



**CALL FOR APPLICATIONS FOR THE CENTER FOR REPRODUCTIVE RIGHTS:
SOUTH ASIA REPRODUCTIVE RIGHTS CASE DEVELOPMENT WORKSHOP**

**Kathmandu, Nepal
July 2012**

Deadline for applications: February 29, 2012

The Center for Reproductive Rights is pleased to announce a **Call for Applications** for the first ever **South Asia Reproductive Rights Case Development Workshop**.

This event is part of the Center's **South Asia Reproductive Justice and Accountability Initiative** (SARJAI), that builds on years of work undertaken since 2005, in partnership with lawyers in India and Nepal, to develop and successfully litigate cases on behalf of women who have experienced violations of their fundamental human rights as a result of government failure to ensure access to quality maternal healthcare and safe abortion services. Building on these experiences and the lessons learned, in July 2012, the Center will bring together lawyers from India and Nepal with those from Bangladesh, Pakistan, and Sri Lanka for the first ever South Asia Reproductive Rights Case Development Workshop (Case Development Workshop) where new litigation strategies will be discussed and developed.

In addition to providing a unique opportunity to develop new litigation strategies, the Case Development Workshop will involve the establishment of a network of lawyers based in South Asia to advocate for women's reproductive rights through litigation, focusing specifically on **access to contraception and access to safe abortion**.

ABOUT THE CASE DEVELOPMENT WORKSHOP:

The Case Development Workshop will give lawyers the opportunity to learn about international and comparative law relating to reproductive rights, to exchange lessons learned with fellow advocates undertaking similar litigation in other countries, to discuss opportunities to litigate cases and the challenges in doing so, and ultimately, to develop new litigation initiatives for the protection and promotion of women's reproductive rights. The Case Development Workshop will provide participants with in-depth knowledge of reproductive rights norms and practical skills for litigating for reproductive rights using constitutional and international human rights law.

Participants will have the opportunity to propose ideas for litigation to ensure accountability for reproductive rights violations in their own countries, brainstorm constitutional and human rights claims and legal remedies for these violations, and practice legal arguments key to litigating reproductive rights cases through an interactive moot court session and in working group sessions. During the Case Development Workshop, lawyers will have the opportunity to hone their proposed legal accountability strategy by collaborating with fellow participants as well as international

and regional experts to conceptualize legal arguments, explore new legal theories, and develop strategies to address challenges that may arise.

The overarching objectives of the Case Development Workshop are to:

- Build the capacity of lawyers in South Asia to litigate reproductive rights cases at the national level.
- Develop successful country level litigation strategies on reproductive rights in South Asia, focusing on access to safe abortion and contraception.
- Establish a network of lawyers in support of reproductive rights' strategic litigation in the region.

The working language of the Case Development Workshop is English.

All expenses related to the selected participants' attendance at the Case Development Workshop will be covered by the organizers.

ABOUT THE ORGANIZERS & SARJAI:

Founded in 1992, the Center is the global leader in using international human rights and comparative law to advance and protect women's reproductive rights. At the core of the Center's international work is a commitment to ensuring sustainability by building the capacity of national advocates through collaborative litigation and advocacy and trainings.

In keeping with its mission, the Center established SARJAI, an initiative that seeks to build a robust body of law that will secure safe and accessible reproductive healthcare—specifically, contraceptive and safe abortion services—for women in South Asia; ensure that governments in the region adopt and fully implement appropriate reproductive health laws and policies; and protect women's access to vital reproductive healthcare. This Case Development Workshop is part of this effort.

In conjunction with the Case Development Workshop, the Center will be taking steps to establish a regional network to support reproductive rights litigation, including by developing a web portal to share legal updates such as new decisions and emerging scholarship, as well as to discuss challenges and successes in ongoing litigation efforts. The Case Development Workshop and web portal supported network will provide space for lawyers to draw from the experience of international and regional experts as well as their colleagues from throughout the region to brainstorm and collaborate on advocacy in their respective countries.

For examples of cases litigated by the Center and our partners, please see pages 4-6.

ELIGIBILITY:

The Case Development Workshop is open to litigators working with human rights or women's rights NGOs in Bangladesh, India, Nepal, Pakistan, and Sri Lanka. Successful applicants will:

- Have a demonstrated commitment to human rights advocacy and to using the law creatively to secure redress for women's rights violations.

- Have a professional relationship for at least one year prior to the application with an institution/organization that has capacity to litigate reproductive rights cases or has experience with litigation and preferably focuses in its work on women's human rights.
- Have demonstrated interest and knowledge of international human rights law and public interest litigation.
- Have demonstrated experience litigating public interest cases, including women's rights, health, and/or reproductive rights cases.
- Have fluency in written and spoken English, and advanced English language comprehension.

APPLICATION PROCEDURES:

The application form is available at <http://reproductiverights.org/SARJAI>. The completed application form and all supporting documents (see the application form for details) must be sent to the Center for Reproductive Rights by February 29, 2012, to the following e-mail address: SARJAI@reprorights.org.

Or, by mail to:

Attn: Kate Segal
Center for Reproductive Rights
120 Wall Street, 14th Floor
New York, NY 10005
USA

The applicants short-listed for an interview will be contacted by mid-March 2012. *Please note that applicants must be available for an interview via Skype video-conferencing. Applicants must have access to email for all other communications.*

The final selection will be done by the end of April 2012.

The Case Development Workshop will take place in July 2012, in Kathmandu, Nepal.

Reproductive Rights Litigation filed by the Center and/or Our Partners

Alyne da Silva Pimentel v. Brazil (2007) (UN Committee on the Elimination of Discrimination against Women) available at <http://reproductiverights.org/en/case/alyne-da-silva-pimentel-v-brazil-committee-on-the-elimination-of-discrimination-against-women>. Alyne, a 28-year-old Afro-Brazilian woman, died of complications resulting from pregnancy after her local health center misdiagnosed her symptoms and delayed providing her with emergency care. In 2007, the Center, with its Brazilian partner, filed *Alyne da Silva Pimentel v. Brazil*, the first maternal mortality case to be brought before the UN's Committee on the Elimination of Discrimination Against Women (CEDAW Committee). The CEDAW Committee decision established that governments have a human rights obligation to guarantee that all women in their countries—regardless of income or racial background—have access to timely, non-discriminatory, and appropriate maternal health services. Even when governments outsource health services to private institutions, they remain directly responsible for their actions and have a duty to regulate and monitor said institutions.

F.S. v. Chile (2009) (Inter-American Commission on Human Rights) available at <http://reproductiverights.org/en/lbs-fs-vs-chile>. F.S. was diagnosed with HIV in 2002 soon after learning that she was pregnant and was referred to a public hospital for HIV treatment during pregnancy, where she was forcibly sterilized without her consent due to her HIV-status. In 2009, the Center and its Chilean partner submitted a petition to the Inter-American Commission on Human Rights (IACHR) alleging violations of the right to non-discrimination; freedom from cruel, inhuman, and degrading treatment; and privacy as a result of the government's failure to protect her from being forcibly sterilized at a state hospital immediately after she gave birth. The case is still pending.

K.L. v. Peru (2002) (UN Human Rights Committee) available at <http://reproductiverights.org/en/case/kl-v-peru-United-nations-human-rights-committee>. K.L., a 17-year-old Peruvian adolescent pregnant with a fetus with anencephaly, a fatal abnormality, was denied a therapeutic abortion by Peruvian health officials despite the fact that Peruvian law permits pregnancy termination for health reasons, including mental health. She was compelled to carry the pregnancy to term, and give birth and breastfeed a baby who died only a few days later. Continuing the pregnancy endangered K.L.'s life and health, and following the pregnancy, K.L. became severely depressed. In November 2002, the Center and its partners in Peru submitted a petition to the UN Human Rights Committee concerning K.L.'s case. In November 2005, the UN Human Rights Committee ruled that compelling a woman to continue a pregnancy that posed risks to her physical and mental health, and her life, was a violation the right to be free from cruel, inhuman, and degrading treatment (Art. 7), as well as a violation of the right to privacy (Art. 17) and special protection of the rights of a minor (Art. 24).

Lakshmi Dhikta and Others v. His Majesty's Government of Nepal (2007) (Supreme Court of Nepal) available at <http://reproductiverights.org/sites/crr.civicactions.net/files/documents/Lakshmi%20Dhikta%20Factsheet%20FINAL.PDF>. Although abortion has been legal in Nepal since 2002, Lakshmi Dhikta, an extremely poor mother of five living in the far-western region of Nepal, was denied a pregnancy termination for her sixth pregnancy because she was unable to afford to pay the fee charged for abortion in a public hospital. As a result, she was forced to continue an unintended pregnancy. The Center supported a petition filed by its Nepalese partners on behalf of Lakshmi Dhikta. The Supreme Court rendered a groundbreaking decision recognizing abortion as a fundamental right and mandating measures such as adopting a comprehensive abortion law; establishing a government fund to cover abortion procedure costs; ensuring stronger safeguards for women's privacy; promoting access to safe services for all women; and disseminating information about safe abortion services to health service providers and the public.

Laxmi Mandal v. Deen Dayal Harinagar Hospital & Others (2008) (Delhi High Court) and *Jaitun v. Maternal Home, MCD, Jangpura & Others* (2009) (Delhi High Court) available at http://reproductiverights.org/sites/crr.civicactions.net/files/documents/MM_update_FINAL.pdf (pages 17-21). In 2008 and 2009, the Human Rights Law Network (HRLN), the Center's partner in India, filed two separate public interest litigation petitions on behalf of two below the poverty line women living in urban slums who were denied emergency medical care during pregnancy that should have been provided to them free of charge in public hospitals. The Delhi High Court consolidated both cases in 2010 and issued a landmark ruling holding that the denial of maternal healthcare is a violation of fundamental constitutional and human rights and that the Indian government is obligated to ensure maternal health services under constitutional rights to health and reproductive rights and according to the international conventions to which it is party, including the Convention on the Elimination of All Forms of Discrimination Against Women and the International Covenant on Economic, Social, and Cultural Rights.

Paola Guzmán Albarracín v. Ecuador (2006) (Inter-American Commission on Human Rights) available at <http://reproductiverights.org/en/case/paola-guzm%C3%A1n-albarrac%C3%ADn-v-ecuador-inter-american-commission-on-human-rights>. Paola Guzmán, a student in Ecuador, had been sexually abused by her school's vice-principal for two years when, at the age of 16, she became pregnant. She committed suicide after learning of her pregnancy. Following her daughter's death, Paola's mother brought charges against the vice-principal and called for a disciplinary investigation. The local legal process was slow and inefficient, and the vice-principal remained in hiding. In 2006, in conjunction with a local partner, the Center filed a petition before the IACHR arguing that Ecuador has deprived Paola Guzmán of the rights to life, personal integrity, personal security, freedom from violence, non-discrimination, judicial guarantees, judicial protection, and to the measures of protection required by her condition as a minor under regional and international instruments. The case is still pending.

R.R. v. Poland (2004) (European Court of Human Rights) available at <http://reproductiverights.org/en/case/rr-v-poland-european-court-of-human-rights>. Polish law permits abortion in cases of fetal abnormality. In December 2004, the Center filed an application with the European Court of Human Rights (ECHR) regarding the denial of access to genetic prenatal examinations which would have enabled R.R., a woman in Poland, to decide whether or not to seek a legal abortion was a violation of the right to be free from inhuman and degrading treatment, private and family life, access to justice and non-discrimination. In 2011, the ECHR ruled that there had been a violation of Article 3 (prohibition of inhuman or degrading treatment) and a violation of Article 8 (right to respect for private and family life) of the European Convention on Human Rights.

Snehalata Singh v. The State of Uttar Pradesh and Others (2008) (High Court of Uttar Pradesh, India) available at [http://reproductiverights.org/sites/crr.civicactions.net/files/documents/Salenta v UP.pdf](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/Salenta_v_UP.pdf). In 2007, Salenta Singh suffered a debilitating injury, vaginal fistula, as a result of being left unattended in obstructed labor in a public hospital in Uttar Pradesh. Although the main symptom of fistula became immediately apparent, it took three months and visits to five different hospitals for Salenta to get diagnosed, and another six months before she received the necessary corrective surgery. In 2008, HRLN submitted a petition to the Uttar Pradesh High Court against the government of Uttar Pradesh for its failure to ensure maternal health services, and in 2009, the Center submitted an amicus brief in support of the case. The petition argues that pregnancy-related injury and illness resulting from medical negligence violate several rights that are recognized by both the Indian Constitution and international human rights treaties that India has ratified, including the rights to health and non-discrimination. The decision is still pending.