8th International Dialogue on Population and Sustainable Development

Making Sexual and Reproductive Rights a Reality: What does it take?

October 5 – 6, 2010, Berlin, Germany

'Ways to do things better'

AN ACTION GUIDE


gtz

Added value of a rights-based approach to sexual and reproductive health (SRH)

- **It moves beyond complaints and favours.** Talking about rights emphasizes the need for governments to provide (fulfil commitments to) a legal framework of obligations that people can seek and fight for: the right to a safe abortion, the right to not be subjected to genital mutilation, the right to choose when or whether to have children.
- **It reframes former abusive approaches.** It addresses some of the abuses related to the unethical practices and coercive measures of approaches based on population control.
- **It catalyzes genuine engagement.** It involves people and their communities and allows for the appropriate engagement of a broad set of stakeholders, with a more functional perception of the special needs of different target groups such as young people.
- **It creates sustainable solutions.** It helps to define where capacity development is needed (e.g. advocacy skills) and where investment will make a difference.

Introduction

'A rights-based approach to sexual and reproductive health acknowledges all peoples' right and need to access information and services so that everyone, particularly the vulnerable, can make free and informed choices about reproductive health. In so doing, it works to stop violence against women, and works for accountability and active public engagement in the planning, implementation and evaluation of services.' (adapted from Swedish Association for Sexuality Education and World Health Organization – WHO)

This action guide summarizes the results of the 8th International Dialogue on Population and Sustainable Development: "Making Sexual and Reproductive Rights a Reality: What does it take?", held in Berlin from 5th to 6th October 2010, involving expert participants from civil society organizations, the private sector and partner governments.

The guide development workshop process included a keynote address, four case study group discussions, a lively debate with a sexual reproductive health and rights contrarian, a World Café exercise that gleaned information on success and failure factors, and seven 'action area' working groups which synthesized the various inputs and made specific recommendations. This guide is the product of a collective work.

The aim is to help those working to make sexual and reproductive rights a reality, including service providers and policy makers and advocates that influence them, to 'do things better'. It is not a beginner's guide but rather focuses on issues which need attention, how to overcome obstacles, and innovative approaches people actively engaged in SRHR work have hammered out through trial and error.

- Section one presents guidance for seven specific action areas.
- Section two draws on four case studies from Nepal, Tanzania, Burkina Faso and Colombia and presents 'on-the-ground' action recommendations.

This guide is a work in progress and users are encouraged to make comments and suggestions through Email "int.dialogue@gundh.com".

Making the case with facts

'Half of sexual assaults are on girls under 15, and for many their first sexual experience is very young, often with a much older man. One in seven are married before they are 15, often resulting in conditions such as fistula and uterine prolapse. Pregnancy and childbirth are the major cause of death of girls in the developing world. There are 20 million unsafe abortions each year, and 60 per cent of these are young women under 25, trying to cope with an unwanted pregnancy, despite the dangers and risks, of which they are very aware. 70 per cent of hospital beds occupied for treatment of complications of abortion are occupied by young women under 20, while the complications experienced by another three million women and girls go untreated. A study of a number of Sub-Saharan African countries indicates that young people, young men as well as women, want to have fewer children than their parents, yet only ten per cent of married adolescents in those countries use modern contraception. Many are denied their right to information and education (and services) about the critical issues, and that will determine their lives. **These statistics represent a denial of human rights, and are preventable public health issues.**' Gill Greer, Director General, International Planned Parenthood Federation (IPPF)

ADVOCATING

Activities: Initiating a rights-based approach or campaign for sexual and reproductive health.

Target Audience: Policy makers and those who can influence them.

Making the case arguments: Recent figures show a 30 per cent decline in maternal mortality: embrace these figures and promote their link with better provision of family planning. Practice asking and answering basic factual questions, particularly the difficult ones.

We need to develop a new cohort of champions, to extend our influence, and avoid being let down by the existing champions. The International Conference

Recommendations for 'doing things better':

1. **Keep it simple.** The most compelling argument for family planning is often the simplest: because it is the right thing to do.
2. **Identify new partners.** We spend too much energy talking to people who already agree with us.
3. **Use new evidence as it becomes available.** We need always to look for new ways to advocate the importance and success of family planning, and its role in saving lives.

on Population and Development (ICPD), in Cairo was in 1994, a long time ago, and few of those who attended it or supported it are still in power. We all need to know why ICPD was such a turning point and is still relevant.

For people who need convincing, it may not be enough that family planning and development aid are right in themselves, they will need to know what benefits they give in alleviating poverty, education, economic development and other areas which concern policymakers. Remind policymakers that they should not pander to the extremes: just because people scream the loudest does not mean they have the most compelling case.

(Drawn from paper by Jon O'Brien, President, Catholics for Choice)

4. **Build on your media strengths.** Not everybody can master all forms of media, but figure out which are your strongest shots and use them, then build your repertoire.
5. **Counter opposing forces.** Most people see family planning as a non-issue, or support it. Don't let the opposition drive the conversation about it being controversial.

CLAIMING

Activities: Using human rights institutions and the courts to support people in claiming their rights to health.

Target Audience: Legal structures and those who can influence them.

Making the case arguments: Human rights commissions have to be independent, accessible, efficient and accountable, with a defined jurisdiction: they are regularly evaluated and graded on these requirements by the International Co-ordinating Committee on National Human Rights Institutions. As far as health goes, many carry out useful roles such as investigating allegations of violations, carrying out education, monitoring, and advising governments on their compliance with human rights standards: this last may involve advising on proposed legislation or existing legislation, and drafting new legislation. Some commissions are mandated to visit prisons , and can play a part in preventing torture or inhuman treatment. However, none of these functions replace the vital role played by the courts.

Recommendations for 'doing things better':

1. **Use strategic litigation** by national human rights institutions or commissions.
2. **Strengthen their capacity** to perform functions such as advising governments on the implementation and domestication of international human rights standards.

In many countries, the courts have upheld rights to health (for example in South Africa) even in the absence of explicit provisions in the constitution (as in India).

However, the success of human rights institutions and courts depends on factors which many developing countries lack – such as a strong civil society, an informed citizenry, and an independent judiciary. The role of promotion and protection of the right to health including sexual and reproductive health cannot be left to the national human rights institutions and courts, as the health situation in these countries is characterized by a poor or non-existent legal framework for enforcing the right to health, a high disease burden, lack of health professionals, discrimination in access to health services, and high maternal and child mortality rates, plus poor provision of other health determinants such as safe water, sanitation and food, accompanied by high levels of ignorance.

(Drawn from paper by Roselyn Karugonjo-Segawa, from Uganda Human Rights Commission)

3. **Collaborate with health professionals** to explore the possibility of advancing human rights and sexual and reproductive rights using existing health system procedures.
4. **Train, raise awareness and promote education on the right to health** including sexual and reproductive health, targeting civil society, health practitioners and communities.

MEASURING

Activities: Monitoring and evaluating the health impact of human rights-related sexual and reproductive health activities.

Target Audience: Policy makers, politicians and the researchers and advocates that can influence them.

Making the case arguments: This may seem a very dry issue which is why it is often neglected. Measuring outcomes may be seen as a threat or burden to many people. A broad evidence base is essential to convince policymakers of the value of a human rights-based approach to sexual health and rights and health in general. It also assists them to report on progress. Measuring is political. Progress on the sexual reproductive health and rights (SRHR) agenda has been chequered. Through monitoring, non governmental organizations (NGOs) and others can demonstrate whether government and donors are fulfilling commitments and identify gaps, particularly in regard to marginalized groups and their rights, which may not

Recommendations for 'doing things better':

1. **Use the lens of sexual reproductive health and rights to look at existing data** asking for examples, whether the data are sufficiently disaggregated.
2. **Identify gaps** and complement them with other studies.

be reflected in mainstream data. They can also use 'the numbers' to keep pushing the boundaries for further investment, providing the basis for advocacy to ensure the realization of sexual and reproductive health and rights.

A human-rights approach to health indicators reinforces, enhances and supplements commonly used indicators. These range from indicators on fertility and contraception (and methods used) and family planning (including looking at how many children people had wanted compared to how many they had) to those on gender-based violence and access and treatment on reproductive cancers, and sexual transmitted infections (STI) and HIV prevention, treatment and care. It is also possible to attribute indicators on data such as median age of marriage compared to legal age of marriage, or traditional practices such as female genital mutilation (FGM) and child marriage. This data has enabled a narrative of rights to be woven.

(Drawn from paper by Sivananthi Thanenthiran, Asian-Pacific Resource and Research Center for Women (ARROW), Malaysia)

3. **Enhance accountability**. Data should be used for making stronger arguments and keeping action on track. The participation of users is beneficial, particularly when feedback mechanisms are included.
4. **Improve the links with international reporting** mechanisms.
5. **Strengthen capacities for measuring**. Offer more training in the use of indicators, sampling methods, reporting skills.

TARGETING

Activities: Addressing the special need for action to support the sexual and reproductive health and rights of women and young people.

Target Audience: Highly vulnerable groups - women and young people.

Making the case arguments: Sexuality in Africa is closely linked to sexual intercourse and marriage. New waves of fundamentalist religious movements (Pentecostal Christianity and Islam) tend to say that women must submit to men, and only men are equipped to take decisions on sexuality. These views are becoming more vocal and powerful. Despite advances in women's education and economic empowerment, young women are still at most risk of HIV/AIDS, sexual transmitted diseases (STDs), unplanned pregnancies, unsafe abortions, female genital mutilation (FGM), child marriages and sexual abuse.

There is nearly universal acceptance of child marriages for girls in Africa, between 12 and 18, the principle being that their sexuality must be controlled so that they

Recommendations for 'doing things better':

1. **Create an enabling environment for empowering women/girls** to make informed decisions on their own sexual and reproductive health. Young women are the experts on their rights.
2. **Develop services at the same time as you create demands and awareness** so that women and young people can claim their rights to sexual and reproductive health.

do not become 'bad' before marriage. Laws equate safe abortion with murder and outlaw homosexuality. Sexual and gender based violence is increasing, and there is little sign of this being addressed by policy-makers or religious leaders, as it is the main way of controlling women. There are high rates of trafficking among girls for domestic help and sex, often as young as nine years old. Most sexual and reproductive health and rights (SRHR) laws in Africa date back to colonial times and have not been reformed. There is lack of sexual health services targeting young women.

Young women are building movements to resist these conservatisms through services run by volunteers, promoting the participation of women and men and communities as a whole in sexual health and rights (SRH) provision. This includes supporting initiatives in countries emerging from armed conflict where women have been traumatized by sexual violence to developing post trauma interventions.

(Paper from Olufunmilayo Balogun-Alexander, International Planned Parenthood Federation (IPPF), Kenya, presented by Seri Wendoh from International Planned Parenthood)

3. **Address unequal power relationships directly.** Design and implement feasible, useful and supportive policy frameworks that address gender inequality.
4. **Link with broader goals.** Ensure an inter-sectoral approach in addressing underlying causes e.g. poverty. Make sure education, employment, and economic development communities are all involved.

CHAMPIONING

Activities: Responding to and addressing the unmet need for family planning as a rights-based issue within the framework of population policies.

Target Audience: Policy makers and those who can influence them.

Making the case arguments: An estimated 215 million women are not using an effective method of contraception, and by 2015 the United Nations estimate is that the demand for family planning will grow by 40 per cent. The proportions of women with unmet needs are greatest in Sub-Saharan Africa. Africa accounts for half of all global maternal and child deaths, despite having only 11 per cent of the world's population. If the needs were met, unintended pregnancies would drop by two thirds, 70 per cent of maternal deaths would be averted, 44 per cent of newborn deaths would be averted, unsafe abortions would decline by 73 per cent and the number of women needing medical care for complications of unsafe procedures would decline from 8.5 million to two million.

Recommendations for 'doing things better':

1. **Avoid the false dichotomy between human rights and population issues.** They are two sides of the same coin.
2. **Link human rights arguments to other arguments.**
3. **Use the values of your intended audience** to frame your communications; for example, talking about 'safe sex' is more apt for youth, than 'family planning'.

Addressing the unmet need for family planning requires governments to provide non-coercive services to all and especially those most in need. Resources are needed, as they are currently inadequate to achieve the Millennium Development Goals (MDGs). Most African countries spend less than half the World Health Organization (WHO) recommended package of 40 US$ per person on health.

What is needed is equity and non-discrimination, participation and inclusion, with civil society becoming a partner; accountability with funding for family planning tied to results; and greater alignment of funding and financing, so that greater agreement between donor agencies and governments can help to meet MDG 5b, i.e. universal access to reproductive health.

(Drawn from a paper by Beth Fredrick from the Bill and Melinda Gates Institute and Johns Hopkins Bloomberg School of Public Health)

4. **Do not be satisfied with the status quo.** Support innovation, including development of new service models, and access to scientific progress.
5. **Engage creatively with the private sector** to ensure access to new research and devices.

STRENGTHENING

Activities: Building health system capacities to address sexual and reproductive health and human rights, especially of poor and/or marginalized people.

Target Audience: Health system leaders and health care professionals and those who can influence them.

Making the case arguments: A hallmark of health system reform has been the devolution of decision-making from central to local authorities. The effect of this on sexual and reproductive health (SRH) services has been mixed due to the diversity of local influences on certain components of SRH. There is widespread recognition of the importance of targeting reproductive health care services by socio-economic criteria, which can help to measure progress towards achieving health equity. Con-

Recommendations for 'doing things better':

1. **Measure health system performance.** Use poverty and rights-based indicators. Utilization of services should be systematically tracked.
2. **Involve people from marginalized groups in the management of programmes**. Ensure these people are identified and selected by the people they represent and where needed get training.
3. **Strengthen service capacity.** For example, in advocacy and financial management.

tracting out services can increase access but may not improve equity, quality or efficiency. If governments provide reproductive health services and commodities this can undermine a functioning private sector and burden the public sector.

Questions arise over whether it is best to help providers understand and implement a rights-based approach, or just pay them to deliver a pre-defined package; whether patients know and claim their rights; how providers can accept clients' rights; how users can be given a choice or a voice; and, how a human rights based approach impacts on the design and affordability of health care systems and access for the poor and marginalized.

(Drawn from a paper by John P. Skibiak, from the Reproductive Health Supplies Coalition (RHSC), Brussels)

4. **Stop thinking the poor can pay.** A rights-based approach assumes everyone needs access. Expect to continue to subsidize these services. Fund programmes based on the services which succeed with marginalized groups.
5. **Develop public-private partnerships** with a potential for increasing access to services and improving quality of care. Beware, though, that sometimes donor funding means that governments switch their support and those services may become less sustainable.
6. **Use the health system as a channel** to inform people about their rights to the highest attainable standard of health. Create demand for high quality services.

LINKING

Activities: Linking rights-based approaches to sexual and reproductive health (SRH) to national and international actions to achieve the Millennium Development Goals (MDGs), especially those focused on maternal and child health and HIV/AIDS.

Target audience: Sexual reproductive health and rights (SRHR) and MDG advocates.

Making the case tips and arguments: Human rights can be a mushy concept, it needs to be made concrete. We are talking about power relations and dynamics and changing them. There is an urgent need to document how sexual and reproductive health and rights (SRHR) affect health and how the health status of individuals impacts on reducing household poverty and spurring economic growth.

Recommendations for 'doing things better':

1. **Articulate links on sexual health and rights to economic progress.** Improve understanding of the relationship between the right to health, health outcomes and poverty reduction.

Practical outcome metrics should be developed to measure progress, with different measures for short medium and long term periods. Findings should be communicated to economists in the development banks and to ministries of finance and planning. Policy briefs should be prepared using data to illustrate how sexual and reproductive health and rights approaches promote the achievement of the health MDGs and conversely how lack of these rights impedes achievements.

Even where countries have reasonable laws and policies other sectors can play a useful role in making rights a reality, for example extending access to good quality education or strengthening civil society structures.

(Drawn from a paper by Sara Seims, The William and Flora Hewlett Foundation)

2. **Build on existing treaties and agreements** and make common cause with other development sectors.
3. **Operationalize a rights-based approach to the Millennium Development Goals.** Empower communities so that they can hold policy makers to account for their existing commitments.

WHAT WE HAVE FOUND:
case studies from four countries

Nepal

Case Summary: In the last three years, Nepal's Equity and Access programme has addressed many obstacles women face in attaining their rights, especially those women marginalized by caste, living in remote areas, or isolated by poverty, language and traditional cultural practices. These are the people who are normally deprived of their rights. This programme has had successes, not only in service provision but also in increasing knowledge, capacity and empowerment: 'listening to the voices of the unheard'.

The Nepalese government has provided a strong legal framework. The constitution and the new national health strategy explicitly recognize basic health and reproductive health as fundamental rights for all. Essential health services are free, there is a legal basis for safe abortion, and education encourages people to claim their rights. Strong women's groups have advocated for rights, and data, disaggregated by ethnicity, has helped to track equity related changes.

The right to health imposes on the state the responsibility to respect, protect and fulfill this right, but there is still much to be done. Contraceptive prevalence is up, abortion has been legalized, maternal mortality is down, and so is infant and under-five mortality, but there is growing inequality between wealthy and poor women, and a major shortage of qualified personnel. Cultural challenges also remain, particularly among hard-to-reach groups, so the battle continues.

We have found that:

1. Ongoing advocacy for **sexual and reproductive health and rights (SRHR) should put it into the broader setting in which it sits**, not just health and women's rights but also issues such as gender-based violence, rural affairs, economics, transport, and suicide. This can enable resources to be allocated from different sectors.
2. **Women must be involved in leadership roles** at all levels including parliament. Men's involvement is also important for sustainable progress to be made.
3. **Demand (including awareness of rights) and provision** should both be strengthened at the same time. Programme availability alone does not ensure utilization.
4. **The health system should be strengthened**; it should produce disaggregated data and target disadvantaged groups.
5. **Professional organizations should be involved** or initiatives will be weakened.
6. Strong **political commitment should be obtained**, for without it change will not happen or endure.
7. **Country-specific strategy** and programming must be developed; global evidence helps, but national work makes the difference.

Tanzania

Case Summary: Tanzania has seen an increase in access to comprehensive sexuality education, in addition to confidential and youth friendly sexual and reproductive health services, and different initiatives including advocacy in parliament but there are still major gaps in practical provision of sexual and reproductive health services and information to young people, and at the local level there is much to do. However there are several programmes which show what progress can be made in reaching groups that are most vulnerable.

In collaboration with young people and other stakeholders the Tanzanian German Programme to Support Health (TGPSH) led by GTZ supports the Ministry of Health in a comprehensive approach to Sexual and Reproductive Health and Rights as well as HIV prevention. Print and audio-visual materials have been developed on different subjects. Social marketing of condoms and a bilingual interactive web site are supported so that young people can request information about their health. The development of comprehensive policies, guidelines and standards for adolescent friendly health services has been supported. Youth specific interventions include school based peer education which is delivered as extra-curricular activities, supported by counsellors/teachers and community involvement to ensure support, sustainability and ownership.

The 'Fit for the Future' programme of the German Foundation for World Population (DSW) in Tanzania targets girls who are poor, with little education, working in the informal sector with low pay and poor working conditions. The work is in bars, markets, plantations, textile factories, guest houses, tailoring, and in commercial sex work. Typically, the young women are vulnerable and experience unprotected sex, unwanted pregnancies, multiple partners, and unsafe abortions, sexual transmitted infections and HIV/AIDS. They often live in abusive environments. 'Fit for the Future' aims to improve their situation. It offers referrals and strengthens health facilities to offer quality youth friendly health services, vocational training and educational opportunities. It has established 90 youth clubs and trained 2,700 peer educators, and 72 service providers. It realized that any project targeting out of school girls should have childcare, as the girls with children could not take up training without it. The project also highlighted the need for youth-led micro finance. This is just one example of the need to take other sectors into account when addressing these rights.

We have found that:

1. **Capacity building should include the young,** and providers and institutions, to enhance awareness of the human rights approach and the need for services that are friendly for youth and women. This can be an eye-opener.
2. The **needs of vulnerable groups should be specifically identified** and responded to in a flexible way.
3. It helps to **involve other sectors**, for example local schoolgirls can be given the opportunity to be educated on sexual health and rights, or given training to work after childbearing.
4. **Girls and young women often need childcare** for the children they already have, before they can take up opportunities for education, training or work.
5. You **need a supportive justice system** to hold someone accountable.
6. **If you involve civil society, you have a longer 'reach'.**
7. **Materials need to be homegrown**, so that they cannot be perceived as western propaganda.

Burkina Faso

Case Summary: Significant initiatives have taken place in Burkina Faso, and many rights are supported in the constitution. However they are not always implemented on-the-ground. There has been a successful campaign for the outlawing of female genital mutilation (FGM). The campaign has had to overcome many obstacles ranging from family and social norms and aspirations and the low status of women, to the desire and expectation among men to control female sexuality, and the opposition of some religious authorities. FGM is now illegal and punishable by ten years in jail. Investment has been made in education, and communication on health risks, and this is accompanied by offers of medical treatment to repair and treat the consequences of FGM. Networks have been set up, an action plan prepared, and increased funding found. The campaign has been backed personally by the head of state. This has meant that female genital mutilation is no longer a taboo subject. When women come for help, their most pressing problems are met in an integrated way. The result is that FGM is being reduced but it is still undergone by an estimated nearly 50 per cent of women.

A human rights approach however finds its limits where it clashes with traditional beliefs and practices, and where social norms override individual rights. There is a major dilemma in how to support human rights without supplanting traditional beliefs. In Burkina Faso one answer seems to be that it is not only the message, it is the messenger that counts and so you work through key traditional and religious gatekeepers. Behavioural changes cannot happen overnight, or even in one generation, but gradually they are happening.

We have found that:

1. **It is important to target directly those who have the power to make changes.** Emphasize advocacy with the leadership at the highest level. This is crucial for resource mobilization.
2. **It is not only the message that matters, but who transmits better results.** This may mean working with traditional leaders for results.
3. It is important to **offer integrated services**, starting with the most pressing problems, and to make your approach client centered.
4. When you start this, you are **committed to a long-term perspective**.
5. **National ownership is important.**

Colombia

Case Summary: In Colombia the non governmental sector has led the way on women's access to services. Although the government is taking on an increased role and commitment, since 1965, the non governmental organization ProFamilia has been the main promoter of family planning in Colombia. The birth rate has now dropped from 6.7 children per woman in 1960 to 2.4 in 2005.

ProFamilia also has a men's programme, it trains peer educators, provides legal services and carries out demographic and health surveys. Despite all this, the rate of teenage pregnancies is currently on the rise, and the Ministry is combating this through interventions such as youth friendly services and sex education in schools. They have had to cope with obstacles such as opposition from the higher levels of the church, decreased funding, and the gap between what is legal and what actually happens.

Human rights were universal, and using a human rights approach to reach those who were deprived of them makes it clear where the priorities must lie: in justice.

We have found that:

1. **Partnership across actors and across sectors is important**, emphasizing intersectionality between governments, civil society and communities.
2. **A rights-based approach is needed to promote local responsibility**, and this empowers local communities.
3. In conflict and post-conflict situations, **strong civil society organizations are vital** to meet the needs of the most vulnerable, working in partnership with the authorities as well as remaining critical of government efforts where necessary.
4. The **evidence base we created has been vital** in supporting the work we do, and raising funds. Document processes and outcomes, to inform policy and strategy.
5. You have to **work together with all**, including conservative elements within the health sector itself, to combat the forces against you.
6. **Youth-friendly services are important**, with a willingness to push boundaries.
7. **If you tell your clients they have rights, expect them to complain.** Make sure that your staff is trained to respond to people who complain as an ally and not as a pain in the neck.

The International Dialogue on Population and Sustainable Development underlines the interdisciplinary importance of sexual and reproductive health and rights (SRHR) and population dynamics as key factors in achieving international development goals such as the Millennium Development Goals (MDGs). The conference series is designed to facilitate the networking of national and international players and encourage the exchange of information and experience.
The International Dialogue is an annual, two-day conference taking place in Berlin, jointly organized by the German Foundation for World Population (DSW), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, the International Planned Parenthood Federation (IPPF) and KfW Entwicklungsbank, in close cooperation with the Federal Ministry for Economic Cooperation and Development (BMZ) and with Bayer Schering Pharma AG.

German Foundation for World Population (DSW) www.dsw-online.de

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Contact
Email: int.dialogue@gundh.com
www.dialogue-population-development.info