TARIRO YOUTH DEVELOPMENT TRUST

SITUATIONAL ASSESSMENT ON KNOWLEDGE, ATTITUDES, BEHAVIOUR AND PRACTICES ON SRH, HIV/AIDS AND LIFE SKILLS AND LIVELIHOODS + EMPLOYMENT AMONG YOUNG PEOPLE IN AND OUT OF SCHOOL

2019

SITUATIONAL ASSESSMENT

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Contents

ACKNOWLEDGEMENT iv

Executive Summary v

1.0 BACKGROUND AND INTRODUCTION 1

1.1 About Tariro Youth Development Trust 1

1.2. Purpose And Objectives Of The Study 1

1.2.1 Specific objectives 1

2.0 METHODOLOGY 1

2.1 Overall Study approach 1

2.2 Sampling procedures 2

2.3 Limitations of the study 2

3.0 KEY FINDINGS AND ANALYSIS 3

3.1 Characteristics of Situational Assessment Respondents 3

3.1.1 Distribution by gender 3

3.1.2 Distribution by level of education 3

3.1.3 Distribution by level of literacy 4

3.2 Knowledge, Attitudes, Behavior and Practice on SRH, Life Skills, HIV and AIDS 4

3.2.1 HIV and AIDS Knowledge 4

3.2.2 HIV Prevention 6

3.2.3 HIV Test and Counseling and disclosure 7

3.2.4 AIDS as a punishment from God 9

3.2 SHR, HIV and AIDS 9

3.3.1 Sexual history 9

3.4 Gender Based Violence 12

3.5 Knowledge on SRH and Life Skills 15

3.5.1 Condom access 16

3.5.2 Sexual Transmitted Infections 18

3.6 SRH/HIV and AIDS Information 18

3.6.1 Sources of information on SRH, HIV and life skills 18

3.6.2 Preferred source of information on SRH, HIV/AIDS and life skills among young people 18

3.7 SRHR PROGRAMMING 19

3.8 Livelihoods 19

3.8.1 Employment and income 19
3.8.2 Involvement in business 21
3.8.3 Access to capital 22
3.8.4 Employment seeking 22
3.8.5 Capacity development and skills training in livelihoods 22
4.0 CONCLUSION AND RECOMMENDATIONS 24
4.1 Harmonized Conclusions & Recommendations 24
5.0 ANNEXES 23
5.1 Household Questionnaire 23
5.2 Focus group discussion guide for in school young people 29
5.3 Focus group discussion guide for out of school young people 31
5.4 Key informant interview guide 32

LIST OF ACRONYMS

AIDS	: Acquired Immunodeficiency Syndrome
FGDS	: Focus group discussions
GBV	: Gender based violence
HIV	: Human Immune Virus
HTC	: HIV Testing and Counseling
IEC	: Information, Education and Communication
IGAs	: Income generating activities
IVDU	: Intravenous drug use/users
KAB	: Knowledge, attitudes and behavior
KIIs	: Key Informant Interviews
MTCT	: Mother to child transmission
PLHIV	: People Living with HIV
PMTCT	: Prevention from Mother to Child Transmission
SRH/R	: Sexual and reproductive health and rights
STIs	: Sexual Transmitted Infections
TV	: Television
TYDT	: Tariro Youth Development Trust

ACKNOWLEDGEMENT

Tariro Youth Development Trust would like to give thanks to all the stakeholders who participated in this situational assessment among 8 VIDCOs in ward 32 of Zaka Rural District in Masvingo Province, Zimbabwe and generate information that will guide in programming of TYDT SRH/HIV, Life Skills, Livelihood and Employment Programmes for young people both in and out of school. Sincere acknowledgement and thanks goes to Muzenda Samson, Emerald Chibhamu and Emmanuel Tembo for their tireless coordination and participation in the execution of this assessment.

We would like to thank all the research assistants – who volunteered to collect all the information that has formed this report. May God abundantly bless you and we hope the capacity and experience you attained will be of more importance in your careers.

TYDT extends its gratitude to ward 32 local leaders, Community Health Workers, Youth Officers and school heads for guidance and coordination assistance during the situational assessment. We thank all health masters and VIDCO Chairmen for their cooperation during the assessment as well as the Councilor, Chief and Ward Chairperson who took part in the assessment.

Finally, we would like to appreciate the willingness and proactive participation of young people both in and out of school who took their time to fill out the questionnaires and participate in FGDSs for the situational assessment. Their contribution is instrumental towards the successful execution of the assessment of which its data will assist TYDT to craft programmes relevant to the needs of young people.

Executive Summary

The study is a product of Tariro Youth Development Trust and serves as an internal document that will inform the programming of the Organization.

The purpose of the assessment was to assess the situation on SRH, HIV and AIDS, life skills and livelihoods and employment among young people both in and out of school in ward 32 of Zaka Rural District in Masvingo Province, Zimbabwe.

The objectives of this assessment were:

a. To assess knowledge, attitudes, behavior and practices on SRH, HIV/AIDS, and life skills among young people in and out of school.
b. To identify persisting risk sexual behaviors among young people.
c. To identify livelihoods opportunities, skills and needs of young people out of school to make a decent living.
d. To generate information on SRH, HIV/AIDS, life skills and livelihoods which will guide in TYDT programming.

The assessment was conducted in 8 VIDCOs namely: Musavezi, Muzinda, Machiva, Cheshato, Chedebwe, Dzoro, Rutondwe and Musimbe, using a mix of quantitative and qualitative methods as follows: (i) quantitative questionnaires administered on 208 young people in and out of school, (ii) Focus Group Discussions (FGDSs) with 98 young people in and out of school, and (iii) 14 Key Informant Interviews with teachers-school heads, community health workers and local authorities.

Sampling for the study was purposive that is to include all VIDCOs in ward 32 which presented 100% of the whole geographical area in which TYDT will operate.

Young people both in and out of school participated in this situational assessment came from a combination of demographic and socio-economic characteristics. These include age, sex, level of education, literacy levels and areas of residence. These characteristics were then correlated with other issues investigated in this situational assessment namely knowledge on SRH and HIV and AIDS, awareness of HIV related interventions, attitude and behavior related to HIV and AIDS, sexual risk behaviors and prevention initiatives.

Overall, a sample comprised of a slightly larger proportion of the females than males (52.4% female and 47.6% male). Nearly a half of the respondents were between ages of 13-17 years (36.5%). The proportion of each age group declines as the age increases, a reflection of youngest age structure.

Knowledge and awareness on HIV and AIDS within young people was assessed and the results show that about 96.6% of young people have heard of HIV and AIDS although comprehensive knowledge among them was revealed to be low. Apart from the big percent of young people who had heard of HIV and AIDS, there was persistence of misconceptions about HIV including whether HIV is curable or not. Ways for HIV transmission and HIV prevention methods were the challenges to be mentioned among young people.

The assessment revealed that, young people are engaging in sexual behaviors that put them at risk of getting adolescent pregnancies among female young girls and women and encounter with other HIV related risks such as contracting STIs including HIV. Such behaviors include, having multiple sexual partnerships and

intergenerational relationships. Early sexual initiation is worryingly common and the assessment revealed that 49.0% respondents have had sex, 58.8% being female and 41.2% male. Out of those who reported to have ever had sex, 44.1% report to have had first sex between the ages of 10-14 years.

Gender Based violence is common and young people acknowledged it at 96.8% and both men and women have been victims of the phenomenon. The most common types of GBV that cause harm to girls identified were early marriages, domestic violence, sexual violence and forced marriage.

About 92.8 % of young people were willing to undergo HIV Testing and Counseling although 39.7% of those who wanted to have HIV test were not willing to disclose their status. Stigma and discrimination from people who they regularly interact with including partners, teachers and peers may be interpreted as one of the reasons for non-disclosure. STIs knowledge of signs and prevention is very low, 79.2% were aware of STIs but only 61.2% of them were able to mention one to five common signs and symptoms for STIs.

Young people indicated that they have had access to SRH/HIV information from different sources such as their parents, teachers, and peers/friends, print media and Church. However, this has never turned into a convincing magnitude of fruitful achievements of increasing their knowledge on SRH among them. Young people reported to be willing to participate in SRH related programs once they are established. Most of the interventions preferred in the project include Counseling, HIV/AIDS education, HTC, condom promotion and distribution including how to use them, SRH education, Information Education and Communication materials, accessibility of other health related services and integration of sports, drama, poems, livelihoods and education.

In regards to the livelihoods, the focus area assessed young people whether they earn income and overall, 48.8% of respondents reported earning income. However income levels showed to be of lower standards with half of the respondents earn less than $50US per-month. Consumption patterns of young people in the community indicate that, while food is the major expenditure item (as expected in low income situations), clothes, buying sex and alcohol and drug use also eats into monthly incomes of young people.

17.9% of respondents reported being involved in small business enterprises and high proportions of businesses run by young people are informal. Young people are currently looking for employment although regular wage employment in ward 32 is scarce. In the absence of employment opportunities, rural-urban migration and migration to neighboring countries like South Africa given the proximity to the boarder is likely to increase. Added to the limited establishment of IGAs owing to lack of enabling opportunities (entrepreneurship groups, awareness of opportunities, access to loans/grants, markets and access to markets) among young people, sustained productivity of rural communities will be highly affected. However, young people possess a diversity of skills that TYDT will make use of when crafting livelihood interventions.

1.0 BACKGROUND AND INTRODUCTION

1.1 About Tariro Youth Development Trust

Tariro Youth Development Trust is a registered Non-Profit and Community Based Organization mandated at improving the spiritual, health, education, and economic capacities of rural and marginalized communities in Zimbabwe. Our mission is to empower the children, adolescence and youth through education, training and support that improves their socio-economic status. This allows young people to play a central role, shaping their destiny and meaningful contribution to the socio-economic development of their communities. Our vision is socio-economic transformation through sustainable youth development programs. Our programmes are centered on Sexual Reproductive Health and Rights, education, spiritual support livelihoods & employment and Monitoring & Evaluation, Advocacy, Research and Information.

1.2. Purpose and Objectives of the Study

The situational assessment was conducted in January 2019. The main purpose of the study was to assess the status of young people in and out of school concerning SRHR, life skills, HIV/AIDS and livelihoods to inform the programming of TYDT in a way that programmes can be crafted more adequately to meet the needs of young people and further allow TYDT to measure its impact after carrying out the programme activities in ward 32 of Zaka Rural District.

1.2.1 Specific objectives

a. To assess knowledge, attitudes, behavior and practices on SRH, HIV/AIDS, and life skills among young people in and out of school.
b. To identify persisting risk sexual behaviors among young people.
c. To identify livelihoods opportunities, skills and needs of young people out of school to make a decent living.
d. To generate information on SRH, HIV/AIDS, life skills and livelihoods which will guide in TYDT programming.

2.0 METHODOLOGY

2.1 Overall Study approach

The study was conducted between July and November 2019 in ward 32 of Zaka Rural District in Masvingo Province, Zimbabwe. The ward consisted of eight Village Development Committees (VIDCOS) namely: Musavezi, Muzinda, Machiva, Cheshato, Chedebwe, Dzoro, Rutondwe and Musimbe. The assessment was undertaken using a mix of quantitative and qualitative methodologies as follows: (i) Quantitative questionnaires were administered on young people in and out of school. The questionnaire was prepared in English, translated to Shona and pretested to 30 young people in Musavezi, (ii) Focus Group Discussions were conducted with young people in and out of school and (iii) KIIs were conducted with Village Health Workers, head-teachers and traditional leaders including Ward Councilor and Ward Chairperson.

2.2 Sampling procedures

Sampling method used was purposive that is to include all VIDCOs in ward 32 which presented 100% of the geographical area in which TYDT will operate. The respondents willing to participate were organized by VIDCO Chairman in each VIDCO who had prior knowledge of the community and influence and in schools respondents were organized by health masters.

A total of 320 young people were interviewed: 208 through questionnaires, 98 through FGDSs and 14 KIIS. In each placement 26 respondents were administered questionnaires within the following strata: in school and out of school young people. Similarly, FGDS were conducted in each placement and KIIs for each placement. The sampling for respondents was based on the data collection tools used, for questionnaires and FGDSs, involved the stratification of young people in schools (divided into primary and secondary) and young people out of school.

2.3 Limitations of the study

The study was subject to the following limitations:

i. Timing in the sense that the situational assessment was conducted during the farming season and most of the respondents were busy in farms and could not provide enough time for interviews.
ii. Limited resources and located in a rural setting, the research team had to walk long distances. This contributed to some placements not reached in time (Machiva) where respondents were gathered and informed of the specific meeting time.
iii. Hiding of sensitivity information especially those related to sexuality and sex history among young people. The interviews were conducted in face-to-face settings. As such, young people were unlikely to report on sensitive issues such as sexual initiation and may be hesitant to talk about sexual and reproductive health issues.
iv. The VIDCO Chairmen tasked to identify young people about the Focus Group Discussions were openly known as being members of the ruling party (ZANU-PF) and most of the venues chosen were affiliated with this party. Therefore, young people confused the study to be a campaign by the party.

3.0 KEY FINDINGS AND ANALYSIS

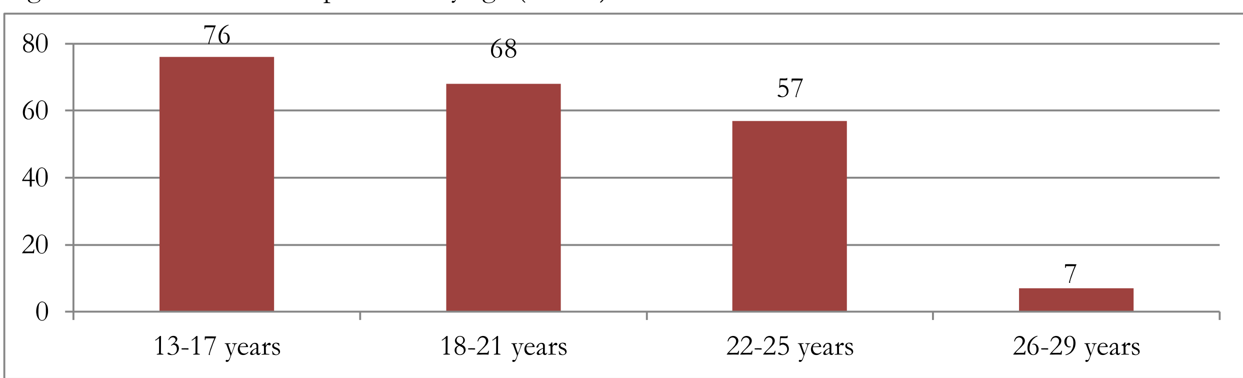
The section is structured to respond to specific objectives of the study. It gives respondent's social demographic information and addresses issues of knowledge, attitude, behavior and practice on SRH, HIV/AIDS and life skills and then gives responses on the existing gaps and paradigms on SRH, HIV/AIDS and life skills among in and out of school. It also gives the findings on livelihoods and employment for out of school young people.

3.1 Characteristics of Situational Assessment Respondents

3.1.1 Distribution by gender

A total of 208 respondents were interviewed and among them 109 (52.4%) were female while 99 (47.6%) were male. The majority (36.5%) of the respondents were in the age group 13-17 years, followed by 18-21 at 32.7% and 22-25 at 27.4%, whilst 26-29 made up less than 10% of the population (3.4%). The distribution of respondents' age is shown in the figure 1 below:

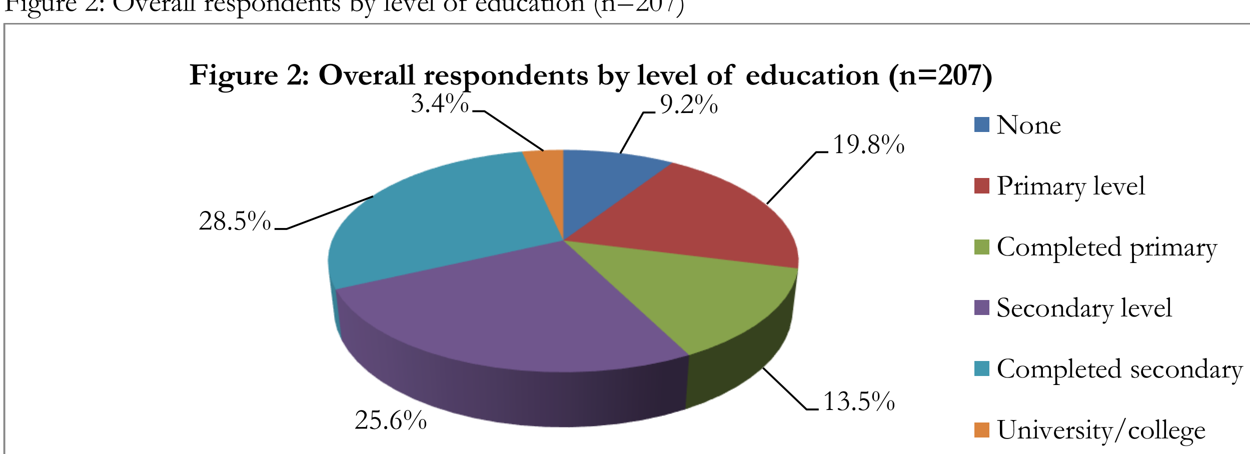
Figure 1: Distribution of respondents by age (n=208)



3.1.2 Distribution by level of education

The assessment sought to establish the educational level of young people in the study sample. Data indicated that majority of respondents had attained secondary level (28.5%), followed by secondary level (25.6%), primary level (19.8%), and completed primary (13.5%), no education at all (9.2%) and lastly university/college (3.4%) as shown by figure 2:

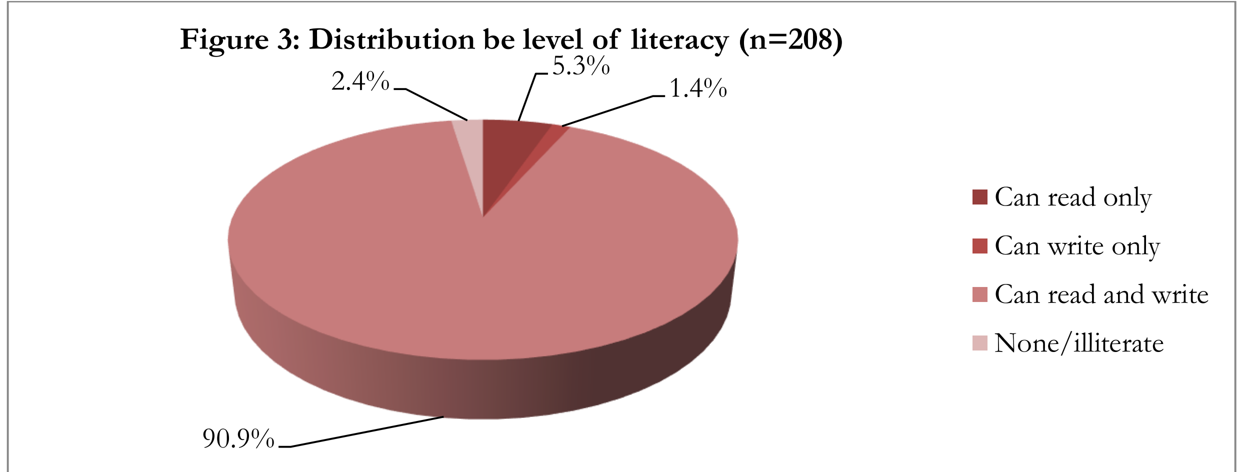
Figure 2: Overall respondents by level of education (n=207)



3.1.3 Distribution by level of literacy

90.9% of all respondents could read and write, while 5.3% could read only, 2.4% reported being illiterate and 1.4% could write only as shown by figure 3 below:

Figure 3: Distribution by level of literacy (n=208)



3.2 Knowledge, Attitudes, Behavior and Practice on SRH, Life Skills, HIV and AIDS

This section aims at assessing young people's knowledge towards SRH, life skills, Gender Based Violence, HIV and AIDS, the intricate relationship to each other and implications on their vulnerabilities to adolescent pregnancies, Sexual Transmitted Infections including HIV. It also seeks for comparison on their perceptions and attitude on SRH, HIV and AIDS, prevention initiatives, sources of SRH, HIV and AIDS information.

3.2.1 HIV and AIDS Knowledge

Overall, 96.6% of respondents had heard of HIV and AIDS. However, 43.3% were able to differentiate between HIV and AIDS, 29.3% were unable to differentiate between HIV and AIDS and 25.5% were not sure.

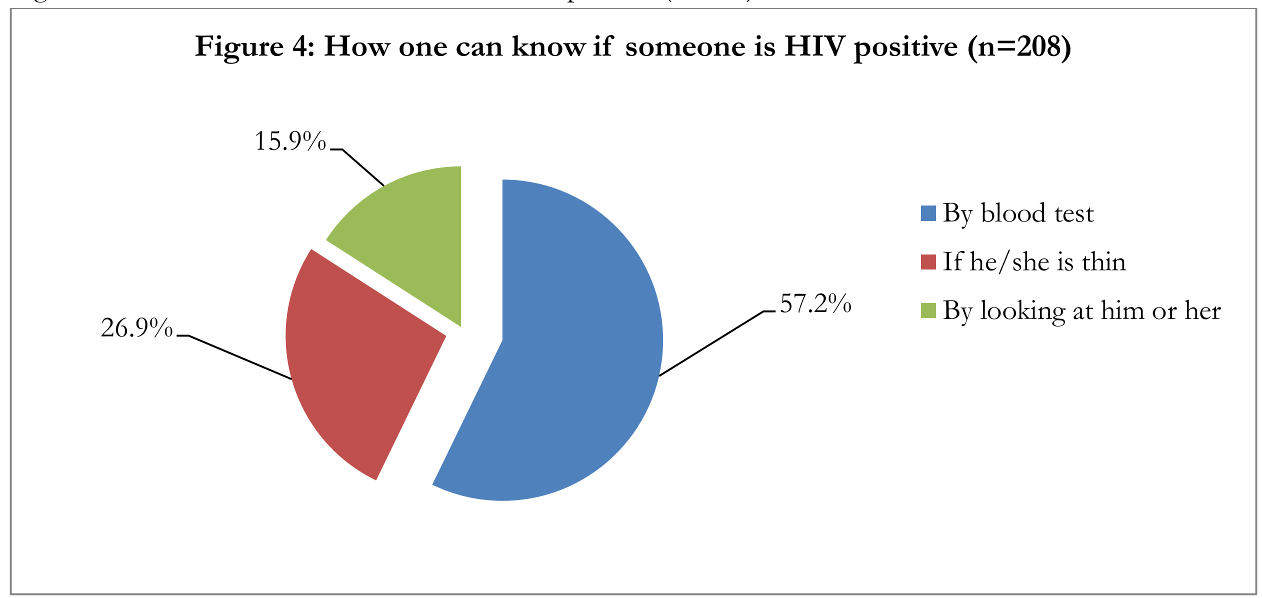
Despite the higher proportion of respondents who acknowledged that they can differentiate HIV and AIDS, only 31.7% gave the correct difference between HIV and AIDS while others 25.5% mentioned the long term of HIV, 13.5% mentioned the long term of AIDS and 29.3% falling in the category of those with wrong answers, no responses and not applicable which is a clear indication that they were not knowledgeable on the difference between HIV and AIDS as shown by table 1 below:

Table 1: Distribution of respondents by difference between HIV and AIDS

Responses		**Frequency**	**Percent**
Valid	Mentioned correctly the difference between HIV and AIDS	66	31.7%
	Mentioned only the meaning of HIV	53	25.5%
	Mentioned only the meaning of AIDS	28	13.5%
	Wrong Answer	19	9.1%
	Not applicable	16	7.7%
	No response	26	12.5%
	Total	**208**	**100.0%**

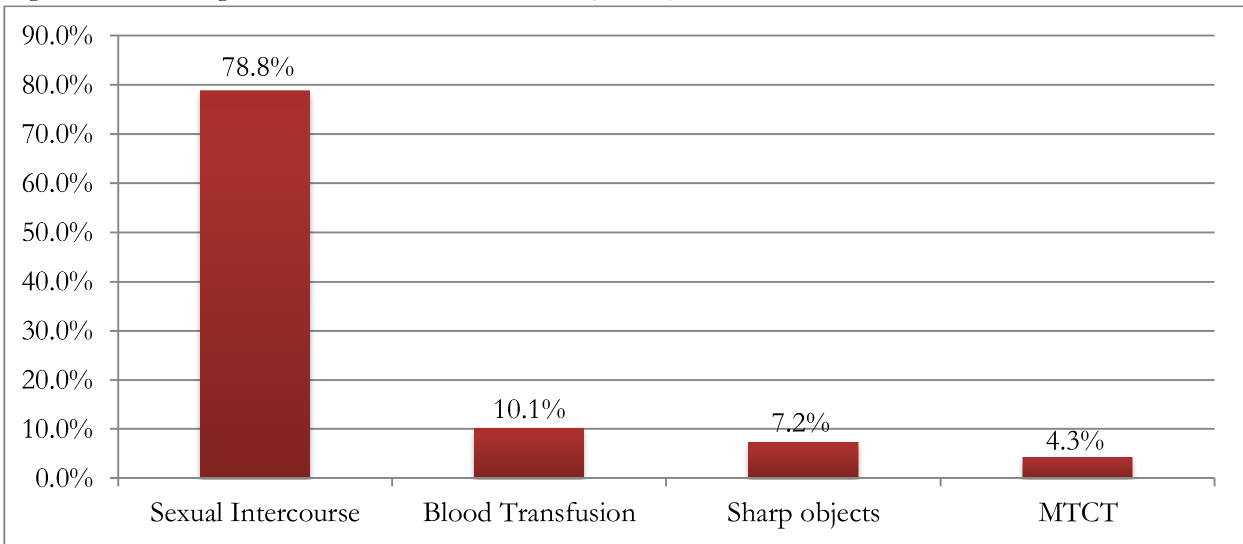
The study assessed the knowledge of respondents on how they can know if someone is HIV positive. 57.2% responded that one can know if someone is HIV positive by blood test, 26.9% if he/she is thin and 15.9% asserted that they know if someone is HIV positive by just looking at him or her.

Figure 4: How one can know if someone is HIV positive (n=208)



The assessment attempted to ascertain levels of knowledge on HIV transmission methods. Majority of respondents (78.4%) identified Sexual Intercourse as the most common method of transmission. The next mostly identified is Blood Transfusion at 10.1%, sharing sharp object like razors, needles at 7.2%, whilst the levels of Mother to Child Transmission (MTCT) was very low and pegged at 4.3% as shown by figure 5 below:

Figure 5: Knowledge of HIV transmission method (n=208)



Young people's attitude towards assorted issues on HIV and AIDS were assessed. 19.7% believed sharing a smoke with someone HIV positive can make them contract virus, 17.8% responded that they can get HIV by sharing/sitting in the same toilet with someone HIV positive, 12.8% by sharing/eating in the same plate whilst 6.3% believed that one can contract HIV by hugging someone who is HIV positive as shown by figure 6 below:

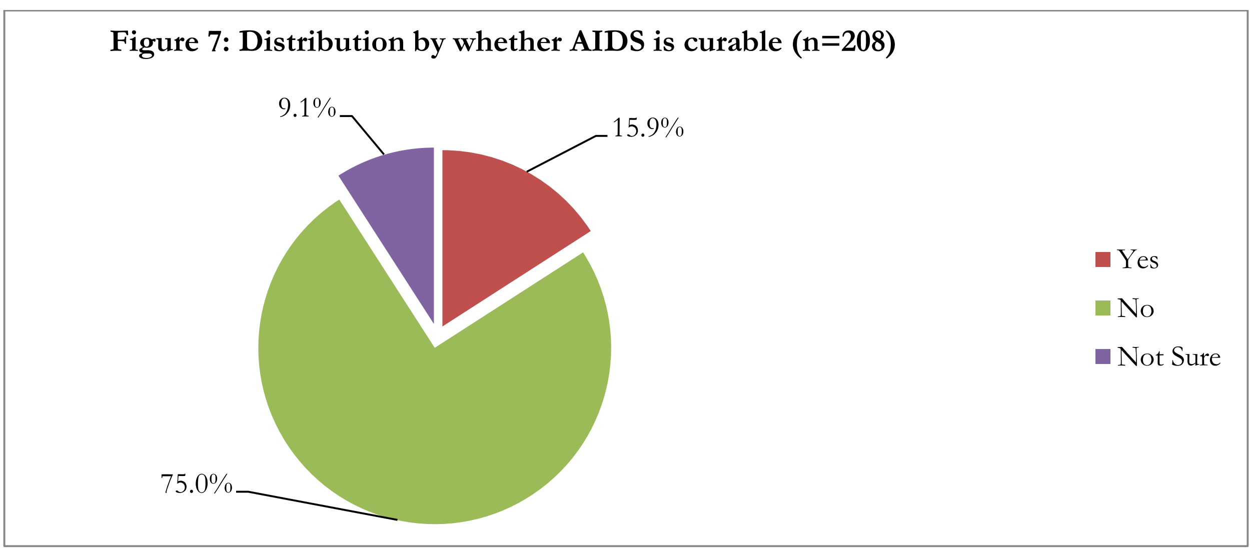
Figure 6: Distribution by young people's attitudes towards assorted issues on HIV/AIDS.

Figure 6: Distribution by young people's attitudes towards assorted issues on HIV/AIDS (n=208)

12.5%
17.7%
15.9%
17.8%
17.8%
Sharing smoke
Sharing toilet
Shaking hands
Eatng/sharing food
Hugging

It is noteworthy that people still have myth on whether AIDS is curable or not. The assessment shows that 15.9% respondents (54.5% females and 45.5% males) thought that AIDS is curable while 75% responded that it was not curable, 9.1% respondents were not sure whether HIV is curable or not.

Figure 7: Distribution by whether AIDS is curable (n=208)



The assessment revealed that there are some indicators for unmet need for information and correct education about AIDS and how HIV is transmitted, and particularly how it is not. The findings implies that there are varied incorrect perceptions among young people in ward 32 of Zaka Rural District on the ways HIV can be transmitted and this calls for the need for comprehensive education on HIV infection including drawing a positive attitudes towards HIV and its comprehensive knowledge.

3.2.2 HIV Prevention

Overall, 79.8% of respondents acknowledged that one can prevent himself/herself from HIV/AIDS. However, only 6.7% respondents could mention five ways of HIV prevention, 12.5% were able to mention four ways, 15.9% mentioned three ways and 53.4% were able to mention two ways of HIV prevention. There were some respondents who did not respond to the question accounting 11.5%.

Figure 8: Distribution of respondents who believe HIV is preventable (n=208)

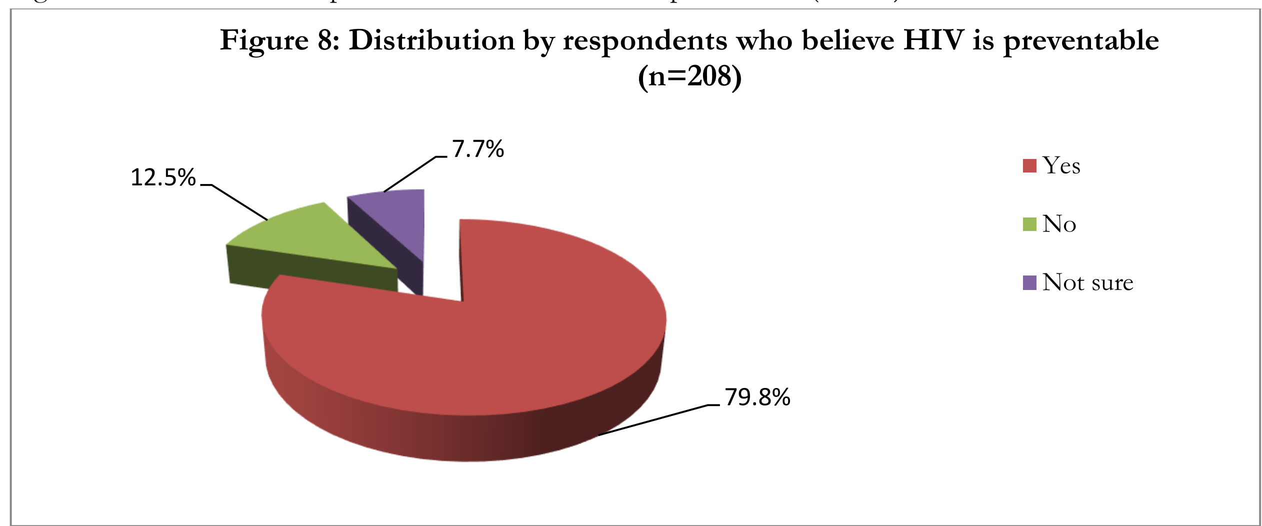


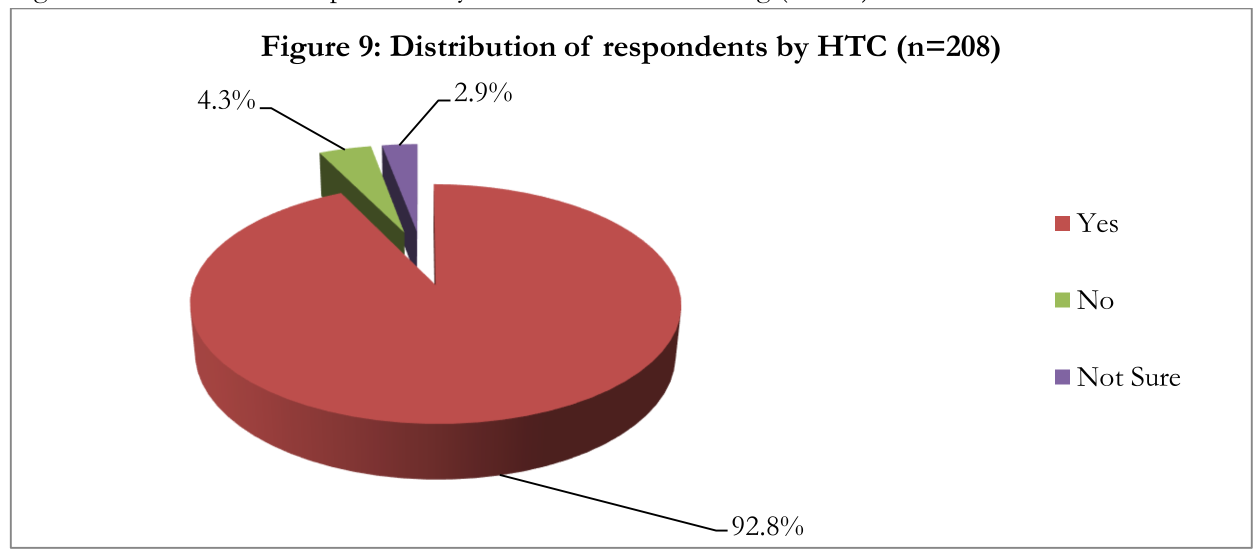
Table 2: Respondents by HIV prevention method

HIV prevention method		Frequency	Percent
Valid	Mentioned all five HIV prevention methods	14	6.7%
	Mentioned four HIV prevention methods	26	12.5%
	Mentioned three HIV prevention methods	33	15.9%
	Mentioned two HIV prevention methods	111	53.4%
	No Response	24	11.5%
	Total	**208**	**100.0%**

3.2.3 HIV Test and Counseling and disclosure

Awareness and willingness to attend HTC is an indicator of individual being able to make informed decisions whereas HTC is considered to be effective preventative method and entry point to care and treatment services. The assessment observed that 92.8% were willing to have an HIV test, 4.3% respondents were unwilling to have an HIV test and 2.9% were not sure as shown by figure 9 below:

Figure 9: Distribution of respondents by HIV Test and Counseling (n=208)



The results indicated that there is need of integrating HTC in TYDT interventions and create linkages with nearby Rural Health Centers, National AIDS Council, Ministry of Health and Child Care and other HIV prevention programmes so as HTC services can be accessed among young people both in and out of school within the community.

As shown by figure 9 above, 92.8% of respondents were willing to be tested HIV. However, 51.1% of respondents are willing to disclose their status if tested and found HIV positive, 39.7% reported that they won't disclose their statuses and 9.2% were not sure.

Amongst those who were willing to disclose their statuses, 51.1% are willing to disclose their statuses to their parents, 24.4% to their partners, 20.2% teachers and 5.3% other relatives.

Figure 10: HIV status disclosure (n=184)

Figure 10: HIV status disclosure (n=184)

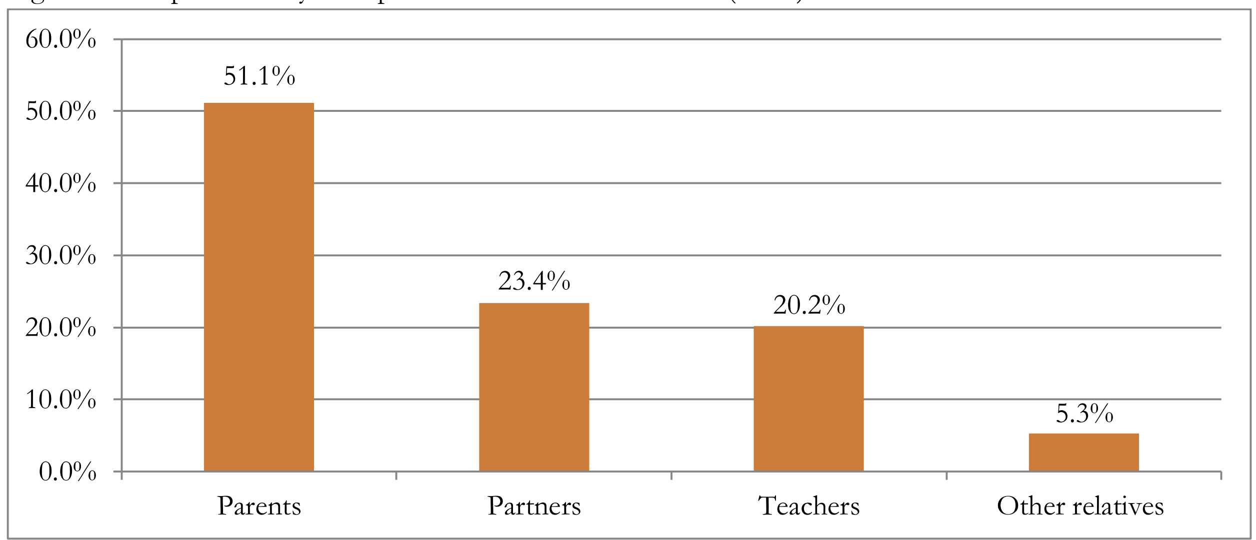
9.2%

39.7%

51.1%

Yes No Not Sure

Figure 11: Respondents by their preference for HIV disclosure (n=94)



Notably, fear of stigma and discrimination from people who they regularly interact with including teachers, partners and peers may be interpreted as one of the reasons for non-disclosure. Stigma and discrimination against PLWHIV hampers the effective implementation of preventative, care and support programmes. Consequently, indulgence in risky social behaviors continues to fuel the high rate of HIV infection, while it deters PLWHIV from adhering to prescribed treatment.

3.2.4 AIDS as a punishment from God

32.7% believed in this perception, with 49.5% of young people reporting this not to be true. Overall, 12.0% were not sure whilst 5.8% did not answer the question.

Table 3: Distribution by AIDS as a punishment

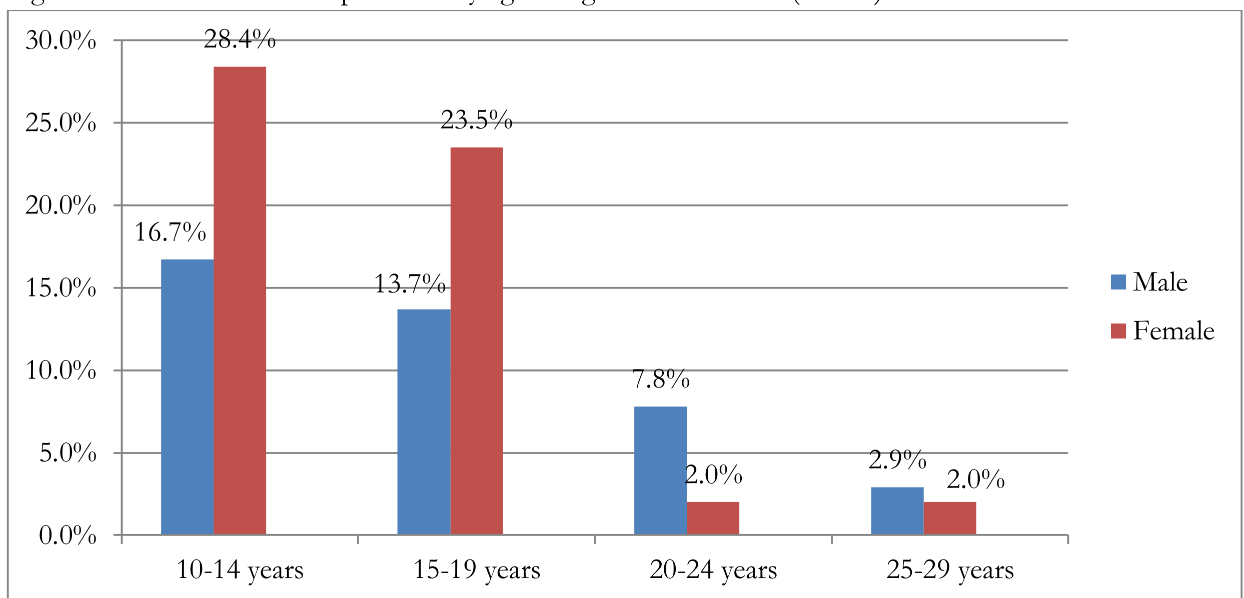
Responses	Frequency	Percent
Yes	68	32.7%
No	103	49.5%
Not Sure	25	12.0%
No Response	12	5.8%
Total	**208**	**100.0%**

3.2 SHR, HIV and AIDS

3.3.1 Sexual history

The assessment revealed that 49.0% respondents have had sex, 58.8% being female and 41.2% male. Out of those who reported to have ever had sex, 44.1% report to have had first sex between the ages of 10-14 years, 37.3% at the age of 15-19 years, 12.7% between 20-24 years and 4.9% between 25-29 years as by figure 12 below;

Figure 12: Distribution of respondents by age and gender at first sex (n=102)



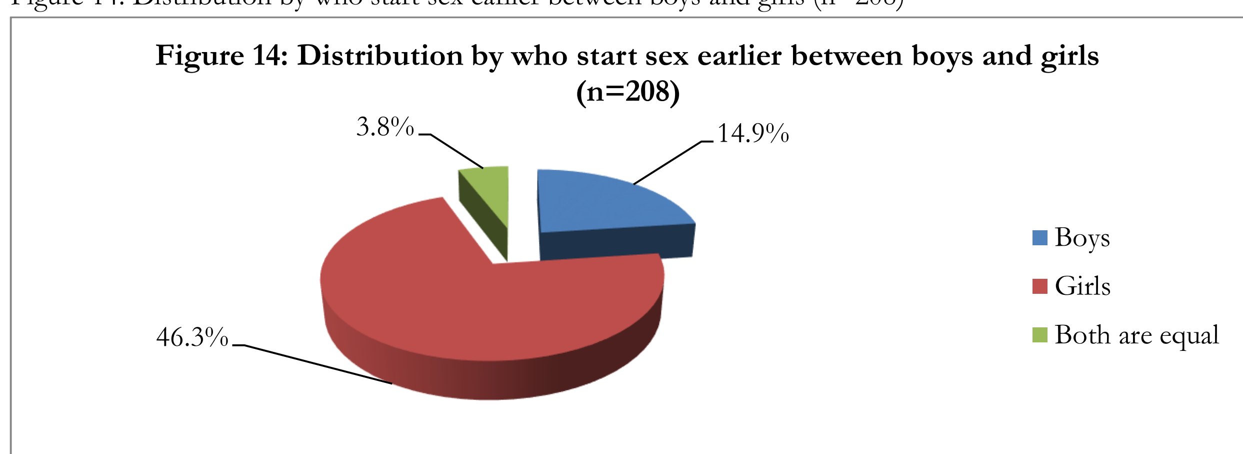
The study assessed the age when young people start sexual intercourse both in schools and the community. 30.3% of respondents reported that young people start to engage in sexual intercourse below 14 years, 26.4% reported at 14 years, 22.1% at 15 years, 14.4% between 16 and 17 years, 4.8% between 18 and 19 years and lastly 1.9% at 20 years and above as shown by figure 13 below:

Figure 13: Distribution by age young people start Sexual Intercourse (n=208)

Below 14 years	At 14 years	At 15 years	16 and 17 years	18 and 19 years	20+ years
30.3%	26.4%	22.1%	14.4%	4.8%	1.9%

Young people were next asked who start sexual intercourse earlier between boys and girls. 46.3% reported that girls initiate early into sexual intercourse, 14.9% believed boys start earlier and 3.8% reported both are equal as shown by figure 14 below:

Figure 14: Distribution by who start sex earlier between boys and girls (n=208)



Reasons for early sexual debut mentioned for young women include early puberty, peer pressure, not attending school, poverty, forced sex, power imbalances in sexual relationships: intergenerational and transactional sex whilst for boys: peer pressure, need for experience, influence of media (pornographic videos and romantic movies) and puberty.

As shown by data above, young people report engaging in sexual activities at a very early stage as early as 10 years thus exposing themselves to risks associated with unprotected sex like STIs including HIV, unintended pregnancies related to school dropout and other health related risks. Therefore, its high time for policies to reflect to the reality and invest on knowledge and awareness of condoms among young people so as they can serve as their alternative protective measures.

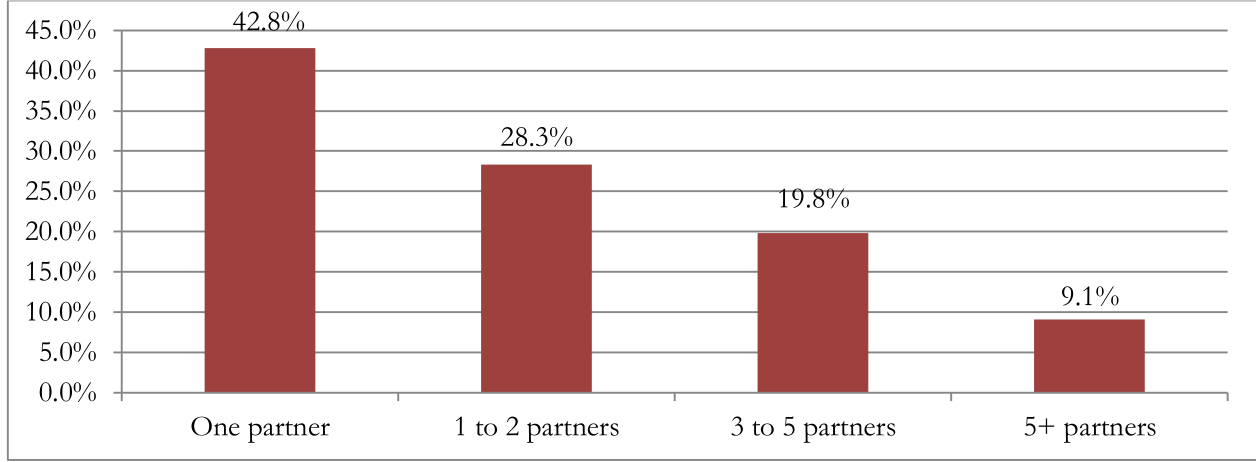
"It's highly impossible to use a condom in our relationships because the community perceives condom use before marriage as an act of prostitution…." FGDS participant at Muzinda Secondary

"Sometimes we watch pornography and romantic videos, so we need to test how it feels in practice..." FGDS participant Chedebwe VIDCO

"Due to poverty and hunger, selling sex is the only survival strategy…….at school others enjoy breaks and lunches eating different types of luxury foods, they have all they need like face powders, so it's better to have your sugar daddy who will supply all this because parents can't provide……FGDS participant Muzinda Primary

Multiple sexual partners are also disturbingly common. Overall 42.8% were reported to have one sexual partner whilst 28.3% reported to have two sexual partners, 19.8% have three to five partners and lastly, 9.1% reported to have 5 and above partners as shown by figure 15 below:

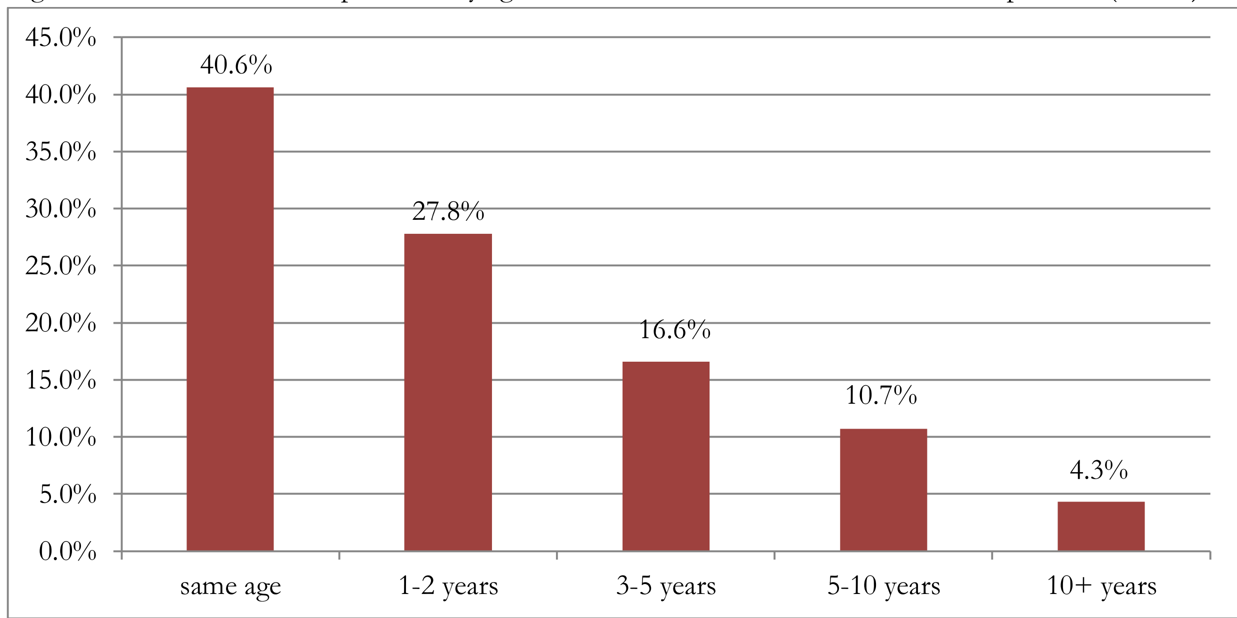
Figure 15: Distribution by number of partners (n=187)



It is crucial to note that behavior change may include reduction of number of sexual partners to realize HIV prevention initiatives and other health related risks such as pregnancy for translation of knowledge into practice.

Age difference between sexual partners among the respondents was assessed to determine whether there is intergenerational sex kind of relationships practiced among the respondents and the assessment revealed that 40.6% had sexual partners of their age, 27.8% respondents differed one to two years, 16.6% had three to five years difference and lastly 4.3% had more than ten years difference as shown by figure 16 below:

Figure 16: Distribution of respondents by age difference between them and their sexual partners (n=187)



3.4 Gender Based Violence

The assessment revealed that understanding of what is meant by GBV is at 60.6%. However, men (67.5%) understand what is meant by GBV than their female (32.5%) counter parts as shown by figure 17 below:

Figure 17: % who understands what GBV is meant by gender (n=126)

Figure 17: % Who understands what GBV is by gender (n=126)

32.5%

67.5%

Male

Female

Both boys and girls have been victims of GBV. Overall, 42.9% have had experienced this phenomenon. Of the total population who experienced GBV, 84.5% were reported to be females and 15.5% being males as shown by figure 18 below:

Figure 18: Disaggregation of GBV victims by gender (n=84)

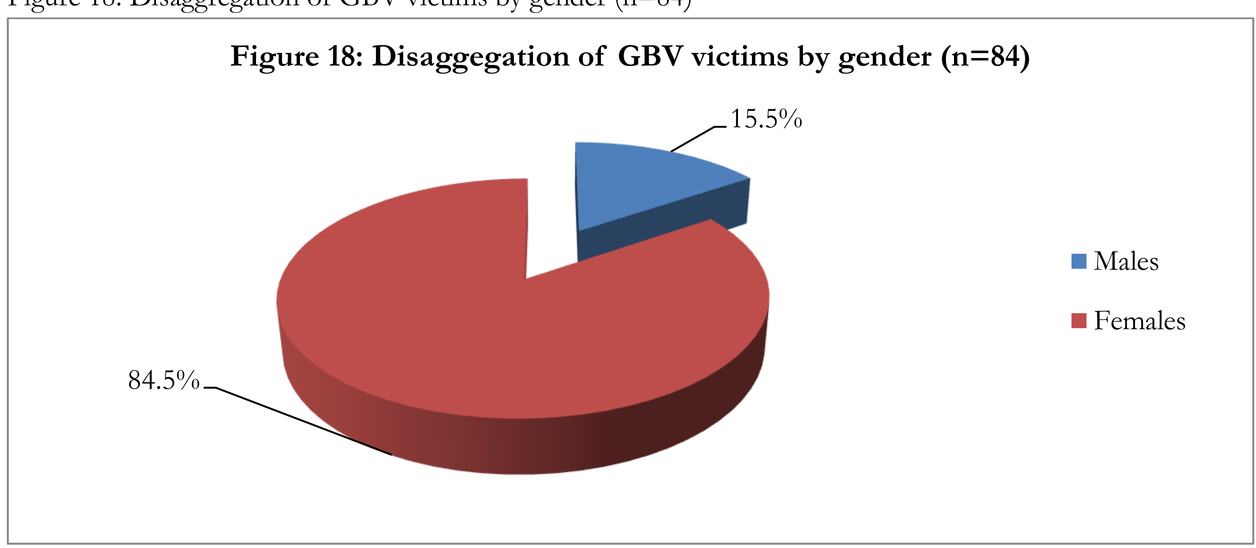


Figure 19 below indicated that GBV exists in the community and young people recognize it at 96.8% while 3.1% reported not having any case of GBV. Respondents were asked to name the type/things that happen in the community that cause harm to young women as shown by figure 20 below: the most types of violence or harm mentioned were early marriage accounting 97.6%, followed by domestic violence accounting 60.1%, forced sex/rape (43.7%), sexual violence (41.3%), forced marriage (39.9%), not sent to school (35.3%) and lastly stopped attending school before completing school years account 30.7%.

Figure 19: Distribution by case of GBV (n=196)

Figure 19: Distribution by case of GBV (n=196)

3.1%

96.9%

Yes

No

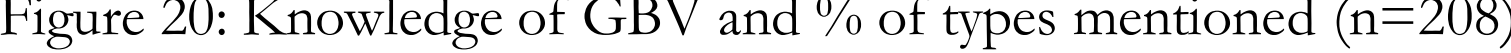
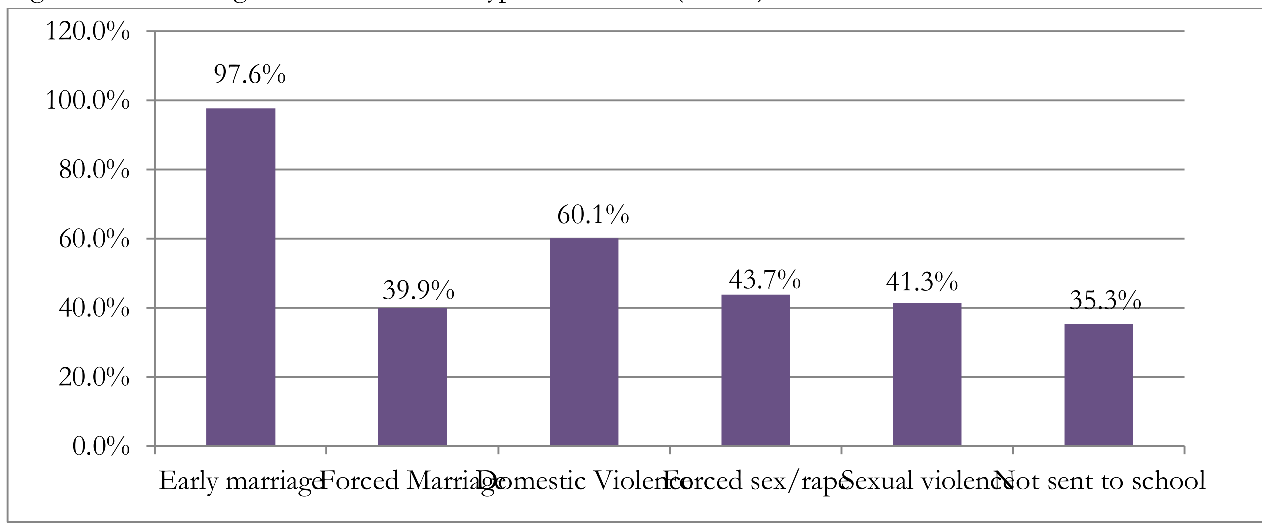


Figure 20: Knowledge of GBV and % of types mentioned (n=208)

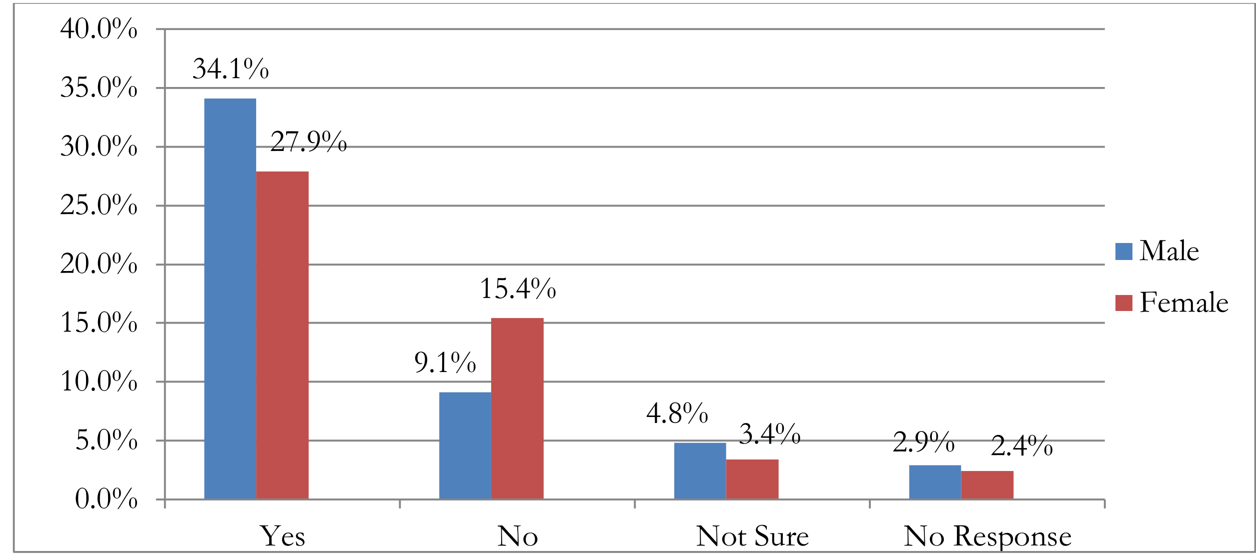


"The main reason for domestic violence is that a high number of men (in this community) are unemployed and needs are there, then women continue to ask them, that is how it commence…." FGDS participant at Muzinda VIDCO

"If a girl seen with a boyfriend or come home late, the family will send her away………in some cases when families fail to pay her (girls) school fees or have low family incomes especially during drought years, girls are used as source of income by forced into marriages with South African border jumpers (Majoni-joni)…." Key Informant Interview in Musavezi VIDCO

The proportion of young people asserting their right to SRHR education accounts 62% (34.1% male and 27.9% female). In contrast, 24.5% (15.4% female and 9.1% male) reported that young people do not have the right to SRHR education, 8.2% were not sure whilst 5.3% did not answer the question. The findings revealed that there are some groups with beliefs that SRHR education will lead young people to engage in sex.

Figure 21: Distribution of respondents by right to SRHR education (n=208)



93.3% of respondents acknowledged that woman have no right to refuse sex with their husbands or partners and only 6.7% acknowledged that they have the right to refuse sex with their husbands or partners. Figure 22 below shows that out of the total respondents who reported that woman do not have the right to refuse sex with their husbands or partners, 53.1% were female and 46.9% being male.

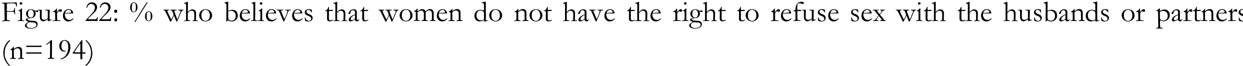
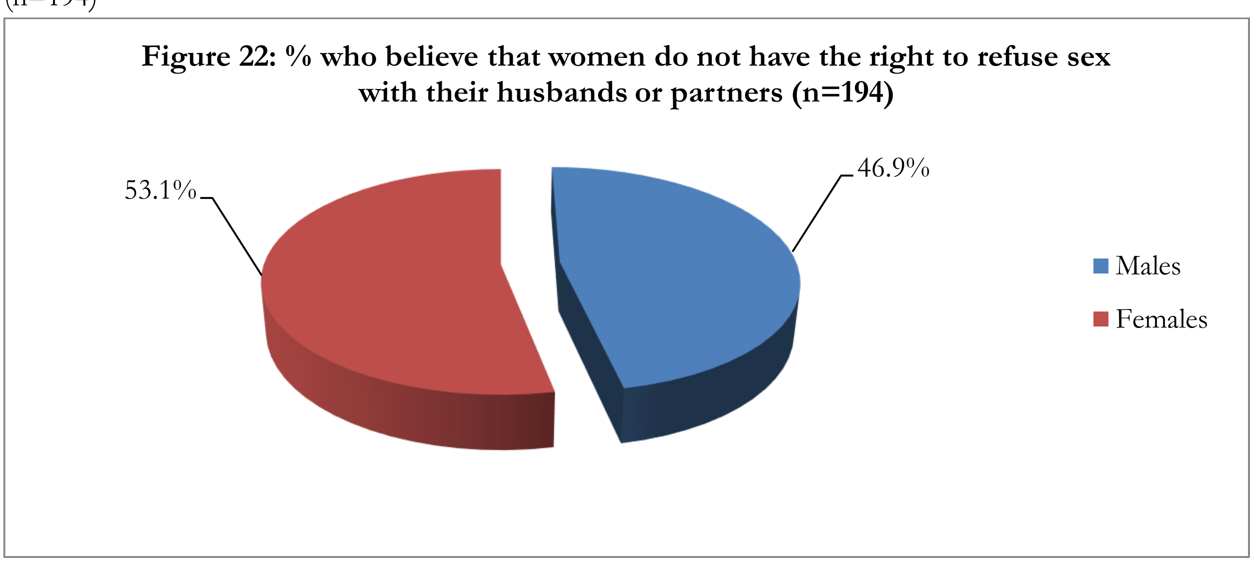


Figure 22: % who believes that women do not have the right to refuse sex with the husbands or partners (n=194)



"A woman does not have the right to deny me sex when I need especially when I paid lobola……… I paid for it" FGDS participant at Muzinda VIDCO (Male)

"Even after spending the whole day in the fields it's hard to deny your husband sex when he needs it he will end up having small houses to satisfy his sexual needs……….." FGDS participant at Musavezi VIDCO (female)

"Men demands sex even when a woman is on menstrual periods and you provide…..FGDS participant at Machiva VIDCO.

3.5 Knowledge on SRH and Life Skills

Young people were asked the extent to which they felt able to refuse sex with their partner. The assessment assessed how ease young people find it to refuse sex with boyfriend or girlfriend and the assessment revealed that 38.9% find it easy to refuse sex with boyfriend or girlfriend followed by 17.8% very easy, 17.3% difficult, 15.4% impossible and 10.6% reported that they don't know how ease could it be to refuse sex with a boyfriend or partner.

Figure 23: Ease to refuse sex with a boyfriend or girlfriend (n=208)

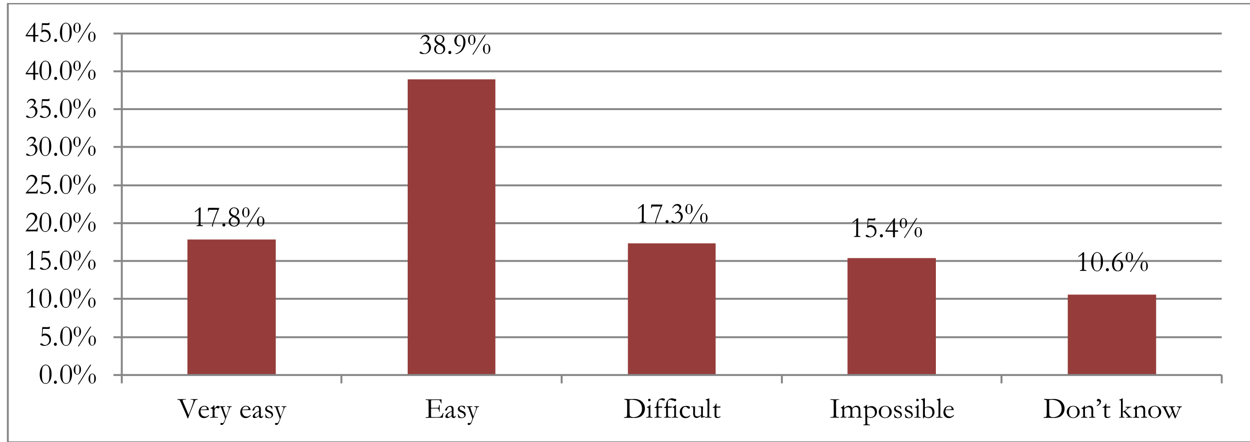
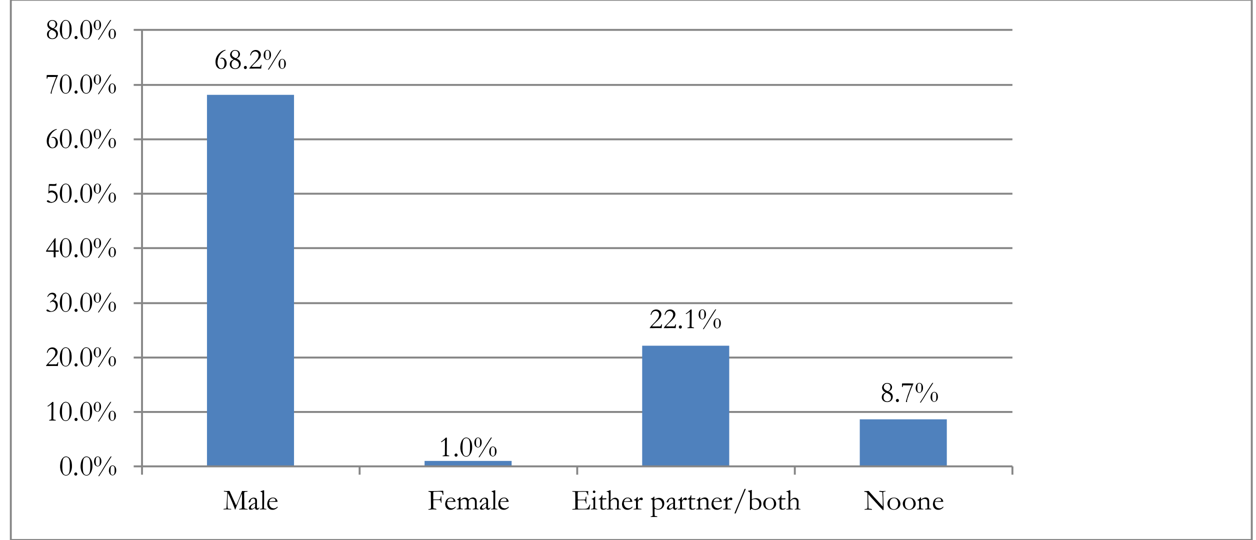


Figure 24 below shows that 68.2% of respondents reported that it's a male's responsibility to provide a condom in sexual relationship with 73.4% of them being female and 26.6% males. 22.1% reported that either partner or both can provide a condom and 8.7% reported that no one should provide a condom in a sexual relationship which is a worrying finding and lastly 1.0% reported that women can provide condoms in sexual relationship.

Figure 24: Whose responsibility to provide a condom in a sexual relationship (n=195)



The study reveals that there is unequal balance of power and skills to negotiate sex among females and males. Contextually, boys have more power to negotiate on when, where and how to have sex compared to girls as they are unable to negotiate sex hence being susceptible to risks for HIV and pregnancies. Culture, norms and values/beliefs are some of the reasons behind this where a woman is perceived to be under control of a man

being controlled even her own decisions, knowledge and awareness on SRHR. The situational assessment showed that young people do not have adequate knowledge, skills and techniques towards refraining sexual temptations.

3.5.1 Condom access

45.3% of young people reported that they are not allowed to access condoms in their communities before get married (62.8% female and 37.2% male), 33.2% believed they are allowed access condoms, 14.7% no response and 6.8% do not know whether they are allowed or denied to access condoms.

Figure 25: Distribution by permission to access condoms (n=190)

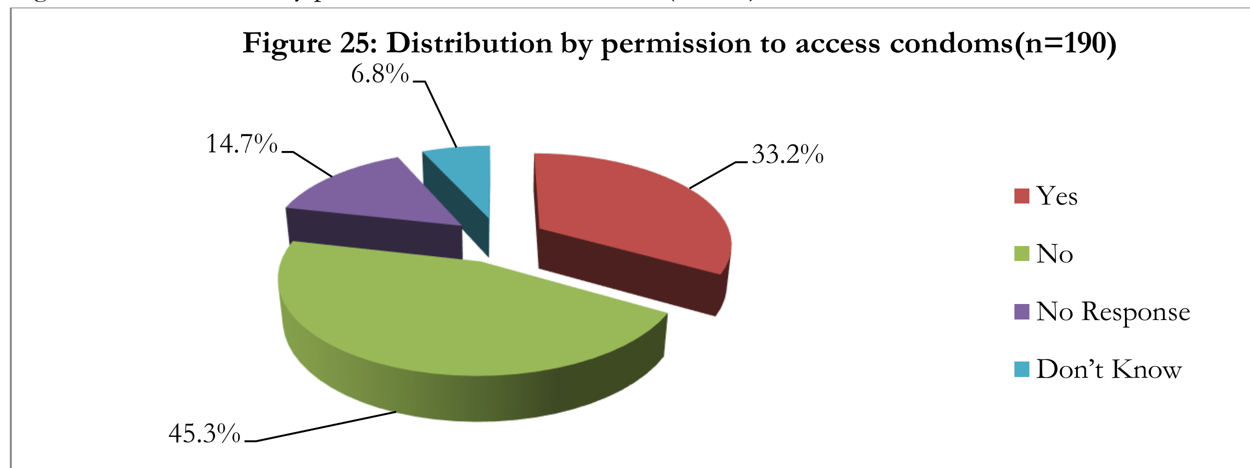


Figure 26 below illustrate that the health Centre (57.5%) is the most common condom access point by young people, followed by shop (22.0%), Community Resource Centre (CRC) at 12.4% and lastly others not specified 8.1%. however from figure 27, showing preferred point of access, it is clear that the common point is not necessarily preferred. Their preferred point in descending order is: community resource Centre (58.6%), 28.5% shops and lastly health Centre at 12.9%.

Figure 26: Where condoms are accessed (n=186)

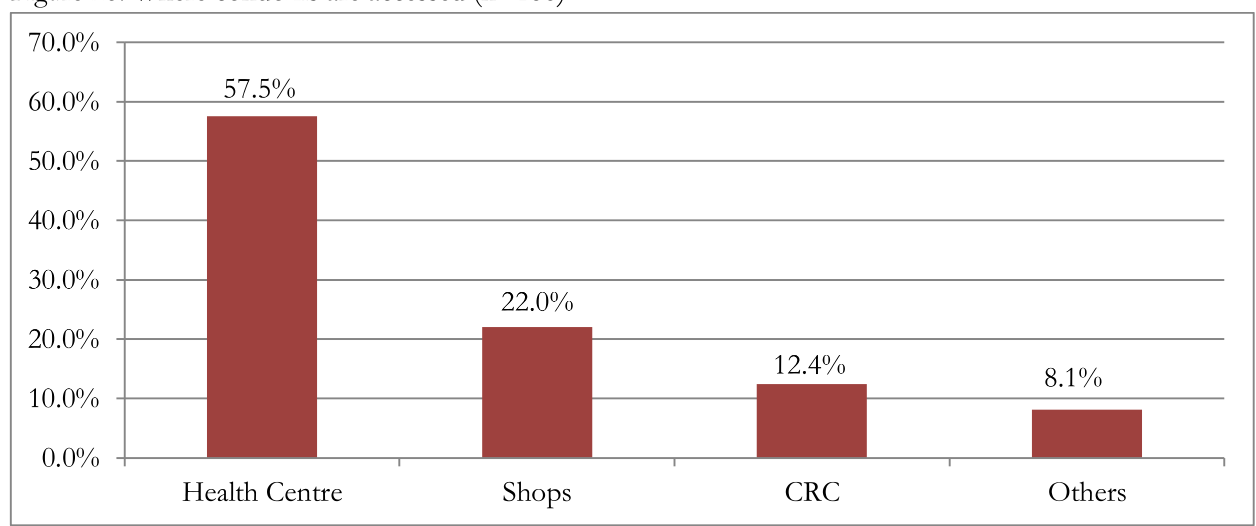


Figure 27: Preference for accessing condoms by young people (n=186)

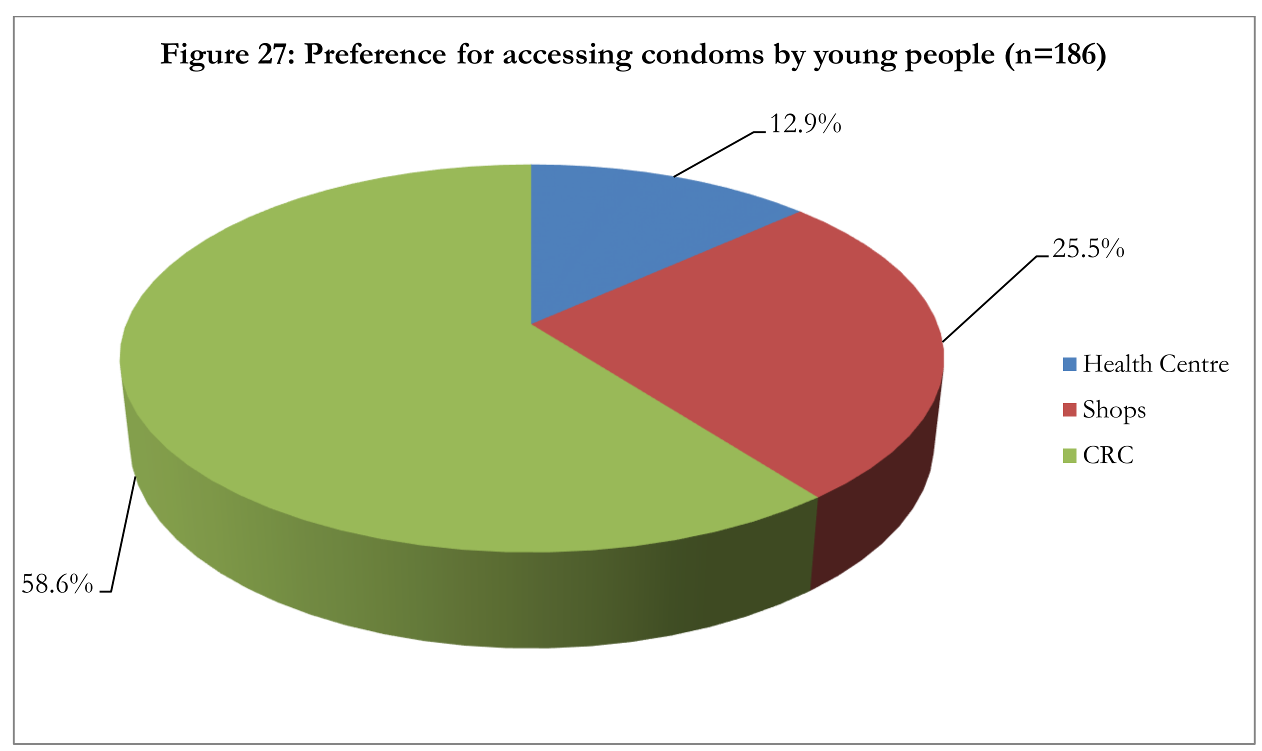


Figure 27: Preference for accessing condoms by young people (n=186)

Majority of respondents (30.6%) reported finding it easy to buy a condom at a local shop or ask one at a health Centre (93.4% males and 5.6% females). 27.8 find it difficult, 21.1% impossible and 17.2% very easy and 3.3% do not know how ease to buy a condom at a local shops or ask one at a health Centre as shown by figure 28 below:

Figure 28: Ease of buying a condom at a local shop/ask one at a health Centre (n=180)

Very easy	Easy	Difficult	Impossible	Don't Know
17.2%	30.6%	27.8%	21.1%	3.3%

The study reveals that young people prefer to access condoms within their community resource Centers. Young people during FGDS cited distances to health centers as barriers. Even traveling short distances is regarded as

a barrier especially when compounded with young people's lack of financial independence and attitudes of health workers. In ward 32, Machiva Clinic within the community is not running therefore, young people have to travel to Svuure and Bota Rural health Centers. Both of the clinics are approximately 20 km away from the community.

3.5.2 Sexual Transmitted Infections

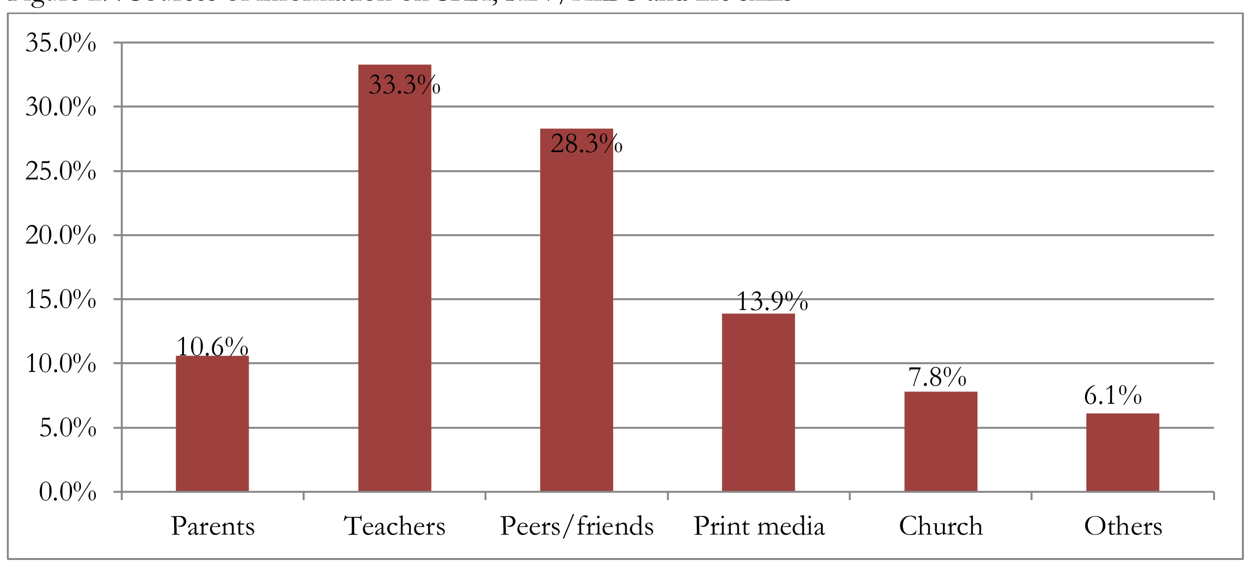
Young people were asked whether they have ever heard of STIs. Only, 79.2% acknowledged that they have ever heard of STIs. These young people were then asked about their knowledge related to STI transmission, symptoms and prevention. The STIs commonly known were HIV (47.8%), syphilis (43.4%) and gonorrhea (39.3%). 61.2% were able to name the signs and symptoms of STIs that would cause someone to seek for treatment. During FGDS sessions, young people revealed that they prefer to consult traditional healers rather than visiting the clinic due to fear and be exposed. They also elucidated that traditional leaders have a belief that having sex with a virgin could cure STIs including HIV.

3.6 SRH/HIV and AIDS Information

3.6.1 Sources of information on SRH, HIV and life skills

Figure 29 below reflects that, overall, the key source in descending order are teachers (33.3%), peers/friends at 28.3%, 10.6% parents, 13.9% print media, 7.8% church and lastly other sources at 6.1% including community events, radios , TVs etc.

Figure 29: Sources of information on SRH, HIV/AIDS and life skills



3.6.2 Preferred source of information on SRH, HIV/AIDS and life skills among young people

The assessment assessed where young people prefer to be the primary source of information on SRH, HIV/AIDS. As shown in figure 30 below, respondents prefer mostly to get information from peers/friend (36.1%), teachers at 27.3%, print media at 13.6%, parent 12.2%, church at 6.3% and lastly others at 4.4% including TV, radio, community events, etc.

Figure 30: Preferred source of information on SRH/HIV/AIDS by young people (n=205)

Parents	Teachers	Peers/friends	Print media	Church	Others
12.2%	27.3%	36.1%	13.6%	6.3%	4.4%

3.7 SRHR PROGRAMMING

93.3% confirmed their willingness to participate in SRHR interventions once they are established. Most of the interventions preferred in the project include Counseling, HIV/AIDS education, HTC, condom promotion and distribution including how to use them, SRH education, Information Education and Communication materials, accessibility of other health related services and integration of sports, drama, poems, livelihoods and education. Therefore, there is need to use integrative or comprehensive approach in addressing SRHR issues of young people.

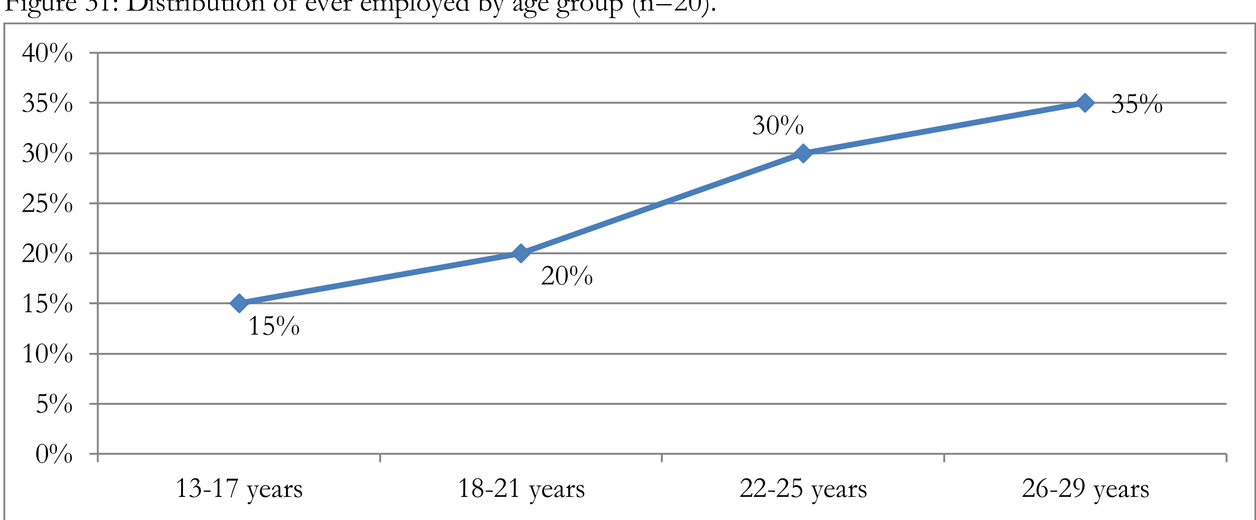
3.8 Livelihoods

The section focused on identifying how young people are making money, survival strategies, which skills they have and they need to improve their livelihoods. This was exclusively for young people out of school and young people in school were not asked these questions.

3.8.1 Employment and income

The study revealed that 16.3% of the respondents have ever been employed (85% males and 15% females). Disaggregation by age groups shows that a high proportion of young people who have ever been employed fall between 26-29 years (35%), followed by 22-25 (30%), 18-21 years (20%) and lastly 13-17 years (15%) as shown by figure 31.

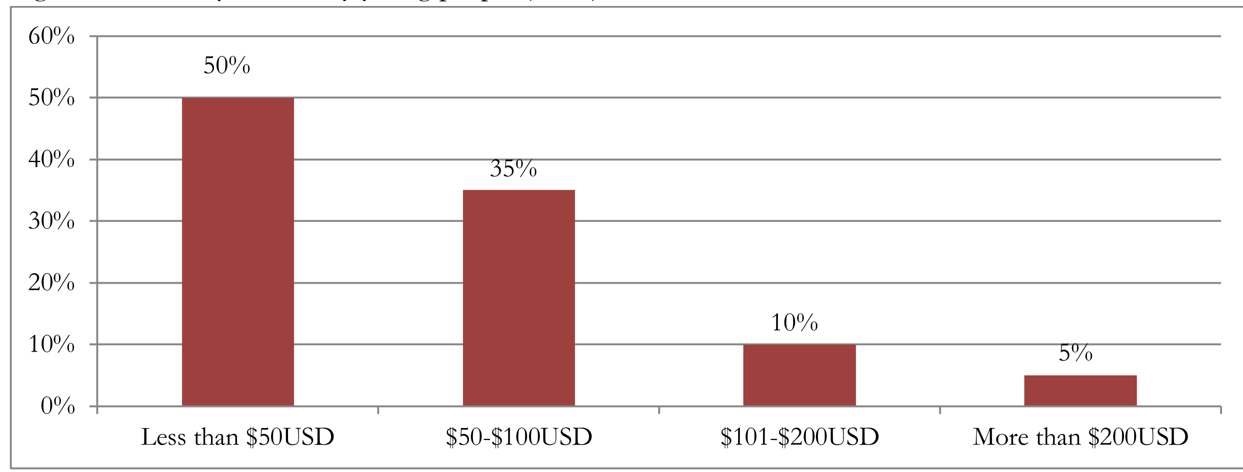
Figure 31: Distribution of ever employed by age group (n=20).



Given that Zimbabwe is a youth country, a growing youth population means both an expanding workforce and — given the current economic climate — higher rates of unemployment. Unemployment plunges youth into poverty hence poor reproductive health is both a cause and consequence of poverty. Poverty is associated with high-risk behaviors, such as coerced sex, rape, and unsafe sex in exchange for monetary incentives. These behaviors put young women at risk of unintended pregnancy and of HIV and sexually transmitted infections, which in turn can affect their reproductive health. Young men who are unemployed feel a loss of power and identity and are at increased risk of intimate partner violence, alcohol abuse and other risky behaviors.

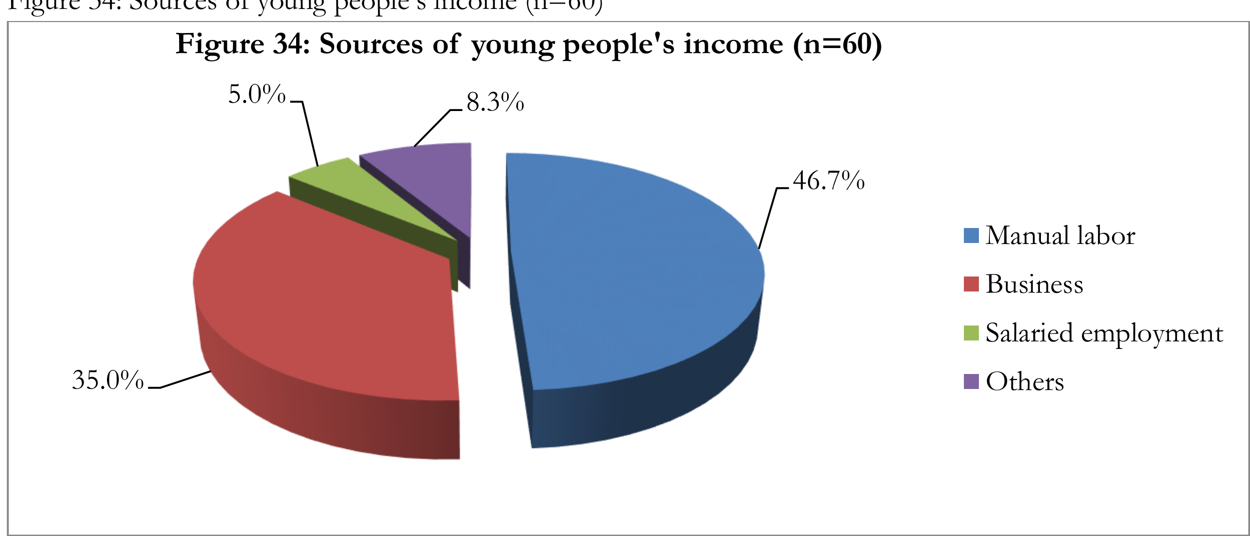
Overall, 48.8% of respondents reported earning income. The assessment next asked the amount respondents earn per-month and it revealed that half of the respondents (50.0%) earn less than $50USD, while those earning $50-$100USD account 35%, between $101-$200USD (10%) and lastly 5% earn more than $200USD per-month as shown by figure 32 below:

Figure 32: Monthly income by young people (n=60)



The assessment next asked the respondents their sources of income. 46.7% reported earning income through manual labor, 35.0% business, 8.3% others like fishing, hunting, carpentry, hairdressing, construction and lastly 5% salaried employment as shown by figure 34 below:

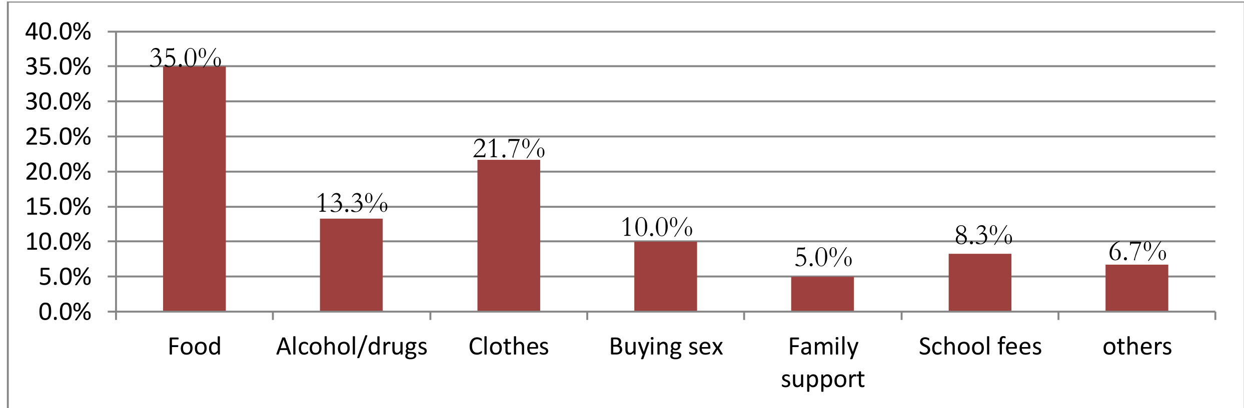
Figure 34: Sources of young people's income (n=60)



In the FGDS, the youth further revealed the sources of income in their community. In 7 out of 8 FGDSs manual labor was mentioned as a source of income (herding cattle, work as housemaids, construction and working in the fields). Poultry production and selling of trade sex (transactional sex/prostitution) were both mentioned in 6 discussions as sources of income. Drug dealing, fishing, hunting, and seasonal jobs in sugar plantations (Mkwasine, Hippo Valley and Triangle) were brought up in 4 FGDSs. Stealing and crop production (small gardening) came up in 3 FGDSs.

Figure 35 shows the distribution of young people by their expenditure profile. Respondents were asked how they spend their money. Majority of respondents (35.0%) spend their money on food, followed by clothes (21.7%), alcohol and drugs account 13.3%, buying sex (10.0%), school fees (8.3%), and others not specified (6.7%) and lastly support family and relatives (5.0%) as shown by figure 35 below:

Figure 35: Distribution of young people by their expenditure profile (n=60)

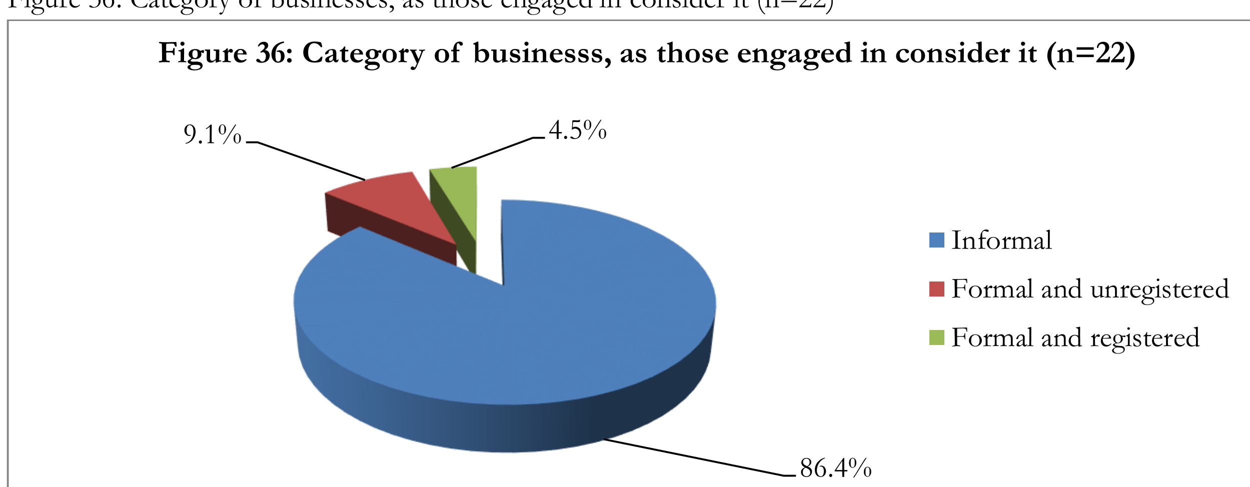


The assessment revealed that young people spend most of their incomes on food however others buy clothes, alcohol and buying sex. There is a clear indicator that young people need to be organized in forming and managing village savings groups and Income Generation Activities through instilling the saving culture of young people both in formal and informal sectors to improve the livelihoods of Zimbabwean young people.

3.8.2 Involvement in business

Overall, 17.9% of respondents reported being involved in small business enterprises. High proportions of businesses run by young people are informal (86.4%), 9.1% are formal and unregistered and lastly, 4.5% are formal and registered as shown in figure 36 below:

Figure 36: Category of businesses, as those engaged in consider it (n=22)



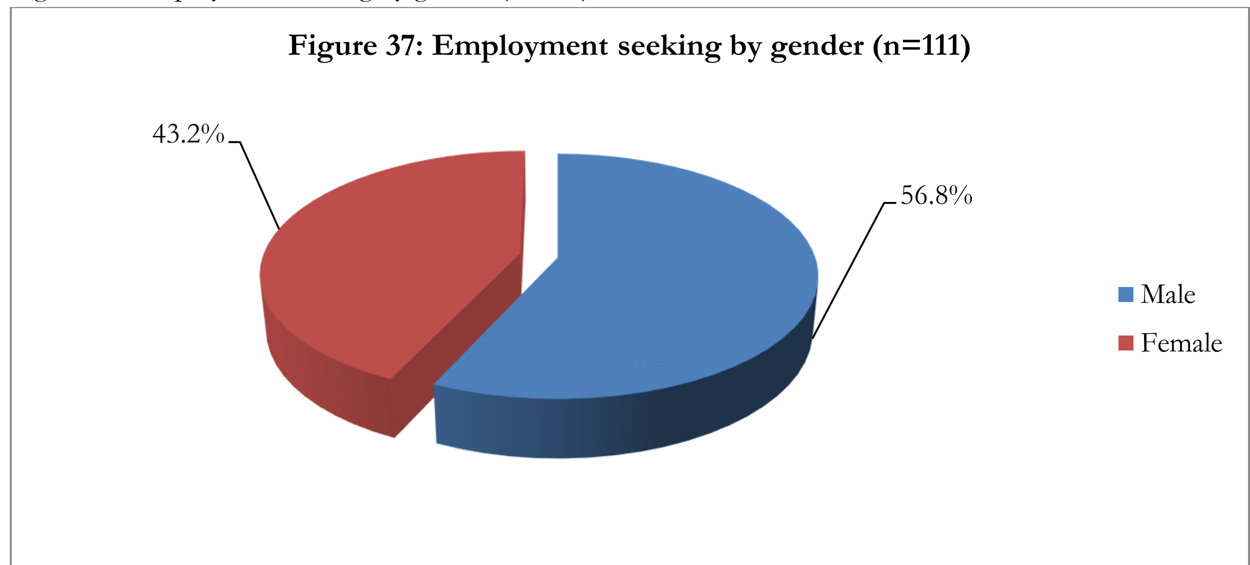
3.8.3 Access to capital

Respondents revealed that they do not have access to business loans/grants in their community. The main source of capital for business for young people who had started small businesses was their personal savings, family and friends support. For their business to be sustainable, these young people require a big capital base, modern technology, so that they can sustain competition from well established companies. Although the Ministry of Youth, Indigenization and Economic Empowerment administer Youth Fund which the youth can apply, neither young people in ward 32 of Zaka District do not have the necessary skills to write a decent business proposal and follow through with the implementation of such nor aware of such opportunity. Therefore, there is need for training in particular skills relating to the Youth Fund application and also create linkages with microfinance institutions stretching them to serve in rural and marginalized communities of Zimbabwe. Furthermore, there is need to work close with banks as another challenge is that youth do not have bank accounts which can also hamper their access to loans/grants.

3.8.4 Employment seeking

Overall, 90.2% of respondents are currently looking for employment. The proportion of man (56.8%) is higher than female (43.2%) as shown by figure 37 below:

Figure 37: Employment seeking by gender (n=111)



3.8.5 Capacity development and skills training in livelihoods

The assessment assessed whether young people have had received any capacity development in livelihoods. Overall, 30.1% received such capacity development (62.2% male and 37.8% female). This is observed by low IGAs established in ward 32 of Zaka Rural District.

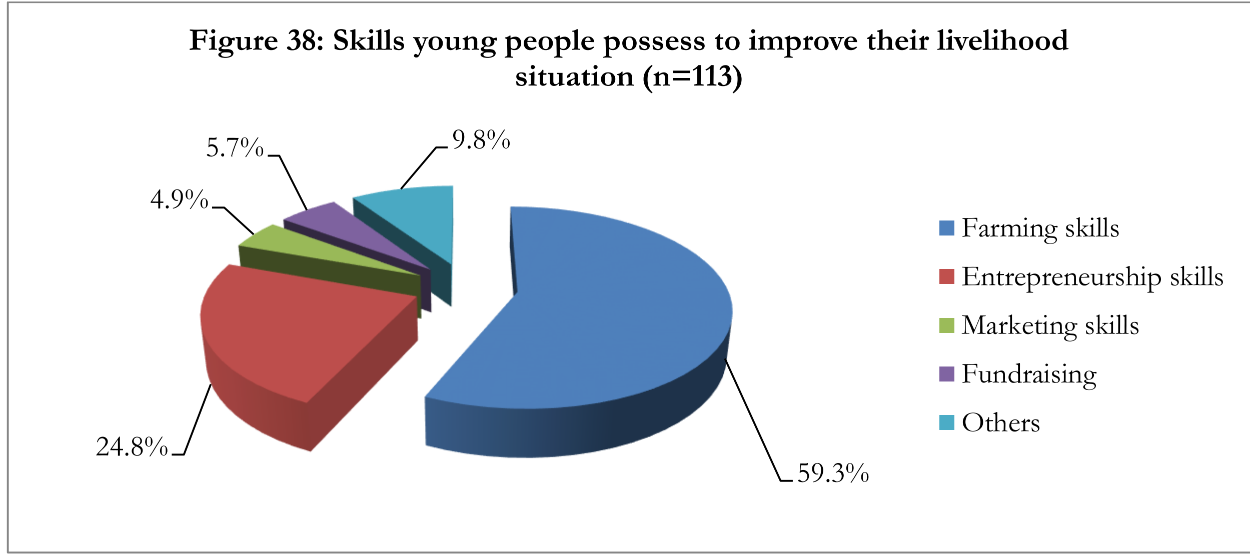
The assessment next asked the type of capacity areas and 48.6% reported receiving business/entrepreneurship training, followed by others not specified at 18.9%, and the least support provided was fundraising and proposal writing (8.1%).

Figure 38: Areas of livelihoods capacity development young people received (n=37)

Entrepreneurship	Mentoring and Coaching	Marketing	Fundraising and proposal writing	Others
48.6%	13.5%	10.8%	8.1%	18.9%

The study assessed skills possessed by both young men and women in the area and the most is farming skills (59.3%), followed by entrepreneurship (24.8%). These two are the most skills possessed by the respondents except for any other skills which were found to include carpentry, tailoring, hairdressing and setting Income Generation Project. Other key skills necessary for young people's livelihoods are in very short supply just 3.5% have marketing skills and 2.6% fundraising skills as shown by figure 39 below:

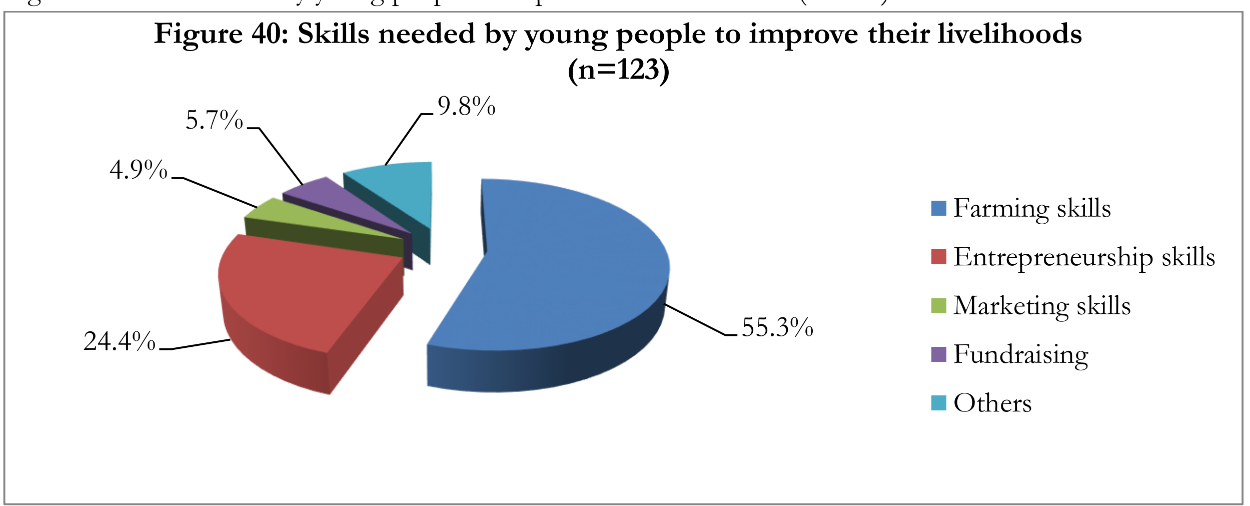
Figure 39 Skills young people possess to improve their livelihoods situation (n=113)



When asked what skills they require to help them develop their livelihood situation, 55.3% respondents indicated need for farming skills. As indicated above, a higher proportion already had the skill; however, young people are keen to further improve their skills. This is based on the notion that farming is a predominant activity in the rural areas of Zimbabwe (in broad Agriculture is the backbone of the Zimbabwean economy where people practice crop and livestock production).

Entrepreneurship skills is recognized as a need skill at 24.4%, followed by others at 9.8% including carpentry, construction, tailoring, hairdressing, setting up an Income Generation Project, budgeting and record keeping, welding, IT skills, and driving licenses. Fundraising account 5.7% and lastly marketing skills at 4.9%.

Figure 40: Skills needed by young people to improve their livelihoods (n=123)



In the FGDSs young people revealed the type of support they need to make a decent living. In total of 8 FGDSs, young people emphasized support to start livestock production (poultry production, cattle and goat fattening) and crop production integrated with small scale irrigation schemes-crops mentioned were tomatoes, vegetables, maize and groundnuts. Furthermore, young people emphasized support with access to markets. In 7 out of 8 FGDSs, young people mentioned support in areas of carpentry, hairdressing, welding, work skills training and employment linkages. Young people indicated that in every village, there are individuals skilled in carpentry, tailoring, agriculture, construction etc. which reveal that there is need for TYDT to integrate village outreach element in its intervention identifying local skills and develop small scale grassroots employment opportunities.

4.0 CONCLUSION AND RECOMMENDATIONS

4.1 Harmonized Conclusions & Recommendations

a. The study revealed that young people do not have comprehensive HIV/AIDS knowledge hence there is a direct relationship between comprehensive knowledge and spread of HIV among young people. Stigma and discrimination is widespread, particularly among young people with limited knowledge about HIV and how the virus is transmitted. All these indicators point towards unmet need for information and education about SRH, HIV and AIDS and life skills and how HIV is transmitted, and particularly how it is not transmitted. The situational assessment clearly shows that the average level of knowledge regarding AIDS and HIV transmission is relatively low among young people. It is therefore necessary that HIV communications specifically targeting rejecting misconceptions are implemented in ward 32 of Zaka District - that HIV/AIDS education should still cover the basics and be based on an understanding of the diverse contexts in which young people live.

   Individual attitude towards assorted issues on HIV and AIDS were found to be strongly negative-for example 19.7% believed sharing a smoke with someone HIV positive can make them contract virus, 17.8% responded that they can get HIV by sharing/sitting in the same toilet with someone HIV positive, 12.8% by sharing/eating in the same plate whilst 6.3% believed that one can contract HIV by hugging someone who is HIV positive. This implies that tackling stigma and discrimination in the community will require focus on individual negative attitudes first before addressing discriminatory community belief systems. Individual attitudes against PLWHIV will potentially

accelerate negative community belief systems and increase wholesale stigma effect on PLWHIV unless something is done to change the attitude patterns of individuals.

b. Disseminating information on SRH/HIV to young people should prioritize the use of teachers (for school-going youth), IEC materials and parents and, peer education model, as the most preferred source. Regardless of current communication strategies used, recognition should be focused on engaging the preferred sources in design and dissemination of appropriate communication strategies on SRHR/HIV.

c. Gender Based Violence (GBV) commonly exists in ward 32 of Zaka Rural District and both genders are victims. A broader approach that involves and engages both men and women should be adopted in fighting GBV, prioritizing community education on causes and effects, and an alternative reporting mechanism that is friendly to young people should be explored for communities to effectively take charge of effectively managing this vice.

d. HIV/AIDS education in ward 32 of Zaka Rural District focuses much on sexual intercourse, and to a lesser extent blood transfusion, as causes; however use of sharp devices and mother-to-child transmission are news in this community. If programmes on Intravenous drug use (IVDU) and Prevention of Mother to child transmission (PMTCT) are to be rolled out, the uptake will seriously be affected by lack of knowledge and information on these methods. Focused interventions need to be initiated to expand the information that young people receive on avenues of HIV transmission to include mother-to-child transmission and intravenous drug use, so that coherent approaches can be mainstreamed for uptake.

e. SRHR education must be prioritized in the community, given that 93.3% of young people believe that women have no right to refuse their husband or partners sex whatsoever. Furthermore, 24.5% (15.4% female and 9.1% male) reported that young people do not have the right to SRHR education.

f. Health Centers are the most common sources of condoms for young people (57.5%), however young people prefer to access the condoms from Community Resource Centres (58.6%). Young people during FGDS cited distances to health centers as barriers. Even traveling short distances is regarded as a barrier especially when compounded with young people's lack of financial independence and attitudes of health workers. In ward 32, Machiva Clinic within the community is not running therefore, young people have to travel to Svuure and Bota Rural health Centers. Both of the clinics are approximately 20 km away from the community. It is still difficult to impossible for many young people (52.2%) to buy condoms from the shop or ask for them from the health center. Young women and girls in particular rarely access condoms. It is therefore necessary that alternative access points, preferably community resource Centre, be explored by condom providers, taking into account the cost issue, to spur youth-friendly access to condoms.

g. Young people engage in high risk behaviors such as early initiation of sexual activity, inter-generational sex, multiple-sex partners and unsafe sex in exchange for monetary incentives. These behaviors coupled with lack of access to SRH information and services, social and cultural beliefs put young people particularly girls and young women at risk of acquiring STIs including HIV, unintended pregnancy related to school dropout and other health related challenges. Therefore, it is crucial to not that social and behavior change communication need to prioritized including condom promotion and distribution coupled with intensified awareness on correct and consistent use of condoms.

h. A higher proportion of young people are willing to have HIV test hence HIV/AIDS services are scarce within the community whereas HTC has been identified as a strategic entry point of ART and HIV prevention services. Therefore, there is need to create partnership with the Ministry of Health and Child Care, National AIDS Council and other HIV prevention programmes to scale up the services to the community.

i. Income earning of young people is very low particularly salaried employment. It is therefore pragmatic that interventions targeting improving income earning amongst young people in ward 32 of Zaka Rural District should support business initiatives for young women and men understanding the challenges they face. However salaried employment in the rural areas will require more opportunities to be created.

j. In the rural settings of the ward 32 of Zaka Rural District, where the economy is mostly non-cash, when food is available, and in most cases grown locally and thus cheap, any extra incomes made will be used in other alternatives. The situational assessment shows that among young people, these alternatives unfortunately tend to be alcohol and drug use, buying sex and clothes. It is therefore necessary to instill among young people the culture of savings and investment into alternative productive ventures that will improve their livelihoods and health, to counter the lack of alternative investment opportunities, which drives them to drug and alcohol abuse.

k. Businesses that are operated by young people are largely informal or formal-unregistered. This means that businesses operate under cover and do not pay tax. This stands in the way of access to business capital as formal entities, while opportunities for expansion are diminished as this makes them more exposed. It is therefore important that initiatives to support young people's involvement in business must consider critically this context and create an environment where they can thrive and flourish. There is need to develop and disseminate IEC materials for small business enterprise or IGA to ensure that the mushrooming start-ups do not wind up.

l. Young people possess and need same skills (that is carpentry, tailoring, welding, etc.), and an acute absence of skills that ensure success of livelihoods such as marketing, funding and proposal writing, mentoring and coaching. Higher level skills are needed to move the products of young peoples' sweat from a restive state to a profitable state through transformative mechanisms that recognize markets, pricing and opportunities of scale. Approaches that support exchanges, apprenticeship and mentoring can also be mainstreamed in interventions that will also contribute to meeting the other skill needs.

m. Young people do not have access to business loans/grants in their community. Although the Ministry of Youth, Indigenization and Economic Empowerment administer Youth Fund which the youth can apply, young people in ward 32 of Zaka District do not have the necessary skills to write a decent business proposal and follow through with the implementation of such. Therefore, there is need for training in particular skills relating to the Youth Fund application and also create linkages with microfinance institutions stretching them to serve in rural and marginalized communities of Zimbabwe. Furthermore, there is need to work close with banks as another challenge is that youth do not have bank accounts which can also hamper their access to loans/grants.

n. Establishing an environment that enables and encourages young people to access and use loans should be explored as a matter of priority, by managing interest rates, encouraging group formation

as collateral as per the Village savings and loan association approach; savings and credit cooperatives; and expanding the number of institutions functioning at the rural level to provide business capital. Provision of skills should encompass education on how to manage loans, how to manage businesses, repayment schemes and marketing.

5.0 ANNEXES

5.1 Household Questionnaire

WARD_______ VIDCO_________________________VILLAGE______________________

Introduction:

My name is……………………….and I am a Research Assistance with Tariro Youth Development Trust (TYDT). We are conducting a situational assessment to gather information on Norms, Beliefs, Knowledge, Attitudes, Behaviors and Practices of young people who are either in or out-of-school.

The main purpose of this study is to assess the status of young people in and out of school concerning SRHR, life skills, HIV/AIDS and livelihoods to inform the programming of TYDT in a way that programmes can be crafted more adequately to meet the needs of young people and further allow TYDT to measure its impact after carrying out the programme activities in ward 32 of Zaka Rural District.

All information collected is confidential and will be used for programming only. In addition, data collected will be anonymous.

Consent note:

Are you willing to participate? Yes ☐ No ☐

Signature of the Respondent______________ Date; _ _ _/_ _ _/_ _ _

Name of Interviewer _____________________ Signature______________ Date _ _ _/_ _ _/_ _ _

01	Gender of Respondent.	Male ☐ Female ☐	02	What is your age? ☐☐ ***(Respondent should be 10 years and above)***
03	Highest level of education completed.			1. None. 2. Primary level. 3. Completed primary. 4. Secondary level. 5. Completed secondary. 6. University/College.
04	What is your level of literacy? Can read only ☐ Can write only ☐ Can read and write ☐ None ☐			

A. KNOWLEDGE ON HIV/AIDS.

Q. No	Question	Response
05	Have you ever heard of HIV/AIDS?	1. Yes. 2. No.
06	If *Yes,* do you know the difference between HIV and AIDS?	1. Yes. 2. No. 3. Not sure.
07	If *Yes*, What is the difference between HIV and AIDS?	……………………………………………...

08	How can you know if someone is HIV positive?	1. By looking at him/her. 2. If he/she is thin. 3. By blood tests.	
09	Can someone get virus from any of the following: *Circle either (1) for Yes or (2) for No*	a. Sharing smoke with someone HIV positive	**1**	**2**
		b. Sharing same toilet with someone	**1**	**2**
		c. Shaking hands with someone HIV+	**1**	**2**
		d. Sharing food with someone HIV+	**1**	**2**
		e. Hugging with someone HIV+	**1**	**2**
10	In what ways can a person get infected with HIV? *Circle either (1) for Yes or (2) for No*	a. Sexual intercourse	**1**	**2**
		b. Blood transfusion	**1**	**2**
		c. Saliva	**1**	**2**
		d. Body contact	**1**	**2**
		e. Sharing sharp edged tools	**1**	**2**
		f. Mother to child transmission	**1**	**2**
11	Is there a vaccine to prevent HIV infection?	1. Yes. 2. No. 3. Not Sure.		
12	Can someone prevent himself/herself from HIV infection?	1. Yes. 2. No. 3. Not Sure.		
13	If *Yes*, how? *Circle as many as you can*	1. Getting safe blood. 2. Using fresh/disposable injections. 3. Abstain from Sexual Intercourse. 4. Being faithful to one partner who is not infected. 5. Practice safe sex.		
14	Would you be willing to have an HIV test?	1. Yes. 2. No. 3. Not Sure.		
15	Do you think AIDS is a punishment from God?	1. Yes. 2. No. 3. Not sure.		

B. SRH &HIV and AIDS.

16	Have you ever had sex?	1. Yes. 2. No. 3. No Response.
17	If *Yes,* At what age did you first have sex?	*Years:-*
18	How many sexual partners do you currently have?	1. One. 2. Two. 3. Three-Five. 4. More than five.
19	What is the age difference between you and your sexual partners?	1. Same age. 2. One to Two years. 3. Three to five years. 4. Five to ten years. 5. More than ten.
20	At what age do boys/girls in your school or community begin Sexual Intercourse?	1. Below 14. 2. At 14. 3. At 15. 4. Between 16 and 17.

		5. Between 18 and 19. 6. Above 20.
21	Between girls and boys, who start Sexual Intercourse earlier than the other?	1. Boys. 2. Girls. 3. Both are equal.
22	If *girls* start sexual intercourse earlier, why?	1. …………………………………….. 2. ……………………………………… 3. ………………………………………
23	If *boys* start sexual intercourse earlier, why?	1. ……………………………………… 2. ……………………………………… 3. ………………………………………
24	Do you understand what Gender Based Violence is?	1. Yes. 2. No.
25	Have you ever been a victim of Sexual and Gender Based Violence?	1. Yes. 2. No.
26	Do you have any cases of Gender Based Violence in your community?	1. Yes. 2. No.
27	Do you think that young people have the right to SRH education and services?	1. Yes. 2. No
28	Do you think that women have the right to refuse sex, even with their husband or partner?	1. Yes. 2. No.

29	Are there things that happen in the community/school that harm to young women or girls? *Circle (1) for Yes and (2) for No*	a. Early marriage.	**1**	**2**
		b. Forced marriage.	**1**	**2**
		c. Domestic violence.	**1**	**2**
		d. Forced sex/rape.	**1**	**2**
		e. Sexual violence	**1**	**2**
		f. Girls not sent to school	**1**	**2**

C. LIFE SKILLS

30	Do you think you can refuse to have sex with your boyfriend/girlfriend when he/she wants to but you do not want?	1. Very easy. 2. Easy. 3. Difficult. 4. Impossible. 5. Don't know.
31	How easy would you find it to buy a condom at the local shop if you had the money, or ask for one at the health Centre?	1. Very easy. 2. Easy. 3. Difficult. 4. Impossible. 5. Don't know.
32	Whose responsibility do you think it is to provide the condoms in a sexual relationship?	1. Man. 2. Woman. 3. Either partner/both. 4. No one.
33	In your community are you allowed to access condoms before marriage?	1. Yes. 2. No. 3. No response. 4. Don't know.
34	Where do you access condoms from?	1. Health Centre. 2. Shop. 3. Community resource centers. 4. Other*(specify);* ………………………………..
35	Where do you most prefer to get condoms?	………………………………….

D. SEXUALY TRANSIMITTED INFECTIONS

36	Do you know about diseases that can be Transmitted through Sexual Intercourse?	1. Yes. 2. No. 3. Not Sure.
37	If *yes,* mention any diseases that are transmitted through Sexual Intercourse.	1. ……………………..………. 2. ……………………………… 3. ……………………...……….. 4. ……………………………….
38	What are the signs that would make a person feel that he/she has a Sexually Transmitted Infection?	1. ………………………………. 2. ………………………………. 3. ………………………………. 4. ………………………………
39	Do you think that Sexually Transmitted Infections are treatable?	1. Yes. 2. No. 3. Not sure.
40	Do you think you can prevent Sexually Transmitted Infections?	1. Yes 2. No 3. Not sure
41	How can you prevent STIs?	1. ……………………...……… 2. ………………………….……. 3. ………………………….……. 4. ……………………………...

E. STIGMA AND DISCRIMINATION

42	If you had HIV or AIDS, would you tell anyone?	1. Yes. 2. No. 3. Not sure.
43	If yes, who would you tell?	1. My parents. 2. My partner. 3. Teachers. 4. Other close relatives.

F. SRH/HIV and AIDS Information

44	Where do you get most of your information about HIV/AIDS?	1. Parents. 2. Teachers. 3. Peers/friends.. 4. Print media (brochures, flyers etc.). 5. Church. 6. Others *(Specify);* ………………………………………………..
45	Who do you prefer to be the primary source of information on SRH issues including HIV/AIDS?	1. Parents. 2. Teachers. 3. Peers/friends. 4. Print media (brochures, flyers etc.). 5. Church. 6. Others *(Specify);* ……………………………………………

G. SRHR PROGRAMMING.

46	Are there any current HIV/AIDS programmes available at your school or community? *(Identify)*…………………………………..……………..	1. Yes. 2. No. 3. Not sure.
47	If a program on SRH; HIV and AIDS comes to your school or community, would you be willing to participate?	1. Yes. 2. No. 3. Not sure.
48		1. ……………………………………

	If *No* why? *(mention)*	2. …………………………………… 3. ……………………………………
49	If *yes,* what are the activities that you would like to see in the program *(Mention)*	1. …………………………………… 2. …………………………………… 3. ……………………………………. 4. …………………………………….

LIVELIHOODS (ONLY FOR OUT OF SCHOOL YOUNG PEOPLE (18 years and above))

50	Have you ever been employed?	1. Yes. 2. No.
51	Do you earn any income?	1. Yes. 2. No.
52	How much do you earn per month?	$USD______________
53	What is your source of income?	1. Manual labor. 2. Business. 3. Salary employment. 4. Other, *(please specify);* ………………………………………………….
54	What is the number one expenditure of your income per month?	1. Food. 2. Alcohol/drugs. 3. Clothes. 4. Buying sex. 5. Support to family and relatives. 6. School fees. 7. If other, *(specify);* …………………………………………………..
55	Are you in a business now?	1. Yes. 2. No.
56	If *yes,* how would you categorize your business?	1. Informal business. 2. Formal but not registered yet. 3. Formal and registered.
57	Do you have an access to business/ entrepreneurship loans /grants in your community?	1. Yes. 2. No. 3. Not sure.
58	Are you looking for a job at the moment?	1. Yes. 2. No.
59	Have you ever received any capacity development on livelihoods or entrepreneurship?	1. Yes. **2.** No.
60	Which were these capacity areas	a. Entrepreneurship b. Mentoring and Coaching c. Marketing d. Fundraising/proposal writing *e.* If other, *(specify)* *f.* ……………………………………..
61	Have you ever attended a livelihood skills course?	1. Yes. 2. No.
62	What skills do you have that can improve your livelihood situation?	i. Farming skills ii. Entrepreneurship skills iii. Market analysis skills iv. Fundraising skills *v.* If others, *(specify)* …………………………………………….
		a. Farming skills b. Entrepreneurship skills c. Market analysis skills

63	What skills do you need that will improve your livelihood situation?	d. Fundraising skills *e.* If others, *(specify)* …………………………………………….

END OF SITUATIONAL ASSESSMENT

5.2 Focus group discussion guide for in school young people

Focus Group Discussion Questions:

Background:

The facilitators must ensure that they provide a good background for the questions to be discussed, ensure there is contribution from all participants including the perspectives of girls and minority/ special groups.

- Aim for a maximum group of 10 participants.
  - **Venue:** should be a favorable environment conducive for discussions.
  - **Socioeconomic status-**participants should be selected from both poor and powerful/higher status and inclusion of special or minority groups.
  - **Gender-**aim for a 50/50 gender balance.
  - **Participants-**Aim for In-school youth from both Primary and Secondary level.

Introduction

The questions that will be put for your discussion will focus solely on Sexual Reproductive Health and Rights.

The Questions:'

1. **What are your views on young people engaging in sex?**
   - *Explore*
     - When youth in this community start having sex? Why do you think that is?
     - What are the most high risk sexual behaviors that youth engage in?
     - To what extent do you think that young people take risks during sex?
     - Which is the most important risk for young people? Pregnancy, AIDS or STIs?
2. **What are your views on Sexually Transmitted Infections and HIV among young people in your community?**
   - *Explore*
     - What are the major causes of STIs including HIV?
     - What do young people do if they think or after realizing that they have an STI?
     - How can they avoid getting STIs?
     - How they view condom use in relationships?

3. **How is the overall situation of Gender Based Violence in your community?**
   - *Explore*
     - What does Gender Based Violence (GBV) mean to you?
     - What kind of activities can be perceived as GBV activities?
     - Who are generally subjected to violence at your age? Women or men?
     - What are the solutions they propose to deal with the problem?

THE END

5.3 Focus group discussion guide for out of school young people

Focus Group Discussion Questions:

Background:

The facilitators must ensure that they provide a good background for the questions to be discussed, ensure there is contribution from all participants including the perspectives of girls and minority/special groups.

- Aim for a maximum group of 10 participants.
  - **Venue:** should be a favorable environment conducive for discussions.
  - **Socioeconomic status-**participants should be selected from both poor and powerful/higher status and inclusion of special or minority groups.
  - **Gender-**aim for a 50/50 gender balance.
  - **Participants-**Aim for Out-of-school youth.

Introduction

These questions put for your discussion will focus on young people's Sexual Reproductive Health and Rights, education, livelihood and wealth creation.

The Questions:

A. SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

1. What are your views on young people engaging in sex?

- *Explore*
  - When youth in this community start having sex? Why do you think that is?
  - What are the most high risk sexual behaviors that youth engage in?
  - To what extent do you think that young people take risks during sex?
  - Which is the most important risk for young people? Pregnancy, AIDS or STIs?

2. What are your views on Sexually Transmitted Infections and HIV among young people in your community?

- *Explore*
  - What are the major causes of STIs including HIV?
  - What do young people do if they think or after realizing that they have an STI?
  - How can they avoid getting STIs?
  - How they view condom use in relationships?

3. How is the overall situation of Gender Based Violence in your community?

- *Explore*
  - What does Gender Based Violence (GBV) mean to you?
  - What kind of activities can be perceived as GBV activities?
  - Who are generally subjected to violence at your age? Women or men?
  - What are the solutions they propose to deal with the problem?

B. LIVELIHOOD AND WEALTH CREATION

4. What are the livelihood and wealth creation opportunities that are available to young people in this community that they can use to generate income?

- *Explore*
  - The opportunities available for young people in the community to get business loans, grants, or funding schemes to help establish their business or Income Generation Activities…..And what are the Challenges.

- The conditions that are put by the loan providers. Let participants share their experiences with such conditions available.
- The participants to also be guided to discuss whether those conditions are favorable to young people and proposing how they would want the conditions to be changed to be more friendly.

THE END

5.4 Key informant interview guide

Key Informant Interviews

These questions are to be discussed by Local Authorities Including the Councilor, community health workers and teachers-school heads.

Introduction

These questions put for your discussion will focus on young people's Sexual Reproductive Health and Rights, education, livelihood and wealth creation.

The Questions:

A. SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

1. What are your views on young people engaging in sex?

- *Explore*
    - When youth in this community start having sex? Why do you think that is?
    - What are the most high risk sexual behaviors that youth engage in?
    - To what extent do you think that young people take risks during sex?
    - Which is the most important risk for young people? Pregnancy, AIDS or STIs?

2. What are your views on Sexually Transmitted Infections and HIV among young people in your community?

- *Explore*
    - What are the major causes of STIs including HIV?
    - What do young people do if they think or after realizing that they have an STI?
    - How can they avoid getting STIs?
    - How they view condom use in relationships?

3. How is the overall situation of Gender Based Violence in your community?

- *Explore*
    - What does Gender Based Violence (GBV) mean to you?
    - What kind of activities can be perceived as GBV activities?
    - Who are generally subjected to violence? Young women or men?
    - What are the solutions they propose to deal with the problem?

B. LIVELIHOOD AND WEALTH CREATION

5. What are the livelihood and wealth creation opportunities that are available to young people in this community that they can use to generate income?

- *Explore*
    - The opportunities available for young people in the community to get business loans, grants, or funding schemes to help establish their business or Income Generation Activities…..And what are the Challenges.
    - The conditions that are put by the loan providers. Let participants share their experiences with such conditions available.
    - The participants to also be guided to discuss whether those conditions are favorable to young people and proposing how they would want the conditions to be changed to be more friendly.