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

Study Report

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Disclaimer

The views and ideas expressed herein are those of the author(s) and do not necessarily imply or reflect the opinion of the Institute.

Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ASRH	Adolescent sexual and reproductive health
FGM/C	Female genital mutilation/cutting
HIV	Human immunodeficiency virus
HR	Human rights
HRBA	Human rights-based approach
ICPD	International conference on population and development
LGBTI	Lesbian, gay, bisexual, trans-gender, intersex
MMS	Medicus Mundi Switzerland
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PLWHA	People living with HIV/Aids
PoA	Programme of Action
SDG	Sustainable Development Goal
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infections
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Preamble

Sexual and reproductive health is a fundamental human right. We all know that human rights violations happen on a daily basis – every time a person is stigmatised and discriminated because of her or his sexual orientation, every time a person is denied access to essential health services, every time a child or an adolescent girl is forced into marriage, every time a mother dies due to preventable causes during or after the delivery… Despite advances over the past years in sexual and reproductive health, these inequities persist.

In recent years we have seen a renewed global commitment to a human rights-based approach (HRBA) to development and particularly to the universal realization of sexual and reproductive health and rights (SRHR). The adoption of the 17 Sustainable Development Goals (SDGs) has changed the global political landscape by addressing a wide range of development issues. The SDGs are building on the commitment of governments towards human rights, including the right to health, and are an expression of a powerful political commitment to advance the realization of SRHR as a fundamental component of sustainable development.

The human rights-based approach gained momentum already in 1997, when Kofi Annan, former Secretary-General of the United Nations mandated the UN to mainstream human rights into programmes, policies and activities of all UN agencies. There is a compelling level of evidence that the human rights-based approach has contributed to health gains especially of women and children. Not only governments, but a large number of non-government organizations apply HBRAs to their programming within the field of sexual and reproductive health.

Civil Society actors play a crucial role in addressing human rights violations. Without them we would not have addressed as many violations as we did today! Swiss NGOs play an important role in promoting a HRBA to development, including in the field of SRHR.

The Swiss Development Cooperation places the fundamental right to a life in dignity for all at the heart of its engagement in international development cooperation. All policies, programs and technical assistance should foster the realization of human rights as laid down in the international bill of human rights. Human rights principles should be adhered to in every step of the program cycle. Switzerland promotes the concept of a HRBA as part of responsible governments, with the obligation to respect, protect and fulfil the human rights of their citizens.

The Network Medicus Mundi Switzerland (MMS) recognises the importance of SRHR for all in order to reduce poverty, advance development and promote equality and human rights. MMS is convinced that applying a human rights based approach contributes to the improvement of sexual and reproductive health. Now is the time to learn from our shared experiences, replicate and scale-up successful interventions and to apply new and/ or adapted concepts. We therefore commissioned the Swiss Tropical and Public Health Institute to conduct a qualitative survey to investigate how MMS member organisations operationalise the HBRA in their SRHR programming cycle.

We are excited to stimulate further discussions and to engage in different learning processes regarding human rights and the HRBA in the future.

Carine Weiss
Project leader at Medicus Mundi Switzerland

Executive Summary

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 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.

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.

(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.

- ✓ 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;
- ✓ 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.

A recommendation of this study is thus to use the 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.

1 Introduction

The international commitment to human rights (HR) in development cooperation dates back more than twenty years. At the 1994 International Conference on Population and Development (ICPD), 179 Governments agreed on the Programme of Action (PoA). It put human rights at the centre of development and called for a comprehensive approach to sexual and reproductive health and reproductive rights [2].

As a result more and more program evaluations and research studies focused on the inter-linkage of human rights and development practice, mainly following two strands of interest. Firstly, the impact of a human rights approach to health was assessed in order to demonstrate the benefit of embracing the human rights principles by putting them at the core of any programming and planning interventions. In the World Health Organization (WHO) 2013 report on Women`s and Children`s Health: Evidence of Impact of Human Rights for example it was discussed how a human rights-based approach implemented by government institutions contributed to health improvements of women and children. Secondly, operational research was conducted on how different actors and institutions in the development arena put human rights principles into practice in order to identify good practices, experiences and lessons learned to improve future approaches. In commissioned studies and during consultative meetings on development practice with regard to human rights among non-government organizations (NGOs) [3] a multiplicity of human rights based conceptual approaches was applied. Independent evaluations of the application of the human rights-based approach among UN organizations for example [4] highlighted the wide range of conceptual understandings among its implementing staff.

MMS commissioned this qualitative survey as building on the second strand of operational research with a special interest in how Swiss based NGOs understand and apply a HRBA in the field of sexual and reproductive health and rights.

The main purpose of this survey was **to explore the experiences of Medicus Mundi Switzerland (MMS) network members including their partner organisations in operationalizing the human rights-based approach in the field of sexual and reproductive health.** Specifically, the main research question was:

- **How are the human rights principles operationalized by MMS member organisations based in Switzerland and their respective local partner organisations?**

The survey does not assess the extent to which the work of its members is human rights-based.

The study report is divided into five chapters.

Chapter 2, the **conceptual note**, presents the theoretical and conceptual background of this study on the human rights based approach in NGO programming. **Chapter 3**, the **methodology**, describes the study participants, the methods and tools for data collection and analysis, ethical issues as well as limitations. **Chapter 4**, presents the **findings** and analysis for all included projects as individual example boxes (with some in annex A), highlighting their strengths in operationalizing principles of the human rights based approach. **Chapter 5**, presents the study **conclusions**, drawing on the findings from the previous chapter. The annexes includes additional examples, interview guideline, a list of people interviewed, reflections of MMS members on the benefit of a human rights-based approach, and the bibliography with suggestions for further reading highlighted in bold.

2 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 [5].

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 HRBA [5] [1]:

- 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.

Definition: Rights-holder and duty-bearer

Every individual without exception is a **rights-holder** and entitled to the same rights and must have the capacity to exercise rights, formulate claims and seek redress.

Duty-bearers are primarily state actors and institutions as well as non-state actors. Duty-bearers must be identified in relation to specific rights-holders, as they carry out obligations in response to right-holders [1]

The HRBA builds on the fundamental human rights principles which were given international momentum with 179 Governments agreeing on the ICPD PoA as outlined in the introduction. The fundamental six principles of the Universal Declaration of Human Rights (HR) are [1]:

Universality and inalienability	HR are universal, meaning that they apply to all human beings all over the world, and inalienable, meaning that they can neither be voluntarily given up nor forcibly taken away.
Indivisibility	HR are indivisible, meaning that civil, cultural, economic and political or social nature they are all inherent to the dignity of every human person.
Interdependence and inter-relatedness	HR are interdependent and interrelated. The realization of one right often depends on the realization of another right.
Equality and non-discrimination	According to the Universal Declaration of Human Rights, all individuals are equal as human beings. All shall be treated without discrimination of any kind, such as sex, age, race, colour, religion, property, disability, language, national or social origin, political or other opinion, birth or other status, such as sexual orientation and marital status.
Participation and inclusion	Participation and inclusion means that every person and all groups are entitled to active, free and meaningful participation in, contribution to and enjoyment of development in which human rights and fundamental freedoms can be realized. This ensures that everyone feels ownership to both, the process and the result. Participation is not only about consultation, but also about actual empowerment of people, enabling them to take part in decision-making processes that affect them.
Accountability and rule of law	States and other duty-bearers have to comply with the legal norms and standards enshrined in human rights instruments.

Table 1: The fundamental six principles of the Universal Declaration of Human Rights

The study approach builds on previous consultative studies among NGOs [3] [6]. 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:

- Promoting **accountability** and **transparency** among duty-bearers, including NGOs themselves, clear roles and responsibilities, transparent decision-making processes,
- Fostering **empowerment** and **capacity development** of rights-holders to hold duty-bearers to account,
- Working in **partnership** with rights-holders and, when relevant with duty-bearers to build up alliances,
- 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) as displayed in figure 1. This approach is similarly outlined in several handbooks and checklists for national human rights institutions [7] [5] [8] as well as for other actors in the field of health and development [9] [10] [1] [11].

Figure 1: Programme cycle and the principles of a HRBA approach for NGOs

The current study operationalized the HRBA along the programming cycle of MMS network members working in the programmatic field of sexual and reproductive health as outlined in detail in the following methods chapter.

Definition: A human rights-based approach entails consciously and systematically paying attention to human rights in all aspects of programme development [1]

3 Data Collection

3.1 Participating projects

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

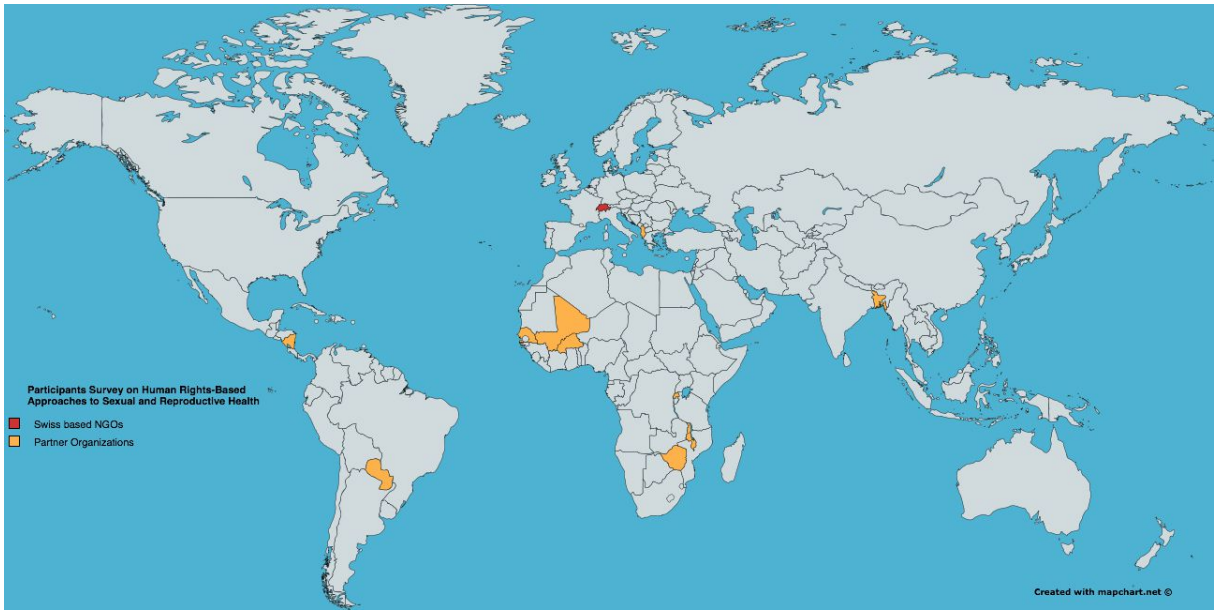

Figure 2: Countries in which MMS projects are located.

3.2 Approach

MMS members working in the field of SRH were invited to participate in the study. A total of 12 Swiss based NGOs and their 12 local partner organisations handed in one project documentation from their sexual and reproductive health (SRH) portfolio. The data collection included both a document review and in-depth semi-structured interviews.

The project documentation ranged from corporate strategies, programing guidance, project proposals, project log frames, annual reports, evaluation reports, leaflets, budgets, internal reports, posters, etc. for the document review. Based on a document analysis, interviews on Skype or in person were conducted with the respective project leader of the Swiss based NGO and their counterpart within the partner NGO abroad or with the responsible person of the country office. Since the organizational structures of the NGOs were very diverse, the study team talked to either a representative of the implementing partner organization, a staff member of the national office or the national coordinator or even to a collaborator of a specifically established project office. As figure 3 illustrates, many more stakeholders are involved in the projects besides the interviewees who are representatives of the Swiss NGO, project office, national office or national coordinator and partner NGO (in colour) e.g. other donors, networks, states and a wide range of rights-holders like communities and project participants (in grey). The findings of this study thus reflect only the perspective of the former, while the views of the rights-holders, donors, states and other stakeholders could not be explored.

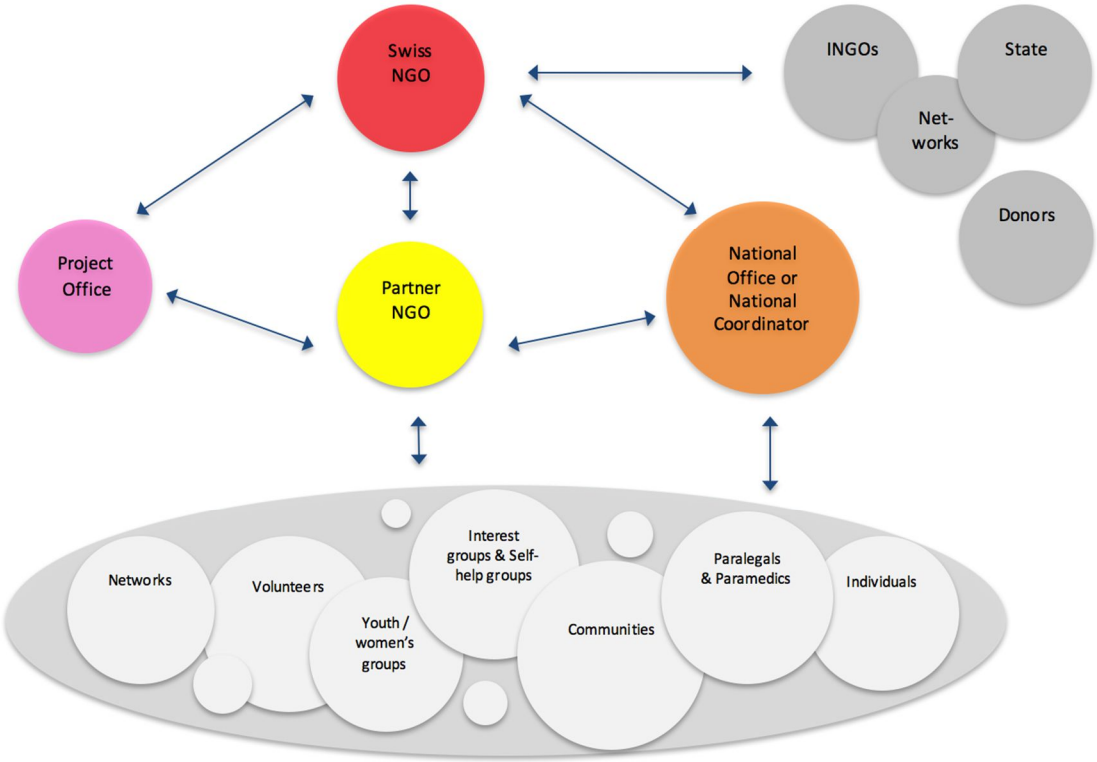

Figure 3: Interviewees from Swiss NGOs and local partner organization

In the interviews two different guides were used to allow for talking about specific issues relevant to the two different positions: one specifically for the NGOs located in Switzerland and one for their partner abroad. The open questions enabled the interviewees to express themselves. The interviews were conducted either in German, English, French or Spanish, and lasted between one to two and a half hours. During the interview notes were taken and interview notes were written.

For the analysis findings were triangulated between the two different interviews and the document in order to distil patterns across the participating projects. The project management cycle, which most NGOs (8 out of 12 NGOs) apply as their planning tool, was used as a framework for the interviews and the subsequent analysis. This approach attempted to pay justice to the breadth of approaches of the participating NGOs. For validation purposes, a presentation on the preliminary findings was held during the MMS Conference `Applying human rights to Sexual and Reproductive Health. A Reality for all?` in May 2016 in Berne followed by an in-depth discussion during a MMS-SRHR meeting.

3.3 Ethical Issues

Data collection, data analysis and reporting were guided by ethical and human rights standards such as transparency, inclusiveness, participation and confidentiality. Transparency is required to ensure buy-in and support, and was provided through the communication with stakeholders at various stages of the study development and validation process. Inclusion and participation went along with transparency since we included the participants' feedback throughout the study. With a participatory approach the team sought to involve all MMS members for the validation processes. Impartiality required the team to guard against bias and ensure that the views are presented honestly. The study participants were informed about the aims and procedures of the study and confidentiality as well as anonymity was guaranteed.

3.4 Limitations

Several methodological issues limit the results of the study. First, the study sample consists of a wide range of projects in terms of budgets, approaches, thematic fields and regions. Accordingly, the comparison needed to take into account that not all projects had the same preconditions. Almost all NGOs involved in this study work on a range of projects. This study, however, only reflects one single project from the SRH portfolio which was voluntarily chosen by the Swiss NGOs. It is thus not a representative study of the breath of specific NGOs in operationalizing a HRBA, but aims at giving insight into a variety of issues NGOs face when applying a HRBA to SRH. Second, in the respective projects only representatives of the Swiss NGO and of the partner NGOs were interviewed. No rights-holder or any other stakeholders were included in the study. A third limitation was that the study focused on document review and semi-structured interviews, which mostly were conducted by Skype. The project sites were not visited and the NGOs' work was not observed. The data only includes what was stated or written by the project teams.

Even though the study team worked with a systematic approach in data collection and analysis, the procedure had to be adjusted in certain cases because of the heterogeneity of the projects, the size of the organisations or the available documentation.

Last but not least, the findings chapter highlights aspects which are worthwhile to be analysed and discussed when applying a HRBA. Accordingly, the study is not intended to provide directly applicable recommendations or a toolbox how to apply a HRBA but rather encourage NGOs to reflect their projects alongside the analytical elements which are outlined in the conceptual note in this report.

4 Findings

4.1 General findings

This chapter presents the results from the interviews and desk review. Out of the 12 projects under review, 8 used the programming cycle as a planning tool more or less consistently. None of the 12 reviewed projects applied a HRBA systematically over all phases of the programming cycle, as highlighted in table 2.

Stages of programming cycle	Nr. of projects who apply a HRBA (more or less systematically)
Situational Analysis	1
Planning and Design	3
Implementation	8
Monitoring and Evaluation	2

Table 2: Overview of programming cycle and the human rights-based approach

As a result, none of the interviewees answered all questions from the interview guideline related to the HRBA as outlined in annex B, and as a result only the most critical human rights principles and the most frequently answered questions are presented in the following findings chapter. Different projects are highlighted as summaries in example boxes for each phase of the programming cycle, where elements of a HRBA were most obvious in the analysis. However, not all projects are featured in example projects in the main report, but the remaining are presented in annex A.

The majority of the projects were planned as long-term interventions, with the most recent starting in 2015 and the longest already in the late 1990s. The shortest partnership among the Swiss based NGOs and the national partner NGOs only started two years ago and the longest exists for more than 20 years. Swiss based NGOs either work with national partner NGOs or have a national set-up of either a coordinator or a national office, or an office for the duration of the project (see figure 3). Funding for the project under review ranged between 9.000 CHF and 800.000 CHF annually.

Most Swiss NGOs have checklists and assessment tools to identify their national partner. These checklists mainly cover the administrative and financial capacity of the partner, and not their technical expertise to work for example with human rights principles. As a result of this assessment, quite a lot of technical capacity building is provided by Swiss NGOs to their national partner NGOs on administrative issues and financial and technical reporting but far less on SRH relevant themes such as gender concepts and human rights principles. Overall, partnerships were strategic engagements with

the Swiss-based NGO choosing their partner NGO usually based on their expertise of working either with marginalized and vulnerable groups or because of their participatory community approach.

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

- To end (sexual) violence especially against women, girls and disabled children
- To ensure access to sexual education and all information related to reproductive health, especially for young people
- On the right to access reproductive health care services (e.g. family planning, fistula)
- On protection against harmful traditional practices related to sexuality and reproduction such as female genital mutilation and cutting (FGM/C), or early and forced marriage,
- To guarantee equality and non-discrimination in law and practices regardless of health status (e.g. HIV/AIDS)
- To ensure access to medical treatment/medication and information campaigns concerning HIV/AIDS.

The next sections represent the different phases of the project cycle, where the implicit or explicit use of a human rights based approach in the scrutinized projects are highlighted and discussed.

4.2 Situational Analysis

The main questions of interest included:

- How are rights-holders participating in the situation analysis?
- How does your organisation ensure that your delivery of services/your intervention meets the needs of the most vulnerable and marginalised?
- How and by whom will the results of the analysis be disseminated?
- Does your organisation review the human rights based record in a country before implementing projects?

Overall, only few NGOs conducted a situational analysis, which usually consisted of analysing secondary health data, such as indicators related to SRH. Only one project under review included principles of a HRBA into the situation analysis systematically (see example 3). 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 (see example 1).

Example 1: Ensuring access to adolescent reproductive health (ASRH) information and services: a project in Albania

The project aims to contribute to a decrease of risky behaviours concerning sexual and reproductive health of adolescents and women of reproductive age. The Swiss NGO institutionalized an approach, which mandates all partners to **conduct a situation analysis of the child rights situation in the respective country**, which will then inform 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. Also, it was not common that in the situational analysis rights-holders and duty-bearers were part of the consultative process and participated. However, some projects were proposed by self-help or interest groups which started as grass root initiatives and became bigger and were registered

as a local NGO and through the support of Swiss based NGO's activities became more viable. Through such a setup, the project was reported to be driven by rights-holders per-se (see example 2).

Example 2: Preventing unwanted pregnancy among adolescents, young and adult women: a project in Nicaragua

The main objective of the project is to contribute to the implementation of civil rights, focusing on sexual and reproductive rights to **prevent unwanted pregnancy among adolescents, young and adult women, placing special emphasis on gender-based violence**. Practically speaking, the main objective of the project is to provide **basic organisational and financial support to youth networks** to train "community multiplicators of knowledge" (especially girls), to train youth leaders (especially girls) and have access to local authorities. This was done in order to self-empower the young community population to organise themselves, discuss and disseminate information on sexual and reproductive rights, to become visible protagonists, raise their voices, become civil activists, defend their interests and rights, become representatives of their communities, to assume responsibility in their communities and to take part in public policy making. **At the core of the projects are the young generation's right to involvement and participation in civil and political activities, the right to self-determination, a childhood and free sexual orientation.** Project activities were among others the development, initiation and evaluation of an education plan, workshops in city quarters and rural communities which were organised by members of a youth network, a safe house for women and girls who suffered from gender based or sexual violence or the creation of a local self-administered radio station. Through the **grass roots structure of the partner organisation**, the rather small project (in terms of staff and financial means) could profit from over 20 years of knowledge in this specific local and thematic area which replaced a regular situation analysis of the rights stakeholders.

4.3 Planning and Design

The main questions of interest included:

- How does your organisation aim to build the capacity of your local partners in the field to hold governments to account for delivering human rights?
- Who (rights-holder/duty-bearer) participates in the planning and design of the projects?
- Through which mechanism do NGOs ensure all voices/views (including divergent of rights-holders and duty-bearers and marginalized groups) are heard before decisions are made during the planning stage?

In three projects, principles of a HRBA were integrated in the planning and design phase. In most cases, 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 (see example 8 in annex A). As illustrated in more detail in example 3, established committees composed of children met regularly and were consulted to find out on which specific topic they identify to be relevant to work on and through which means.

Example 3: Confronting sexual violence towards children with disabilities: a project in Rwanda

The project **interlinks the four axes gender based violence, child protection and disability**. The project was developed after several cases of sexual abuse of children with disabilities were reported to the Headquarters of the NGO in the project country. The NGO conducted a situational analysis/survey in the region as well as a literature review. Based on the stakeholder assessment, it was decided to work on the four axes to stand up to sexual violence against children with disabilities. First, they sought to empower children as agents of their own protection (as rights-holders). They founded **child committees** in which children with and without disabilities participated. They met regularly and **were consulted during almost all phases of the project cycle, including planning and design, monitoring and evaluation**. Children discussed what their understanding of sexual abuse, what kind of cases they knew, about questions and problems they face. They were also asked to contribute ideas as to how these problems should be addressed. Additionally, the NGO organized a children's forum and children's clubs at schools to sensitize children about their rights e.g. physical integrity, providing information where to go to in case of an abuse and offered to help them if a child showed signs of abuse. Second, the project aimed at empowering families and communities to better protect children (interview/film). They organized self-help groups for survivors of sexual violence who were also involved in activities in the community on positive parenting and on how to strengthen children in the family. Through community focus points, they tried to identify isolated children since this is one of the main risk factors for abuse. Third, the project wants to strengthen the access to and quality of services (film/interview). They established a task force; a working group composed of a magistrate, representative of education, a doctor and a social worker. All children who had a risky situation or who might have been a victim of sexual abuse are referred to them. The NGO, thus on one hand, created services for children to empower their capacity as rights-holders but also strengthened on the other hand the cooperation with different duty-bearers in the fields of education, health and justice. The NGO took over a role as coordinator to bridge gaps in the collaboration of forensic scientists and magistrates/judges. They were encouraged to communicate better together and the NGO pushed to follow-up cases of sexual abuse. Fourth, the project advocated for more effective prevention and protection systems for child survivors at the national, regional and international level by producing a movie together with children in which they talk about sexual abuse and what children think should be done to reduce it.

Link to film: https://www.youtube.com/watch?v=MBFedKzvhmY

Another project is outstanding as it was planned and designed by a group of rights-holders claiming their rights related to health issues; and through the support of the Swiss NGOs, the national NGO was able to grow and increase its impact (example 4).

Example 4: Empowerment of rural communities in their right to health: a project in Paraguay

An established NGO partner of 20 years is an **umbrella organisation of 18 farmers' organisations** all over the country. The **project is active in over 80 villages and fights against the privatization of all kinds of public services** including health care, and for more investments in infrastructure, medical material and health care staff to be able to provide good basic health care. They aim at reinforcing community health capacities by working with health promoters locally and encourage the dialogue and advocacy between their large member community and state actors in the health sector on all levels. The project established a local health council on the district level. To enhance the participation of the broader community they formed **health sub-councils on the community level**, each sub-council

being responsible for their family health unit, controlling their service and assuming their responsibility. Additionally, they organise **reunions of health promoters where activities are planned and evaluated**. There the NGO also listens to the opinions of the ministry of health and social welfare, the ministry of education and culture and can sense if they are convinced by the NGO's strategy. The project also established a **round table of a multi-sectoral dialogue on the local level**. This is a reunion of all institutional representatives analysing the sexual and reproductive health situation, looking at the national plan for health prevention and then elaborating a work plan for the communities. The ministry of health nowadays acknowledges their approach with health promoters. The **health promoters feed national statistics on accessibility to health service**, especially gynaecological services, family planning, syphilis or HIV. The range of participants is vast and consists of farmer leaders, health promoters, educational institutions, high school directors, representatives of the local administration, representatives of the family health unit, health sub-councils, young adolescents of the communities, etc. There is a strong interest in the topic and a big demand to join the roundtable i.e. the ministry of health has a program on sexual education and for the implementation they need the farmers' organisations' organisational structures in the communities. The structures of the partner NGO are twenty years old and very stable since they grew organically, decentralized from the bottom up and include a wide range of stakeholders. The partner NGO is not only influential in the country but they also **coined the regional strategy of the Swiss NGO**.

4.4 Implementation

The main questions of interest included:

- Through which mechanism do the NGOs ensure all voices/views (including divergent rights-holders and duty-bearers) are heard before decisions are made during the implementation stage?
- How do the organisations aim to build the capacity of the rights-holders to hold governments accountable for delivering human rights?
- How does your organisation influence policy development and change in countries where it is working?

The survey found that in this project phase that the principles of a HRBA were integrated in 8 projects, mainly due to the participatory work approach and ethical considerations of most NGOs (e.g. examples 2, 7, and 11 in annex A). Generally, high participation of rights-holders took place in the implementation phase. Participation as a working principle is standard practice for most Swiss NGOs and their partner organisations respectively, as it is a matter of good development practice. However, only in very few projects did marginalized groups as beneficiaries meaningfully participate in the project implementation (good example 3, and 9 in annex A).

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 activities included awareness rising and sensitising sessions, mostly for marginalized groups or individuals on their rights in relation to sexual and reproductive health. Other projects strengthened duty-bearers like service providers to offer better quality services. This included

the support on the implementation of national guidelines (e.g. example 5) and through informing patients as to what kind of quality service they were entitled to and should receive (example 2, 6). Duty-bearers, such as health staff were trained to adhere to guidelines and needed equipment was provided. In one project (example 5) facility- based committees were established in order to discuss complaints on service provision mainly to young clients on SRH. 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.

Example 5: Promoting the attainment of sexual and reproductive Health and psychosocial wellbeing of youths in Zimbabwe

The project aims at **enhancing health competences and well-being of youth**. As large numbers of the community are infected by **HIV/Aids,** the project sensitizes youth about sexual and reproductive health, offers psycho-social support and provides perspectives for youth in a **poor rural area**. **Health centre committees** are embedded in the national health strategy to make different stakeholders' voices heard in policy-making processes as an accountability mechanism. The project worked towards the **integration of young people in these committees** in order to have also their concerns made heard. These committees **take up informed complaints** and bring them up in the health facilities and also on the national level. Youth were not only integrated into these committees but could also **learn about their rights** through resource persons and then more specifically ask for the fulfilment of their rights. The NGO could observe that health service providers became more responsive because the patients asked for the fulfilment of certain rights (e.g. hygiene or HIV testing). Every year the partner NGO holds a national conference together with health providers (duty-bearers) and all involved stakeholders to feed back their experiences as national monitoring process into planning processes for the national health sector.

Some projects explicitly set up measures to improve quality of services for rights-holders through training of health care staff (example 2, 4). Health care staff were trained in how to adhere to confidentiality. This effect positively affected their reputation in the community and more patients requested their service. In another project, rights-holders were directly empowered to claim their rights whereby the project had an institutionalized reporting system in place. The project staff mediated between patients and health care staff and directly discussed problematic issues with the director of the health facility; see example 6.

Example 6: Prevention and treatment of stigmatized women with obstetric fistula in Mali

To enhance the **prevention and treatment of stigmatised women with obstetric fistula**, a NGO applied a **hospital based approach**. The project concentrated its interventions on **preventive, curative and re-integrative aspects of obstetric fistula**.

For fifteen years the organisation works closely together with state authorities and staff of different health facilities to strengthen linkages between community and health centres. The NGO sensitised and raised awareness of health-care workers (duty-bearers) involved in childbirth, prenatal examination including the rights of women (rights-holders) to receive quality health care, and equipped them with adequate material. **Mothers as well as health care workers were sensitised about ethical principles like confidentiality and the patient's right to demand certain treatments** and

make their own choices about how they wish to deliver, whom they want to attend the birth, and family planning options for use after childbirth, etc.. Women were treated at the hospital by public servants and were informed by NGO staff. Persons concerned were accompanied by the NGO when: getting recommendations from surgeons, about family planning, and access to contraceptive methods or later childbirth when a caesarean is indicated. The **NGO facilitated the communication and interaction between the health service personnel and the women and pointed to the rights and duties of health personnel as well as of patients**. As a part of community awareness raising, the project aimed at engaging men and acknowledging their often powerful position in families and the society at large. In one community, for example, the village leader after the interaction with the project, introduced a punishment fee for all husbands who did not send their wives to a hospital for delivery. On a national and regional level the NGO lobbied for free treatments of fistula surgeries by integrating this claim into the national health plan.

In this project the NGO had the role, on one hand, to mediate between the women (rights-holders) and the duty-bearers (ministry of health, hospital staff, village leaders or husbands), on the other hand, the NGO also took over the role of the state (duty-bearer) by paying the fistula treatment or equipping the hospital with adequate medical devices and supplies.

Examples 4 and 5 were two of the few projects, which also included broader aspects of social accountability. The NGOs reported to have a systematic approach from the community level to district level in holding duty-bearers (health facilities) accountable for quality service provision through the intervention of trained members of a health committee of the farmers' organisation and elected youth participants. Other NGOs cover certain aspects of social accountability by enforcing a 'code of conduct' among its staff members in working with rights-holder, in this case, children (example 1, 3 and example 9 in annex A).

4.5 Monitoring and Evaluation

The main questions of interest included:

- Through which mechanism do the NGOs ensure all voices/views (including divergent views of rights-holders and duty-bearers) are heard before decisions are made based on monitoring and evaluation results?
- Do the organisations have a communication mechanism where beneficiaries can raise grievances that may influence the NGO's work? In other words, how can beneficiaries report back to the local partner in an anonymous and systematic way?
- How are M&E data used to inform change or adjustments in policy or other interventions both within and outside the project/intervention?

a) During the project (monitoring) b) After the project (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. Furthermore, the study found little participation of duty-bearers and rights-holders during the monitoring and evaluation phase of the projects.

Two exceptions can be mentioned where the implementing volunteer groups monitored each other on their tasks and budgets to inform necessary change in the intervention strategy (e.g. example 7, and 12 in annex A) and thus enhanced accountability and transparency during project implementation.

Example 7: Reduction of HIV and sexually transmitted infections (STI) in Malawi

The goal of this project is: to reduce new HIV and sexually transmitted infections (STI), to alleviate suffering of people living with HIV/AIDS, and to mitigate its related impacts in the project country. The project has at the centre of its work the mobilization of almost 70 churches through building around 170 groups of church members to reach its goal. **The project secures accountability by allowing a church group consortium and board members (10 elected church leaders) to write monthly reports** in which both monitor what the project has achieved, in what they would like to be assisted in and what they plan to do in the next month. **They also report on the budget and relate it to the activities**. By applying this approach, the NGO can compare the two perspectives and both sides need to communicate transparently and remain accountable for their actions. Through this procedure, diverging reporting becomes immediately evident.

5 Conclusion

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 HRBA over 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 programing was especially visible for three stages of the programming cycle: the situation analysis, the planning and design phase, and monitoring and evaluation. This might be due to the fact that many project had started several years ago, and were in their second or even third funding cycle. As the few examples where HRBA were used also during the programming and evaluation show, the effectiveness of a HRBA would likely be greater if the approach would be used consistently over the entire project cycle.

One project, which was only recently conceptualized, can be highlighted as good practice example of applying the HRBA already in the planning phase, where principles of the HRBA was explicitly incorporated: the most marginalized and vulnerable of society, namely disabled children prone to sexual violence, participated as rights-holders in the planning phase, and actively engaged in the project implementation. Their implication did not extend into the project evaluation, although participatory approaches have become more common also in this phase.

Overall it can be concluded that in the majority of projects only few rights-holders and duty-bearers were invited to actively participate in the different stages of programming. This would be essential to a HRBA to foster meaningful projects for the target community and to create ownership of involved rights-holders and duty-bearers. Some projects were by their very natures very participatory as they grew out of self-help group initiatives, for example, for people living with HIV/AIDS. Yet, very few projects focused on capacitating rights-holders to claim their rights and duty-bearers to meet their obligation within the field of sexual and reproductive health. This may be the result of the missing situational analysis in most projects, of assessing the underlying structural human rights situation.

The HRBA was also not visible in the project documentations. In documentations as well as in interviews, NGOs did not use the terms “rights-holders” and “duty-bearers” explicitly, nor was the human rights situation assessed systematically in countries they work in. Also, the knowledge of Swiss NGO, for example, on how their partner NGO worked together with rights-holders or how participatory their approach was in general was relatively scarce.

Almost all interviewees expressed uncertainty about the meaning of HRBA, as well as what it means not only advocating and achieving the implementation of specific rights (sexual rights, right to live etc.) but for programming itself. All interviewees voiced the importance of knowing and applying the HRBA to programming. They see the advantage of applying it in their projects and can observe the benefit it has in their project areas. They recognise that empowerment and participation contributes to changing structures, mind sets and even legal frameworks. This became clear in the reflections of the survey

participants on the benefits of applying a human rights lens to their work, which is outlined in annex B.

It is going beyond this study to clarify how a HRBA could be more consistently defined and applied in the context of applied SRHR projects. The potential of the approach, the explicit interest in a HRBA among the participating NGOs of this study, and the questions that were raised during the data collection and analysis phase point however at a perceived need to engage in a broader discussion on how to integrate human rights into development projects in practice. A further recommendation of this study is thus to use MMS as a platform for member organisations to actively exchange about the practical implications of a HRBA in the context of their projects. It would also be necessary to collect the views of the actual rights-holders in the projects in order to assess the effectiveness of an HRBA in their view.

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Appendix A: Additional Boxes of Project Examples

Example 8: Towards a reduction of FGM/C, early marriages and pregnancies in Senegal

In a project which aimed at reducing FGM/C, early marriages and teenage pregnancies, the implementing NGO chose a community based approach to work in over 70 villages. Three of their implementation strategies applied a community based approach:

First, they pursued an empowering dialogue between generations by organising a large number of intergenerational forums, in which they brought leaders of different members of the community (women, young men and women, elderly men and women, health-care staff, religious authorities, teachers, etc.) together to talk about taboo topics like FGM/C, school enrolment of girls, early marriages, teenage pregnancies and each participating group reflected on how they could possibly deal with them. These forums allowed to bring different perspectives from diverse actors of the community together to enhance respect, tolerance and to pay attention to what different members of the community say. The project wanted to address as many actors as possible in the community to change the socio-cultural norms concerning FGM/C, teenage pregnancies and early marriages but also to raise the knowledge and application of "positive cultural values and practices".

Additionally, an important strategy of the project was to integrate and valorise grandmothers by organising "experience sharing days" among grandmothers and activities like plays to develop discussions on corporal punishment, FGM/C, etc. The idea behind was to put grandmothers in a role as teachers and to enhance on one side their position in the community and families and on the other side to strengthen the relation of grandchildren to their grandmothers, which enabled grandmothers to talk about sensitive topics like FGM/C or early marriage and pregnancies to their granddaughters. Cultural values were importantly taken into consideration. Grandmothers were used as agents of culture. By sensitising them about risks of e.g. teenage pregnancies and FGM/C they could - once they were involved in decisions concerning these issues - bring forward arguments against practises which harmed the girl's integrity and at the same time they were reckoned as agents/representatives of cultural values.

A further strategy was the integration of cultural values into school programs: The project developed booklets about child rights and cultural heritage which could be integrated into different lessons. The aim was to combine cultural values with child rights to sensitise children that for example it was a cultural value to respect a girl and that a teenage pregnancy in an early marriage might harm her, which is not only a violation of child rights but also of cultural values. The trust and exchange between teachers and community enhanced the perception of the quality of the school. The evaluation showed that girls as well as parents changed their attitudes towards education for girls (evaluation). Besides these strategies health-care staff (midwifes, nurses) were trained about negative/ harmful practices concerning teenage pregnancies, FGM/C, as they are seen by the NGO as promoters.

In general, these strategies underlie a transformative approach since cultural practices were critically discussed by the community and not just taken for granted. The project achieved a raised awareness and valorisation of the rights of girls, women in general and grandmothers in particular as rights-holders.

Example 9: Comprehensive fistula treatment in Bangladesh

This project supports comprehensive fistula treatment and rehabilitation services for women. It aims at preventing fistulae, providing sustainable community reproductive and maternity health services (adolescent-friendly), with associated basic child health and disability care. The associated hospital is the only one in the area which offers comprehensive services for complicated deliveries. The project especially targets the poorest and the most marginalised, especially women with obstetric fistula and disabled children. Through the project around 300 women's groups consisting of each 20 women organized themselves in self-help groups to lend money to each other. This enabled them to pay trips to a hospital or pay for certain treatments themselves. These groups are headed by women volunteers (1 volunteer for 5 groups), who organized the meetings and brought in knowledge they gained through the hospital's primary health care training. Issues discussed in the groups were among others, what to do in terms of health protection when a woman was pregnant, how to avoid obstetric fistula, which health services to use and how they could save money to pay at the end for the access to a safe delivery.

Example 10: Empowerment of people living positively in Zimbabwe

The project had the goal to empower people living positively in the project country by applying among different approaches a community advocacy model. Since over twenty years the NGO formed and used local level advocacy to promote and protect the rights of people living with HIV. The project supported the formation and strengthening of advocacy teams at district, cluster and ward level, as well as gender champions and men's forum to identify advocacy issues in the community and taking them up to district, provincial, national and international levels. The advocacy teams highlighted rights of people living with HIV (rights-holders), mainly on health issues and provided information with the aim that advocacy teams and individual people hold service providers (duty-bearers) responsible. They organized meetings with key people of the ministry of health and pressured them to abandon user fees as PLWH should receive health care services for free. The government promised access to ART by decentralising its distribution. Advocacy teams are now accessible in regional clinics and not only in central hospitals.

With this approach the project achieved that people living with HIV, orphans and vulnerable children have a stronger 'voice 'and increased influence on issues that affected their lives related to policy, service delivery and in a law reform. They regularly organized district health/gender and rights forums to address issues to do with stigma and discrimination associated with gender, HIV and to enhance e.g. children adherence on ART from 45% to 80%.

Example 11: Improve maternal and neonatal health Burkina Faso

This project aims at enhancing the maternal and neonatal health and the access to quality health services. The local NGO conducts this project in close collaboration with the government, which mandated the NGO to elaborate a project in line with the Millennium Development Goals in order to reduce mother and child mortality. The project's approach is based on the World Health Organization's framework for 'Working with Individuals, Families and Communities to Improve Maternal and Newborn Health' and its five modules of implementation. Accordingly, certain human rights (women's and child rights on different levels) are at the core of the project, even though the project does not apply a HRBA in a strict sense in the implementation of the project itself.

Example 12: Improving the welfare of vulnerable women and children Zambia

This smaller project aims at improving welfare of vulnerable women and children in a rural area, with high incidences of gender based violence against women and children. The NGO promotes economic self-sufficiency by providing women with micro-loans to give them a possibility in initiating their own income-generating projects and empowering them to care for their children. At the youth centre right-holders can receive counselling and services concerning sexual and reproductive health, especially in family planning, HIV prevention, gender equality, and gender based violence prevention and treatment.

Appendix B: Reflections on the Benefits of Working With a Rights Lens on SRH

The participating MMS members were prompted to reflect on the benefits of a HRBA. In the opinion of MMS members, a wide range of aspects were found beneficial in working towards sexual and reproductive health for all.

The right to sexual and reproductive health

- In the country where we are working, health is an issue: People do not know that health services should have a high quality. Socially, economically, physically and emotionally, we cannot talk about health and health services without talking about peoples' rights. It's not about health for health's sake. It's fundamental to talk about human rights. Humans have the right to a life of quality, which means being healthy, which also means that one can decide about what to do with one's body: For example, women cannot be denied the right to decide when in their lives they want to become a mother. In the 21th century to be a mother is a social role, not a spiritual one; a role which can be played joyfully; but addressing contraception choices is needed. This cannot be denied to women anywhere. There is the right of children to live their childhood. That's all beyond health. Rights to embrace all these issues in the world of women are needed and governments must adopt the concept of sexual and reproductive rights including free choice of sexual orientation and love, all over the world. If we didn't talk about rights, we would ignore many of these topics.

Knowledge and empowerment

- The benefit of working with a rights approach to health is the emphasis on the right to information, to empower rights-holders to claim their rights (for example in a hospital setting for non-discriminatory family planning counselling), or that women can choose the position in which they want to give birth, and which midwife they want to have even if in reality the choice is reduced to a minimum. It is also important for women to know their right to say "no" if they don't want to have sexual intercourse; it is a right to maintain confidentiality in medical treatments; and it is a right for children to go to school. With a human rights approach all social actors are considered. It is crucial to engage men to make some space for women. The rights-based approach helps to focus on changing social power structures on every level.
- Working with Human Rights brings many benefits for communities. Sometimes girls are not taken to school, just prepared to be married. A rights approach can help in cases of the violation of rights of children especially as people become more aware of their rights.
- A HRBA is very beneficial because people are able to learn their rights and that knowledge is power. If one is aware of their rights, Enforcement can be demanded.
- There are still many taboos concerning sexual and reproductive health of young adolescents but if a human rights-based approach is chosen on the topic, dialogue can be more open e.g. sexual violence in families or couples. The human rights based approach is orienting one towards the measures which can be taken such as family planning services based on a human rights approach: Stating that it's about everybody's physical, psychological and cultural integrity. This human rights-based approach causes an "opening" of people's minds.
- It helps to analyse during the design phase as to who is having which duty or responsibility and clarifies what the tasks of states versus NGOs are.

- With a human rights perspective people are addressed as citizens. A HRBA to health strengthens citizens to talk about their rights and how to claim rights but it also includes authorities. It supports grass roots approaches.

Universality of human rights

- A rights approach makes everyone equal human beings and lets everyone be a part of a wider or even global community, especially among women movements.
- A HRBA allows everyone to put up a better framework, even if we work on the practical level; we ask: “What is the benefit?”. We say it is not only something to be sensitized about but also something one does not have to negotiate. We can address the government representatives by stating that: “You have signed the Convention”. This is empowering for everyone including government officials. The ratification of conventions gives a solid argument in terms of accountability. Concerning participation, the approach helps to see a child as an actor/subject and not a victim.
- In a HRBA people and their dignity are at the centre. It furthers peoples’ claims for the right to a life with dignity.

Changing power structures

- A HRBA approach is integral and helps to achieve programming much more holistically. It does not only concentrate on service provision but rather forces changing social structures and especially powers structures.
- Through a rights approach, the government is better enabled to listen to the needs of the community. Everybody has the opportunity to voice their concerns; however, if the government does not know how to listen to the community, this does not help.
- A rights approach encourages looking at all aspects of a problem in a holistic way and furthers a sustainable change in long-term but it also needs more time until becoming visible.

Sustainability

- A HRBA has a potential for sustainability. Empowerment and participation have been addressed for a long time. This not only shapes the perspective on changing structures and the legal framework but also societal power structures. This approach is not only about distributing something but also gives the possibility to people to decide for themselves as to what they want. Working on different levels to change something is needed at the interpersonal, societal and political levels.

Participation

- This includes participation of the community on all levels, for example, community participation in the constitution writing process to engage in budget making. Without capacity building within the community, people cannot participate in these possibilities.

If the community is involved in designing their needs, the interventions will be better tailored to their needs.

Appendix C: Interview Guideline

General / Institutional strategy
Questions
Please can you tell us more why you chose this particular project to be included in the survey?
Has your Swiss based organisation adopted a human rights policy/strategy? Why and how and if it has not adopted a Human Rights policy why not?
Has your organisation adopted a human rights-based approach in programming? How did it do this and what was needed to put this in place. If it has not adopted a human rights based approach to programming. why not?
Does your organisation link fundraising activities with human rights activities? and if so, how does it do that?
Partnership
Can you tell us in more detail about your partner organisation, especially since when you are working together and what type of organisation do they represent e.g. a CBO, DPO, HRBA, local NGO, faith based etc.?
On which criteria do you select your partners in the field? Does your organisation review the human rights based record in a country before implementing projects?)
Does your organisation review the human rights based record in a country before implementing projects?
How does your organisation aim to build the capacity of your local partners in the field to hold governments to account for delivering human rights?
How does your organisation engage with the Swiss Government to discuss for example changes to law, policy or practice to better support human rights in the countries you are working in?
How does your organisation influence policy development and change in countries where it is working?

1. Situation Analysis (Project Cycle)
Questions
How are rights holders participating in the situation analysis?
How does your organisation ensure that your delivery of services/your intervention meets the needs of the most vulnerable and marginalised?
How and by whom will the results of the analysis be disseminated?
Does your organisation review the human rights based record in a country before implementing projects?
2. Planning and Design (Project Cycle)
Questions
Who (rights holder/duty bearer) participates in the planning and design of the projects?
Through which mechanism do NGOs ensure all voices/views (including divergent of rights holders and duty bearers and marginalized groups) are heard before decisions are made during the planning stage?

How does your organisation aim to build the capacity of your local partners in the field to hold governments to account for delivering human rights?
3. Implementation (Project Cycle)
Questions
Through which mechanism do the NGOs ensure all voices/views (including divergent of rights holders and duty bearers) are heard before decisions are made during the implementation stage?
How do the organisations aim to build the capacity of the rights holders to hold governments to account for delivering human rights?
How does your organisation influence policy development and change in countries where it is working?
4. Monitoring and Analysis and Dissemination/Reporting/Policy Dialogue (Project Cycle)
Questions
Through which mechanism do the NGOs ensure all voices/views (including divergent views of rights holders and duty bearers) are heard before decisions are made based on monitoring and evaluation results?
Do the organisations have a communication mechanism where beneficiaries can raise grievances that may influence the NGO's work? In other words, how can beneficiaries report back to the local partner in an anonymous and systematic way?
How is M&E data used to inform change or adjustments in policy or other interventions both within and outside the project/intervention? • During the project (monitoring) • After the project (evaluation)

5. Concluding Reflections
To those who are not (yet) engaged with HRBAs whether they plan to do so in future, why and how**?**
What experiences have you already had in using a HRBA?
What are the benefits to using a human rights-based approach?
Finally, we would like to ask you on your opinion if these human rights shaped interventions have contributed to health gains of communities, certain social groups or individuals? Can you give us some examples/evidence?

Appendix D: List of People Interviewed

	NGO	Interviewee	Country
1	Enfants du Monde	Cecilia CAPELLO and Janet PERKINS	CH
2	Fondation pour le Développement Burkina Faso	Aminata BARGO	Burkina Faso
3	FEPA	Marcel DREIER	CH
4	Bhaso	Simba MAHASO	Zimbabwe
5	Handicap International	Sofia HEDJAM	CH
6	APESEK Rwanda	Emmanuel NYANDWI	Rwanda
7	IAMANEH Schweiz	Alexandra NICOLA	CH
8	IAMANEH Mali-	Oumou DOLO	Mali
9	Medico International	Claudia HURTADO	CH
10	Colectiva 8 de Marzo	Marina TORREZ	Nicaragua
11	Save the Children Schweiz	Martina FRANK	CH
12	Save the Children Albania	Besnik KADESHA	Albania
13	Sexuelle Gesundheit Schweiz	Susanne ROHNER	CH
14	Swiss Red Cross	Urs SCHORI	CH
15	Tesãi Reka - Cruz Roja Suiza en Paraguay	Eulalia HERMOSILLA	Paraguay
16	Terre des Hommes	Hafid DERBAL	CH
17	Community Working Group on Health	Nonjabulo MAHLANGU	Zimbabwe
18	Womens Hope International	Gerhard BÄRTSCHI	CH
19	LAMB	Swapan PAHAN	Bangladesh
20	World Vision Switzerland	Andrea REITZE and Mike NIELSEN	CH
21	World Vision Senegal	Boubacar FOFANA	Senegal
22	Jumpstart Switzerland	Jody STÄHELIN	CH
23	Bumi Bwesu Youth Center	Bwalya BOYD	Zambia
24	Tearfund Switzerland	Isabelle VIANDEN	CH
25	Evangelical Association of Malawi	Grey MWALABU	Malawi