

**LINKING CHILD AND YOUTH RIGHTS WITH THE DEMOGRAPHIC DIVIDEND
AGENDA FOR AFRICA**

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1. INTRODUCTION

1.1 Child and youth rights in Sub-Saharan Africa

Sub-Saharan Africa (SSA) is, and will likely remain the youngest of all world regions. Close to half (43%) of its population are children below the age of 15 years, and a further third (35%) is aged between 15 and 34 years. Presently, therefore, more than three-quarters of the SSA's populace are children and youth. Over the coming decades the population share of youth will remain essentially unchanged and, while that of children will fall to 33% by 2050 as a result of projected fertility declines, young people will continue to constitute the bulk - two-thirds - of SSA's inhabitants (UNPD, 2015).

Child and youth rights (CYR) provide a pertinent lens through which to consider this demographic reality. They embed a view of young people as human beings with a distinct set of rights, rather than as passive objects of care and charity (UNICEF, 2015) and a recognition of the entitlement of youth to empowerment, development, and participation (UNFPA, 2014).

In Africa, the CYR agenda is enshrined in two legal treaties of the African Union (AU). The African Charter on the Rights and Welfare of the Child (ACRWC), adopted in 1990, entered into force in 1999 and to date has been ratified and signed by 41 AU Member States (ACHPR, 2015). Consistent with the global United Nations (UN) Convention on the Rights of the Child (1990) but with added Africa-specificity, the ACRWC is the only existing regional child rights framework to date. Its 31 central articles encompass a spectrum of social, economic, civil and cultural rights intended to enable children aged 0-17 years to achieve their fullest potential (AU, 1990). Cutting across these rights, the ACRWC places emphasis on the fundamental importance of-, and a need for support to- the family context in shaping the growth and well-being of children.

The African Youth Charter (AYC), adopted in 2006 and in force since 2009, is one of only two existing dedicated international youth rights frameworks, globally¹. No similar treaty has been forged by the UN or any of the major world regions. Ratified by 36 AU Member States thus far, the AYC sets out a strategic framework of political and civil as well as cultural, social and economic rights that governments must realize in order to empower youth (defined as age 15-35 years) as equal partners in the continent's development agenda (AU, 2006; ACHPR, 2015).

A key underpinning of both the ACRWC and AYC, rooted in the precept of universality, is the central human rights principle of *non-discrimination* (UN OCHR, 2015). This extends the rights enshrined in each charter to every child/youth irrespective of race, ethnic group, colour, sex, language, religion, political or other opinion, national and social origin, fortune, birth or other status. Implicit in the principle of non-discrimination is a call for attention to the rights of presently marginalized or excluded groups.

¹ The other is the Iberoamerican Convention on Rights of Youth (OIJ, 2005)

1.2 Impasse in the realization of CYR in SSA

Despite a well laid out agenda and principles — as well as formal legal commitments made by African states to realize them — CYR appear to have gained little traction in national policy making and programming thus far. Many SSA states, in their quest to meet the MDG over the past decade, have made undoubted strides in improving basic education and health care access for children, as reflected in rising school enrolment, specifically for girls, and reduced infant and child mortality rates. Yet, all indications are that many children remain excluded from such achievements (World Bank, 2015; UN, 2014). Other elements of children’s rights receive little, if any attention (UNICEF, 2009). Similarly, and despite a formulation of national youth policies in a growing number of SSA countries, there is concern about the limited extent to which African Governments are implementing the recommendations of the AYC (Gyimah-Brempong and Kimenyi, 2013).

The weak realization of CYR to date in SSA is symptomatic of an apparent lack of effectiveness of the human rights agenda to spur action, broadly. Reasons for the impasse, as critical analyses suggest, lie largely in a reluctance of State governments, particularly in contexts of constrained resources, to fully comply with treaty obligations where:

- (i) Compliance is not legally enforced; and/or,
- (ii) Action on CYR is deemed to be a distraction from, or obstruction to, the achievement of core national development interests (Downs, Rocke and Barsoom, 1996; Hafner-Burton and Tsutsui, 2005; McInerney-Lankford, 2009; Posner, 2014).

Compounding the limited progress, is an absence of a systematic evidence base on the nature and dynamics of unmet rights among children and youth that could inform and focus CYR advocacy and programming (Gyimah-Brempong and Kimenyi, 2013; IEAG, 2014)

1.3 Galvanizing the SSA CYR agenda: Aims and approach of the paper

The present context signals a pressing need for concerted efforts to galvanize the SSA CYR agenda, to ensure that the enjoyment of key rights becomes a reality for all of the region’s young people. Such an undertaking is particularly timely at this juncture, as the AU marks the 25- and 10-year anniversaries of the adoption of the ACRWC and AYC, respectively. Further, the new global Sustainable Development Goals (SDGs) framework affirms a focus not only on children and youth, but on the pursuit of human rights principles and commitments (UN, 2015).

This paper seeks to offer conceptual and empirical perspectives to contribute to an advancement of the CYR agenda in SSA. The conceptual framing draws on relevant scientific perspectives on the international human rights regime, as well as on a scrutiny of salient population and development discourses and agendas for the Africa region. Building on these, the framework:

- Illuminates the extent to, and ways in which the CYR agenda, in fact, concurs and overlaps with core economic development interests in SSA countries;

and,

- Highlights the value-added that an active consideration of this nexus can yield for the achievement of the core interests, and, vice versa, the utility of the nexus for providing foci and targets for CYR advocacy.

Applying the conceptual frame, the paper then distils empirical evidence on key implications of the nexus for policy, programming and further inquiry, from the spectrum of interdisciplinary population and health research undertaken by APHRC over the past decade.

2. CONCEPTUAL FRAME

2.1 Crystallizing core development interests

The point of departure for the conceptual frame is the pinpointing of a concrete, defined ‘agenda’ that crystallizes core economic development interests of SSA governments. In an increasing number of African States, such an ‘agenda’ is now captured in the strategic endeavour to realize a demographic dividend (DD) (Bloom *et al.* 2014; UNECA/AUC/AfDB, 2013; AUC/ECA, 2013). The DD effort offers a particularly expedient frame, as it integrates prospects for significant economic growth with addressing several core SDGs focused on children and youth.

The notion of a DD centres on the possibility of securing an economic windfall by harnessing the potential productivity of the region’s youth bulge over the coming decades (*see Box 1*). Spurred by international support, the drive to establish enabling conditions for achieving a DD – specifically through investments in the education, empowerment and employment of youth – has gathered remarkable momentum, galvanizing SSA governments’ readiness to act speedily, both individually and collectively (IMF, 2015). To this end, for example, AU Member States are planning the establishment of an ‘Africa Programme of Research and Policy Development on the Demographic Dividend’, and have enshrined a central focus on a DD in their Common Position on post-2015 development (AU, 2014a), and the more ambitious, longer-term Agenda 2063 (AU, 2014b). In parallel, coordinated exchange, learning and collaboration between key stakeholders conducting research, programming, and advocacy on a DD in SSA is expanding (PRB, 2015; UNFPA, 2015).

Box 1: The demographic dividend and enabling conditions

Current DD agendas capture the potential for accelerated economic growth that is inherent in current demographic realities in high and medium fertility countries (HMFC) in SSA. Past experiences in East Asian and Latin American countries suggest that substantial and rapid fertility declines in HMFC can lead to a window of opportunity – over a few decades – during which the ‘working’ or ‘productive’ age, population (defined as aged 15-59 or 64 years) significantly outnumbers the ‘dependent’ population of children and older persons (Bloom *et al.* 2014). Such an age structure can raise per capita productivity and productive investment (in human and physical capital), thus leading to enhanced economic growth. To secure such a dividend before the window closes, SSA countries must invest swiftly to establish certain broad-based enabling conditions:

1. Rapid and comprehensive declines in fertility;
2. Youth with quality human capital;
3. Adequate employment opportunities for youth; and,
4. Conducive contexts for productive investment (UNECA/AUC/AfDB, 2013).

A focus on forging such conditions in SSA’s growing cities is particularly critical, given the region’s rapid rate of urbanization and the role of urban dynamics in driving advancements nationally (Arouri *et al.* 2014). The window for a first DD is expected to close when the ‘bulge’ of working age adults enters old age. A potential second DD then arises if conditions are such that:

1. The older population ‘bulge’ sustains its consumption not through private or public transfers but through own labour income or wealth that they accumulated during their ‘working age’ years; and,
2. The older population bulge contributes broadly to social, political and cultural life (UNECA/AUC/AfDB, 2013; Mason and Lee, 2006).

2.2 Convergence between demographic dividend and CYR agendas

Where, if at all, do the demographic dividend and CYR agendas converge?

Extant analyses highlight the links between human rights and development frameworks, broadly (Alston and Robinson, 2005; Sano, 2000), and point to three potential points of interconnection: (i) at the level of factual or substantive overlap; (ii) in terms of congruent principles; or (iii) with respect to legal obligations (McInerney-Lankford, 2009). A scrutiny of African DD policy documents and discourses shows no evident overlap with the CYR agenda on the latter two points. Indeed, the current DD debate in the region is marked by a near absence of references to central HR/CYR principles, or to countries’ legal commitments in this regard. However, a clear convergence between DD and CYR agendas emerges in their factual and substantive aims and provisions, primarily on two counts.

First, as set out in *Table 1* below, is a direct, *thematic* overlap between the required investments SSA governments are pursuing to create the necessary conditions for a DD and the content of a spectrum of articles in the ACRWR and AYC. This thematic nexus is crystallized in seven key policy areas (*see Figure 1*).

Figure 1: Key policy areas at the CYR-DD nexus



Table 1: Investments to establish enabling DD conditions and ACRWR/AYC articles - thematic overlap

DD enabling conditions	Investments needed	ACRW articles	AYC articles
Condition 1 Achieving a swift and comprehensive fertility decline	<ul style="list-style-type: none"> • Expansion of access to family planning and other SRH services • Expansion of secondary education for girls • Improved child survival 	<ul style="list-style-type: none"> • Right to health and health services • Protection from harmful social and cultural practices • Right to education • Right to survival 	<ul style="list-style-type: none"> • Right to health • Right to education/skills development • Girls and young women

DD enabling conditions	Investments needed	ACRW articles	AYC articles
<p>Condition 2 Young people with quality human capital</p>	<ul style="list-style-type: none"> • Improvement of children’s nutritional status • Expansion of access to and enhancing quality of pre-school education • Expansion of access to, and enhancing quality of primary education • Expansion of access to and quality of secondary and tertiary education • Expansion of access to and quality of vocational training and skills development • Expansion of health promotion and access to quality health care services for children, adolescents and youth 	<ul style="list-style-type: none"> • Right to survival and development • Right to parent care and protection • Parental responsibilities • Right to education • Right to health and health services • Drug abuse 	<ul style="list-style-type: none"> • Right to education and skills development • Right to health
<p>Condition 3 Adequate employment opportunities for youth</p>	<ul style="list-style-type: none"> • Job-creation - particularly in labour- intensive and special skills sectors 		<ul style="list-style-type: none"> • Right to development • Right to poverty eradication and socio-economic integration • Right to sustainable livelihoods and employment
<p>Condition 4 Conducive contexts for productive investment</p>	<ul style="list-style-type: none"> • Fostering of social stability • Good governance 	<ul style="list-style-type: none"> • Rights to freedom of expression, association, thought, conscience, religion • Administration of Juvenile justice 	<ul style="list-style-type: none"> • Rights to freedom of movement, expression, association, thought, conscience and religion • Right to development • Right to participation • Right to peace/security • National youth policy

A second level of convergence between DD and CYR agendas, which cuts across the thematic nexus, is a *de facto* concurrence between (i) the imperative to establish enabling conditions for a DD that are broad based, that is, those that include *all* socio-economic strata and population groups, and (ii) the fundamental CYR principle of non-discrimination – and corresponding ACRWC/ AYC articles that encode certain vulnerable groups’ specific right to inclusion.

2.3 Considering the CYR-DD nexus: Added value for the DD agenda

What, if any, might be the value added of considering the substantive convergence with CYR for those pursuing the DD agenda in SSA?

The recent discourse on human rights broadly highlight their potential usefulness for augmenting development efforts and securing more sustainable outcomes (Darrow and Thomas, 2005; McInerney-Lankford, 2009). In line with such views, we propose that an active consideration of the CYR-DD nexus can enhance the ability of SSA policy makers to successfully forge the broad-based conditions needed for a DD.

Specifically, an application of a CYR lens will promote investments across the nine policy areas that will yield truly inclusive and effective outcomes. This is because a CYR perspective will focus attention on a need to understand and address three critically important factors that, thus far, have received little, if any, thought in SSA DD strategies and debates:

- First, possible key axes of exclusion that render certain groups of children and youth disadvantaged and particularly underserved at national, sub-national and local levels;
- Second, specific challenges – such as substance abuse, birth registration and age at marriage – that pivotally shape child and youth trajectories; and,
- Third, the fundamental role played by families- in interaction with societal structures and institutions – in shaping prospects for child and youth education, empowerment and employment (Kohler *et al.* 2012; Bird, 2007; Behrman *et al.* 2013).

2.4 Considering the CYR-DD nexus: Added value for the CYR agenda

Just as an application of the CYR-DD nexus can advance the DD agenda in SSA, so may it serve to strengthen CYR advocacy and action in the region in two key respects:

- First, a focus on the seven key policy areas that span the CYR-DD nexus will offer substantive priorities and ‘targets’ for awareness raising, policy engagement, campaigning and research; and,
- Second, a recognition among governments of the value a CYR lens can add toward for enhancing the success of DD investments - will likely garner political will for action that achieves both: a realization of certain CYR and a forging of conditions for a DD.

2.5 Capitalizing on the CYR-DD nexus: Need for evidence

The practical utility of the above conceptual frame hinges on the existence of an empirical evidence base that can highlight concrete policy and programming implications in each of the CYR-DD policy areas, by illuminating the following key queries:

1. Where and who are the disadvantaged and hardest to reach groups of children and youth?
2. What macro-structural, meso-(community, family) and micro-level factors drive their disadvantage and deprivation and disadvantage relative exclusion?
3. What strategies, including family-focused approaches, are needed and effective to address these factors and enhance their inclusion?
4. What key knowledge gaps exist in relation to 1-3 above, and what major areas for further research emerge?

3. STRATEGIC EVIDENCE-BASE FROM APHRC RESEARCH FINDINGS

Over the past decade, APHRC, a uniquely positioned African interdisciplinary research institute, has conducted rigorous basic and intervention research on the health, economic, education, and social situation of children and youth across a range of SSA contexts. Outputs of this work to date, to be discussed in the remainder of this paper, offer a range of critical perspectives on the key queries above. As such, they provide a strategic, initial evidence base upon which future efforts to advance the ‘CYR-DD agenda’ in SSA can build.

3.1 Illuminating major socio-spatial axes of exclusion

In 2002, a groundbreaking APHRC study in Kenya – the Nairobi Cross-Sectional Slum Survey 1 (NCSS1) – brought to light a major socio-spatial axis of exclusion, which rendered large numbers of children and youth, namely those residing informal settlements or ‘slums’, particularly underserved compared to their peers in other parts of Nairobi, or other urban and rural areas nationally (APHRC, 2002). The relative deprivation of young slum dwellers emerged across a range of variables that speak directly to several of the CYR-DD policy areas. These include school enrolment of youth, childhood illness, lack of immunization, child mortality, early pregnancy and unwanted births, low birth weight infants, and access to certain health care (APHRC, 2002).

A major follow up survey (NCSS 2) conducted by APHRC in 2012, while documenting marked improvements in many slum indicators over time, has confirmed a continued handicap of children living in such settings with regard to measures of child health, specifically the risk of certain childhood diseases, of having no immunization cover at all, and of dying between the ages of 1 and 4 (APHRC, 2014).

Given limitations in available data², the NCSS2 survey has not been able to confirm to what extent young slum dwellers remain broadly disadvantaged in other measures or CYR-DD policy areas – or indeed may be gaining an advantage vis a vis other groups. This gap highlights an overarching need to build on the NCSS studies to forge more systematic data generation in Kenya as in other SSA countries, to develop real-time understandings of evolving socio-spatial axes of child/youth disadvantage, including across geographical administrative units.

3.2 Disadvantage in informal settlements

Given the evident status of slum-dwelling children and youth as a particularly underserved group, a key corpus of recent APHRC work has concentrated on investigating realities and determinants of their disadvantage. The focus on children and youth in informal settlements is further underpinned by a recognition of (i) SSA’s extraordinary rate of urbanization, with the share of SSA’s population that resides in urban areas expected to rise from 37.9% today to 55% by 2050 (UNPD, 2015), and, (ii) the clustering of a majority of urban inhabitants, currently over 60%, in slums (UN Habitat, 2013). Taken together, these socio-demographic trends render slum-dwelling children/youth one of the most important segment of SSA’s young people to consider in securing a DD.

APHRC’s research on this group has capitalized on the platform provided by APHRC’s ‘Nairobi Urban Health and Demographic Surveillance System’ (NUHDSS) in Kenya, which was established in 2002 and is operated by the Center as a mechanism for investigating and forging approaches to improve the long-term social, economic and health trajectories of the urban poor³. Building on this platform, the substantive focus of APHRC’s investigations on slum-resident children/youth has centered largely on four of the CYR-DD policy areas:

- a) Maternal and child health care, with a focus on access to facility-based services;
- b) Healthy child and adolescent development, with a focus on infant and young child nutrition;
- c) Sexual and reproductive health services, with a focus on access to family planning; and,
- d) Education, with a focus on primary schooling and learning outcomes.

In each area, the evidence has generated insights on broad drivers of deprivation, local axes of exclusion, promising intervention approaches, and key challenges for further research. Selected findings and emerging perspectives are presented below.

² Limitations include (i) an absence of relevant survey variables - for example on participation, empowerment or employment generation, (ii) a mismatch in the collection period² of NCSS and national comparator data, (iii) an absence of national comparator data altogether or, (iv) the use of comparisons between all females of reproductive age, with no investigation of age-specific patterns.

³ Since its inception, the NUHDSS has successfully followed a population of about 65,000 individuals in 24,000 households in two slum communities—Korogocho and Viwandani—in Nairobi, Kenya. Data on demographic and health transitions and household livelihoods and amenities are collected periodically, 2-3 times a year on the population of usual residents in the two slums.

3.2.1 Maternal and child health care: access to facility-based services

APHRC's evidence underscores the existence of a significant unmet need within the slum population for essential, facility based maternal and child health (MCH) services, in particular, delivery care and treatment for childhood illnesses (Fotso *et al.* 2009; Mutua, Kimani-Murage and Ettarh, 2011). It also shows that the gap in maternal care affects predominantly youth – as a majority (about 60%) of mothers giving birth in the slums are under the age of 25 years (APHRC, unpublished data).

Drivers of deprivation

APHRC research, most prominently, the Partnership for Maternal, Newborn and Child Health (PAMANECH) study has identified two principal drivers of unmet maternal care need among slum-dwelling children and youth. First, is the physical unavailability or inaccessibility of government health facilities. This reflects (i) an absence of public clinics in informal settlements and (ii) the 'standard', inflexible opening hours of public clinics in neighboring boroughs, which are inopportune for those engaged in work (Fotso, Ezeh and Oronje, 2008). Second, is a limited access to the wide net of private health care providers. Whilst private facilities in slums typically have flexible, often 24/7 hours of operation, their use is precluded by other barriers. These include (i) financial difficulties in affording private service fees, (ii) perceptions of poor value-for-money services and (iii) security fears, which deter clinic visits after dark, even in emergencies and for deliveries.

Local axes of disadvantage

The nature of the key drivers of deprivation in access to MCH care points strongly to the existence of a poverty-based axis of disadvantage within the slum population, with children and youth from the poorest households being particularly underserved.

Promising intervention approaches

Seeking to address the key drivers of unmet MCH care need, the PAMANECH project has developed an intervention model, which centres on actively harnessing the existing private health providers to improve care access. To this end, the intervention comprises measures to enable selected private facilities to provide better, more accessible care⁴ for the same cost, and to establish formal links with relevant public oversight bodies (Bakibinga *et al.* 2014). Preliminary evidence, showing for example a sharp drop in home births and rise in deliveries at the participating private clinics, indicates the potential promise of the PAMANECH approach (APHRC, unpublished data).

⁴ Measures included (i) an upgrade of facilities' infrastructure and provision of equipment, (ii) capacity building for facility health staff, (iii) connecting private providers with network of community health volunteers (CHV) tasked with making referrals and follow up of care, and (iv) the enlisting of local youth groups in the provision of after-dark security services, in return for resource support to the groups' business initiatives (Bakibinga *et al.* 2014).

Findings of a formal evaluation – to be completed in the first quarter of 2016 – is expected to confirm the broadly positive impact of this intervention.

Further research

A principal challenge for research going forward is to establish the effectiveness of the PAMANECH approach in achieving broad-based improvements in MCH access in slum communities, to explore what additional measures may be required to reach the most vulnerable groups and to determine the likely utility of the model for use in other contexts.

3.2.2 Healthy child and adolescent development: infant and young child nutrition

The point of departure for APHRC’s work in this area has been two-fold. First, a documentation of alarming rates of poor infant breastfeeding and young child feeding practices in Nairobi’s informal settlements. For example, only 2% of infants are exclusively breastfed until 6 months, while 15% of children stop breastfeeding by the end of infancy (Kimani-Murage *et al.* 2011; Kimani-Murage *et al.* 2014). Second, a life course perspective, which recognizes the potentially critical impact that such deprivation can have on children’s subsequent social, health and economic trajectories (Irwin, Siddiqui and Hertzman, 2007; Braveman and Barclay, 2009; Bhutta, 2013).

Drivers of deprivation

Responding to the above, APHRC’s Maternal, Infant, and Young Child Nutrition (MIYCN) study has generated evidence on four key factors that limit mothers’ access to opportunities, knowledge or resources to ensure adequate nutrition for their babies⁵. *First* is a dearth of available public health facilities within the informal settings and a consequent exclusion of mothers from services - in particular promotion of breastfeeding at birth – which is provided under the government’s ‘baby friendly hospital initiative (BFHI)’ adopted in the 2007 – 2010 national MIYCN strategy (GoK-MoPHS, 2007). *Second*, is mothers’ poor access to accurate information, counseling, and support on appropriate breast- and complementary feeding. This is reflected in (i) an unavailability of formal counseling and support services in slum settings (ii) a strong influence, especially on very young teenage mothers, of guidance from family members and particularly their grandmothers, which often contravenes established good feeding practice (Kimani-Murage *et al.* 2014) and (iii) an absence of necessary support for breastfeeding – both moral and material - from partners especially among very young mothers (Kimani-Murage *et al.* 2014). *Third* are two major barriers faced by mothers who, out of necessity, have to resume or actively seek work soon after delivery including (i) difficulties with expressing and storing breast milk, and (ii) a reliance on child day care-centres where feeding is typically poor (Kimani-Murage *et al.* 2014). *Fourth*, particularly for those in food insecure households, is a lack of financial resources to afford appropriate and sufficient food for complementary feeding for the child (Kimani-Murage *et al.* 2014).

⁵ Adequate infant and early child nutrition, in line with global WHO standards, comprises exclusive breastfeeding for 6 months, continued breastfeeding and balanced, nutrient rich complementary foods up to 2 years (WHO, 2009).

Local axes of disadvantage

The evidence on the key drivers of poor early life nutrition in slum settings brings to light the operation of local axes of disadvantage – based on poverty status, age, and labour market participation – which render certain groups of mothers and babies particularly at risk. These include: (i) the very young, especially teenage mothers, (ii) working mothers and (iii) the poorest mothers, who typically are single, young mothers (Kimani-Murage *et al.* 2014; Fotso *et al.* 2012).

Promising intervention approaches

An intervention model developed by the MIYCN study to improve infant and young child feeding practices in slum settings centres on the active provision of personalized home based counseling for pregnant women and mothers of infants. Evaluation results have confirmed the effectiveness, and potential promise, of this approach for increasing exclusive breastfeeding of young infants (Kimani-Murage *et al.* 2014; Kimani-Murage *et al.* under review).

Further research

A principal next task is to establish the value of, and potentially required expansion of, the MIYCN intervention model for effecting improvements in infant and young child nutrition, including for the most disadvantaged slum-dwelling mothers and babies. A specific opportunity to be explored in this regard is the potential inclusion of MIYCN model elements as programming approaches in ‘baby friendly community initiatives’ that are being adopted by a growing number of sub-Saharan African countries, including Kenya.

An additional, key challenge for future research, expanding on the MIYCN experience, is to forge better understandings of, and identify effective approaches to strengthen a number of other vital, but thus far largely omitted, dimensions of healthy child and adolescent development in slums and other underserved contexts, namely (i) nutrition security for young school aged children, (ii) socio-emotional child care and (iii) routine health promotion for adolescents, including a focus on the prevention of non-communicable diseases (NCD) and drug and alcohol use.

3.2.3 Sexual and reproductive health services: access to family planning

Data collated by APHRC for the development of a country profile of unintended pregnancies in Kenya, showed that contraceptive use had only marginally increased over the past 15 years, with the increase concentrated in older age groups aged 24 years or above (Mumah *et al.* 2014). Among those aged 15-24 years, the use of contraceptives had shown modest growth; however, levels of unintended pregnancies remain essentially unchanged (at 47%) and of those women seeking post-abortion care, more than half were 25 years of age or younger (Mumah *et al.* 2014; APHRC, 2013).

Drivers of deprivation

Against this background, APHRC analyses have brought to life a pivotal constraint on young people’s access to modern contraceptives and other SRH services in informal settlements as in other contexts. This is the apparent influence of ideological perspectives, specifically religious

tenets, which explicitly disapprove of SRH care provision for adolescents, and which are asserted actively by certain faith-based groups and a spectrum civil society role players⁶ (Ezeh *et al.* 2009; GoK-MoH 2015; APHRC, 2013). While not explored in-depth, there is little doubt that such norms permeate household and family contexts, shaping the attitudes of older generations and young people themselves - thus impacting actual access behaviours and decisions (GoK-MoH 2015). National data for Kenya, for example, shows that the proportion of adolescents' judgement of family planning has become more negative, with the proportion (aged 15-19) disapproving of contraceptive methods rising from 13% in 1998 to 22% in 2003 (Ezeh *et al.*, 2009).

Local axes of disadvantage

Congruent with the central role of normative pressures in limiting young people's SRH care access, is APHRC's clear and consistent finding of a local age-based axis of exclusion from such services. In both slums and other contexts it is the youngest – those aged 10-19 years – that are the most disadvantaged across all indicators of SRH care access and outcomes, including the risk of complications from unsafe abortions (Mumah *et al.*, 2014; GoK-MoH 2013, 2015).

Promising intervention approaches

To counter the salience of ideological forces that perpetuate the particular disadvantage of young adolescents/youth, APHRC, drawing on its body of empirical evidence, has contributed to the recent revision of the national policy on adolescent sexual and reproductive health in Kenya (GoK-MoH 2015). While not prescribing concrete interventions, the policy offers an urgently needed and opportune frame for the development of such responses in Kenya, and a possible model for other SSA countries.

Further research

An overarching focus for research going forward will be to develop and evaluate concrete context-sensitive intervention models to enhance SRH care access and outcomes for young adolescents in informal settlements and other underserved settings.

3.2.4 Education: primary schooling and learning outcomes

Recent APHRC research on primary education in Nairobi's informal settlements has shown that slum dwelling children of primary school age have systematically inferior schooling [access, participation, attendance, progression, retention] and education outcomes [literacy and numeracy skills], compared to their peers in non-slum parts of the city (Ngware *et al.* 2013). They also experienced lower rates of transition to secondary school (Ngware *et al.* 2013; GoK-MOE, 2012; KIPPRA, 2013)

⁶ For example, a resurgent and strong anti- family planning and SRH voice emerged recently in Kenya during the Government's stakeholder consultations on a revision of the national adolescent SRH policy.

Drivers of deprivation

The primary schooling-related deprivation of slum-resident children, as APHRC evidence highlights, is engendered by three key factors. *First*, is an inadequate supply of public primary schools in informal settlements. *Second*, is the low quality of education received within schools that do exist in such settings, whether public or among those operated by low cost private providers (Ngware et al. 2013). The latter, low cost private schools (LCPS), absorb a majority 63% of slum dwelling primary school children, indicative of parents' or guardians' preference for such institutions, despite the provision of tuition-free education in government-run schools under Kenya's Free Primary Education (FPE) policy (Ohba, 2013; Tooley, Dixon and Stanfield, 2008). The compromised quality of education in public primary schools, arising partly as an unintended consequence of the FPE policy, is manifest in large class sizes, high student-teacher ratios and teacher shortages (Oketch and Ngware, 2010). Challenges to quality teaching in LCPS arise from poor infrastructure, untrained teachers, and sub-standard support mechanisms (Ngware et al 2013; KIPPRA, 2013). *Third*, is the formal classification of LCPS as private schools. Within the Kenyan government's quota system of admission to secondary schools, this means that LCPS pupils must compete for admission with more privileged peers from higher-cost private schools, resulting in inevitable and unfavourable results (Ohba, 2014). A fourth, cross-cutting factor shaping the current primary schooling deficits in slums, is the interface between the above limitations in the education system, and children's family and household contexts (APHRC 2014; Abuya *et al* 2014).

Local axes of disadvantage

Family and household factors appear to be central in shaping two axes of exclusion – based on poverty status and gender - that place certain groups of children at a particular disadvantage. On one level, evidence shows that children from the poorest households are further at risk of poor schooling and learning outcomes, reflecting the particularly low social and human capital and resources in their households, and consequently, their reduced ability to properly support children with homework or cope with sicknesses or other concerns that keep children away from school (Abuya et al 2013; Ngware et al 2013). On a second level, evidence shows that pupils in non-slums have both a higher primary school completion rate (92%) and transition to secondary school (88%) compared to their counterparts who live in slums, at 76% completion and 59% transition (APHRC unpublished data). Though tremendous gains have been made on girls schooling outcomes, those living in slums are more disadvantaged compared to their peers in non-slums. Furthermore, even within the slum settings, girls' secondary transition rate is slightly behind that of boys, with those in the bottom 40% being left behind (Ngware, et al. 2013).

Promising intervention approaches

The above evidence has informed the development and piloting of interventions (GEC & SUCSEED⁷), which seeks to enhance primary school and education outcomes for slum-dwelling children by harnessing the existing private sector providers i.e. LCPS; and focusing on

⁷ "Improving learning outcomes and transition to secondary school through community participation and after school support among disadvantaged girls (GEC): A pilot study in the informal settlements" Implemented by APHRC, and, "Supporting Complementary Schools for Equitable Education in Informal Settlements of Nairobi (SUCSEED)", implemented by the Aga Khan Foundation and evaluated by APHRC.

disadvantaged girls who are likely to experience challenges in transiting to secondary education. The approaches aim to improve the quality of LCPS teaching and to remove financial barriers for the poorest through the payment of capitation grants to cover school fees of the neediest as well as support girls with after-school homework and secondary school transition subsidies (Abuya, et al. 2014; Ngware et al 2015).

Further research

Efforts to establish the achievements of the GEC and SUCSEED approaches in fostering inclusive improvements in primary schooling in informal settlements, and its potential value as prototype for other settings, must form a major focus for further research. Additionally, there is a vital need to build on the insights garnered to (i) forge intervention models that enhance transition to secondary schooling, especially among girls, and (ii) develop in-depth inquiry into current realities of critical education challenges – specifically regarding access to quality preschool, secondary and tertiary instruction – that have received little, if any attention thus far.

4. DISCUSSION AND CONCLUDING REMARKS

This paper has sought to contribute to a much needed advancement in the realization of CYR in SSA by developing a conceptual frame that illuminates the substantive interconnection and potential mutual reinforcement between the CYR agenda and core economic interests of SSA countries – encapsulated in the endeavour to secure a DD. Specifically, the conceptual analysis has pinpointed seven policy areas that straddle the thematic CYR-DD nexus, has highlighted the shared concern of both agendas with achieving broad-based improvements in each and, based on this, has posited the utility of a CYR lens for enhancing the inclusivity and thus likely success of DD investments. By the same token, a focus on the connection with the DD agenda offers a useful lever for CYR advocacy and policy engagement in SSA.

Recognising that stakeholders' ability to use and capitalize on the CR-DD nexus will depend on evidence that can pinpoint key implications for practice, the paper has provided initial strategic empirical insights on directions for action across the CYR-DD policy areas. It has done so drawing on a critical body of research undertaken by APHRC over the past decade. Much of the evidence centres on children and youth in urban informal settlements – one of the most critically important groups of young people to consider in SSA.

Three of the seven policy areas – specifically youth participation and empowerment, employment generation for youth, and vocational training and skills development – have remained virtually unexplored by APHRC. Combined, they imply an important new thematic thrust to be advanced in the Center's work going forward. However, for each other policy area, the presented evidence points to priorities, programming approaches, and necessary further research in Kenya and other SSA countries, that are required to achieve inclusive DD conditions and, at the same time, realize CYR.

From the multitude of insights generated across policy areas, emerges a number of principal cross-cutting strands. A first is the importance of identifying the likely existence major socio-spatial axes

of exclusion, which render large segments of children and youth disadvantaged, and provide an important geographical focus for policy and action. A major such axis, giving rise to a broad deprivation of young slum-dwellers vis a vis their peers in other areas, was highlighted by APHRC evidence a decade ago. Establishing the extent to which this pattern persists, and what other socio-spatial lines of exclusion may be emerging must be a major thrust for future research.

Within any deprived population, as APHRC's evidence from slum settings underscores, is a critical need to recognize, understand and address local axes of exclusion that further disadvantage specific groups of children and youth. Such axes may intersect and can act along age, gender or poverty-lines depending on the policy issue involved. Efforts to achieve an inclusive improvement in the prospects of slum-dwellers or other underserved groups of young people will require a focus on addressing both (i) structural and institutional drivers of broad deprivation, which are typically related to an unavailability- or problematic operation of extant services and (ii) family and household contexts and influences that appear to play a pivotal role in engendering further, local disadvantage.

In a number of policy areas, APHRC has already generated promising intervention models for addressing specific challenges, such as enhancing primary schooling and learning outcomes for slum-dwelling children, enhancing mothers' access to facility based MCH services, or improving feeding for infants and young children. In order to redress structural or institutional obstacles to adequate service provision, the approaches build variously on (i) a forging of public-private partnerships, (ii) expanding the function of existing community health workers or (iii) elements of social protection. Consolidating these emergent directions for programming, by determining – and where needed identifying ways to enhance – their sustainability, scalability and transferability to other geographical focal areas, is a critical third thrust for future inquiry. Inextricably linked are necessary efforts to investigate the extent to which the intervention models successfully reach the most disadvantaged and 'hardest to reach' groups of children and youth, and what expansions, particularly in form of family-focused or broader social protection measures, may be required to this end.

A fourth and final thrust going forward will be to build on the promising approaches and insights gained, to forge interventions to address remaining key specific challenges within each policy area. Examples include preschool, secondary and tertiary education access and outcomes, nutrition security for young school aged children, routine health promotion- or access to family planning services for adolescents.

The present juncture is marked by a confluence of novel or reaffirmed global and Africa-regional development frameworks that emphasise issues children and youth as well as human rights. This offers an exceptionally opportune moment for pursuing the four research thrusts to advance CYR in SSA. It is our hope that we can harness it.

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