CHAPTER 2
FUNDAMENTAL PRINCIPLES

2.1 INTRODUCTION

Fundamental principles are an expression of values and practices and are at once both operational and aspirational. Developed through extensive consultation with stakeholders in the humanitarian and sexual and reproductive health (SRH) sectors, the fundamental principles outlined in this chapter serve as both a guide for action and also establish the manual's identity and purpose.

2.2 OBJECTIVES

The objectives of this chapter are to:

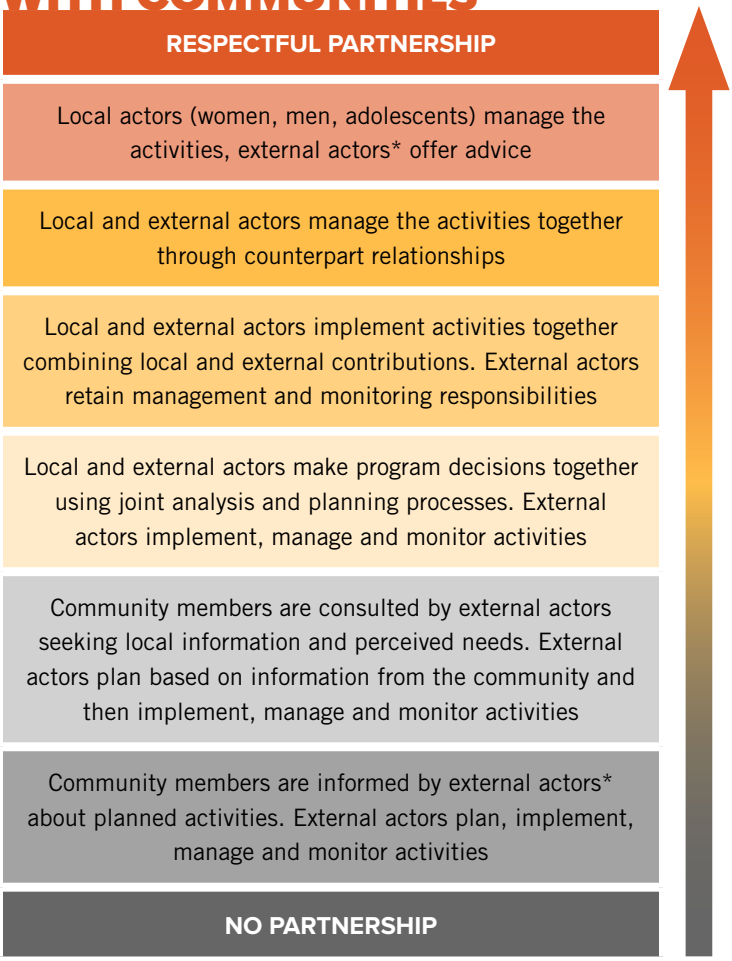
- Define the principles that must be the foundation of activities related to sexual and reproductive health in humanitarian settings
- Guide SRH Coordinators, health program managers, and service providers on how to put these principles into action in their work through examples

2.3 FUNDAMENTAL PRINCIPLES OF SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING IN HUMANITARIAN SETTINGS

The foundation of SRH programming in humanitarian settings should be guided by 4 fundamental principles:

- Work in respectful partnership
- Advance human rights and reproductive rights through SRH programming
- Ensure technical soundness, human rights, and financial accountability
- Share information and results

FIGURE 2.1: PROGRESSION OF RESPECTFUL PARTNERSHIP WITH COMMUNITIES



* Government or NGO humanitarian workers/implementing agency staff from outside the community

2.3.1 Work in respectful partnership

Partnership is a strategic way of organizing working relationships that values collaboration and joint decision-making over hierarchy in order to achieve a desired result, in this case, improvements in SRH coverage and quality.

Partnerships can be among organizations, including government authorities and local and international NGOs. Communities can also be a full partner in SRH programming, usually thorough village health committees and other service delivery organizations, civil society groups (women's groups, disabled persons organizations, groups for lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual people), supportive faith-based organizations, or other local groups. These groups should represent the full range of community members, including men and adolescents. Partnerships should also include culturally-sensitive approaches to identify strategic opportunities to advance SRH and challenge harmful practices.

Work in respectful partnership by:

- Engaging in respectful and meaningful partnership for a diversity of perspectives from a broad group of stakeholders (including government, international and local NGOs, community-based organizations (CBOs), and community beneficiaries)
- Acknowledging that partnerships vary greatly from one type of partner to another
- Openly discussing respective goals. Coordination will improve efficiency in communication, decision-making, response and use of resources, and viable outcomes
- Using culturally-sensitive approaches to identify both challenges and strategic opportunities for advancing SRH

Working in respectful partnership is an intentional process. As illustrated in Fig. 2.1, partnerships between humanitarian agencies and local communities evolve over time.

Different types of relationships have different advantages and disadvantages (see Fig. 2.2). When compared to "top down" relationships, that is, relationships that have an established hierarchy in power and decision-making, respectful partnerships incorporate the perspectives of a broader range of stakeholders, build capacity, and promote coordination. However, these relationships also require time and a commitment to compromise.

FIGURE 2.2: ADVANTAGES AND DISADVANTAGES OF RESPECTFUL PARTNERSHIPS AND TOP DOWN RELATIONSHIPS

RESPECTFUL PARTNERSHIPS	TOP-DOWN RELATIONSHIPS
ADVANTAGES	
• Strengthens the sense of shared objectives. Coordination improves efficiency of response and strategic decision-making, avoiding duplication of efforts • Diverse perspectives contribute to a fuller understanding of SRH needs, resources, successes, and failures and can challenge generalizations and assumptions. These lead to more effective programs • Shared learning builds each partner's capacity and effectiveness • Fosters sensitivity to the local context, contributing to sustainability (if some partners are local)	• Decisions can be made faster by one group
DISADVANTAGES	
• Can take longer to accomplish objectives • Requires compromise	• Opportunities within local culture and society to advance SRH are missed (including local agents for change and response) • Programs are not well-adapted to local contexts, since all perspectives are not incorporated • Creates new or reinforces pre-existing power structures • Groups do not learn from each other, work in isolation or siloes, and duplicate efforts, leading to a waste of resources • Community needs are not met

We present some suggestions for how to develop successful partnerships on Fig. 2.3.

FIGURE 2.3: TO DEVELOP RESPECTFUL PARTNERSHIPS

DO	DON'T
• DO value the different perspectives and strengths that each partner brings to the work, as an opportunity to seek local, in-depth insight • DO recognize that each partner will further develop its own capacity through the partnership • DO jointly develop shared objectives, priorities and action plans • DO hold each other accountable for agreed-upon responsibilities • DO encourage participation from a broad range of stakeholders, as a principle of building respectful partnership • DO develop a common assessment about what challenges, and opportunities, the local context provides for sexual and reproductive health and rights (SRHR)	• DON'T assume 'top' organizations know best and others bring little of value to the work • DON'T assume 'top' organizations are expert and others need capacity-building • DON'T permit the 'top' organizations to decide priorities and delegate tasks to other partners • DON'T permit 'top' organizations to hold others accountable, while they themselves are not accountable to the other partners • DON'T assume that people in the same culture or society have the same perspectives on and experiences of SRHR and other rights and needs • DON'T assume or generalize

2.3.2 Advance human rights and reproductive rights through SRH programming

International human rights are the set of global obligations that govern how States treat the people under their jurisdiction with a goal of ensuring the equal dignity, freedom, and well-being of all people. Human rights are universal; they apply to all individuals by virtue of their being human.

Reproductive rights are a set of recognized human rights. The 1994 International Conference on Population and Development (ICPD) set out a framework for the realization of reproductive rights, that has since been reaffirmed and strengthened by international human rights experts and political bodies.

BOX 2.1: ICPD REPRODUCTIVE RIGHTS FRAMEWORK

These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence.

SRH Coordinators, health program managers, and providers can help people achieve their inherent human rights and reproductive rights by reducing inequalities and organizing programs so they benefit everyone. Actions include:

- Ensuring autonomous decision-making and choice by all clients with regard to services and commodities
- Promoting equity, with respect to age, sex, gender and gender identity, marital status, sexual orientation, location (e.g., rural/urban), religion, ethnic group, social group, and other characteristics
- Recognizing and addressing power dynamics and ensuring no force, coercion, discrimination, or violence/mistreatment/disrespect/abuse in health services
- Ensuring equality by meeting clients' varied SRH needs and ensuring that services are affordable or free, accessible to all, adequate given the cultural or crisis context, and of high quality
- Providing comprehensive, evidenced-based information about the commodities and services available

BOX 2.2: KEY TERMS

AUTONOMY: The ability of an individual to be her/his/their own person, to make her/his/their own choices on the basis of her/his/their own motivations, without manipulation by external forces

EQUALITY: The state of being equal, particularly with respect to rights, status, and opportunities

EQUITY: Fairness or justice in the way people are treated

ACCESSIBILITY: The extent to which a client or potential client can obtain services at the time they are needed

We present some suggestions for how to advance autonomy, access, and equity on Fig. 2.4.

FIGURE 2.4: TO ADVANCE AUTONOMY, ACCESS, AND EQUITY AND ADDRESS POWER DYNAMICS:

DO	DON'T
• DO examine program data to understand who is and who is not using services. • DO distribute service sites so they are convenient to underrepresented sub-groups and ensure they are physically and financially accessible for all • DO partner with local groups and carry out education activities that appeal to underrepresented sub-groups. For example, use appropriate language and messages for young people or minority groups • DO seek out voices of those not participating in education activities or services to better understand their needs • DO ensure that all those seeking services understand their options and are the decision-maker in their care • DO help women speak to their husbands and fathers and DO engage men directly in community education, if women say men must make SRHR decisions • DO train and supervise staff to ensure every client has received comprehensive and evidence-based information and gives informed consent for all services	• DON'T assume those who do not use SRH services do not need or want them • DON'T assume any specific group, such as married women, young people, or unmarried women are prohibited from using services or that permission is required • DON'T discuss the reason for a patient's visit in public waiting rooms or disclose personal/medical information of patients to anyone except the patient or legal guardian • DON'T exclude certain clients from services based on personal views. For example, adolescents and unmarried people have a right to SRH services even if the provider believes they should not be sexually active • DON'T locate services only in sites convenient to your organization or to the majority group • DON'T require consent for services from another person/male relative (unless explicitly required by law)

2.3.3 Ensure technical soundness, human rights, and financial accountability

Accountability is the process of holding individuals and organizations responsible for performance according to set standards and principles. In crisis settings, we must abide by humanitarian standards as well as professional medical, public health, legal, and financial accounting standards.

Ensure technical, human rights, and financial accountability by:

- Respecting all humanitarian and sexual and reproductive health and rights professional standards
- Using evidence-based and evidence-informed strategies in designing, implementing and evaluating programs
- Monitoring and improving the quality of care
- Evaluating programs and using findings to improve the program
- Ensuring clients' voices are heard and rights are respected in service delivery

BOX 2.3: KEY STANDARDS IN THE HUMANITARIAN SECTOR

- **Code of Conduct of the International Red Cross and Red Crescent Movement and Non-Governmental Organization in Disaster Relief**
- **Core Humanitarian Standard on Quality and Accountability**
- **Inter-Agency Standing Committee (IASC) Guidelines**
- **Sphere Humanitarian Charter and Minimum Standards in Disaster Response**

We present some suggestions for how to operationalize this principle on Fig. 2.5.

FIGURE 2.5: TO ENSURE TECHNICAL, HUMAN RIGHTS, AND FINANCIAL ACCOUNTABILITY

DO	DON'T
• DO use recommendations from articles and reports on "best practices" and "lessons learned" when designing comprehensive SRH programs, from the outset • DO examine your existing program to understand successes and failures when designing the next phase • DO ensure that you measure the results of your program, so you can improve activities • DO create a confidential process for complaints and input from those accessing services and a structure for addressing these complaints effectively at the health facility level, with monitoring of these processes by supervisory authorities • DO develop a Patient's Bill of Rights and post it in locally relevant languages in all health facilities • DO encourage broad community engagement in participatory processes (committees, scorecards, surveys, questionnaires, etc.)	• DON'T carry out the same activities the same way year after year unless you have evidence that they are still effective • DON'T wait until the end of a program to initiate review/ participatory processes

2.3.4 Share information and results

Sharing information and results promotes ownership of programs by stakeholders and also helps other programs learn from our program's successes and failures. The information we share varies by audience.

Share information and results with:

- Policy and financial decision-makers through advocacy
- Professionals through journal publications and conferences
- Communities through meetings, discussions, and newsletters

We present some suggestions for how to advance autonomy, access, and equity on Fig. 2.6.

FIGURE 2.6: TO SHARE INFORMATION AND RESULTS

DO	DON'T
• DO hold community meetings to discuss results from local sites and seek their feedback (open and anonymous fora) • DO involve local health and civil authorities early and regularly in the program to promote understanding and ownership • DO inform national and regional policymakers of summary results and implications for their strategic goals • DO inform donors of summary results, successes and challenges in the program • DO post summary results and lessons on your organization's and other websites and social media to inform workers from other countries • DO publish results in professional journals to inform donor, advocacy, program and research colleagues • DO maintain regular discussion with these groups	• DON'T hide disappointing results from any audience; DO discuss them to understand what caused them • DON'T assume specific audiences disapprove of your program; DO invite them to meetings to learn about your program

2.4 FURTHER READINGS AND ADDITIONAL RESOURCES

Bruce, J. (1990). Fundamental Elements of the Quality of Care: A Simple Framework. *Studies in Family Planning*, 21(2), 61-91.

Sphere Project. (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*. Retrieved from: http://www.sphereproject.org/resources/download-publications/?search=1&keywords=&language=English&category=22

United Nations. (2013). *Convention on the Elimination of All Forms of Discrimination against Women. General Recommendation No. 30 on Women in Conflict Prevention, Conflict and Post Conflict Situations*. Retrieved from: http://www.ohchr.org/documents/hrbodies/cedaw/gcomments/cedaw.c.cg.30.pdf