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SAYWHAT
Students and Youth Working on reproductive Health Action Team

Observer

24 Jefferson Road, Logan Park, Hatfield, Harare, Zimbabwe
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Saywhat SAYWHAT SAYWHAT

When religion turns into cancer, the girl child suffers

By Gracious Nyathi

Many efforts have been employed internationally, regionally and locally to protect the girl child from the various types of abuse. These efforts have largely been both legal and non-legal.

However, in as much as these efforts exist, they have not been strong enough to save the girls from abuse, especially those from the apostolic sects.

These girls from time immemorial have suffered various abuses, they have been married off at a younger age, and denied education.

Children as young as 12 years have been given off in marriage to elderly men who abuse them at will.

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This is not a secret, society is aware of the various cases of child marriages that have happened and continue to happen, but no one has taken concrete action.

People even joke about the child marriages when they talk about the apostolic sects.

The constitution which is the supreme law of the land is very clear that only those that are 18 years have a right to found a family, which is to marry.

That same constitution also forbids forcing someone into marriage against their will, and those girls from the apostolic sects are being married against their will.

Another section in the constitution also says those who preside over marriages ceremonies involving minors shall be guilty of an offence, however, we have not yet heard of anyone who was arrested and convicted for the crime since the 2013 when we adopted the constitution.

If society cannot stand for these girls, then at least the constitution should be able to stand for them, but that is not the case.

Girls from the apostolic sect continue to suffer with no saviour in sight, they are forced into marriage at a younger age, raped, and become mothers at younger ages.

The aspiration of reaching full potential is cut short.

What good is the supreme law if it cannot protect the vulnerable and defenceless?

We are all aware of the case of Anna Machaya, a 14-year-old girl who died while giving birth at a shrine in 2021. That is not the first case, but one of many that have been swept under the carpet or have gone unreported.

How many more Anna Machayas should die for society to act?

How many more girls should be forced into marriage at a younger age because they belong to the apostolic sects, before the constitution come to their rescue?

Should people continue to go to court like what Loveness Mudzuru and Ruvimbo Tsopodzi did when they took the ministry of Justice to court, to remind the powers that be, that they have duty to implement the constitution and protect the girls?

If young people are the future of the country, as is always preached, what kind of future are we creating then?

Do we want a future were girls have nothing to offer on the table except bearing children because they are married off at a young age and are not allowed to go to school.

The Marriages Act which was passed into law recently is another cover for girls, but the delays to pronounce the dates which it will start to work is self-defeating.

It is like putting a perimeter fence on a house and then leaving the gates open for anyone to enter at will.

Girls will continue to be married off at apostolic sects while we wait for the gazetting of the date that the law will kick in.

In fact, the delays in operationalising this Act, shows the lack of seriousness in protecting the girl child.

Each day that passes, we have to ask ourselves, how many girls are being abused at shrines by men in the apostolic sects and in certain homesteads.

As we go about our business, and as we see them in white garments every Thursday, Friday and Sunday, we should spare a thought for the girls who go to the apostolic sects.

It's not all the apostolic sects, some are ethical, but there are a few bad apples that need to be dealt with, if we are to free the girl child. -ENDS

About the author: Gracious Nyathi is a journalism and media student at the National University of Science and Technology (NUST). She is reachable on 0775882773.

I wish I were a boy.....

Please bear with me, as a ten-year-old then, I could not challenge the six feet goliath who pounced on me. The only choice was to cower on the crimson red leopard hide and sober mercilessly.

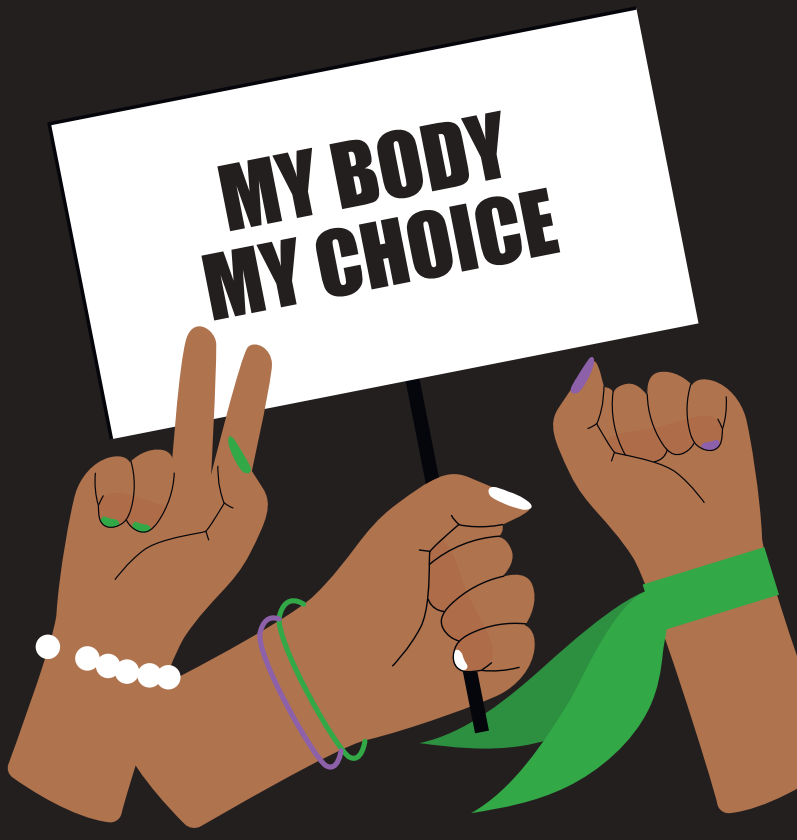
Is there another hell for me in the afterlife since I am already in one? My vintage teen photo shows I was once a lovely testimony to the infinite artistic capabilities of Mother Nature. The pains of a typical girl child in the 21st century influence the woman I am to be. I wish I were a boy.

This world doesn't deserve me and heaven is my only chill spot. "It is just a prick to safeguard your virginity and appease the gods" Sangoma assured me. Today my fate is sealed. Like a sacred spring, blood gushes out between my legs, and tonight I drown in the pool of my own blood. All because of my father's firm doctrine; I will not live to see the dawn. I vividly see my parents standing before me nodding approvingly to the Sangoma's incarnations as he rubs herbs onto my womanhood and showcases prowess in knifing skills. The herbs give me a burning sensation followed by excruciating pain from the cutting rusty razor blades. Why can't they just let me rest in peace?

Tonight I reminisce about my dreams and goals for the last time. I audibly hear my mother's sniffles as the pain of being a mother creeps up her emotions. She stares in horror at her only daughter lying on a blood-soaked leopard hide. The Sangoma scraps pounds of flesh and he grabs a thorn to start sewing parts of my womanhood for a quick recovery. The razor blade is partially blunt and his bony fingers scurry in the dark for a knife. Flies buzzing around my womanhood distract him. My insolent father seems more content with procedure yet the Sangoma is now dismayed.

Why cling to an ancient tradition at the expense of your own daughter? Anxiety is killing me, wondering what it is like on the other side because there is nothing left of me in this Motherland. Traditional cycles ought to be cut. Father has made me a victim of the ancient primitive tradition. Why? "Devil!" Sangoma curses at his old dog licking blood off the surgery kitchen knife. In the final touches, the kitchen knife dissects the womanhood.

Tonight I bid farewell to my family in a way that will haunt them eternally. Fate has answered my father's wishes as I stand at the crossroads between life and death. Since time the wise men of Africa have been blubbering that youth just like me is the future of Africa. I have shown them the other side of the lives of the so-called "Future of Africa" that hinders our progress and positive impact.



INVEST TO END TB.
SAVE LIVES.

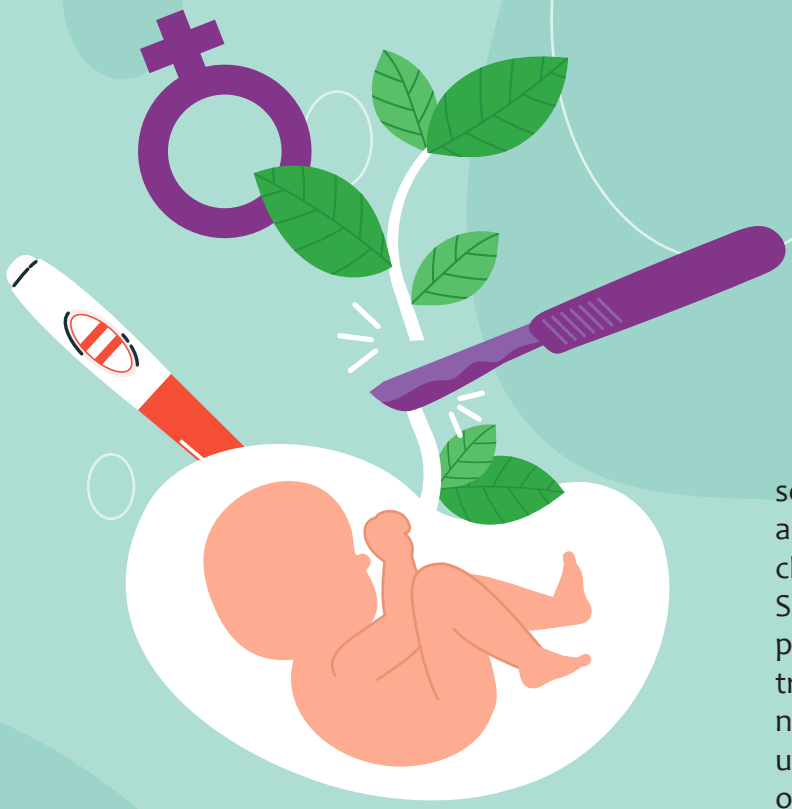
#WorldTBDay #EndTB
#InvestToEndTB

Stop TB Partnership

hosted by UNOPS

SAYWHAT

Women urged to refrain from backyard abortions.



By Jane Nkiwane

A number of women in Zimbabwe find themselves faced with an unplanned and unwanted pregnancy, however according to Termination of Pregnancy Act (1977) abortion is illegal in Zimbabwe. This drives them to seek unorthodox means of ending unwanted pregnancies. They plunge themselves right in the hands of quack doctors, self-proclaimed healers, and corrupt medical practitioners.

According to the United Nations Population Fund (UNFP) statement on the global implications of new restrictions to access to abortion, a staggering 45% of all abortions around the world are unsafe making this a leading cause of maternal death. The World Health Organisation (WHO) defines abortion as a procedure for terminating a pregnancy which is performed by a person lacking professional medical skills or in an environment not in conformity with the minimal health standards.

Unsafe abortions have led to the loss of many young lives as well as irreversible bodily harm. Some of the main reasons that lead women to perform unsafe abortions are the societal stigma asscocciated with unplanned pregnancies, lack of knowledge about contraceptive methods, and to maintain social status.

Women should consider the consequences of unsafe abortion, before putting their lives at risk. Speaking to during an interview Doctor Samantha Sithole, of Mpilo Hospital commented on the issue saying that the root cause of backyard abortions is the practice of unsafe sex by young people. “In this new modern era there are a lot of contraceptive methods available, one can also choose abstinence if they are not ready for baby.”

Sithole urged women to use condoms as they not only protect against pregnancies but also from sexually transmitted disease like HIV. She went on to highlight negative effects of unsafe abortion procedures. “These unsafe practices might have long term negative effects on the individual like infertility, and cervical cancer. It is difficult for unskilled personnel to notice if a woman is having complications or an infection during or after the procedure as a result this puts a patient’s life in danger. So it is very important for people to practice safe sex.”

Sithole also highlighted that women who undergo unsafe abortion procedures are bound to suffer from mental health problems as there are no counselling services offered before and after the procedure. “Most young girls suffer from depression, some have feelings of guilt lingering after the procedure as getting an abortion is generally not an easy decision to make and to live with.”

Availability of affordable contraceptives to young people has the ability to reduce abortion rates in Zimbabwe. Clinics and learning institutions should provide sexual reproductive education as well as free contraceptive methods to young people so as to secure their future. \

Young people’s access to comprehensive sexual and reproductive health services will go a long way in mitigating SRH related challenges young people face. The desire by girls to have unsafe abortion simply indicates that one is not ready to have a child at that particular point in their lives with that partner in question.

A generation of healthy young people is achievable when we give young people comprehensive reproductive health services without hindrances. Backyard abortion is an unsafe procedure that puts their lives of many young people on the line.

Free sanitary pads still an unfinished business

By Karen Nyeraurombo

Affording free sanitary pads to school going girls especially in rural areas is a recommendable effort by the government, however, the girl child needs more. It is a public secret that the government has been struggling to finance its obligations in various sectors due to financial challenges. Important things such as the Abuja Declaration where 15% of national budget has to be allocated to health has never been met, the reasons given have always been about lack of funds.

Also 10% of budget is supposed to go and finance agriculture in line with the Maputo Declaration but this has proved a toll order because revenue being collected has not allowed it. There are other statutory and non-statutory financial obligations that government has to settle taking the yearly bill to billions of dollars in any type of currency that one might attempt to use. This threatens the continuation of the free-sanitary wear program that is being funded by the government.

One day the government will not have money, or enough money. In any case the program has not been reaching every girl who needs sanitary pads. There are many girls especially in rural areas who are not going to school which means they miss their classes do to the lack of access to sanitary pads. While the government program is appreciated, there is need to rethink the program going forward.

The government needs to expand the program beyond school, because menstruation does not end when one leaves or drops out of school. There are a lot of girls out there who require the pads, but they are not able to afford them. For example, no one talks about the plight of the girls from the various apostolic sects that are found in many parts of the country, who do not go to school because of religion. These girls most of them come from poor families and would require access to affordable sanitary pads.

Minister of Finance and Economic Development should also realise that these girls eventually transition into women after school. Not all women will be employed or will have resources that would enable them to be buying pads every month. Government therefore should not relax because they are offering the pads in schools, but they need to continue working to ensure sanitary pads become accessible and affordable in supermarkets.

Some of the ways could be to capacitate universities and institutions of higher learning so that they can start manufacturing the pads.

If these universities could be allowed to manufacture face masks during the height of the COVID-19 pandemic, then trusting them to manufacture sanitary pads should not be hard.

As the Minister of Finance and Economic Development Mthuli Ncube is preparing to draft the 2023 national budget, he should consider putting aside some funds to enable institutions of higher learning to acquire equipment required in the manufacturing of pads.

He can then support the program by scrapping duty on raw materials used in the manufacturing of the pads, specifically for the universities to give them the necessary capacity and a jumpstart.

The government can even import the raw materials on behalf of the university taking advantage of its relations with China where most of the raw materials come from.
Girls who are in universities can also be empowered to take a lead in manufacturing those pads because they understand better what they require in terms of quality.
Currently, there is nothing to show for the funds that have been allocated towards the program in the past three years, with reports saying the deliveries have been delaying in certain areas, while other areas have not yet started benefiting from the program. In as much as we celebrate the program for the wonderful job that it is doing for the girls that have benefitted and continue to benefit, we want to remind the government that the issue of access to sanitary pads is still an unfinished business.

Profile: Karen Nyeraurombo is a Media and Society Studies student at the Midlands State University (MSU). She is reachable on 0778914123.

Youths challenge SADC govts over rhetorical health promises

By Jairosi Saunyama
Hundreds of youths who participated in the fourth edition of the Southern African Regional Students and Youth Consortium (SARSYC) conference, challenged Sadc governments, development partners and civil society organisations to stop politicking and provide decent health and educational services in the region.

The conference was held recently in Lilongwe, Malawi under theme: Re-planning, re-shaping and recommitting to the youth agenda in Southern African region.
The youths came up with a communique laden with a number of recommendations to be handed over to various leaders.

"Move from rhetoric to action and implement the commitments and policies signed at national, regional, and global and further increase financial investment and political commitment to the youth development agenda," reads the communique at the end of the conference.
The youths also recommended that there was need to support the economic empowerment of youths by availing entrepreneurial opportunities and developing economic policies that create jobs and opportunities for them.

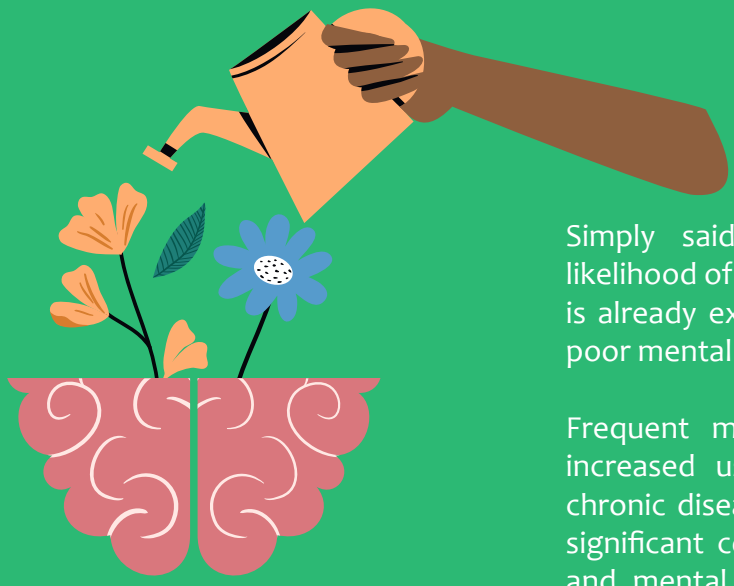
"Be pro-active in adopting protective initiatives that shield young people from the adverse effects of emergencies like Covid-19 and recommit and strengthen collaborations between governments and young people in addressing challenges affecting youths by not only consulting them in policy and programme development, but involving them across the cycle of the policy and programme implementation," wrote the youths.

The youths also pleaded with civil society organisations, development partners and private players including tertiary institutions, to design interventions that relate with the prevailing social and economic dynamics like unemployment.

"Design interventions that reflect the prevailing socio-economic dynamics such as unemployment, labour migration and crisis related displacement, within broader frameworks and programmatic intervention to promote SRHR of young persons," read the communique.

"Increase investment towards research to inform learning and evidence based advocacy, programming and policy formulation."
Malawi's Youth and Sports minister Richard Chimwendo Banda emphasised the urgent need for stakeholders to action so that young people can realise their full potential and their dreams.

The conference universally acknowledged challenges young people encounter with regards to the access of SRHR services.



Mental health and people living with disabilities

Numerous structural and ideological issues that have little to do with their real limits are faced by people with disabilities. Instead of the impairment itself, societal stigmas are frequently the cause of poor mental health and mental illness in people with disabilities. Mental health is the state of being emotionally, behaviourally, and cognitively healthy. It all comes down to how people act, feel, and think. The absence of a mental condition is sometimes meant when the phrase "mental health" is used.

Disability and mental health have a complicated relationship because disabilities can worsen existing health issues as well as cause them. A person's experiences with their mental health may also depend on the type and severity of their handicap. Congenital (present at birth) and acquired (resulting from trauma and accidents) physical limitations provide a variety of difficulties in daily life that may have a detrimental impact on mental health. For someone who is unable to walk, stand, climb, reach, or carry out other common physical actions on their own, tasks that some individuals carry out automatically are significant pressures.

Simply put, social systems that prevent people with impairments from fully participating in society are to blame for the poor mental health of people living with a disability. A perfect storm of physical obstacles, widespread stereotypes, and low labour participation all too frequently separate people living with disabilities from the rest of society. Their mental health is put under excruciating stress as a result leads to and contributes to an increased risk of depression and suicide among a group that is already very vulnerable.

Simply said, social institutions that enhance the likelihood of depression and suicide among a group that is already extremely susceptible are the root cause of poor mental health in disabled persons.

Frequent mental distress is often associated with increased use of health services, mental disorders, chronic disease, and limitations in daily life. There is a significant connection between living with a disability and mental health, but that connection is far more complex than it might at first seem. Adults living with disabilities report frequent mental distress almost five times as often as adults without disabilities as of such experiencing trauma in their daily lives.

Known as ableism, this harmful stigmatization of persons living with disabilities diminishes their value by seeing them as "less than" people without disabilities. People with disabilities are frequently reduced to their impairment rather than being recognized as valued and contributing members of society. Moving schools, leaving home, and beginning a job are all changes that occur during adolescence and the early years of adulthood. Many people may experience worry and anxiety at these times, and if these emotions are not identified and treated in a timely manner, they could develop into major mental illnesses. Depression is the main cause of mental disease and impairment among adolescents worldwide, accounting for 10–20% of all children and adolescents with disabilities.

Reshaping the determinants of mental health in people living with a disability often requires action beyond the health sector and so promotion and prevention programmes should involve the education, labour, justice, transport, and environment, housing, and welfare sectors. The health sector can contribute significantly by embedding promotion and prevention efforts within health services; and by advocating, initiating and, where appropriate, facilitating multispectral collaboration and coordination.

Promoting mental health for people living with disability must be a priority and can be achieved by policies and laws that promote and protect mental health, supporting caregivers to provide nurturing care, implementing school-based programmes and improving the quality of community and online environments in all spheres of lives, since people living with disabilities do not live in a vacuum.

I wish I knew better

By Nhlanhla Ncube

"Why don't we date?"

It took me a moment to respond to that message. Thelma had been on my radar for our whole freshmen year at Lupane State University and we had been in conversations for a long time. The fact that she was a final year student intrigued me more, but was afraid to tell her how much I liked her. "We can, that's if you are keen," read the text which I responded with "let`s try it." From that moment on, we became sweethearts and the whole campus knew it.

Road trips, leisure visits and fancy restaurant dates became a part of our culture every weekend. All this was fascinating. We will alternate with parties here and there on the usual pleasure spot, Wise Waters Club, where all the students gathered for the `Amapiano` music.

Thelma and I were inseparable, always together. I loved that about our relationship. We even shared a room off campus so that we are not separated by the males and females' demarcations on room allocation at campus. It was a 15-minute walk from our room to campus and we would enjoy the good walking exercise together.

I had a big soccer match coming up with Shining Stars Football Club, a division two team from Lupanda. We were four hours away from kick off time and everyone was ready for the big game. All the 22 players had gathered at the pickup point only to be told the bus was still being serviced. "It would be here in an hour's time boys, don't wonder very far," couch Tshuma said.

"Amathuba anje awavamanga ukubakhona" I rushed straight to my room with a sprint. Wanted to bid my sweetheart goodbye as we usually do. As I walked past the gate, everyone looked at me. "Ayaya" acclaimed Loice, one of the girls staying at the boarding house as we did. That got me worried for a minute. I could recognise her mourns as I turned towards our room. As I slung the door open, my heart crumbled with disappointment and anger. "Davis ndi-besty, don't worry about him," Thelma once said and yet today she was sharing our sacred fruit with him, how long has this been going on? Questions ran very fast on my mind at that moment. I turned away, shut the door and walked away slowly.

A voice broke out from the bystanders, "He finally woke up, ma-slay queens aya can`t be tamed by small boys. Sorry Fa!" My heart sunk with pain. I played horribly on that day, we lost the game too, it all didn't matter to me on that day. We never spoke again from that day till I saw her graduating. No parents by her side but a well-dressed middle-aged man who would drag her forcibly by her hand every now and then.

I had always been hesitant in getting tested, I however found myself at the college clinic for an HIV test just to put my conscious at ease. I tested HIV positive. Thelma had assured me that she wouldn't fall pregnant and that's all that mattered to me then.

I had little knowledge on sexually transmitted infections including HIV. The use of condoms was taught to me by the nurse who gave me counselling. She recommended that I join the colleges peer education program so that I get equipped with Comprehensive Sexuality Education. The peer educators welcomed me with open arms, they celebrated having a new member and I felt at home.

It didn't take long for my name to be on training list, a training that opened my eyes. What I gained during that training changed my life. I was equipped with a lot of life skills which I never thought I could have. I am a passionate SRH advocate and sharing the condom gospel has been a fitting glove for me. I wish I knew then what I know now, I wouldn't have found myself in this predicament. Surely, information is power.

Cancer

robbed me off my dad

By Rumbidzaiishe A Mushonga

The pain of losing a parent is always unbearable. It is unexplainable and a lifetime wound. The story of my father who succumbed to cancer a decade ago remains a fresh memory. I watched him passing on helplessly. After spending years on a deathbed battling cancer, he finally gave in.

"This is the last time you are seeing him. He is going to sleep forever", aunty Penelope whispered to me as my daddy passed out. "No amount of tears can change things. It is the will of God," she repeated as tears ran down my cheeks.

Reminiscence of my childhood trickled in fast. Flashbacks sitting on his lap and sometimes being taken on his back were overwhelming. We had shared great light moments together. A caring and loving figure had fought his fight. I was dejected and depressed.

Watching his motionless body wrapped in a cascade in a royal blue suit as family members and relatives queued to pay their last respects, the moment of truth was beckoning. His face had become pale. The usually smile on his face had disappeared. While the pastor's sermon was comforting and heartening, the moment he asked for the six well-built medium sized men to lift up the cascade and head to the grave side, I collapsed.

I was brought back to a life without my mother. I wished she was alive to afford me a shoulder to lean on. I wanted her to wipe off my tears with words of comfort. "It will be fine Rumbie." My mind was just spinning with wild imaginations. When my father was on a deathbed, relatives kept a distance. A new dawn was surely on the horizon without my dad and mom. Together with my sister and my siblings we had to brace for what life gives.

My dad was a cheerful personality. We were friends and we shared stories. He often asked me to tell him about my day at school. We played games together. It never came to my mind that one day, as young as nine (9), I would be a caregiver to my dad.

After being diagnosed with bone cancer in 2009, life was never the same. Watching him for months groaning and crawling was traumatic. The more we frequented him to the hospital for treatment, the scarier it was as doctors only prescribed pain relieving drugs with no hope that he will survive. He was administered one chemotherapy session in Harare. We could not afford to be in Harare on every Thursday for chemotherapy sessions. Perhaps death could have spared him some years.

At home I would often deep a bathing towel in cold water and massage his leg. It was a momentary pain relieving exercise. I would at times help him to visit bathrooms as relatives sometimes did not show up. These were difficult moments for the girl child. School became difficult to attend as I struggled to pay school fees but at least I was with my dad at the most crucial time. The last moments were however terrifying. His health deteriorated in my face. He was up the creek.

As fate would have it, on 7 January 2010 my dad passed on. Choruses and hymns at the grave side were not comforting. As the cascade was slowly lowered down six-feet, I told myself, "surely this is a closed chapter." I cried hopelessly as I watched men exchanging shovels burying my dad. Cancer is a witch. My dad succumbed to it. 12 years later, I still need a hug.

Towards a mentally healthy Zimbabwe for the young and old.

By Nhamo Dapi

Mental health is an important subject which nevertheless has received minimal attention particularly in the African context. Unlike in the Western world for example where mental health conditions can be diagnosed and treated, in Africa, the same conditions are largely mythicized and often attributed to ancestral spirits or some curse haunting the subject in question. It should be the case that as mental health awareness becomes more and more prevalent, society will be more open to discuss it, to receive and utilize scientific diagnosis, treatment and general management of mental health. Consequently, steps to maintain and promote good mental health will be expected to become more widely adopted.

Mental health and the youth.

Science has identified many factors as having a bearing on mental health, both good and bad. A number of the factors pertain to the youth, who make up a higher portion of the demographic profile of Zimbabwe. It is the youth also who have borne the brunt of the downside effects of poor mental health such as suicide, abuse, neglect and depression among others. Medically, some of the key causes of mental health conditions among the young have been identified to be substance/physical/sexual abuse, stress due to prolonged dire socio-economic conditions, family and relationship problems among others. It is critical to note that research has indicated that the exposure to mental health conditions among the youth is becoming greater as society becomes more modernized and urbanized in an increasingly tougher and socio-economic environment.

A worrisome statistic by the UNICEF also outlines that two thirds of children in Zimbabwe have experienced violent discipline and are vulnerable to mental health challenges.

Current support and interventions on mental health strengthening.

The government, development agencies, the private sector and many other players have been in the forefront in initiating, implementing and in general, promoting programs and interventions specifically targeted at improving mental health well-being among young Zimbabweans. More however still remains to be done to curb the health crisis. Current interventions have however been limited to mostly mainstreaming and key messaging for mental health awareness.

Key undertakings required for success.

Whilst taking cognizance of the multi-sectoral work that has been done to strengthen mental health outcomes among the young, it is essential to build upon this work, taking lessons and chartering the best way forward. There is need to for a deliberate thrust by the various government arms primarily, to introduce mental health as a study area in schools the same way as reproductive health for example. There is need for further fiscal support through free care support for mental health or at least heavily subsidizing access to mental health support. Finally, multilateral institutions supporting healthcare need to do more to funding mental health support programs. This way, community perceptions can be changed as they see that young people suffering from mental health disorders such as bipolar and schizophrenia among others and who have spent a lifetime on the streets can be cured medically. This way, the community can learn that mental health challenges are similar to other health problems and can be addressed through community support and medicine without attributing spiritual solutions to the same.

TB diagnosis is not the end of life.

BY RUMBIDZAI YASINI

I was a completely healthy looking college student living a normal routine life. One of the days when I returned to students' residence from lectures, I started coughing compellingly. I felt like I couldn't stop myself from coughing. I had been feeling sick for about two weeks at this point, but my coughing had not been this extreme. Suddenly, I noticed that I was coughing up blood. There was another day where my coughing up blood worsened, so I went into the emergency room.

The physician took an x-ray of my lungs and asked me if I had noticed anything different about my health. I told him that I had been experiencing unexplained weight loss, tiredness, shortness of breath, fever, night sweats, and chills, loss of appetite, coughing up blood, chest pain, and pain with breathing and coughing. He then told me that I had TB disease. It was evident from my x-ray and the symptoms that I had. At the age of 20 I, was diagnosed with extensively drug-resistant.

TB (XDR-TB), a form of the disease that is resistant to at least four of the major anti-TB drugs. "I was at a point in my life where I was beginning to pursue my dreams, but after going to the doctor for a routine thyroid test, I was diagnosed with TB," When the doctor told me that I heard had just six months to live, I "was heartbroken, and felt everything in my life was slipping "I didn't want my family to struggle even more because of me, so I tried not to show my pain. But people stopped coming to our house because I had TB, and they didn't understand that it wasn't my fault. I got very depressed. I became depressed and felt really awkward socially. I knew what the word stigma meant, but it was during this time that I learned how stigma feels. Watching my father, who lost his eyesight to TB, ultimately triumph over the disease is what finally lifted my spirits and gave me the courage to fight through two and a half years of treatment and surgery to remove part of my right lung.

Having TB has given me a new perspective on life. I knew the treatment was good for me and I told myself that I was not going to die of TB. And I am living proof of that. Now that I am a TB champion and I see patients going through the same experience that I went through as a young adult, I share my story with them. I tell them that it will be okay, and that TB is treatable. I always try to help those who need some hope and encouragement by educating them about TB. Educating myself about TB also helped me to overcome my fears. My gift to the other peers I work with is simply being a supportive person. It is something that helped me through my journey, and this is what I want to do for others. I learned that speaking up can and do make a difference.

Every single time that I talk about TB, I think of the courage of many patients from Zimbabwe. They had so much to lose: their family, their friends, their jobs, their houses. Today I speak on their behalf. I'm so grateful to be alive, and I want to give a voice to people suffering from this disease—for something beautiful to appear at the end of a really tough, long road. I share my story because I want to motivate and inspire.

SARSYC 2022 IN PICTURES


#SARSYC2022 #SARSYCMalawi #YouthAgendaNow
Team Zimbabwe


#SARSYC2022 #SARSYCMalawi #YouthAgendaNow
Team Malawi


Team Zambia


Stop TB Partnership
unesco
Transforming Lives


unesco

SOUTHERN AFRICAN REGIONAL STUDENTS & YOUTH CONSORTIUM ON SEXUAL REPRODUCTIVE HEALTH

SARSYC

Reshaping, Re-planning and Re-Committing to the Youth Agenda in Southern Africa!

#SARSYC2022 Communique

24-25 August 2022,
Lilongwe, Malawi, Sunbird Capital Hotel

PREAMBLE

Article 1
1. Introduction and Background

Southern African Regional Students and Youth Conference (SARSYC) is a platform that was established by the Students And Youth Working on reproductive Health Action Team (SAYWHAT) in 2015 as a strategic forum that brings together all actors in the region to find common solutions to the region's shared health and education challenges that young people face. SARSYC harnesses the potential of young people and other stakeholders to come up with one voice in matters related to young people's health and education rights.

The conference is a biennial event which the inaugural edition was held in Zimbabwe in 2015. The second edition was then hosted in South Africa in partnership with the University of Johannesburg in 2017 with the third edition being held in Zambia in partnership with the University of Zambia in 2019. Ultimately the 4th edition of the conference was then convened by SAYWHAT in partnership with Lilongwe University of Agriculture Natural Resources and the Girls Activist Youth Organisation (GAYO) under the theme Reshaping, Re-planning and Re-Committing to the Youth Agenda in the Southern African Region on the 24th and 25th of August 2022.

Article 2
2. SARSYC 2022 Contextual Note

The students and youth delegation to the 4th Edition of the Southern African Regional Students and Youth Conference (SARSYC) from 9 countries, namely Botswana, Eswatini, Lesotho , Malawi, Mozambique , Namibia, South Africa, Zambia and Zimbabwe;

RECOGNIZING the intersectionality of health and education challenges that young people face in Southern Africa and the need for collective approaches, learning and sharing in the quest to develop sustainable solutions to address them,

COMMITTED to inclusively design and implement community driven solutions that youths identify with, and leaving no one behind,

CONSCIOUS of the emerging health and education challenges, especially in the wake of repeated emergencies and disasters affecting not only young people but other vulnerable communities in our societies,

AWARE of the visionary pursuit to harness the demographic dividend as a strategic fit that responds to the reality of a youthful population across not only Southern Africa but the continent at large,

RECALLING the commitments made at the 3rd edition of the Southern African Regional Students and Youth Conference in Lusaka, Zambia and the predecessor conferences, notably the need for,

i. College Authorities to Prioritise provision of inclusive and comprehensive youth friendly SRH services (including rape kits, safe abortion, sanitary products, sensitivity training for staff and HIV and TB testing and treatment services. The services should also cater for marginalised groups like students with disabilities, students living with HIV and TB, the LGBTIQ+ among others.

ii. Donor Community and Civil Society Organisations to Plan and implement quality and sustainable programs and prioritize and increase resource allocation towards health and education youth focussed interventions as part of efforts to achieve SDG targets in Southern Africa.

iii. And the need for Governments to Plan, recognise, and institute platforms or structures that support youth participation in decision making. Review relevant laws and policies and prioritise increase in resource allocation towards youth centred programs, particularly those that address the socio-economic challenges of young people including sexual and reproductive health challenges in line with the Abuja Declaration

FURTHER RECALLING other commitments made by governments, Donors and Private actors including the ESA Commitments, the SDGS and other strategic guidelines being operationalised to champion the development agenda

ACKNOWLEDGING the various policy frameworks, laws, and guidelines operating at National and Regional Level to address various health and education challenges, including but not limited to;

- Regional Strategy for HIV and AIDS Prevention, Treatment and Care, Sexual and Reproductive Health and Rights among Key Populations adopted in November 2017
- SADC Protocol on Education and Training, East and Southern Africa Ministerial Protocol on Education (ESA)
- UN High Level Meeting on TB targets and commitments,
- Agenda 2030 and Agenda 2063
- Maputo Plan of Action.
- SADC Declaration on Youth Development and Empowerment (2015)
- SADC Youth Empowerment Policy Framework (2021-2030)
- African Youth Charter (2006)
- Many national programs, promises

DESIRING to Act,

- to end AIDS by 2030
- to End Global TB epidemic by 2035
- to inclusively address health and education challenges with a special focus on young people's sexual and reproductive health rights and comprehensive sexuality education.
- to curb illicit financial flows as they relate to health and education financing
- to strengthen youth driven researches and innovations on health and education responses
- to address young people's underlying concerns that include their vulnerability to Sexual and Reproductive health challenges such as economic empowerment and equal participation in entrepreneurial opportunities
- to sustain young people owned mechanisms and platforms which can actively and independently inform policy makers and development partners on young people's health and education priorities

NOW THEREFORE, #SARSYC2022 Students and Youth Delegates Agree to the Following;

Article 3
3. Contemporary health and education Challenges Affecting Young People in the SADC Region

a) Disempowerment of youths, linked to the poor performance of economies which has increased poverty and unemployment amongst youths. This is leading to several undesired consequences including drug abuse, depression and negative behavioural SRH practices

b) Young people's access to SRH services continues to be limited due to lack of financial and bodily autonomy.

c) Gender challenges in which young women bear the brunt of weak policy implementation to sustainably address the challenges of young women including sexual harassment, poor access to menstrual health services, sexual abuse, child marriages, and exclusion from accessing quality education that addresses their unique needs

d) The worsening sexual and reproductive health challenges in the wake of emergencies like COVID-19 (mental health, child marriages, drug abuse, menstrual health and management etc)

e) The systematic exclusion, absence of supportive policies and weak policy implementation in matters that relate to safeguarding the rights of the minority, the LGBTIQ, persons with disabilities as well as young people from rural and resource limited communities.

f) Limited adoption of intersectional and holistic approaches to SRHR service delivery that meaningfully integrate services that address previously neglected issues including TB, mental health and wellness, drug and substance abuse, unsafe abortions and cyberbullying.

g) Lack of gender responsive and age appropriate policies and programs that cater for the specific health and wellbeing needs of young men and adolescents.

Article 4
4. Health and Education Related Policy Gaps

a) Limited youth participation and consultation in policy frameworks in which participation of youths in policy development and implementation remains tokenistic, limiting possibilities of youths to meaningfully inform strategies and practices in the development agenda

b) Weak policy implementation-policy fatigue in which the region repeatedly formulates policies that are hardly followed up and insufficiently funded by respective governments and development players

c) Exclusion of marginalised and key populations like the LGBTIQ community in key policies and frameworks threatening the global vision of leaving no one behind, especially in matters related to young people's sexual and reproductive health

d) Prohibitive pricing models and user fees for healthcare services deterring the already financially stressed youths from accessing essential SRH services

e) Limited knowledge of young people on a broad range of health and education policies, compounding the challenge of young people's capacity to articulate on and influence any of these policies.

Article 5
5. Program and Practices Related Gaps

a) While young people are the key stakeholders in health and education matters, they are less involved in developing evidence-based approaches that are youth driven

b) Despite the centrality of health and education to the wellbeing of young people, there has been dwindling funding and resource allocation towards health and education responses especially in the wake of the COVID-19 Pandemic

c) Programs are not informed by the true realities of young people, including utilising locally available resources and indigenous knowledge systems and the lost opportunities to harness the young people's voices via the digital ecosystem.

d) Interventions and response strategies are not sufficiently integrated to ensure sustainability and resilience of health and education systems for accessibility, acceptability and affordability of the services particularly within the increasing emergencies and humanitarian settings facing Africa

Article 6
6.Roles and Responsibilities of Young People in Improving health and education Outcomes in the Region

a) Meaningfully engage and participate in spaces of influence
b) Adopting responsible sexual and reproductive health practices and behaviours
c) Support data and evidence generation by conducting research that inform policy and programs targeting them
d) Organize, collaborate and coordinate an intersectional and diverse regional young person's advocacy movement to advance the health, education and broader human rights of young people in the region.

Article 7
7. Recommendations to Governments of Southern African Countries

a) Move from rhetoric to action and implement the commitments and policies signed at national, regional, and global level, and further increase financial investment and political commitment to the youth development agenda.

b) Support the economic empowerment of youths by availing entrepreneurial opportunities and developing economic policies that create jobs and opportunities for the young people

c) Be pro-active in adopting protective initiatives that shield young people from the adverse effects of emergencies like COVID-19

d) Recommit and strengthen collaboration between governments and young people in addressing challenges affecting youths by not only consulting them in policy and program development but involving them across the cycle of policy and program implementation

e) Ensure the effective representation of diverse groups of young people in all government processes and products that relate to youth development with a particular emphasis on young people's health and education.

f) Implement transparency and accountability mechanisms that will show government's efforts in alleviating the plight of young people

Article 8
8. Recommendations to Civil Society and Colleges Authorities

a) The need to design interventions that reflect the prevailing socio-economic dynamics such as unemployment, labour migration and crisis-related displacement, within broader frameworks to promote the health and education of young people

b) To invest in the designing and implementation of projects with and for young people. Meaningful youth participation should be a key component of all projects with young people taking active roles kin the project life cycle including monitoring, evaluation, accountability and learning.

c) Support emerging youth led and youth serving organisations to develop programming and professional systems with the express intention of bringing down ownership of all health and education advocacy to the actual young people. The actual action here can be intentional professional mentorship of youth led and youth serving organisations, creative and innovative partnerships with youth led organisations including in strategic consortium

d) The need to increase investment towards research to inform learning and evidence-based advocacy, programming and policy formulation. Specific steps may include:

i. Investing in research skills transfer to ensure young persons are capacitated to conduct research.
ii. Decolonising research and academia around health and education developmental concerns of young people in Africa to include harnessing the power of indigenous knowledge systems and other learning alternatives responsive to the unique sociocultural, economic and political context in the respective countries

Article 9
9. Recommendations to Donors Private and Players

a) Intentionally support flexible and long term funding projects that are designed with and for young people.
b) Closed project proposal calls suffocate the creativity of youths and communities to design effective programs
c) Strengthen funding and implementation of programs that address contemporary and previously neglected health and education issues relevant to youths including TB and mental health.
d) Support technically and financially promising innovations by young people who are traditionally excluded from mainstream funding

Article 10.
10. Plans for the Next Conference

a) The 5th edition of the Southern African Regional Students and Youth Conference to be held in 2024 in Botswana
b) The next conference will allocate sufficient space to reflect on progress made since the 4th edition of the conference
c) The next conference will allocate sufficient space for engagement between policymakers and young people in horizontal deliberations that give young people a voice and not passive listeners of speeches and remarks
d) That the next conference will be guided by the vision to create transformational programming and advocacy which migrates from representation to ownership.
e) The next conference shall have a robust pre conference mentorship programme for young people for them to actively engage with policy makers across sessions

Our Partners

Sweden Sverige

UNFPA

UN WOMEN

SAIH

Stop TB Partnership

EDUCATIONOUTLOUD
advocacy & social accountability

GPE Transforming Education

unicef
for every child

UNESCO
United Nations Educational, Scientific and Cultural Organization

AMPLIFYCHANGE

GEAR Alliance

Call 577 to report Child Abuse.

Children's safety is everyone's responsibility.

What are you doing to protect them?

Saywhat SAYWHAT SAYWHAT

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Action Choice
Smart Choices for Smart Learners!

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