

JULY 2019

WHAT'S CHANGED?

ICPD25 CONVERSATION
AT KAKUMA



DID YOU KNOW?



- Kakuma Refugee Camp was established in 1992 before the ICPD Programme of Action was adopted in 1994
- UNFPA provides SRH and GBV services to 192,167 refugees in the Kakuma Refugee Camp and the Kalobeyei Integrated Settlement

ICPD25

This year marks the 25th anniversary of the ground breaking International Conference on Population and Development (ICPD), which took place in Cairo in 1994. Therein, 179 world leaders adopted a Programme of Action (POA) which recognized that reproductive health, women's empowerment and gender equality are roadmaps to sustainable development. Between 12th and 14th November 2019, the Government of Kenya (GOK), the Government of Denmark and UNFPA will convene the Nairobi Summit, a high-level international conference convened to advance the implementation of the ICPD POA.

As a pre-cursor to the Nairobi Summit, the Government of Kenya through the Refugee Affairs Secretariat (RAS), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), the Kenya Red Cross Society (KRCS), International Rescue Committee (IRC) and Danish Refugee Council (DRC), hosted an event entitled, 'What's Changed?' at Kakuma Refugee Camp, to highlight the successes and gaps in implementing the ICPD PoA in a humanitarian context.

SALIENT ISSUES

- There is a need for safe spaces for adolescent girls where they can access SRH information and services.
- There is a need to address the link between GBV and cultural practices espoused by various communities in the camps and host community.
- There is a need to strengthen access to GBV and SRH services by the host community.
- There is a need to address child marriage as a prevalent form of GBV in refugee camps.
- Under reporting of GBV cases due to stigma and inaction on the part of law enforcers which continues to hinder access to services. Sexual violence against men is hardly reported.
- Women and girls lacking decision making latitude on matters such as family planning and consent to caesarean section, etc.
- There is a need for more services for adolescent girls to prevent teenage pregnancy.
- Existence of GBV recovery centres in Kalobeyei and Kakuma, referral pathways, and training / sensitization of leaders as good practices in addressing GBV.
- The UNHCR High Commissioner's commitment to refugee women and girls which prioritizes education, health and protection.

RECOMMENDATIONS

- Sustain and expand provision of family planning services.
- Strengthen access to SRH and GBV services to the host community at Kalobeyei.
- Design and implement programmes that are in tandem with the ICPD POA goals.
- Make efforts to bring men on board the campaign to end to GBV.
- Strengthen women's role in decision making to enable them address their SRHR.
- Strengthen GBV referral pathways for partners within the camps to ensure survivors access to justice.
- Community members should support survivors to report sexual violence cases within 72hrs for prevention of unwanted pregnancies and HIV infections.
- Law enforcers should ensure reported cases are followed up and survivors get justice.
- Address stigma against victims of sexual violence (rape and defilement).
- Enhance awareness on access to family planning and address stigma associated with family planning methods.
- Convene separate meetings for men, women and youth before convening the mega meeting that brings all the groups together

COMPELLING REMARKS



LISTEN TO YOUNG PEOPLE

"We ask to be listened to because we feel left out. We can't express our problems freely. We need safer spaces where we can be listened to without fear of stigma"

Ms. Priscilla Nyamal, Kakuma Youth Parliament



ACCESS TO SERVICES

"Ending Gender Based Violence is everyone's business. If services are closer to the people, then the community can easily access and utilize them."

Mr. Robin Masinde, UNHCR



SUPPORT MEN AND BOYS

"I challenge men and boys present here to support other men in the community and our children. There should be no machismo, nor men who can't report SGBV cases. Report all cases of SGBV at one-stop GBV centres located at the main hospitals in Kakuma and Kalobeyei."

Ms. Harriet Awuor, IRC



USE YOUTH CENTRES

"Survivors of SGBV are often blamed for the incident. I urge adolescents and youth to make use of the Youth Centers located in each camp that offer a range of services including counselling and life skills training."

Mr. Neville Agoro, DRC



FULFILLING THE ICPD PROMISE

"25 years ago the ICPD Programme of Action came into existence. This GBV Support Centre is evidence that we are working with partners to fulfil the promise of ICPD. I urge you all to make use of the services at the Centre."

Mr. Ezizgeldi Hellenov, UNFPA-Kenya

GBV CENTRE LAUNCH

As part of the Kakuma ICPD25 Conversation event, UNFPA Kenya in partnership with the Kenya Red Cross Society, the Government of Japan and UNHCR launched a Gender Based Violence Support Centre at the Kalobeyei Hospital. The centre will serve both the host community and refugees, by providing a safe haven for survivors to receive services and support for reintegration in the community. The survivors will access counselling, and clinical management of rape services.



KAKUMA AND KALOBYEI SGBV STATISTICS

SGBV Type	Number of reported cases	Percentage (%) per type
Rape	72	17
Sexual Assault	11	3
Forced Marriage	40	9
Physical Violence	164	39
Emotional Violence	126	29
Denial of Resources	10	3
	423	100

Source: UNHCR 2019

KAKUMA VOICES



For Nyibol Diing (right with her children), a wife and mother of 4 children, access to contraceptives at Kakuma's health facilities enabled her to plan her family. Nyibol came to the Kakuma Refugee Camp in 2005. The 34-year-old, who also serves as Kakuma 1 Zone 4 chairlady says that she is lucky to have an understanding husband, who agreed to family planning measures. "I have been using family planning for the last 10 years. I have spaced all my children well so that we are able to take good care of them. If I compare the present with the past, more women now use family planning methods. Before, there were many misconceptions around family planning. Such still exist, like in my culture, which prohibits women to act independent of their spouses, but education has really helped," she explained.



John Mading (extreme left), a 47 year old with 2 wives and 13 children came to the Kakuma Refugee Camp in 1992. He fled to Kenya during the North-South Sudanese conflict. Mading described the camp appearance 27 years ago: "Kakuma was dry and dusty, there were no trees, vehicles constantly drove with headlights on to announce their presence." Mading, 14 years old then, recalled that women delivered babies in their homes as the only maternity hospital was a shabby tent at the heart of Kakuma 1. Discussing the present Kakuma Camp Mading said, "Kakuma is no longer the same. We planted trees so the camp is now green. Well equipped hospitals have also been built. Women, including my wives now embrace hospitals. Children no longer suffer and die of malnutrition."

Mading is currently a community leader and champion for reproductive health rights for women and girls.

For more information on this and other UNFPA organized side events in the lead up to the #ICPD25 visit our [website](#) or join the conversation on our  page. Let's personalize development and #LeaveNoOneBehind

