



The Sentinel

Volume 5, 2015

The official newsletter of the Human & Social Development and Special Programmes of the SADC Parliamentary Forum.

Parliaments hail SADC-PF



SRHR baseline surveys



Message from the Secretary General

Dr Esau Chiviya

Welcome to yet another edition of The Sentinel. As part of preparations for the implementation of our Sweden-funded Sexual Reproductive Health and Rights, HIV & AIDS, and Governance Programme, we commissioned baseline surveys to be conducted in the six of the seven countries initially earmarked for the implementation of this programme. These countries are Mauritius, Seychelles, United Republic of Tanzania, Lesotho, Zambia and Zimbabwe. The aim of this programme is to strengthen the capacity of female Parliamentarians in particular and National Parliaments in general. We contracted HEARD of the University of Kwazulu-Natal to undertake the baseline analysis for the programme so that we could identify country-specific priorities and goals for advocacy within SRHR, HIV and AIDS, and Governance issues. Additionally, we wanted information gathered through these baseline surveys to enable us to design the programme’s Monitoring and Evaluation plan. Conducting this survey was not easy but necessary to ensure that when we implement we focus on areas that require urgent attention. It was necessary that we appreciated current levels of knowledge, attitudes, practices and other related variables. Shortly after we received the reports on the various countries, we embarked on orientation engagements with various stakeholders in participating countries so that they become familiar with the findings of the surveys and react to them. This was important to ensure ownership and accuracy. Although the baseline surveys painted a broad picture of the prevailing situation in the participating countries, we are pleased that stakeholders have kindly commented in great detail and made suggestions with respect to how the baseline survey could be strengthened. In this edition we present what came out of the orientation sessions that were undertaken. Focus is given on additions made to the survey. Happy reading!

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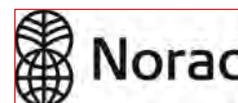
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The Sentinel

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CONDOMISE: Many young people still struggle to access contraceptives and age-appropriate SRHR information.

Variegated picture of sexual reproductive health

Staff Writer

ACHEQUERED picture is emerging as a baseline survey, ahead of a programme meant to strengthen the capacity of SADC National Parliaments to respond to sexual reproductive health rights issues in parts of the region, nears completion.

Commissioned by the SADC Parliamentary Forum through its Sexual and Reproductive Health and Rights, HIV-AIDS and Governance Programme (SRHR, HA & G), the survey is a forerunner to a four-year programme fund-

ed by Sweden.

University of KwaZulu-Natal's professor Timothy Quinlan, who works for the Health Economics and HIV-AIDS Research Division (HEARD), was the lead researcher of the team that travelled to various SADC countries to appreciate the lie of the land with respect to SRHR-related issues.

The researchers made surveys with respect to SRHR, HA & G issues in the Seychelles, Lesotho, Mauritius, Zambia, Tanzania and Zimbabwe. They were unable travel to Angola. While

in those countries, the researchers paid courtesy calls on the speakers of parliament before interacting with various stakeholders.

The SADC region faces a plethora of SRHR-related challenges. According to Quinlan, some SADC countries need to do more on maternal and child health as well as sexual and reproductive health beyond 2015, the end date of the Millennium Development Goals (MDGs).

see PICTURE p.4



PICTURE from p.3

“There are countries (in the region) in which it is clear that a lot of the health indicators for women have actually deteriorated,” Quinlan told The Sentinel.

He, however, conceded that there had been some general improvements and better services but maternal deaths and the deaths of children remain “extraordinarily high” yet they are preventable.

Quinlan’s view is that, if empowered, SADC women Parliamentarians can become effective advocates for ensuring improvement in policy, legislation and, more importantly, implementation of targeted interventions to improve SRHR-related and other issues.

He said the baseline survey was a brilliant idea as it would enable the SADC PF to have a clear understanding of what is feasible as it implements the SRHR, HA & G programme.

“What is feasible or not varies hugely across each country. We can’t have one common blueprint. We can work out a general plan to inform the rest of the programme but we have to be very context-sensitive to different situations in each country.”

Although some countries were yet to validate the results of the survey, Quinlan said that it was clear that some countries are grappling with very country-specific challenges, putting paid to the fallacy that there can be a silver bullet or one-size-fits-all as countries work towards improved access to SRHR, HA & G information and services.

“For example, Seychelles and Mauritius don’t have a problem with maternal and child health care. In those countries there is access to services. Their issues are problems related to drug use. In some instances people go into the sex trade to pay for their drugs. HIV then becomes a major challenge among drug users.”

Another odd issue for Seychelles is that

with respect to gender issues, teenage boys appear to be more in need of rescue than teenage girls and young women. In that country, how to keep boys in school and out of crime as well as getting young men to work are major challenges.

Countries such as Lesotho and Zambia are facing so-called common problems including high rates of maternal deaths, teenage pregnancies, co-infection of HIV and tuberculosis (TB), and gender-based violence coupled with poor access to services.

Through the baseline survey the researchers were keen to appreciate decision-making structures with respect to SRHR in the selected SADC countries with a view to strengthen legislation and advocacy by Parliaments and governments. The ultimate objective, according to Quinlan, is to improve and increase access to SRHR, HA & G services. Expectations were also that the survey would generate data that can be used in the monitoring and evaluation of the SADC PF’s SRHR, HA & G programme during its implementation.

Reproductive health rights are essential to the realisation of a wide range of fundamental human rights. These rights include: life; liberty and security; health; deciding the number and spacing of children; consent to marriage and equality in marriage; privacy; being free from practices that harm women and girls; and education and information.

In addition to holding focus group discussions with various stakeholders, the researchers pored over many documents in the selected countries. These included votes and proceedings, Hansards capturing verbatim debates in Parliaments, and motions and reports tabled in Parliaments.

Key stakeholders targeted during this survey included international partners, relevant government ministries, civil society organisations working on SRHR issues and Members of Parliaments. National law enforcement



Professor Timothy Quinlan

agencies, the media and prison officials were also earmarked for interaction.

The SRHR, HA & G programme will work closely with SADC-based women Parliamentarians through the SADC PF’s Regional Women’s Parliamentary Caucus (RWPC) to build their capacity to support SRHR, HA & G issues.

Quinlan said: “The programme can inform Parliamentarians and provide them with appropriate information. It can do the publicity for them on health issues which remain major problems in Africa.”

His view was that some Parliamentarians in the SADC Region appeared not to be very well prepared to come on board, although this varied from country to country. He was optimistic that the programme could change this.



In Seychelles, stakeholders hail “historic” orientation



Dr Cornelia Atsyor



Mrs Marie-Josée Bonnie



Mrs Peggy Vidot

Staff Writer

Some stakeholders in Seychelles have described the orientation organised by the SADC PF in their country as “historic”.

In separate interviews with The Sentinel in the country of approximately 80 000 people, the stakeholders said the orientation had given them a better appreciation of the Sweden-funded Sexual Reproductive Health Rights (SRHR) four-year programme and how they can support its implementation.

Dr Cornelia Atsyor is the World

Health Organisation (WHO) country representative in Seychelles. She welcomed the orientation and the SRHR programme.

“I think it’s historic because this is something that has been a gap for quite some time, especially with respect to the legal aspect of what we are doing in public health. At WHO we support countries to update, revise or develop legal frameworks but sometimes it takes a long time before they are passed in Parliament. I think this kind of orientation will go a long way towards facilitating, accepting or passing legal frameworks,” Dr Atsyor said.

She said generally, adolescents and the youth were facing challenges in accessing health services, especially sexual and reproductive health services. She was optimistic that the orientation and other initiatives being supported by SADC PF would open new avenues.

Dr Atsyor said there had been reports of some health care providers hesitating to provide services to adolescents before 15 years of age and insisting on parental consent.

“There is need for people to understand that parental consent is not

● see *HISTORIC* p.6

● **HISTORIC** from p.6

really needed in certain medical conditions. If health workers are confident to implement the legal framework as it is, that would go a long way towards avoiding missed opportunities for teenagers. Some health workers have their own value systems that impede service delivery,” she said.

Dr Atsyor said those who conceptualised the SADC PF SRHR programme had done well to make partnerships key ingredients of the programme.

“Partnership is very important. One person alone or an institution cannot implement or see projects through. You need to depend on other partners who are already in the field or on the ground.”

She said in Seychelles, the WHO had been in the country for decades, working closely with the Ministry of Health. The Sentinel asked Dr Atsyor to

say what she would want to see as impact at the end of the SADC PF SRHR programme.

“I would like to see a more knowledgeable and much sensitised Parliament that is responsive and is able to pass Bills related to health in Parliament, and partner with other health stakeholders to improve access to reproductive health services for the adolescents and the youth.”

Turning to the role of the press in advocating for SRHR-related issues, Dr Atsyor said she would want to see the capacity of journalists to report about SRHR issues in a factual and captivating manner increased.

“I would like to see media with qualified health journalists, who are well oriented in health issues; who are enthusiastic and able to push issues related to SRHR.”

Mrs Peggy Vidot is one of the people who developed indicators for the SRHR programme in Seychelles. Her view was that if everyone is

clear about the local situation, implementation can be done smoothly.

She stressed that bringing Parliamentarians on board is extremely important given their legislative function.

“Parliamentarians approve the law. They are, therefore, key people in effecting change,” she said.

Noting that teenage pregnancy in Seychelles mostly affects 18 and 19 year-olds because the age of majority is set at 18, Mrs Vidot calls for specific initiatives to target this age group.

“They can decide what they want or whether they want contraceptives or not. Those below 18 years require parental consent and must be tackled in a different way. I think we need to target those above 18 with a lot of education so that they avoid unplanned pregnancies. This might reduce illegal abortions,” she said.

● see **HISTORIC** p.7



COMMITTED: Parliamentarians in Seychelles turned up in huge numbers for the orientation session in Mahe.

Seychelles stakeholders add to SRHR baseline study

Staff Reporter

Stakeholders in Seychelles have made additions to a baseline survey that was conducted in their country ahead of implementation of a Sweden-Funded Sexual Reproductive Health Rights (SRHR) programme. They have also made recommendations on how the baseline survey can be made more reflective of the prevailing situation in Seychelles with respect to SRHR. They were

responding to a report by consultants contracted to conduct the baseline study by the SADC Parliamentary Forum.

On whether the baseline data reflected the reality in Seychelles, the stakeholders were unstinting in their criticism of the data. They said in some instances the report had relied on old data.

“The statistics need to be updated to reflect the current reality. Wherever

there is information up to 2014, it should be updated with the same,” they said in written responses during an orientation session held in Mahe, Seychelles.

The stakeholders also expressed concern over the phrasing on parts of the baseline survey, saying some of the information had been presented in a manner in which it could be misunderstood.

● see *SEYCHELLES* page 8

● HISTORIC from p.6

With respect to hard-to-reach communities, Mrs Vidot called, also, for well-targeted interventions to address their unique needs and challenges.

“Take men who have sex with other men; that is illegal in Seychelles. They are, therefore, not a clear group to us and whatever interventions we introduce tend to target the general population. Hard to reach communities also need to be reached,” she said.

Her view was that drug abuse has had a negative impact on SRHR in that some young girls and boys were into prostitution to sustain their drug addictions.

“Those of them that fall pregnant do not come for antenatal care. Sometimes they just come to the hospital

to deliver and leave the babies there. This is something I would want to see changed.”

Whereas girls and young women were generally receptive to SRHR-related services and information, boys and young men tended to stay away.

“Even when we do cancer screening, they (boys and young men) seldom come forward. Sometimes they wait until it is too late.”

Noting that many youths were hooked onto social networks, Mrs Vidot said she would want to see innovative ways of engaging with young people on SRHR issues on such platforms.

“We have to target them through social networks; through their means of contact.”

Mrs Marie-Josée Bonnie is the spe-

cial advisor to the Minister of Social Affairs and Community Development. She said it was good that Parliamentarians were opening up to greater sensitisation on health-related issues, which affect their constituencies.

“The more knowledgeable you are, the more you are able to make informed decisions. In developing policies we look for data to influence the policies. It stands to reason that when Parliamentarians are well informed they will make better judgments and can actively take part in ongoing discussions.”

Her view was that the SADC PF SRHR programme “holds a lot of promise”.

“It can only make Parliamentarians more effective and more responsive in their daily activities. I am thrilled to be part of the technical working group and render my support.”



● **SEYCHELLES** from page 7

“Dedicated government units to conduct prevention interventions are available contrary to what the report says. Sexuality education is available and integrated into the national curriculum contrary to what has been reported in the survey,” they said.

To support their argument, the stakeholders cited the National Curriculum Framework of 2000, which indicates that the main vehicle for sexuality education in all state schools in Seychelles is the Personal Social Education (PSE) programme launched in 1999.

The PSES’s main components are moral education, career education and guidance education for citizenship and family life health education. It addresses important life

skills and incorporates aspects of growth and development, sexuality education, gender roles and interpersonal and social skills.

The stakeholders suggested that the report reflects legislative gaps in Seychelles, especially in the country’s Misuse of Drug Act, which outlaws needle exchange programmes. There was also need, they said, to address issues related to accesses to and use of contraceptives. In that regard, the stakeholders called for the enactment or review of laws to improve access to SRHR and HIV and AIDS services.

On what priority and SRHR and HIV and AIDS issues can be pushed in Parliament, the stakeholders called for national budgetary provisions to support education and awareness programmes. They also said that more support

was needed for prevention programmes being implemented by non-governmental organisations. They wanted sexuality education delivered through PSE to be made examinable as well as programmes targeting out of school youths to be strengthened.

To overcome the shortage of human resources for health, the stakeholders suggested the need for innovative strategies to encourage young people to take up careers in health, especially in the areas of SRHR and HIV and AIDS.

“Currently, the AIDS Control Unit has only one staff (while) the Health Promotions Unit is manned by one only one staff member.”

● see **SEYCHELLES** page 9



ALL EARS: Parliamentarians from Seychelles attend an orientation session on the SRHR programme in Mahe.

Speaker says HIV “a new challenge” in Seychelles

Staff Writer

The Speaker of the National Assembly of Seychelles has hailed the SADC Parliamentary Forum for conducting an orientation session for Parliamentarians and other stakeholders as the regional body implements a Sexual Reproductive Health Rights (SRHR) programme in seven SADC countries, including Seychelles.

With financial support from Sweden, the SADC PF is implementing this programme, which seeks to build the capacity of SADC National Parliaments to respond to SRHR issues.

Following a baseline survey to appreciate the current status with respect to SRHR issues in participating countries, the SADC PF is now conducting ori-

entation sessions in participating countries to ensure that all stakeholders are on the same page.

Dr Patrick Herminie is the Speaker of the National Assembly of Seychelles. A public health specialist, Dr Herminie said he was optimistic that the SADC SRHR programme would make a huge difference in Seychelles, in which he said HIV and AIDS were “new challenges”.

“HIV is a new challenge in Seychelles because of its association with drug use,” he said, adding that he believed strongly in the country’s needle exchange programme although some people, including prominent people in Seychelles, were opposed to it.

He said homosexuality, which some

people are not keen to talk about is an important aspect of HIV transmission, which requires targeted interventions. Homosexuality is criminalised in Seychelles and attempts to decriminalise it in 1995 prompted a major uproar. So intense was the opposition to the Bill that sought to decriminalise homosexuality in Seychelles that the government was forced to withdraw the Bill at its second reading.

Dr Herminie explained that as a consequence of the rejection of the Bill by the public, it has not been easy for the government to develop programmes to meet the unique challenges facing homosexuals in Seychelles.

“We have a big task ahead. Unless they

● see *DELAYS* p.10

● SEYCHELLES from page 8

Noting that sexuality education requires the active involvement of many stakeholders, including parents, the stakeholders said MPs could advocate for the integration of components of SRHR and HIV and AIDS in parenting education platforms.

On the involvement of the media in promoting SRHR, the stakeholders expressed concern over event-driven journalism in which the media tended to “give visibility to SRHR and HIV and AIDS only around World AIDS Day”.

Another concern the stakeholders raised was the apparent reluc-

tance of “many organisations” to work with often hard to reach key populations whose behaviour is either classified as illegal, taboo or frowned upon.

To overcome this, the stakeholders suggested that MPs could advocate for the strengthening of the capacity of organisations willing to work with such groups. MPs could also push for the setting up of private clinics to serve these groups.

Seychelles is a matriarchal society and various studies have identified men and boys as vulnerable groups. In response to this, the stakeholders called for programmes designed to cater for the unique needs of men

and boys.

“Promote programmes that account for cultural issues that may drive the HIV/AIDS pandemic,” they said.

They also wanted MPs to advocate for comprehensive harm reduction programmes given that injecting drug use (IDU) was responsible for “almost 100 percent of all new cases of hepatitis C recorded since 2008”.

Finally, the stakeholders called on MPs in Seychelles to rely on evidence to support interventions such as male circumcision, which has been proven to offer some protection against contracting HIV.



● *Zim MP from page 9*

(homosexual people) come out and are accepted, we cannot put in place programmes in terms of prevention or harm reduction in we don't know who they are," he said.

Those opposed to decriminalisation of homosexuality argue that decriminalising it would encourage more people to become homosexuals.

Dr Herminie disagrees.

"My opinion is that a person is born gay. I cannot understand two men sleeping with each other year after year just out of vice. Unless it is genetic or part of one's hormones, it is difficult for anyone to become gay. I, therefore, do not believe that decriminalising homosexuality would prompt more people to become gay," he said.

According to Dr Herminie if one takes the view that homosexuality is genetically determined just like the colour of one's skin, it stands to reason that homosexuality is a human rights issue and so homosexuals should not be discriminated against.

Turning to the orientation of Parliamentarians and other stakeholders, Dr Herminie said it was important in that it would sensitise people and enable them to support implementation of the SRHR programme.

Mr Boemo Sekgoma is the Director of Programmes at SADC PF as well as the clerk for the Human Development and Special Programmes under which the SRHR programme is being implemented. She led the SADC PF delegation, which included Mr Moses Magadza, the Communications and Advocacy Specialist at SADC PF, Ms Loveena Dookhony, the Monitoring and Evaluation Manager, and Mr David Heita, an Accountant.

Speaking on behalf of the Secretary General of the SADC PF, Dr Esau



LEADING FROM THE FRONT: Speaker of the National Assembly of Seychelles, Dr Patrick Herminie fully supports the SRHR programme

Chiviya, Ms Sekgoma expressed gratitude to the National Assembly of Seychelles for the meticulous preparations that preceded the orientation session, which took place over two days in the picturesque Mahe island of Seychelles.

On a sad note, Ms Sekgoma regretted that a roundtable discussion on teenage pregnancy which had been scheduled to be held in Seychelles had to be held in Cape Town, South Africa, owing to logistical challenges.

On his part, Dr Herminie said Seychelles would have been honoured to host the roundtable discussion given the importance that the country attached to the emancipation and empowerment of women.

"We are proud of what we have done for women in this country. We have many women Parliamentarians and women constitute almost 90 percent of the staff of the National Assembly. Many women are at our university," he said.

He held out the example of the Clerk of the National Assembly of Seychelles, who is probably by far the youngest Clerk of Parliament in the world.

Dr Herminie said teenage pregnancy was a big challenge in Seychelles, with "most young ladies" being unmarried mothers.

Additionally, the family as the primary agent of socialisation was not intact in most cases in Seychelles giving rise to other challenges including child abuse, according to the Speaker. Early sexual debut was another challenge.

The Speaker revealed, also, that the number of illegal abortions was "very high" in Seychelles.

"Sometimes girls are impregnated by married men. Promiscuity is another challenge. We don't have polygamy in Seychelles but multiple concurrent sexual relationships are rife," Dr Herminie said.



Zim stakeholders welcome SRHR baseline study, want current data



CHAMPIONS: *These Zimbabwean stakeholders actively participated in an orientation session held in Harare.*

Staff Writer

Stakeholders working to address Sexual Reproductive Health Rights, HIV and AIDS Governance issues in Zimbabwe have welcomed results of a baseline survey conducted to determine related gaps and opportunities as generally reflective of the SRHR challenges in their country.

The stakeholders however noted that the survey had tended to over-rely on literature and in some instances focused on 'old data', some from 2010 and 2011. Their view was that had the researchers relied more on interviews with stakeholders they would have identified more baseline indicators.

They noted that a few issues in the baseline report could not be validated and gave the example of HIV prevalence rate which the report said stood at 11 percent. They said they would like the report to provide more information with respect to the availability or other-

wise of youth-friendly services. Their view was that the baseline survey report did not provide actionable data on the challenges that people living with disabilities face in the country when accessing SRHR-related services.

Speaking during an orientation session with SADC PF staff in Harare, Zimbabwe, the stakeholders said whereas one of the challenges faced in the country was related to the ability of educators to impart age-appropriate SRHR information in educational institutions, the baseline survey report had not dealt with this issue in detail.

On priority SRHR and HIV/AIDS issues that could be pushed in Parliament, the stakeholders cited child abuse and child marriages; the removal of user fees; availability or otherwise of drugs; the provision of youth friendly services; the need for more focus on young people and SRHR; advocacy for the provision of comprehensive sexuality education; interrogation of Govern-

ment commitments made and demand for accountability; and the provision of materials and services for visually impaired people.

They said organizations working with communities in the field of SRHR, line government ministries, media organizations, tertiary institutions, local authorities and United Nations agencies could be relied upon to provide technical assistance.

It was noted that various activities were already being done by other partners but needed to be harmonized to facilitate outcomes in SRHR, HIV and AIDS. These included Parliamentary workshops; advocacy dialogues, public hearings, awareness raising through media, including social media.

Noting that the active involvement of Members of Parliament was key to the successful implementation of the

● see **ZIMBABWE** p.12

● **ZIMBABWE** from p.11

SRHR Programme, the stakeholders stressed the need for MPs to be informed through platforms on which they can interact with partners. It was suggested that Members of Parliament be made familiar with issues affecting their constituencies and be involved in site visits with implementers or partners.

The role of the media was discussed at length and it was suggested that collaboration between the media and other partners be strengthened. Researchers were encouraged to share information with the media while stakeholders agreed to always invite the media to workshops, meetings and training sessions. It was noted that Zimbabwe had a vibrant media industry which could be used during advocacy.

It emerged that although many materials had been developed by organizations, some were not translated into languages or forms that other or target audiences could read. The materials had not been packaged in a manner that would enable visually impaired people to use them.

It was agreed that Information Education Communication (IEC) material need to be packaged in a way that target audiences could utilize.

During the orientation session it was observed that SRHR issues remained topical in Zimbabwe and had been discussed mainly by boundary technical partners. For instance, the issue of child marriage, policy on contraceptives for teenagers, access to health services by expecting mothers and gender based violence were priority areas that both

Parliament and partners could address.

It was stressed that Parliamentarians needed to be empowered to meaningfully play their legislative and oversight roles in SRHR issues. Further, the capacity of Parliamentarians to lobby and advocate on SRHR issues was identified as a challenge, given that most issues in this area were of a technical nature. Going forward, participants agreed that Parliamentarians should be trained on SRHR and for partners to continue rendering technical and other assistance.

With funding from Sweden, the SADC Parliamentary Forum, which brings together 14 national Parliaments in the SADC Region, is implementing a SRHR programme in seven countries.

● see **ZIMBABWE** p.13



Zimbabwean stakeholders pose for a group photograph during an orientation session in Harare, Zimbabwe.

● **ZIMBABWE** from p.12

The programme seeks to strengthen the capacity of female Parliamentarians in particular and of national Parliaments in general to advocate for SRHR – related issues in participating countries.

In a speech read on his behalf by Dr Andreas Rukobo, a principal director with the Parliament of Zimbabwe at the start of the two-day session, Clerk of Parliament Mr Kennedy Mugove Chokuda said Zimbabwe was proud to be one of the countries participating in the SRHR programme.

Mr Chokuda reiterated Zimbabwe's commitment to the programme and said the enactment of the Domestic Violence Act, the setting up of the Gender Commission and the ongoing debates around free maternal health care were proof of the seriousness with which Zimbabwe takes SRHR issues.

Mr Chokuda thanked the SADC PF for organizing the orientation session and stressed that training and outreach programmes would help partners in implementing the SRHR programme more intelligently.

Also speaking during the orientation session, SADC PF Director of Programmes, Ms Boemo Sekgoma said SADC PF's thinking is that there should be universal access to SRHR and HIV/AIDS services for everyone including women and girls.

"This programme will focus on women Parliamentarians through the SADC PF's Regional Women's Parliamentary Caucus, thereby building the capacity of and providing a platform for the voice of women legislators to be heard," she said.

Ms Sekgoma said the project would be implemented in seven priority countries: Angola, Lesotho, Zambia, Mauritius, Seychelles, Tanzania and Zimbabwe. The SADC PF commissioned the baseline surveys to appreciate challenges and opportunities related to



Dr Andreas Rukobo, Principal Director with the Parliament of Zimbabwe

SRHR in the participating countries.

"Through our baseline survey we realized that there is over-reliance on foreign donor funds, limited data on key populations such as sex workers and prisoners and low access to SRHR services leading to high teenage pregnancy and abortion," she said.

She added: "Our partners here have helped us to identify and act on health issues which have been tabled for intervention such as key population-focused projects and understanding of the linkage between the different health challenges facing the country."

The orientation session was meant to give stakeholders an opportunity to validate the findings of the baseline

survey. As elected representatives of the people, Parliamentarians are key partners in the Programme. Parliamentarians represent the people and can advocate for more access to SRHR through the enactment of appropriate laws and policies. Additionally, Parliamentarians play a watchdog role and should hold other stakeholders to account.

MPs can ensure that approved priority health interventions are implemented properly and with enough resources. More orientation sessions, which are meant to also enable stakeholders to better appreciate the nature and objectives of the SADC PF SRHR programme so that they can support it, are scheduled for more countries that include Tanzania and Mauritius.





ACTION-ORIENTED: Lesotho stakeholders attended a two-day orientation session on the SADC SRHR programme.

Orientation held in Lesotho

Staff Writer

The National Assembly of Lesotho and organisations working towards universal access to Sexual Reproductive Health and Rights as well as halting and reversing HIV and AIDS are optimistic that the SADC PF SRHR, HIV and AIDS Governance Programme will support related existing and planned initiatives.

Speaking during an orientation session on the SADC PF SRHR Programme,

the stakeholders outlined what Lesotho was already doing in the areas of SRHR, HIV and Governance issuers. These include a newly launched Primary Health Care (PHC) revitalization plan (2013) aimed at improving PHC services in the country while also making them more accessible.

The decentralisation of health services was also in ongoing in collaboration with the Ministry of Local Government (MoLG). The Human papilloma virus (HPV) vaccine was being offered to

girls through schools in Lesotho which the stakeholders said was a good move towards the prevention of cervical cancer and screening. This was being offered in the form of pep-smears, although the government still needed to strengthen these services.

On the legislative front, Lesotho had enacted laws against discrimination of people living with HIV and AIDS and other laws protecting women’s SRH rights and other vulnerable groups. There is a Sexual Offences Act (2003)



which strengthens the protection against sexual violence and prohibits sexual assault together with the Penal Code (2010) which criminalises rape in marriage especially if the accused spouse has sexually transmitted infections including HIV.

It emerged that the National Plan of Action for Women, Girls and HIV and AIDS had just been revised and provides for post-exposure prophylaxis (PEP) for survivors of sexual violence. Its implementation remained a challenge.

Lesotho Children's protection and Welfare Act (2011) fortifies the protection of children's rights and there was also the Legal Capacity of Married Persons Act 9 (2006) which provides for equality of women's rights in marriage.

The National Adolescent Health Policy (2006) protects health, development and rights of adolescents while the National Reproductive Health Policy (2008) aims to achieve the integration of HIV and AIDS and SRH.

Lesotho's National Health sector Policies (2011), the National Health Sector Strategic Plan 2011-2016 and National HIV seek to facilitate the collaboration of primary stakeholders in SRHR & HIV to partner with the Parliaments towards capacity building of Parliamentarians (MPs), especially women MPs, to intervene and advocate for comprehensive and essential sexual and reproductive health, HIV and AIDS services and impact on relevant current policy environment in their countries.

The stakeholders said in spite of these significant policy and legislative advances, the country still faced gaps and challenges that needed to be addressed. They cited weak health services and poor or limited

access to health services especially in the remote mountainous parts of the country. They noted that there was sparse distribution of health facilities in the remote or rural communities. This prompted people in those areas to travel long distances to reach health facilities.

It was noted that Parliamentary Committees relevant to the SADC PF SRHR, HIV and AIDS Governance Project were new and had not started working. Some MPs did not have sufficient knowledge on SRHR and HIV and AIDS issues and were thus not in a good position to raise such issues in their constituencies or the Parliament.

It emerged that some women Parliamentarians and Women Senators were still affected by traditional patriarchal ideological barriers which restricted their engagement in SRHR issues and programmes.

Also of concern were barriers in ensuring accessible, affordable and specialised services such as legal aid to survivors of gender-based violence. The stakeholders decried limited support to the country's Ministry of Justice in the provision of legal services by NGOs.

Additionally there were limited SRH services for key populations including the elderly while Parliamentary records, especially the Hansard, did not reflect regular advocacy on SRH, SRHR and HIV and AIDS issues by MPs.

The stakeholders noted that Lesotho has one of the highest HIV prevalence rates at 23% and HIV infected and affected people were still being discriminated against especially in rural areas. Mother-to-child-transmission (MTCT) remained high in the country despite the availability of PMTCT services.

It was noted that Lesotho still suffered high child and maternal mortalities, the

latter mainly due to unsafe abortions and high rates of teenage pregnancies. Additionally, many women in the country were not able to access contraceptives when they needed them.

Sexuality education was very limited and young people were restricted when they needed to discuss such issues both at home and at school due to social taboos. Youth Friendly Centres were available but understaffed, their location and timing of services not conducive for the youth. Also of grave concern was the fact that SRH laws did not protect some key populations such as men who sleep with men (MSM) and women who sleep with women (WSW).

The orientation session was one of several meant to ensure strong cooperation and interface of national stakeholders and Parliaments; share outcomes of the Baseline Survey conducted on SRHR and Parliament and identify priority areas and strategies for sustained policy advocacy at regional and national levels.

It sought, also, to provide an opportunity for the primary stakeholders to give feedback on the SRHR, HIV and Governance Project monitoring framework; and provide a platform for in-depth learning and transfer of knowledge on existing collaborations with Parliament and strengthen the delivery of the SADC PF SRHR project.

Orientation session participants were drawn from development partners, Civil Society Organizations and the media in Lesotho.

Ms Libuseng Majoro, the Deputy Clerk of the National Assembly, officially opened the session on behalf of the Clerk to the National Assembly. She stressed the need to focus on sexual and reproductive health (SRH) issues particularly HIV and AIDS which are huge challenges in Lesotho.

CAMERA EYE

