

Submission to the Independent Accountability Panel Report 2017 on Accountability to Adolescents

This submission is made by the Asian Pacific Resource and Research Centre for Women (ARROW)¹, a regional non-profit women's organisation working to advance women's health, sexuality and rights throughout the region. This submission summarises some of the key findings based on ARROW's work with her partners on young people and their human rights, accountability for health, and human rights of women and adolescents.

We at ARROW, commend the IAP's focus area for this report and are very happy to provide inputs into the report based on ARROW's work with national and grassroots partners. While the submission summarises key strategies and findings, ARROW would be willing to provide detailed inputs on the same. This submission has taken into account all the different questions and guidelines provided in the call for the submission and have been divided accordingly. The recommendations based on the specific areas mentioned here and other areas of work are described in the end.

Young People and the Sustainable Development Goals (SDGs)

In 2017, March, the Pre-Asia Pacific Forum on Sustainable Development (APFSD) Youth Forum: Young People in the SDG's, Sustainable Solutions to Eradicate Poverty and Promote Prosperity co-organized by ARROW brought together 60 activists, advocates, and representatives from youth-led, youth serving and youth allied organizations from diverse social movements in Asia and the Pacific region to determine how young people can actively participate in the review, monitoring and implementation of the 2030 Agenda on Sustainable Development and other regional process through the Asia-Pacific Youth Call to Action.² ARROW identified the need to ensure voices of youth are integrated in the SDG's through her ongoing work with young people which resulted in the organisation collaborating with the youth constituency of AP-RCEM³ in organising the Pre-APFSD Youth Forum which was the first of its kind. The Youth Call to Action, a major output of the forum, captured young people's needs and demands with respect to the implementation and accountability of SDG's at both the regional and national levels while also strategizing on how the global partnership for sustainable development can be revitalized to integrate young people's rights and aspirations. The forum reiterated how young people are at the centre of the sustainable development and are equal partners in turning the 2030 Agenda into reality which can only be achieved with young people's leadership, meaningful participation and support and empowering youth-adult partnership.

Comprehensive Sexuality Education

In 2010 ARROW and Women's Health and Rights Advocacy Partnership (WHRAP - SEA), implemented a project aimed to mobilise young people especially young women to promote intergenerational leadership, movement building, as well as to address the challenges faced by

¹ <http://arrow.org.my/>

² <http://arrow.org.my/pre-apfsd-youth-forum-2017-asia-pacific-youth-call-action-sustainable-solutions-eradicate-poverty-promote-prosperity/>

³ <http://asiapacificrcem.org/about-rcem/what-is-the-rcem/the-role-of-rcem/>

young people in terms of restrictions placed on them when accessing information and services for sexual and reproductive health (SRH) from a rights based perspective. The project focuses on the issues of young people, HIV and education. It has enabled grassroots youth activists from marginalised communities in Burma, Cambodia, China, Indonesia, Lao PDR, the Philippines and Vietnam to advocate for young people's access to comprehensive sexuality education (CSE) to fully inform them of their rights and further mobilise groups to demand better access to youth friendly health services. ⁴

As part of a broader initiative involving 10 countries, ARROW in collaboration with two of its national partners, Naripokkho and Rural Women's Social Education Centre (RUWSEC) in Bangladesh⁵ and India⁶, conducted studies on influence of religion fundamentalism on young people with a particular focus on comprehensive sexuality education, youth and adult perspectives and the need to look at interpretations of religion while addressing issues of sexuality and sexuality education as well as decision making, interaction and bodily integrity.

Leadership of Young People

Study by K.G. Santhya & Shireen J. Jejeebhoy on SRHR shows that young people face limited knowledge of and accessibility to reproductive health services especially. For example, only 44% of young women in South Asia who gave birth in adolescence reported skilled attendance during delivery⁷. Needs and concerns of young people especially with regard to their sexual and reproductive health and rights issues have increased in proportion thus pushing for concerted efforts at the international, national and local levels to address these concerns. These concerns get further accentuated for developing nations including countries in South Asia which are resource-poor. The need to address young peoples' sexual and reproductive health and rights issues has been reiterated through international policy documents and conventions. In recognising these needs, ARROW had carried out various interventions with South Asian organisations in ongoing projects. It is throughout these projects that the young people identified and raised needs pertaining to their constituency. Collectively across the region, young people brought about the need for capacity building and effective leadership management to enable more meaningful youth participation in policy making in regards to SRHR. Although all partner countries focus on unique issues of young people within the country contexts, the need to address and tackle the issue on a policy setting is crucial to all.

Accountability for SRHR and human rights at the local levels

One of the promising monitoring and accountability initiatives at the local level implemented by Women's Health and Rights Advocacy Partnership (WHRAP) - South Asia in four countries of South Asia which includes Bangladesh, India, Nepal and Pakistan. WHRAP- South Asia's strategy

⁴ http://arrow.org.my/wp-content/uploads/2015/04/Sex-Rights_Status-of-Young-Peoples-SRHR_Monitoring-Report_2012.pdf

⁵ <http://arrow.org.my/wp-content/uploads/2017/03/National-Report-Final-with-cover.pdf>
<http://arrow.org.my/wp-content/uploads/2017/03/5.-India.pdf>

⁶ <http://arrow.org.my/wp-content/uploads/2017/03/National-Report-Final-with-cover.pdf>
<http://arrow.org.my/wp-content/uploads/2017/03/5.-India.pdf>

⁷ <http://www.tandfonline.com/doi/pdf/10.1080/17441692.2014.986169>

pushes for joint and complementary strategic planning, monitoring and evidence-based advocacy for accountable health governance and SRHR issues at local, national, regional and international levels

One of the key approaches that WHRAP-South Asia implements is strengthening the functioning of health facility based oversight mechanisms (OMs). Local communities and community-based organisations (CBOs) are key to monitoring the performance and functions of local health facilities and are encouraged to engage with the OMs. With this work WHRAP-South Asia partners are ensuring that health facilities are responsive to women's need in terms of quality reproductive health services throughout her lifecycle – from preconception to pregnancy to post-partum/ post-abortion to menopause. This is also supported by the WHRAP-South Asia partners' collectively agreed call for 'Rights-Based Continuum of Quality Care for Women's Reproductive Health in South Asia'⁸. This includes the provision and access to effective care in an efficient and equitable way for the optimisation of health benefits/well-being for the whole population. This is important to improve women's sexual and reproductive health and rights (SRHR). WHRAP-South Asia partners define health facility based OMs as the committees or similar structures constituted to manage the health centres or hospitals. These committees are the main instruments of the local management of health facilities and are set up through government directives or orders (which also can be referred to as the terms of reference for these committees). The committees vary in composition depending on the government directives. In some cases the OMs are headed by the elected Member of Parliament for the area and hospital and other government officials of the area are members. The government directives also define the function of the OMs which can include:

- Oversee the management of health facility finances which includes approving and monitoring hospital budgets. The OMs also monitor the efficiency and performance of the facility.
- Ensure that the facilities deliver the services that it is set up for.
- Make recommendations to ensure adequate trained personnel are at the facility and they are performing their duties
- Oversee the development and maintenance of the physical facilities within their respective area.

OMs can be named in accordance to where they are based or the area it serves (district, sub district or village, etc) or on the functions it serves (primary care or maternity hospital or abortion services provider, etc). In all WHRAP implementing countries, OMs exist by government directives. However, our partners and CBOs have found that in the project implementing areas, these OMs do not function as they should according to the government directive which has a direct effect on the quality of services that health facilities provides. Over the years, the WHRAP CBO partners and the community women they work with have put in concerted effort in monitoring the quality of health services provided as in the case with Naripokkho in Bangladesh; CHETNA in Gujarat and Rajasthan, India; and SAHAYOG in Uttar Pradesh, India. All partners have worked to ensure increased accountability of service providers

⁸ <http://arrow.org.my/publication/fulfilling-womens-right-to-continuum-of-quality-care/>

and duty bearers at the local level. Naripokkho in particular has worked over the last several years with its CBOs to strengthen the functions of the local level OMs.

Recommendations

- There is a strong need to recognise, examine and address the influence of religious interpretations on laws and policies that serve to perpetrate discrimination and inequalities. There are also used to prevent access to services such as reproductive health services to young people.
- The effects of religious and traditional practices such as child, early and forced marriages and female genital mutilation have to be addressed and their well-being ensured. The existence of parallel legal systems and limited changes to attitudes and perceptions ensure the continuance of these practices.
- Ultimately, governments should be accountable in providing access to information in regards to young people's sexuality in a comprehensive manner. Partnerships with CSOs are important in creating a curriculum, as well as ensuring youth friendly health services are available to follow up the information dissemination. Referral systems that do not focus on age and parental consent are important.
- Build capacity of adolescents and young people on accountability mechanisms in health governance systems at sub-national and national level and how to use these mechanism to hold duty-bearers accountable
- Put in place programmes and structures to routinely provide gender and age disaggregated data to monitor trends in health systems governance and existing and new gaps
- Acknowledging that the SDGs are the young people's agenda, spaces should be created for young people to meaningfully engage in its implementation, monitoring, and evaluation at all levels—from the local and national levels to the regional and global. Shrinking spaces for civil society need to be addressed, and institutional spaces and funding for youth and women's organisations and marginalised voices must be ensured by the UN and governments.
- Institute inclusive, responsive, transparent, and participatory monitoring, review, and accountability mechanisms at all levels, from local to global. Improve monitoring systems to ensure provision of disaggregated data according to age, gender, disability status, migration and citizenship status, income groups, education, spatial, ethnicity and indigenous status, amongst other variables, across all goals, in order to inform decision-making, budgeting, programming, and monitoring. Obtaining and dissemination of data must conform to rights-based and ethical principles. Alternative reporting from community and civil society, including youth groups, needs to be recognised as part of the monitoring and review process.

Resources

CSE and the influence of religion - <http://arrow.org.my/wp-content/uploads/2017/03/National-Report-Final-with-cover.pdf>

<http://arrow.org.my/wp-content/uploads/2017/03/5.-India.pdf>

Reproductive health and rights for young people

http://arrow.org.my/wp-content/uploads/2017/03/7.-Philippines_with-extra-pages-added.pdf

Inclusive families

<http://arrow.org.my/wp-content/uploads/2017/03/TP-Family-Web-Version-.pdf>

CSE and South East Asia

http://arrow.org.my/wp-content/uploads/2015/04/Sex-Rights_Status-of-Young-Peoples-SRHR_Monitoring-Report_2012.pdf

Quality Health Care for All

<http://arrow.org.my/publication/fulfilling-womens-right-to-continuum-of-quality-care/>

K.G. Santhya & Shireen J. Jejeebhoy; Sexual and reproductive health and rights of adolescent girls: Evidence from low- and middle income countries;

<http://www.tandfonline.com/doi/pdf/10.1080/17441692.2014.986169>