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The story of Ngorima Youth Centre

By Daniel Maromo

"In memory of dedicated and pioneer of Ngorima Youth Centre, Mr Mwaonedza Mushonga"

ZIMBABWE National Family Planning Council's Manicaland Province has five Youth Centres namely Chiendambuya, Nyazura, Mutare, Nyanyadzi and Ngorima. In this instance, the writer is profiling Ngorima Youth Centre.

Ngorima Youth Centre is located in the Rusitu Valley at Kopa Growth Point in Chimanimani District. The youth centre is about 700m from Kopa Growth Point within the Ngorima Clinic premises along Kopa-Kurwaisimba road. It opened its doors to youths in 2006 and it service 4 Wards, that is 9, 21, 22 and 23 with a population of 9 346 youths, 596 of these youths are in school and 4 750 are out of school.

Each of the wards have a resident Peer Educator providing health and life-skills education, counselling and referral services to young people within their respective wards. The Peer Educators complement the youth centre staff of six led by the Youth Health Advisor who is a youth friendly trained nurse and the Youth Facilitator who is a social scientist.

The youth centre offers a number of basic adolescent and youth sexual and reproductive health services which includes; Health and Life-Skills Education, on and off site health talks, library services, Sexually Transmitted Infections (STIs) diagnosis and treatment, PreP initiation and management, Livelihoods, Comprehensive Sexuality Education, Parent to Child Communication and career guidance.

From humble beginnings, conducting health talks under a tree, Ngorima Youth Centre evolved to be an oasis of adolescent sexual

and reproductive health information and services in Chimanimani district. The late Youth Health Advisor Mr Mwaonedza Mushonga championed the Adolescent and Youth Sexual and Reproductive Health (ASRH) program in the district from the Youth Centre under a tree which served as the office and meeting point for youths until 2007 when Chimanimani Rural District Council availed accommodation at Ngorima Clinic. Global Fund then chipped in with some resources to construct a standalone facility within the clinic premises.

programs have been domesticated to reflect and support Ndau values.

A youth centre committee that looks into the affairs of Ngorima Youth Centre was put in place. The committee which meet twice per quarter comprise Chief Mukondomi, his headmen, councillors and some church leaders. The active involvement of the Chief has improved community buy in and ownership of the program.



Ngorima Youth Centre

Peer education is a component in ASRH programming that is yielding amazing results in Chimanimani District. A number of Peer Educators have made it in life owing to the grooming which come with peer education training. To mention a few, three former Peer Educators persevered and attained professional qualifications, two as teachers namely Newsen Musasekana and Sheila Manguya and one Stanley Gwara as a bank teller with Agri-bank. One Situation Ndumiyani is doing well in life as an entrepreneur running shops at Kopa Growth Point.

Some joined the peer education program with only one ordinary level subject but with guidance they went back to school and attained minimum ordinary level passes. One such person is Oliver Mafukidze who reset for seven ordinary level subjects and passed them all. Leading by example as a Peer Educator, Oliver went on to wed Tsitsi

Dhliwayo and ZNFPC provincial management team were all out at the wedding supporting one who had passed through their hands.

Livelihoods projects have proved to be an important and motivating part of the ASRH program for both Peer Educators and youths. Ngorima Youth Centre successfully implemented a poultry project which has helped Peer Educators augment their allowance and other youths realise a source of income. The project has been such a success to a point that some of the peer educators and youths have been able to buy themselves sanitary wear, clothes, books, pens and others would pay for their extra lessons. **to page 4**

Ngorima Youth Centre has survived and blossom in the community on the basis of community ownership of the centre and ASRH program by the Ndau community. The Ndau community now perceive the ASRH program as their project with home grown solutions to reproductive health challenges affecting the young people and adolescences within their communities.

The inclusion of some of the good Ndau cultural norms and values into the ASRH program has helped the Youth Centre get the much needed support from the community in general, traditional leaders, religious and political leaders in particular. The youth centre and some of its

The story of Shyleen, with love from Ghana

I AM Shaylen Mudau. I grew up in Zimbabwe, Beitbridge town. My home area is Zezani a remote part of Matabeleland South province.

I am a young lady aged twenty and was sponsored by Camfed for my education from 2012 to 2018. I completed my ordinary level at St Mary's School obtaining eight Ordinary Level subjects in 2016.

I proceeded to Advanced Level at Zezani High School where I was the highest student with seventeen points in 2018 and now I am at Kwame Nkrumah University in Ghana studying my first degree, a Bachelor of Arts Degree in Linguistics.

As a young person, I frequented Zezani Youth Center for adolescent programs as well as library facilities and the time investment I made

has brought me a good deal of success. The library and computers opened many doors for day scholar studying my 'A' at youth center a c a d e m i c attribute my youth centre my teachers'

No matter how hold you back, with the belief to achieve is success has



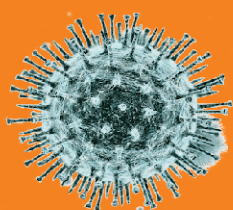
Shaylen Mudau

me since I was a w h e n I w a s level. Computers helped me in my research and I can good results to the library on top of effort.

the world tries to always continue that what you want possible. My come through

strong self-advocacy, great support from youth center team; Mr. Edward Chirwa, Sister Sithembinkosi Tlou and Brother Leo Muleya. Teachings from youth center encouraged me to have the spirit of working hard. The comprehensive sexuality education and life skills sessions among other programs that I attended at the youth centre made me realise that marriage is not an achievement in life and believing in yourself is the most important step in actually achieving your goals.

I would like to advise young people out there that, staying with a positive mind, working hard, paying attention to sessions and activities at youth centres, having goals and keeping track of them are some of the fine steps which helped me achieve this much in my life. Growing up as a girl in the rural areas and almost failing to attend school, who would have known that someone like me will make it this far in life?



CORONAVIRUS ALERT

CORONAVIRUS is a class of viruses that causes flue like illness in mammals. There is a new corona virus which was discovered in China. It was found to infect human beings in

December 2019 mainly in the Wuhan province of China.

This new coronavirus has been given the name COVID 19 an acronym for coronavirus disease 2019 by the World Health Organisation in 2020. Currently, the disease has no cure nor vaccine.

People who contract COVID 19 experience mild flue or cold like symptoms and healthy young people fully recover. The elderly and those with other existing and respiratory health problems may exhibit more severe symptoms. COVID 19 is fatal to older people with other health problems such as diabetes.

COVID 19 signs and symptoms

Symptoms range from mild illness to pneumonia, with some people recovering easily while others may get very sick very quickly.

- *Fever - high temperature
- *Flue like symptoms such as sore throat
- *Fatigue
- *Shortness of breathe

A person may carry the virus for up to 14 days without showing any symptoms, during which time they can spread the disease.

Protecting oneself from the disease

Use alcohol based hand sanitisers as much as possible to sanitise your hands. Frequently washing hands with soap under

running water for at least 20 seconds. In a public place, maintain a social distance of at least 1 metre between yourself and anyone.

Avoid:

- *Touching your nose, mouth and eyes with unwashed hands.
- *Touching common surfaces eg bus windows, doors with bare hands.
- *Unnecessary travel (local, regional and international)

Follow accurate public health advice from your local health authority, government, WHO or call toll-free 2019 or 2023

Be Smart, Stay Safe and Alert.

EDITORIAL

AFTER a long absence, may you please welcome our first portable document file issue of the Straight Talk. Your favourite youth newsletter which you used to get in hard copy from youth centres, youth corners, peer educators, Zimbabwe National Family Planning offices and staff was not spared by the ever raising production costs.

We have taken a deliberate move to have the newsletter come as a portable document to cut on production cost and that you will have it on regular basis. With the advent of social media, the newsletter can be easily shared and accessed.

It is our wish and hope that you will accept its new format and contribute articles, letters to the editor, stories and pictures in volumes to sustain the newsletter and increase frequency. Of note, on top of your favourite sections such as Poster Review and Straight Talk Doctor, we have introduced Straight Talk Aunt whom you can ask personal issues about growing up.

Allow us to point that Straight Talk is yours, and we at ZNFPC are just the guys who collate and arrange your articles. About Straight Talk; It seeks to 'keep adolescents safe' from all sorts of harm through sharing information, experiences as life is all about experiences and innovations around ASRH.

As the African proverb say , 'It takes a village to raise a child', Straight Talk calls upon youths, parents, teachers, guardians, SRH advocates and community leaders among others to put forward, for inclusion in the newsletter, articles, poems, cartoons, comments and views on almost anything and everything which concerns youth and is of benefit to the youth and us all.

The Straight Talk team recently visited Mashonaland East, Central and West with local journalists documenting stories on ASRH. The team really appreciate the support rendered by youths, parents and communities in these provinces. To the other provinces, keep your fingers crossed the Straight Talk team will be in your area

In March 2019, Zimbabwe experienced the horrific effects of cyclones when the eastern province of Manicaland was hit by Cyclone Idai. Lives, property and infrastructure were lost. ZNFPC lost its industrious Youth Health Advisor for Ngorima Youth Centre, Mr Mwaonedza Mushonga and his family during the cyclone which reduced part of Kopa Growth Point to rubbles. May their dear souls Rest in Peace.

The fall of 2019 saw an outbreak of Coronavirus reported in China, Wuhan province. The virus has spread across the world affecting millions of people and claiming hundreds of thousands of lives. So infectious is the Covid 19 causing virus that it has made life a living hell for many across the world and Zimbabwe is working around the clock to manage the pandemic. Youth is called to join the fight from an informed point and be the torch bearers.

Comprehensive Sexuality Education Breaks SRHR Barriers in Mudzi

By Micheal Gwarisa

NYAKUCHENA Youth Centre is situated in Mudzi, 260 kilometres from the main capital city Harare and has a catchment area of at least 36 villages from where adolescents and young people come seeking health, sexual reproductive health and rights (SRHR), educative and recreational services.

Since its establishment, Nyakuchena Youth Centre has been instrumental in reducing early and unintended pregnancies (EUPs) and early childhood marriages as well as increase uptake of health services such as HIV testing and counselling, and screening for Sexually Transmitted Infections (STIs).

With a total population of 2, 820 (1 586 males and 1 284 females), Nyakuchena Youth Centre has successfully managed to change perceptions around issues of sex and sexuality, reproductive health and rights through the Comprehensive Sexuality Education (CSE) approach.

Comprehensive sexuality education is a rights-based and gender-focused approach to sexuality education, whether in school or out of school. It also goes beyond information, helping young people to explore and nurture positive values regarding their sexual and reproductive health.

The CSE approach has enabled young people around Mudzi to make informed decisions about their reproductive health and sexual rights, a situation which has led to a decline in early unintended pregnancies and early marriages.

Even though Trish (not real name) fell pregnant and dropped out school in May 2019, she wishes to enrol back and complete her studies to become a teacher one day. She says the comprehensive sexuality education program had given her hope and empowered her to plan her

future.

“I fell pregnant around May, my boyfriend refused to accept responsibility. He said he was still young to be a father, he has since left Mudzi, I hear he is prospecting for gold in Mazowe.

“He was a gold panner here but left when my father threatened to deal with him. I have dropped out of school already and am expecting to deliver early 2020. I was not an active member of this youth centre but with encouragement of my friend I am frequenting the centre. From the few times I have been here and interaction with my friend, I have learnt that the centre offers various clinical services and had I known earlier, probably I would not have fallen pregnant,” said Trish.

For many girls who fall in Trish's condition, the future might seem bleak owing to numerous factors chief among them being the mere thought of being a single mother and the troubles it brings, the stigma from society and unemployment among a host of other issues.

Nyakuchena Youth Centre Youth Advisor Joyce Chipfupi said there was more uptake of CSE services by females as compared to males from the youth centre's catchment area.

“The services we offer here at Nyakuchena Youth Centre include clinical services, parent to child communication, library services, life skills, counselling and health education talks among other services. On clinical services, we offer reproductive health services, diagnosis and treatment of STIs, and HIV and testing services.

"Mostly males are coming in their numbers to access our services on and off site than females. We are however working on a number of initiatives which include Parent to Child Communication with the hope that more females will get to come for services." said Chipfupi.

She added that their Youth Centre's programs target both in school and out school youths.

ZNFPC attends UNESCO Parent to Child Communication regional training

By Fadzai Maphosa

IN THE PAST decade the sexual and reproductive health and rights (SRHR) of adolescents have been at the forefront of concerns about health throughout Eastern and Southern Africa. Various programmes and research have shown the need for increased involvement of parents and guardians/ care givers in advancing adolescent sexual and reproductive health and rights as well as promoting comprehensive sexuality education. The researches also, acknowledge that parents/caregivers play a key role in enforcing positive behaviours and gender norms.

UNESCO in conjunction with the government of the United Republic of Tanzania hosted a regional training of trainers on the use of the 'Our Talks' manual for parents/caregivers and adolescents. Participants, three per country were drawn from 13 countries namely, Botswana, Ethiopia, Kenya, Lesotho, Namibia, Tanzania, Zambia, Mozambique, Uganda, Malawi, Eswathini, South Africa and Zimbabwe.

Each country had three representatives, one officer from UNESCO and two from organisations working closely with young people. Zimbabwe was represented by Masimba Nyamucheta (UNESCO), Sazillinah Makumbe (Safaids) and Fadzayi Maposah (ZNFPC).

Officially opening the regional training the Zanzibar Minister for Education and Vocational Training, Ms Riziki Pembe Khamis said children are vulnerable to all forms of abuse and violence. She said it had been noted that most parents do not communicate with their children on sexuality. She added that sexual debut for most adolescents begins at a time when the parents/caregivers have no clue. When abuse happens it is most cases identified by the teachers with the parents not aware.

She shared what Zanzibar is doing in order to address issues around sexuality and parent child communication -PCC.

1. Zanzibar has a 5 year strategic plan which involves different ministries that work with young people.
2. Collaboration with different stakeholders and partners.

She implored the participants to use the three day regional training as a platform to exchange ideas so as to ensure that the work with parents/ caregivers concerning communicating with adolescents on SRH.



Participants at the PCC regional training

Speaking at the same meeting Dr Patricia Machawira, the UNESCO Regional HIV and Health Education Advisor said the PCC programme is there to compliment school based programmes. She said where there is increased communication regarding sexuality, there is increased likelihood of decision making. Dr Machawira said in some cases parents and caregivers are willing to provide information about sexuality but they lack the skills required.

She said the O3 programme in 31 Sub Saharan countries seeks to empower adolescents regarding SRHR. O3 – our rights, our lives, our future (2018-2022)

She outlined the objectives of the regional training and the roll out programmes as follows:

1. Strengthen communication in families between adolescents and their parents/ caregivers
2. Provide parents with tools and resources for PCC
3. Refine and finalise the Our Talks Manual
4. Equip trainers for roll out of PCC at country level

The regional training enabled participants from the 13 countries to share experiences regarding parent child communication. Countries are at different levels in terms of implementation of PCC programmes. During the training it was shared that parent child connectedness is protective. Connectedness – made up of behaviours that convey to adolescents that they are loved and accepted (WHO 2007).

PCC is affected by economic circumstances, gender, young people's respectability, education and modernisation When implemented, PCC improves communication and has positive effects for adolescents key of which is good contraceptive use. PCC interventions are most effective when they target young people before their sexual debut. PCC programmes also have an additional benefit of increasing the parents' self-efficacy for condom use.

At the end of the training which covered sample sessions from the manual developed by UNESCO, Our Talks, each country came up with a national rollout plan for the PCC programme.

Zimbabwe UNESCO office intends to work within the ZNFPC Youth centres that are spread throughout the country. Currently PCC programmes are being implemented by behaviour change organisations in the various provinces. ZNFPC youth centres and provinces are also carrying out PCC programmes.

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“Curbing child marriages could reduce HIV amongst adolescent girls”

By Micheal Gwarisa

GOVERNMENT should come up with effective ways of ending child marriages in rural communities if Zimbabwe is to attain an HIV free generation, Junior Member of Parliament for Mudzi South, Nester Kim has warned.

Speaking at the Young Fun Day at Nyakuchena Youth Centre which was running under the theme, “An HIV Free Generation is Possible for Adolescents, Nester said the issue of child marriages was more prevalent in rural communities including Mudzi and there was urgent need to address the crisis.

“If we look closely in our communities, even throughout the country, child marriages are on an upwards trend. Young girls are being married off at a very young age before the legal age of majority and the constitution of Zimbabwe is explicit that a child is any person below the age of 18.

“Now these are the ones in this age group where we are having the highest marriages and it is worrisome. Child marriages problem is being fuelled by a number of factors which include drug abuse, poverty, lack of education among others,” she said. causes of child marriages can be addressed and Zimbabwe could win She however added that all these the battle if more youth friendly centres are established in every rural community.



Junior Member of Parliament for Mudzi South, Nester Kim

She noted that, “If you look closely, we have these solutions here at this Youth Centre. The centre offers clinical services for those who would have been raped as well as general but critical information about growing up. The centre also helps rape victims to access police and legal assistance.

“Due to poverty, most young girls around here end up chasing after artisanal miners who will

impregnate and infect them with Sexually Transmitted Infections.”

She added that child marriages expose young adolescent girls to Sexually Transmitted Infections (STIs), obstetric fistula among a host of other health woes and child marriages plunges them into the vicious cycle of gender based violence and poverty.

Zimbabwe has put in place various legislative instruments aimed at guaranteeing the girl child's legal rights, particularly the Marriage Act, which only allows girls to marry at the age of 18, thanks to the January 2016 Constitutional Court landmark judgement which declared 18 years as the legal minimum age of marriage. The court ruling also deemed all forms of child marriage unconstitutional.

Despite the milestone ruling coupled with international conventions as well as domestic policies, child marriages remain prevalent in Zimbabwe, particularly in rural communities where customary law has been allowed to override formal law.

Globally, it is estimated that, one in every five girls is married, or in a union, before reaching the age of 18 years. In developing countries, Zimbabwe included, more than 32% of girls are married before the age of 18 and 12% are married before the age of 15. According to the National Adolescent Fertility Study of 2016, approximately 25% of Zimbabwean girls aged 15-19 are married or in union by age 18, thus one in four girls are married before they attain 18 years.

The Rise Of Drug And Substance Abuse ...a public health crisis in the wake of Covid-19 pandemic

By Ansetus Dongo

“The public health crisis induced by Coronavirus has snowballed into a global humanitarian crisis. Practically all corners of the world are touched by this pandemic. Covid 19 pandemic has significantly impacted all aspects of human civilization. Health care, travel, work arrangements, education and all major industries are impacted by this pandemic.” Dr Joe Thomas

SOME of the major aspects of youth lives that have significantly been impacted by the Covid 19 pandemic are the education and the health support services sectors. Schools and youth centres provide the much needed safe space, access to psychosocial support, including mental health support services and sometimes access to free meals. With them closed, youth are only left with home, were they spend most of their time during this pandemic.

We take a look at the impact of school and youth centre closure, and the nationwide lockdown in response to Covid-19 to children particularly adolescents and youth. This article will focus on the emerging issues of substance and drug abuse amongst the adolescents and youths who, due to school closure and lockdown, have suddenly found themselves at home with nothing productive to do and no one to supervise them.

Probably, hanging out with their age mates is the only interactive activity left for them. Idleness has given rise to negative peer pressure into drug and alcohol abuse by many youngsters. Mbanje smoking, illicit beer drinking and general drug abuse is the new norm among the youth these days.

Substance abuse is the intake of chemicals to create an artificial mood with or without knowledge or concern of the possible harmful effects on the individuals, family and society at large.

The age group of 10 to 24 years (adolescents and youth) is one group with the most impressionable mind, they are seeking and establishing their self identity and in most cases want to conform their attitudes and personalities to that of their friends and peers or even their role models. Experimentation with drugs often leading to habitual use and addiction often manifest itself at this point mainly due to inter related factors.

Most of the time, the young person has a poor self image or is also responding to peer pressure. The adolescent or young person naturally want to receive acceptance and thus by taking drugs they hope to find themselves being highly regarded and accepted by their peers and friends.

It is relatively true that in most cases drug including substance abusers commonly have a poor self-image and low self-esteem. Low self-esteem if left unchecked can have unrepairable damage in one's life including lives of those around them.

Prevention (in this case of drug and substance use) is better than cure and thus it should be inculcated in children as they grow up. The young person's self image and self esteem is mainly moulded in the environment they grow up in. Often times, young people who tend to experiment with drugs would have been brought up lacking discipline, lacking family or community acceptance and or encouragement. These children have their ability to make decisions, self-esteem and take responsibility of their actions underdeveloped.

During this period of Covid 19 pandemic containment measures as lockdown in which most adults are home most times, parents and guardians have a major role to play in helping out and moulding their children, adolescents and young people out of self-hurting activities as drugs.

Some tips for parents and guardians to help them curb drug abuse by adolescents and youths.

It is indeed wise and prudent to start early in their lives before they get involved/hooked. Parents and guardians need to provide a firm foundation and clear ideas on the damage usage and subsequently addiction these drugs can cause in one's life.

1. Maintain communication and openness with children. Learn and master Parent to Child Communication techniques and skills.
2. Develop a sense of self-confidence and high self esteem in the child by valuing them as a person, accepting their limitations and allow them to build decision making abilities. Demonstrate love, spend time with them and give them attention.
3. Encourage positive behaviour, anti-drug taking behaviour, whilst encouraging health consciousness. Also set a good example yourself.
4. Explain drug usage honestly and factually and ensure they understand the legal, physical and social consequences of drug abuse.
5. Know your teen's activities. Pay attention to your teen's whereabouts and know your teen's friends.
6. Establish rules and consequences; do not be afraid to impose practical and moral limitations on your teenager's activities, however be careful in imposing limits that you may not be able to adhere to yourself.
7. The availability of drugs and other substances need to be monitored within your child's environment.

Preventing drug and substance use can limit the amount of negative consequences facing teenagers and society as a whole. It is never too late to start helping. Knowledge, love and care can see us through the fight against drug and substance abuse amongst our youth.

Menstrual Hygiene and Management

By Ansetus Dongo

“DADDY, daddy. Bharaziya riya ratanga futiiii!!!”(The bilharzia problem has once again started). This was little Fiona telling her father in confusion and fear. Fiona is just 13 and was treated of bilharzia about a year earlier. Her father is single and raising his two children Fiona 13 and James 10.

Fiona's current 'bilharzia problem', have caught him unawares. He is not sure if it is bilharzia or its menarche for his daughter.

Fiona and his father's circumstance represent the dilemma a lot of fathers, male care givers and adolescent girls face in raising the girl child.

Food for thought:

1. Suppose your daughter come to you as Fiona did, how would you handle your daughter's biological development?
2. What information were you going to give her?
3. Would you relegate the whole issue to others like the aunties or health care workers?
4. What about Fiona and the likes of her who seem not to know anything about their biological developments. Who is supposed to provide them with what information?
5. In the Zimbabwean context, how do men handle issues of menarche and menstrual hygiene management with regards to their children and other close relatives?

Share your views with us on production@znfpc.org.zw

Call for news articles, fiction short stories, pictures and poems
The Editor of Straight Talk newsletter is calling for all Zimbabweans to forward news articles on ASRH activities in their areas, letters to the editor, individual and original poems as well as pictures with detailed captions for publishing in our coming editions of the newsletter. The editor reserves the right to edit or shorten the articles or not to publish them at all.

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FEED BACK
The Straight Talk team welcomes your feedback, views and comments on the newsletter. Feel free to interact with the team through post and electronic mail at: production@znfpc.org.zw

POSTER REVIEW

TEENAGE LIFE IS PRECIOUS

There are similarities between an egg and teenage life, and these include the following among others:

- An egg is tender and fragile, so is teenage life.
- An egg being fragile it needs caring: An egg needs to be taken care of as it has life in it and so are teenagers. Both the egg and teenagers need to be taken good care of. Once broken, an egg cannot be put back or replaced, so is life during teenage age. Acquisition of STIs and drug abuse during adolescent can have irreparable damage to one's future and life. Carelessness can ruin one's future.
- Society expects life from an egg, it should breed more chicks when the time is ripe: The same applies for teenagers. Society expects teenagers to be respectful, cultured and productive for they are the leaders of tomorrow. At the right time today's teenagers will become parents and expected to groom their children too.

POSTER REVIEW

Discuss with your friends, the messages you understand from the poster...



Transition from urban to rural life. The story of Noreen

By David Murwira

“I was born and raised in Gweru, the third largest city of Zimbabwe. My father used to work in a retail shop while my mother was a nurse. Our house was in Lundi Park, an affluent residential suburb of Gweru. We had tap as well as borehole water at home and our father drove us to school.

“I had my own bedroom and we enjoyed a wide range of entertainment at home and within our community. Growing up, my mother used to take me and my sibling to our grandmother's home (a two-roomed mud house) in Mudzi, Matuku village, during the long holidays of December to allow us to connect with our paternal relatives.

“Both my parents passed on in a horrific road accident when I was just twelve and now I am sixteen.” Narrates Noreen, (not her real name.)

“Since my parents' death, my brother and myself have been raised by my widowed grandmother who is now in her late seventies and survives on subsistence farming.

“It did not take us time to meet the reality of rural life. I started to join other girls to fetch firewood from some distant forests and water from distances we considered unbearable. We had to learn to cook food over firestones as opposed to the gas cooker or four plate electric stoves we had in Gweru.

“At first we used to complain about the smoke and ashes, which caused us teary eyes and coughs. By eight in the evening the paraffin lamp is put out to save fuel. There is nothing like entertainment after supper like listening to the radio or watching television. The only entertainment is going to church on Sundays, the evening village drums from traditional ceremonies, sports at school and sungura music

From page 1

Through livelihood projects Ngorima Youth Centre has crafted a way which has helped to return most of its Peer Educators and draw youths to the centre. One major reason cited by youths which make them shy away from youth centres was lack of empowerment through income generating projects. Most of the youths interviewed pointed that addressing their need to be self-reliant and economically empowered is the way to go and Ngorima Youth Centre is just doing that.

Bringing service to the people is fast becoming a norm in health services provision and Ngorima Youth Centre is equally up to the challenge. Combined effort by youth centre staff led by Mr Mushonga and Mrs Virginia Mazhokota, the Youth Facilitator, has seen the centre has registering success in its outreach program over the years despite the equally inhibiting terrain of Chimanimani. With the aid of a motor cycle, the youth centre is capable of more than eight outreaches per quarter and

Mutare Youth Centre Table Tennis Gold Medalist

By Patience Mukwakwasha

Mutare Youth Centre established a table tennis team in January 2017 with Mr Kudakwashe Madoro from Zimbabwe Table Tennis Association volunteering to train the team. Youth from Mutare, came in numbers to join the newly established club, some with knowledge of the sport with some being novices. Some of the youth who joined the club on its inception are now playing the sport at national level. Amongst the hordes of young boys and girls who joined the team and is playing at national level is Trust Madoro.

Trust was among the many boys who showed interest in table tennis right when the youth centre started table tennis in January 2017, at the age of eight. He would follow his father who conducted coaching classes at the centre. His father would tell him off the class and not disturb him. Trust was not discouraged, he would come and observe the coaching classes and training with great enthusiasm.

Seeing his persistence and enthusiasm, his father decided to give him a chance to get a feel of the equipment only to realise the boy was a natural, he had already mastered how to hold the table tennis bat. By mere observing how other players were conducting themselves at the training session, Trust had mastered the basics of table tennis.

His father came to realize that Trust had a natural passion for the sport and he included the boy in his training sessions. By the fall of the first quarter of 2017, Trust was stable with the bat and his father threw him into the deep end in the Shumba tournament at Mutare Girls High. Trust did not disappoint but performed wonders, he won a gold medal in the boys under ten categories. From there Trust's passion was fueled and improved by each game.

As for 2020, the boy had bagged three gold medals before sporting activities were put on hold due to Covid 19 pandemic. Trust won gold medals in the Midlands State University open held in February. In March, he won silver medal for the under 12 category, gold medal for the under 15 category and gold in the open doubles category in the Prince Edward High Open held in Harare.

The table tennis ace was due for a tournament in Namibia in April, but the tournament was cancelled.

To date Trust has played in a number of local, regional and international tournaments coming out tops in his category most times. At this young age, Trust has bagged more than 25 gold medals and numerous silver medals. The sky is only the limit for this young talent.

that we hear whilst passing by the shops.

“At first, I used to disassociate myself from such a life until it actually dawned on me that this is real.”

Noreen further narrates that her three years experience of rural life has exposed her to a number of issues faced by the girl child. School dropout is so rampant in rural Mudzi and the major reason is teenage pregnancy and poverty.

Her experiences on school dropout are supported by statistics obtained from District Aids Coordinator for Mudzi, Ms Trader Muzamindo who pointed out that in the year 2019 statistics from primary schools indicated that four pupils dropped out of school due to financial reasons, two due to marriage and five due to illnesses. In secondary schools 116 students dropped out due to financial reasons, 21 due to pregnancy, 38 due to child marriages and eight due to illnesses.

There is early sexual debut among adolescents in the district. One of the reasons for this is long distances students walk to and from school leaving home as early as five o'clock and return in the evening around six or seven o'clock. On average, students walk between 10 and 12 kilometres every day to and from school.

As youth walk long distances to school, some young girls are coerced to have sex on the way by their peers. At times, school girls engage in sexual activities with older men for money. With the big age difference, the girls are usually not able to negotiate for safer sex resulting in pregnancies and early marriages. Zimbabwe National Family Planning strategy 2016-2020 aims to reduce teenage pregnancies rate from 22% to 12% by year 2020 and such situations will retard the achievement of this goal.

this has benefited youths who live a distance from the facility.

For in school youths, the youth centre has made strides to reach school children with age specific and culturally sensitive ASRH packages. Schools within the district are visited on regular bases for health education and talks including menstrual hygiene sessions. Inter schools quiz competitions are held within the youth centre's catchment area. The quiz competitions are used to assess the level of knowledge of ASRH issues among the in-school youths. The competitions have generated a lot of interest among schools in the catchment area.

In March 2019, Manicaland Province was struck by Cyclone Idai and Chimanimani was the epicentre of the disaster. Kopa Growth Point was hit hard and Ngorima Youth Centre was partly washed away. The centre's pioneer Youth Health Advisor Mr Mushonga and his family of five was swept away. The disaster left staff members shell shocked and psychologically traumatised by the circumstances in which they lost a

Kasanze Youth Centre: Zvimba district's SRHR sanctuary

By Tonderai Mletwa

KASANZE Youth Centre is scaling dizzy heights in being an indiscriminate safe haven for all adolescents and young people seeking free, confidential and comprehensive youth-friendly Sexual Reproductive Health and Rights (SRHR) services and information.

Located in Zvimba district of Mashonaland West Province, the time-tested youth centre is shining like a diamond in providing Adolescent and Youth Friendly Services (AYFS) in line with the National Guidelines on Clinical Adolescent and Youth Friendly Sexual and Reproductive Health Services Provision (YFSP).

The SRHR interventions are tailor-made to continuously attract adolescents and young people to seek clinical Sexual and Reproductive Health (SRH) services in order to enhance their overall reproductive health well-being and this dovetails well into the Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy 2016-2020 rationale of reducing morbidity and mortality associated with sexual and reproductive activity among young people, 10 – 24 years.

Supported by five hard working and knowledgeable peer educators, the youth centre is endlessly championing SRHR services that are accessible, appropriate, effective, safe and free to adolescents and young people. The SRHR services are also being competently delivered in the right style on and off the youth centre.

Chiwe Wachekwa, a female peer educator affiliated to the youth centre, said they are daily engaging their peers on SRHR issues concerning their own reproductive health and rights especially in the face of Sexually Transmitted Infections (STIs), HIV/AIDS, teenage pregnancy and child marriages that always wreak havoc in the community.

“Comprehensive and accurate SRHR information and services on STIs/HIV, life-skills, gender roles, alcohol and drug abuse, resisting peer pressure, menstrual hygiene and self-esteem are easily accessible at the youth centre. Information on dangers of teenage pregnancy is also within reach since this phenomenon is rampant in our community and should be eradicated or at least reduced,” emphasised Wachekwa.



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Mrs M.H. Machimbirike, Adolescent and Youth Sexual and Reproductive Health Program Officer will be attending to your social issues around growing up. Let us tap into her wisdom about growing up, life skills and relationships

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work colleague. In as much as they are also service providers, they are in need of psycho-social support for them to be able to continue offering services to the affected community.

The ZNFPC family responded to the distress call from Manicaland and mobilised resources to assist its affected members as well as people in the province.

Loss of property and livelihoods in the communities around the youth centre has increased gold panning and prostitution, leaving some youth vulnerable to contract STIs, unintended pregnancies, drug abuse and school dropouts creating a need for a functional youth centre to ameliorate ASRH challenges youths in the district are bound to face. Due to space limitations for services provision, office space and staff accommodation the youth centre has rolled back most of its services and is on the verge of closing to the disadvantage of youths within the district.

Reducing teenage pregnancy is in tandem with Zimbabwe National Family Planning Council's (NFPC) strategic goal of reducing teenage pregnancy rate from 24% to 12% by 2020.

Nyasha Muranganwa, a local teenager who regularly accesses SRHR services and information at Kasanze Youth Centre stressed that all health-care providers and support staff at the youth centre are constantly and competently providing effective SRHR services to them with respect to their inalienable rights to information, privacy, confidentiality, non-discrimination and non-judgemental attitude.

The significant success of the youth centre also hinges on the support and recognition it is judiciously receiving from local parents, guardians and community members who recognise the value of providing SRHR services to adolescents and youth.

“We have a vibrant and functional ASRH Community Committee that seriously discusses the value and availability of health services for adolescents and youth. Our rooms allow for visual and auditory privacy when offering treatment and counselling to adolescents and youth. We are open during hours that are convenient to adolescents and young people,” retorted Mr Cuthbert Zvaraya, the Youth Health Advisor for the youth centre.

The youth centre provides an all-inclusive free package of information, counselling, diagnostic, treatment and care services. These include HIV Testing and counselling, HIV and STI treatment and management, condoms, Voluntary Male Medical Circumcision (VMMC), Pre-Exposure Prophylaxis (PrEP), Anti-Retro Viral Therapy (ART) adherence, family planning counselling and initiation, safe motherhood and Sexual and Gender-Based Violence (SGBV).

With the cardinal and humane support of International Planned Parenthood Federation (IPPF), the youth centre is also championing vibrant Comprehensive Sexuality Education (CSE), and Parent Child Communication (PCC) activities tailored at addressing the five key challenges that adolescents and young people are daily facing as espoused in the ASRH Strategy 2016-2020. These are maternal mortality, HIV/AIDS, teenage pregnancy, Sexual Gender Based Violence (SGBV) and child marriage.

Covid 19 Current Statistics (as at 08 June 2020)	
Total cases worldwide =	7 109 040
Total deaths worldwide =	406 461
Total recoveries worldwide =	3 468 412
Number of cases in Zimbabwe =	282
Number of recoveries in Zimbabwe =	34
Number of deaths in Zimbabwe =	4

* Source: <https://www.worldometers.info/coronavirus/>

