



**9TH AFRICA CONFERENCE ON
SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS**

CONFERENCE REPORT

**12TH-14TH
FEB, 2020**

NAIROBI KENYA

Advancing
**The Sexual and Reproductive
Health and Rights of Women
and Girls in Urban Informal Settlements**



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HOST 
African Gender and Media Initiative (GEM) Trust

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The Africa Conference on Sexual Health and Rights is a biennial conference and the 9th edition, was held at the Kenyatta International Convention Centre in Nairobi, Kenya, from 12th to 14th February, 2020.

African Gender and Media Initiative (GEM) Trust hosted the conference.

CONFERENCE THEME:

Advancing Sexual and Reproductive Health and Rights of Women and Girls Living in Urban Informal Settlements.

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TABLE OF CONTENTS.....	5
ACRONYMS.....	8
EXECUTIVE SUMMARY	9
INTRODUCTION.....	10
BACKGROUND.....	11
JUSTIFICATION	11
CONFERENCE OBJECTIVES.....	12
DAY ONE.....	13
OPENING CEREMONY	13
WELCOME REMARKS BY MS GLADYS KIIO	13
REMARKS FROM DR UWEMEDIMO ESIET	14
PROF MIRIAM WERE.....	14
PARLIAMENTARIANS	15
KEYNOTE SPEECH: DR HALA YOUSSEF.....	17
PLENARY 1: LIVED EXPERIENCES OF WOMEN AND GIRLS IN URBAN	
INFORMAL SETTLEMENTS	18
SOUTH AFRICAN EXPERIENCE.....	19
KENYAN EXPERIENCE	19
NIGERIAN EXPERIENCE.....	20
PLENARY	20
CLOSING BY PANELISTS.....	21
SUMMARY	21
PLENARY 2: DIGNITY IN DISABILITY EXISTENCE AND ACCESS	
(SPONSORED BY URGENT ACTION FUND AFRICA AND CREA).....	22
KEY AREAS	22
RECOMMENDATIONS.....	22
PLENARY	22
PLENARY 3: LAUNCH OF JOURNAL SUPPLEMENT ON ASRHR AND	
CONTRACEPTION (THE PROJECT THAT WAS CARRIED OUT BY WORLD	
HEALTH ORGANIZATION AND POPULATION COUNCIL).....	23

PLENARY 4: THE NIGERIAN URBAN REPRODUCTIVE HEALTH JOURNEY: LEADING SUSTAINABLE SOLUTIONS FOR SEXUAL REPRODUCTIVE HEALTH PROGRAMMING.....	24
THREE PROJECT NURI TCI.....	24
THE CHALLENGE INITIATIVE.....	24
PLENARY 5: GLOBAL AND LOCAL BACKLASH AGAINST WOMEN’S CHOICE - A CASE OF CRISIS PREGNANCY CENTRES	26
PANEL 6: EUROPEAN PARLIAMENTARY FORUM: GLOBAL CONTEXT.....	27
DAY TWO	28
PLENARY 7: ADDRESSING FGM, EARLY MARRIAGE, HARMFUL TRADITIONAL PRACTICES AND UNSAFE ABORTIONS IN URBAN INFORMAL SETTLEMENTS.	29
INTERVENTIONS IN ZIMBABWE	29
INTERVENTIONS IN LESOTHO	30
HOW DO WE DEMAND ACCOUNTABILITY ON POLICIES?	30
HOW CAN WE SENSITISE TRADITIONAL AND CULTURAL LEADERS ON EXISTING POLICIES?	30
PLENARY 8: ACCELERATING ACTIONS FOR SRHR OF WOMEN AND GIRLS LIVING IN URBAN INFORMAL SETTLEMENTS	31
KEY ISSUES RAISED.....	32
PLENARY 9: ADVANCING ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION IN AFRICA.....	34
PLENARY 10: WORLD ASSOCIATION FOR SEXUAL HEALTH (WAS) SYMPOSIUM.....	36
PLENARY 11: HUMAN RIGHTS, LEGISLATIONS AND POLICIES TO ADVANCE SRHR OF WOMEN AND GIRLS IN URBAN INFORMAL SETTLEMENTS.....	37
PLENARY 12:TECHNOLOGY AND INNOVATIVE APPROACHES TO DELIVERY OF SRHR OF WOMEN AND GIRLS IN INFORMAL SETTLEMENTS.....	38
PLENARY 13: URBAN SEXUAL AND REPRODUCTIVE HEALTH AND	

RIGHTS HEALTH IN EAST AFRICA	40
TCI – BUSINESS UNUSUAL.....	40
PLENARY 14: ‘EXCLUSION IS A CHOICE, ARE YOU OKAY WITH THIS?’.....	41
PLENARY 15: UNIVERSAL HEALTH COVERAGE: ENSURING INCLUSION OF WOMEN AND GIRLS LIVING IN URBAN INFORMAL SETTLEMENTS	43
PLENARY 16: URBAN DEVELOPMENT AND SRHR OF WOMEN AND GIRLS: INTERNATIONAL EXPERIENCE	45
CONCLUSION.....	48
RECOMMENDATIONS.....	49
RECOMMENDATIONS TO GOVERNMENTS	49
RECOMMENDATIONS TO PARLIAMENTARIANS.....	50
RECOMMENDATIONS TO CIVIL SOCIETY ORGANISATIONS AND INDIVIDUALS	50
RECOMMENDATIONS TO RELIGIOUS AND FAITH-BASED ORGANIZATIONS.....	50
RECOMMENDATIONS TO THE DONOR COMMUNITY	50
RECOMMENDATIONS TO THE MEDIA	50
CLOSING CEREMONY.....	51
PICTORIAL.....	52

ACRONYMS

ACSHR	Africa Conference on Sexual Health and Rights
AGMT	African Gender and Media Trust
AUC	African Union Commission
CHV	Community Health Volunteers
CPC	Crisis Pregnancy Centres
CREA	Urgent Action Fund Africa
CSE	Comprehensive Sexual Education
FGM	Female Genital Mutilation
GBV	Gender-based Violence
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
HTP	Harmful Traditional Practices
ICPD	International Conference on Population and Development
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
NGO	Non-Governmental Organisation
NURI	Nigerian Urban Reproductive Health Initiative
PoA	Programme of Action
PWD	Persons with Disability
RECs	Regional Economic Communities
SDGs	Sustainable Development Goals
SOGIE	Sexual Orientation, Gender Identity and Expression
SRHR	Sexual and Reproductive Health and Rights
TCI	The Challenge Initiative
UHC	Universal Health Coverage
UN	United Nations
WAS	World Association for Sexual Health
WHO	World Health Organization

EXECUTIVE SUMMARY



The African Gender and Media Trust (GEM) hosted the 9th Edition of the Africa Conference on Sexual Health and Rights (ACSHR) in Nairobi, Kenya, from 12th to 14th February, 2020. The conference is a long-term process of building and fostering regional dialogue/alliance on Sexual and Reproductive Health (SRH) that leads to concrete actions and enhances stakeholder-capacity to influence policy and programming in favour of a sexually healthy continent.

The Africa conference was organised in collaboration with several partners and other key stakeholders in Sexual Health and Rights (SRHR) who have supported this process over the years. Previous conferences have been held in Johannesburg, South Africa (2004); Nairobi, Kenya (2006); Abuja, Nigeria (2008); Addis Ababa, Ethiopia (2010); Windhoek, Namibia (2012); Yaoundé, Cameroon (2014); Accra, Ghana (2016); and Johannesburg, South Africa (2018).

The 2020 conference whose theme was **‘Advancing the Sexual and Reproductive Health and Rights of Women and Girls in Urban Informal Settlements (Slum**

Communities)’ brought together senior government representatives, Members of Parliament from across the continent, private sector representatives, policy makers from around Africa and beyond as well as dwellers of informal settlements. Other groups included Civil Society Organisations (CSOs) such as women and youth organisations, academia, media practitioners and representatives from the UN system as well as development partners.

Experiences shared by stakeholders during the conference in addressing the inequalities of women and girls in informal settlements across Africa are key to achieving the 2030 Sustainable Development Goals and the AU Agenda 2063. The participants agreed that efforts to reach women and girls from these informal settlements with quality SRH information and services must be concerted and targeted.

Several conclusions were reached and the deliberations will be put together in the conference outcome document, which will be shared with stakeholders for action.

INTRODUCTION



This report presents the discussions and deliberations that took place at the 9th African Conference on Sexual and Reproductive Health and Rights in Nairobi, Kenya. While the Conference paid special focus on realising sexual and reproductive health and rights of girls and women living in informal settlements, the 1994 International Conference on Population and Development (ICPD) remains a critical starting point. The Cairo ICPD marked a watershed in the global quest to advance access to sexual and reproductive health information and services for all. The ICPD Programme of Action (PoA) saw a remarkable global consensus on sexual and reproductive health and rights (SRHR) as the basis for both individual well-being and social development. It asserted that everyone counts, that the focus of development policy and actions must be the improvement of individual lives, and that the measure of progress should be the extent to which we tackle inequalities.

Globally, there has been uneven progress in improving access to SRHR, with Africa making the least progress and in some

cases experiencing significant roll back of gains. It has been acknowledged that most African countries represented at the conference have made significant progress in developing policies and laws that address sexual reproductive health and rights, however, there has been little nuance for effective implementation of these policies.

On the backdrop of these, the 9th Africa Conference on Sexual and Reproductive Health and Rights under the theme ***Advancing the sexual and reproductive health and rights of women and girls in living urban informal settlements (slum communities)***, took place and provided an opportunity for Africa to react to the commitments of the Nairobi ICPD 25 Summit of 2019 and the implementation across the continent.

At the conference, the voices and opinions of African youth were amplified with clear calls, demands and expectations put forward to a wide range of stakeholders and duty bearers.

BACKGROUND

The 9th Africa Conference on Sexual Health and Rights is part of a long-term process of building and fostering regional dialogue/alliance on SRH that leads to concrete actions and enhances stakeholder-capacity to influence policy and programming in favour of a sexually healthy continent. Since it was first held in 2004, the Africa Conference on Sexual Health and Rights (ACSHR) has collaborated with several partners and

other key stakeholders in SRHR over the years, to organise this regional conference. The conference has previously been held in Johannesburg, South Africa (2004); Nairobi, Kenya (2006); Abuja, Nigeria (2008); Addis Ababa, Ethiopia (2010); Windhoek, Namibia (2012); Yaoundé, Cameroon (2014); Accra, Ghana (2016); and Johannesburg, South Africa (2018).

JUSTIFICATION

Residents of Africa's urban informal settlements represent one population group that is increasingly left behind and at elevated risks of poor sexual reproductive health and rights (SRHR) outcomes, including HIV/AIDS, unintended pregnancies and unsafe abortion as well as sexual and gender-based violence.

The human desire to attain the highest standard of living often results in mobility to find a secure place especially from rural to urban areas and international migration. Urban slum dwellers are predisposed to a higher vulnerability due to several issues including the lack of security of tenure; poor sanitation; weak or no access to clean water; inadequate supply of basic services, space and privacy; and the general precarious quality of slum constructions. In most urban slum communities, unwholesome gendered and cultural practices are rampant which further worsen the vulnerability of the dwellers.

The Sexual and Reproductive Health indicators, morbidities and mortality of women and girls living in informal urban settlements (slums) in Africa are severe compared to those in the general population. Some of the challenges include; early sexual debut, unprotected sexual intercourse, high incidence of sexually transmitted diseases and HIV/AIDS, unplanned pregnancies, unmet need for family planning (FP), unsafe abortion, maternal mortality, gender-based violence (GBV) and harmful traditional practices (HTP). It is important to address inequalities of women and girls in these informal settlements across Africa as key to achieving the 2030 Sustainable Development Goals and the AU Agenda 2063.

The 9th ACSHR goal sought to catalyse regional advocacy for improving sexual and reproductive health and rights of women and girls living in urban informal settlements of Africa.

CONFERENCE OBJECTIVES

- ❖ Identify promising/best practices on policy and actions that respect, promote and protect the sexual and reproductive health and rights of women and girls in urban informal settlements (slums); and
- ❖ Propose actions to promote and protect the sexual and reproductive health and rights of women and girls in urban informal settlements (slums) at regional and country level, thus deepening the effective implementation of the ICPD PoA, Beijing Platform for Action whilst advancing achievement of the 2030 Sustainable Development Goals and Agenda 2063.



a) Delegates to the conference pick their badges and bags b. Conference coordinator Jane Godia (centre) with the team from Nigerian Urban Reproductive Health c) Young people at a break away session in the community zone during the conference. d) Usawa Creative artists performing at the conference. e) Volunteers at the conference pose in a group photo. f) A delegate makes a point during one of the conference plenaries.

DAY ONE

OPENING CEREMONY



Ms Gladys Kiio, Head of GEM Secretariat makes her remarks at the conference opening ceremony.

WELCOME REMARKS BY MS GLADYS KIIO

In her opening remarks, Ms Gladys Kiio, the Head of Secretariat at African Gender and Media Trust (GEM), noted that there was need to have serious reflections on broader access to SRHR information in a manner that reflected the conference hashtag *#LeaveNoOneBehind*, which is also a target within the 17 Sustainable Development Goals.

There is need for inclusivity in development for informal settlements or slums, which are often left behind in

many aspects of development including health.

Despite tremendous progress in terms of developing sexual and reproductive health policies, financing implementation of the policies has remained a challenge to the detriment of girls and young women who cannot access SRHR services, education and information. Services in relation to SRHR must be acceptable and accessible.

Stakeholders should focus on young girls including those with disability, a group that has had high cases of HIV/AIDS prevalence.

She called upon delegates to take advantage of the platform provided by the regional conference to reflect on commitments that came out of the ICPD 25 Nairobi Summit.

DR UWEMEDIMO ESIET REMARKS

Conference convenor Dr Uwemedimo Esiet welcomed all present including parliamentarians. On behalf of the participants, Dr Esiet condoled with Kenyans following the death of Retired President Daniel Moi, the country's second Head of State, who passed on in early February.

In regard to the SRHR agenda, Dr Esiet acknowledged the presence of Prof Miriam Were, saluting her for the work she has done for many decades in promoting access to SRHR.

Dr Esiet announced that Prof Were would be honoured with a lifetime achievement award for the work she has done in promoting SRHR at a later event during her birthday.

Picking an analogy of Achieng, a girl born in the slums, Dr Esiet described the challenges of many slum girls, showing how they are usually left behind with no one to care for them.

He noted that Africa is home to two of the world's top five worst slums as well as being the hub of FGM.

In addition, the continent leads in maternal mortality and in new infections and those living with HIV/AIDS.

There was hope that parliamentarians attracted to the conference will become champions for SRHR in their countries.

There can never be equality without all being equal. All should join hands to support women to live in dignity

Dr Esiet

There can never be equality without all being equal. All should join hands to support women to live in dignity.

Dr Esiet encouraged delegates to utilise the networking opportunity created by the conference, because working together amplifies voices and leads to success.

PROF MIRIAM WERE REMARKS

Prof Miriam Were whose work in the SRHR sector spans six decades, regretted that the sector has always been ranked last in the continent. She said that engaging at the community level is the only way to achieve change. Therefore, moving efforts to the grassroots level where communities will lead interventions on SRHR guarantees sustainability.

PARLIAMENTARIANS



Hon Marie Rose Nguni-Effa, Member of Parliament from Cameroon, makes her remarks at the official conference opening ceremony

Hon Marie Rose Nguni-Effa from Cameroon, on behalf of parliamentarians from Central Africa, underscored the key role that Members of Parliament can play in promoting SRHR in terms of budgetary allocations as well as developing policies and legislations.

Hon Dr Ruth Nambole from Zimbabwe, who is also the parliamentary Chair of the Health Committee and doubles as the Global She Decides Champion and Global Fund, observed that gender inequality is not only exacerbated by poverty but also patriarchal structures.

Dr Nambole noted that religious leaders have failed in their roles by burying their heads in the sand despite these issues being all around them.

There is need to ensure that persons with disability and key populations are kept at the centre of advocacy, and to mobilise more SRHR champions among leaders.

Identifying strategies on how to approach certain sensitive issues should be a priority and forming new partnerships with cultural elders is crucial.

Dr Nambole advised African states keeping colonial penal codes that criminalise same sex sexual relationships among two consenting adults while accepting Global Fund money whose conditionality is inclusion of LGBTIQ communities to rethink their position.

When resources are directed to the unmet need for contraception and

broader access to safe abortion, the costly post-abortion care is significantly reduced.

Senator Dr Olanrewaja Tejuoso from Nigeria and formerly chair of the Senate Committee on Health noted:

The fact that half of the world's population resides in urban areas with a majority living in informal settlements must be given due consideration.

The increasing urbanisation and population of people living in urban slums is not only fuelling inequalities, but it is also about power, rights and opportunities.

Unless inequality is urgently addressed and poor women are empowered to make decisions about their lives, there is a likelihood that African countries could face unrest and threat to peace and development.

Contraceptives have always been out of reach for the poor particularly those uneducated living in rural areas and urban informal settlements.

Points of service delivery make it difficult for women to access skilled care, a situation that has put women and adolescent girls at a greater risk of unintended pregnancies.

Limited access to contraception and unintended pregnancies can set in motion a lifetime of missed opportunities and unrealised potential, trapping a woman and her children in an endless cycle of poverty. Failure to provide reproductive health services, including family planning to the poorest woman, can weaken economies and sabotage progress towards SDGs' first goal of eliminating poverty by 2030.



Adenike Esiet (Nigeria), Faith Opio (Kenya), Prof Miriam Were (Kenya), Queen Sekhothali Mabena (South Africa), Leah Adhiambo (Kenya), Nyaradzai Gumbonzvanda (Zimbabwe), Talent Rukudzo (Zimbabwe) and Wilson Chivanga (Malawi) at the Youth Pre-Conference after session on inter-generational dialogue

KEYNOTE SPEECH: DR HALA YOUSSEF



Dr Hala Youssef UNFPA Resident Representative to the African Union listens to conference proceedings after official opening.

Dr Hala Youssef gave the keynote speech on behalf of UNFPA Deputy Director of Programmes, Mr Dereje Wordofa. Dr Youssef conveyed regards and greetings from UNFPA's Executive Director Dr Natalie Kanem. She observed that UNFPA has been a strong supporter of the Africa Conference on Sexual Health and Rights.

Three months earlier, the global community met in Nairobi in a historic summit, the ICPD 25, to take stock of what has been achieved since the Cairo declaration in 1994 and what commitments were needed to accelerate implementation.

The 9th Africa Conference on Sexual Health and Rights was driven by the conviction that young people all over the world cannot continue to wait and that women were dying during childbirth.

It is time to demand urgent, decisive and

concerted action for those who continue to suffer gender-based violence and other harmful practices.

Every day, 5,100 adolescent girls and young women are infected with HIV and in 2018, three times more women and girls of reproductive age were infected. Notably, keeping girls in school reduces their vulnerability to HIV/AIDS by half.

The theme of the conference touched on a very important aspect of life that is often neglected; people living in informal settlements are deprived of basic necessities and far too often, their basic rights particularly sexual and reproductive health and rights.

Keeping girls in school reduces their vulnerability to HIV/AIDS by half

Dr Hala Youssef

For the Cairo promise to become a reality, and for the SDGs to be attained including 'the Africa We want' as envisaged in the African Union's Agenda 2063, it is critical to reach all people regardless of where they live, their economic or religion status.



From Left: Dr Hala Youssef, UNFPA Resident Representative to the AU, Dr Uwemedimo Esiet, Conference Convenor, Ms Shinaz Ali of Urgent Action Fund Africa joined with a seated delegate.



Delegates listening to the conference proceedings at the plenary

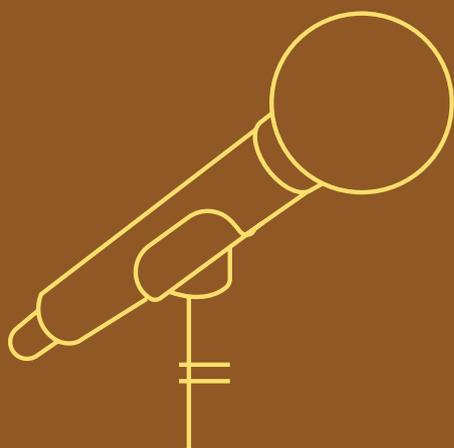
PLENARY 1

Lived Experiences of Women and Girls in Urban Informal Settlements

More than one half of the world's population now lives in urban areas, with majority of the world's countries urbanising. These trends are impacting human settlement affecting living conditions and health, particularly reproductive health. To help put into perspective lived experiences of women and girls living in informal settlements, a panel discussion was convened to share experiences from Kenya, South Africa, Zimbabwe, Uganda and Tanzania.

Most perpetrators in sexual violence against PWD are close relatives and persons entrusted to take care of them.

*Patricia Kamene,
visually impaired, Kenyan*



THE SPEAKERS

Patricia Kajumba (Uganda)
Stella Akinso (Nigeria)
Abahlali Basemjondolo (South Africa-TBC)
Prisca Akumu (GEM)
Patricia Kamene (GEM)

MODERATOR

Gladys Kiio (GEM)



SOUTH AFRICAN EXPERIENCE

In South Africa, informal settlements are characterised by a lack of basic infrastructure like housing, roads, schools, sanitation and water as well as security and health centres. Women and girls are excluded from political participation mainly because a majority of them do not have formal education, among other challenges.

Women and girls are particularly vulnerable as they are exposed to sexual violence due to insecurity in the informal settlements where crime rates are high and drug abuse rampant. Life in makeshift housing coupled

with shared sanitary facilities alongside lack of parental guidance provide a conducive environment for young girls to be lured into early sexual debut which leads to early pregnancy. Often, this ends in arranged and forced marriages.

The women and girls also experience high levels of unemployment due to lack of empowerment initiatives, poor sanitation and hygiene. For those living with HIV/AIDS, limited opportunities in access to services, medicine and other needed assistance is the order of the day.



KENYAN EXPERIENCE

PWD bear the brunt of sexual violence due to their vulnerability. Most of the culprits are close relatives and persons entrusted to take care of PWD. Persons with disability face numerous challenges in reporting cases of sexual violence to police. First, their relatives doubt them whereas police harass them and some have even been detained.

Menstrual hygiene management is another challenge that girls living with disability face. Due to a lack of information particularly about their sexuality, these girls are often found unawares at the onset of their menses. It is important to provide comprehensive sexuality information to women and girls with disability in informal settlements. Girls with disability are often a soft targets for harmful cultural practices such as Female Genital Mutilation and Sexual and Gender-Based Violence (SGBV). Due to their diverse disabilities, these girls cannot escape from the perpetrators or be rescued.

I was forcefully sterilised at Kenya's biggest referral hospital

Prisca Akumu, woman with a disability, Kenya

Prisca Akumu, a Kenyan woman with a disability, narrated how she was forcefully sterilised at Kenya's biggest referral hospital, the Kenyatta National Hospital. She had visited the hospital as there are no hospitals in Kibera, the informal settlement where she resides. Accessibility into the facility is a challenge for an able-bodied person and worse for those with disability. PWD, particularly girls and women, have a right to access accurate and comprehensive sexuality information like any other person. Facilities should, therefore, be designed to cater to needs of persons with disability – hospital beds, and particularly labour beds, are not disability-friendly at the referral hospital.



NIGERIAN EXPERIENCE

The informal settlements are neglected and characterised by overcrowding, poor sanitation, drugs and crime, a situation that affects women most. Due to congestion and lack of basic housing and sanitary facilities, including sharing of toilets and bathrooms, women and girls living in slums are exposed to sexual violence including rape.

The Nigerian Urban Reproductive Health Initiative provides family planning services within the informal settlements under the slogan 'bridging the gap between demand

and supply of FP' through the use of communities to create awareness about family planning. Social mobilisers are used in door-to-door campaigns which have been largely successful. Cultural practices and stigma still pose a challenge to women in accessing family planning. If women and girls are not facilitated to access sexual and reproductive health services, Africa risks non-attainment of the Sustainable Development Goals.

PLENARY 2

It is critical to recognise the fact that girls and women living in slums face multiple discrimination while accessing reproductive health services and those with disability bear the brunt of discrimination. In order to bridge this gap, it is critical to conduct mobilisation and awareness creation to provide information and education on sexual and reproductive health and rights in informal settlements.

On the issue of dealing with religion and cultures that do not allow family planning, the success story of the Nigerian Urban Reproductive Health Initiative which engaged religious leaders in an interfaith forum is

a good example. The forum developed a Christian and Muslim perspective to family planning that offers guidance on how to give sermons on the family planning topic. They jointly developed notes to be used to preach and create demand for service provision.

Getting a good referral system for GBV cases in informal settlements must have the first point of call at the health facility for treatment and even collection of contraceptives. There must also be law enforcement presence to facilitate reporting of the crime.

CLOSING BY PANELLISTS

- Forced evictions in informal settlements within Africa perpetuate sexual violence against women and girls.
- Persons with disability must spearhead any interventions on issues that affect them as a matter of urgency.
- It is time to move away from developing policies and push for implementation of existing ones.
- Inclusivity in addressing diverse SRHR needs of girls and women, ensuring availability of services, improved infrastructure and creating awareness in informal settlements.

SUMMARY

The panel emphasised the need to ensure recognition and inclusion of informal settlements in national planning. This will prioritise infrastructure, safety and security, initiating women's empowerment projects, provision of comprehensive sexuality education and information to young girls as well as ensuring awareness about family planning.



Conference plenary proceedings going on at the Tsavo room of Kenyatta International Convention Centre

PLENARY

Participants emphasised the urgency of getting women living with disability in informal settlements speaking up and creating safe spaces for them.

Making SRH services affordable to women particularly those with disability will bridge the gap in the unmet need.

There is need to eradicate taboos that surround abortion, ensuring that women with disability, among others, who seek abortion

are not stigmatised and discriminated against at clinics.

KEY AREAS

They identified key areas that needed urgent attention. These include mental health; femicide; gender-based violence, depression; lack of referral mechanisms; and girls' low self-esteem and training on life skills as a solution.

PLENARY 2

Dignity in Disability Existence and Access (Sponsored by Urgent Action Fund Africa and CREA)

Participants emphasised the urgency of getting women living with disability in informal settlements speaking up and creating safe spaces for them.

Making SRH services affordable to women particularly those with disability will bridge the gap in the unmet need.

There was also need to eradicate taboos that surround abortion, ensuring that

women with disability, among others, who seek abortion are not stigmatised and discriminated against at clinics.

Key areas that needed urgent attention. These include mental health; femicide; gender-based violence, depression; lack of referral mechanisms; and girls' low self-esteem and training on life skills as a solution.

RECOMMENDATIONS

- There is need to strengthen the capacity of social workers in informal settlements to provide assistance to persons with mental illness for better coping skills for any related stress.
- Participants should form networks and synergies to enable countries to benchmark access and services to SRHR for women with disability.
- Safe spaces to be created to facilitate training in mental health management which should include families and caregivers.
- Training of mental health staff.

- Create awareness on mental health in all corners of communities.
- Need for governments to prioritise resources for youth empowerment programmes on SRHR.
- Holding governments accountable for commitments and resource allocated for youth programmes.
- Corporate Social Responsibility should be encouraged among multinational corporations to ensure they allocate resources for SRHR of women and girls living with disability in informal settlements
- Need to involve more women in manufacturing of sanitary towels as one way of empowering them through employment.

PLENARY 3

Launch of Journal Supplement on ASRHR and Contraception (Project carried out by World Health Organization and Population Council)

The journal supplement provided an overview and challenges since ICPD in Cairo 25 years ago and included four papers.

The presentation, which was done by Dr Caroline Kabiru and moderated by Jenny Njuki, was preceded by screening of a video of young people highlighting the journey of 25 years (report and video annexure added).

The journal titled ***The Political, Research, Programmatic, and Social Responses to Adolescent Sexual and Reproductive Health and Rights in the 25 Years since the International Conference on Population***

and Development was written by, among others, Dr Venkatraman Chandra-Mouli of WHO. It reviews progress made in low- and middle-income countries in the 25 years since the ICPD in six areas central to ASRH – teen pregnancy, HIV, child marriage, violence against women and girls, female genital mutilation, and menstrual hygiene and health. It also examines the ICPD’s contribution to the progress made and presents epidemiologic levels and trends; political, research, programmatic and social responses as well as factors that helped or hindered progress.



Some of the youth delegates from all over the world who attended the conference

PLENARY 4

The Nigerian Urban Reproductive Health Journey

The panel was composed of speakers from Nigeria - Stella Akinso, Rabi Ekele, John Ayankola and Adesola Fanimokun. It was moderated by Oris Ikiddeh, also from Nigeria.

Leading Sustainable Solutions for Sexual Reproductive Health Programming

The 'Leading Sustainable Solutions for Sexual Reproductive Health Programming' project spearheaded by the Nigerian Urban Reproductive Health Initiative – The Change Initiative (NURHI TCI) started in 2019 and now operates in six states.

Its approach is advocacy on policy intervention, stakeholder support, media and faith-based. The project uses advocacy to ensure there is a supportive environment, and this, by extension, leads to increased funding for family planning. The project formed a core group to lead the advocacy targeted at religious leaders and government officials.

Similarly, the project established a media advocacy group, where the media fraternity

and media ambassadors were tasked to promote family planning through their work. In order to generate demand for family planning, under the media advocacy, they use entertainment education, popularly known as Edu-tainment (radio and drama) and mass media (radio, TV and transmedia). These efforts were supplemented by outreaches among communities with door-to-door or house-to-house visits.

The project ensured that after creating demand, mechanisms were in place to avail services in an accessible, affordable and acceptable manner. The Nigerian government was briefed on how to ensure sustainability while the project provided technical assistance to government officials.

The Challenge Initiative

This initiative was established to ensure that states take up their responsibility and own the projects for sustainability purposes with a slogan 'business unusual', where states and cities assumed the driving seat.

The governments are in turn asked to

commit resources and manpower. They are required to work towards solving their own challenges by building on existing structures. The project only provided technical assistance and capacity to interpret data provided.

LESSONS

- The state took up ownership and led the interventions.
- There was an increase in state funding, with family planning budget-lines created.
- Young people benefited from the project unexpectedly and this informed a follow-up that is youth-centred leading to the integration of youth in existing structures.



PLENARY 5

Global and Local Backlash against Women's Choice - A Case of Crisis Pregnancy Centres

Speaker: Kerry Cullinan

The session sought to sensitise delegates on the anti-SRHR organisations that have emerged and as a result eroded the gains made in the Sexual and Reproductive Health Rights of women and girls. Experiences were shared by Uganda Crisis Pregnancy Centre, among others. The findings were shared by an investigative journalist from Open Democracy. The Crisis Pregnancy Centres (CPCs) were born in the United States of America and have more than 18,000 centres in the country and other centres scattered around the world.

CPCs seek to intercept women with unintended pregnancies who might be considering abortion. Their mission is to prevent abortions by persuading women that adoption is a better option. They give the impression that they are clinical centres, offering legitimate medical services and advice, yet they are exempt from regulatory, licensure and credentialing oversight that apply to healthcare facilities.

Most CPCs are religiously affiliated and a majority are affiliated with a network or umbrella organisations such as Birthright International, Care Net, Heartbeat International, or the National Institute of Family and Life Advocates. The Crisis Pregnancy Centres, as a rule, not only discourage abortion but also refuse to provide referrals to abortion clinics, although they often provide counselling about dangers associated with premarital sex. The clinics distort information given to



Ms Kerry Cullinan from Open Democracy sharing statistics on crisis pregnancy faced in Uganda as a result of eroded gains to SRHR.

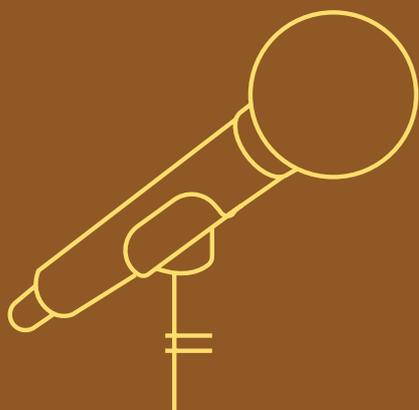
women seeking SRH services. Women who visit CPCs typically do not realise that they are not in an abortion clinic and are surprised to discover that abortion is not considered an option at these centres.

According to Open Democracy, dissuasion tactics are used to change women's minds from procuring an abortion regardless of the indication. The clinics use post-abortion syndrome to create fear in women seeking abortion services while distorting information on use of contraception. These findings underscore the challenge with implementation of the right to information and accurate information.

It was recommended that conversations should move to community-based interventions.

PANEL 6

European Parliamentary Forum: Global Context



THE SPEAKERS

MPs who are members of the European Parliamentary Forum on SRHR

MODERATOR

Caroline Kwamboka

The European Parliamentary Forum for Sexual and Reproductive Health shared a global context, noting that there have been deliberate efforts to push down gains from ICPD 1994 and the ICPD+25. Notable examples were demonstrations conducted by faith communities and conservative advocacy groups against the ICPD Nairobi Summit in November, 2019.

Anti-gender movements globally claim to support human dignity, family life and religious freedom but unfortunately, religious freedom is put above human rights.

These movements use a number of strategies which include political advocacy, litigation, grassroots mobilisation, online and social organisation and trans-national

networks. Since it is currently a national and trans-national phenomenon, there is need to identify the anti-gender movements and come up with strategies to counter their message.

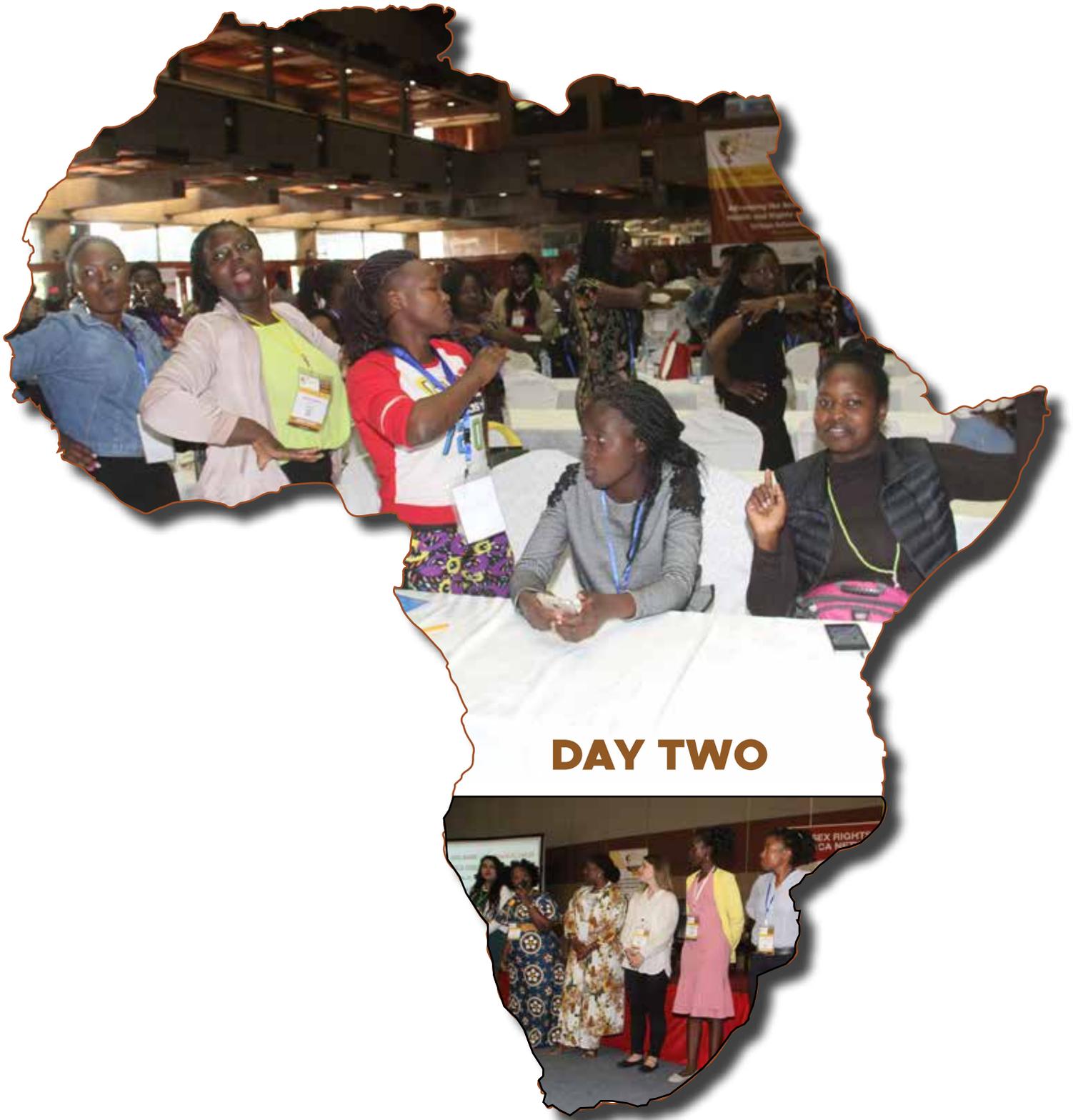
The anti-gender movements are repackaging retrogressive ideas, want normative change on Comprehensive Sexual Education (CSE), abortion and LGBTIQ+. They are using political leaders to champion their anti-choice rhetoric. Highlights were given on the US Gag Rules getting support from other countries like Brazil, Libya and Poland. The recent Russian Summit in Sochi was noted as a place where discussion was also on traditional values to restrict SRHR including issues such as abortion and LGBTIQ+.



Ms Faith Opiyo representing young people makes a point at the plenary



Dr Nyaradzai Gumbonzvanda, AU Goodwill Ambassador to Ending Child Marriages, addresses the conference plenary.

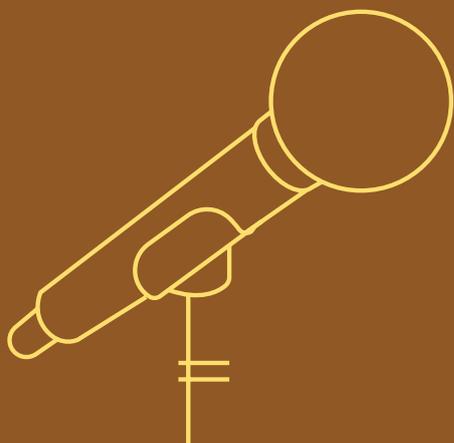


DAY TWO

Women from the informal settlements of Nairobi came in their droves to take part in the conference whose theme was addressing issues that touch on their SRHR

PLENARY 7

Addressing FGM, Early Marriage, Harmful Traditional Practices and Unsafe Abortions in Urban Informal Settlements



THE SPEAKERS

Talent Jumo (Zimbabwe)

Queen Sekhothali Mabhena (South Africa)

Mwanahamisi Singano (Tanzania)

MODERATOR

Moeti Lesuthu (South Africa)

The session's objective was to provide a platform to discuss solutions to addressing Female Genital Mutilation (FGM), early marriages, harmful traditional practices and unsafe abortions in urban informal settlements.

It was highlighted that the biggest challenge to the fight to end harmful cultural practices

against women and girls across Africa include deep-rooted cultural practices; African societies that are built around strong patriarchal practices; challenge of accessibility to the most remote areas in rural settings; and language sensitivity (to pass messages in the most sensitive way).



INTERVENTIONS IN ZIMBABWE

Zimbabwe has built a movement of young women and girls to challenge harmful cultural practices. This movement has created safe spaces for women and girls to freely express themselves.

Its advocacy targets government officials and traditional leaders as well as creating champions from religious and cultural leaders and has raised awareness on the provisions of the law (Termination of Pregnancy Act of 1977).





INTERVENTIONS IN LESOTHO

In Lesotho, engaging with traditional leaders is difficult due to complexities in cultures and traditions.

Self-examination contraceptives are a break-through in terms of ensuring greater access.

Bodily autonomy

Urbanisation has been through industrialisation in Africa and this has seen an increase in population with 60 percent living in urban areas. This has created its own culture where there are a few rich people while the majority are the poor living in informal settlements.

Basically, there is no investment in urban informal settlements for the poor and the system oppresses them. There are also high numbers of female-headed households in the informal settlements

How to demand accountability on policies

Communities must own the agenda and have policies that respond to emerging issues and mirror discourses in communities/societies.

Making use of parliamentarians is crucial.

How to sensitise traditional and cultural leaders on existing policies

Women are not involved in decision-making and are always looked at with a lot of suspicion and thus sensitising these leaders will overcome this challenge.

There is need to urgently strategise on sensitive locally grounded strategies and language that is respectful to cultural leaders to encourage dialogue.

Reactions from the floor

- CSOs should play a key role in building the capacity of parliamentarians to champion issues of SRHR.
- Governments are renegeing on the language they already agreed to at the African Union.
- Discussions on access to justice particularly for rape, defilement and incest need to be stepped up.

Traditional or cultural leaders panel response

Generally, the leaders ignore women's contributions and make decisions on what they feel is right for women. To overcome this challenge, women must be involved in conversations and speak up about their rights while the traditional leaders work at aligning their emotions to their feminine side.

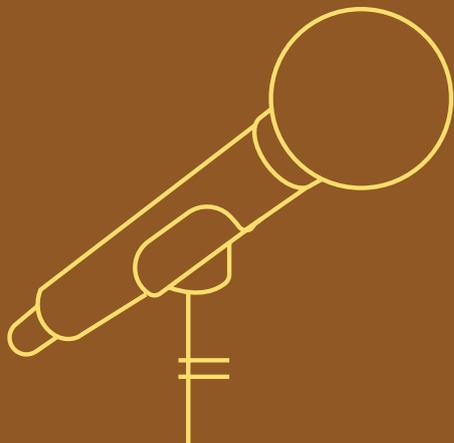
A multi-sectoral approach to provide a support system for young girls will ensure they make informed decisions.

It is also necessary to address other intersectional issues such as poor economics. The continent should work as a collective African movement and, for instance, develop a model abortion law for Africa.

It is time that people stopped talking about 'child marriage' and called it what it is - child rape – as well as stop treating pregnancy as consent to marriage.

PLENARY 8

Accelerating Actions for SRHR of Women and Girls Living in Urban Informal Settlements



THE SPEAKERS

Prof Khama Rogo (Kenya)
Nyaradzai Gumbonzvanda (Zimbabwe)
Hon Susan Lyimo (Tanzania)
Hon Marie Rose Nguni-Effah (Cameroon)
Ida Joseph (Tanzania)

MODERATOR



Plenary 1: From left: Ida Joseph (Tanzania); Hon Marie Rose Nguni-Effa (MP Cameroon); Dr Nyaradzai Gumbonzvanda (AU Goodwill Ambassador for Ending Child Marriages); Dr Meshack Ndirangu (Kenya Country Director Amref Health); Hon Susan Lyimo (MP Tanzania) and Prof Kama Rogo (Lead Health Specialist and Head of Health in Africa at World Bank) during the High Level Plenary on Accelerating SRHR for women and girls living in urban informal settlements.

The session started off on the context that Africa has made many commitments to international and regional conventions and treaties such as the Sustainable Development Goals, African Charter on Human and Peoples' Rights on the Rights of Women in Africa, better known as the Maputo Protocol, International Conference on Population and Development (ICPD + 25) as well as the End Cross-border FGM.

Africa's urban population is growing and is estimated to get to 60 percent by the year 2050. There is, therefore, a need to start working on gaining demographic dividends but looking at the informal settlements, there are fundamental challenges that should be addressed to deal with the SRHR issues.

Key issues raised

Nairobi city has an estimated population of five million people and 70 percent of its population that is largely youthful dwell in the city's six big slums.

In the last few decades, major sexuality conferences have taken place in Nairobi, the latest being the ICPD+25 Summit held

in November 2019. Since slums are informal, they are not part of government planning process. Therefore, basic social amenities and infrastructure do not exist in these settlements, in addition to the challenges of Sexual and Reproductive Health services.

Owing to the lack of prioritisation of slums by governments, the most impactful interventions, for instance, in maternal health – contraception, immunisation/vaccination and nutrition – are reliant on donors through non-governmental organisations operating in these slums. Populations double every 15 years and slums double every five years and yet no government wants to address the issue of resettlement within slums. Notably, slum dwellers are only relevant during elections, therefore, indicating that the informal settlements are socio-political issues that need to be addressed. Reversing this trend needs an urgent transformational thinking from the government.

Young people residing in informal settlements bear the brunt of governments' inaction. Generally, youth-friendly clinics are non-existent, and where they exist, they are not adequately equipped to provide



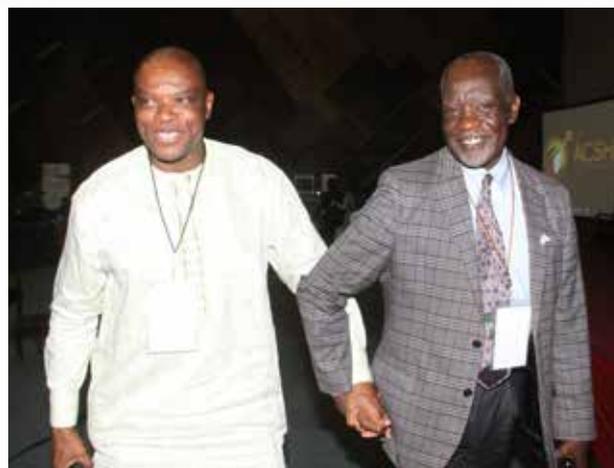
Hon Susan Lyimo, Dr Dr Uwemedimo Esiet (Conference Convenor), Hon Marie Rose Nguni Effa and Prof Khama Rogo after speaking at the high level plenary on accelerating SRHR of women and girls living in urban informal settlements.

services and information that young people need on sexual and reproductive health and rights.

Young people were challenged to harness their power in numbers to demand for their rights in service provision. It was also observed that a majority of young people migrate from rural settings to urban centres in search of opportunities but end up in slums. There is hence a need to address issues of rural-urban migration and engaging legislators to develop legal and policy frameworks that address issues affecting young people, particularly SRHR. The full implementation of the policies is also critical in resolving SRHR issues.

While addressing concerns related to the operations and strategies of civil society organisations, it was noted that despite Kenya hosting the first International Conference on Sexual and Reproductive Health and Rights about 26 years ago, issues discussed at the conference were not different. The only change was in the players as the current ones are younger but opposition to SRHR has remained strong as those opposed are strategic and well-funded. To make it worse, SRHR proponents have fragmented into small pockets most of them competing and working at cross purposes.

Financing and resourcing of sexual and reproductive health programmes was also a focus at the session. It was pointed out that most of the SRHR programmes rely on external funding from donors such as contraceptives and immunisation vaccines. Also noted was that the US successive governments have come up with policies that have affected access to sexual and reproductive health funding in a majority of African countries. Most recently, Donald Trump (a Republican) issued an Executive



Dr Uwemedimo Esiet (Conference convenor) and Prof Khama Rogo (Lead Health Specialist and Head of Health in Africa at World Bank) after he made the keynote address at the High Level plenary on accelerating SRHR of women and girls living in urban informal settlements.

Order reinstating the Mexican City Policies (Gag Rule) that stops all funding for SRH and particularly abortion. The Gag Rule requires all organisations working on SRH issues to comply or sign that they will not advocate for, among other things, abortion and Sexual Orientation, Gender Identity and Expression (SOGIE) issues in order to receive US funding.

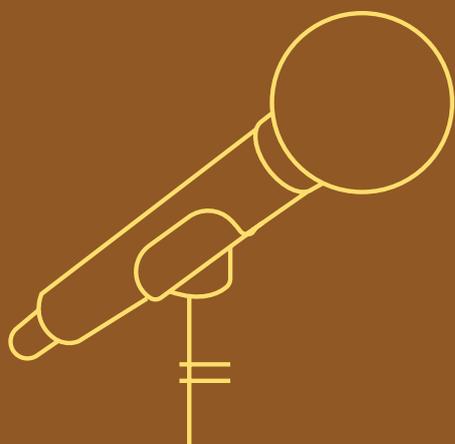
In terms of ensuring accountability for health resources, the panel pointed out that Africa has many resources, however, most of the funds are wasted and leak in the economy through corruption and illicit financial flows.

There is need to critique these issues to ensure dignity to African people through provision of services. During the session, it was acknowledged that health and particularly, SRHR is a priority.

There is an urgent need for dialogue between government and civil society organisations to discuss how to ensure planning and resourcing women and girls' needs for SRHR in the informal settlements.

PLENARY 9

Advancing Access to Comprehensive Sexuality Education in Africa



THE SPEAKERS

Adenike Esiet (Nigeria)
Hon Julliette Paule Zingan (Senegal)
Mzikazi Nduna (South Africa)
Hon Aminata Namasia (DRC)
Osmo Kontula (Finland)

MODERATOR

Robert Mensa (Ghana)



From left: Hon Aminata Namasia, MP Democratic Republic of Congo, Hon Juliette Paule Zingan, MP Senegal, Dr Robert Mensah from UNFPA Ghana and Osmo Kontula from Finland during the High level plenary session on Advancing Access to Comprehensive Sexuality Education.

This session was designed to enable panellists to discuss their countries' experiences on Comprehensive Sexuality Education (CSE) to highlight the challenges and the way forward in CSE's implementation. The panel observed that CSE has become a topical issue and has received a lot of

resistance in many countries because traditionally, people avoid talking about sex yet adolescent pregnancies continue to affect them. It was, however, noted that in most African societies, discussions around sex are not taboo and many of them are expressed through culture.

Comprehensive Sexuality Education is a way of informing and guiding young people as well as providing them with skills to protect their well-being and dignity. The programmes are based on human rights principles and, therefore, advance gender equality and the rights and empowerment of young people.

Children and adolescents need information about sexuality. The WHO has designed programmes based on evidence approaches on the cost effectiveness and up scaling of Comprehensive Sexuality Education.

However, CSE continues to experience many barriers to its implementation and effectiveness. The reality is that young people don't have information on CSE as the programmes have not reached marginalised adolescents. It is noted that CSE has also received a lot of backlash due to misinformation and uncoordinated actions on the part of stakeholders. Resistance has watered down the content and hence its weak delivery. In other countries, resistance has led to paralysis and abandonment of the programme.

A key recommendation to address the challenge includes a need to document case studies of the programmatic approach

of CSE and build support for national policy formulation.

To scale up CSE, it is critical to have a strategy which includes advocacy on content of CSE and its advocates should be courageous in reclaiming moral values and ground.

Another strategy is funding from within by getting governments to work on national curriculums as this is key to innovation.

Implementation of CSE should use evidence-based approaches and there are good examples of countries such as Finland that have used this model.

It was noted that although young people are beneficiaries, they do not have the language to articulate these issues and thus remain excluded and marginalised from decision-making on CSE.

Some of the recommendations given to accelerate CSE in schools included the need for parliamentarians to add a voice by working towards development of policies and legislation that address CSE.

It was noted that if stakeholders work together strategically for a common agenda for all adolescents, then it would be a critical step to its implementation.



Mrs Adenike Esiet, a session speaker makes a comment during the plenary session on comprehensive sexuality education



A delegate makes a comment during the plenary session on comprehensive sexuality education

PLENARY 10

World Association for Sexual Health (WAS) Symposium



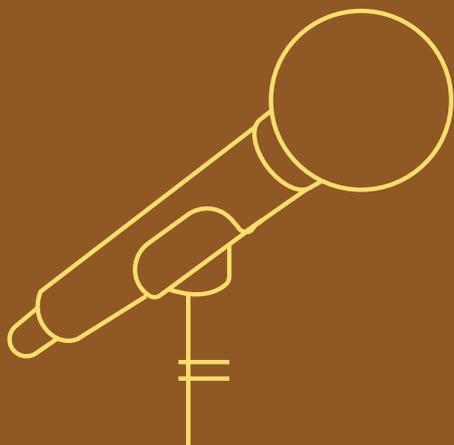
In pink tee shirts is a team of translators who performed the task of translation to those with hearing disabilities during the conference. Behind them are women delegates from the slums and informal settlements.

This session came up to share a new declaration on sexual rights. The declarations:

- Sexual pleasure being at the core of sex
- Plan to carry out a study on the situation of sexuality in the world
- Sexuality education
- What to be included in the WAS congress in south Africa
- Use of technology in providing information on CSE
- Accountability to regional instruments – name and shame
- Use of local language terms
- Intersex voice
- Involvement of young people
- Enhancing the capacity of young people
- Involvement of female traditional leaders
- Small community-based organisations
- Include positive stories of how culture promotes sexual health
- Invite at least two people to tell their story of being queer for inclusive planning of queer people in Africa
- Include leaders, PWD and Community Health Volunteers (CHVs) in this conversations SRHR

PLENARY 11

Human Rights, Legislations and Policies to Advance SRHR of Women and Girls in Urban Informal Settlements:



THE SPEAKERS

Evelyne Samba (DSW, Kenya)
Hon Atupele Mwakibete (Tanzania)
Anusha Rawoah (Mauritius)
Hon Ruth Labode (Zimbabwe)
Mpho Motsamai (Lesotho)
Hon Dr Robert Kuganab-Lem (Ghana)
Hon Philbert Koudougnon (Cote d'Ivoire)

MODERATOR

Shalom Ndiku (Kenya)



From Left: Shalom Ndiku from the Thompson Reuters Foundation, moderating the session on Human Rights, Legislations and Policies to advance SRHR of women and girls living in urban informal settlements. With him is Hon Atupele Mwakibete (centre), MP Tanzania and Anusha Rawoah from Mauritius

Sexual and reproductive health is a human rights issue yet women and girls continue to be denied access to services that would ensure they enjoy these rights.

In Zimbabwe, sexual and reproductive health issues are closely linked to prevalence of poverty. For example, the unmet need for contraceptives results in

unplanned big families. Women and girls are disproportionately affected because they spend much of their time taking care of their families and are hence unable to access opportunities to economic empowerment.

Ivory Coast has established a programme to deal with vulnerable persons including women and children. The Members of

Parliament acknowledge their parental responsibility as legislators and have also established health centres in remote areas, and called for increased investment in young people.

The panel recommended that policies be responsive to young people. There has been contestation on CSE that has taken a moralistic position, leaving the ministries of Education and Health in a dilemma over the content of CSE while religious and cultural leaders have taken a moralistic stand.

The limited resourcing for health has entrenched a situation where there is limited access to sexual and reproductive health particularly for young people due to

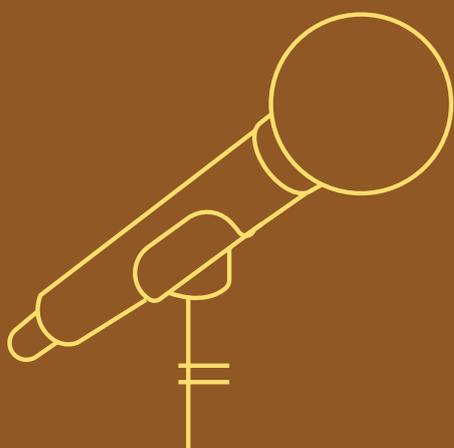
the challenge of human resource and safe space for youth.

There is need for bolder legislators who will ensure enacting of right laws reflecting young people's situations and voices.

And governments should acknowledge the fact that greater access to SRH services frees time for development. With this acknowledgement, there will be more investment in health which will contribute positively to economic growth and make people live in dignity. Access to youth-friendly services is important and young people need to be empowered with skills to gain employment or have relevant information.

PLENARY 12

Technology and Innovative Approaches to Delivery of SRHR of women and Girls in Informal Settlements



THE SPEAKERS

Lillian Kabiru (Kenya)
Patricia Segawa (Uganda)
Elsie Akwara (WHO)
Adesiola Famimikon (Nigeria)

MODERATOR

Afowa Yeke (Ghana)

The session sought to highlight the importance of technology and innovation in delivering SRHR needs for women and girls in informal settlements. The panellists noted the need to apply better solutions in order to get improved results. Some of the key approaches noted include the creation of physical and virtual spaces for young

people as platforms to share information and services. This has helped in achieving tremendous uptake in family planning services.

What has effectively worked in reaching out to the youth include recruitment of social youth mobilisers as ambassadors who reach out to the youth house-to-house;



Delegates taking time off to pay a visit to the booth organised by the World Association of Sexuality (WAS).

use of social media platforms discussions championed by social media influencers and support groups where young people meet as groups to chart particular causes. The use of mobile-based approaches has also been utilised through personalised and confidential messages.

Other strategies include the use of traditional media, specifically radio, which has a wider reach compared to other media channels.

The greatest challenge with technology is inaccessibility in rural areas as there is limited access to the internet and smart phones. Within urban areas, economic power remains a challenge in informal settlements due to the high levels of poverty.

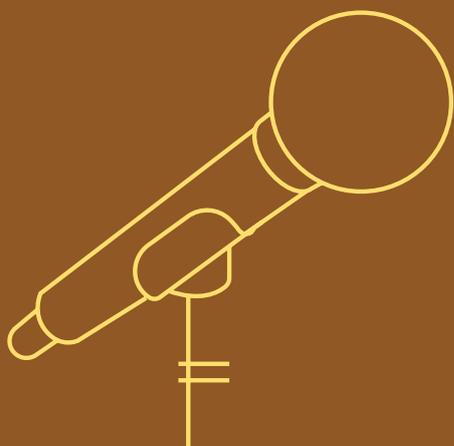
During the plenary discussion, these points came up:

- 🕒 Strengthen safe spaces for young people to enable them access services and avoid discrimination.

- 🕒 Build capacity of police on access to information through strengthening systems and support for survivors.
- 🕒 Persons with Disabilities especially the deaf have challenges in accessing applications for opportunities as most of them are not trained in sign language and yet need to be engaged in conversations.
- 🕒 Need to settle for a common language that is easy to use and find cost-effective ways to disseminate information and increase uptake of SRHR services.
- 🕒 Maximise social media applications by addressing a wide range of SRHR topics especially for young people.
- 🕒 Partnerships are critical in reducing cost and, therefore, need to work with likeminded organisations.

PLENARY 13

Urban Sexual and Reproductive Health and Rights Health in East Africa



THE SPEAKERS

Paul Nyachae (TCI Nairobi)
Beth Kangwana (Population Council);
Sylvia Okoth (Kenya)
Esther Kimani (Kenya)
Achayo Rose Obol (Uganda)

MODERATOR

Victor Rasugu (Kenya)

Looking at the situation of SRHR of women and girls in urban centres within East Africa, the plenary noted that there are many challenges they face in urban informal settlements within the region.

Lack of information was noted as the biggest challenge for women living with disability as their literacy levels are very low.

PWD have no means for livelihood thus poverty is a big issue – they are not able to work, have no jobs nor businesses.

Poor sanitation and hygiene were also noted as big challenges for PWD

Health service providers present a big challenge to PWD by asking many questions which discourage and invoke self-pity.

Partnership with other organisations was recommended to ensure an environment that is conducive for PWD. Peer-to-peer support is also critical.

TCI – Business Unusual

The project was conceived to scale up family planning service provision. The project uses marketing strategy where proposals are made to county or municipal governments and beneficiaries receive technical assistance.

Sustainability is the cornerstone of the project where governments are assisted to continue the project.

Those who offer services in bars face challenges related to their SRHR such as accessing HIV testing services and they would need support in adherence and destigmatising ARVs.

Notably, digital technology provides unparalleled opportunity for SRHR.

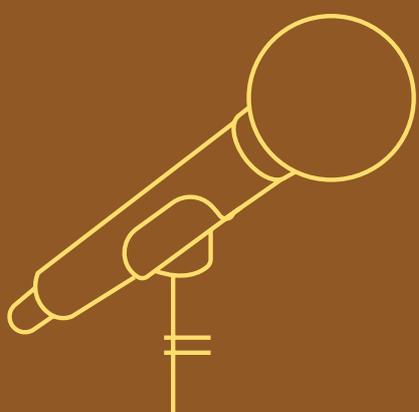
Find My Method organisation runs a website on the abortion pill, which provides information on what one needs to know about the drug, where to find it and how to use it. The site also helps users compare methods.



Dr Beth Kangwana of Population Council (at the podium) joined by Esther Kimani from Zahara Foundation (centre) and other speakers who deliberated on Urban Sexual and Reproductive Health and Rights in East Africa.

PLENARY 14

'Exclusion is a Choice, are You Okay with this?'



THE SPEAKERS

Angeline Akai (Kenya)
 Rose Resiatio (Kenya)
 Gloria Ayiro (Kenya)
 Grace Alache Jerry (Nigeria)

MODERATOR

Elizabeth Mangeni

The session was convened to discuss issues surrounding exclusion of Persons with Disabilities in societies. The panel consisted of persons with diverse disabilities that included physical and mental who shared their realities while giving proposals for policy and legal reforms that would ensure no one is excluded or left behind in any society because of disability.

Rose Lesiatio from Kajjado Kenya, a woman with physical disability, shared her story living in a pastoralist community where FGM is practised. When the time came for the ritual, as a PWD she could not escape and later, it was difficult to get a suitor since no one wanted to marry a girl with a disability.

In her community, girls with disability are seen as a liability because they cannot carry

out homestead chores and women with disability have no voice as culture forbids conversations about sexuality. Generally, young girls are married off to older men immediately they undergo FGM. Access to information and education is critical in the empowerment of PWD. It was only after accessing information and education that she became aware of her rights, making her underscore the need for creating awareness among girls living in communities that still perform harmful cultural practices. With the right information they can take charge of their lives.

Angelina Akali Lodi, a visually impaired woman, shared her experience as a civic leader and pointed out that despite the good policies that have been enacted to protect interests of PWD, implementation still remains a mirage. The Kenyan Constitution has many provisions that protect the rights of PWD. For instance, it provides for no taxation and sets aside a percentage of government jobs for PWD, among other opportunities. It is important to include PWD in policy making debates and any other issues affecting their lives.

However, the system has been designed in a way that it excludes PWD from many critical sectors including ensuring that they access information and education on their sexuality.



Faith Njahira (Kenya) and Achayo Rose Obol (Uganda) interrogating how persons with disability have been excluded from all planning in SRHR at the session that wondered whether the exclusion was a choice.

For instance, provision of family planning information in braille for the blind is viewed as asexual. PWD are not homogenous and have diverse needs.

While giving her experience of exclusion as a young woman with mental disability, Gloria Ayiro, narrated that life for her has not been easy because people refer to her as 'stupid'. She was gang-raped by people she knew and because of her disability no one believed her. Although she was rescued by an NGO and treated, she is yet to get justice. She appealed for creation of awareness on persons with mental disability.

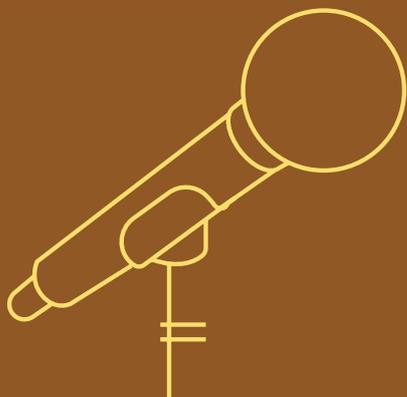
Grace Alache Jerry from Nigeria, said she was born an able-bodied person but was involved in an accident that left her physically disabled. Policies are generally not implemented to the benefit of PWD yet there is need to understand people with disabilities as key to advocating for them. Small platforms such as religious institutions are also critical in terms of creating awareness. Similarly, capacity building for PWD is key for successful advocacy particularly implementation of laws on PWD. To keep girls with disability in school, it is paramount to ensure availability of water and sanitation facilities designed to meet their needs.



Shinaz Ali (standing extreme left) is joined by other delegates supported by Urgent Action Fund Africa and CREA who attended the conference

PLENARY 15

Universal Health Coverage: Ensuring Inclusion of Women and Girls Living in Urban Informal Settlements



THE SPEAKERS

Dr Githinji Gitahi (Kenya)

Robert Mensah (Ghana)

Hon Esther Passaris (Kenya)



From left: Dr Uwemedimo Esiet (Conference convenor), Hon Esther Passaris (MP Kenya), Dr Robert Mensah (UNFPA Ghana), Dr Rael Mutai (Senior Programme Coordinator UNFPA Kenya) and Dr Githinji Gitahi (Group CEO Amref Health Africa) after leading the discussion on the place of Universal Health Coverage in the SRHR of women and girls living in informal settlements.

The Universal Health Coverage (UHC) is a global initiative that was started to ensure that everyone receives health services without being hindered by lack of finances.

The session discussed inclusion of women and girls living in informal settlements in UHC.

The Amref Health Africa's Chief Executive Officer, Dr Githinji Gitahi was the main speaker in the session. Dr Gitahi, noted that there can never be justice where there is inequity and exclusion. Structural violence has been meted on those living in informal settlements, to a point where they cannot attain their potential and always struggle to

survive. Some of the barriers experienced in informal settlements include insecurity, poor housing and sanitation.

UHC is a consensus of justice that seeks to answer the question of how to provide health services to those left behind. The big question has been where to start, who to start with, and who those in most need are. Therefore, universality does not mean uniformity.

Esther Passaris, a Member of Parliament in Kenya, observed that the conference was an inclusive space with diverse participation. The Sustainable Development Goals play an important role in promoting sexual and reproductive health and rights of young girls and women. Thus it is critical to double efforts towards achieving the goals because only 10 years are left to the 2030 target.

There is an important opportunity to review SDGs achievement so far because Kenya will be undergoing Voluntary Review in 2020 during the High Level Political Forum to be held in New York. There is need to create more awareness on SDGs, particularly targeting Members of the National

Assembly. A Parliamentary Caucus on SDGs had been established in the Kenya National Assembly, where parliamentarians prioritise discussions on SDGs. However, there is still lack of awareness on SDGs and what it seeks to achieve, therefore, there is a need to reach people who are farthest as captured in the slogan #LeaveNoOneBehind.

The unmet need for contraceptives in the informal settlements, where women opt for abortion as a birth control method, should be addressed urgently. This challenge is spurred by lack of access to information and education on family planning as had been highlighted in the conference by young women regretting having big families.

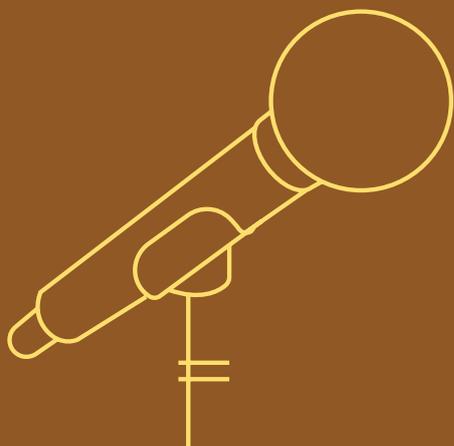
Dr Robert Mensa, from Ghana, emphasised the importance of primary health care where services are moved closer to the beneficiaries at grassroots level. The inability to pay should not be reason for not accessing services; and governments must prioritise financing and strengthening health systems to ensure access to critical commodities.



Dr Hala Youssef (right) UNFPA Resident Representative to the African Union and Hon Esther Passaris (centre), MP for Nairobi County sharing thoughts over issues and concerns of SRHR of women and girls living in urban informal settlements.

PLENARY 15

Urban Development and SRHR of Women and Girls: International Experience



THE SPEAKERS

Thokozile Nhlumayo (South Africa)

Esther Corona (Mexico)

Carole Agengo (Kenya)

Stella Nkhonya (Malawi)

Ekaete Umoh (Nigeria)



Thokozile Nhlumayo (South Africa), Caroline Agen'go (Kenya), Stella Nkhonya (Malawi) and Ekaete Umoh (Nigeria) during the high level plenary session that looked at urban development and SRHR of women and girls living in informal settlements from an international perspective.

The moderator introduced the session by stating that women and girls living in informal settlements have continued to be left behind in urban development as well as development of key SRHR interventions and policies. The session looked into the experiences, current state and recommendations of the panellists in regard

to urban development and SRHR of women and girls.

Indicators of urban development and SRHR include; ensuring participation of all women and girls across all diversities; development issues in the context of life expectancy, by ensuring reduced maternal mortality especially as a result of unsafe abortion

and education of women, which has dual benefits of eliminating early marriages and pregnancies as well as ensuring the fulfillment of life and a holistic approach in policy formulations.

Viewing SRHR as a key development issue is important in ensuring proper financing.

If disability is redefined as a development issue, then women and girls with disabilities will enjoy their rights. In some African cultures, people living with disabilities are

often portrayed as an 'embarrassment' and due to stigma, many are hidden from the public as well as denied the right to enjoy their sexual reproductive health and rights.

Quick gains for women and girls living with disabilities in urban development include ensuring inclusive participation; empowering them on legal instruments that speak to their rights, access and availability of services.

USAWA NETWORK LAUNCH

This was a question and answer (Q&A) session with the aim of getting the perspective of the participants as well as ensuring the launch was as participatory as possible. The moderator, Matthew Ondiege from Usawa Creatives Network, asked questions and the participants answered.

How to raise women's issues in the development agenda

- Provide adolescents, especially girls, with evidence-based Comprehensive Sexuality Education.
- Ensure inclusive participation and engagement of all women and girls in urban development and SRHR agenda.
- Enable intergenerational dialogues that are aimed at breaking the patriarchy barriers.
- Make SRHR a key development issue.
- Integrate SRHR into broad socio-economic policies and processes.
- Finance SRHR, hence, ensuring availability of commodities such as contraceptives for women and girls to plan their future.
- Women are not homogenous, therefore, there is need for planning based on statistics, needs and diversity of all women.
- Ensure there is accountability through tracking projects of women in SRHR.
- Access of all issues that affect girls with disabilities based on the needs assessments.
- Involving women and girls with disabilities in policy development especially on issues of urban development and SRHR.

The question 'why don't the victims of GBV, especially men, report violence?' received interesting answers. Men do not report GBV because of ego and desire to protect their self-image. They have also been socialised to portray themselves as stronger and superior to women.

Lack of safe spaces for men to freely speak about GBV, stigma and discrimination from the community as well as not being properly empowered to speak up against GBV were identified as the other reasons.

For men to freely report GBV, they must be involved and empowered in gender equality and ending gender-based violence. They should also come up with safe spaces that enable them to freely talk about GBV.

At the end of the session, organisations and individuals present shared the vision and mission of Usawa Network of bringing diverse people together. Diversity is the strength that should be used to bring people on board in an effort to end stigma and marginalisation.



USAWA Network, a creative artists collaboration that addresses issues of people with disability through art, performed to using the conference them in a session that saw delegates on their feet dancing.

CONCLUSION

Although governments have developed a number of policies that seek to promote, protect and fulfil the enjoyment of sexual and reproductive health, women and girls still face many challenges accessing these services. Some of the barriers experienced in informal settlements include insecurity as well as poor housing and sanitation.

Women and girls living in slums face a greater burden due to failure of governments to include informal settlements in their planning priorities. Women living with disability and residing in informal settlements bear the

brunt of the lack of planning and prioritising those who live in slums across the continent. This structural violence has made it difficult for these women to attain their potential and it is a daily struggle for them to survive.

It is critical that in the spirit of leaving no one behind and tracking towards the achievement of the SDGs, governments include informal settlements in their planning and ensure implementation of all policies that promote access to sexual and reproductive health of all including PWD, the vulnerable and those excluded.



Conference delegates singing the National Anthem as the conference came to an end.



Dr Dr Uwemedimo Esiet has a chance to interact with some of the great women who represented interests of persons with disability.



A team from South Africa had an opportunity to shake a leg at the 9th Africa Conference on Sexual Health and Rights in Nairobi Kenya

RECOMMENDATIONS

The Conference came up with a raft of recommendations to various key stakeholders including governments, parliamentarians, media and CSOs.

Governments

- Accelerate their efforts towards implementation of key national, continental and global development frameworks that address the needs of people living in urban informal settlements as part of the Decade of Action of the Sustainable Development Goals, bearing in mind that the appropriate policies and commitments already made must now be translated into tangible action with a sense of urgency.
- Address the peculiar needs of persons with disabilities by enacting favourable policies and resourcing the domestication and implementation of the UN Convention on the Rights of Persons with Disabilities.
- Work with civil society, private sector and other key stakeholders to accelerate the implementation of commitments towards expanding access to sexual and reproductive health and rights of all including people living in urban informal settlements and other vulnerable and excluded groups.
- Harmonise laws and policies to address loopholes that facilitate discrimination and eliminate barriers to access to key services that disproportionately affect women, girls, LGBTQI such as SRH services including safe abortion services and redouble efforts to eliminate harmful practices such as child marriage and female genital mutilation.
- Take urgent steps to address poverty and its multidimensional effects on people living in urban informal settlements, women, girls, sexual minorities and other vulnerable and excluded groups and ensure their equitable access to resources and services.
- Ensure that development planning addresses the need to rethink and review infrastructure development to facilitate access to quality housing, education, healthcare facilities, electricity, water and sanitation for people living in urban informal settlements.

Parliamentarians

- Ensure allocation of adequate resources in national development plans and budgets to address the needs of people living in urban informal settlements especially as relates to their social development including access to sexual and reproductive health and rights, elimination of harmful practices such as gender-based violence, child marriage, female genital mutilation, access to family planning, comprehensive and age-appropriate education on sexuality as well as ensure that sector ministries dealing with these issues are well funded.
- Hold governments accountable to commitments they make to protect the rights and dignity of people, especially women and girls.

Civil society organisations and individuals

- Ensure increased visibility and prioritisation of issues related to sexual and reproductive health and rights at the national level through continued advocacy, mobilisation and accountability mechanisms and expand access to sexual and reproductive health services and information service delivery.
- Specifically, implementation of comprehensive sexuality education, and further, increase efforts on budget advocacy to ensure governments continuously fund SRHR services and information delivery.

Religious and faith-based organisations

Work with key stakeholders to abandon cultural and religious practices that infringe on the rights and wellbeing of women and girls such as child marriage, gender-based violence and female genital mutilation.

Development partners

Increase funds and other resources to expand access to sexual and reproductive health and rights of people living in urban informal settlements.

Media

- To highlight and give positive coverage to issues affecting people living in slums and hold governments, international organisations, civil society and other stakeholders accountable to their commitment to improve access to sexual and reproductive health information and services.
- To educate the general public on key issues related to sexual and reproductive health and rights, and dispel misconceptions.

CLOSING CEREMONY

Although governments have developed a number of policies that seek to promote, protect and fulfil the enjoyment of sexual and reproductive health, women and girls still face many challenges accessing these services. Some of the barriers experienced in informal settlements include insecurity, poor housing and sanitation.

“I would like you to know that we are fighting for the same cause in this war. We have many challenges in the journey but we should not give up. The future depends on us and we are the future. My recommendation to our government is that the leaders should listen to us. They should be involved and come up with possible solutions in the spirit of leaving no one behind.”

Olivia Gera, 15, Mauritius



Women and girls living in slums face a greater burden due to failure of governments to include informal settlements in their planning priorities. Women living with disability and residing in informal settlements bear the brunt of the lack of planning and prioritising those who live in slums across the continent. This structural violence has made it difficult for these women to attain their potential and it is a daily struggle for them to survive.



Volunteers who supported the conference in a group photo.



HOST



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COVER PHOTO

Chief guest Dr Hala Youssef (Centre) of UNFPA joins delegates in a group photograph after the official opening of the conference.