

#HealthyAdolescents

Solutions for Supporting Healthy
Adolescents Rights and
Protection

#SHARP



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Role of National Human Rights Institutions (NHRIs) in realization of adolescent sexual and reproductive health (ASRH)

Host



Lizzie Otaye

Communications Consultant,
EANNASO Tanzania



TUESDAY
29 JULY, 2025



TIME
11:30 AM – 1:00 PM EAT



Role of National Human Rights Institutions (NHRIs) in realization of adolescent sexual and reproductive health (ASRH)

THANK YOU

FOR JOINING/ SPEAKING

1st SHARP workshop

Host



Lizzie Otaye
Communications Consultant,
EANNASO Tanzania

Moderator



Aidah Munzatsi
Content Creator and
Freelance Journalist
Kenya

Moderator



Irene Musila
Communications Specialist
Kenya

Speaker



Junior Safari
Human Rights Advisor, CNDH-
RDC

Keynote Speaker



Robert Athewa
Programme Officer-SRHR,
NANHRE Kenya

Speaker



Elijah K. Rottok
Senior Human Rights Officer
at Kenya National
Commission on Human Rights

Speaker



Lucy B. Munthali
Senior Education and Training
Officer, Zambia Human Rights
Commission

Speaker



Lisbon Chaamwe
Manager – Research and
Mechanisms, Zambia Human
Rights Commission



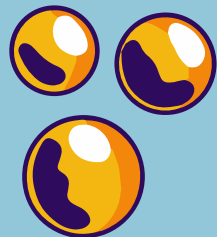
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ALWAYS BE ON
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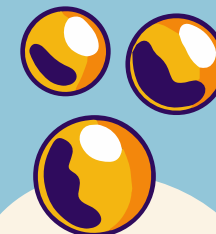
RENAME YOUR
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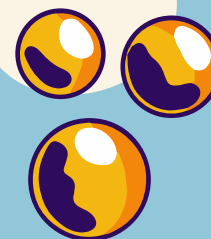


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RESPECT EACH
OTHERS INPUT



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Do you want to be a

#SHARP

Champion?



Criteria:

✓ A sexual and reproductive health advocate or want to be one

✓ 16 to 30 years

✓ From Africa and speak English

Made a post using the hashtag #HealthyAdolescents on what SRH means to you

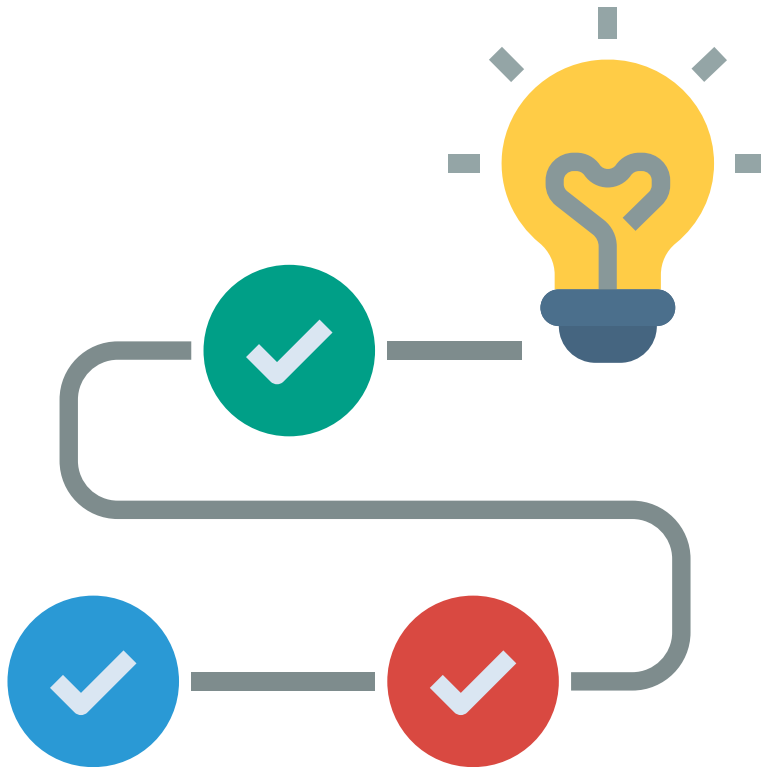
Registered via Zoom [Here](#)



3 Days
to go

Research Results

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1.

Countries of Implementation

Kenya

Zambia

Tanzania

DRC

Rwanda

Burundi

2.

Champions

Adolescents

Faith Leaders

Opinion Leaders and Policy makers

Mass and Social Media



3.

Results So far

Research done and findings published

Abstracts submitted/accepted and presented

Thousands reached through our advocacy efforts

Members of Parliaments Engaged

Storytelling is key in the 4th year



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Role of National Human Rights Institutions (NHRIs) in realization of adolescent sexual and reproductive health (ASRH)

Moderator



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Content Creator and Freelance
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Keynote Speaker



Robert Athewa

Programme Officer-SRHR:
NANHRI: Kenya



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Lucy B. Munthali

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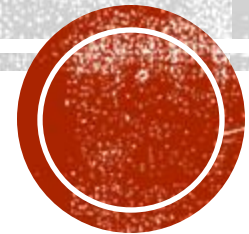
TUESDAY
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NATIONAL HUMAN RIGHTS INSTITUTIONS; THEIR MANDATE AND ROLE IN ADOLESCENT SEXUAL REPRODUCTIVE HEALTH

**PRESENTATION MADE BY LUCY BWALKYA MUNTHALI,
SENIOR EDUCATION AND TRAINING OFFICER, HUMAN
RIGHTS COMMISSION ZAMBIA.**



OUTLINE OF PRESENTATION

- WHAT ARE NHRIs?
- CHARACTERISTICS OF NHRIs
- KEY MANDATE AND FUNCTIONS
- NHRI ROLE IN PROMOTING RIGHT TO HEALTH
- NHRI ROLE IN ASRHR



WHAT ARE NHRIS?

- NHRIs are state-mandated bodies, independent from the government, established to protect and promote human rights at the national level.
- They can be National Commissions, or office of the Ombudsperson
- NHRIs are key to the promotion and protection of human rights in their respective countries



CHARACTERISTICS OF NHRIS

- **Independent State Institutions:** NHRIs are not part of the government but are established by law or the constitution.
- **Abide by Paris Principles:** Paris Principles are a set of international standards approved by the UN General Assembly in 1993 that guide the framework and establishment of NHRIs.
- **A Bridge Between Civil Society and Government:** NHRIs often act as a link between civil society organizations and government institutions.
- **Promote Accountability:** NHRIs hold the government accountable for its human rights obligations.
- **Provide Remedies for Violations:** NHRIs play a role in ensuring access to justice and remedies for victims of human rights violations.
- **NHRIs are confused to be NGOs but are not NGOs:** While they may work with NGOs, NHRIs are distinct from non-governmental organizations.



KEY MANDATE AND FUNCTIONS

- **Promote Human Rights:** address a wide range of human rights, including civil, political, economic, social, and cultural rights through education, training and research.
- **Protect Human Rights:** NHRIs have the authority to receive, investigate, and respond to/provide redress for human rights complaints.
- **Monitor Human Rights Compliance:** NHRIs monitor the human rights situation in their country, investigate violations, and report on their findings.
- **Advocacy/ Advise: NHRIs** provide advice to governments and other stakeholders, and engage with international human rights mechanisms.



NHRI ROLE IN PROMOTING RIGHT TO HEALTH

- NHRIs offer a unique perspective due to their nature as independent state bodies with a mandate for human rights promotion, protection, advocacy and monitoring
- **Promotion:** NHRIs raise awareness about the right to health among the public, government officials, and other stakeholders. They also provide training and capacity building to health professionals, government officials, and civil society organizations on human rights-based approaches to health
- **Protection:** NHRIs investigate violations of the right to health, such as discrimination in healthcare, and make recommendations for redress.
- **Advocacy:** NHRIs advocate for the implementation of human rights standards related to health at the national level. They also work to ensure that health policies and programs are aligned with human rights principles, such as non-discrimination, participation, and accountability.
- **Monitoring:** NHRIs monitor the human rights implications of health policies and practices, including access to healthcare, quality of services, and the impact of health-related laws and regulations. They also report on the human rights situation related to health, including identifying vulnerable groups and inequalities in access to healthcare.



NHRI ROLE IN ASRHR

Promotion Mandate:

- NHRIs can conduct public awareness campaigns to educate adolescents, communities, and policymakers about ASRHR and the importance of respecting these rights.
- NHRIs can conduct training and capacity-building activities for government officials, healthcare providers, civil society organizations, and community leaders to enhance their understanding and ability to address ASRHR.

Reporting and Promoting Accountability

- NHRIs can prepare reports on the state of ASRHR in their country, highlighting progress, challenges, and recommendations for improvement.
- NHRIs can use their findings to urge governments to take necessary actions to address human rights violations and fulfil their commitments to ASRHR.



CONT'D

Protection Mandate

- They can investigate complaints of human rights violations related to ASRHR, ensuring that those responsible are held accountable.

Monitoring Compliance Mandate

- NHRIs can monitor the implementation of national laws, policies, and programs related to ASRHR, assessing whether they are effective in protecting and promoting these rights.

Advocacy:

- NHRIs can advocate for the development, review, and implementation of laws and policies that protect and promote ASRHR, ensuring they are in line with international human rights standards. They can advocate for the provision of accessible, affordable, and adolescent-friendly sexual and reproductive health services, including information, counselling, and medical care.



CONT'D

- NHRIs can advocate for policies and programs that ensure that all adolescents, regardless of their background or circumstances, have access to the information and services they need to enjoy their sexual and reproductive health rights.

Collaborations

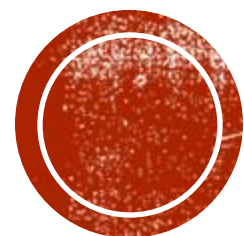
- They can facilitate collaboration and coordination among different stakeholders, including government agencies, civil society organizations, and international bodies, to promote a comprehensive and coordinated approach to ASRHR.

Fulfilling Human Rights Principles of Promoting Equality and Non- Discrimination

- NHRIs can work to eliminate discriminatory laws and practices, such as those related to age of consent or criminalizing consensual sexual activity among adolescents.
- NHRIs can pay special attention to the specific needs and vulnerabilities of marginalized groups of adolescents, such as those living in poverty, those with disabilities, those living with HIV, and those from ethnic or religious minorities



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**THANK YOU SO MUCH FOR
YOUR ATTENTION, MUCH
APPRECIATED!**



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Junior Safari

Human Rights Advisor, CNDH-
RDC



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ROLE OF NATIONAL HUMAN RIGHTS INSTITUTIONS IN THE IMPLEMENTATION OF SEXUAL AND REPRODUCTIVE HEALTH. CONTEXT OF THE CNDH-DRC

By

Me Junior SAFARI RUNIGA

Research Officer and Human Rights Expert



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PLAN



- I. INTRODUCTION
- II. NOWADAYS CONTEXT OF THE DRC
- III. NEW PERSPECTIVES
- IV. CONCLUSION

I. INTRODUCTION

Population and health policies have been redirected worldwide following certain global recommendations to which the Republic of the Congo had agreed. These include (i) the International Conference on Population and Development (ICPD 1994) in Cairo with the adoption of the concept of Sexual and Reproductive Health (SRH), (ii) the Millennium Summit in New York in 2000 with the Millennium Development Goals (MDGs), and (iii) the global strategy for women's and children's health 2030 in connection with the sustainable development goals (SDGs). This strategy aims to reduce by 10% the health risks affecting adolescents and young people, particularly sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), early and unwanted pregnancies, alcoholism, drug addiction, as well as female morbidity due to gynecological cancers and other gender-based violence.

Introduction



Several senior officials of the United Nations have been sounding the alarm for years about the rapid deterioration of the humanitarian situation in eastern Democratic Republic of the Congo (DRC), which has become the global epicenter of conflict-related sexual violence.

In the East of the Democratic Republic of the Congo, women caught in the war endure a health ordeal and are exposed to sexual assaults, infections, unwanted pregnancies, as well as unsafe abortions.

II. NEW CONTEXT OF THE DRC

During the crisis period, in the most affected areas, family and social structures are disrupted, and educational and social services are interrupted. Adolescents are exposed and may become sexually active, with girls in particular being vulnerable to sexual assaults and exploitation. These risks increase their vulnerability to sexually transmitted infections, unwanted pregnancies, and unsafe abortions. The growing attention to family planning and human rights, the consideration of equal relationships between men and women, particularly the individual right regarding sexuality and fertility, have provided a different view of the concept of reproduction that is no longer solely focused on the mother/child couple and that also dissociates issues related to sexuality from those of reproduction.




II. Next

Consequently, the notion of risk-free maternity has been joined by that of risk-free sexuality (fighting against sexual violence, against female genital mutilation, against sexually transmitted diseases, and unwanted pregnancies, particularly among adolescents). The scope covered no longer considers exclusively medical concerns but also legal ones.




III. NEW PERSPECTIVES

Before addressing more directly the pandemic context and the decision-making processes that led to the adoption of various public health protection measures, we want to highlight the standards that define women's rights in reproductive health. This exploration requires adopting a pluralistic and internormative approach. Indeed, several standards are not explicitly enshrined in laws or regulations adopted by the state.



However, in a context where the intrinsic normativity of the health field is often perceived as just as, if not more, restrictive than positive law can be, a broad approach allows for a more precise specification of the range of rights recognized for women under, for example, recommendations and guidelines issued by international associations. As some may know, reproductive health is a general state of physical, mental, and social well-being related to all aspects of reproduction and is not limited to the mere absence of disease. Reproductive health includes the ability to enjoy a satisfying and risk-free sexual life; it involves the ability and freedom to procreate, according to the timing and pace desired by the individual, as well as the freedom of non-procreation.



Men and women have the right to obtain information and access to means of controlling their fertility, as well as the right to access healthcare services that allow for a safe pregnancy and childbirth. Reproductive rights are not limited to access to reproductive health services. They also include, in particular, the right to contraception and to voluntary termination of pregnancy. They also imply the eradication of forced sterilizations as practiced in certain developing countries.

We will consider here the perspectives that emerge from the major international conferences related to population, on the one hand, and women's rights, on the other. Then, we will focus on some questions raised by an approach to reproductive rights as human rights. Are reproductive rights a new category of rights? Are human rights truly universal or potentially universalizable?



IV. CONCLUSION

The human rights situation in the DRC requires urgent attention and concrete actions from the international community to protect civilians and put an end to the systematic violations of fundamental rights. Efforts to establish peace and stability in the region are essential to improve the lives of millions of Congolese affected by this crisis.


Let us remember that the eastern part of the Democratic Republic of Congo is experiencing a recurrent crisis situation due to aggressions from neighboring countries as well as the presence of armed groups that are at the root of the recurring displacement of populations, with young people increasingly exposed to situations jeopardizing their normal growth.



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Conclusion

The current working context of the CNDH-RDC aims to collaborate with all stakeholders on sexual and reproductive rights to provide knowledge and tools to effectively advocate for the sexual and reproductive rights of adolescents and youth within national and regional human rights frameworks, including commitments made under international instruments such as the Abuja Declaration, the Maputo Protocol, ICPD25, etc. The CNDH, like all NHRIs in the world, in accordance with their mandate clearly outlined in the Paris Principles, plays a crucial role in promoting inclusive societies that guarantee reproductive health and rights for all, but their essential voices are lacking in the spaces where decisions are made across the country.



Thus, close collaboration between the CNDH-RDC and stakeholders in sexual and reproductive rights in Kinshasa as well as in the provinces is always prioritized to ensure changes and an impact in the realization of sexual and reproductive rights for all, and to constantly monitor and report on the state's obligations regarding the respect for sexual and reproductive rights. This is accountability.



**MERCI BEAUCOUP
THANK YOU SO MUCH
ASANTE
MATONDO MINGI**



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Q & A



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Irene Musila

Communications Specialist
Kenya



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KENYA NATIONAL COMMISSION ON HUMAN RIGHTS

HUMAN RIGHTS BASED APPROACH

Elijah Rottok – KNCHR



Mandate of KNCHR

The Commission plays two key broad mandates;

- ▣ It acts as a watch-dog over the Government in the area of human rights.
- ▣ Provides key leadership in moving the country towards a human rights state.
- The main goal of KNCHR is to investigate and provide redress for human rights violations, to research and monitor the compliance of human rights norms and standards, to conduct human rights education, to facilitate training, campaigns and advocacy on human rights as well as collaborate with other stakeholders in Kenya.

KNCHR on SRHR

- The Commission in 2012 carried out a Public Inquiry on SRHR in Kenya to establish the nature and extent of violations sexual and reproductive health and recommend appropriate redress

Kenya National Commission on Human Rights

Realising Sexual and Reproductive Health Rights in Kenya:
A myth or reality?



A Report of the Public Inquiry into Violations of
Sexual and Reproductive Health Rights in Kenya



April 2012

Background to Public Inquiry on SHRH

- A complaint was filed by the Federation of Women Lawyers- Kenya and the Centre for Reproductive Rights regarding systematic violation of women's reproductive health rights in Kenyan health facilities.
- The violations stem from the poor quality of services provided in the health facilities, lack the necessary infrastructure and supplies essential for delivery of quality health care services
- The KNCHR Commission to launch an expanded Inquiry into the extent of violation of reproductive health rights in Kenya.
- This was in line with its mandate- to conduct investigations into any complaint on the violation of human rights.

Objectives of Inquiry

- Establish the legal and policy framework governing the implementation of SRHR and its effectiveness
- Assess the extent to which the government and non-state actors are complying with their obligations relating to sexual and reproductive health rights in Kenya;
- Determine the extent of awareness and pursuit of sexual and reproductive health rights in Kenya
- Identify and document cases of violation of sexual and reproductive health rights in Kenya

HRBA Framework

- Human rights-based approach Principles based on strategies on Reproductive health. - Creation of an enabling policy environment, widening access, building capacity on SRHR
- Assessment on priorities to improve service delivery through various policies and legislations that meet international standards.
- The human rights analysis assessed the availability, accessibility, acceptability of the highest quality standard of reproductive health as set out in General Comment No. 14 of the Committee on Economic, Social and Cultural Rights

Ethical Considerations on Inquiry on SRHR

- Due to the sensitivity of the issues on Sexual minorities and Children, a reconnaissance field visit had to be undertaken to evaluate field data collection risks.
- The consent of the respondents always sought first before commencing the interviews.
- Respondents were always informed on the study's objectives and their obligations and their participation voluntary.
- Respondents assured on the confidentiality of the interviews' proceedings, and where particular information would be revealed to the Commission, it was clearly stated to the respondent with an option of declining to give such information.

Minority and Marginalised groups

- ▣ Children
- ▣ Orphans
- ▣ Adolescents
- ▣ Widows
- ▣ Elderly
- ▣ PLWD
- ▣ PLWHA
- ▣ Sexual minorities
- ▣ IDPs
- ▣ Refugees
- ▣ Migrant workers
- ▣ ART eg surrogacy
- ▣ ...

SRHR Issues among Minority and Marginalised Groups

- ❑ Rape, sodomy, defilement
- ❑ Forced circumcision
- ❑ Forced abortion
- ❑ Forced child marriages
- ❑ FGM
- ❑ Discrimination and stigma
- ❑ Harassment and mistreatment
- ❑ Difficulties in accessing the facilities due to infrastructure
- ❑ Limited of access to information eg on rights
- ❑ Lack of involvement in medical decisions affecting them
- ❑ Unaffordability of health services eg hormonal therapy and corrective surgeries
- ❑ lack of recognition by the society of existence.
- ❑ lack of adequate, accurate knowledge eg Contraception, protection from STIs and HIV

Methodology

- Preparatory Stakeholder forums
- Desk Research
- Field Interviews
- Public Hearings
- Submission of Memoranda
- Media Campaign
- Report writing and Overview

Findings on the Inquiry on SRHR

- There was unavailability of essential sexual and reproductive health services,
- Difficulties in accessing these services owing to distance or cost,
- The high charges levied on the services- making them beyond the reach of majority poor,
- the poor quality of the available services
- The lack of sensitivity to the cultural norms and beliefs of the people in service delivery.

Findings Continued

- Kenya Non-compliant with its obligation to dedicate maximum available resources to progressively realise the right to sexual and reproductive health.
- Sexual minorities (gay, lesbian, bisexual, transgender, intersex persons and sex workers) and marginalized and vulnerable groups (people with disabilities, people living with HIV and AIDS, Adolescents and youth, internally displaced persons and refugees) were particularly noted as most vulnerable to these violations.

Recommendation on Family Planning

- Expansion of access to and demand for a broader mix of family planning methods;
- Investment in community structures- such as community health workers for effective delivery of FP services;
- Elimination of fees associated with access to family planning;
- Addressing of the socio-cultural barriers to family planning
Involvement of men in family planning initiatives and programmes;
- Availability of accurate information regarding family planning
- Integration of family planning into the broader development
- agenda.

Recommendation on Maternal Health

- Development of a strategy to address all the causes of delays that eventually lead to maternal deaths;
- Adequately equipping lower-level facilities to handle all cases on maternal health
- Adoption of a health financing policy and strategy that will make maternal health services affordable
- Undertaking of health education programme targeted at both community level and health care providers
- Development of standards and guidelines on lawful abortion

Recommendation on Sexual Violence

- Full implementation of laws to sexual violence including the Sexual Offences Act, Prohibition of Female
- Genital Mutilation Act, Protection against Domestic Violence, among others;
- Removal of all barriers to access to justice for victims/survivors
- Putting in place a one-stop facility that can offer integrated services- legal, health, psycho-social- to the victims/survivors;
- Ratification of the optional protocol to CEDAW that will
- allow citizens to file individual complaints to Committee

Other Interventions

- Meaningful Youth and Adolescent Participation: Nothing About Us, Without Us
- Strengthening Multi-Stakeholder Partnerships: A United Front for Rights
- Advocacy for Policy Implementation and Resource Allocation: From Commitment to Reality
- Data-Driven Interventions: Informing Action and Monitoring Progress

THANK YOU

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Lisbon Chaamwe

Manager - Research and
Mechanisms, Zambia Human
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HUMAN RIGHTS COMMISSION



Case Study ON THE ROLE ON NHRI ON ASRHR

LISBON CHAAMWE

DEPUTY HEAD, RESEARCH AND PLANNING

HUMAN RIGHTS COMMISSION.



INTRODUCTION

- ❑ SRHR remains a critical human rights issue both globally and in Zambia.
- ❑ Multiple factors contribute to the ongoing challenges in accessing and upholding SRHR.

KEY ISSUES AFFECTING SRHR IN ZAMBIA

- ☐ Barriers in accessing contraception and safe abortion services attributed to some social restrictions that perpetuate stigma and discrimination
- ☐ Customary practices and norms of determining age that perpetuate systemic defilement that contribute to vices like early marriage and teenage pregnancies ☐
- Lack of Adolescent Friendly corners :- The absence of dedicated spaces such as adolescent-friendly corners. ☐



KEY ISSUES AFFECTING SRHR IN ZAMBIA

- Limited awareness of adolescent rights related to SRHR.
- Legal Challenges that restrict age of child from accessing services and health rights not being part of the laws that are justiciable, weakening the promotion and protection of health rights, despite some sexual laws being binding.

CASE EXAMPLE

- In 2023, the HRC-Z based on its monitoring mandate conducted human rights monitoring on the state of human rights in Zambia to assess government progress on human rights including SRHR.
- Early Marriage and teenage pregnancies was one of the indicators
- Findings as per table below

Child Marriage: Number of Girls Who Fell Pregnant

		Number of girls that fell pregnant in 2021	Number of girls that fell pregnant in 2022
Central	Kabwe		
	Mkushi	5	7
Copperbelt	Mpongwe		
	Ndola	5	4
Eastern	Chipata	15	17
	Katete	40	33
Luapula	Mansa	24	31
	Samfya	0	0
Lusaka	Luangwa	2	8
	Lusaka	45	34
Muchinga	Chinsali	9	9
	Nakonde	21	905
Northern	Mbala	8	20
Northwestern	Kasempa	16	9
	Solwezi	37	42
Southern	Choma	17	23
	Livingstone	108	102
Western	Senanga	1	92
Grand Total		353	1,336





CASE EXAMPLE

This exposed on the challenges on State compliance to human rights standards

HRC- Z launched a Public Hearing and awareness raising on the right of a child in selected parts of the country

Awareness enhanced collaboration with other stakeholders including the Zambia Police Service and School authorities

A report of a child seexual abuse (defilement) was receuived from a named school in which a girl aged 14 was abused by her uncle and got preganant

CASE EXAMPLE

The Commission intervened through collaborated efforts with the Zambia Police Services , Ministry of Community Development and Social Welfare , school authority ad the Community members, the health care providers.

The girl was taken to the hospital with the hope of receiving appropriate services, including the option to terminate the pregnancy. However, the victim refused, as her mind had been influenced by cultural beliefs that she would never be able to have children in the future and would be shunned for terminating the pregnancy.

CASE EXAMPLE

- The defilement case (criminal aspect) were being handled by the Zambia Police Services
- The Commission will continue to monitor and provide support to the police to ensure conclusive end
- Collaborated with the Department of Social Welfare to find a conducive shelter based on the need for victims to be protected from the perpetrators

CASE EXAMPLE



- The perpetrator on hearing of the matter had been known by HRC-Z and other institutions, arranged and took the victim away to unknown destination
- Collaboration with the community members assisted to trace the victims while the perpetrator was still away.
- The police was tasked to find the victim and was traced and prosecuted on defilement charges.

APPLYING A HRBA-(PANEL) IN CASES



Handling cases , the HRC-Z considers the HRBA principles which include

- **P**articipation and Inclusion
- **A**ccountability and Access to Remedies
- **N**on discrimination and Equality
- **E**mpowerment and Support
- **L**egal Systems and Rule of Law



IMPACT

- The NHRI's interventions led to increased awareness, prosecution of perpetrator and enhanced collaboration
- Recommendation of policy changes regarding SRHR.
- Effective community oversight and ensured accountability,
- This case exemplifies how NHRIs can be pivotal in upholding and advancing SRHR within the broader human rights agenda.

CONCLUSION

- Addressing SRHR in Zambia requires a multifaceted approach with legal, social, health efforts, awareness, protections, and adolescent-friendly services.



MOTIVATIONAL END

“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing”.

Albert Einstein

- **Questions , Clarifications and Contributions**

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Irene Musila

Communications Specialist
Kenya



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Q & A

TIME

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2nd Workshop on 26th August 2025



Thank you, and see you then