



HUMAN RIGHTS AND AID EFFECTIVENESS: KEY MESSAGES ON MANAGING FOR RESULTS

Introduction

There is growing recognition that human rights and gender equality are functionally essential to achieving the overall goals of the Paris Declaration as well as being agreed objectives of development in themselves. Human rights, including the rights of women to equality and non-discrimination, are part of a universal value system, codified in international treaties to which all countries have subscribed. They provide a shared normative framework for dialogue between donors, partner countries and civil society on priority-setting and aid processes

KEY MESSAGES

Donors:

- Recognize human rights as essential goals of development.
- Incorporate human rights indicators in results frameworks.
- Strengthen the capacities of national statistical institutions to collect and analyze disaggregated data.
- Support civil society participation in monitoring processes

Partner countries:

- Recognize human rights as essential goals of national development.
- Incorporate human rights into strategies to achieve development results.
- Incorporate human rights indicators in results frameworks.

HUMAN RIGHTS AND MANAGING FOR RESULTS: LINKAGES AND PRACTICAL EXAMPLES

Human rights standards and principles should be used to define development results as well as the strategies needed to achieve them. The Paris Declaration objective of reducing poverty cannot be achieved if human rights are not addressed and underlying structural inequalities, discrimination and power relations remain unchallenged.

Including human rights indicators in results frameworks can help to ensure that these underlying causes of poverty are addressed. In Uganda, for example, the results framework of the Joint Assistance Strategy

includes indicators on citizens' awareness of their rights and human rights violations, as reported by the Uganda Human Rights Commission.

The collection and analysis of disaggregated data is also critical for ensuring that strategies are addressing the development of all groups in society and resources are reaching the most marginalized and vulnerable. While collecting disaggregated data is often both technically and politically difficult, this is an area where consistent and co-ordinated donor support could have a major impact on poverty monitoring and, consequently, outcomes.



Nepal: Monitoring exclusion in the health sector. Nepal's Ministry of Health and Population is piloting a system to collect disaggregated data from hospitals and other health facilities on the basis of sex, age, caste, ethnic and regional identities. The social categories monitored are as follows: Brahman/Chhetri; Tarai/Madhese other castes; Dalits; Newar; Janajati; Muslims. Gender is monitored as a cross-cutting category. These categories capture the key axes of differentiation in Nepal, without taking disaggregation to a level which would not be practical to implement. The data will show which groups and regions are benefiting from the abolition of fees for basic health services and other health policies, helping to ensure that resources are addressing underlying inequalities and being used effectively to improve overall health outcomes. Challenges in implementing the system include difficulties of categorizing individuals and lack of capacity at local health facilities to collect the data.

The human rights framework prioritizes the engagement of civil society in monitoring development progress. The articulation of development results as rights has more potential to encourage civil society mobilization around the achievement of nationally agreed priorities than defining results solely in terms of targets and indicators. Civil society monitoring mechanisms include report cards and social audits which provide qualitative information on the effectiveness of development strategies.



Peru: Community participation and monitoring of health services. Since 2003, the INGO CARE has worked with Forosalud, a civil society network promoting health rights, to support the participation of women and people from excluded groups in health policy decision making at regional and national levels as well as in local health management boards (CLAS). The findings of their consultations have led to the introduction of Ministry of Health national regulations authorizing health service support for the cultural practice of giving birth in a vertical position, and the banning of fines on families who have home-births, which were being imposed when infants were registered. Forosalud has now established a community monitoring programme in Piura and Puno regions, which links local women's groups to the regional office of the Human Rights Ombudsperson, and reports on the implementation of maternal health service standards. The success of this initiative has informed the current Minister of Health's decision to establish similar monitoring mechanisms for all hospitals.

The right to information and transparency underpins public monitoring of development programmes and budgets. Legislation protecting the right to information has been critical in India, for example, to the success of civil society social audits of poverty-alleviation programmes. Public scrutiny has helped to identify measures to improve the effectiveness of the programmes in reaching the rural poor as well as highlighting cases of corruption.

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