



**Medicus Mundi
Switzerland**
Health for all

MMS Bulletin # 140

MMS Study: The Human Rights Based Approach in Sexual and Reproductive Health Programs

Executive Summary of the Survey Report

**Survey among Medicus Mundi Switzerland
Members on Human Rights-Based
Approaches to Sexual and Reproductive
Health**

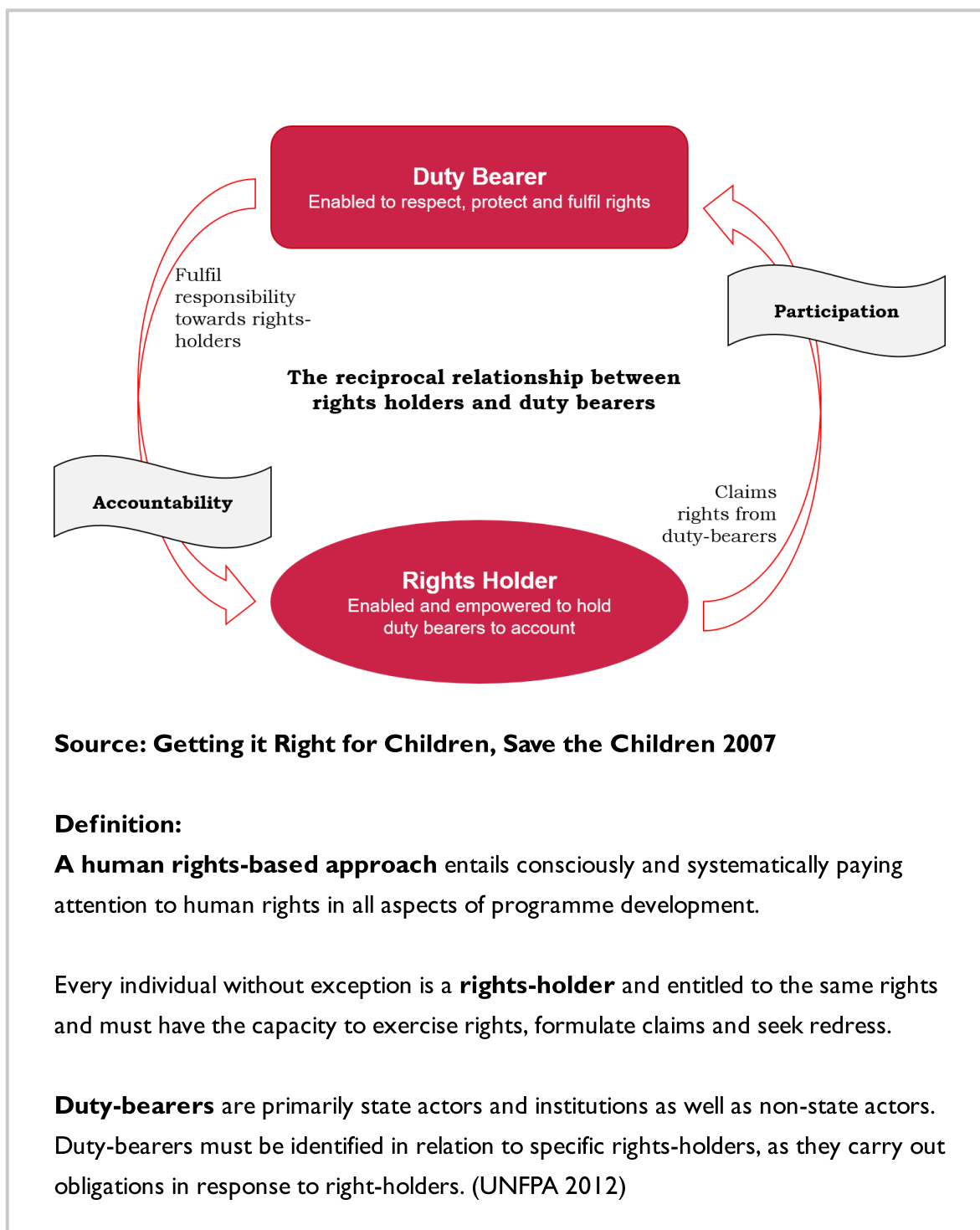
By Jana Gerold, Sandra Staudacher-Preite & Sonja Merten

The Network Medicus Mundi Switzerland (MMS) commissioned this qualitative survey with a special interest in how its member organisations understand and apply a human rights-based approach in the field of sexual and reproductive health and rights.



Photo: Steve Parkinson/flickr

The main purpose of this survey was to explore the experiences of MMS network members including their partner organisations in operationalizing the human rights-based approach in the field of sexual and reproductive health. The survey did not assess the extent to which the work of its members is human rights-based. Furthermore, the study is not intended to provide directly applicable recommendations or a toolbox how to apply a human rights-based approach but rather encourages NGOs to reflect on their projects alongside the analytical elements of a rights focus in programming.



Conceptual Note on Definitions and Approach

A human rights-based approach (HRBA) is defined as a conceptual and analytical framework that integrates human rights norms, standards and principles into development. Right-based approaches seek to hold governments and other duty-bearers accountable and encourages rights-holders to claim their right.

Working with a HRBA for programming means to incorporate rights and corresponding obligations and duties in planning, implementation and budgeting of interventions for example within the field of sexual and reproductive health. Furthermore, a human rights-based approach

- Provides an analytical lens to understand the complexity of development problems, including the identification and analysis of underlying and root causes of problems, and by addressing inequalities, discriminatory practices and unjust power relations (e.g. poverty as result of disempowerment and exclusion, with rights-holders that have the right to health, etc.);
- Increases the focus on the most marginalized and excluded in society, as their human rights are the most widely denied;
- Increases the participation of the most marginalized in society by capacitating rights-holder to exercise their rights and duty-bearer to fulfil their obligations.

Four principles were considered to be most relevant for the application in programming of NGOs, which were here used to guide the analysis.

The four principles are:

1. Promoting *accountability* and *transparency* among duty-bearers, including NGOs themselves, clear roles and responsibilities, transparent decision-making processes,
2. Fostering *empowerment* and *capacity development* of rights-holders to hold duty-bearers to account,
3. Working in *partnership* with rights-holders and, when relevant with duty-bearers to build up alliances,
4. Ensuring meaningful *participation* of rights-holders (hard to reach/ marginalized/ disadvantaged/ vulnerable groups) and duty-bearers.

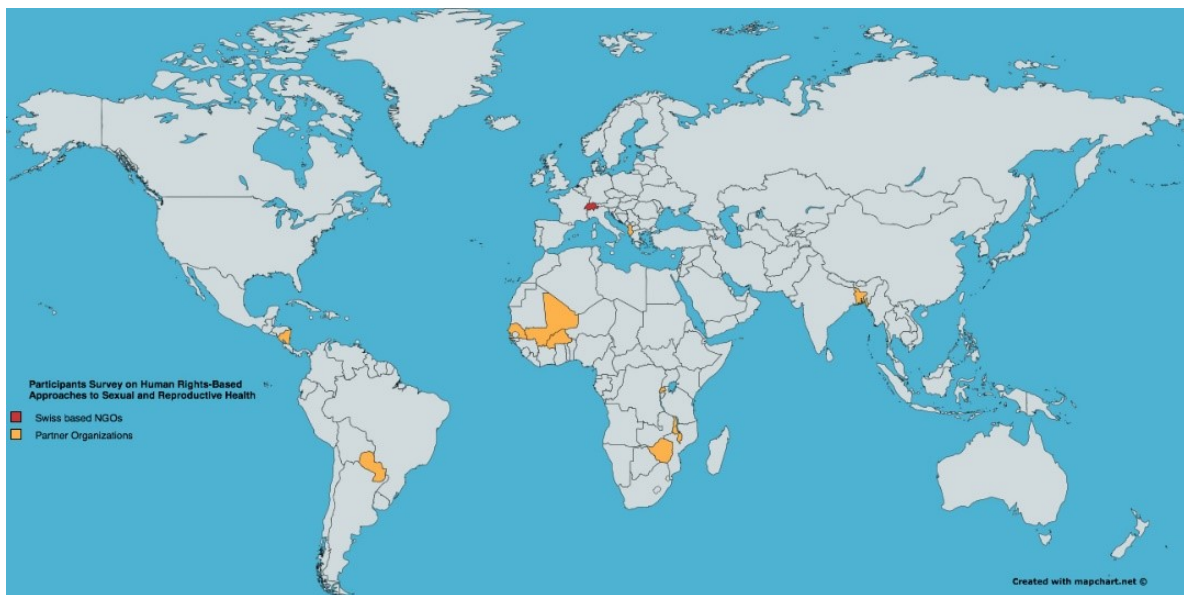


Application in programming means that the respective principles inform all stages of the programming process (situation analysis, design and planning, implementation and monitoring and evaluation).

Data Collection

A total of 12 Swiss based NGOs and their 12 local partner organisations handed in one project documentation from their sexual and reproductive health portfolio. The data collection included both a document review and in-depth semi-structured interviews.

The project selection of the MMS members included the following countries: Nicaragua, Paraguay, Senegal, Mali, Burkina Faso, Rwanda, Zimbabwe, Zambia, Malawi, Albania and Bangladesh.



Several methodological issues limit the results of the study which are described in more detail in the survey report.

Findings

Out of the 12 projects under review, eight used the programming cycle as a planning tool more or less consistently. None of the 12 reviewed projects applied a human rights based approach systematically over all phases of the programming cycle.

The projects focused on the following thematic fields within sexual and reproductive health:

- (sexual) violence,
- Access to sexuality education and information,
- Access to reproductive health care services (e.g. family planning, fistula, HIV/AIDS),
- Female genital mutilation and cutting (FGM/C),
- Early and forced marriage,
- Equality and non-discrimination in law and practices regardless of health status (e.g. HIV/AIDS).

Summary of findings related to the project management cycle

(1) Situational Analysis

- Only one project under review included rights principles into the situation analysis systematically. Two NGOs, which explicitly work on children's rights, reported conducting a systematic assessment or update of child rights biannually in the countries in which they work to inform their programming.
- No systematic approach was identified among the participating projects of analysing the human rights situation, the relating policies, or the immediate and underlying structural causes that impact on human rights.

(2) Planning and Design

- In three projects, principles of a human rights-based approach were integrated in the planning and design phase. However, no consistent assessment was undertaken to analyse the capacity of rights-holders to claim their rights and of duty-bearers to fulfil their obligations.
- Two projects were exceptional in consulting the rights-holder at the planning and design stages.

(3) Implementation

- In this project phase the principles of a human rights-based approach were integrated in eight projects, mainly due to the participatory work approach and ethical considerations of most NGOs.
- Most projects targeted individuals and communities as rights-holders (women, children, children with disabilities, adolescents and youth, etc.) and duty-bearers (principally the state and its service providers such as health facilities, executive bodies, local administration).
- Aside from service delivery, capacity building programmes of rights-holders and duty-bearers were among the core activities such as awareness rising and sensitising sessions, mostly for marginalized groups or individuals on their rights in relation to sexual and reproductive health or strengthening duty-bearers like service providers to offer better quality services. This included the support on the implementation of national guidelines and through informing patients as to what kind of quality service they were entitled to and should receive.
- Duty-bearers, such as health staff were trained to adhere to guidelines and needed equipment was provided. In one project facility-based committees were established in order to discuss complaints on service provision mainly to young clients on sexual and reproductive health. Young people were explicitly trained to be part of these committees,

not only to ensure social accountability, but to bring in the youth focus on the quality of service delivery for young patients.

- In specific thematic fields (e.g. HIV treatment), especially when international treaties were ratified and national guidelines existed (e.g. child rights), NGOs reported to be more successful in improving health care services in collaboration with duty-bearers.

(4) Monitoring and Evaluation

- None of the participating projects pursued monitoring or evaluator practices to show how changes were achieved in the ability of rights- holders to exercise and claim their rights, and of duty-bearers to respect, protect and fulfil these rights.
- The study found little participation of duty-bearers and rights-holders during the monitoring and evaluation phase of the projects.

Conclusion and Recommendation

This survey highlights two main findings.

1. MMS members and their partner NGOs make an important contribution to translating human rights into action by focusing on the most marginalized groups and individuals, their sexual and reproductive health, and rights;
2. However, MMS Member organisations do not systematically apply principles of a human rights-based approach in their project cycles. This may be because of lack of conceptual clarity of the human rights-based approach and its application to programming.

By using the project cycle as analytic frame for this study, it can be highlighted that especially in the implementation phase many principles (such as participation, partnership, accountability, capacity building) were used in the different projects. In contrast the absence of a human rights based approach in programming was especially visible for three stages of the programming cycle: the situation analysis, the planning and design phase, and monitoring and evaluation.

A recommendation of this study is thus to use MMS Network as a platform for its member organisations to actively exchange about conceptual as well as practical implications of a human rights-based approach in programming to strengthen the focus on human rights in contributing to achieving the Sustainable Development Goals.



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