

YA

Magazine

Publication of the International Planned
Parenthood Federation Africa Region (IPPFAR)

JANUARY 2007

Millennium
Development Goals
at a Glance

ADOLESCENT

Sexual and Reproductive
Rights in brief

MDGs success lies in
tackling poverty from a
broader perspective

EDUCATE

the Youth about MDGs

Action on
SRH key to
achieving
MDGs



YA Magazine is a youth quarterly publication of International Planned Parenthood Federation (IPPF) Africa Region.

IPPF is the strongest global voice safeguarding sexual and reproductive health and rights for people everywhere. Today as these important choices and freedoms are seriously threatened, we are needed now more than ever

IPPFAR's vision is an African society where every child is a wanted child, every person enjoys good health, and men, women and youth live free from HIV/AIDS.

IPPFAR's mission is to provide leadership in sexual and reproductive health in sub-Saharan Africa through knowledge sharing, best practice and advocacy in STI/HIV/AIDS, family planning, safe motherhood and safe abortion.

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Aku Xornam Adzraku,
Regional Chairperson of Youth
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The time is now: No Excuse in 2015

As the deadline for achieving the time-bound Millennium Development Goals (MDGs) draws near, the focus on how different countries are moving a head on the specific targets within each goal is becoming more urgent.

“No Excuse by 2015” is the slogan that has been coined to rally countries to hasten the achievement of this goals through the development and implementation of country specific poverty reduction strategies. Several renowned world leaders have echoed this before.

In one of his powerful speeches, the former UN Secretary General, Kofi Annan said success of MDGs will require extraordinary commitment and action never seen before. He said: “We will have time to reach the Millennium Development Goals – worldwide and in most, or even all, individual countries – but only if we break with business as usual. We cannot win overnight. Success will require sustained action across the entire decade between now and the deadline....” For us young people, business as usual includes leaving critical groups such as the youth, out of the development process.

This is despite the fact that young people represent nearly half of the world’s population, making their role and position in global efforts at achieving the MDG’s and other global goals on health, imperative.

They are the most affected by reproductive health problems like HIV/AIDS and unwanted pregnancies.

The following are some of the sobering statistics of what this means. World wide, about 6,000 youth aged between 15 and 24 years get infected with HIV daily, with the 100 million new cases of STIs that occur each year being among young people.

In October 2006 ILO reported that the number of unemployed youth aged between 15 and 24 years had risen over the past decade, while hundreds of millions even though working, were still living in poverty. Several policies by the UN, governments, the private sector, civil society organizations and other development agencies have been adopted as a response to these challenges. These include the International Conference on Population and Development (ICPD) Plan of Action, World Programme of Action for Youth, and National Poverty Reduction Strategy Papers of individual countries, among others.

On Millennium Development Goals, it is refreshing that all these goals are very much linked to each other. However, for us working in the Sexual and Reproductive Health field, significant success can only be achieved if efforts are concentrated on the following:

- Promotion of gender equality and women empowerment.
- Reduction of Child mortality.
- Combating HIV/AIDS, Malaria and other diseases.
- Improved maternal mortality.

One way of going about this is for the African governments to integrate and emphasize on these goals within their National Poverty Reduction Strategy Papers and the Country Assistance programmes. These efforts should be carried out in a manner that they have a great impact on young people’s reproductive health.

On maternal mortality, African governments should implement strategies to reduce early child bearing through increasing the minimum legal age of marriage, promoting youth’s access to sex education and family planning services, and improving access to pre- and postnatal care for pregnant and parenting young women.

On gender equality and women empowerment, there is need to implement strategies that would increase the age of marriage of young women to at least post secondary school. This will eliminate gender disparity at all levels of education by 2015.

With almost 6,000 youths aged between 15 and 24 years being infected with HIV every day, there is need to focus on specific

actions regarding youth and HIV education, delaying sexual debut, increasing condom availability, and improving youth’s access to youth friendly health services. Actions related to youth reproductive health in Poverty Reduction Strategy Papers and Country Assistance Strategies, will enhance our efforts to create a healthy and economically secured populace.

We must come to terms with the fact that young people are key to accomplishing and sustaining the MDGs.

This therefore means African Governments should take account of young people when developing and implementing their strategies as well as including them in country delegations to UN General Assembly meetings, where the MDGs are reviewed and discussed. Indeed, the future of reproductive health choices of the world’s two billion young people will largely determine the quality of future life on this planet.

We at YA magazine, sincerely applaud all young people engaged in various actions aimed at enhancing the processes around the achievement of the MDG’s particularly those related to reproductive health. The articles in this Issue of YA are solely focused on this matter, and we hope they will inspire you to act.

We must come to terms with the fact that young people are key to accomplishing and sustaining the MDGs.

Happy Reading

An open metal padlock is shown in the background, with its shackle raised. The padlock is silver and has some faint markings on its body. The background is a solid, muted green color.

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Action on SRH key to achieving MDGs

Thirteen years since International Conference on Population and Development (ICPD) was held and where Sexual and Reproductive (SRH) featured prominently; and seven years from the time the MDGs were adopted, the developing world is still faced with the same population problems that were hoped to be solved by these two time-bound documents that enjoy wide global political support.

Indeed it's like things have gone a full cycle. The present day population behavior resembles what was predicted by demographer, Thomas Malthus population models many decades ago. In them he stated that food shortage, natural disasters, poor economies, disease out breaks and high deaths due to communicable diseases, would be the main determinants of the population size.

One is tempted to agree with him as these same factors continue to prevail in most African countries, determining population size and rate of development. The high deaths are mainly due to high prevalence of communicable diseases such as HIV/AIDS.

While some of these diseases can be managed well by pursuing effective interventions in the provision of Sexual and Reproductive Health (SRH) services, not much is being done on this aspect.

What is however happening is the world seems to have forgotten about the International Conference on Population and Development resolutions and its Programme of Action, instead preferring to concentrate

on the MDGs, when the two are mutually reinforcing.

Also, the two have one aim of improving people's lives and making the world a better place for present and future generations. But in order to register progress on MDGs, the SRH issues must be given priority.

Indeed, MDGs are the end products that the world wants to see, while an effective SRH model of service delivery is the strategy of achieving this end product. This means for MDGs to succeed, the success of SRH is a prerequisite.

But SRH strategy can only work successfully if universal access to reproductive health services is pursued and considered as a human rights issue within the widest spectrum of these rights.

This is imperative because human rights can be likened to fuel that drives the success of SRH issues.

The ICPD, which anchored SRH issues in the development models, focused on population as the centre of development, implying that governments should invest in social services like education and health.

For now, based on what is happening in many countries, there is need to develop a universal strategy on achievement of SRH and MDGs, and which countries can adapt to their different settings. If this is done, evaluations of how countries are progressing on these issues will be much easier.

Lungelo "Keevo" Bhembe.
Nairobi, Kenya
IPPFAR, Youth Intern, 2006/7

THE SCORCH

By: Dalitso Manthalu (YAM Vice President, Malawi)

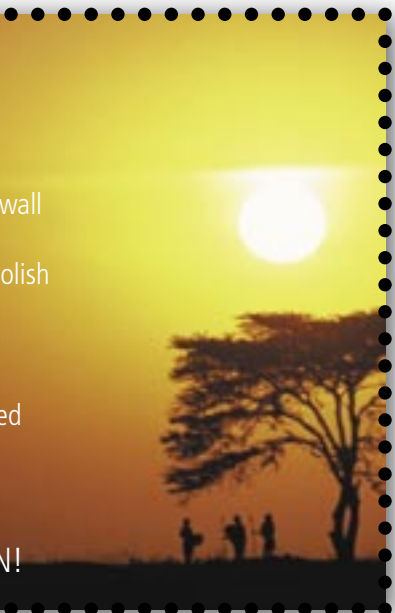
In the hour of pre-dawn
The sunrise and moonshine
The terrible vampire shows its fangs
To the new and fragile earth

Like shooting star
The juveniles diminishing
In their might and glory
They fade into nothingness
Cries of anguish and horror

Reverberate through the sullen wall
Telling and foretelling
The demise of the young and foolish

The old and senile
Dominate the depleted world
Their long forgotten and despised
proverbs
Are the new commandments

AIDS plea remains ABSTAIN!



Millennium Development Goals at a Glance

The Eight Millennium Development Goals agreed upon in 2000 by Heads of State are a framework that spells out targets and indicators countries need to pursue vigorously and with immense commitment in order to eliminate poverty and create a climate for sustainable development. They are:

Goal 1. Eradicate extreme poverty and hunger

Target: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$ 1 a day. Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Goal 2. Achieve universal primary education

Target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Goal 3. Promote gender equality and empower women

Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Goal 4. Reduce Child Mortality

Target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Goal 5. Improve maternal health

Target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Goal 6. Combat HIV/AIDS, Malaria and other diseases

Target: Countries should have halted by 2015 and begun to reverse the spread HIV/AIDS. Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases.

Goal 7. Ensure environment sustainability

Target:

- Integrate the principles of sustainable development into country policies and

programmes and reverse the loss of environmental resources.

- Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.
- Have achieved by 2020 a significant improvement in lives of at least 100 million slum dwellers.

Goal 8. Develop a global partnership for development

Target:

- Develop further an open, ruled-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development and poverty reduction- both nationally and internationally).
 - Address the special need of Least Developed Countries (includes tariff – and quota- free access for Least Developed Countries' Exports, enhanced programme of Debt relief for HIPC's and cancellation of official bilateral debt and more generous ODA for countries committed to poverty reduction).
 - Address the special needs of landlocked countries and small island developing states (through the programme of Action for the twenty-second General Assembly provision).
 - Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in long term.
- In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communication technologies.

Food for thought

It is something all those who exist in Africa agree upon: That poverty, conflicts and HIV/AIDS are one of those factors with far-reaching harmful effects on the survival and the well-being of youth.

This are the issues the youth want African governments to focus on if they intend to achieve the Millennium Development Goals. If they don't, then none of this goals will be realised. None!

Poverty: Youth's enemy number one

Poverty has many faces. It threatens all dimensions of the lives of adolescents and youth by denying them the opportunities to survive, develop and exploit their full potential.

Poverty deepens social, economic and gender inequalities which makes youths vulnerable to exploitation, mistreatment, violence and discrimination.

Poverty fuels and aggravates the effects of HIV/AIDS and armed conflicts. Children born in poverty are likely to raise their own children in the same penury if nothing happens to improve their livelihoods.

To break up this generational cycle of poverty, interventions to reduce it should start with the youth and even, young children.

Alternate YAM Representative, BAYOKO Mamadou
YAM Representative, West Africa Sub-Region
National Focal Point YAM - AIBEF



Educate the youth about MDGs

While countries present reports and ministers talk about Millennium Development Goals (MDGs) in their public pronouncements, one disturbing thing is that the very poor and vulnerable groups who the goals are supposed to improve their lives know nothing about them.

In this category are the youths who tend to bear the brunt of poor performing economies and dysfunctional societal systems, yet they have little idea what MDGs are.

Ask a young person in Kenya about the Goals and what you get is a blank stare.

What this means is the MDGs have not been explained and elaborated to a section of the population who they are targeting: the youth and the ordinary citizen. This has made young people not to be involved in the implementation of the Goals as they do not appreciate their relevance.

Although the holistic implementation of Sexual Reproductive Health (SRH) issues is necessary for the realization of MDGs, much focus has been given only to HIV/AIDS.

To change this way of doing things, a delegation of members of parliament attended a training workshop where they were taken through SRH issues and in particular on the delivery of youth friendly services in the local clinics.

The objective of the meeting was to influence the MPs to start supporting facilities in their respective constituencies that will be providing SRH services to the young people using staff

trained on the delivery of youth friendly services.

This interaction with the MPs enabled us to get their perception on the issue. It was heartening to learn that they acknowledged the importance of SRH among young people. This was essential since the success of MDGs hinge heavily on the realization SRH rights.

The meeting was significant for other reasons as well. The realization of gender equality and women empowerment depended on the laws the MPs passed in parliament. Such laws would change the current scenario where men continue to occupy influential leadership roles than women.

The enactment of the Sexual Offenses Act after spirited presentation and lobbying by nominated and decorated Member of Parliament Njoki Ndung'u, is a clear indication of what MPs can do, and a testimony that with the support of men, women are able to take their rightful position in the society.

As we near the elections, the focus should shift to using the Affirmative Action in the elective and other positions being eyed by many women, including the youth.

Meanwhile, the war against malaria is shaping up as part of the governments commitment to fighting the disease as required by the MDGs. Kenya's Ministry of Health is distributing free mosquito nets to pregnant women and children younger than five years.

Carolyn Momanyi
Youth Representative
Kenya





Another World is Possible!

AS CURTAINS FELL ON THE 7TH EDITION OF THE WORLD SOCIAL FORUM THAT RAN FROM 20TH TO 25TH JANUARY 2007 AT KASARANI INTERNATIONAL SPORTS CENTER, NAIROBI, KENYA, ONE MESSAGE WAS CLEAR AND POIGNANT.

The Sexual and Reproductive Health (SRH) activists said in no uncertain terms that they wanted to see a World free from HIV/AIDS, war, poverty, exploitation, injustice, racism, and one that recognizes women's Rights as Human Rights.

Rallying around the Forum's slogan "Another World is Possible", they said another world where SRH services are universally accessible was possible too.

Calling for global solidarity, people of all shades of minds and ideologies; activists, believers of social movements, networks, coalitions and other progressive forces from Asia-Pacific, Latin America, the Caribbean, north America, Europe and all comers of the African continent, shouted out this slogan.

The befitting theme of this years WSF "People's Struggles, People's Alternatives" provided the right mood for African people to showcase the continent's different faces, endowments, troubles, beauty, and her social movements.

These were: Africa and her unbroken history of struggle against foreign domination, colonialism and neo- colonialism; Africa and her heritage of natural wealth, cultural, linguistics and ethnic diversity; Africa and her reputation for embracing communities from around the world; Africa her contributions to world civilization; Africa and her role in the quest for another possible and more progressive global human society.

It was said to be the Africa that belongs to the youth. Indeed, the youth and the young activists who attended the forum in all their diversities had one message to pass across: They wanted better education for global democracy; decent jobs on completion of career training; involvement in decision making; a world free of violence, imperialism and war; freedom to make healthy choices, among many others.

The youths at the meeting also had an opportunity to interact with those at the lowest level of the social ladder. During the social activities, they visited a new foster home for

Kibera slum street children, meet communities in Nairobi slums who are infected and affected by HIV/AIDS, and participated in Human Rights walk.

And during the forum sessions, they discussed passionately one issue that affects them most: poverty. Global Campaign Against Poverty (GCAP) campaigners promised to intensify efforts to pressure governments around the world to ensure that Millennium Development Goals (MDGs) are met.

Adolescent Sexual and Reproductive Rights in brief

Approaching the Sexual and Reproductive Health from a rights-based approach has been emphasized as the only way of achieving the SRH and MDG targets. Some of these rights include:

1. The right to age appropriate reproductive information and services.
2. The right to be treated with care and respect by trained staff
3. The right to private and confidential services
4. The right to decide if and when to have sex
5. The right to freedom of sexual expression and to enjoy sex when you are ready
6. The right to be healthy and free from preventable disease, unplanned pregnancy, and unsafe abortion
7. The right to freely decide if and when to have children, and how many children to have.
8. The right to freedom from discrimination and bias based on my age, whether or not I am married.
9. The right to be free from exploitation including physical, sexual and emotional abuse as well as harmful traditional practices.
10. The right to be involved in the design, development, implementation, and evaluation of programs and services and all other sexual reproductive health decisions that affect your life.

Solidarity needed in tackling Sexual and Reproductive Health matters

What would you do if one day you find that you are HIV positive after being tested at a nearby Voluntary Counselling and Testing (VCT) centre? Or if you lose your job because of your HIV status.

What about if one day you go to look for a job and you are denied a chance because your female gender. Or what happens if your views are not taken into account because you are a woman. Likewise, how will you feel if someone close to you is raped? Or you are diagnosed with lung cancer?

These are some of the numerous questions that run through my mind every time I think about life. Do they have answers? They must have and we have the answers.

This applies to Sexual Reproductive Health Rights (SRHR), to which we have answers on how they can be used to improve the health and well being of young people.

Although they affect everyone in the population, about 70 percent of Kenyans may or may not have information about the SRHR. Things like gender equality and equity that are known to fuel HIV spread, are yet to be tackled with the vigour they deserve. Although people are slowly accepting that women have rights in economic, political, and social spheres, we have a long way to go.

Poverty is another issue that needs immediate attention when addressing SRH issues. Poverty makes young girls vulnerable to HIV infections as they fall victims to men who promise better life or are forced to engage in commercial sex as a way of eking a living.

These are some of the key areas captured in the Millennium Development Goals. But they can only be achieved through respecting and ensuring the rights of the youth when it comes to provision of SRH services.

The government, the young and the old, the Non governmental organisation (NGO's) and any other stakeholder need to come together and be committed to the achievement of the MDG goals.

Kudos to the young people who are affiliated or are currently engaged in the campaign around SRHR and the MDGs in various YAM youth centres or those in any other organisation that has programmes around these areas.

Although these young people are doing a lot, they cannot do it alone. They need the support of the government and any other partners who works in this area.

Kennedy Oduor
Nairobi Youth Center, Kenya

They told delegates at the Forum that civil society pressure will have to intensify if the MDGs have to have any chance of being met.

"Our leaders have not been accountable; our leaders have not been transparent and they have taken us for granted. Promises have been broken," said Hellen Tembo, a Kenyan Youth Movement Leader and the African Representative of GCAP.

She added that many of the African governments only produce 'beautiful reports' but have let down the developing world. Civil society shadow reports have also been ignored by governments, she bemoaned.

Concurring with her sentiments, other delegates called on African governments to link the MDGs to their local government projects in order to ensure that these are achieved by 2015.

Sylvia Mudasia Mwichuli, UN Millennium Campaign Communications Coordinator, said Africa believes the achievement of the goals would be more feasible if personnel implementing different projects and other ordinary people understood them well.

"It is a pity that in our times, we are still losing women during childbirth and there are a lot of people in the slums who still go to bed without a decent meal. Yet a lot of resources is being mismanaged by our governments," she concluded.

But despite the difficulties they face, African delegates were upbeat that for the first time in the history of the World Social Forum, the venue was in Africa and for the second time outside its birth place of Porto Alegre, Brazil. This, they said, was going to catalyze and change, for the better, activism and social movements in Kenya in particular and Africa in general.

Gathiti Bernard
IPPF Africa Region
Youth Intern 2006/7
Nairobi Kenya

**Poverty is
another
issue that
needs
immediate
attention
when
addressing
SRH issues.**

MDGs success lies in tackling poverty from a broader perspective

Whenever the word poverty is uttered, what comes up in the minds of many people is the african continent, unemployment, women, children, orphans, refugees, hunger, famine, and impoverished people. But what does poverty real mean?

Poverty can be described as lack of basic human needs and capacities, which is manifested in the form of illiteracy, malnutrition, low life expectancy, poor maternal health, prevalence of preventable diseases as well as lack of access to essential goods and services.

Others are lack of sanitation, clean and safe drinking water, education opportunities, accessible communications, and affordable and accessible energy, among others, which are necessary to achieve basic human capacities.

This means poverty is not just about economic variables, but entails all what is sufficient for human development. For the latter to be achieved, a conducive environment which enable people to exploit their potential, follow their interests in life and meet their needs, need to be created.

In 2000 governments agreed and committed themselves, within the framework of Millenium Development Goals (MDGs), to work toward the reduction of human poverty in all its forms by 2015.

Since the crafting of the goals, things such as high literacy, improved health standards, and ability and freedom to make choices about one's own life in areas of reproductive health have been widely recognized as essential in making poverty history for the billions of people who are deeply immersed in it.

Improving aspects of Sexual and Reproductive Health (SRH) within the MDGs framework, has also been highlighted as critical intervention in this regard.

This means governments cannot achieve the MDGs without devoting sufficient resources

towards reducing child and maternal mortality, combating HIV/AIDS and improving gender equity and equality, particularly when it comes to the realization of SRH rights.

That is why there are concerted efforts and campaigns for countries to embrace and implement the concept of universal access to SRH services by 2015 as was agreed during the 1994 International Conference on population and Development (ICPD) in Cairo, Egypt.

During this conference, the importance of SRH issues in defining the wellbeing of human beings was emphasized and a consensus

These young people have special reproductive health concerns that need to be given special attention.

CENTRAL AFRICAN REPUBLIC:

Women cry for economic empowerment

As a section of african countries see the achievement of some the millennium development goals as a possibility that can happen by 2015, central african republic is looking the other side.

The numerous social, military and political disturbances that have rocked the country in the past decade have dumped any hopes of achieving these goals in the near future. Recently, the national monitoring and evaluation officials retuned just that painful verdict.

This news were a bitter pill to swallow, especially for women, who look at MDGs as an entry point to enjoy safe motherhood, reduce maternal and infant





was reached on the definition of SRH issues. Delegates at the forum defined Sexuality and Reproduction as vital aspects of personal identity and key to fulfilling personal and social relationships within diverse cultural concepts.

They said that SRH does not only involve the reproductive parts of a human being, but touches also on sensitive, yet important issues such as sexuality, gender discrimination, and male and female power relationships that manifest at individual and community levels, among couples and young people, and in the entire community.

At the moment, lack of access to SRH is a major concern, especially in developing countries, majority of whom are in Africa. According to statistics, Africa accounts for about a third of reproductive health disease burden. The impact has been felt more by the young people than any other group of the population.

These young people have special reproductive health concerns that need to be given special attention. They face risks related to early sexual debut and marriage such

mortality, and uplift their wellbeing through goal 3 that speaks on Gender equality and empowerment of women.

This concern and the pain of the Central African Republic poor women is for a reason. Looking at their financially independent counterparts, they have realised that an economically empowered woman can properly manage her health related problems and that of her children, even if her husband deserts her as is often the case in their country.

Most of the women who get infected with HIV do so largely as result of economic reasons. It has been established that most of the women and girls in the Central African Republic are vulnerable to sexual abuse because of their economic dependence on men.

To them, several strategies need to be put in place if they have to enjoy their sexual and reproductive health rights.

The right to access family planning devices, especially as regards easy provision of modern contraceptives, will contribute to reducing household poverty and hunger by enabling couples to have manageable number of children, who they can feed and

Vegetable farming done by the Boeing Women's Group in Bangui



as unwanted pregnancies, unsafe abortions, and fertility problems, among others.

Although the age at which young people get married has increased, up to 50 percent of women in some african countries still marry or enter into a union by age of 18 years, with 70 percent of them doing so by age 20.

Marrying at this tender age exposes young women to reproductive health risks. Yet, many of these poor women are pushed to such unions by poverty, thinking marrying will help them sort out some of these problems.

And that is why it is important to interrogate poverty and approach it from various aspects of human development and not only from economics point of view. This means a holistic approach that includes comprehensive sexual and reproductive health services.

Upholding and promoting SRH rights, especially of women and girls, at all levels of society and government, is important. African governments need to collaborate with civil society organizations on projects that help in the realization of these rights.

Indeed, if this happens, the youths of Africa will be a smiling lot. It is a world of possibilities if the right choices are made. We are six billion voices. We want justice now. No more excuses.

**Gathiti Bernard
Youth Intern
IPPFARO
Kenya**

educate without much strain and stress.

Family planning also helps women to organise themselves and engage in economic and other development activities that uplift the living standards of their families.

For the youth, peer education and other programmes that keep tabs on their wellbeing will be critical in enabling them achieve their Sexual and Reproductive Health rights. In fact, enjoyment of these rights will contribute to attaining MDGs, particularly goals 1, 2 and 3.

But all these can happen if there is political will. To demonstrate this, Central African Republic government need to allocate more resources toward reproductive health services as well as integrating these issues in their sustainable development plans.



Women's literacy class in Yangato, Bangui

TANZANIA:

Right policies for women, but more yet to be done

While Tanzania falls in the same group as other african countries struggling, amid numerous challenges, to achieve the Millennium Development Goals (MDGs), there is a glimmer of hope at the end of the tunnel.

The government has recognised the importance of Sexual and Reproductive Health Rights in improving the welfare of the young people and in the achievement of the MDGs.

This has been demonstrated by the formulation of Sexual and Reproductive health Rights (SRHR) policy by the Ministry of Health in collaboration with various stakeholders like Uzazi na Malezi Bora Tanzania (UMATI).

Youth friendly SRH services have been instituted in government health facilities. The political class has said it will stand up for the rights of the youth, as was captured in one of the speeches made by Hon Paul Kimiti, former MP and chairperson of the Parliamentary Association for the Population and development.

He said: "the government will not close its eyes to the problems facing young people due to little knowledge and poor education of sexual and reproductive health issues."

Life planning skills have been integrated in primary and secondary schools education curricula, thereby increasing the pupils awareness and knowledge about reproductive health issues.

Whereas this is happening, UMATI is still concerned that certain critical policies and gaps around Sexual and Reproductive Health Rights (SRHR) have not been addressed.

There is need to formulate a policy which will allow sexuality education to be taught in primary and secondary schools. The government should also give more attention on resource

allocation towards SRHR campaign so that more people particularly those in rural areas are reached.

Community members and other stakeholders should be mobilised to contribute to the success of Sexual and Reproductive Health campaign rather than the government depending largely on development partners.

Despite these gaps, it is noteworthy that the work of organisations like UMATI, which has been running for decades,

There is need to formulate a policy which will allow sexuality education to be taught in primary and secondary schools.

especially on promotion of the rights of women and the girl-child, is now bearing fruits.

On the promotion of the rights of the girl-child, the future looks bright. A special Fund known as Girls' Secondary Education Support Programme (GSES) has been established at the Ministry of Education and Culture to support girls education. Between About 1998 and 2002, about 2980 girls benefited from the programme.

At the University of Dar es Salaam, a programme has been established to enhance girls' access to university education. Girls are assisted by being given remedial classes in order to improve their performance and retention in science and mathematics subjects.

There is also a Female Undergraduate Scholarship programme, in which development partners have

complemented government efforts by sponsoring female students at the university to mitigate the burden of cost sharing.

The programme enhances the capacity of the University of Dar-es-Salaam to promote gender mainstreaming with improved female education.

As a result of these programmes female students enrolled at the University of Dar es Salaam in 2001 constituted 27 percent of the entire university student population. It increased to 28 percent in 2003.

In Zanzibar, the proportion of female students in the public universities was 34 percent in 2003 while in private universities the figure hit the 49 percent mark in the same year.

Efforts are also in place to remove gender stereotypes in the classroom and textbooks, which have contributed to the poor performance of girls. Gender courses have been introduced in institutions of higher learning, 58 Folk Development Colleges (FDCs) and four Community Development Training Institutes (CDTIs) of Tanzania Mainland

Besides efforts in the education sector, attempts have also been made to protect young girls from sexual violence, with various laws being enacted to prohibit sexual abuse, defilement, rape and female genital mutilation.

The Sexual Offences (Special Provisions) Act of 1998 was enacted to, among other things, to protect the girl child from all these ills.

A Tanzanian movement for children and children's council also exists to coordinate and monitor issues related to children's rights, among them these abuses.

The mock parliament serves as a platform for building self-esteem and confidence for both girls and boys to be future leaders. The decisions and recommendations made during the mock Parliament are considered by the government and appropriate actions taken.

In addition to all this, the government is promoting and fostering Sexual and Reproductive Health Rights, gender equality and women empowerment.

The Constitution of the United Republic of Tanzania, for instance, has been amended to provide an increase in women's representation on the basis of proportional representation.

This has seen the number of women members of Parliament increase from 17.5 percent in 1995 to 22.5 in 2003. This increase is due to a constitutional requirement that of the total number of Members of Parliament, women should occupy not less than twenty percent. The percentage was expected to increase 30 percent in the year 2005.

In Local Government, the percentage of women's special seats increased from 25 percent to 33.3 percent. While in the House of Representatives of Zanzibar, the number of women members rose from 17 percent in 1997 to 26 percent in 2002.

In the same year, a Bill was passed in Zanzibar to increase the number of women in the House of Representatives to 30 percent in the year 2005.

Besides political empowerment, there has also been a notable achievement in women's economic empowerment and access to social services such as health, education and water.

In the health sector, several campaigns and programmes have been introduced to support women's health including Maternal and Child Health (MCH) campaigns conducted for both women and men; establishment of maternity waiting homes; and training of Traditional Birth Attendants (TBAs).

While on HIV/AIDS prevention, care and management, special sensitization programmes for women and girls and promotion of home-based care are in place. The only problems is home-based care has increased the burden on women and young girls due to lack of a welfare support system.

Nevertheless, these great efforts and the attendant challenges can only be tackled if the government works in collaboration with other stakeholders. It is encouraging to note that an NGO Policy has been formulated, providing an effective mechanism for collaboration between the Government and NGOs on many issues including gender equality and SRH issues.

This arrangement is to also help the country achieve its Vision 2025, which identifies gender as a crosscutting issue in all sectors.

**By Mr. George Mutasingwa John
and Ms. Rehema Gladstone Kombe**





Youth Life Centres give Malawi girls a second chance in life

As they move around in the streets of Lilongwe, and the rural areas of Malawi enjoying themselves, Malawi youths who constitute 32 percent of the population are a worried lot. The high HIV/AIDS prevalence has hit them hard.

This is why the government, NGOs and individuals are being asked to give greater attention to youth as they implement Development Goal 6 which calls for combating HIV/AIDS, Malaria and other diseases.

Already, the government has put in place programmes that are to help the achievement of MDGs. One such programme is the promotion of gender and women empower in key government and decision making positions.

This action is changing the mindsets, especially of the young people about gender equality. There are also free or affordable antenatal and postnatal services being offered by hospitals and clinics as a strategy to reduce maternal and child mortality and improve the health of women.

To bolster government's interventions, is the work being done by Youth Action Movement of Malawi, which is instilling positive attitudes in young people about gender equity and equality.

YAM sets the example in this regard by treating boys and girls equally in virtually everything the movement does.

Family Planning Association of Malawi, to which YAM belongs, runs youth programmes designed to improve the lives of young people. One such programme is the Youth Life Centre where young people meet and discuss sexual and reproductive health issues that are so relevant to their lives.

Among those targeted by these centres are in and out-of-school girls, those working as market vendors, and those engaging in prostitution as way of earning a living.

Participation of sex workers in football tournaments has helped enhance publicity of FPAM services across the country. The sex workers have benefited a lot, with 80 percent of them abandoning their old trade and getting married. Those who chose to continue with the business have however adopted safer sex approaches to business as they are empowered to negotiate for condoms use with their clients.



Lilongwe Youth Life Centre sex workers football team ready for their game.

Dalitso Joseph Manthalu
Malawi YAM Vice President

Passing the message through music and drama

Young people always have a way of telling their story, whether is through shouting, using creative illustrations or displaying placards. But this time around, it was different.

They had to sweat and vigorously pass on their message to an equally attentive public that had packed the gallery, with others peeping through the windows.

The scene. The drama competitions organised by Mombasa youth centre, in the coastal region of Kenya. It is billed as one of the most captivating events of the year. Even the punishing heat that is a trademark of the coastal town does not bother a visitor when this competition is going on. Song and dance, poems, drama, and free style rap filled the air.

During this year's competition, more than seven youth groups presented several performances all under the theme, "*pombe si pamba, si pambo ni pembe hukupamba pimbi*".

The theme was about substance use and drug abuse that is one of the biggest problems facing the youth, making them vulnerable to things such as HIV infection.

The Mombasa youth centre therefore chose the theme so as to inform, educate and entertain the youth about the issue through the many presentations that were made.

During the presentations, it came out clearly that the youth were well aware of the substance use and drugs abuse and risks related to indulging in them.

The festival was graced by one of Kenya's leading news caster, Louis Otieno of KTN (Kenya Television Network) and music producer Susan Kibkosya. There were also visitors from Mozambique who were thoroughly impressed with the efforts youths were making to tackle problems bedeviling them.

But Otieno was surprised by the lack of media coverage. He however promised to personally ensure the event is covered next time he comes to grace the festival. He also promised to, together with his friends, to give more support to what the youth were doing.

About the Mombasa Youth Counselling Centre

Since its initiation in 1990 by Family Health Options of Kenya (FHOK) formerly known as Family Planning Association of Kenya (FPAK), Mombasa Youth Counselling Centre, whose main objective is to tackle Adolescent Sexual Reproductive issues, has evolved from a purely outreach and centre oriented entity, to an integrated facility that offers health care services to young people. The clinic has a team of professionals who include

counsellors, nurses and doctors. Various activities which include clinic visits, Voluntary Counselling and Testing services, salon, drama, and songs, are carried out all day long.

There is also the peer education programme which the centre uses to empower young people to make informed choices when it comes to matters of sexual and reproductive health.

So far, there are 30 peer educators clubs in Mombasa, which are run by trained peer youth educators. Other clubs include Gender Committee and the Big Heart Club whose main aim is to respond to the needs of the less fortunate in the community in an effort to make sure that they enjoy life like other fortunate people.

The centre has young volunteers from all over Mombasa and its environs who makeup the peer educators and counsellors team.

The latter helps the youth with life planning skills and tackling problems such as HIV, drugs abuse, relationships, and teenage pregnancy, among others. Events such as parent open forum and trainings sessions are also organised. And to make it really youth friendly, the centre provides recreational facilities and activities like TV, board games, and Movies.

On the economics side, the centres runs a cybercafé', and offers Swahili lessons, hair saloon services and conference facilities as part of its income generating activities.



Back from left: Bernard, IPPFARO youth Intern, Rufus Murerwa, FHOK (Family Health Options of Kenya Youth coordinator, Peter Macharia, Mombasa Youth Clinic Coordinator and visitors from Madagascar who visited Mombasa Youth Clinic during the festivals



Burundian youth see light at the end of the tunnel

Burundians are experiencing a glimmer of hope after all. For the first time, the country is seriously taking actions that are designed to ensure the achievement of the Millennium Development Goals (MDGs) that are going to benefit many people, including the youth. Several initiatives and actions are being pursued in this regard.

One of the most encouraging actions is the creation of the Ministry of National Solidarity, Human Rights and Gender Equality, which is mandated with the task of correcting all gender disparities in line with the MDG goal 3 on gender equality and women's empowerment. The Ministry is led by a woman.

Besides this, women have registered other milestones in key public and private leadership positions. The Second Vice-President of the Republic, the Chairperson of the National Assembly, and the Minister of Foreign Affairs, are all women. So are many of the Governors of Provinces.

These positive developments are in line with the government's objective of making sure that women occupy 30 percent of all available positions in government and other institutions.

In addition to the response on the governance front, the government's efforts in the health sector are also encouraging. A free health system for children aged below 5 years as well as a cost-free childbirth for women, have been put in place.

This initiative is timely, particularly because Burundi is one of the countries with high maternal and infant mortality rates. Already, the intervention is having impact with the number of women giving birth at home and dying from childbirth related complications going down.

Children born to these women are also a lucky lot: they do not need to worry about how they will go through the primary education, thanks to a free primary policy the government has put in place. For us at Association Burundaise Pour le Bien-Etre Familial (ABUBEF), the government is on the right track when it comes to the achievement of MDGs.

And to compliment what it does, ABUBEF is implementing two projects in the area of women's empowerment. One project is focusing on the socio-economic reintegration of young girls who have been victims of sexual violence and conflicts, with the second concerned with building the capacity of women in various fields.

Similarly, youth at ABUBEF and those from other institutions are promoting Sexual and Reproductive Health matters through peer educator training programmes that runs in the youth centres.

The establishment of the National Youth Council and the Youth Parliament have also gone a step-further to provide young people with a forum to express their ideas, feelings, joys and fears. The two were established following the joint initiative of youth associations (CPAJ) which is implementing youth training projects in partnership with ABUBEF.

In the areas of HIV/AIDS prevention, care and management, ABUBEF is one of the organisations, which include SWAA-Burundi, ANSS and APECOS, who are supporting the government in its HIV prevention and care activities.

A Ministry charged with the control of AIDS, and a Permanent Executive Secretariat of the National Aids Control Council (SEP/CNLS) are the governments arms responsible with working with other stakeholders to reverse the impact of this epidemic.

While we in Burundi are doing our level best to make the MDGs a reality, we call upon our partners in the developed countries to support us as is stipulated in the MDG goal 8.

Irène Nahayo
YAM – BURUNDI.

Children born to these women are also a lucky lot: they do not need to worry about how they will go through the primary education, thanks to a free primary policy the government has put in place.

One of these strategic actions is the involvement of young people in all the processes around the achievement of these goals. Even the youths are abundantly aware that the success of the goals will only be to their benefit if they are fully involved and their creativeness and energies are tapped.

The participation of young people is important and crucial at every stage of any process including country level poverty reduction strategy preparations. This means moving the business of achieving the MDG's from "business as usual" to real action.

One group of youths who are already doing business differently are the Youth Action Movement (YAM) of Ghana - an organ of the Planned Parenthood Association of Ghana - who have taken the initiative to assist their country achieve the MDGs before the 2015 deadline.

The YAM happens to be one these stakeholders. To show its seriousness, the movement recently joined the Debate to Action program, which is run by British Council and the World Bank.

Debate to Action (DTA) is a pilot capacity building programme aimed at youth leaders of organizations in East and West Africa and the UK.

Already, 20 local organizations, including YAM Ghana, who applied to participate in the programme, have been selected by the British Council and are implementing it.

The programme is conducted by local facilitators who teach young people about several developmental issues such as the MDGs and Ghana's prospects of meeting them as well as other development matters both on the local and global scene.

This programme therefore provides excellent support for community growth and capacity building for young people who might have otherwise not known and understood the need to have a paradigm shift from total dependence on government for jobs, to tapping their own potentials as a way of eking a living.

Through the project, it is hoped there would be a change in attitudes at individual and community levels.

For YAM Ghana, being selected to participate in the programme provided an opportunity to its members to acquire skills that they will in turn use to train other young people in the local community, and on how to make youth identify with the MDGs. This is hoped to be achieved through numerous initiatives including games and community programmes.

A visit to one of Ghana's local community in Maponse showed why this programme is critical. During the visit it was revealed that despite government's efforts to provide employment opportunities and free universal basic education (FCUBE) as strategies towards achieving some of the MDGs, young people in this community were not too sure of what the goals are all about and what local initiatives were in place to help achieve them.

New Programme comes to the aid of Ghana youth

When world leaders struck a deal around Millennium Development Goals (MDGs) in 2000, it was not lost on their minds that serious and concerted global efforts and key strategic actions will be required to realise the targets set in these goals.

Ghana as a country is a strong performer in sub-Saharan Africa and is one of the few countries in Africa with the potential of achieving some, if not all, of the MDGs.

In the area of health, the national health insurance scheme has been introduced to help citizens access health services without obstacles. Ghana youth employment programme that supports unemployed youth has also been put in place in line with Ghana's poverty reduction strategy.

But the government is aware that it can only make significant impact with the help of all strategic stakeholders.

IPPFAR Commemoration Fund: A step in the right direction

When the Commemoration Fund was launched during an IPPFAR YAM Youth Forum in July 2006 in Nairobi, it was not apparent to many what a revolutionary idea it was going to be.

From the start, the process around how the Fund will work brought out innovation and excellence inherent among the YAM sub-regional groups.

The operation of the Fund kicked off with the four sub-regions being divided into two groups of three sub-regions each. All the sub-groups were then asked to prepare and make brief presentations.

One group of the sub-regions prepared a concept brief on World AIDS day celebrations, and while another group did so for the International Youth day celebrations.

A date was then chosen when all the sub-regions were to present their concept briefs before a committee, which judged and choose a single proposal for each of the celebrations.

The funding for activities around the International Youth Day celebrations 2006 was won by West African Anglophone. The celebrations, whose theme was "Tackling poverty together", was co-hosted by Liberia and Sierra-Leone. It looked critically at bridging the intergenerational gap in problem solving.

Celebrated every 12th August in line with the recommendations of the United Nations General Assembly of 17th December 1999 under resolution 54/120, the day is used to create awareness around the World Programme of Action for Youth is supposed to run from the year 2000 and beyond.

The basic programs that were undertaken in the two countries - Liberia and Sierra-Leone- were a post activity in the rural communities. Several activities were carried out in both Liberia and Sierra Leone, culminating with the final event in Liberia, where all YAM representatives were present.



YAM Chairman presenting a motion



The march in Liberia

The Minister of Youth, Vice President of Liberia, UN representatives, volunteers of Family Planning Association of Liberia (FPAL), YAM members, among others, graced the event.

Besides their expression of solidarity with the youth cause, all these policy makers and stakeholders pledged to support young people in whatever they do.

Following this event and other activities carried out during the International Youth Day, support for YAM local activities in Liberia and Sierra Leone has increased, with the policy makers, more than ever before, being more aware about SRH issues affecting youths.

Meanwhile, the funding for activities around World AIDS day was won by Southern Africa sub-region, with the day being celebrated in Swaziland under the theme "Stop AIDS, keep the Promise".

The wealth of information and experiences from YAM representatives from all over Africa and in Swaziland made the programme a huge success.

Several activities were carried out. There was the awareness walk and clean-up exercise, which helped to raise people's attention

about the voices and the power of the youth.

The Policy maker's forum, where stakeholders made promises of what they intended to do for the youth, was another wonderful activity.

For us YAM members, its thumbs up to IPPFAR for taking such an excellent decision to set-up a Commemoration Fund that facilitates inter-regional activities among YAM members. This is enabling youth from different sub-regions to implement various activities as well as change policy makers perceptions about young people.

It is also an innovative way to keep young people especially Youth Action Movement members working, while creating inter-regional youth advocacy support that is going to increase awareness about Adolescent sexual reproductive health rights.

It is further hoped, the activities funded by the Fund will go along way to create space in policy making arenas for young people.

This is indeed a wake-up call to all YAM members to exploit their potential and realize the power and effect our voices can make at the national and global levels.

By Aku Xornam Adzraku

2007 YAM COMMEMORATION FUND
**40,000 US\$ TO BE WON BY THE
BEST YAM SUB-REGION**



*For the best proposal, advocacy
message and activities from
sub region working groups*

Part of the IPPFARO's strategy is to reduce social-cultural barriers and practices affecting the youth by having young people as active participants and managers

HOW to ENTER:

- Get your sub-region working develop project proposals for GLOBAL YOUTH DAY and WORLDS AIDS DAY
- Submit the project proposal to IPPFARO Adolescent and youth Department three months prior the implementation day

RULES and REGULATIONS:

- The judges decision is final
- The proposal must be developed on the basis of the theme of the International days

- The project proposal must be developed by the Sub – Region Working Groups and not individually \
- Only 20,000 US\$ will be granted for each international day for commemoration
- Sub regions will write their project proposal as follows:
 1. Francophone West Africa: World AIDS Day
 2. East Africa: World AIDS day
 3. Anglophone West Africa: : World AIDS day
 4. South Africa Global Youth Day
 5. Lusophone: Global Youth Day
 6. Central Africa: Global Youth Day



From choice, a world of possibilities

For more information please contact IPPFARO

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THE SKY, MY COMFORT

Awful
Irrevocable
Demented
Severe

I looked for my brothers, friends, but they became:

Absent
Indifferent
Deaf
Stand-offish

I found myself:

Anxious
Incarcerated
Deserted
Solo

Then, when I raised my head, the sky revealed:

Affection
Immortality
Deity
Serenity

*Mamadou Bayoko,
National Focal Point YAM- AIBEF*

When a Belgian national flee from a first class seat

A French plane was just about to take off in the city of Düsseldorf. Among the last passengers to board was a Belgian national with an economy class ticket who, however, sat in the first class section.

The air hostess in charge of this section of the plane approached him, checked his ticket and informed him that he was meant to sit at the back of the plane. The passenger refused arguing that he felt comfortable in first class.

Despite her insistence, the tactless passenger refused to comply. The young lady, who was at a loss and under pressure from the seat owner, went to look for the cabin purser and explained the situation to him.

The latter trivialised the situation and sent her to attend to other duties. He then approached the Belgian passenger and whispered into his ear. The Belgian got up quickly and went to the rear of the plane. The intrigued air hostess asked her boss what he had said to convince the passenger to move.

"I simply told him that the front part of the aircraft was not going to Düsseldorf, but rather the rear of the aircraft".

From Association
Centrafricaine
Pour le Bien-Etre
Familial



Your REIGN is coming to an end

Who are you, AIDS?
Who are you to cause this massacre?
You have lead to disorder, grief and ruin
You have led to misunderstanding, discord and hatred
You have led to the loss of thousands of human lives
Ah! I know who you are

You are the plague of the century
You are the Acquired Immuno-Deficiency Syndrome
You appear in the form of spots, serious diarrhoea, night sweats

You contaminate sexual relationships,
Blood, placental transfer

Because you have HIV, a real parasite

Rest assured AIDS
Your reign will come to an end
Because IPPF's Youth Action Movement (YAM) exists
It is fighting against your proliferation
Soon we will celebrate your eradication

Thanks to Prevention, Abstinence and Faithfulness
You will one day disappear from the face of the earth and we will
Shout Victory ! Victory ! Victory!

Mamadou Bayoko, National Focal Point
YAM- AIBEF