Human Rights-Based Approach

Applying a HRBA
to
Sexual and Reproductive Health Initiatives

November 2016
Medicus Mundi Workshop

Agenda

- **Time   Topic**
- 9:15 – 9:25   Opening remarks by Carine
- 9:25 – 10:15   A human rights-based approach to programming: **Introduction**
- *10:15 – 10:30   COFFEE BREAK*
- 10:30 – 11:00   Integrating human rights into all stages of programming: **Programming Stage 1 – How to conduct a situation assessment and analysis**
- *11:00 – 11:10   SHORT BREAK*
- 11:10 – 12:30   **Theme-based situation analysis** based on 2 examples a) preventing unwanted pregnancy among adolescents and b) preventing gender-based violence (**group work**)
- *12:30 – 13: 30   LUNCH*
- 13:30 – 14:00   **Theme-based situation analysis** based on 2 examples a) preventing unwanted pregnancy among adolescents and b) preventing gender-based violence (**presentation & discussion**)
- 14:00 – 14:30   **Programming Stage 2 – Programme planning and design**
- *14:30 – 14:45   SHORT BREAK – grab a coffee*
- 14:45 – 16:30   Programme planning and design – **case studies and peer review**
- 16:30 – 17:00   **Recap** – Take home messages – Closure

The Power Walk

Activity (20 min)

The Power Walk

Activity (20 min)

What is a Power Walk ?
This exercise simulates a community in 'development'. Everyone starts off as equals, in a straight line that reflects Article 1 of the UDHR: "All are born free and equal in dignity and rights. By the end of the exercise, they have all experienced very different outcomes, based on the process of development and individual abilities to 'claim their rights'. It will seem as if some lives are worth more than others.

The debriefing enables participants to reflect on the disparities that exist in any society and their causes (mainly power), and to consider how to address these disparities through programming. Besides the stress on the intrinsic value of human rights in development, the exercise will also show the potential instrumental value of human rights in the development process.

Understanding a HRBA

1. Macro GOAL: Programs and projects further the realization of human rights as laid down in the UDHR and other international human rights instruments

2. PROCESS: Human rights standards and principles guide all phases of the programming process

3. Micro GOAL: Programs and projects contribute to the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights

Human Rights Principles

- **Universality, Inalienability**
- **Indivisibility; Interdependence and Inter-relatedness**

- **Equality and Non-Discrimination**
- **Participation** *(Empowerment and Inclusion)*
- **Accountability (*Rule of Law and Transparency*)**

The Duty-Bearer / Rights-Holder Relationship

(Source: *Getting it Right for Children*, Amanda Harding, Save the Children,2007)
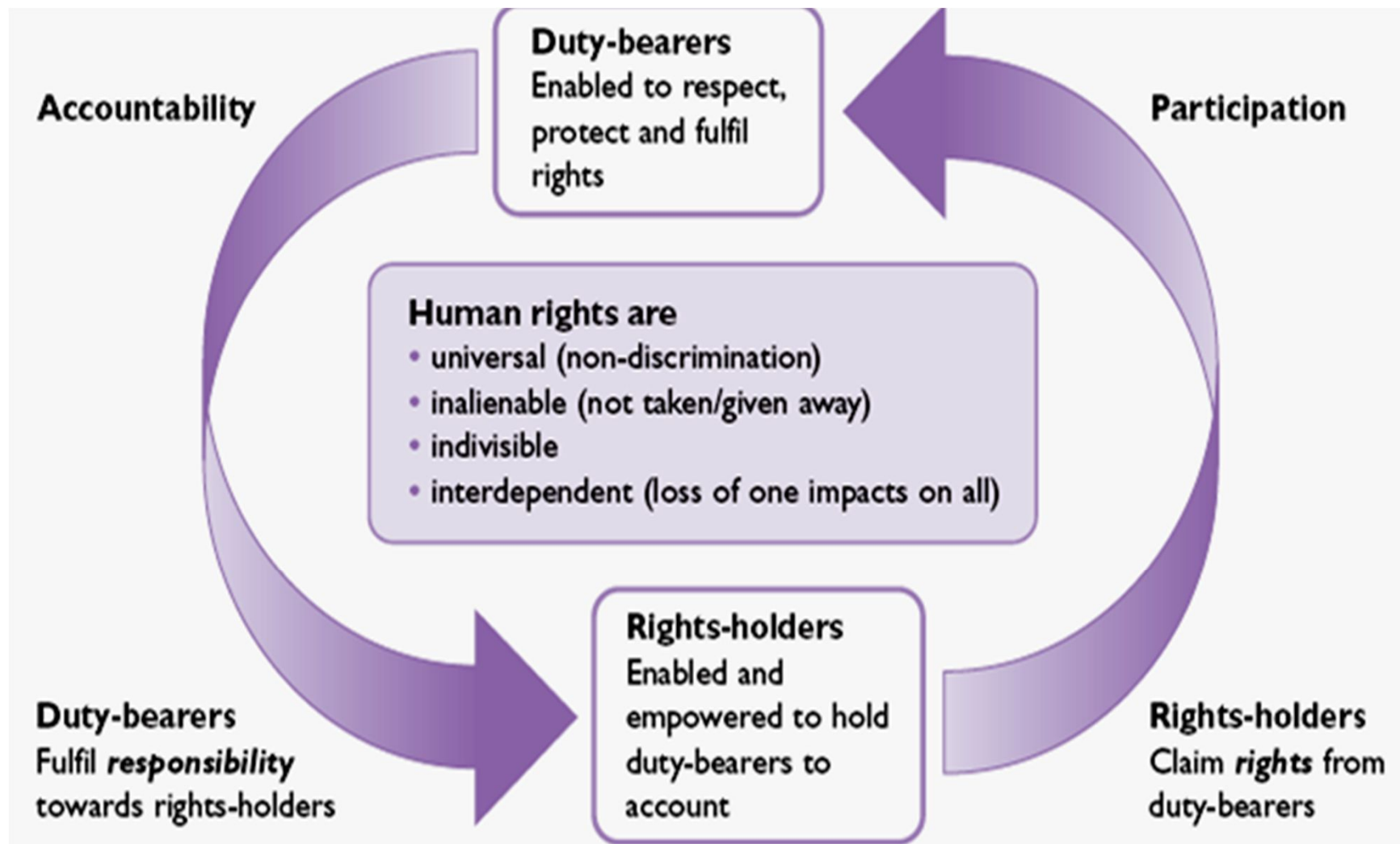
How difference does a HRBA make?

"Needs Based"	"Human Rights Based"
•Action is **voluntary**/optional	•Action is **mandatory**
• 'Needs' are **contextual** and open-ended	•Universal and **legally established** claims and entitlements
•**Deserve help**	•**Entitled to** enforceable **rights**
•**Passive** beneficiaries - can be invited to participate	•**Active** participants by right
•**Pragmatic** ways to work with structures	•Power structures **must be** effectively changed
•Development is **technocratic** - for the experts	•Development **transforms** behaviours, institutions and empowers rights holders
•Hierarchy of needs •Silo	•Rights are **indivisible** and interdependent though in any situation practical prioritisation may be required

Standards for the right to sexual and reproductive health (AAAQ)

Availability

Accessibility

Acceptability

Quality

- Available infrastructure, medical staff, commodities, essential drugs, etc.

- Physical, economic (affordability), non-discriminatory and accessible information

- Culturally appropriate, sensitive to gender and the life course, and respectful of medical ethics

- Meeting adequate standards of quality

Human Rights Obligations
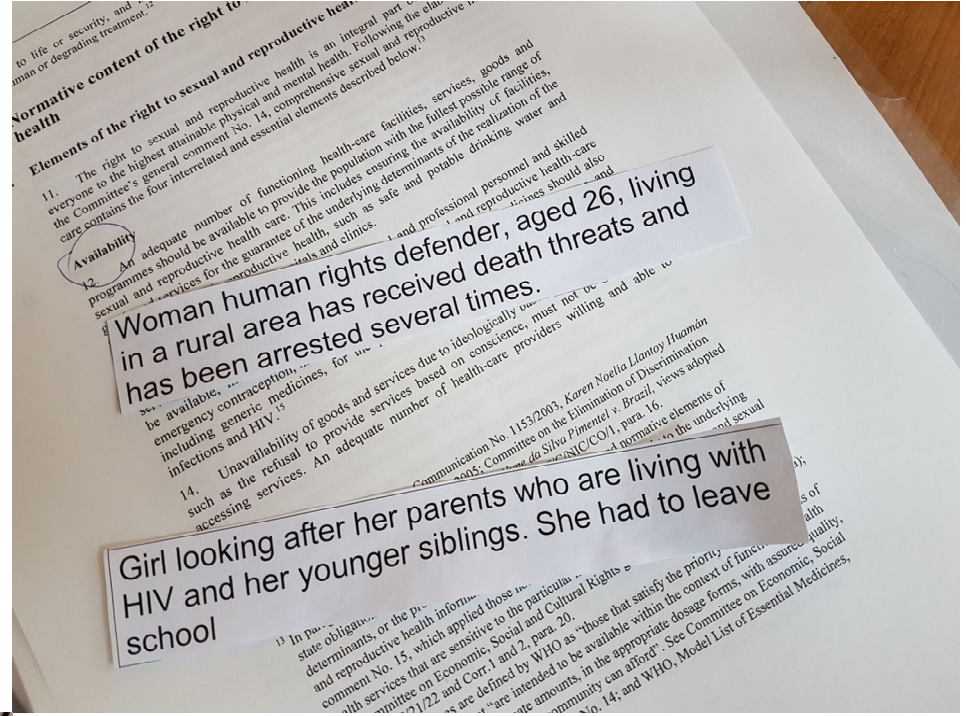
Duty-bearers

Respect

Refrain from interfering with the enjoyment of the right

Protect

Prevent others from interfering with the enjoyment of a right

Fulfill

Adopt appropriate measures towards full realization of the right

Normative content of the right to sexual and reproductive health

Elements of the right to sexual and reproductive health

11. The right to sexual and reproductive health is an integral part of the right of everyone to the highest attainable physical and mental health. Following the elaboration in the Committee's general comment No. 14, comprehensive sexual and reproductive health-care contains the four interrelated and essential elements described below;

Availability

12. An adequate number of functioning health-care facilities, services, goods and programmes should be available to provide the population with the fullest possible range of sexual and reproductive health care. This includes ensuring the availability of facilities, goods and services for the guarantee of the underlying determinants of the realization of the right to sexual and reproductive health, such as safe and potable drinking water and adequate sanitation, hospitals and clinics.

Woman human rights defender, aged 26, living in a rural area has received death threats and has been arrested several times.

... be available, ... emergency contraception, ... including generic medicines, for ... and reproductive health-care ... medicines should also ... including emergency contraception ... infections and HIV.[15]

14. Unavailability of goods and services due to ideologically based ... such as the refusal to provide services based on conscience, must not ... accessing services. An adequate number of health-care providers willing and able to ...

Communication No. 1153/2003, Karen Noelia Llantoy Huamán ... 2005; Committee on the Elimination of Discrimination ... da Silva Pimentel v. Brazil, views adopted ... /NIC/CO/1, para. 16.

Girl looking after her parents who are living with HIV and her younger siblings. She had to leave school

[13] In particular ... state obligation ... and normative elements of ... determinants, or the ... undertaking ... and reproductive health information ... determinants that are sensitive to the particular ... of ... comment No. 15, which applied those ... services ... health services that are sensitive to the particular ... Rights ... health, quality, ... and Committee on Economic, Social and Cultural Rights ... Committee on Economic, Social ... comment No. 21/22, and Corr.1 and 2, para. 20 ... ... are defined by WHO as "those that satisfy the priority ... of functioning ... ... are intended to be available within the context ... with assured quality, ... le amounts, in the appropriate dosage forms, ... Committee on Economic, Social ... ... community can afford". See Committee on Economic, Social ... No. 14; and WHO, Model List of Essential Medicines,

Sexual and Reproductive Heath and Rights are Human Rights

- Rights in existing human rights instruments that are relevant in the context of human sexuality and reproduction

- Sexuality and reproduction are not only physical and biological issues but also fundamental components of human freedoms, dignity and wellbeing

What are Reproductive Rights

A constellation of existing civil, political, economic, social and cultural rights contained in human rights instruments <u>as they relate to:</u>

1. Freedom to make **reproductive choices** (information and means to do so)

2. Right to the highest attainable standard of **sexual and reproductive health**

3. Freedom from **discrimination, coercion and violence**

(ICPD, PoA para. 7.3)

Sexuality and Rights after Cairo- Beijing Platform for Action 1995

Beijing Platform for Action, para. 96:

> The human rights of women include their **right to have control over and decide freely and responsibly on matters related to their sexuality**, including sexual and reproductive health, **free of coercion, discrimination and violence**.

Sexual and Reproductive Rights

- Activity sheet

Sexual and reproductive rights encompass the following rights:	Identify state obligations relating to sexual and reproductive health and rights
The Right to Life	e.g. Access to 3AQ for maternal health services
The Right to Health	e.g. Access to birth spacing & the availability and affordability of the full range of family planning methods
The Right to Education & Information	e.g. Comprehensive Sexuality Education age appropriate; allowing and supporting info campaign against GBV violence
The Rights to Equality and Non-Discrimination	e.g. HIV patients having access to medicine and testing regardless of age and race and religion
The Right to Decide Number and Spacing of Children	e.g. 3AQ with regards to contraception
The Right to Privacy	e.g. enhancing the law for health staff to meet the obligation of confidentiality and privacy
The Right to consent to Marriage and equality in Marriage	e.g. enhancing law against child marriage and forced marriage; intimate partner violence
The Right to be free from Torture or any other degrading treatment	e.g. access to post-abortion care; training of health care provider to treat patients with more respect
The Right to be Free from Sexual and Gender-Based Violence	e.g. protect women in marriage
The Right to be Free from Practices that Harm Women and Girls	e.g. female genital mutilation and child/ early marriage
The Right to an Effective Remedy	(means – being able to complain) – e.g. having the opportunity to report mistreatment at the health facility

Session 2
Situational Analysis

- Identifies patterns of discrimination, inequality, and exclusion

- Interconnectedness of human right deprivations

- Identifies root causes

- Identifies RHs and DBs and their capacity gaps

Situational Analysis

A HRBA helps to answer 4 critical questions:

→ **Who** has been left behind? *Identify marginalized group.*

→ **Why**? *Identify which rights are at stake?*

→ **Who** has to do something about it? *Include both duty-bearers and rights-holders.*

→**What** do **they** need, to take action?

Process and outcome are equally important

Assessment → Who is left behind?

HRBA to analysis in three steps

Causality analysis

1

→ Why?
Which rights are at stake?

Role analysis

2

→ Who has to do something about it?

Capacity gap analysis

3

→ **What** do they need to take action?

Causes of a Problem

Manifestation

Immediate Causes

Underlying Causes

Root Causes
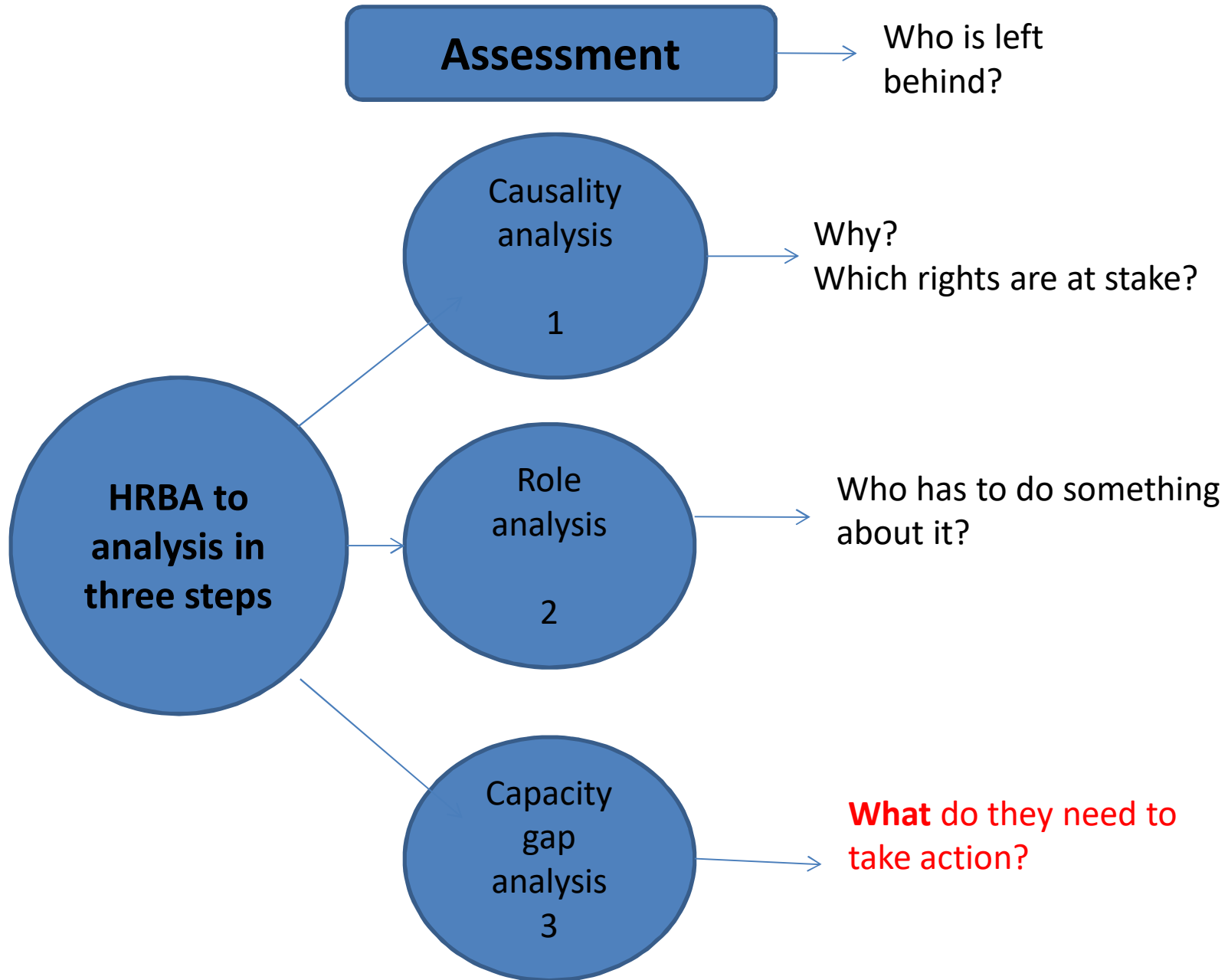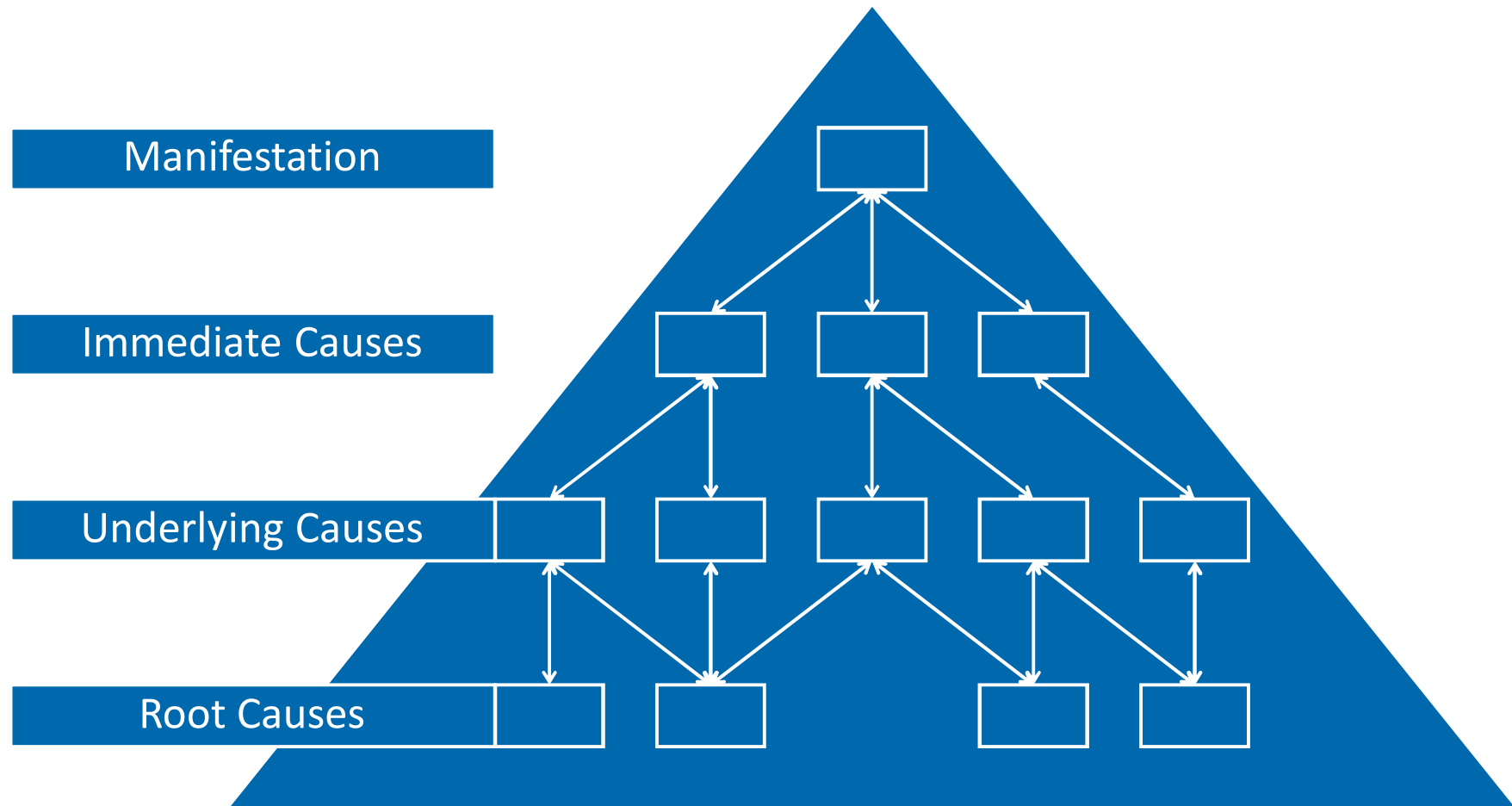
Group Work:
Causality analysis/problem tree

Based on the problem statement provided:

- Discuss and revise the problem statement to make it more country specific in terms of what is happening, to whom and where – rewrite it on a card;

- Discuss and identify the immediate, underlying and root causes- write one cause per card;

- Build a problem tree on the wall (you have 45 minutes)

- Use the problem tree to identify the various human rights standards and principles at stake

- Identify the main duty-bearers for one branch of the tree and their corresponding human rights obligations

Exercise:
Finalise the problem tree

- GBV
- Teenage Pregnancy

Right to
be free from
SGBV

Right to
equality + non-
discrimination

High acceptance
of Violence ♀
(normalized)

seen as
Private

♀ as sexual
objects

Media
Promoting ♀ as
sexual objects

Acceptability

Chur

Education

RMATION

High Teenage Pregancy

Problem
Who left behind

High # of Adolescent Girls w/ Unwanted Pregnancies

- Life
- Health
- #/spacing Children

- Health
- Ed/Info

Unprotected/ Unsafe Sex

Immediate Causes

low knowledge of safe sex practices

lack of SRH for Ados.

Transactional Sex

Coercion

Lock of life skills

condoms services Contraception
- Health
- Equality/ND
- Remedy
- #/Spacing Child.

misinformation from Social media/peers

no info campaign not for Adolescents

SRH car services no Youth Friendly

- Torture/ Degrading
- Free of violence
- Equality/ND

Education + Information

-Ed/Info

s low / for talk about

- Privacy ...ess (3rd person cmse.)

- Health
- Equality/ND

Negative attitudes of Health

worker not trained in Y. Friendly services

No quality control

Youth not included in Service design

- Equality/ND

Underlying Causes

no budget allocation

Lack of Political will

Discriminatory Stereotypes of Adols. Sexuality

taboo topic

Gender + Age Discrimination

Poverty

Root Causes

You can use a flip chart

Rights holders:	Main human Rights Claims
Duty-bearer (1):	Corresponding Obligations:
Duty-bearer (2):	Obligations:
Duty Bearer (3):	Obligations:
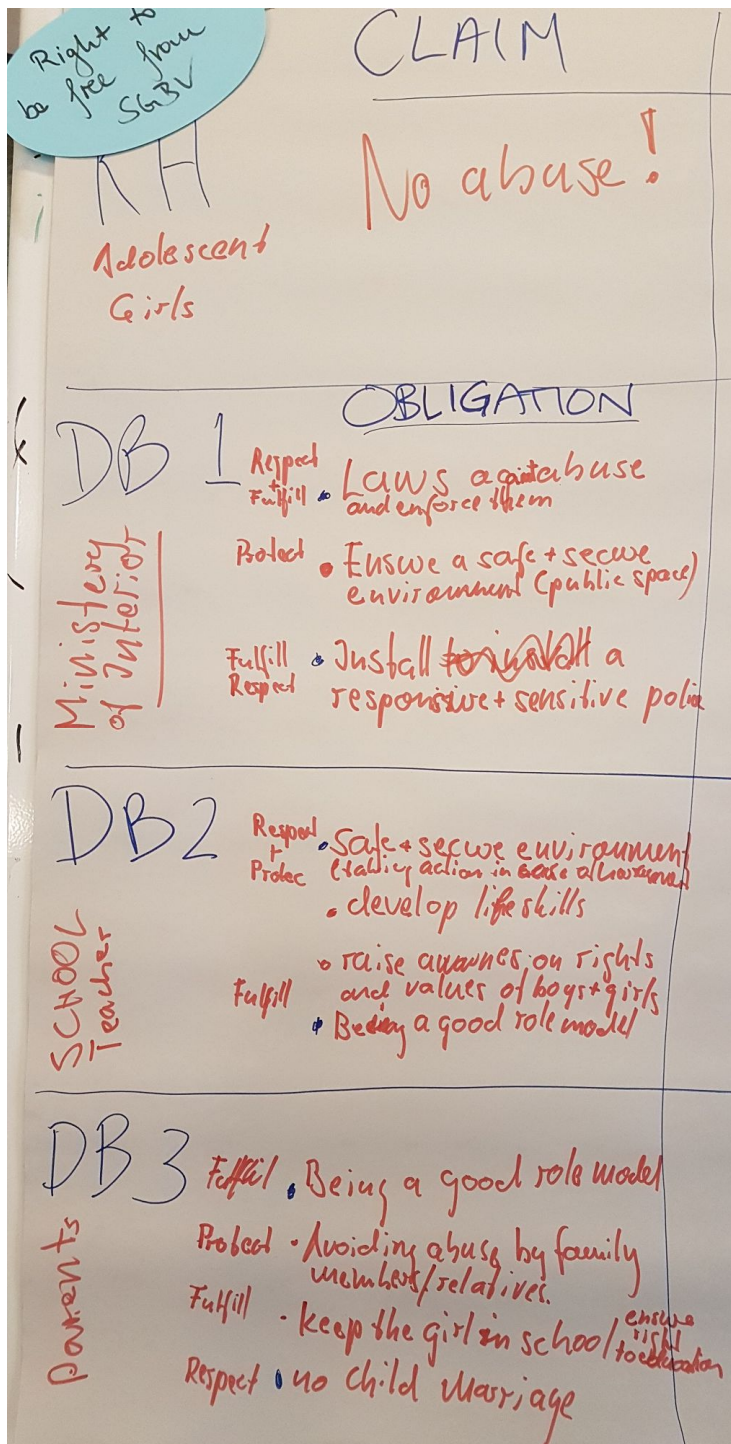
High Teenage Pregancy

Sexual Violence

Rights holder claims «No abuse»

Duty bearer 1: Ministry of Interior

- To respect and fulfil: law against abuse and enforce them
- To protect: ensure a safe and secure environment (e.g. public spaces)
- To fulfil: install a responsive and sensitive police

Duty bearer 2: School Teacher

- To respect, protect and fulfil: a safe and secure environment (taking action against sexual harassment) ; develop life skills; raise awareness on rights and values for boys and girls; be a good role model

Duty bearer 3: Parents

- To fulfil: be a good role model
- To protect: avoid abuse by family members/ relatives
- To fulfil: keep the girl in school/ ensure right to education
- Respect and fulfil: no child marriage

Capacity Gap Analysis (What do they need?)

Rights holder: Information, self-defense, knowledge and confidence how and where to report

Duty bearer 1: Ministry of Interior
- Data (who is affected, where, number)
- Knowledge
- Pressure (from inside and outside)
- (Gender-sensitive) budget
- Human Resource / training
- Supervision, transparency and accountability

Duty bearer 2: School Teacher
- Sensitisation training (teacher/ directors ect.)
- Budget for school infrastructure / in general
- School social workers
- Sensitised parents committees
- Gender balanced teaching staff

Duty bearer 3: Parents
- Awareness / knowledge
- Economic stability and social protection
- Community structures

Left flip chart:

Claim | Capacity

RH
adoles. girls

adolesc ♀ SRH -
- Education + Inform.

- awareness of rights
+ where to access
- channels of Participation
- empowered

Obligation

DB 1
Ministry
govt.
Health

Ensure
- SRH - education
is provided for adol.
- ensure ongoing quality control
- ensure mechanisms
of redress

- awareness of obligation
- political will
- development of Nat'l policies, strategy
+/- financial resources
- Human Resources
- Training/Teaching materials/created

DB 2

provide unbiased,
comprehensive SRH educa-
tional information

- appropriate training
- HR
- Education materials
- supervision supportive

health
providers

respectfull, youth friendly
- s privacy and confidentiality

- implementation guidelines

DB 3

- do not set barriers
to access SRH educ.

- awareness concerning rights of Adolescents
- I/E on SRH for themselves

parents

- promote access
to SRH education

- ideally ability to discuss* SRH with children
*enter into a dialogue

AARQ applies to all of the above
non-descriminating, quality, acceptable, accessible, participation, etc

Right board (typed labels):

High Teenage Pregancy

Unprotected/ unsafe sex

Right board (cards):

High # of Adolescent Girls c/ Unwanted Pregnancies

- Life
- Health
- #/spacing Children

Unprotected/ Unsafe Sex

lack of SRH for Adoles.
Access/Availability Process
Condoms + Contraception
- Health
- Equality / ND
- Remedy
- #/Spacing Child.

Transactional Sex

Coercion
- Torture/ Degrading
- Free of violence
- Equality /ND

Lack of Life skills

Education + Information

SRH care/services no Privacy Youth Friendly
#/Spacing Child. access (3rd person cons...)

Worker- not trained in Y. Friendly services

No quality control

Youth not included in Service design
Participation (lack of)

- Equality/ND

no budget allocation

Lack of Political will

Gender + Age Discrimination

Poverty