SYMPOSIUM: REACHING THE HARD-TO-REACH

PROGRAMME AND PANELISTS

Symposium: Reaching the hard-to-reach
Sexual and reproductive health and rights in rural populations
PROGRAMME

4.00 – 4.10 pm – Welcome

4.10 – 4.25 pm – Keynote: 50 Years of Sexual and Reproductive Health and Rights
Siri Tellier, External Lecturer
University of Copenhagen

4.25 – 4.30 pm – Introduction to cases

4.30 – 4.55 pm – Panel 1: Family planning

4.55 – 5.20 pm – Panel 2: Childbirth

5.20 - 5.35 pm - Coffee break

5.35 - 6.00 pm - Panel 3: Pregnancy related diabetes

6.00 - 6.25 pm - Panel 4: Menstrual Hygiene

6.25 - 6.30 pm - Closing remarks

6.30 - 8.30 pm - Networking café with food and drinks
Meet SRHR organisations
SIRI TELLIER

Siri has dedicated most of her life to working with sexual and reproductive health and rights (SRHR). She is educated from Harvard School of Public Health and has worked as UNFPA’s country representative in China, North Korea and Afghanistan for many years. She was also the Danish Red Cross International Director and has taught at Renmin University and University of Malta besides University of Copenhagen.

CAROLINE MARIE CHRISTIANSEN

Caroline has worked with SRHR for four years and is the General Manager for Tostan Denmark – an Africa-based organisation working directly with rural communities leading their own development. In Tostan, they believe that a sustainable development - including healthcare system improvements - is best managed through local ownership and a community-led approach. Local values, visions, culture and needs must be at the center of the conversation to secure SRHR for rural populations.

PERSPECTIVE: COMMUNITY-LED DEVELOPMENT
Bidian is from Nairobi, Kenya, where he studies medicine. He has worked with SRHR for more than five years, and has been active in eight different organisations working with various SRHR-related topics such as gender-based violence, AIDS, SRHR education for Kenyan teenagers, menstrual hygiene, Nairobi County Health budget advocacy and campaigning for including SRHR in the health benefit package.

**PERSPEKTIVE: PEER-TO-PEER EDUCATION**

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Jay has worked in global health for more than a decade in over a dozen countries with organisations such as the International Union Against Tuberculosis and Lung Disease and the American Cancer Society. He is currently a lecturer and teaching fellow at The University of Edinburgh’s eHealth Research Unit and is part of the advisory board to the National eHealth Strategy in Nepal. He and his team have worked to deploy community-based mHealth programs at scale together with government, including one of the largest community funded child and maternal eHealth programs in the world.

**PERSPEKTIVE: eHEALTH/mHEALTH**
RISHA HESS

Risha is the country director of Marie Stopes Ethiopia and has over 20 years of experience in managing, designing, evaluating, implementing, documenting and researching public health projects. She has worked with topics such as family planning, reproductive health, breastfeeding, diarrhea treatment, HIV prevention, sexually transmitted infection treatment, harm reduction and gender-based violence in Asia, the Pacific, Africa and North and Central America.

PERSPECTIVE: COST SUBSIDIES

HÅKON BOLKAN

Håkon is a postdoctoral fellow at the Department of Clinical and Molecular Medicine at Norwegian University of Science and Technology. His research is about scalable solutions to increase access to surgical services in low-income countries. He is the founder of CapaCare – an organisation offering training of non-physicians in surgical skills, also called “task sharing”. It aims to give far more people, particularly in rural districts, access to operations they would otherwise have been denied for geographical and economic reasons.

PERSPECTIVE: TASK SHARING
MIA LUND SØRENSEN

Mia is the Country Coordinator for the Danish Family Planning Association’s (DFPA) work in Kenya, where they collaborate with local partners to ensure the SRHR of youth, vulnerable women and LGBT+ people. DFPA works through partnerships in Asia and Africa. Research shows that a lack of affordable emergency transport is one of the main barriers in obtaining safe delivery for poor women. In collaboration Family Health Options Kenya, The DFPA invested in a number of tuk-tuks managed by local women groups to provide transport to maternal health care facilities.

PERSPECTIVE: AFFORDABLE EMERGENCY TRANSPORT

UDARA BANDARAA

Udara is Deputy Chief of Procurement Services at UNFPA where he has worked for more than 19 years. With a background in procurement and supply chain management, Udara is a strong advocate of strengthening delivery of quality assured products through efficient and effective logistics management and operations. In other words, it is essential to have well working supply chains and deliver high quality products to ensure SRHR.

PERSPECTIVE: EFFICIENT SUPPLY CHAIN
CASES

SETTING

All cases are set in a rural village without any electricity. The village is 10 kilometers away from the nearest health clinic, and in order to get there, the villagers have to cross a river. The village has a traditional birth attendant and a medicine man. The level of education is generally low as very few residents have more than primary school education. Their livelihood is based on subsistence farming, and the mean age for first pregnancy is 16 years but ranges from 12 to 24 years.

FAMILY PLANNING

Joy is a 15-year-old girl. She goes to school whenever she is not helping her mother out at home. Joy recently became sexually active. She is a little worried about pregnancy and does not wish to be pregnant at 15, as she wants to stay in school. Joy knows that it is possible to protect yourself against pregnancy when having sex, but she just doesn’t know how to and where to get access to this protection. She is afraid to ask her parents, because the common belief is that a girl should not have sex at her age and before marriage. She doesn’t know what her peers do and whether they might have the same problem. She is also a bit afraid what her boyfriend may say if she asks him to use protection. The question is: How can we ensure Joy’s right to do family planning?
**Child Birth**

Naomi is 30 years old and about to be in labor. She is unschooled and takes care of her four children at home or works at the farm. She has no access to money or a phone. Naomi successfully gave birth to her four children in the village, assisted by the traditional birth attendant. The rumor has it, that giving birth at the hospital is unpleasant: the staff is rude, services are plenty and expensive, and many women have lost babies there. Naomi has now been in labor for 20 hours, when it is decided that she should go to the nearest health clinic. Naomi is then faced with several delays: she needs a charged phone and money to call for transport, and by the time the vehicle has crossed the poorly maintained roads, 30 hours have passed. At the health clinic, she is told to continue to the hospital for a caesarean section, where another 6 hours go by waiting for qualified staff to arrive. Sadly, when the caesarean section is over, Naomi’s baby has passed away.

The question is: How can we secure proper care for a woman like Naomi without these massive delays and fatal consequences?

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**Menstrual Hygiene**

Alice is a 14-year-old schoolgirl and has her period regularly. She knows about menstruation and the fact that it is not dangerous, but she doesn’t have access to expensive products such as sanitary pads. Instead, she wears a reusable cloth that often turns smelly during the school day. Because of this, she stays home from school when she is bleeding, and she regularly misses class. Alice is ashamed of the unclean cloths. Once used, she washes them in cold water and only lets them dry outside for a limited time as to not expose them to the people in and around her home. The humid, dirty cloths are risk factors for potential harmful urinary or vaginal infections. Furthermore, Alice is in risk of failing class and ultimately dropping out of school.

The question is: How do we make sure that Alice is able to continue her education without monthly interruptions?

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**Pregnancy Related Diabetes**

Daisy is a 24-year-old pregnant woman. She is unschooled, can’t read or write and doesn’t own a phone. She was diagnosed with pregnancy related diabetes during her antenatal care checkup. This means, that both Daisy and her child is at increased risk of complications. The recommended follow up for a woman like Daisy is: diet and exercise, blood sugar monitoring, possibly insulin injections daily, and induction before or at term.

The question is: How do we ensure that Daisy gets the care and treatment that she needs?
MEET SRHR ORGANISATIONS