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Insight 2 Implementation



Establishing and implementing a youth network for HIV prevention:

A case study of meaningful youth engagement in Zimbabwe



RATIONALE: ESTABLISHING A YOUTH LED NETWORK IN ZIMBABWE TO END AIDS BY 2030



In a bid to achieve the global target to end AIDS by 2030, the National AIDS Council (NAC) in Zimbabwe and the Ministry of Health and Child Care (MoHCC), coalesced with Adolescents and Young People (AYP) to help join the fight against the pandemic. Since 2000, the union between NAC, MoHCC and AYP has been defined by a strategic partnership that has prioritised the inclusion of young people in the development and implementation of national and local HIV programmes. The NAC and MoHCC have developed a promising practice to support the achievement of global targets to end AIDS through meaningful youth engagement. The meaningful inclusion of AYP, from end-to-end, in the HIV response is a process that involved upgrading the status of AYP, from beneficiaries of programmes to agents of change who actively contribute to the design, implementation and monitoring & evaluation (M&E) efforts of HIV treatment and prevention programmes. Special attention was paid to overcoming barriers faced by AYP in participating in decision making processes (see Box 1 below).

This case study aims to **1)** demonstrate the way in which Zimbabwe have meaningfully engaged youth in designing, developing, delivering and monitoring the HIV prevention response for AYP in Zimbabwe and **2)** demonstrates how AYP are not just programme beneficiaries, but also essential partners and catalysts for change.

Box 1: CHALLENGES YOUTH FACE

Youth in Zimbabwe initially identified the following barriers that impeded AYP from participating in decision-making processes related to their health and well-being¹:

- + Negative, judgemental, or discriminatory attitudes of adults towards AYP sexuality in general.
- + Exclusion of sub-populations of AYP such as AYP with disabilities, young women who sell sex, and AYP living on the streets.
- + Assumptions that AYP are incapable of providing meaningful input into programming decisions due to their age and perceived lack of experience.
- + Limited institutionalised frameworks and procedures for engaging AYP in policy development.
- + Lack of indicators and measures of meaningful engagement of AYP in national monitoring and reporting.

ZIMBABWE'S APPROACH IN BUILDING A YOUTH LED NETWORK

Background

Zimbabwe's National Youth Policy (NYP), introduced by the government in 2000 and revised in 2013, aimed to empower youth and increase their participation in decision-making across all sectors. To further these objectives, the NAC and MoHCC supported the formation of the Young People's Network on Sexual Reproductive Health, HIV, and AIDS (YPNSRHHA) in 2007. The coalition between NAC and YPNSRHHA enables young people to take a lead role in the prevention and treatment agenda of Zimbabwe and promotes equitable access to sexual and reproductive health information and resources.

¹ Adapted from: Vicari, M., Oliveras, C., Gleeson, H., Hatane, L., & Cluver, L. (2019). Meaningful engagement of adolescents and young people in national and local HIV programming (No. WHO/CDS/HIV/19.28). World Health Organization.

By elevating the ideas and voices of youth, the NAC, MoHCC and Zimbabwean government promote the creation of mechanisms for equitable access to information and resources, allowing informed decisions about sexual and reproductive health. The NAC convenes and financially supports meetings for the YPNSRHHA, while the MoHCC, Ministry of Youth Sport, Art and Recreation (MOYSAR), Zimbabwe Youth Council (ZYC), Zimbabwe National Family Planning Council (ZNFPC), United Nations Educational, Scientific and Cultural Organisation (UNESCO), United Nations Population Fund (UNFPA), The Joint United Nations Programme on HIV/AIDS (UNAIDS), other UN agencies, and development partners provide discrete technical and financial support.

The network comprises of AYP in Zimbabwe between the ages of 10 to 24 years who participate in youth-focused or youth serving organisations. Members are inclusive of young people who are employed, youth volunteers from other organisations and peer educators. Young people above the age of 24 have the opportunity to transition from the YPNSRHHA into the NAC brother-to-brother or Sista2Sista programmes² as they get older.

Core purpose and strategies of the YPNSRHHA

The purpose of the network is to encourage and formalise open dialogue and exchange between youth groups and youth serving organisations, in an effort to advise government and development partners on the strategic opportunities and actions to address Sexual and Reproductive Health and Rights (SRHR) and, HIV & AIDS issues affecting AYP in Zimbabwe. The network is guided by five core strategies based on the values of inclusiveness, openness, transparency, accountability, respect, gender sensitivity, and solidarity. The core strategies that underpin and promote meaningful dialogue as well as build solidarity amongst all stakeholders encompass are indicated in Figure 1.

Key learnings for meaningful youth engagement

There are a number of key learnings that can be shared from the Zimbabwe experience of setting up a successful youth network.

The four main lessons are shared below:

1 A multisectoral approach is needed for advocacy

Advocacy has been a foundational criterion to gain the attention of prevention programming stakeholders and contributes to the dialogues surrounding MYE. Having a government entity such as the NAC, create platforms for engagement between young people and policy makers helped a) bring these two groups together, b) build the capacity of youth and c) effectively created a safe space to discuss policy issues. Through the network, HIV stakeholders are able to include youth from programme inception to innovation, M&E and discourse for course correction. The inclusion of youth has supported the development of stronger programmes that have a holistic understanding of the programming landscape and the needs of youth.

2 Inclusion at all levels

It is not enough for a youth network to be established and function at a national level only. It needs to cascade down to the ground and represent youth in all their diversity. YPNSRHHA has an executive committee at the district, provincial and national levels. The organisational structure at the national level is composed of the National Facilitator, who supervises two deputies accountable for five provinces each in the southern and northern regions (a total of ten provinces). In addition, there is the National Secretary and Vice Secretary, and the Secretariat, which functions as a liaison to the NAC. Co-opted members, who previously served on the executive team, provide advice to the national executive. On average, the national executive is comprised of ten members. At the provincial and district levels, there is an executive committee of approximately five members, resembling the national executive. All members of the national team belong to thematic committees which are as follows: Resource Mobilisation, Advocacy and Communications, Research and Documentation (M&E), Networking and Coordination, and Capacity Building.

The network is represented across all ten provinces and 85 national AIDS response districts in Zimbabwe with members included from a minimum of 16 key youth sectors. Each sector representative serves a term of two years taking up SRHR issues of young people in their sector, leading advocacy in their space, contributing to national advocacy and providing feedback to young people in their constituencies.

Regular meetings are an important aspect of sustaining an active and engaged network. At all levels of the health system, inclusive of the above sectors, quarterly meetings are held. There is a stepwise approach to maximising efforts whereby district meetings serve as a first tier and inform provincial meetings, these in turn inform national meetings. Ad hoc meetings are also available to all members so as to be reactive to concerns.

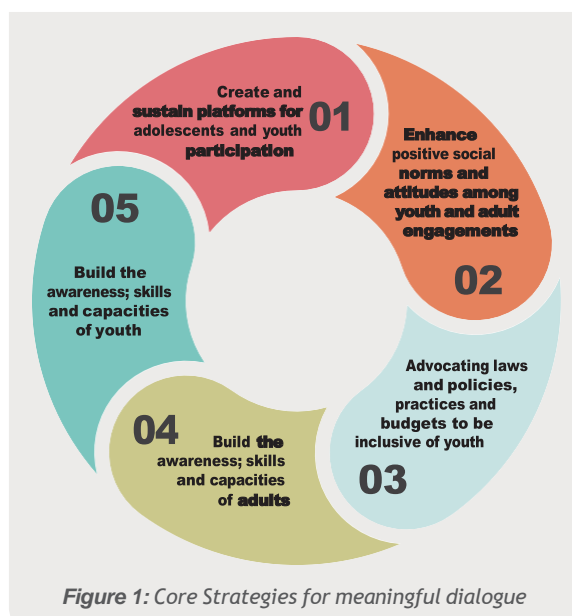


Figure 1: Core Strategies for meaningful dialogue

² Murwira, J. (2020, October 30). NAC strengthens HIV strategies. H-metro. Available [here](#).

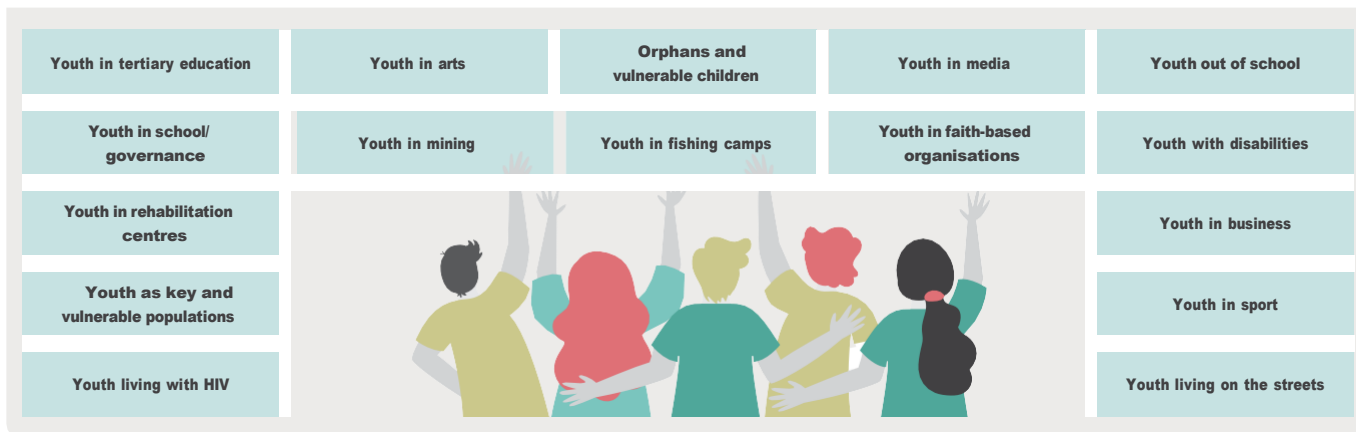


Figure 2: Key youth sectors

3 Inclusion in policy development and implementation

The network has supported the development of the National Adolescent and Youth Sexual and Reproductive Health Strategy (ASRH) which was duly guided by the Zimbabwe National HIV and AIDS Strategic Plans. The network has also informed the Zimbabwe School Health Policy, the Zimbabwe Health Strategy and the National Health Communication Strategy. In addition, YPNSRHHA, with the support of the Zimbabwe Youth Council, engages in advocacy work to influence the reform of policy and legislation that could affect AYP. The network’s methods of advocacy include participation in public consultations and campaigning for the use of petitions. The NAC has acknowledged that implementing partners from several civil society organisations have found it effective to work with the YPNSRHHA because of their active participation in programmes and their strong advocacy role.

4 Measuring inclusion through M&E

Meaningful engagement of youth can only be truly recognised and appreciated if it is measured and evaluated. The YPNSRHHA has adopted an evidence-based approach to measure the inclusion of youth in HIV programming through the creation of an M&E tool. The use of this method has proven to be effective in bolstering the confidence of stakeholders to involve youth as peers, in consultative forums. The network has encouraged the inclusion of the tool in routine M&E processes of programmes. The development of the MYE tool allows country implementers to reflect on their programmes and assess the quality of youth inclusion, understand barriers, and inform capacity strengthening needs. The tool also serves as an accountability mechanism that encourages the proactive participation of youth^{3,4}.

KEY ACTIVITIES OF YPNSRHHA

- ✚ Advocacy and communication for young people’s SRHR and youth friendly HIV/AIDS programmes, to help support the broader health agenda of the country.
- ✚ Capacity building of young people and youth serving organisations, to better articulate the value of young people in technical programming forums and meaningfully engage as peers.
- ✚ Include MYE in research, monitoring, and evaluation initiatives that aim to improve young people’s sexual and reproductive health and support the development of youth-friendly HIV/AIDS programmes. This is done to enable the realisation of outcomes and to help identify programmatic challenges in engaging youth at an early stage.
- ✚ Mobilise resources to support interventions and initiatives targeting young people on SRHR and HIV/AIDS.
- ✚ Networking and coordination in the response to SRH of young people. This includes being an active voice in programming and support by national structures.
- ✚ Information management and documentation of initiatives related to young people’s sexual reproductive health, HIV/AIDS products of research and M&E.
- ✚ Conduct youth consultative dialogues to inform programming at different levels and processes such as: The Global Fund to Fight AIDS, Tuberculosis and Malaria grant process; PEPFAR Country Operational Plan processes; National AIDS Council budget processes and engaging in a reflective assessment of Adolescent Girls and Women (AGYW) programmes through the South to South Learning Network & Sycona (AGYW) Prevention Self-Assessment Tool (PSAT) process.

3 YPNSRHHA Zimbabwe. (2023). Youth Participation in Specific Programmes or Events Activity Log Review tool. Available [here](#).

4 YPNSRHHA Zimbabwe. (2023). Measuring meaningful youth engagement – MYE HIV evaluation tool. Available [here](#).

KEY ACHIEVEMENTS OF YPNRRHHA

Since its formation in 2007, the network has amplified the voices of young people from local to international platforms by highlighting SRHR issues affecting young people.

1 In the last four years, there have been positive shifts in strengthening youth structures, their representation in parliament and their influence on policy and legislation:

- In 2018, the **Youth Policy Tracking group** was initiated to monitor and influence policies and legislation affecting youth. This group played a critical role in the following outcomes:
 1. In 2021, **Youth Desks** were established in each Ministry including the MoHCC to provide an entry point for young people to engage Ministries.
 2. In 2022, the **Parliamentary Youth Caucus** was developed to ensure that young people are considered in all legislative decisions, including SRHR and HIV related issues. This sustainable approach eliminates the need for funding to engage Parliament as existing Parliamentarians make up the Caucus.
 3. The **engagement between policy makers and young people** has improved. Parliamentarians are more open to engaging with youth, and young people are more confident in articulating their issues.

2 The network, with the support of the Zimbabwe Youth Council, advocated through petitions and participation in public consultations (with others) for key policy/legislative outcomes:

- In 2018, the Zimbabwe School Health Policy⁵ was developed and launched to provide a broad frame of reference to guide the implementation of a number of health-related issues relating to the welfare of learners in the school system, such as:
 1. Health and nutrition
 2. Education services
 3. Water, sanitation, and hygiene
 4. Needs of learners living with disabilities
 5. Mental health
 6. Sexual and reproductive health concerns
 7. Care and support provisions
- In 2020, the Education Act⁶ was amended making provision to protect marginalised children by promoting inclusive and equitable education specifically the girl child who is vulnerable. The Act addresses issues pertinent to girls and education, including the prohibition of expelling pregnant girls from school, free and compulsory education and sexual and reproductive health issues.
- The Youth Act was developed and approved in 2020. This act has been critical to ensure that the objectives of youth policies are implemented.
- In 2021, a Youth Policy⁷ that addresses health, including SRHR, was launched.
- In 2021, the Disability Policy⁸ was amended to make provisions for Albinism, a group that was previously excluded.
- YPNRRHHA has provided input into the following: Budget for 2023; Medical Services Bill; Child Justice bill; the Youth Bill and Child Rights Amendment Bill (to name a few).
- In 2022, the Ministry committed to establishing a drug and substance abuse mitigation fund.

3 Key and vulnerable populations, youths with disabilities and youths living in the streets now have representation at all strategic levels from district level up to National level. In 2021, National Technical Working Group for persons with disabilities (PWDs) was formed.

4 Development of M&E indicators for PWD and measuring youth engagement in the HIV response are now included in the National Core Output Indicators.

⁵ Government of Zimbabwe. (2018). Zimbabwe School Health Policy. Retrieved April 26, 2023. Accessed [here](#).

⁶ Education Act (Chapter 25:04). (1996). Harare: Government Printers. Accessed from April 26, 2023. Available [here](#).

⁷ Ministry of Youth Development, Gender, and Employment Creation. (2000). The National Youth Policy - Zimbabwe. Retrieved April 26, 2023. Available [here](#).

⁸ Government of Zimbabwe. (2021). National Disability Policy June 2021. Veritaszim. Retrieved April 26, 2023. Available [here](#).

COST CONSIDERATIONS

- 1 In establishing a network, countries will need to invest in advocacy and provide adequate funding support for youth consultation and to meaningfully engage members of the network in decision making processes.
- 2 Capacity building sessions need to be funded between youth and implementers (government institutions, implementing partners, development partners and funders). Training sessions that focus on advocacy for youth, drawing on peer-to-peer learning, are required either on an ad hoc or routine basis.
- 3 Sessions with implementers are required for youth to understand the programme implementation approach, tools, methodologies, and M&E so as to provide insight into potential bottlenecks and provide solutions in programming for AYP.
- 4 Implementers should allocate a budget line to support youth attendance to relevant forums and allow for their active participation. Even in the case of virtual engagements, consideration should be placed for data costs.

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