Networking Dinner with Regional Delegates** | |