

The human rights approach to participation of persons living in poverty in decisions that affect their lives

Consultation by the Special Rapporteur on extreme poverty and human rights

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A human rights approach to development should incorporate principles of accountability, participation, transparency, empowerment, sustainability, nondiscrimination and international cooperation. The participation of persons living in poverty in decisions that affect their lives requires that they are equipped with knowledge and empowered with the capacity to take action with respect to issues such as education, labor and health. This implies that they must be enabled to make adequately informed decisions in their personal lives, have access to needed services, and be empowered to make their voices heard by policy-makers and other stakeholders who influence policies. Governmental support for initiatives that create an enabling environment for participation is also essential.

Educating community members on rights and health services

Equipping poor people to take action in their personal lives includes educating them about their rights and available services and building their capacity to act.

South Africa: in the rural North West Province, young people face many challenges in their daily lives, including unemployment, sexual violence, limited access to reproductive health information, unwanted pregnancies and unsafe abortions. Nevertheless, for quite some time the province's youth centers stood empty. Through a partnership with the provincial Department of Health, Ipas South Africa collaborated with five youth centers to promote the right to education, better meet young people's needs and advocate for their sexual and reproductive health and rights.¹ They offered sessions on computing skills and performing arts, as well as information on teenage pregnancy. The attending youth became enthusiastic and engaged, willing to support and mentor one another and a number were trained as peer educators.

Within the project's first year, the peer educators had reached more than 13,000 young people in formal education sessions that focused on youth rights, gender equity, positive sexuality, and violence prevention. The introduction of career development services expanded the centers' usefulness and appeal to local youth. Every aspect of the project

empowered the young people to be active participants, leading some peer educators to adopt a now-popular youth mantra: “Nothing for us without us!”

In **Nicaragua**, Ipas Central America and the Center of Education and Popular Communication (CANTERA) work with young people in a marginalized urban neighborhood of Managua, called Jorge Dimitrov. There are high proportions of young people addicted to drugs and alcohol in this area and about 250 adolescents and youth participate in gangs. The neighborhood is characterized by garbage in the streets and deterioration of the environment; violence within families; a lack of access to employment and difficulties for adolescents to stay within the educational system. To enable these young people to gain knowledge about their rights to an education, health, housing, culture and recreation, the two organizations have trained 21 youth community leaders as peer educators about these issues; in turn, by September 2012, they had educated 110 young people in their neighborhood about human rights, sexual and reproductive health and rights, sexual violence and abortion.

In Jharkhand, **India** — a predominately rural state with low literacy, little access to TV or radio, and where women rely on husbands and neighbors for information — some women do not know about the availability of safe abortion services, others are not aware that the service is legal, and many more are deterred by the long distance they must walk in order to reach the nearest health center. As a result, many rural women turn to untrained providers for assistance in terminating an unwanted pregnancy, risking their health and lives.

To address the information and knowledge gap, Ipas India designed a behavior change communication strategy aimed at informing communities about medical abortion.² Based on the needs and interests of women in 253 of the state’s villages, Ipas India designed more than 500 wall signs and carried out more than 350 street performances; they also use pictorial flip charts and other materials designed for a variety of literacy levels to help women distinguish between accurate and inaccurate information.

Ipas India also works to get more specific information to women in smaller settings by assembling groups of four to six women and telling them a story using an illustrated flip book. The book depicts women in a family setting, illustrating the consequences of unsafe abortion versus the better outcomes with supportive partners and safe abortion methods in early pregnancy. Ipas India has also designed games health workers can use in group settings to give women knowledge of when abortion is or is not legal. The next step in the program is to encourage the government to make these strategies a permanent part of its health outreach programs, so that even larger numbers of women can benefit.

Training community members to provide health-care education, services and referrals

Another aspect of empowering people in poor communities to take care of their health is enabling community members to assist their neighbors in gaining access to health services.

Female Community Health Volunteers (FCHVs) in rural **Nepal** serve women and children as peer educators, community mobilizers and sources of information on sexual and reproductive health. They distribute condoms, give children rehydrating solution when needed, administer urine pregnancy tests, refer women for safe abortion services, and organize monthly meetings for women's groups to share new health information. More than 48,000 FCHVs working throughout the country, and Ipas Nepal works to bolster their capacity to counsel and inform women who experience unintended pregnancy.³

Enabling young people and women to voice their concerns to policy-makers

In **Ghana**, the NGO “Children and Youth in Broadcasting – Curious Minds” has used the media, especially radio, to advocate and represent the neglected perspective of young people in the national discourse and to highlight the development challenges of this group. There are currently 452 Curious Minds members and four clubs at senior secondary schools.⁴ The young people who produce Curious Minds radio programs challenge and inspire Ghanaian society to see young people as capable of offering solutions rather than causing problems. Ipas Ghana supports Curious Minds as part of its efforts to educate and inform young people on issues about their sexual and reproductive health and rights. They offer six different radio programs — in English and two local languages — that give information on issues such as violence against women, HIV/AIDS and abortion. Results seen thus far include increased knowledge among youth on national policies and pressing issues, and prompt actions by local governments to address youth challenges discussed on the programs.⁵

In **Nepal's Kathmandu Valley**, thousands of young women work in brick, handicraft and textile factories. Multiple economic and social barriers — such as the widely held beliefs that young women should not be sexually active and that reproductive health services are only for older and married women — greatly limit their access to comprehensive information on sexual and reproductive health and rights, including their right to a safe abortion.

In collaboration with two community partners, Ipas Nepal helped create a series of sexual and reproductive health classes for factory workers that the community groups now run, plus trainings for young women to become peer educators in their factories and communities.⁶ Because of the classes and trainings, the factory workers increased their knowledge and skills; as one woman who attended a session with her week-old infant said, the classes were so informative and interesting, she did not want to miss even one. Many of the young women have now also begun participating in other community events as a result of the capacity-building they received, enabling them to speak out publicly more often about issues that affect them.

Governmental support for creating an enabling environment

The Pampaida Millennium Villages Project (MVP) in **Nigeria** began in 2006 with governmental support to achieve the Millennium Development Goals.⁷ It included a wide range of interventions across various sectors: health (30% of the Project budget), education (20%), infrastructural improvements (20%), agriculture and nutrition (15%), and water, sanitation, gender and community development (15%). Benefits for the community included the building

of a 24-hour, adequately staffed and stocked clinic, free medical services, antenatal services, outreach to constituent settlements and immunizations at no cost, which resulted in improved health. Enrolment in primary and secondary schools increased for girls; agricultural yields grew and women's groups were helped with loans and access to credit and markets.

As the Project progressed, more people, especially women, had greater access to good-quality health-care services and a higher level of involvement in community issues and decision-making processes. A woman leader remarked:

“MVP style of project implementation is a lot different from the previous development intervention here in Pampaida and around Ikara. For those ones, only the men in the community were involved in the meetings where community issues were decided. But now, women are part of community meetings and are able to contribute to the issues and decision-making processes. We have our own money and we can engage in farming and small businesses. I also know that more women are choosing family planning methods now because of proximity to the clinic. It has been helpful.”

The concern with the Project was its reliance on donor funding, which accounted for 70% of the budget.

Recommendations

- A prerequisite for civic participation by people living in poverty is ensuring that they are educated and informed about their rights to health care, education and other basic necessities of daily life.
- Training and capacity-building for young people and women can particularly contribute to their engagement in community work and processes, enabling their voices to be heard while simultaneously increasing sources of information and referrals for their peers.
- Government support and collaboration with community groups and NGOs to promote participatory interventions and ongoing programs, especially in the area of sexual and reproductive health and rights, is essential for promoting the participation of poor people in decision-making about their lives.
- Mechanisms to guarantee funding and resource sustainability for projects and interventions must be built in from the start.

¹ Ipas. 2012. In rural South Africa, peer educators engage thousands. In: *My honor, my body, my health. Fulfilling young people's sexual and reproductive health*. Chapel Hill, NC, Ipas; <http://www.ipas.org/~media/Files/Ipas%20Publications/CXYTHBE12.ashx>

² Niki Msipa-Ndebele and Jennifer Daw Holloway, eds. 2011. *Community voices: strategies to address unsafe abortion*. Chapel Hill, NC, Ipas; <http://www.ipas.org/~media/Files/Ipas%20Publications/CABEUAE11.ashx>

³ Ipas. 2 August 2011. *Female community health volunteers in Nepal promote safe abortion*. Chapel Hill, NC, Ipas;

<http://www.ipas.org/en/News/2011/August/Female-Community-Health-Volunteers-in-Nepal-promote-safe-abortion.aspx>

⁴ Curious Minds. 2012. *History of CM-Western*; <http://cmwestern.webs.com/aboutus.htm>

⁵ Ipas. Spring 2012. Ghana. Through radio, young people's voices reach a diverse audience. Because, p. 12; <http://www.ipas.org/~media/Files/Ipas%20Publications/BECVOL6E12.ashx>

⁶ Ipas. 2012. Breaking down barriers for factory workers in Nepal's Kathmandu Valley. In: *My honor, my body, my health. Fulfilling young people's sexual and reproductive health*. Chapel Hill, NC, Ipas;

<http://www.ipas.org/~media/Files/Ipas%20Publications/CXYTHBE12.ashx>

⁷ Ngukwase Surma and Mary Okpe. April 2012. Chapter 4: Nigeria case study. *Sexual and Reproductive Health and Rights, Poverty and the Millennium Development Agenda in Kaduna State*. In: *Breaking through the development silos. Sexual & reproductive health & rights, Millennium Development Goals and gender equity. Experiences from Mexico, India and Nigeria*. Quezon City, DAWN; <http://www.dawnnet.org/uploads/documents/SRHR.pdf>