

RHRN Submission to the Independent Accountability Panel Report 2017 on Accountability to Adolescents' Health

About Right Here, Right Now

Right Here, Right Now (RHRN) is a global partnership which was formed in 2014 and consists of: Rutgers (lead), ARROW, CHOICE, Dance4Life, Hivos, IPPF Africa Region, LACWHN and the Ministry of Foreign Affairs of the Netherlands. The partnership aims to protect, respect and fulfill young people's SRHR, with a focus on freedom from stigma, discrimination and violence; access to comprehensive youth-friendly services; access to comprehensive information and space for young people's voices. Right Here, Right Now focus regions include Asia (Indonesia, Pakistan, Nepal and Bangladesh), Africa (Uganda, Senegal, Kenya, Zimbabwe), and Latin America (Bolivia, Honduras) and Caribbean sub-region.

Right Here, Right Now welcomes the theme of IAP's 2017 report. The submission is based on the experiences and work of different consortium members' work at national and sub-national levels. The submission outlines key accountability mechanisms in place in RHRN focus countries; gaps in the existing accountability mechanisms; some of the notable practices underway in RHRN focus countries; recommendations.

Young People for Sustainable Development

The world is home to 1.8 billion adolescents, with a vast majority residing in developing countries¹. There are more young people aged b/w 10-24 today than at any time of the history². Yet young people's needs are not being adequately captured and their demands are being overlooked in a world of adult concerns. Even though there has been a UN General Assembly resolution on youth involvement³, there is still a long way to go to achieve meaningful youth participation.

RHRN believes that young people are critical agents for the implementation of 2030 Agenda for Sustainable Development and strives to build the capacity of young people, youth-led, and youth-serving organisations to advocate for promotion of young people's SRHR and for young people's meaningful participation in the SRHR policy and programme planning, implementation, review and monitoring processes.

Adolescent Health Accountability - Current Practices & Mechanisms

Our baseline reports in RHRN countries have identified multiple existing accountability and monitoring mechanisms on adolescent health. These mechanisms can be broadly categorized as: International accountability mechanisms; national and sub-national accountability mechanisms/institutions; social accountability instruments and practices.

¹ https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf

² Ibid.

³ <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-participation.pdf>

1. International accountability mechanisms

Some of the key international accountability mechanisms include treaty bodies and review mechanisms such as Child Rights Conventions and Convention on the Elimination of Discrimination Against Women (CEDAW); Universal Periodic Review (UPR); national voluntary reviews of Sustainable Development Goals (SDGs); Commission on the Population Development (CPD) and Commission on the Status of Women (CSW).

Member states are required to report on the status of its various commitments during treaty body, CPD, and UPR review processes. It also serves as a monitoring instrument for civil society who wants to report on the gaps in adolescent health services delivery⁴⁵.

In addition, regional accountability mechanisms such Asia Pacific Forum on Sustainable Development (APFSD) and African Charter on Human and Peoples' Rights are also in place for periodic review of progress on members states' commitments with respect to SDGs and human rights.

2. National and sub-national accountability mechanisms/institutions

A quick review of RHRN country scoping studies show that there are both formal and informal accountability and monitoring mechanisms in place at national and sub-national/local levels. Parliaments serve as the formal accountability mechanism at top tier. In many countries, national human rights institutions (NHRIs) are in place. NHRIs are independent bodies with a primary mandate to hold governments accountable to promote and protect human rights violations, including universal access to health care and sexual and reproductive health and rights⁶. Formal oversight mechanisms are in place at sub-national and grassroots level within the respective ministries in many RHRN countries in Asia. For example, in Bangladesh, Ministry of Health and Family Planning oversees all aspects of planning and implementation⁷⁸. Similarly, in Pakistan, provincial health departments and district health units are responsible for the administrative tasks including accountability and monitoring of duty-bearers⁹. Innovative monitoring frameworks such as "Health Watch" have been introduced at sub-national and local (district level) in Pakistan to collect and monitor performance based indicators from primary and secondary level public health service centers.¹⁰ Country demographic and health surveys also provide critical data on key adolescent health indicators.

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<https://www.hhrjournal.org/2015/12/the-universal-periodic-review-a-platform-for-dialogue-accountability-and-change-on-sexual-and-reproductive-health-and-rights/>

⁵ http://www.ohchr.org/Documents/HRBodies/CRC/GuideNgoSubmission_en.pdf

⁶ <http://www.asiapacificforum.net/resources/manual-on-women-and-girls/>

⁷ http://www.wpro.who.int/asia_pacific_observatory/hits/series/bgd_health_system_review.pdf?ua=1

⁸ http://arrow.org.my/wp-content/uploads/2015/04/AFC-Vol.-9-No.3-2009_Accountability.pdf

⁹ http://pspu2.pitb.gov.pk/major_reforms

¹⁰ Ibid.

3. Social accountability instruments and practices

In many of the RHRN countries in Asia, there are multiple formal and informal instruments in place to enable social accountability. “Right to Information” laws in Pakistan, for example, allows citizens to hold government more accountable by accessing public records¹¹. The laws also requires government departments and ministries to publish annual reports and make them available to public¹². Media is another tool that has been indicated as a social accountability instrument in RHRN country scoping studies.

Social accountability mechanisms facilitated by non-governmental and civil society organisations, such as Women’s Health and Rights Advocacy Partners (WHRAP) and Big Idea by Restless Development, are some example of community-led accountability practices. (details provided below).

Gaps in existing accountability mechanisms and practices

While formal accountability mechanisms are in place for health governance and accountability in national, sub-national and local health systems, they have not been able to yield effective results. A clear reflection of weak accountability mechanisms is the prevailing high absenteeism of medical staff at public health facilities especially at rural and local levels and has contributed to continued lack of service provision. ‘Inaccurate job description, performance evaluation based on subjective criteria, a non-functioning system of reward and punishment and weak monitoring systems’, have been identified as the missing elements from the existing management chain and accountability mechanisms^{13,14}. Many of the departments also do not have any formal mechanisms to store administrative information and records¹⁵.

Data and evidence - of causality, of effectiveness of an intervention, or barriers to implementation of interventions - are a core prerequisite for developing, implementation, monitoring and strengthening of health policies and programmes at all levels. Studies have demonstrated that there are huge gaps and disconnect b/w data and policies. Lack of data collection mechanisms serves as major barrier in effective monitoring of indicators on adolescent health¹⁶ as well as ongoing modification and strengthening of policies and programmatic interventions¹⁷. This gap can be attributed to multiple factors including paucity of formal mechanisms to collect, assess and

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<https://www.article19.org/resources.php/resource/38195/en/country-report:-the-right-to-information-in-pakistan>

¹² Ibid.

¹³ http://www.wpro.who.int/asia_pacific_observatory/hits/series/bgd_health_system_review.pdf?ua=1

¹⁴ <http://www.heartfile.org/pdf/phpf-GWP.pdf>

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

¹⁷ <http://www.heartfile.org/pdf/phpf-GWP.pdf>

interpret data on adolescent health¹⁸ in many Asia-Pacific countries and to lack of mechanisms to fully utilize existing data due to infrastructural and capacity-related issues¹⁹, among others.

Social accountability mechanisms such as “Right to Information” laws have not been able to yield effective results due to above-mentioned gaps in existing data and evidence collection infrastructures and systems²⁰. Lack of awareness and information about existing accountability mechanisms in the community members is another barrier to effective social accountability²¹.

Examples of promising practices and approaches

1. Women’s Health and Rights Advocacy Partnership - Southeast Asia (WHRAP-SEA)

In 2010 conducted scoping studies 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 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.²²

2. Women’s Health and Rights Advocacy Partnership - South Asia (WHRAP-SA)

One of the promising monitoring and accountability initiatives at the local level is 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 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

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http://www.wpro.who.int/health_research/documents/dhs_hr_health_in_asia_and_the_pacific_14_chapter_9_reproductive_health.pdf?ua=1

¹⁹ <http://www.heartfile.org/pdf/phpf-GWP.pdf>

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<https://www.article19.org/resources.php/resource/38195/en/country-report:-the-right-to-information-in-pakistan>

²¹ http://arrow.org.my/wp-content/uploads/2015/04/AFC-Vol.-9-No.3-2009_Accountability.pdf

²²

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

One of the key approaches that WHRAP-South Asia implements is strengthening the functioning of health facility based oversight mechanisms (OMs)²³. 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 and girls' need in terms of quality reproductive health services throughout her lifecycle – from preconception to pregnancy to post-partum/ post-abortion to menopause.

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, India²⁴. All partners have worked to ensure increased accountability of service providers and duty bearers at the local level.

3. **Big Idea - Youth-led Accountability**

“Big Idea” is a youth-led accountability approach being facilitated by Restless Development. The initiative uses a multi-pronged approach i.e build capacities of and build bridges b/w youth and decision-makers to enable young people to participate in review processes and engage with decision-makers and duty-bearers; empower youth with data, skills and opportunities to meaningfully engage in the national and international accountability processes; build capacities of government institutions to engage with youth in monitoring and accountability processes in a more effective manner; develop accountability kits for young people and for advocates of youth-led accountability²⁵.

Recommendations

1. Ultimately, governments are responsible for health systems accountability and monitoring of effective interventions to ensure universal access to health, including SRHR, especially for young people and adolescents. There is need to strengthen existing accountability mechanisms by addressing gaps in adequacy of resources (financial, infrastructural and evidence) and by improving coordination mechanisms b/w different ministries and departments.

²³ 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.

²⁴ http://arrow.org.my/wp-content/uploads/2015/04/AFC-Vol.-9-No.3-2009_Accountability.pdf

²⁵ <http://restlessdevelopment.org/big-idea-youth-participation>

2. Put in place programmes and structures to routinely provide gender, age, disability, education, income group and migratory status disaggregated data to monitor trends in health systems governance and existing and new gaps.
3. Bridge the gap and disconnect between evidence and policy & programmes planning and implementation by building capacities of government institutions and decision makers on rational decision-making and by promoting the culture of evidence-based decision-making.
4. Put systems in place to enable more structural and meaningful engagement and participation of adolescents and young people in the design, implementation and monitoring of health, especially sexual and reproductive health and rights programmes and policies.
5. Build capacity of adolescents and young people on accountability mechanisms in health governance systems at local, sub-national, national level, regional and international levels.
6. Address shrinking formal and informal spaces for civil society, youth and women's rights organisations at local, regional and international level and at UN.

Resources:

- **Essential Packages Manual, sexual and reproductive health and rights programmes for young people (Rutgers and others, 2016):**

http://www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20Packages%20Manual_SRHR%20programmes%20for%20young%20people_%202016.pdf

The **Essential Packages Manual** was developed and published as an end-product and legacy of the Access Services and Knowledge programme (implemented from 2013-2015 by seven collaborating partners in seven countries in Africa and Asia). The manual is a valuable guide to critically review programmes and helps to identify gaps and areas to improve programmes in line with a rights-based, gender-transformative and youth-centred approach. It is designed in such a way that users can easily find what they need: from definitions and information on core values and (sexual) rights to programmatic chapters on comprehensive sexuality education and information, SRH services, enabling environment and working in partnerships. Furthermore, the manual provides examples, stories and a wealth of tools and resources.

- **Explore Toolkit for in involving young people as researchers in sexual and reproductive health and rights programmes (Rutgers & IPPF, 2013):**

http://www.rutgers.international/sites/rutgersorg/files/pdf/Explore-instructions_web.pdf and see all related tools here: <http://www.rutgers.international/our-products/tools/explore>

The toolkit includes guidelines to create conditions for successful youth participation in research and enhancing the effectiveness of youth SRHR programmes, as well as 3 types of manuals to train and support young people to conduct qualitative data collection for research and monitoring and evaluation.

- **Advocating Accountability: Status Report on Women and Young People's' SRHR in South Asia**

This study comprises of the national status reports on maternal health and young people's SRHR, which were prepared by WHRAP's six national NGO partners as a baseline upon which to build WHRAP's multi-tiered advocacy. The status reports are meant to enable the monitoring of progress towards WHRAP's objectives of improving access to SRHR programmes and services through empowering marginalized women and youth. The recommendations section within each report focuses on the accountability of government duty bearers in delivering on national and international commitments for achieving universal access to sexual and reproductive health and rights.

http://arrow.org.my/wp-content/uploads/2015/04/Advocating-Accountability_Monitoring-Report_2008.pdf