

Concrete Practice Example

Ensuring rights-based accountability for the sexual and reproductive health and rights of refugee and host community women and girls affected by crisis in northern Uganda

The Center for Reproductive Rights¹ (the Center) and CARE International² are pleased to present this submission to the Working Group on Discrimination Against Women and Girls for their report on sexual and reproductive health and rights in crisis. This submission provides detailed programmatic information and early results from our joint pilot focused on ensuring rights-based accountability for the sexual and reproductive health and rights (SRHR) of refugee and host community women and girls affected by crisis residing in northern Uganda. We begin this submission by outlining the structure and function of our program. Next, evidence from the accountability mechanism in practice is provided and underpinned by the perspectives of affected refugee and host women participating in the program. Finally, we share lessons learned from the first six months of programming and current recommendations for integrating rights-based accountability into SRHR programming in crisis situations.

Program background and structure

The rights-based accountability model being piloted seeks to surface and respond to rights violations and service gaps affecting the SRHR of refugee and host women in northern Uganda. Working inclusively with rights-holders and duty-bearers, the program establishes a formal rights-based accountability mechanism for the collection, review, and response of service users' SRHR-related complaints and feedback. The mechanism also provides access to an effective remedy when rights are not respected, resources community-led monitoring of response plans and guides changes to government policy and practice in line with a commitment to non-repetition of violations/breaches.

This rights-based accountability mechanism works to create a 'circle of accountability'³ around affected women and girls in three parts:

A Community Council for SRHR was created and mandated to collect and review complaints received from refugee and host women and girls in the settlement. They increase awareness about rights-based accountability and build human rights literacy to ground complaints and feedback. The Council is comprised of women's representatives from both refugee and host communities, to ensure their distinct SRHR issues are recognized and addressed, and to build a shared understanding of human rights and agency in both communities. Adolescent and disability advocates, and two humanitarian field workers including from CARE Uganda and another from a leading medical services organization in West Nile also serve as representatives.

The second function of the mechanism involves trained community-based facilitators (CBFs) who design and lead monitoring of SRH outcomes and experiences and refer complaints and feedback to the Council. CBFs also monitor implementation of duty-bearer response after complaints are reviewed and decisions for action are taken.

Finally, answerability and enforceability are reinforced through an independent third party (the Ombudsperson), who works in collaboration with and reports from the Council. District-level government and settlement-level duty-bearers selected the Ombudsperson and conferred a mandate to review complaints, give explanations for decisions taken, and facilitate access to effective remedy, if rights are violated.

Application of rights-based accountability mechanisms and results

The rights-based accountability mechanism has surfaced the multiple and intersecting forms of discrimination faced by refugee and host community women and girls seeking SRH services and the ways in which their rights to health, dignity, information, and privacy are not always respected. However, the mechanism has also built fora and community-led processes to respond and ensure access to an effective remedy when rights are violated. In shaping and making decisions about how the accountability mechanism should be implemented, one community women's representative reflected how *"in most cases we had been pressed down. We came to realize that (if we) advocate for women's rights then women will also have their rights."*

In practice, the Council has collected and reviewed SRHR complaints ranging from experiences of disrespect and abuse during antenatal care (ANC), to discrimination and stigma experienced by pregnant adolescents when seeking services at the health center. Resulting from the Ombudsperson's focus on these issues with district government and health center duty-bearers, the district health office increased the frequency of its formal oversight visits to the health center. Health center administration responded by creating and promoting protected time for pregnant adolescents to access ANC; as well as reviewing practices to protect adolescents' right to privacy. A refugee women's representative serving on the Council shared the direct benefits of these actions as, *"I feel good to be a member of this project ... we were able to present the issues facing women, especially ANC services where women complained they were being harassed. We followed it up and it has improved access to ANC by women."*

The accountability mechanism has also improved adolescent accessibility to menstrual hygiene kits, which UNHCR increased distribution coverage of in response to complaints about the marginalization of adolescents in these processes. Trained CBFs continue to lead community-level monitoring of these response plans to ensure they are implemented and remain sustainable over time.

Notably, throughout the COVID-19 pandemic the rights-based accountability mechanism has been utilized to call attention to the ways in which existing structural inequalities impact the SRHR of women and girls and how they have been exacerbated by the pandemic. In response to a rapid increase in the number of complaints relating to SGBV, adolescent pregnancy, and early forced marriage among women and girls in the settlements, the Council successfully advocated to the sub-county government to revise existing by-laws to include adequate protections for adolescent SRHR and early forced marriage. This will be the first time these issues are reflected

in this sub-county's regulations, and when implemented will result in significant structural change to advance SRHR in the district and refugee settlements.

Lessons learned

The program framework and results demonstrate that applying rights to restructure and build systems for accountability is not only feasible, but also effective in advancing reproductive rights in humanitarian settings. While siloing of humanitarian response and human rights' legal frameworks and political processes continues, the project results demonstrate how human rights-based approaches support the effectiveness of humanitarian response, lead to improved SRH service delivery, empower marginalized women and girls to understand and assert their human rights, and create lasting structural change.⁴

Grounding program engagement, design, implementation, and evaluation in international human rights law and principles is a promising approach to create a 'circle of accountability'⁵ around women and girls affected by crisis; and to bring them closer to the center of humanitarian response planning, delivery and evaluation decisions that impact their lives.

Building the human rights capacity of both rights-holders and duty-bearers and exercising it through consistent and constructive dialogue has ensured meaningful participation and a focus on ensuring answerability and enforceability. A government chairman reflected that district and settlement level duty-bearers remain engaged in and answerable to the program, because unlike others, *"this project was brought closer to the leaders. (For the leaders) to be part and parcel of the project."*

Finally, applying a broad and robust understanding of accountability, grounded in human rights and the 'circle of accountability'⁶ framework, has positioned the program to address systems and structures (i.e. legal, political, and social) that affect accountability for SRHR, as well as holding decision-makers responsible for their decisions and actions.

¹ The Center for Reproductive Rights (the Center) is an international nonprofit legal advocacy organization headquartered in New York City, with regional offices in Nairobi, Bogotá, Geneva, and Washington, D.C. The Center uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to respect, protect, and fulfill. Since its inception 27 years ago, the Center has advocated for the realization of women and girls' human rights on a broad range of issues, including on the right to access sexual and reproductive health services free from coercion, discrimination and violence; on the right to bodily autonomy; preventing and addressing sexual violence; and the eradication of harmful traditional practices.

² CARE International is a nonprofit humanitarian and development organization that works in over one hundred countries around the world to save lives, defeat poverty and achieve social justice. We seek a world of hope, inclusion and social justice, where poverty has been overcome and all people live in dignity and security. We put women and girls in the centre of our work because we know that we cannot overcome

poverty until all people have equal rights and opportunities. We work independent of political, commercial, military, ethnic or religious objectives to promote the protection of principled humanitarian space. We provide assistance on the basis of need, regardless of race, creed or nationality, and address the rights of the most marginalized groups, particularly women and girls. More information about CARE and our impact is available at <https://www.care-international.org/our-impact>

³ OHCHR, *Follow-up on the application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity*, paras 38 and 62 j, U.N. Doc. A/HRC/39/26 (June 29, 2018). (“The policy cycle explained in the technical guidance — planning, budgeting, implementation, monitoring, review and remedies, and international cooperation — is comparable to the Humanitarian Programme Cycle. The technical guidance puts forth the concept of a “circle of accountability” that emphasizes that actions to ensure accountability need to happen across all stages of the policy cycle, not only in reaction to alleged violations.”)

⁴ Center for Reproductive Rights, *Working title: ENSURING ACCOUNTABILITY FOR ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN HUMANITARIAN SETTINGS: LEGAL AND POLITICAL GROUNDS* (forthcoming 2021).

⁵ A/HRC/39/26 at paras. 38 and 62 j

⁶ *Id.*, paras. 38 and 62 j