



Principles into Practice

Learning from innovative rights-based programmes



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FOREWORD

CARE International has set itself the challenge of incorporating human rights principles into its work, in common with many of its peers in the field of global relief and development. Being an organisation primarily of practitioners, we are keen to see what this much-vaunted “rights-based approach” looks like when implemented on the ground.

As an organisation, we asked ourselves what behaviours we would expect to see enacted if we were adopting a rights-based approach. This led to the development of a set of six programme principles which have been adopted globally across CARE International. These principles are to promote empowerment; work in partnership; ensure accountability and responsibility; oppose discrimination; oppose violence and to seek sustainable results. They are intentionally generic so that they can apply to the wide set of contexts in which CARE operates. By evaluating our actions against these principles, we are able to assess how we have integrated a rights-based approach into our practice. For this reason, we have used CARE’s programme principles as a way of structuring the analysis presented in this report.

In 2004, CARE International UK invited CARE country offices around the world to submit examples of work which charted their attempts to incorporate a rights-based approach. This initiative specifically sought to gain insights into a number of aspects of what it means to apply “a rights lens” in practice. In particular, we wanted to:

- combine learning and action to inform sharper analysis and planning;
- create linkages between change agents working in rights and social justice;
- bridge theoretical concepts with practice to complement and inform each other;
- understand and show increased impact on poverty and social injustice;
- demonstrate organisational change consistent with rights-based approaches used in projects; and
- critically analyse power relations and develop strategies for building more equitable forms of power for social and economic justice and equality.

This “Rights Innovations Prize” produced entries from 16 countries, from Bangladesh to Peru, each of which demonstrated a different aspect of how our practice has been modified by our understanding of rights. We were so impressed by this array of experiences that we felt it would be valuable to collect the lessons learned into a single volume.

We commissioned Mary Picard, formerly a Programme Adviser for CARE International in several countries, to write the main report. She was supported and guided in this work by Jay Goulden, then Head of the Technical and Policy Unit at CARE International UK. We are grateful to both these individuals for condensing and distilling the essence of 16 very different experiences.

We present the case studies presented here as “innovations” in the sense that they have often been conceived within the boundaries of conventional projects, and sought to stretch them. We therefore need most of all to thank the many people behind the examples featured in this report for their willingness to try new approaches, to take risks, and to devote the extra time and resources this inevitably entails. Without their dedication we would not have these valuable experiences to share.

Raja Jarrah, Programme Director
Fiona Turnbull, Head of Communications
 September 2005

CARE International UK

EXECUTIVE SUMMARY

As CARE International seeks ever more effective ways to work towards eradicating poverty, it has been testing methods of incorporating rights-based approaches (RBA) into its development programmes. This report and the individual project summaries are an account of some of those innovations and the lessons learned from them.

Throughout this report we understand a rights-based approach to mean a deliberate and explicit focus on enabling people to achieve the minimum conditions for living with dignity – in other words, achieving their human rights.

The review of 16 RBA projects from Bangladesh, Bolivia, Burundi, Cambodia, Guatemala, Honduras, India, Peru, Rwanda, Sierra Leone, Somalia, and Thailand gives us concrete evidence of what RBA “looks like” in context and in practice.

The structure of this report broadly corresponds to CARE’s six programming principles. These are to:

- promote empowerment;
- work in partnership with others;
- ensure accountability and promote responsibility;
- oppose discrimination;
- oppose violence; and
- seek sustainable results.

Other important aspects of RBA, such as the use of human rights law and the scaling-up of interventions are also considered.

Promoting empowerment

Invariably, attempts at rights-based programming have gone beyond conventional levels of participation by beneficiaries and partners. Far more, they are about empowering marginalised groups to take control over their own lives as an integral part of understanding development and dignity as a basic human right. All of the case study projects took as their starting point the need to give voice to the most marginalised groups, whether or not the projects chose to invoke the language of rights.

A few of the projects designed quite elaborate processes to facilitate and mobilise community groups, while others demonstrated the importance of empowerment through solidarity.

Working in partnership

By acting within a rights framework, CARE staff have found that they had to interact with a wide spectrum of players in order to:

- build alliances in creating a more powerful force for change,
- forge links between rights holders and duty bearers,
- step back into a facilitator role, passing the lead to marginalised groups to let their voices be heard.

Engaging with a greater number of stakeholders means managing a complexity of relationships and this requires skill and patience.

Ensure accountability

While not all cases were directly aimed at improving CARE’s accountability to the poor, it is clear that greater scrutiny of the relationship between CARE and poor communities is needed if RBA is to be taken seriously. Furthermore, without proper engagement and research into social, cultural and economic differentiation, some social groups can be left out of a programme, mirroring their social exclusion. Exemplary relationships with marginalised people bear characteristics of trust, friendship, and a ‘journeying together.’

Promoting responsibility

The process of dialogue between rights holders and duty bearers has proved to be transforming for both groups. In most projects, this was accomplished by facilitating discussion and dialogue in an open and collaborative manner, while in others, organised groups put pressure on responsible actors.

Opposing discrimination

To oppose discrimination through its programmes, CARE has also looked internally at the views and attitudes of staff within the organisation. Dialogue amongst staff, partners and community members, for example, has in some cases created the energy and commitment to move forward towards elaborating a gender strategy.

Projects did focus attention on populations being discriminated against, and recognised all forms of discrimination. Many examples addressed the double discrimination of women where norms and traditions subordinated women even within the most marginalised groups.

Opposing violence

Many projects find there is a direct link between opposing discrimination and opposing violence. Violence and rights abuses against marginalised or disenfranchised groups is a common theme, as many countries where CARE is working are recovering from war or affected by chronic conflict, such that people only know violence as the means to resolve it.

Seeking sustainable results

As the case studies in this report highlight, poverty of specific groups of people is perpetuated by political or economic structures, social norms and even specific environmental conditions. By examining underlying causes of poverty, rights-based approaches help to focus interventions on issues that may require a longer time horizon but can produce more sustainable results. In many of the projects featured, the root cause of the communities' poverty was linked to poor governance and/or social exclusion.

Use of human rights language and legislation

The examples spanned across a spectrum of rights: from moral rights (to be heard), and economic, social and cultural rights (to live in dignity and well-being), to legal rights (individual human rights or rights as a citizen). Not all projects perceived the need to invoke human rights legislation or frameworks.

Explicit use *was* made by programmes that incorporated human rights into community education, or that were aimed specifically at achieving the legal rights of citizens. In other examples, rights language was minimised in favour of tapping into the values, beliefs, and principles of the culture to achieve more equitable treatment of excluded groups.

A continuum of approaches

Comparison of the 16 case studies suggests a continuum of rights-based approaches that encompasses:

- research, analysis, and diagnosis;
- dialogue and awareness raising;
- planning for action, proposing solutions and preparing the ground;
- and taking action.

Not all examples progressed to the stage of taking action but the majority were able to increase knowledge of rights and responsibilities. Categorising individual interventions along this continuum so we can visualise how they might evolve has proved a useful exercise.

This has been included at Annex 3.

Scaling up

A wide variety of 'scaling up' strategies was apparent. Within the countries or regions in which the projects took place, these included:

- a demonstration or modelling effect,
- sustained advocacy,
- information dissemination and shared documentation,
- participation in networks,
- replication to other geographical areas,
- and spontaneous demand.

Within CARE's country programmes, the innovators have begun to systematise and share learning with stakeholders and deepen their commitment to client populations. Beyond the individual programmes, the experiences are being shared through networking, information exchange and dissemination, and cross-visits.

Some common lessons and challenges

In conclusion, the 16 RBA initiatives between them display a combination of innovation, courage, persistence, and willingness to learn and change.

Some common lessons emerged from the case studies:

- Obtaining the support of key stakeholders is not always possible at the outset, and requires persistence, advocacy, transparency and negotiation.
- Attention needs to be paid to assessing, managing and taking risk, and this is relevant to staff and client groups alike.
- Client groups and partners report that more time and support are needed than for a conventional project.
- CARE's dual accountability to the poor and to donors imposes additional burdens if the latter is not supportive of the innovation.
- A multitude of internal, organizational changes is implied including:
 - the resources needed for reflection and research;
 - the solidarity and commitment amongst staff to enable them to take risks and become advocates for change;
 - a different skill set with a focus on facilitation, mediation, and social science;
 - and financial and administrative requirements that facilitate rather than impede rights programming.
- As CARE seeks to uncover the root causes of poverty and social injustice, it needs to differentiate its client population more systematically and analyse inequities. This extends to disaggregating within marginalised or excluded groups by gender and other relevant categories. This type of investigation is fundamental and relies for its validity on the participation of marginalised groups.

- Any effort to raise awareness of rights and responsibilities relating to the problems facing marginalised groups must include rights holders *and* duty bearers, both of whom are equally capable of transformation.

There are promising signs that RBA enhances the sustainable impact of CARE's programming. As we learn, new areas of further research amongst CARE and other NGOs suggest themselves. The experience so far is that much can be achieved in addressing inequity and marginalisation by applying rights-based approaches.

INTRODUCTION – ADDRESSING THE CAUSES OF POVERTY

As a global confederation of 12 members operating in over 70 countries, CARE International's fight against poverty is brought together under a unifying vision.

Vision Statement

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

CARE International will be a global force and partner of choice within a world-wide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

As part of its commitment to this vision, one of the objectives in CARE International's Strategic Plan is to better understand and address the underlying causes of poverty. In recent years, CARE has thus been encouraging the exploration of rights-based practice as one way of doing this.

What is a Rights-Based Approach (RBA)?

It is a lens and an approach to all our work, be that programming or within our own organisation. A rights-based approach deliberately and explicitly focuses on people achieving the minimum conditions for living with dignity (i.e. achieving their human rights). It does so by exposing the roots of vulnerability and marginalization and expanding the range of responses. It empowers people to claim and exercise their rights and fulfil their responsibilities. A rights-based approach recognises poor, displaced, and war-affected people as having inherent rights essential to livelihood security – rights that are (sometimes) validated by law. (adapted from Andrew Jones, et al. "Incorporation of a Rights-Based Approach", CARE, 2001).

CARE country offices around the globe have made concerted efforts to translate this concept into demonstrable examples of rights-based approaches (RBA) in development programmes. This report is an attempt to bring together some experiences from the field about how different programmes conceptualised and tested rights-based approaches.

Social injustice and poverty are closely intertwined. By making this connection, rights-based programming has compelled us to carry out a more holistic analysis that includes an examination of the structures, systems, and social norms or traditions that perpetuate the poverty of specific groups of

people. The cases assembled attempt to address causes of poverty in many spheres, including:

- **Political** – poor governance and institutional capacity, corruption, violent conflict, lack of political will;
- **Economic** – globalization, unequal terms of trade, inequitable resource distribution;
- **Social** – harmful societal norms, culturally driven inequities and forms of exclusion such as gender, caste, wealth category, profession; and
- **Environmental** – limits on carrying capacity, natural disasters, propensity for disease, availability and quality of natural resources.

As well as addressing the structural causes of poverty, the application of rights-based approaches has several other implications for CARE's work, including the need to:

- exercise more consistent individual behaviours amongst staff, partners, and client populations;
- accept the limitations of a single organisation to achieve sustainable impact alone, and view what CARE does as integral to a weave of players;
- be willing to take risks and know how to manage them;
- engage longer-term with a client population and grapple with the shorter-term horizons of funders;
- become more versed in human rights discourse and draw upon the concepts in sensible ways for the people whose rights are at stake; and
- rethink how to monitor and evaluate CARE's work, particularly as changes in power relations become more central.

To a large extent these considerations are incorporated in a set of programming principles to which CARE committed itself in 2003.

CARE International Programme Principles

- 1 Promote empowerment
- 2 Work in partnership with others
- 3 Ensure accountability and promote responsibility
- 4 Oppose discrimination
- 5 Oppose violence
- 6 Seek sustainable results

The structure of this report broadly follows the themes raised in these principles, followed by reflections on other considerations that are considered to be distinctive characteristics of rights-based approaches, namely the explicit linkage to human rights instruments and the potential to have impact at scale. A final section draws together conclusions and proposes a framework for understanding the rights strategies adopted by the range of examples.

The cases reviewed originated from Bangladesh, Bolivia, Burundi, Cambodia, Guatemala, Honduras, India, Peru, Rwanda, Sierra Leone, Somalia and Thailand. For some cases, the emphasis was on the research and analysis itself that was needed to identify the underlying causes of marginalization. In others, enough progress was made to produce visible breakthroughs. This report proposes a “continuum of rights strategies” that illustrates the complementarity of different approaches.

These examples together illustrate how RBA can take shape in a variety of creative ways in different contexts. The analysis in this report tells us much about their variety but, equally, about some important cross-cutting elements of rights-based practice. It is clear from the examples that a rights-based approach does enable a deeper understanding of the causes of poverty and social injustice and therefore opens up the possibility of longer-term changes than more conventional development approaches.

Annex 1 is a list of the cases and their respective abbreviations used within the report. For more detailed reading of the 16 cases, one-page summaries of each are presented as separate annexes (see Annexes 2.1 to 2.16). Annex 3 applies the proposed continuum framework to the present set of case studies.

PROMOTING EMPOWERMENT

CARE Programme Principle 1: Promote Empowerment

We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations. We ensure that key participants representing affected people are involved in the design, implementation, monitoring and evaluation of our programmes.

Perhaps the crux of the distinction between rights-based approaches and more conventional development programming is making the empowerment of poor and marginalised groups central. Going beyond *participation* of clients and beneficiaries, such programmes empower people to take control over their own lives as an integral part of understanding development and dignity as a basic human right.

There is substantial evidence in the examples of an explicit attempt to empower client populations and/or partners in some fashion. The pattern that emerged across these examples was of CARE supporting a community or social group to make decisions about their own lives, take concerted

action to address problems, and hold duty bearers accountable. Often, but not always, a relationship was made between the *problem* and a human right.

The most comprehensive process is represented by the **Bangladesh SHAHAR project**. It employs a community empowerment process, known as the Pressure Plates Model, which enabled communities to identify their priorities, mobilise, and build networks with local support structures to address their needs and rights.

The model begins with a rigorous well-being analysis with the community, disaggregating households by social and wealth classes. These are further sub-divided into categories of profession and women headed-households which then form *special interest groups* to conduct separate problem trees and prioritise their top two or three problems. Invariably, problems were related to a rights violation or lack of governance. Each special interest group then elects a representative to the Community Resource Management Committee (CRMC). Simultaneously, the project raises awareness among service providers, mobilises them into local support structures known as LSPs and links them with the low-income settlements. The CRMC can then place pressure on LSPs to be accountable to the communities in resolving issues.

Rights also took a central place in the **SHCROP project** in Bangladesh which raised awareness amongst share-croppers whose rights were being violated. The project built the capacity of sharecropper organisations to negotiate with landowners to claim their rights and entitlements using a strategy which produced benefits for both sides.

Sharecroppers in Chapai Nawabgonji (Bangladesh)

Results show that members of the Sharecroppers' Associations are receiving more of their entitlements according to the national sharecroppers' policy. In terms of empowerment, farmers are increasing their leadership, networking and negotiation skills, as is evident in their willingness and confidence to talk with landowners, organise press conferences, and raise issues with the Agricultural Minister. The Sharecroppers' Associations are also becoming recognised as community-based farmer-led organisations addressing social justice at village level, as they become involved in resolving other conflicts that require an understanding of human rights such as dowry and family law.

The Cambodia Highland Children's Education (HCE) project, working with indigenous communities, focuses on preserving local language and culture while engaging the entire community in creating schooling for their children. The project consistently emphasises the importance of control and ownership

by the community, albeit without full and overt use of rights language and concepts.

In contrast, **Guatemala Female Citizens project** empowered Mayan women by addressing their rights as citizens and created a process that enabled them to acquire and exercise their full rights, as did the **Peru Citizenship project** in its work with the Quechua-speaking people in Huaccana.

The principle of promoting empowerment has strong implications for CARE's relationship with poor and marginalised groups. The **Raks Thai Foundation commitment to migrant workers** epitomises the notion of *standing in solidarity with the poor and marginalised*. What began as a small pilot in 1996 culminated in Board approval in 2001 to make advocacy for this extremely disenfranchised population an organisational priority. Advocacy activities over the years have expanded with visibly greater influence.

Raks Thai Foundation

Today, Field Coordinator Sompong assists the Human Rights Committee, a national organization, in conducting a study to draft a master plan for migrant workers in Thailand based on human rights and international conventions. Sompong is also a member of the Action Network for Migrants comprising about 12 NGOs who are active in advocacy on migrant worker issues.

Empowerment can also relate to staff. **CARE Honduras** used an appreciative inquiry approach within the context of an organisational gender and diversity initiative to give staff the freedom to choose how and what they want to contribute to CARE.

What all 16 examples accomplished in a variety of ways was to give voice to the most marginalised groups and sometimes to increase their representation in the project, and therefore in the community. In other instances, it built their capacity to claim their rights, as in the case of the **Bangladesh Violence Against Women (VAW) project**.

What is empowerment?

In analyzing empowerment it is helpful to have a clear conception of "power". A useful typology suggested by Just Associates in "A New Weave of Power, People and Politics" (2002) distinguishes between

Power Over – coercion and discrimination

Power With – collective strength and common cause

Power To – individual capacity to shape change

Power Within – inner strength based on self-worth

Most of the case studies treated participation as a right, not just a means to achieve project goals. They made use of structured learning processes to solicit and engage different perspectives, particularly those of the more marginalised. As such they are good examples of what might be termed "interactive participation"¹

Approaching "self mobilisation," at the high end of the participation scale, were the **Bangladesh SHAHAR project** and the **Guatemala Promoting Maternal Health (PMH) project**. Both projects in their entirety facilitated the mobilisation of communities to seek and maintain control over resources they needed. Similarly, in the example of the **Cambodia HCE project**, the community assumed control over all aspects of the project, including governance of the schools themselves.

How well concepts and definitions of empowerment were understood and interpreted in a meaningful way for specific contexts and particular groups can only be deduced from the response of those groups to the various innovations undertaken by CARE.

All of the projects demonstrated positive results to differing degrees. As a minimum threshold, the voices of the marginalised were raised. Beyond that, a gradient of progress can be identified which spans:

- greater awareness of their rights,
- increased confidence or self-identity ("power within"),
- engagement in collective action ("power with") to resolve problems and/or claim rights,
- influencing decision makers or duty bearers to support their rights, and often succeeding in having their demands met.

Further sections of this report will focus on some of these aspects of empowerment more specifically.

¹ A term borrowed from the typology of participation approaches in VeneKlasen, Lisa with Valerie Miller. 2002, *A New Weave of Power, People and Politics: The Action Guide for Advocacy and Citizen Participation*, Oklahoma City: World Neighbors, p. 106 – see <http://www.justassociates.org/chap5%20planning%20basics.pdf>.

WORKING IN PARTNERSHIP

CARE Programme Principle 2: Work in partnership with others

We work with others to maximise the impact of our programmes, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfil rights and alleviate poverty through policy change and enforcement.

In *most* instances, CARE did not initiate a pilot with the explicit intention of improving *partnership*. However, the focus on empowerment and/or raising awareness of rights directly affected the nature of relationships with client populations, partner organisations, and other stakeholders.

Two examples *did* have an explicit focus on relationships. **The Rwanda Action Learning System (ALS)** case used a participatory monitoring exercise to highlight the improvements its partners and client population felt could be made in CARE's relationship with them. The exercise uncovered opinions which helped to strengthen CARE's accountability to children and youth in preventing rights abuses. After an initial inquiry, the feedback process was systematised through an action learning and monitoring system.

Constituency Building in the Bangladesh 'Reducing Violence Against Women' Pilots

The two pilots did not start off with a constituency building plan but made a gradual move from engaging constituents at household level to playing a facilitator role in mobilizing other constituents. CARE and these constituents have become part of a social movement addressing VAW (violence against women) and women's rights. These include the victims themselves, male counterparts of victims, duty bearers in government, the media, civil society organizations, local leaders, cultural performers, donors, and the private sector.

The Bangladesh Violence Against Women case illustrates the fact that rights-based programming compels us to interact with a broader spectrum of players, for a number of reasons:

(a) to build alliances and create a more powerful force for change by uniting with other elements of civil society which support a common vision, such as the rights of women (**Bangladesh**) or migrant workers (**Thailand**);

(b) to forge a link between rights holders and duty bearers, with compelling examples from Bangladesh (**SHAHAR, SHCROP**) or the **Guatemala** cases on citizenship. This creates new partnerships which, at the same time, place CARE more squarely in a facilitator role; and

(c) to ensure voices of marginalised groups are heard and respected, a diversity of stakeholders who compose the social and political fabric of life in that community is called to be present. The **Rwanda Causal-Responsibility Analysis (CRA) pilot** and the **Sierra Leone Upstream Approach** illustrate this well.

Sustainability of project interventions and/or impacts rely on the support that can be gained from an array of players whose behaviours, attitudes, and actions are essential to meeting the needs and demands of a marginalised group. Teachers, parents and civil society actors were an important part of the success of the **Bolivia Alternative Youth Education (AYE) initiative** on the rights of working children and adolescents.

This emphasis on partnership should not ignore the fact that a greater number of stakeholders creates new tensions that CARE must skilfully manage in order to maintain the positive relationships needed to sustain change.

Cambodia Highland Children's Education

An ongoing challenge is to manage the often conflicting agendas of key stakeholders. For example, it is quite feasible to envisage a situation whereby the Ministry of Education (MoEYS) makes changes to curriculum documents that were previously approved by community school boards. Although, of course, MoEYS approval represents a step towards Government recognition of the community schools, this nonetheless raises questions of community ownership and the project's obligations to the communities.

Finally, many examples found the need to engage the services of human rights organisations and/or legal services when they were explicitly promoting the defence of human rights, prevention of human rights violations, or education in human rights.

ENSURING ACCOUNTABILITY

CARE Programme Principle 3: Ensure accountability and promote responsibility

We seek ways to be held accountable to poor and marginalised people whose rights are denied. We identify those with an obligation towards poor and marginalised people, and support and encourage their efforts to fulfil their responsibilities.

A rights orientation compels CARE to be more accountable to the people it serves. It contrasts with a 'results-orientated' approach to development which can overemphasise accountability to the donor.

This begs the questions: what results and for whom? Are donor expectations always in the best interest of poor and marginalised people? Are some people negatively affected, albeit unintentionally, and how can CARE be more consistently aware of the potential harms?

At least three cases were directly aimed at improving CARE's accountability to the poor. **The Rwanda ALS example** was a direct response to this issue, soliciting viewpoints from clients, partners, and staff about CARE's effectiveness.

CARE Rwanda Asks Some Critical Learning Questions

Based on its experience with a rights-based action learning system, CARE Rwanda formulated questions of relevance to the wider CARE region:

- How, practically speaking, do we ensure that our design, monitoring & evaluation processes provide the people whose lives are affected by our interventions with a direct say in the way our projects are designed and implemented?
- How can CARE be truly accountable for all of the impacts of our interventions – positive as well as negative, intended as well as unintended? How do we ensure that we capture negative impacts and avoid or at least mitigate them?
- How will this tool/method's focus on project participants as client/rights-bearers and on the establishment of a system for them to hold us accountable help us to be more accountable?
- What are the practical implications for CARE programmatically and organisationally? What are the lessons learned along the way and the adjustments made?

The Somalia National Relief Organisation (NRO) project took a hard look at benefits and harms for various social groups involved in this project. The experience directly raised questions about the accountability of NRO and indirectly that of CARE. The analytical process revealed for NRO how important it was to be knowledgeable about the

diversity and complexity of a community composed of different clans and social groups to avoid exclusion and harms. It also demonstrated to community groups how a benefit to one group could be a harm to another. This, and the **Sierra Leone Upstream Approach**, revealed how culturally-rooted discrimination will re-emerge in a development project if it goes unexamined and unattended. CARE Sierra Leone's pilot raised awareness about exclusion and, with partners and clients, overcame the problem.

"Now We All Count – Individual Registration and Targeting of Seeds"

Research revealed that patterns of exclusion in prior distributions of humanitarian assistance in Sierra Leone mirrored patterns of marginalisation in rural society. Women, youth, internally displaced persons (IDPs) and weaker social groups were not involved in discussions about the allocation of seed and, consequently, received no assistance. The same categories of people were also excluded from participating in local decision-making processes. Living in remote, vulnerable communities, many respondents said they were neither recognised as citizens by the State, nor regarded as equal citizens within their own communities. They also believed that local elites had colluded with CARE staff in the past to exclude them.

CARE used the opportunity of a new food security project to invite different social groups to discuss previous problems and propose ways to overcome them. Using the Declaration of Human Rights as a starting point for the discussion, the project related the question of equal rights and dignity to adequate food. Participants felt all people were human beings and citizens and should all receive seeds. Registration of all individuals without selectivity conveyed a message of inclusion to all groups with a clear demonstration of how exclusion, favouritism and injustice contributed to the emergence of conflict.

Increased accountability to the poor and marginalised was expressed by many of the examples which strove to:

- uncover the social, cultural, or economic differentiation within the client population in order to know who the excluded or disenfranchised groups were and whether or not CARE's programmes were neglecting them, including them, or harming them in any way;
- create more opportunity for marginalised groups to make their voices heard and use their voices to claim their rights;
- use the knowledge gained of those groups whose rights were being denied for better project targeting and/or to explore in greater depth the root cause of their rights denial/marginalisation; and

(d) constantly attempt to facilitate the fulfilment of rights or to overcome the barriers to rights fulfilment.

This persistence can reflect a growing commitment towards a particular marginalised group. For example, in the Raks Thai Foundation's programme for migrant workers, solidarity and accountability went hand in hand. Words like *trust*, *friendship*, and *equity* appear more frequently when describing the relationship with client groups.

Utilizing a rights framework also empowers client populations to hold CARE more accountable for the results of its interventions, as the Rwanda ALS case articulated. Donor concerns with numerical targets to achieve results can sound out of synch and overly technical in this context. Similarly, project timeframes can seem artificial. More attention is needed to joint *reflection* and *learning* to create the space for staff, clients and partners to *journey together* through a social change process. The examples evince a growing, albeit not necessarily irreconcilable, tension between accountability to donors and accountability to communities and a commitment to learning.

"It is all about being a community of learners who are on a journey. It is a journey of learning; it is a journey that is far from smooth and not without the occasional rough patch. But it is a journey where steady progress is being made, and where there is a confidence that the destination will provide indigenous communities in remote areas of Cambodia with new skills and knowledge to assist them in making their way in an uncertain future."

Cambodia Highland Children's Education Project

PROMOTING RESPONSIBILITY

The second part of principle three (see above) refers to *responsibility* - CARE's obligation to identify, encourage, and support those persons or institutions who are duty bearers to meet their responsibilities vis-à-vis rights holders.

The Guatemala PMH Project was conducted in collaboration with the Ministry of Health so that the pilot to improve obstetric health care would serve as the model for the national strategy on reducing maternal mortality. Healthcare providers, midwives, and community institutions involved in the 4-Delays Model sought solutions to improving access and quality of care.

The **Peru Citizenship example** very deliberately linked citizens and government in a participatory budget design process as an exercise in citizen rights and government accountability. Local authorities and the state developed new attitudes and discourses based on respect for rights. At the national level, lobbying efforts shaped the rules and guidelines for the Participatory Budget Planning issued by the Ministry of Economy and Finance and the project contributed to the formulation of the regulations governing the Framework Law on Participatory Budgets.

The Guatemala Female Citizens Project directly confronted the obligations of municipal authorities by presenting them with innovative solutions for registering poor Mayan women living in remote areas as citizens. For the first time in the modern history of Guatemala, municipal officers and the election registrar spent an entire day in the remote communities and assisted the women on a personalised basis to obtain identification documents.

Sierra Leone's Upstream Approach is another example of success. With access to relevant information, the community of Mogbuama used due process to hold a public servant to account. This proved more effective and empowering than the more familiar reaction of reverting to grievance or violence.

Sierra Leone: Mogbuama School Management Committee: "Parent Power" in Action

In the village of Mogbuama where CARE is working, villagers heard a local radio broadcast stating that schools in the district had received a payment from the government's schools maintenance programme. Payments are made directly to the school bank account and the Headmaster is responsible for allocating and spending the funds. The parents' School Management Committee (SMC) had no information on how the previous subsidy had been spent but when asked to provide an expenditure account, the Headmaster refused. The SMC sent a delegation to Moyamba to report the problem to the Schools Inspectorate who called a public meeting at which the Headmaster was asked to give a public account of expenditure. Only a portion of the account was deemed acceptable by the Inspectorate, who decided that the 'missing' amount would be deducted from the Headmaster's salary in monthly instalments. This led to an agreement that the SMC would meet with the Headmaster twice a month to discuss and agree spending priorities, and two SMC members would be included as signatories to the school bank account, thus requiring the authorization of the SMC for withdrawal of funds.

Rwanda's Causal-Responsibility Analysis (CRA) tool expressly raised awareness amongst a range of stakeholders on the rights of marginalised groups and the moral and legal responsibilities of authorities and duty bearers. The methodological approach is being further explored with the aim of improving governance in the province of Gikongoro.

An aim around promoting responsibility appears in most examples as a natural extension of invoking human rights in development work. Many of the cases accomplished this through discussion and dialogue amongst rights holders and duty bearers in a transparent, collaborative manner. Others created the opportunity for rights holders to organise and put pressure on authorities or those responsible for denying them their rights with a clear agenda of their demands.

A Perspective from the Bolivia AYE Programme

Child or youth labour is a structural problem that exists in Bolivian society, due to the conditions of extreme poverty. As a result, a rights based approach had to work intentionally in the context of educative political structures in order to press them to assume their responsibilities. Therefore the project opened doors to other actors in civil society who were able to promote the exercise of rights. For example, CARE has been working with the Ministry of Education, the National Ombudsman, the Directorates of Alternative Education and of Youth and Adolescents, among others.

There was clear admission of risk and the need for risk assessment and management, as duty bearers or rights violators who are in positions of power may choose not to co-operate. A sensitive approach, as sought by the **Burundi Theatre Project**, proved effective. A solid knowledge of rights and their frameworks, advocacy and often collective action on the part of rights holders are of equal importance to risk-taking. **The Bangladesh SHCROP Project** demonstrated the value of a win-win strategy.

OPPOSING DISCRIMINATION

CARE Programme Principle 4: Oppose discrimination

In our programmes and offices we oppose discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

CARE has been actively promoting a working culture of challenging discriminatory attitudes and practices through its gender equity and diversity (GED) initiative, begun in 1999. This has strongly reinforced the development of the skills and approaches relevant to practise equity and diversity in programming, observing the adage that “to really make a change, we must be the change we want to see.”

Honduras: Using Appreciative Inquiry for Building a Gender Strategy

Using techniques that facilitate conversation, suspend judgment, and build trust amongst people can be quite powerful when dealing with a sensitive subject such as gender. Appreciative inquiry focuses on what has been working well. CARE Honduras applied this technique to shape the flow of a gender workshop based on “who we are” and “who we want to be”. “Conversation Cafes,” an adaptation of the native American tradition of the “talking stick”, was also introduced to promote conversation without interruption or judgment. Drama was used to introduce the topic of rights-based approaches, leading in to examples of “participation” and how to foster it internally and externally. While emphasizing the “freedom to be heard,” participants told stories of successful relationships between men and women, creating a sense of connection and shared power between staff.

In relation to programming, the projects incorporate various efforts to oppose discrimination in all its forms by:

- (a) focusing attention on people or groups who are being discriminated against (and whose rights are being denied);
- (b) recognizing discrimination where and when it occurs; and
- (c) raising the consciousness and sensitivity of staff, partners, and clients on the gains of equity and diversity.

Discrimination against women in many societies is most starkly manifested by domestic violence. The prevalence of this phenomenon in Bangladeshi society prompted a large-scale effort on the part of **CARE Bangladesh** to promote gender justice for women victims of violence. It did so by improving governance at local level, empowering communities through women’s rights and gender education, enhancing village support mechanisms, collaborating with human rights organisations for legal advice, and co-ordinating existing efforts of government, civil society, and other actors.

CARE Bangladesh: Reducing Violence Against Women and Promoting Women’s Rights

The project in Natore district created a structure of cells called Violence Prevention and Rights Reinforcement Cells (VPRRC) to carry out interventions in three domains: (1) legal protection, (2) violence prevention and community awareness raising, and (3) networking. Cell members were local male and female leaders who consulted with ‘confidants’ responsible for mediating social conflicts. The confidants were then linked to a committee at Union level, consisting of three women and two men. This structure from the grassroots to local government made it possible to accomplish much in a coordinated, complementary fashion to report and resolve cases of violence and continue marshalling support for the protection of women’s rights.

India Integrated Nutrition and Health Project (INHP)

This project increased women’s voice and representation of their issues in a traditionally male domain, the Gram Sabha or Village Parliament. This structure discussed issues around using the funds available with the Gram Panchayat to build infrastructure like roads, buildings, ponds, hand pumps, in short, men’s priorities. Today, the more basic and important issues of nutrition and health have made it on to their agenda.

Women may also suffer double discrimination in some societies as a result of belonging to a socially marginalised group whose norms and traditions further subordinate women. They are specifically targeted in the **Guatemala PMH Project**, which addresses the needs and health rights of indigenous women, and by **the Guatemala Female Citizens** which made it possible for “anonymous” women to become rightful citizens. In this latter case, women voted for the first time in general and public elections, and some women from 50 to 60 years of age entered a relationship with the State for the first time in their lives.

Attention to gender disparities generally is apparent in the majority of projects reviewed and is an integral part of working with marginalised groups. Women’s exclusion from participating in local governance structures is one issue that CARE has sought to confront. As the Somalia NRO case showed, an in-depth knowledge of the local social and cultural context is an important consideration when seeking to raise women’s representation in local governance structures.

Guatemala Female Citizens Project – From Anonymous to Female Citizens



Catarina Domingo Garcia
Pisuche



Juana Morales Domingo
Aldea El Papal



Francisca Felipe Morales
Piedra Gallo



Francisca López Felipe
Piedra Gallo

OPPOSING VIOLENCE

CARE Programme Principle 5: Oppose violence

We promote just and non-violent means for preventing and resolving conflicts, noting that such conflicts contribute to poverty and the denial of rights.

Many of the countries where CARE works are recovering from war, are under threat of conflict, and/or are so affected by chronic conflict that people only know violence as a means to resolve it.

Burundi is a country that has been plagued with conflict since the end of colonial rule. The colonial powers managed to destroy traditional conflict resolution bodies placing social structures along ethnic lines. Endless conflict has a profound impact on the livelihood strategies of populations as well as their behaviours and relations with others. As individuals suffer trauma and loss, they become less willing to discuss issues and seek solutions. In rural Burundi, social networks have been destroyed and the poor do not have a voice on basic issues such as access to education or land-use. They are far from being involved in the national level decisions around the peace agreements and elections.

Faced with traumatised and destroyed rural communities, CARE International in **Burundi** began an innovative peace education project in 2001. The project aimed to work with traditional conflict resolution structures that exist in the hillsides as well as to help the communities begin to address past conflict and find ways to move forward. The goal was to reduce the barriers that have been created by those with power, allowing the poor to participate in the reconciliation of conflict and their own development. The project made use of CARE's experience in the Balkans and the work of Search for Common Ground in Burundi to use interactive theatre as a way of bringing to light sensitive issues and giving people a supportive environment in which to discuss them.

In post-war rural **Sierra Leone**, CARE conducted research on the underlying causes of war and discovered that decades of political decay, corruption, injustice, and the exclusion of youth and poorer sections of society from decision-making were more forceful than the apparent economic factors, such as control over diamond mining, in driving the conflict. CARE responded by designing its next project on the premise that poverty, marginalization, and inequality would best be addressed by setting up local mechanisms to encourage social inclusion and promoting the principles of citizen responsibility and community self-reliance. The project facilitated the practice of resolving local disputes peaceably within communities by demanding transparency,

accountability and representation from authorities and responsible institutions/individuals.

War-affected countries often witness a rise in social problems at the end of the conflict, among them, domestic violence against women.

However, violence against women also exists in many societies as an outcome of the gender ideology of that culture. The **VAW Project** of CARE Bangladesh first had to grapple with the cultural context and then use that understanding to construct a programme of prevention.

Exploring the Causes of Violence Against Women, Bangladesh

The basic cause of violence is rooted in the gender ideology, which promotes male dominance and superiority and women's subordination and subservience. The husband's primacy and wife's lesser rights stem from this ideology. In CARE's research, many women and men felt that the disparity in the rights of women and men created the social imbalance which has resulted in the violence against women syndrome. At the same time, while some women said that it was the lesser value of women in Bangladesh that led to this problem, the men disagreed. They felt that equality between women and men cannot be allowed and that a man had the right to discipline his wife through violence – but they disapproved of him beating her unfairly or too much.

Preventing violence and rights abuses against marginalised or disenfranchised groups is another common theme in the projects reviewed. Exploitation and discrimination can take various forms of physical, mental, or emotional abuse. Supporting the rights fulfilment of vulnerable groups, such as the street and working children in the **Bolivia** example or female migrant workers in **Thailand** worked to prevent such abuses and rights violations.

USING HUMAN RIGHTS INSTRUMENTS AND LAW

Some case studies invoked *human rights instruments or legislation* to support their rights-based work, and almost all of them made reference to rights that were relevant to the types of interventions being proposed. In most cases this reference to the law was used to inspire discussion rather than to make use of the specific legal instruments. The table illustrates the range of such uses.

Country and Innovation	Human Rights Instruments or Legislation
Rwanda Action Learning System for Monitoring and Accountability for Orphans, Vulnerable Children and Youth (OVY) in Gitarama province	A child rights framework with categories drawn from the Convention on the Rights of the Child to ground the results of this participatory monitoring exercise in a legal context
Bangladesh Reducing Violence Against Women and Promoting Women's Rights	The constitution that recognises equal rights for women, ratification of the National Policy for Women's Advancement to eliminate all forms of discrimination against women (CEDAW) and, the National Policy on Women which identified actions against violence as a priority area for government interventions
Bolivia Promoting The Rights Of Working Children And Adolescents – Alternative Youth Education Programme	The law that promotes the protection and attention of boys and girls in health, education, and other services (Código del Niño, Niña) and the UDHR incorporated into the school curriculum
Guatemala From Anonymous to Female Citizens – the Post Conflict Democratisation Project	UDHR with emphasis on the political rights (right to citizenship)
India Four Innovations in an Integrated Health and Nutrition Project	The Indian constitution that mandates that Gram Sabhas (village parliaments) should be held in rural areas 3-4 times a year to strengthen and rejuvenate their role in local governance and get health and nutrition on the agenda
Peru Breaking the Silence – Using a Participatory Budget Planning Process to Build Citizenship	UDHR quoted in reference to rights education in Spanish and Quechua
Sierra Leone Upstream Approach to Human Rights	UDHR to stimulate discussion on rights relevant to local conflicts (e.g., right to adequate food)
Thailand In Search for Rights – A Programme on Health for Migrant Workers	Convention on Human Rights to seek legal redress for migrant workers

As evident in the table, many of the projects used a rights framework for education on human rights. Others used rights instruments that were pertinent to the issue at hand, such as policies for sharecroppers, legal rights for women in Bangladesh, or the Indian constitution, which mandates the activity of local governance institutions. Some sought to raise awareness of the legislation with beneficiaries and stakeholders (including responsible actors) or offer training in rights legislation to bridge the gap between policy and practice.

Less discernible was precisely how well the human rights frameworks were understood and taken up by client populations and partners. Indeed, CARE Sierra Leone designed its innovation with this very concern in mind. Rather than engage people at grassroots level with national issues such as corruption or poor governance, the project focused attention of poor and marginalised groups on their everyday experiences with corrupt local politicians, creating the space for them to reflect on and construct their own meanings of injustice and then draw upon their value systems to challenge and confront them.

In other projects, the reference to rights lent legitimacy to community groups to engage in public advocacy around a common cause.

Other examples spanned a wide spectrum of rights, both legal and moral, but without an explicit reference to any rights framework. Many fell within the broad category of economic, social and cultural or simply human rights.

It was also not always perceptible whether the cases deliberately used rights language. Similarly it was not always clear when projects deliberately refrained from the use of rights language in their relationship with partners and clients, while still maintaining human rights as a conceptual framework for their work.

Where legislation and human rights conventions were not specifically invoked, rights discourse seemed to stress the imperative of a basic human need, entitlement, or benefit that would empower and improve the life conditions of marginalised groups. Rights were often upheld as moral obligations to provide equal opportunities and benefits to all groups of individuals or to protect oneself against potential harm, for example in sexual and reproductive health. The central issue in the

deployment of rights language was *equity* in most instances. In addition, rights awareness amongst the client populations frequently served as a means of *empowerment* aimed at increasing self-worth (“power within”).

Which Rights? The right ...
To be heard
To choose
To adequate food
To live in dignity and well-being
To participation
To proper health care
To education
To own cultural identity and language
Tenure rights
Sexual and reproductive rights
Breastfeeding rights
Individual human rights
Collective human rights
Women’s rights
Citizen rights

As exemplified by the **Sierra Leone Upstream Approach**, it is also possible, with or without rights language, to tap into the values, beliefs, and principles inherent in the culture, religion, or traditions of the population as a means of bringing about more equitable treatment of others. **Somalia** sensitised the communities to the equal worth and rights of all groups through the use of dialogue and by citing Somali poems and proverbs and Qur’an verses. **The India INHP** revived traditions, such as the DharamDai, to overcome inequities in access to proper nutrition and health care based on caste and creed.

CARE SIERRA LEONE UPSTREAM APPROACH

“An important question for agencies such as CARE is how to ‘connect’ the rural mass of the population to the human rights commitments made by their government? The project’s strategy is to facilitate the demand for principled behaviour at all levels of society; central to this strategy are representative and responsive local authority structures – ‘formal’ and ‘traditional’. Thus, rather than informing people of their rights and encouraging them to claim them, the project encourages a culture of principled behaviour in relation to its activities, and then facilitates discussion about these principles in relation to other walks of life where problems exist, such as the functioning of local authority structures, or the strictures of ‘traditional cultural practices’, in practice it fosters adequate community management and good governance.”

A CONTINUUM OF RIGHTS STRATEGIES

The 16 case studies reveal how an understanding of rights was used in a range of different contexts to inform practical action. This suggests a continuum of stages from diagnosis and research to rights fulfilment. The diagram below describes such a continuum. Although it breaks down into four categories, there is overlap between them and many of the case studies consisted of a sequence of steps along it. Annex 3 attempts to assign the present case studies to the stages of the continuum.

Research, analysis, or diagnosis. Research might delve into underlying causes of poverty, social injustice, conflict, or human rights violations or the search for causality might pertain to a particular problem like high maternal mortality rates. What is evident in the cases at this end of the continuum is the participatory nature of the research which strongly upheld the importance of giving voice to disenfranchised groups.

Dialogue and awareness raising. In this category, the object was very much centred on reflection, learning and sharing, on creating dialogue and on respecting the views of others. In some cases, the intention was to acclimatise groups to a dialogue process and then maintain the practice. Throughout these processes, most projects sought to introduce and build a culture of rights and responsibilities.

Planning action, proposing solutions, preparing the ground. Many innovations developed structured processes, firstly to pilot and then to institutionalise the ways in which marginalised groups, communities, and the range of state and non-state actors could engage towards rights fulfilment. Others focused more on broadening the support network to advocate for rights.

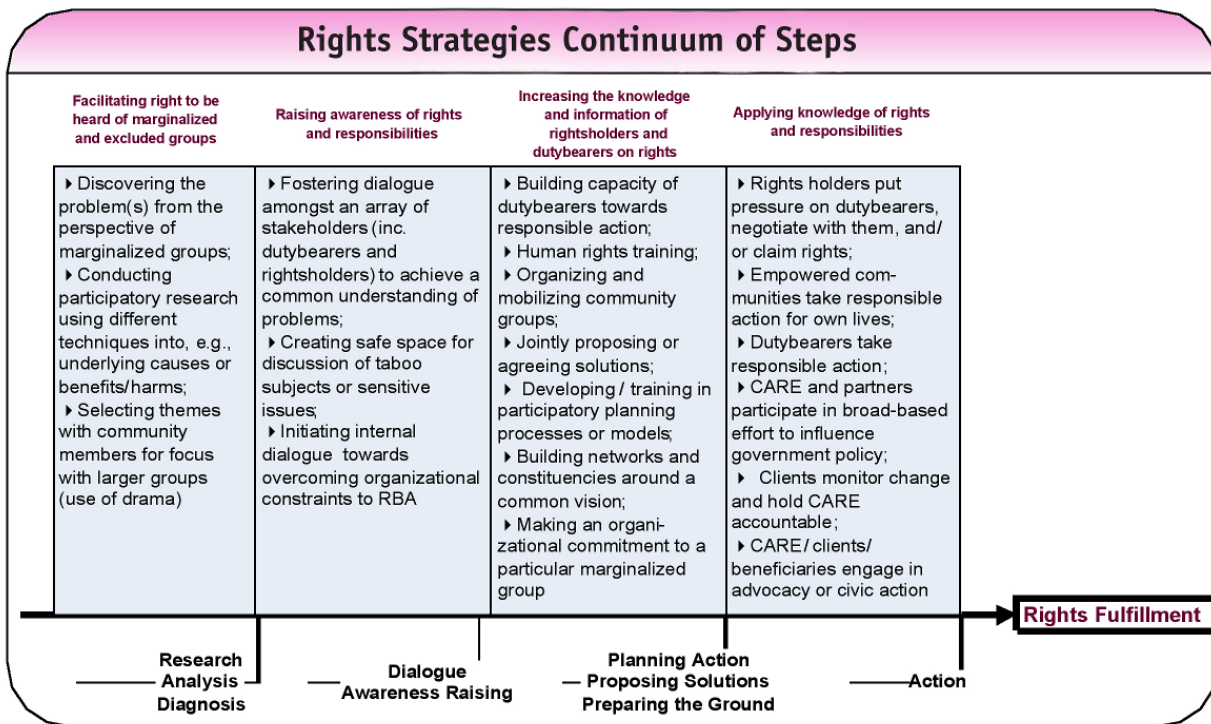
In other cases, efforts were focused on educating clients and different stakeholders on human rights. They all sought to increase knowledge and information about rights and responsibilities amongst duty bearers and rights holders.

Action. ‘Taking action’ meant that the acquired knowledge of rights and responsibilities was applied to some extent. Not all cases witnessed this. For many cases, undertaking a public advocacy campaign or joining forces with other organizations was in itself a considerable achievement. Moreover, such efforts often require persistence and long time horizons.

It is worth noting that the strategies also reflect a difference in entry point for developing a rights orientation in programming. This is partly explainable by the varying contexts (internal and external) in which the programmes operate. Yet the

rationales given for the entry point also suggest a difference in premises and beliefs about what works, particularly in their own context. Do all RBA programmes need a phase of research to identify potential harms and develop a deep understanding of marginalisation within a community? Is awareness-raising and dialogue enough or should all RBA programming be ultimately focused on the ‘action’ end of the continuum?

As CARE is still in a testing phase on rights programming, it remains to be seen where the critical point of agreement are.



SCALING UP INNOVATIONS

The scaling up of innovations is either planned or already occurring in various ways. Many cases used a combination of strategies to scale up or institutionalise the innovations.

Within the country (in some cases, the region)

- **A modelling or demonstration effect** – The **Bolivia AYE Programme** for working adolescents and young people began in seven experimental schools and has since been incorporated into 47 other Educational Units in seven departments of Bolivia. The **Guatemala PMH** was set up as a model for the Ministry of Health to be institutionalised in its national strategy for reducing maternal mortality. In other cases, the replication was voluntary rather than intentional. The **Peru Participatory Budget Planning Process** attracted the interest of municipal authorities in surrounding districts. The modelling effect of the ‘DharamDai’ and other practices in the **India INHP** project spurred spontaneous uptake.
- **Sustained advocacy** – There were many instances of the use of advocacy to promote the practices and/or innovations of the pilot projects. For example, one of the **India INHP** innovations was the MELA, a Hindi fiesta that became a forum for promoting better access to health and nutrition services in a concerted way. **CARE Peru** together with other institutions used the participatory budget planning process model as a frame of reference to lobby government to adapt its budgetary processes. **Raks Thai Foundation** shored up its advocacy efforts to promote better health care access for migrant workers and more benefits to this population generally.
- **Information dissemination** – Some cases organised events aimed at a broad audience as an opportunity for others to learn about the innovation (**Cambodia HCE, India INHP**). Others were invited by other NGOs or government bodies to present their results at national and regional forums.
- **Documentation** – The **Peru Citizenship** project developed a manual on its participatory budget planning process. Other projects developed training materials, often in local languages, to make it accessible to others. Still others expressed intent to publish materials on the innovation.
- **Participation in networks** – The **Bangladesh VAW** (violence against women) project and its constituency-building efforts have evolved into a much broader network, now referred to as a social movement. Many other projects experienced the value of networking and coalition building. This could also refer to

expansion of smaller groups such as sharecropper associations into a national network.

- **Replication to other geographical areas** – Some programmes intend to extend geographically (**Guatemala Female Citizens**) because of the widespread relevance of the innovation.
- **Demand** – Although not a strategy per se, demand from other organisations, communities, or client groups is helping to popularise innovative practices or processes. In another kind of demand, marginalised groups with a newly found voice are in some cases putting more pressure on duty bearers for similar improvements (e.g. **Guatemala PMH, India INHP**).

Within the country programmes

- **Spillover effects** – In the case of the **Burundi Theatre Project** and the **Bangladesh SHCROP**, elements of the process or skills acquired by beneficiaries are being applied to other situations.
- **Systematizing learning and feedback** – The intent behind the **Rwanda ALS** innovation is to be appraised of the effects of CARE’s work on beneficiaries. CARE Rwanda also seeks to integrate this action learning process into the monitoring and evaluation systems for all projects.
- **Deepening commitment to client population** – More than a few cases expressed the concern that the achievements have been good but not sufficient to sustain the impact. Thus, their intent is to continue the programme with this same population (e.g. **Cambodia HCE**).
- **Continuation of a structured learning process** – For other cases, the innovation is only a first step in a longer, phased learning process that will be continued (e.g. **Rwanda CRA, Burundi Theatre**).
- **Promoting same ethos, principles and approaches across the whole programme** – This was explicitly stated in one case (**Sierra Leone**) but was implied by many more. Many CARE country offices expect to use the RBA pilot as a launching pad for re-orienting their country programme.
- **Hiring staff from the client group** – **Raks Thai Foundation** relied on volunteers from the migrant worker population initially to facilitate communication with its client population. It later hired some as paid employees. Although not documented by other cases per se, it would be interesting to know whether country offices seek representation of marginalised client groups on their staff.

Within CARE

- **Networking and information exchange** – A few country offices, through their participation in a regional working group or network, are sharing and discussing the results of the RBA pilots to

generate feedback and encourage testing by other country programmes. **CARE Honduras** has formed a network with other Latin American country offices to experiment with the Appreciative Inquiry methodology, for example.

- **Cross-visits** – Some have also scheduled reflection days to which other CARE offices are invited to the country for sharing/learning on the innovation. A few country offices have had visits which have resulted in replication of the innovation.
- **Information dissemination** – Many CARE country offices participate in CARE’s RBA Reference Group. This and other forums are often used to present and publish case studies to promote more inter-regional or global exchange.

COMMON CHALLENGES AND DIFFICULTIES

Different levels of challenges and difficulties with applying rights-based approaches have emerged from this overview. These are summarised as follows.

- **Obtaining the support and buy-in upfront** – RBAs require more effort in pursuing and securing support from government authorities and counterparts, not only to create the operating space, but also to secure their participation. This is due to a combination of factors:
 - many of the innovations were unprecedented, non-conventional, or alternative solutions;
 - the increased need for duty bearers to accept interventions as compared with traditional project activities;
 - the greater number of stakeholders that need to be involved from the outset.

Yet once that support was forthcoming, the rest of the programme proceeded steadily. Many good examples issue from **the Rwanda ALS innovation, the Cambodia HCE, the India INHP, the Burundi Theatre, the Guatemala Female Citizens, and the VAW Project**. Persistence, advocacy, transparency, dialogue, and negotiation were some of the reported techniques for obtaining buy-in.

- **Assessing, managing, and taking risk** – Making individuals face up to the realisation that they are not meeting their responsibilities brings with it a certain level of risk. None of the instances have proved insurmountable or generated negative effects, but these situations must be entered with prior risk analysis. Many of the projects acknowledged that rights-based programming implied more risk, not only to clients and partners, but to CARE staff.

- **More time and support for taking root** – Admittedly, many of the innovations represented an initial stage of experimentation. Given the novelty of the processes, modes of organization, structures, and greater assumed responsibility, it is perhaps not surprising that projects require more time and more support to take root, as much as four to five more years. More ambitious innovations, such as the Pressure Plates Model, would require proportionally more time. Insofar as rights-based programming is aimed at overcoming barriers at a deeper societal or structural level, like power balances or social norms such as early marriage, the change process will be immeasurably longer.
- **Donor constraints** – RBA initiatives are encountering more constraints from the relationship with and accountability to donors. Donor requirements tend to emphasise quantitative targets and therefore do not fit easily with a focus on inequities, for example. A multiplicity of donors with different agendas and timelines all operating in one geographical area also poses a challenge. In particular, this requires solid co-ordination to keep a close watch on the benefits and harms to a highly vulnerable population. CARE’s increasing focus on specific marginalised populations rather than a sector per se reinforces the need for greater co-ordination. Donors may even impede or not agree with CARE undertaking activities at a policy level. And resources available for reflection processes, even when their contribution to project impact is evident, are scarce.
- **Organizational or internal change implications** – Some of these implications have already been mentioned and interspersed throughout this report.
 - (a) The innovations, particularly those that entailed reflection, inquiry, or dialogue processes were said to require inordinate amounts of time to which staff and country offices were not accustomed. Inasmuch as staff may favour and value these processes, there are concerns about replication as well as integration into the work flow. Moreover, financial resources to support these processes are not easily forthcoming.
 - (b) There is growing awareness around the need for principled behaviours and attitudes within CARE offices to co-exist with those promoted in programming. Commitment, a common vision, and solidarity amongst staff are emerging as requisite strengths that will enable them to take risks, become advocates for change, etc.

- (c) The requisite skill set is also beginning to change. Staff need more skills in facilitation, mediation, advocacy, relationship-building, community organizing, cultural sensitivity and analysis. They also need a social science orientation rather than purely technical skills to undertake rights-based work.
- (d) CARE's financial and administrative requirements should support innovative work, particularly in relation to the level of flexibility and creativity accorded to project partners' activities.

CONCLUSIONS AND RECOMMENDATIONS

CARE Programme Principle 6: Seek sustainable results

By acting to identify and address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programmes result in lasting and fundamental improvements in the lives of the poor and marginalised with whom we work.

All 16 cases of CARE's rights-based work display innovation, creativity, courage, persistence, and willingness to learn and to change. Across the range of examples, some stand out for either conceptual rigour, vision, openness to scrutiny, commitment, scale of undertaking, penetration into the local context, or the network of players involved.

Across all examples we see some evidence of how a rights-based approach in our own organisation and in our programming is able to bring changes to marginalised groups' own sense of power and worth as well as the power relations imposed upon them.

Some consistent messages emerge about what it means to adopt rights-based approaches.

In particular, uncovering the root causes of poverty and social injustice compels us to **differentiate the population** with which we work in any one country based on an analysis of prevailing inequities.

Who are the disenfranchised, excluded, vulnerable, or marginalised groups and what are the forces that cause and perpetuate their condition? This research is fundamental to initiating any rights-based work and its validity relies very much on the participation of marginalised groups themselves. Furthermore, engaging with people who have had little to no voice in their communities or in public life spawns an **empowerment** process. Once their perspectives are heard and a picture of their lives constructed, it **becomes someone's responsibility** to act. It is the same when problems or conflict issues are aired.

Dialogue is one commonly used instrument to connect vulnerable groups with stakeholders who are a part of the social and political fabric of their lives. This needs to be managed well to be effective and transforming at the same time. Moreover, any efforts to raise awareness of rights and responsibilities around the problems affecting marginalised groups must be inclusive of both rights holders and duty bearers.

The projects also show us that discrimination can have many layers, and further disaggregation is important to unveil gender or other forms of inequities within marginalised groups. The challenges in confronting the culture or social norms remain formidable.

Furthermore, realigning CARE's focus with the problems and rights of marginalised groups generates, intentionally or as a consequence, a deepening **commitment** to their cause. A principled stance such as this implies greater risk-taking by staff. Yet standing in solidarity with clients and partners only serves to deepen CARE's engagement with them. And in work such as this, CARE's relationship with marginalised groups increasingly takes centre stage.

CARE's accountability to communities is concomitantly often in tension with accountability to donors. Although this does not necessarily have to be the case, in practice CARE's operational procedures are more geared to the latter. If CARE cannot get donors to support the reflection processes, the search for underlying causes, advocacy for policy change, and innovation itself, it will become an increasing drain on resources to meet the needs of dual accountability to donors and clients, following different sets of criteria. Alternatively, it may lead to a widening rift between donor expectations and CARE's reality.

Viewed positively, rights-based approaches potentially offer an opportunity to shift donor attitudes towards a greater understanding of the long-term commitment required and the underlying issues that need to be addressed to tackle marginalisation and social injustice.

Ultimately, RBAs strive to achieve sustainable changes in the societal structures and relations that cause and perpetuate poverty. How well do they do this?

We look to assurance in the following:

- (a) understanding and addressing root causes of poverty that exist at the level of society, structures, and systems;
- (b) involving a broader network of stakeholders, spurring duty bearers and constituents into action; and
- (c) our own conscious longer-term commitment to the marginalised.

We have some promising signs of change already from these examples: duty bearers who responded to pressures or demands of marginalised groups; a greater ability in CARE to broach and discuss issues of inequity with clients and partners; whole communities that have taken control over decision making processes; and myriad instances of marginalised groups no longer voiceless or faceless.

A word of caution is in order. Perhaps it is still too soon to tell if RBAs do indeed achieve sustainable impact in the form of changing power relations in support of the excluded and marginalised. It was not always apparent from these case studies how fully the projects grasped the complexity of power relations in their context; in some cases it appears they did not probe those issues. Even with the evidence of change thus far, will marginalised groups, for instance, have the confidence and skills to continue to take risk, advocate, or pressure others once CARE removes itself as the external facilitator?

An exploration of rights-based approaches at this stage in their development opens up a number of intriguing questions.

- When and under what conditions *does* adopting an explicitly rights-based approach make a difference?
- In what circumstances is the approach of casting wide the network of constituents a fruitful one?
- When is it feasible and practicable to pursue a more formal process of bringing together rights holders and duty bearers?
- How do we assimilate into our own organisational culture and structure the more challenging change processes that the examples have shown to be a necessary support to rights-based programming?
- How prepared are we to open ourselves up to scrutiny from our clients and partners, as some of the projects have done deliberately?

CARE is currently collaborating with other NGOs to probe further the difference that RBAs make. Our colleagues in the field continue the substantive work of exploring what RBA looks like in practice and in context, developing these projects and learnings still further in both organisational practice and programming.

CARE is still feeling its way and there is as yet no charted course. The rights strategies and approaches in this collection of RBA examples give us a sense of *what is possible* in initiating rights programming, albeit not with consistent clarity on the use and effect of rights terminology. As for what works, the models and processes associated with rights-based approaches explored in these examples emerge from the specific contexts and from opportunities that present themselves.

The next generation of innovations may offer up even more incisive lessons learned, as we refine our understanding of rights-based approaches in both our organisation and in our programming. For now, this collection of case studies makes a compelling case for how much we can achieve in addressing inequity and marginalisation by applying a rights-based approach.

LIST OF ACRONYMS

AI	Appreciative Inquiry
ALS	Action Learning System
CO	Country Office
CRA	Causal-Responsibility Analysis
CRMC	Community Resource Management Committee
CSO	Civil Society Organization
GBV	Gender-Based Violence
GED	Gender Equity and Diversity
H&N	Health and Nutrition
ICESCR	International Convention on Economic, Social and Cultural Rights
ID	Identification
IDP	Internally Displaced Person
IMR	Infant Mortality Rate
LSP	Local Support Structure
M&E	Monitoring and evaluation
MMR	Maternal Mortality Rate
MPH	Ministry of Public Health
NGO	Non-governmental organization
OVCY	Orphans, vulnerable children, and youth
PPM	Pressure Plates Model
RBA	Rights-Based Approaches
SCA	Sharecroppers Association
SIG	Special Interest Group
SMC	School Management Committee
UDHR	Universal Declaration of Human Rights
USAID	United States Agency for International Development
VPRRC	Violence Prevention and Rights Reinforcement Cell

ANNEX 1

LIST OF RIGHTS-BASED APPROACHES CASE STUDIES

No	Country	Name of Case	Abbreviation
1	Bangladesh	A Tradition Broken – A Strength Emerges. SHAHAR Project (Supporting Household Activities for Hygiene, Assets and Revenue) using the Pressure Plates Model (PPM)	SHAHAR
2	Bangladesh	Securing Legitimate Rights of Sharecroppers – an Initiative of Life-No Pest Phase II Project	SHCROP
3	Bangladesh	Reducing Violence Against Women and Promoting Women’s Rights	VAW
4	Bolivia	Promoting The Rights Of Working Children And Adolescents – Alternative Youth Education Programme	AYE
5	Burundi	Use of Interactive Drama in Peace-Building	Theatre
6	Cambodia	Highland Children’s Education Project	HCE
7	Guatemala	From Anonymous to Female Citizens – the Post Conflict Democratisation Project	Female Citizens
8	Guatemala	Innovations on Rights Directed to Promotion of Maternal Health – the 4-Delays Model	PMH
9	Honduras	Using Appreciative Inquiry for Organisational Change	AI
10	India	Four Innovations in an Integrated Health and Nutrition Project	IHNP
11	Peru	Breaking the Silence – Using a Participatory Budget Planning Process to Build Citizenship	Citizenship
12	Rwanda	Applying The Causal-Responsibility Analysis Tool	CRA
13	Rwanda	A Rights-Based Action Learning System for Monitoring and Accountability for Orphans, Vulnerable Children and Youth (OVCY) in Gitarama province	ALS
14	Sierra Leone	Upstream Approach to Human Rights	Upstream Approach
15	Somalia	Growing a Tree of Harmony in a Diverse Community – work with the National Relief Organization (NRO)	NRO
16	Thailand	In Search for Rights – A Programme on Health for Migrant Workers	Migrant Workers

ANNEX 2

CASE SUMMARIES

2.1 A 'TRADITION' BROKEN – A 'STRENGTH' EMERGES

SHAHAR PROJECT CARE Bangladesh

Context: One of the poorest, most densely populated and most corrupt countries in the world, Bangladesh has a substantial number of households that have left their rural homes to earn a threadbare existence in the cities. This trend has led to urban low-income settlements in which whole communities are vulnerable to inhumane and barbaric evictions. SHAHAR (Supporting Household Activities for Hygiene, Assets and Revenue) is one of CARE's integrated food security projects which seeks to promote and protect food and livelihood security for vulnerable groups in four municipalities with a reach of 35,000 households.

The initiative and its application: Two years into the project, a new project co-ordinator led a series of in-depth reflective exercises with staff and partners to understand how well the project was progressing, with a view to maximising its sustainable impact. These reflections showed that SHAHAR had been conceived and designed as primarily operational in its approach, focusing on knowledge transfer and developing infrastructure without paying attention to gross rights violations, the lack of good governance and the absence of a safety net for a largely un-served population of urban poor.

Internally, CARE's staffing structure was adapted to afford flexibility in working with both hard and soft components (e.g. community mobilization). This replaced a more traditional project approach. Teams were formed that were able to approach the range of a community's needs. Field management began regularly convening the different teams to share ideas and lessons learnt. At a strategic level, the co-ordination unit began linking with other organisations and policy-makers and formed a committee of 15 major urban development and donor agencies, known as the Bangladesh Urban Round Table.

SHAHAR then developed the *Pressure Plates Model* (PPM), based on the premise that any development achieved by an external project slowly erodes and eventually disappears unless the communities takes charge of their own lives. The model promotes and enables a process whereby the community identifies its issues, organises itself, and mobilises for change. Critical steps include establishing special

interest groups by social and economic distinction, for example women-headed households, setting up Community Resource Management Committees (CRMC) with representation from each interest group, and forming Local Support Structures, known as LSPs, who are responsible to the urban poor. Pressure is then exerted from interest groups who take their issues to the CRMC who in turn apply pressure on the LSPs with the aim of making local institutions and actors more responsive to communities for resolving issues sustainably.

Results to date: Over the course of one and a half years, numerous examples of community empowerment and mobilisation have been achieved. One of the most notable successes in increasing the accountability of state and non-state actors was the Chachra Check Post, a 20-year-old low-income settlement of 77 households evicted by the government and left homeless. With the eviction and the subsequent death of one of its members, the community marched to the municipality to demand relocation. The two land-related claims made to local government resulted in the transfer of permanent land and the government assuming responsibility for land-filling and construction of basic infrastructure. This obviated the need for SHAHAR to invest further. A large part of the success was a true partnership with the state and service providers.

Innovation: SHAHAR's management succeeded in converting a traditional project approach and staffing structure to one more oriented towards community empowerment and focused on the rights of the vulnerable. The pilot arose after the project team began assessing the effects of its tools and discussing the information collected with all levels of staff and external experts. This catalyzed a series of fairly dramatic changes. These were carried forward despite the lack of interest from the donor in engaging policy-makers through the formation of the urban round table.

Suggestions for building on the learning:

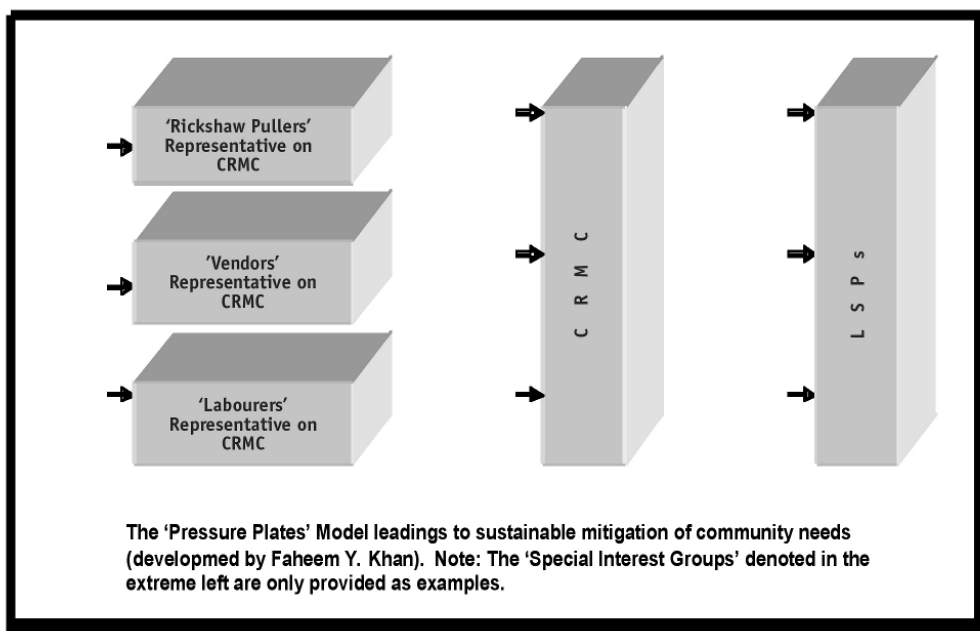
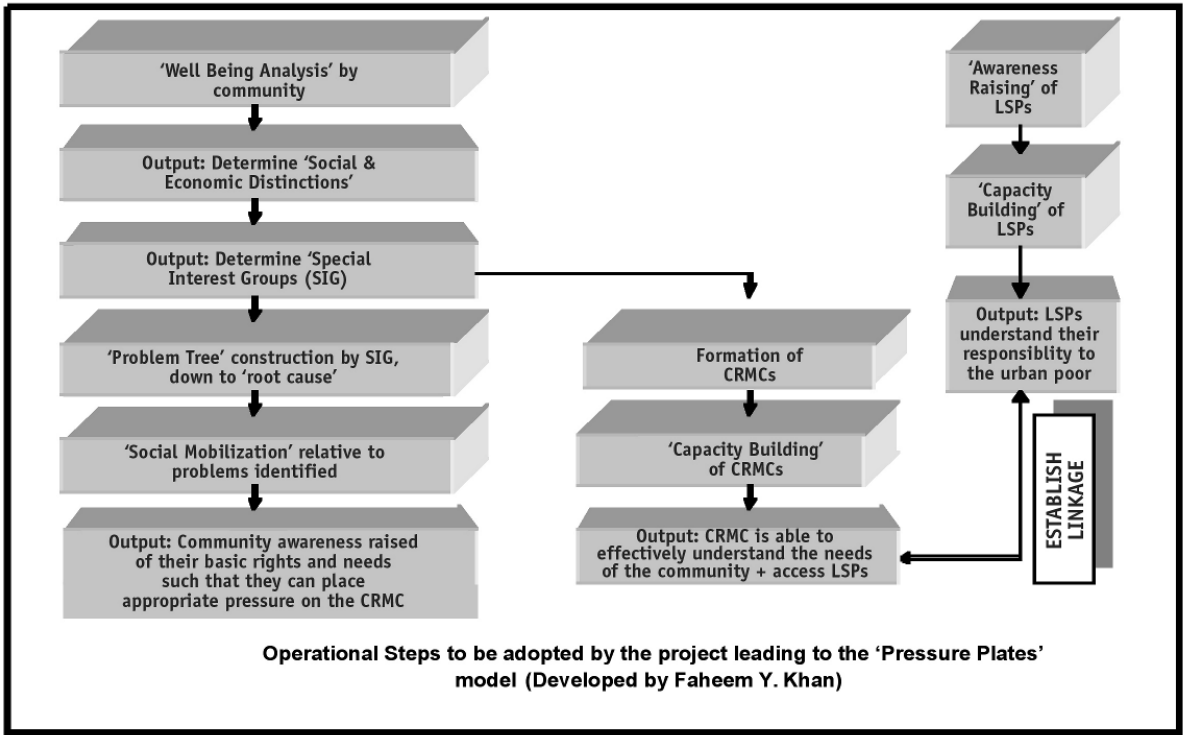
The PPM model systematizes how a community should organise, recognise problems and build networks with local support structures to continually address emerging issues. Thus, it is relevant to most projects, rural or urban. Staff facilitation skills are critical and the process requires considerable time, owing to the significant behavioural change required.

**Diagrammatic representation of pressure plates model
CARE Bangladesh**

SIG = Special interest group

CRMC = Community Resource Management Committee

LSP = Local support structure



2.2 SECURING LEGITIMATE RIGHTS OF SHARECROPPERS

AN INITIATIVE OF LIFE-NO PEST PHASE II PROJECT

CARE Bangladesh

Context: The LIFE-NoPest project has been working with small-scale farmers in five different sites, one of which consists primarily of sharecroppers. The exploitative nature of sharecropping arrangements has a negative impact on efforts to make farm productivity more environmentally friendly as they discourage investment and the application of improved technology. Although the national Land Reform Ordinance provides for an egalitarian sharecropping system, this has not been the case in reality. Sharecroppers are often short-changed by the duration of land tenancy and on the share of the harvest.

The initiative and its application: CARE decided to undertake a pilot to address the issue of sharecropper rights and entitlements in relation to landowners, using a farmer field school approach to raise awareness about human rights and to build the sharecroppers' capacity to claim their rights. The lives of 500 sharecropper families in the Chapai Nawabgonj district were changed through the project.

Households were organised into 20 sharecropper associations (SCAs). Their objectives were to become familiar with the sharecropping policies and to claim their legitimate rights. Relationships with key actors in the community were built following an analysis of local power structures. This helped the project staff gain the sensitivity they needed to facilitate rights issues.

A rights forum consisting of government, NGOs, and local representatives was created and used to give information about land policies and processes. In negotiation with land-owners, sharecroppers were taught a win-win strategy, arguing that the current pattern of land tenancy arrangement was a loss to both parties. Technical sessions had to be facilitated to demonstrate the disadvantages of short-term contracts and rights abuses. The SCAs also engaged in advocacy to bring attention to the fact that sharecropping policy was being poorly applied by land-owners.

Results to date: In the case of the Chapai Nawabgonj sharecroppers, results show that members of the SCAs are receiving more of their entitlements according to the policy. In terms of empowerment, farmers are increasing their leadership, networking and negotiation skills, as is evident in their willingness and confidence to talk with landowners, organise press conferences, and raise issues with the Agricultural Minister. The SCAs are also becoming recognised as community-based farmer-led organisations addressing social justice at village level and resolving other conflicts that require an understanding of human rights such as dowry and family law.

Innovation process: This was an ongoing, traditional project focused on technical issues which switched emphasis to a focus on rights. Once it was recognised that the exploitation of sharecroppers was impacting negatively on the project's ability to increase small farmers' productivity, the project decided to address the issue of their rights. A pilot was set up to build sharecroppers' understanding of rights issues. This shift was aided by consultation with the Rights & Social Justice and Governance Units within CARE Bangladesh and led to several workshops/training sessions with local actors. Other "like-minded" NGOs and relevant literature were also consulted. Several ideas were generated on the most appropriate approach. This was followed by a filtering process and review period with CARE staff, other NGOs and government organisations, concluding in the launch of the pilot.

Suggestions for building on the learning: Empowering the poor to claim and enjoy their rights requires three-to-four years' back-up support until there are sufficient levels of local resources, skills and confidence. The sustainability of SCAs may need more ongoing support or local resources to be able to take more risks, strengthen their leadership, mitigate class conflict in communities, engage in civic action and improve internal governance. The SCA idea could be built upon by bringing the associations into a national forum to strengthen their collective force. CARE Bangladesh has a plan to organize a national seminar that will invite critical analysis of this initiative from a network of development partners.

2.3 REDUCING VIOLENCE AGAINST WOMEN AND PROMOTING WOMEN'S RIGHTS

CARE Bangladesh

Context: The prevalence of gender-based violence in Bangladesh is one of the highest in the world. A United Nations study revealed that 47% of Bangladeshi women reported physical violence inflicted by their husbands. Despite a constitution that recognises equal rights for women, a National Policy for Women's Advancement to eliminate all forms of discrimination against women, and the establishment of committees for prevention of violence against women at Union Parishad (local government) and Upazila (sub-district) levels, deeply entrenched social norms of gender ideology perpetuate violence against women. Studies conducted by CARE Bangladesh and others identified a plethora of gaps in efforts to prevent violence against women and promote gender justice, many of which are targeted by two initiatives: (1) addressing violence against women in Dinajpur district; and (2) the Violence Prevention and Rights Reinforcement Cell (VPRRC) in Natore district. Both are aimed specifically at addressing the underlying causes.

The initiative and its application: The initiative in Dinajpur district is aimed at promoting gender justice for women subjected to violence. It does this by improving governance at local level, empowering communities through women's rights and gender education, enhancing village support mechanisms, collaborating with human rights organisations for legal counsel, and co-ordinating existing efforts of government, civil society, and other actors.

The VPRRC operates on the basis of cells active on three fronts:

- legal protection and counselling support for victims;
- training in violence prevention and community awareness raising for cell members who are "confidants" in mediating social conflict;
- and networking with locally available legal support and women's rights organisations.

At the Union level, a five-member committee (three women and two men) interacts with nine 'confidants' – one per ward. CARE has made a gradual move from engaging constituents at household level to playing facilitator at mobilizing other constituents. CARE and these constituents are becoming part of a social movement addressing violence against women and women's rights.

The major constituents in the gender-based violence (GBV) pilot initiatives

- *Victims of violence:* organizing themselves to act as one of the pressure groups and linking with support systems;
- *Male counterparts of the victims and the public:* Joining the victims to make their case and make financial contributions to support the victims when required;
- *Duty bearers in the Government e.g. police, health officials, executives:* to ensure support and protection of the victims and bring perpetrators to justice;
- *Media:* publishing the cases of violence and rights violation, and examples of dealing with those;
- *NGOs, Civil Society Organisations (CSOs) and legal aid organisations:* Acting together to address the cases, counseling victims, providing legal support and working for prevention;
- *Locally elected bodies, local leaders and religious leaders:* Gender sensitive arbitration e.g. in *shalish* (local arbitration), awareness raising, and promoting the initiative in different forums;
- *Local cultural performers and folk groups:* Mass awareness raising on issues related to GBV and women's rights; and
- *Donors and private sector:* Providing funding support.

Results to date: Both initiatives have shown success through cases of violence resolved or referred; referrals for victims; arbitration at local level; reaching large numbers of people via education campaigns on gender-based violence; and galvanizing support from NGOs, Union Parishad, Upazila, law enforcement agencies and others to prevent violence against women. Above all, networking has led to broad constituency-building towards the common goal of stopping violence against women and respecting women's rights and dignity. The pilots have re-invigorated communities, women leaders, social workers, and local administration.

Innovation process: The innovation lies in promoting women's rights but more notably, in preventing violence against women in a socio-cultural context that condones it. For CARE Bangladesh, the aim of addressing the underlying causes for violence against women represented a shift for the organisation that would require staff to engage with all levels of the systems and structures that deny people their rights. Building solidarity amongst organisations and individuals

through alliances with a shared vision will bring about a more just, peaceful and equitable society for poor and marginalized groups.

Suggestions for building on the learning:

Long-term involvement is necessary to achieve sustainable results and to institutionalize the initiative at local level. The use of popular media is important for sensitizing communities about violence and legal issues. The role of respected leaders is also critical in gaining acceptance for dealing with sensitive issues.

2.4 PROMOTING THE RIGHTS OF WORKING CHILDREN AND ADOLESCENTS

CARE Bolivia

Context: Increasing levels of poverty in Bolivia have driven girls and boys as young as seven into the cities in search of a better life. Twenty-one percent of the population is between the ages of seven and 19, many of whom find themselves in poorly paid jobs and street life. The majority of these children and adolescents belong to indigenous rural, farmer populations. They are extremely disadvantaged by their low educational abilities, having abandoned school or never entered the formal education system, and by the fact that Spanish is not their mother tongue. CARE Bolivia's Alternative Youth Education (AYE) programme was designed to meet the specific educational and life-skill training needs of street- and working-children, by offering them a tailored curriculum through night classes. For the initial pilot, six experimental schools in La Paz and one in El Alto were selected. The curriculum has been incorporated into 47 other Educational Units in seven departments in Bolivia.

The initiative and its application: While not designed to promote human rights as an end in itself, the AYE programme saw the need to emphasise rights education to promote the dignity of these young people who were at risk, being exploited and devalued by their teachers and to encourage respect for them. The programme not only developed the children's life skills but also strengthened their identity and self-worth, developed their abilities to define their rights and exercise their citizenship, protected their sexual and reproductive rights, and raised awareness of gender equity to overcome discriminatory attitudes and behaviours towards women.

Strategies and achievements of the AYE

- *250 teachers* underwent training to strengthen their classroom skills and to learn to facilitate a curriculum on rights, citizenship and democratic participation.
- *Mothers and fathers* were sensitized to and provided with information on the importance of the integral development of the child. They learned the value of their support and increased their abilities to communicate and enjoy dialogue. They too have had the opportunity to recognize the importance of rights.
- *520 adolescents* were trained to be leaders and to orient their peers in the knowledge of rights and citizenship. Their capacity to make decisions affecting their own lives and to negotiate, particularly in worker-employer situations, has been strengthened.
- *7000 adolescents* have developed life skills and social abilities and have improved knowledge about how to exercise their rights. Many participating students have also gained a stronger social identity and increased self-esteem, leading to behavioural change and greater self-discipline.
- *Young women* who typically work as domestic maids or small-scale street sellers have made strides in their personal development and educational achievements, gaining the potential to promote themselves as leaders in education.

Innovation process: Recognising the specific needs of working and street children, CARE Bolivia developed an alternative education curriculum geared towards their holistic development. The programme was based on a vision of education that encompassed *empowerment* of young people, especially girls and young women, to strengthen their self-worth, identity, and knowledge of rights as healthy, reproductive individuals and as citizens. This was achieved by also addressing the behaviour and attitudes of parents, teachers, and the institutions with which they engaged.

Suggestions for building on the learning:

It is essential to find and create opportunities for political advocacy aimed at enforcing those policies which defend the rights of children and adolescents. This requires stronger networks of individuals and civil society organisations who are better able to respond to the demands of this population, not only in the areas of health and psychology but also in civic participation and the exercise of rights.

It became apparent that adults needed to free themselves from their limiting assumptions about adolescents and young people and to foster

partnerships that promoted the participation of young people in their own development. For CARE, the level of trust between facilitators and the client population is very important – it must be a relationship in which friendship and equity are recognisable. The programme could be made even more effective by:

- breaking down the population by age group and designing relevant interventions;
- addressing other rights, such as freedom of expression, the right to equal opportunity, rights to private property, personal security and so on;
- extending citizenship and democracy education to the entire population in Bolivia, particularly to children and young people so that they view themselves as full participants in civil society. This is needed urgently.

2.5 USE OF INTERACTIVE DRAMA IN PEACE BUILDING

CARE Burundi

Context: Plagued with conflict since the end of colonial rule, the people of Burundi have suffered trauma, loss, disempowerment, and the erosion of traditional conflict resolution bodies. Against this backdrop, CARE Burundi began an innovative peace education project in 2001 to revive traditional conflict resolution structures ('Bashingantahe') and help communities reconcile conflict to further their own development. An assessment study conducted with various segments of society revealed that distinct, homogeneous groups can be quite open about sensitive or controversial issues but this was not the case in a more diverse group. It also found that sensitive issues could be approached through the use of stories or proverbs more than through direct questioning. Furthermore, reinforcing the capacity of the Bashingantahe seemed a viable avenue for resolving issues at local level. Based on examples in the Balkans as well as the work of Search for Common Ground, CARE turned to interactive theatre as a way to create safe space for discussing sensitive issues.

The tool and how it has been applied:

CARE field staff worked with associations, the Bashingantahe and other community members to identify issues of conflict, unresolved tensions and sensitive issues which contributed to the marginalization of certain members of the population. These themes were then discussed with a local theatre group, the Tubiyage, trained by Search for Common Ground. The Tubiyage developed a story around the theme, for example

the return and reintegration of refugees or former combatants, with no set script and adapted to the audience. As the conflict is about to erupt in the drama, it is interrupted and the audience is invited to play a role and alter the scene to avoid the conflict. When the audience reaches an emotional high-point, comedy is added to allow people to digest and internalize the issues. Discussions take place after the performance to enable everyone to talk about the problems, analyze the critical issues together, and determine the roles and responsibilities of all players. The longer-term effect is continued learning which in turn leads to the population advocating for social change.

As interactive drama is recreational, it is open to all members of the population. Mothers, children, government officials, the army, and even members of rebel groups attend, all on the same footing. At the end of the performance, all members of the audience are engaged in discussing and resolving issues.

Results to date: The use of interactive theatre has focused attention on two main types of issue: those that can be resolved by encouraging people to work more closely together or to forgive each other as well as those which deal with the barriers faced by marginalized people, such as land use. It has also been beneficial to involve the Bashingantahe in the performances and to build their capacity. Several councils realised the need to include others, such as young people and women, in resolving conflict.

Spillover Effects

Other CARE projects have observed the advances made by the peace education project for the purpose of community problem analysis and planning. In one location where interactive theatre was being used, the members of that community felt empowered to make their own decisions. The *Caprin Project* offers a rotating credit scheme of goats and had traditionally left the decision of which households would benefit and in what order to the project staff, local administration, and village leaders. Since the peace education project was implemented, the conflict over *who gets what before whom* has been supplanted by control over decisions by community members, both men and women, who are part of the scheme. Now the association, or credit scheme, makes decisions and plans for the future which it hitherto had not done.

Innovation process: While the idea of interactive drama is not new, its introduction into CARE Burundi's Programming for conflict resolution has been both innovative and beneficial. CARE Burundi contributed to its innovativeness by inviting community members to identify the themes and

adapting the tool to the cultural context and in such a way that sensitive issues could be addressed.

Suggestions for building on the learning: It is possible to scale up the use of interactive theatre so long as culturally accepted ways of addressing sensitive issues can be adopted. Most cultures have their own forms of drama, and the arts can be adapted to help these communities address conflict. CARE Rwanda staff recently visited its activities. Cross-learning between the Tubiyage and other theatre groups in Rwanda, for example, may be possible. In a next phase, CARE intends to strengthen the capacity of the Tubiyage and to target government officials in a move to address the most critical issues plaguing Burundian society.

2.6 HIGHLAND CHILDREN'S EDUCATION PROJECT

CARE Cambodia

Context: Highland indigenous peoples, such as the Tampuan, Jarai and Kreung, occupy the majority of the remote northeastern province of Ratanakiri. With their own distinct languages and cultures, they differ from the lowland Khmer people who are being encouraged by the government to migrate into the highlands. Indigenous peoples are disadvantaged by their lack of Khmer language skills – the language of instruction in government schools – and have the lowest enrolment and retention rates in Cambodia. They face enormous external pressures on all aspects of their lives. CARE Cambodia designed the pilot Highland Children's Education Project (HCE) project aimed at providing relevant education to highland indigenous communities in partnership with the Ministry of Education, Youth and Sports, the communities themselves, and local organisations. It is being implemented in three Tampuan and three Kreung remote villages which have never had schools or any form of education.

The initiative and its application: The HCE project has evolved from being primarily an education project into one that addresses community development and empowerment in a holistic manner. The knowledge and skills that children gain assist them and the wider communities to face their uncertain future. Children are taught basic skills in their mother tongue, Khmer literacy and numeracy, and traditional livelihood skills such as making roosting baskets for chickens. The notion of community ownership is pivotal to the project's success. Communities establish their own school boards based on traditional decision making

processes. The boards then choose which community members will train as teachers, build and run the schools and supervise student progress. Gender equity on the school boards is respected and there is a special focus on girls' education. The very idea of bilingual education in respect of the language and cultural rights of indigenous children distinguished this approach. After significant levels of advocacy, it has finally been recognised by the provincial office of education.

Pilot Project Components

- 1 Community governance and management of schools
- 2 Building a team of ethnic minority resource persons to support the establishment and operations of *community schools*
- 3 Establishment of a stable teaching force of 20 community teachers, increasing their competence through a community-based teacher education programme
- 4 Adaptation of the Ministry's (MoEYS) curriculum to local school settings
- 5 Linkages and advocacy with the provincial and national system of the Ministry (MoEYS)

Results to date: Children are able to undertake traditional activities in their mother tongue and display more respect for community elders. In one village, school board members felt the village had become more cohesive, as the school provided a focus that resulted in people working together more. It was noticed that teachers and the school board feel a duty to help children. Other effects such as better hygiene and a slight reduction in illness in the village were also attributed to the project.

"The children are the future leaders of the village. If our future leaders are literate and educated, then we will be able to protect the land and forest of the Tampuan people into the future. Others will not dare to exploit and threaten us".

Parent, Paor Kei Chong village

Innovation process: CARE developed an approach centred on a 'learning community' including staff, school boards and teachers, using the education of indigenous children as its core issue. This embedded control and ownership in the communities and helped to enrich them by promoting the language and culture of the indigenous peoples.

Suggestions for building on the learning:

The pilot faced initial challenges to win the support of government for community schools and bilingual education. Potential scale-up is now possible thanks to a number of opportunities that have arisen to present the project's results at local, regional and national fora and to interest from a number of parties including the government. While it grapples with short-term donor timeframes, CARE is looking at a longer-term commitment to the indigenous communities who have expressed a clear vision for education and development.

In most cases, those who did try failed. Rather than give up, the project innovated with public authorities. For the first time in the modern history of Guatemala, the municipal officers and the election registrar spent an entire day in the farthest communities and assisted the women on a personalised basis to register. Community leaders, project staff, and municipal offices had to invest in strong relationships with one another to achieve the levels of support required for the project. Confidence in the goodwill of the municipal government had to be fostered amongst communities, while the Supreme Electoral Tribunal offices, municipalities and mayors had to be convinced of the importance of innovating with public service. This entailed training and awareness raising with various institutions. A departmental documentation forum conducted documentation campaigns for each and every woman.

Results to date: Municipal personnel fulfilled their commitment and took their services to the communities, bringing registration books and office supplies, including typewriters and cameras. A mobile documentation centre was set up in each community and the project changed perceptions of public service on all sides. The women of the Agua Dulce village, El Rodeo (Cuilco), La Cumbre and El Papal (Ixtahuacan) went from being anonymous to visible citizens with their full identity rights. Women between the ages of 30 and 60 voted for the first time in general and public elections on 9 November, 2003. Rates of participation in elections in the two provinces increased between 1999 and 2003. Women from 50 to 60 years of age entered a relationship with the state for the first time in their lives.

Innovation process: The democratization project forged a relationship between the rights holders and duty bearers to resolve a fundamental human rights issue that caused the disenfranchisement of Mayan women. Change occurred on both sides - the image of public servants reportedly improved through responsible action that required a special effort, and the situation of Mayan women was made clear to public authorities. Innovating with the delivery of public services to accommodate a neglected segment of the population with no citizenship rights was central to this endeavour to bring about longer-term positive change for these women.

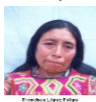
Suggestions for building on the learning: CARE Guatemala plans to develop four more documentation campaigns in different villages in the department of Huehuetenango. The project can be applied to the remaining 29 municipalities in the department, where high percentages of anonymous Mayan women have no documentation. However, this requires a long-term commitment. In Latin America, there are women who suffer the

2.7 FROM ANONYMOUS TO FEMALE CITIZENS

CARE Guatemala

Context: A racist culture has prevailed in Guatemala for centuries and is manifest in the facelessness of a high proportion of the population, above all those with Mayan ancestry who do not enjoy the most fundamental human rights. Mayan women stand to lose the most. As “women of third category,” they possess no identification documents (identity card, birth certificate, etc.), leaving them disenfranchised as citizens, unable to participate in elections, leave the country, or be given access to credit and other basic services. The situation grew worse for them during the armed conflict when the municipality registers were burned or the military authorities destroyed ID documents. Further disadvantaged by their remote and poor living conditions in places like Cuilco, Ixtahuacan or Huehuetenango, the women could hardly afford to travel to urban areas to visit municipal offices. During the rainy season, walking was the only possible mode of transport. The plight of Mayan women inspired the development of the Post-Conflict Democratization Project.

The initiative and its application: In its goal to modify the racist treatment of citizens by public authorities at municipal level, the project focused on the lack of identification documents for women, first by encouraging them to go to request their documents from the municipal offices and register with the Supreme Electoral Tribunal offices.



same exclusion and denial of basic human rights for which documentation is indispensable. Moving government services to be more closely located to these women is equally relevant elsewhere.

2.8 INNOVATIONS ON RIGHTS DIRECTED TO PROMOTION OF MATERNAL HEALTH

CARE Guatemala

Context: The majority of the population in the Department of Baja Verapaz are Achí, K'ekchí and Pokomchí. High levels of illiteracy and poverty prevail amongst the women. Girls have limited opportunities for primary education or to attend any type of schooling. This, in turn, determines their access to information on self-care, health, and knowledge about their civil rights or how to exercise and claim them. The disadvantaged position of indigenous women accounts for high maternal mortality rates. Innumerable barriers delay the quality care a woman needs during pregnancy and through to delivery. CARE Guatemala decided on a project to promote maternal health in five districts (Salamá, Rabinal, San Miguel, San Jerónimo y Purulhá) of Baja Verapaz in collaboration with the Ministry of Public Health (MPH) by improving access to and quality of essential obstetric care.

The initiative and its application: The project first undertook to explore what restricted women's access to Emergency Obstetric Services. This was done through an *analysis and participative planning approach* with central and local MPH staff, piloted in the district of Salamá. Other institutions were also invited to participate. The investigation and the subsequent design of strategies to improve the health of women and their newborn babies was structured around "the 4-Delays Model." The aim was to highlight and then overcome the obstacles to obtaining proper care. The first delay could be attributed to the pregnant woman and her family not recognising danger signs. The second delay often resulted, for example, when a woman was denied her right to decide the care she needed. The decision was often made by her father or another male relative. The third delay could be due to inadequate transport and the fourth delay could relate to deficient, incompetent, and/or disrespectful treatment by health care providers. The results of this inquiry process with the women were presented to health personnel – the solutions proposed came from the women, midwives, health promoters, leaders, and health service providers.

The 4-Delays Model

- Delay #1:** Delays in problem recognition
- Delay #2:** Delays in deciding to seek care
- Delay #3:** Delays in reaching the health facility
- Delay #4:** Delays in receiving treatment at a health facility

Results to date: The methodology using the 4-delays model permitted men, women, and community leaders to design, validate and start to implement strategies to reduce maternal mortality from the community standpoint. Women who participated in the analysis had input into community action plans. Community councils and development committees formed with representation of women who were aware of the problems they face. Community committees obtained seed money to transport women with obstetric emergencies to referral centres. To improve their knowledge and practices, midwives had the opportunity of rotations in the regional hospital of Salamá.

Innovation process: The pilot project linked the obstetric needs of under-served women with health providers, including midwives, and community institutions whose role and obligation it was to deliver quality services to this client population. Since it began in April 2003, the project has made progress in facilitating a change in health care provider attitudes. Once involved in the community, health care providers began to act on the recommendations they were given on how to improve services. The learning process made good use of the wisdom and experience of the communities, created a voice for women, gave them control over their own and their children's lives, and brought about recognition of women's right to health and the responsibility of health institutions.

Suggestions for building on the learning: Following this pilot in Salamá district, the Ministry agreed that the model would be institutionalised nationally as the strategy to reduce maternal mortality. It is expected to invite broad participation of different sectors and favour community involvement.

2.9 USING APPRECIATIVE INQUIRY FOR ORGANISATIONAL CHANGE

CARE Honduras

"To really make a change, we must be the change we want to see."

(The Enactment Principle of Appreciative Inquiry)

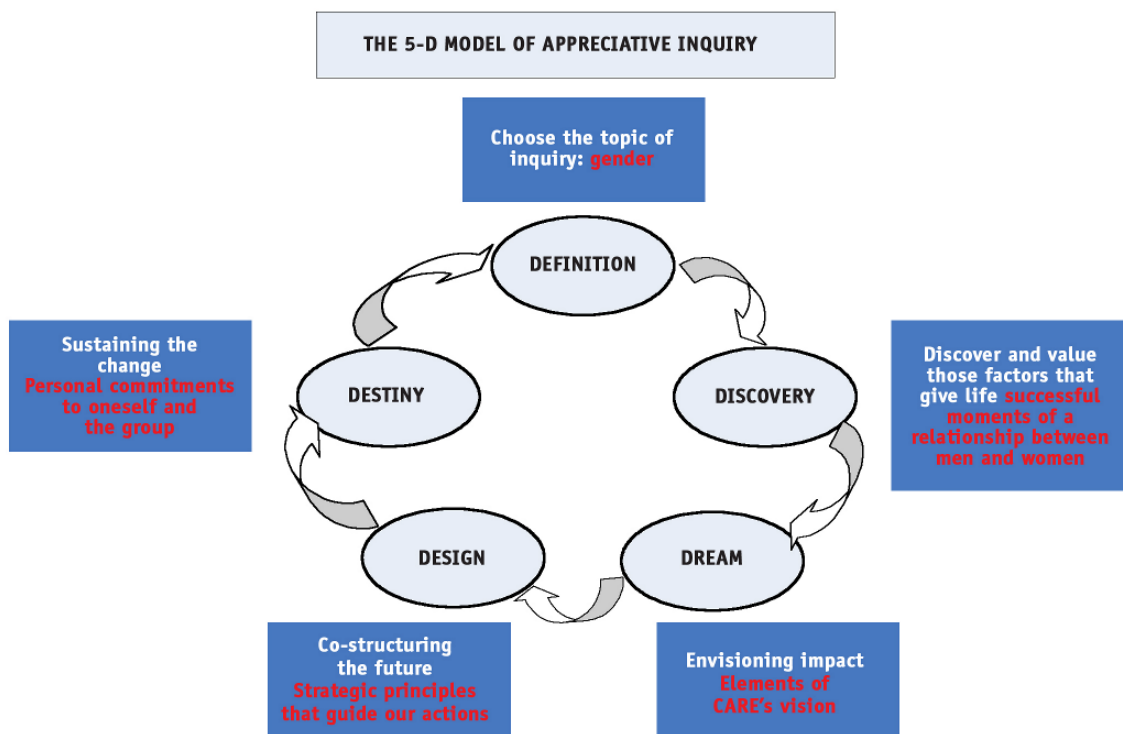
Context: CARE Honduras and other country offices in the central America region have been working together on a gender, diversity and organisational development initiative. A network of countries has formed around learning and experimenting with the methodology of Appreciative Inquiry (AI), each with a different purpose and according to the priorities and opportunities of each country. CARE Honduras sought out the methodology to promote internally what it promotes externally, consistent with CARE's rights-based programming. It is only when people change, individually and collectively, that the organisation changes.

The initiative and its application: CARE Honduras organised a workshop to develop a gender strategy with a rights-based approach using the AI methodology. Colleagues from CARE Guatemala, Salvador and Nicaragua were invited as

were staff from different levels of programme and programme support in CARE Guatemala and representatives from Honduran communities. The diversity of the group helped to create a vision and strategy that were applicable both internally and externally and had relevance for the region. The entire workshop was run without an agenda, pre-defined objectives, presentations, rules or limitations. The facilitators had a plan that changed depending on the group dynamic.

The 5-D model of appreciative inquiry shaped the workshop and centred on "who we are" and "who we want to be." Conversation Cafes, an adaptation of the native American tradition of the "talking stick", were also introduced to promote conversation without interruption or judgment. Drama was used to introduce the topic of rights-based approaches, leading in to examples of participation and how to foster it internally and externally.

Results to date: Participants told stories of successful moments in relationships between men and women. The informality of telling stories on a sensitive topic such as gender encouraged a high level of participation. A conversation about "what gender means to you" reached the consensus that men and women were equal and needed to understand each other, work together, and share the power. Throughout the workshop, a sense of trust and support prevailed which enabled each person to decide how they wanted to contribute.



Developed by Prof. David Cooperidge and colleagues at Case Western University, Dept. of Organizational Behavior

Innovation process: This pilot centred on a personal and organisational change process, using a well-adapted methodology for trust building, to promote the values and actions internally in CARE that are expected of rights-based programming and in support of its gender strategy. It aimed at empowering staff to participate, make their own commitments, and foster natural leadership.

Suggestions for building on the learning:

Improvement is needed in finding ways to document the creative ideas that came up in the conversations. It was critical to ask clear and comprehensive questions.

2.10 FOUR INNOVATIONS IN AN INTEGRATED NUTRITION AND HEALTH PROJECT

CARE India

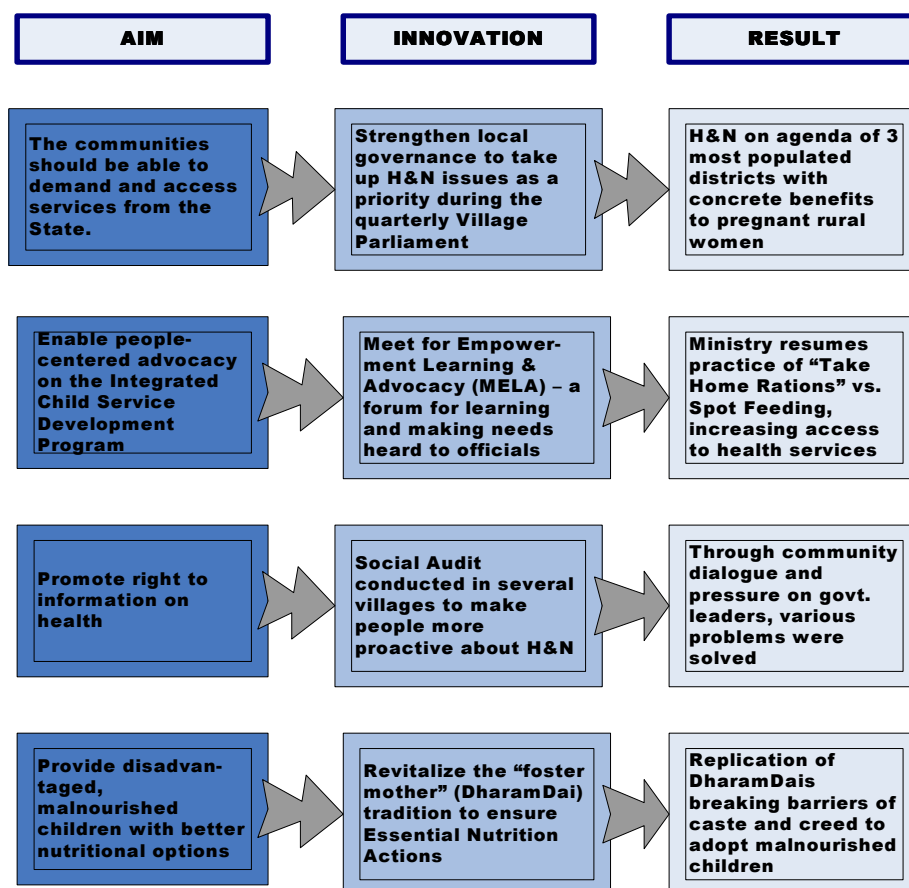
Context: In Chhattisgarh state, the infant mortality rate is 76 per 1000 live births and the maternal mortality rate is 498 per 100,000 live births. CARE India started an Integrated Health and Nutrition (H&N) project in 2001 reaching 808,000 beneficiaries and introduced four best practices aimed at sustaining positive changes in

community health. By disseminating these practices, CARE India sought to:

- raise awareness among beneficiaries of the importance of nutrition and health interventions;
- bring about a change in behaviour and practices within the rural community which accounted for high rates of infant and maternal mortality;
- and strengthen the health care system by building the capacities of government officials from the grassroots to the developmental block level to the district level.

The initiative and its application: The diagram below highlights the aim, specific innovations and results achieved throughout this project. All four innovations relied significantly on advocacy as a critical step. They also emphasized the voice and participation of women.

Results to date: The results from a project of this scale are multifarious. Communities, and especially women, began to voice their opinions and understand the problems. Responsible individuals and institutions became more accountable and transparent. Networks of officials and beneficiaries began to form, enabling the latter to voice their concerns and influence decisions. Information was shared more fully between villagers and service providers. Coverage and access to health and



nutrition services improved as a result of the reinstatement of the “Take Home Rations,” the revitalization of the DharamDai, the incorporation of health and nutrition issues into local governance for the first time in the country, and increasing pressure from grassroots women exercising their right to information.

Innovation process: The project simultaneously tackled several aspects of the health and nutrition situation for women and infants/children through the introduction of four innovations. All four aimed to make sustainable changes by empowering women and their communities and engaging various stakeholders to put pressure on duty bearers to take responsible action. The project made best use of traditions and existing structures to create positive changes, not only in health and nutrition, but also in the general health of communities and their ability to raise their “voice with dignity.”

Suggestions for building on the learning:

The innovative approaches are being replicated through demonstration sites, sustained advocacy at all levels, and through sheer momentum.

2.11 BREAKING THE SILENCE

CARE Peru

Context: CARE Peru has been running the REDESA programme (Food Security Networks) since 2000. The aim of the programme is to:

- create the conditions for sustainable food security;
- strengthen local institutions;
- empower citizens so that they can play their part in the development of their communities;
- support democratic processes;
- stimulate local and regional economies; and
- tackle discrimination in all forms.

Project’s Applied Definition of Citizenship

- the capacity to exercise and demand the observance of one’s rights;
- the power to be involved in state decision-making at national, regional and local level with respect to economic, social and cultural rights and foreign policy; and
- the ability to demand accountability and to have joint responsibility for the search for development solutions.

The CARE office in Ayacucho has focused on the poorest regions of the country which have been hardest hit by the political violence between the Shining Path and the Armed Forces. CARE undertook a pilot project to restore the right to be

heard and the right to participation amongst excluded or marginalized people in extremely poverty-stricken rural areas. It selected the Quechua-speaking population in the district of Huaccana in Chincheros province. The team held several meetings before selecting a *participatory budget planning process* for the municipal office aimed at building citizenship.

The initiative and its application: The project lasted 12 months, encompassing the design, preparation and training workshops with the populations, implementation, and evaluation of the participatory budget design process. The project team, local authorities, municipal officials, and civil society organizations, particularly those representing excluded groups, validated and approved the proposal. Implementation and monitoring of the budget proposal is done with institutions in the area. The process is systematized and outlined in a book called “Democratizing public budgets.”

It was understood that to build up citizenship for disenfranchised people the project had to encourage new forms of self-perception and opportunities for practice. This was why the process also provided them with information, knowledge, and a re-affirmation of the value of rights and responsibilities. A parallel stream focused on educating people about their rights – economic, social, cultural and political. Materials in Quechua and Spanish were developed on different rights, providing a guide to how to recognise when they are not observed, when they are violated, who is responsible for upholding them, where to go to report rights violation, and so on.

Results to date: The project took note of results at individual, group, national, and institutional levels. At the *individual* level, improvements were seen in self-esteem and being confident to voice opinions publicly in one’s mother tongue. People developed better relations with the authorities and women adopted leadership roles. *Groups* acquired the capacity to identify rights violations and solutions to these. Consensus-building committees at zonal and district levels were institutionalised. Excluded groups participated in local government affairs. *Local authorities and the state* developed new attitudes and discourses based on respect for rights. At *national* level, lobbying efforts shaped the rules and guidelines for the Participatory Budget Planning issued by the Ministry of Economy and Finance and the project contributed to the formulation of regulations governing the Framework Law on Participatory Budgets. At the institutional level, the experience of citizen participation and local governance in rural and poor areas was ground-breaking. The population now monitors compliance with the decisions adopted

on municipal budgets, which in turn makes these institutions more transparent and efficient.

Innovation process: The one-year process is an innovation in building citizenship for excluded groups through an exercise in citizen participation in local governance. The process of planning linked territories, strengthened development processes, and facilitated the practice of rights education.

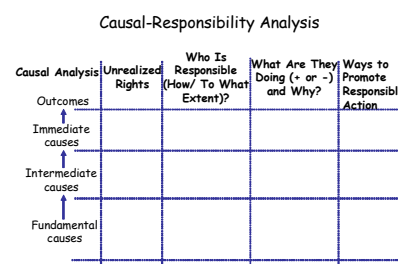
Suggestions for building on the learning: The training of experts from other institutions and authorities, and the materials produced will help replicate the process. The new legal frameworks also guarantee the sustainability of the budgetary process. More systematic processes that integrate the interventions of different institutions are needed to sustain processes of ownership and changes in attitudes, conduct, discourse and behaviours.

2.12 APPLYING THE CAUSAL-RESPONSIBILITY ANALYSIS TOOL

CARE Rwanda

Context: In its long-range strategic plan for 2002-2006, CARE Rwanda began emphasizing human rights and diversity as core values and right-based approaches, civil society strengthening and advocacy as central to its strategy for reducing poverty and advancing social justice. To make the shift away from needs-based, opportunistic programming to more holistic, principled programming grounded in RBA, various integration processes were undertaken. One was the holistic analysis of the root causes of economic insecurity affecting the poorest and most food-insecure province of Rwanda - Gikongoro. As a participatory and planning process, the causal-responsibility analysis (CRA) tool sought to identify fundamental and specific causes of economic insecurity, general human rights concerns, responsible actors and their responsibilities. Through this process, root causes related to (a) marginalization, discrimination, and social injustice affecting the most vulnerable segments of society and (b) the norms, political systems and structures that perpetuate the power imbalances were elucidated. The exercise helped CARE, in partnership with others, to influence the existing systems and structures in favour of the poor and create opportunities to promote the fulfillment of human rights responsibilities by key actors. Operationally, the analysis was expected to evolve a rights-based *programme* approach versus a project approach for the province.

The initiative and its application: The causal-responsibility analysis tool, as illustrated, looks at each level of causation from fundamental to intermediate to immediate in order to identify both the gaps from a human rights perspective in a community's conditions and the actors at different levels who have some capacity to address these gaps. Within a human rights framework, capacities become legal responsibilities for governments and moral responsibilities for all. As such, it does not ignore the range of responsible actors, from individual household members and traditional leaders to international civil society organizations and multinational corporations. The appointed CARE programme team, in collaboration with government authorities and civil society representatives, decided target groups, geographic coverage, and other key aspects for the analytical exercise which then took place with the involvement of the marginalized groups in four districts, one per week, in the province.



Results to date: The exercise produced useful information on the concerns of the most marginalised and on the fundamental causes of their marginalisation relating to power relations. The exercise influenced decision-makers by creating an opportunity for them to discuss issues with communities and to listen to people's views, even when discriminatory attitudes were revealed throughout the process. Importantly, the exercise raised awareness of rights and responsibilities, although not without some discomfort, given sensitivities around underlying issues. Risk assessment and management should be made part of the approach.

Innovation process: For staff, integrating an analysis of human rights and responsibility into an exploration of underlying causes of poverty was itself innovative. Moreover, a participatory process that engages a wide range of responsible actors implies a built-in process of awareness raising and dialogue around rights and responsibilities which has not been a typical focus or intervention for CARE. A central feature to the tool is the joint engagement of both rights holders and duty bearers, opening the space for honest discussion towards the emergence of shared goals.

Suggestions for building on the learning:

CARE Rwanda has developed a longer-term plan for utilizing the results and lessons from the exercise to engage CARE and other RBA supporters in a regional working group in reflection on the process and outcomes. Programmatically, it aims to develop a methodological approach to understanding and addressing power imbalances and will initially take more immediate steps to achieve the specific objective of improving governance in the province. Any attempt to use this tool should be a collaborative, group effort with all stakeholders and should not be carried out by an external consultant.

2.13 A RIGHTS-BASED ACTION LEARNING SYSTEM FOR PARTICIPATORY MONITORING AND ACCOUNTABILITY

CARE Rwanda

Context: CARE Rwanda is seeking ways to strengthen and increase the sustainable impact on the livelihoods and rights of its client population, in particular orphans, vulnerable children and youth (OVCY). In the province of Gitarama, CARE is expanding its work with households headed by children and youth who receive food, psychosocial support, HIV/AIDS awareness, access to basic health and legal services, vocational training, and income generation from CARE and local partners. To be more responsive to the expressed views and demands of this vulnerable group, CARE is developing a participatory monitoring and action learning system to keep close track of changes in their conditions and assess how the programme can be more effective at facilitating the realisation of their rights and aspirations. Through this initiative, CARE Rwanda will be more responsible for the results of its interventions and will demonstrate its accountability to the client population by collecting, on a regular, continual basis, information on client-perceived successes and failures and adjusting, as much as possible, organizational approaches and practice in response.

The initiative and its application: CARE Rwanda concedes that CARE and other NGOs have not been sufficiently accountable for the results – foreseen/unforeseen and positive/negative – or their work. This RBA pilot is especially aimed at improving CARE's accountability, inviting regular feedback from clients on CARE's work to act on their views of its interventions. The action

learning system makes use of a child rights framework with categories drawn from the Convention on the Rights of the Child, thereby grounding the results of this participatory monitoring exercise in a legal context that should compel more responsive action, not only from CARE, but also a wide range of other, especially state, actors. Participatory methodologies have been developed to enable OVCY clients to freely express and follow up their views, concerns and recommendations about CARE's interventions.

Results to date: Staff and local partners have recognized the value of more systematic feedback – local partner representatives have joined the team to carry the initiative forward. Notwithstanding a recognized need for CARE to be more accountable for its results, the pilot highlights many challenges of engaging in this process. Staff time and resources are at a premium and donors will not fund a monitoring process of a more reflective nature, going beyond the agreed workplan and results. Moreover, the multiplicity of donors for projects focused on OVCY in Gitarama complicates the efforts of an integrated monitoring and evaluation system that has to meet donor requirements as well as incorporate participatory monitoring and learning. The ability to engage a wider range of actors serving OVCY at the very outset in order to compel them to take responsible action is also crucial to systematising the reflection process. This is no less challenging than managing donor requirements.

Innovation process: This innovation gives a strong message to CARE staff to view themselves as *promoters of human dignity and rights* and to view so-called beneficiaries as *rights-bearing clients* with a right to be heard and, more specifically, to participate in decisions affecting their lives. As such, they should be enabled to hold CARE responsible for its actions. The initial step in the process was forming a team made up of Monitoring and Evaluation (M&E) staff and social worker staff, and overseen by the Assistant Country Director for Programmes to develop a plan for taking the pilot forward. A consultant specializing in participatory monitoring was hired to assist the country office, taking into account best practice in the wider child rights and development community, to design an appropriate methodology to first critically analyse the relationship between clients and CARE and then provide suggestions on how to improve it. On this basis, the methodology was developed, pre-tested, and integrated into the existing monitoring and evaluation system.

Suggestions for building on the learning: It is still too early to reach hard and fast conclusions since the monitoring and action learning system has not yet been put in place. However, CARE Rwanda seeks and promotes learning from across the CARE federation by leading a regional working group on accountability. Many of the issues that this pilot deals with are of immediate relevance to CARE programmes globally. CARE Rwanda has made a commitment to documenting and disseminating the results of the pilot experience.

2.14 “UPSTREAM” APPROACH TO HUMAN RIGHTS

CARE Sierra Leone

Context: The end of the 11-year war in Sierra Leone was formally declared in February 2002. The war left more than 20,000 people dead, displaced more than half of the 4.5 million population, destroyed the country’s social, political and economic infrastructures, and devastated the agrarian-based livelihoods of the mass of the population. Sierra Leone is not only the poorest society on earth, but ranks last on the current United Nations Human Development Index. As it turned to the challenges of the post-war period, CARE Sierra Leone began its own programmatic re-orientation to address issues of marginalization, exclusion and inequality that fuelled violence and war far more than economic factors, according to the research CARE conducted on the underlying causes of war. This gave rise to the design of the Rights-Based Approach to Food Security (RBA-FS) project as its first attempt to integrate development and human rights action into its core business.

The initiative and its application: To promote and protect human rights through development activities, CARE Sierra Leone based its approach on the premise that individuals or groups will subscribe to and uphold most of the principles in the Universal Declaration of Human Rights (UDHR), given the opportunity. It was also believed that any rights-oriented changes must first take place at the local level to ground principles and concepts in practical experience, set precedents locally of what would be expected from leaders and politicians and allow people to become familiar with a structure and process for demanding change. Referred to as the “upstream” approach, it fosters a culture of rights and responsibilities in relation to people’s everyday experiences with injustices and then facilitates discussion about the applicability of such rights and responsibilities to other walks of life.

Results to date: CARE Sierra Leone illustrates results with two examples. The first is about overcoming exclusion through individual registration and targeting of seeds and the second focuses on the case of demanding transparency and accountability from a school headmaster, highlighting the relationship between rights holders and duty bearers. In the first example, CARE facilitated an open debate and discussion about the right to adequate food, a principle everyone endorsed. When applied to the context of seed distribution, participants had the opportunity to link principle with practice. They concluded that the registration, allocation and distribution of seeds had not been inclusive and transparent. Community groups, comprised of representatives of all social categories, worked with CARE staff to register every individual with the will and the ability to farm. Where grievance and violence would have been the most common reaction to problems, this experience set a precedent for resolving issues through due process. In both examples, access to information empowered people to put into practice principles of accountability, representation and participation. In the case of the school headmaster who was discovered to be misusing public funds, the parents’ School Management Committee consciously approached the Schools Inspectorate to address the actions of the headteacher, a public official, that were undermining UDHR Article 26, and ICESCR Articles 13 and 14.

Innovation process: Leading up to the design of the RBA-FS, CARE Sierra Leone conducted research to see whether a human rights framework could better inform the understanding of the causes of conflict and human rights violations. The RBA-FS project design that ensued was an explicit attempt to recognise and raise awareness of social exclusion and human rights in confronting everyday injustices at local level that typically made rural communities susceptible to violence. It enabled people to put into practice the principles they agreed and, in doing so, to not only uphold the principles themselves but hold others – individuals and institutions – accountable.

Suggestions for building on the learning: The “upstream” approach is already being adapted by other CARE country offices. The key elements that produced the project design and set-up were:

- (a) a commitment to honest reflective practice – to ‘look under the carpet’ and discover whether current activities promoted, or undermined, human rights principles,
- (b) a commitment to basing this in a serious, informed research process, not cutting corners and not rushing out a product,
- (c) the combination of social science and practitioner perspectives, both rooted in detailed knowledge of the programming context, and

- (d) recognition of the importance of consultation with all relevant actors. These serve as valuable lessons to other interested country offices.

2.15 GROWING A TREE OF HARMONY IN A DIVERSE COMMUNITY

CARE Somalia

Context: Somalia remains “stateless” after the collapse of the Siad Barre regime in 1991. The legacy of the decades-long authoritarian rule and the concurrent civil war that pitted clans against one another rendered the country fragmented and its population destitute. Without a broadly supported central government, clan-based traditional institutions and religious authorities fill the power vacuum. The people of Galdogob District along the border with Ethiopia, 95 km northwest of Galkayo, are largely pastoral communities with a distinct clan identity from the mainstream Puntlanders. Under the USAID-funded Civil Society Expansion programme to support nascent Somali organisations, CARE had been supporting the local NGO National Relief Organisation (NRO) to increase access to animal health services for rural families in Galdogob District. One and half years into the project, CARE encouraged its partner to pilot a rights-based approach. This initiative is part of CARE Somalia’s documentation of ongoing learning processes.

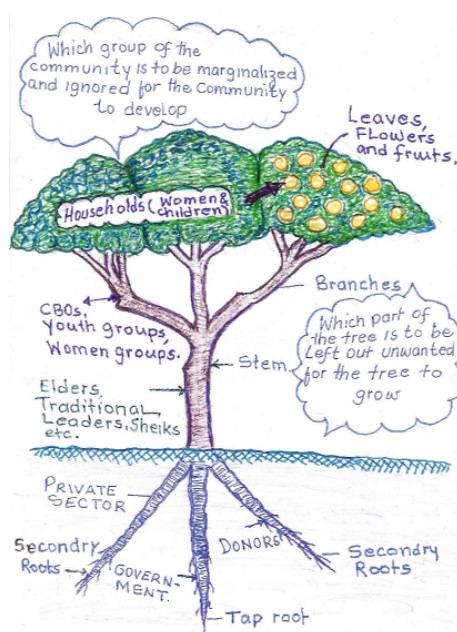
The initiative and its application: CARE Somalia’s aim to pilot RBA came during the third phase of a project based on a proposal by NRO that had originally made decisions with little input from community members or civil authorities in order to meet a deadline. NRO changed tack as it became clear from discussions with a broader range of community representatives that the minority clan, women and others had been excluded by the project unintentionally. The poor in the community were made up of the minority clan, women, and internally displaced persons whose main livelihoods were not livestock herding and whose survival often depended on the exploitation of natural resources. After NRO moved its office from Galkayo to Galdogob to learn more about the communities, they came to know where the disparities lay. In fact, access to and use of resources such as grazing land and water has long been a source of intense conflict.

Through a wealth ranking exercise and discussion with community groups, the project identified social groups based on means of livelihood and

wealth level and then analyzed benefits/harms from the project. This revealed a relationship between the level of participation of a group and level of benefit.

Results to date: The application of the benefits-harm tool in a diverse community is useful for exposing how benefit to one group can be a harm to another. The results of the analysis led the project to be more inclusive of minority clan members and women. These efforts did not always work. Women’s contribution gained wider recognition but some minority clan members moved out of the communities, feeling their livelihoods threatened in the long run by the environmental campaign. NRO as a local organisation demonstrated the commitment to learn from these experiences.

Innovation process: The RBA pilot with NRO delved into issues of power relations through a participatory process of analysing the socio-cultural context. This revealed who was benefiting or not benefiting from the project. The language of equal worth and rights helped sensitize communities and address in the project the unintended exclusion of socially marginalized groups. The pilot also pointed to the possibility of a project gradually evolving into a rights-based approach if the implementing agency is open-minded and willing to learn deeply about the existing patterns of power and wealth and use this knowledge flexibly.



In one of the earlier meetings with communities, NRO drew an analogy of a tree to explain the interdependency between different groups to secure their rights and the equal importance of every group to the community as a whole.

Suggestions for building on the learning:

Much was learned about the importance of hidden power relationships in the communities, their consequences for the marginalized, and the processes for grappling with them. The poor can often internalise existing power structures and not question authority. This means it is important to affirm their equal worth and engage in ongoing dialogue with dominant groups at the same time so that they fully realise the concerns of the marginalized. Furthermore, local NGOs like NRO may be able to address sensitive issues in a culturally appropriate manner, but external assistance may be helpful in critically analysing the foundation of their own values and norms so as not to perpetuate patterns of injustice.

2.16 IN SEARCH FOR RIGHTS: A PROGRAMME ON HEALTH OF MIGRANT WORKERS

CARE Thailand/Raks Thai Foundation

Context: Thailand has a migrant population of 2.5 million. Most of these migrants enter Thailand illegally through its long land borders with Myanmar, Cambodia and Laos. In 1996, CARE Thailand started a simple research study in the port town of Mahachai to understand the risk of HIV/AIDS among migrant workers from Myanmar. Owing to the language barrier and their illegal status, this population was highly under-served at the time. The study revealed much about how migrant workers sought health treatment and the barriers they faced. CARE began a series of steps to defend the rights of the migrant population.

The initiative and its application: The government policy was unfavourable to migrant workers due to the economic crisis in the late '90s. However, this shifted in 2002 to allow registration, repatriation and insurance for migrant workers on whom Thai industries depended for low cost labour and to fill jobs unpopular with Thais. After an initial registration of 500,000 workers, the numbers began diminishing over the years. What follows is the chronology of steps taken by Raks Thai from 1997 to the present.

Actions Taken by CARE / Raks Thai Foundation (1997 – present)

- Small grant from new donor to open a small family planning service centre in Mahachai near a large shrimp-peeling market where 100,000 Burmese migrants, mostly women, worked.
- The Field Coordinator writes stories voicing perspectives of migrant workers. Invites two English newspapers to write stories.
- Small AIDS prevention project in two provinces for Burmese and Cambodian migrant workers working on Thai fishing boats
- Volunteer migrant workers hired to communicate with other workers. Ei Ei, a Burmese doctor, hired to communicate directly.
- Raks Thai adopts first vision, mission and strategic plan. The Board agrees on strategic direction to address issues of migrant workers and their access to health services as an organisational advocacy issue.
- Due to restrictions on health services and gap in preventive health programmes, Raks Thai collaborated with Thai Lawyers' Council to conduct "legal clinics" at migrant communities in Mahachai, independent of funded project activity.
- National workshop on migrant workers and access to health in Thailand organized. A network of NGOs formed with the two Raks Thai staff as active members. Small grants funds secured to support network meetings and training on advocacy skills.
- Raks Thai works with five NGOs and Ministry of Public Health in organizing HIV/AIDS prevention activities for migrant workers in 22 provinces. Also aimed at strengthening community self-help and livelihood security networks. Includes training on legal rights. Aimed also at influencing government policy in favour of migrant workers.
- The Field Coordinator assists Human Rights Committee, a national organization, to conduct a study to draft a master plan for migrant workers based on human rights and international conventions. The Field Coordinator is member of the Action Network for Migrants of 12 NGOs.
- Raks Thai modifies its policies to allow more benefits to paid migrant workers as project employees. Advocating with other NGOs to be able to register/document migrant workers working in projects to help migrant communities.

Results to date: Raks Thai deepened its experience with the migrant worker population through its focus on access to health services and its deepening commitment to defend their human rights. The opportunities to work with this population solidified when the Board agreed to make this an organizational advocacy issue. Raks Thai has continued to expand its advocacy activities and has joined a network advocating for the migrant rights.

Innovation process: The accomplishments of Raks Thai in working with migrant workers are a demonstration of a long-term commitment to explore all opportunities to improve their access to HIV/AIDS prevention and health services. The extremely risky and difficult situation of migrant workers clearly revealed rights issues that Raks Thai has sought to address increasingly through advocacy efforts. This experience is particularly exemplary in its demonstration of solidarity with the poor and marginalized.

Suggestions for building on the learning: Key lessons learned from the work of Raks Thai include:

- (1) there are many instances in development where a straightforward response at community level is inadequate and obsolete;
- (2) it is crucial to understand and accept risk not only to the organisation but also to staff;

- (3) The organisation and staff must believe in what they are doing and not operate merely on a project implementation plan; and be able to practise the same principles internally;
- (4) Working with networks is a must with RBA and advocacy;
- (5) Advocacy and pushing for rights of marginalized groups must be backed by the staff, the management, and the board; and
- (6) Advocacy is not only about influencing government policy but also about changing public opinion.

It is clear that a number of further behaviours are associated with standing in solidarity with the poor and marginalised, namely perseverance, defending the rights of the marginalized group in the face of opposition, risk-taking, working with legal rights specialists, and investing in staff who represent the population.

ANNEX 3 CASE STUDIES ALONG THE CONTINUUM

The innovative aspects of the individual case studies – whether in approach, methodology, tool or process – vary from case to case. They can be usefully described in terms of the continuum model outlined on page 12 by exploring the following questions:

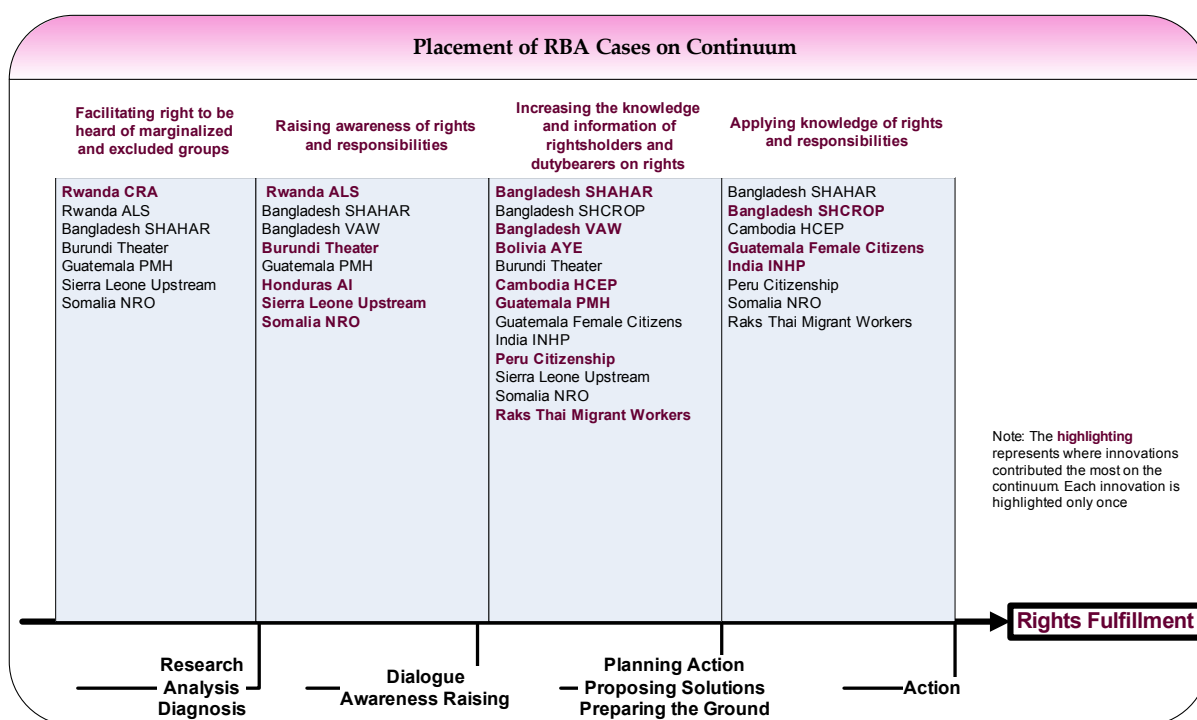
- What are the gaps in knowledge and practice which the innovations fill?
- What is noteworthy about the particular methods or approaches?
- And what changes, organisationally or in CARE’s relationships with staff, partners or clients, are implied by the innovations?

The chart below classifies the case studies according to their characteristics. Most appear more than once, indicating the use of overlapping strategies. Each case is **highlighted** once to show where it contributed the most.

The commentary highlights the contributions of one particular case study for each stage of the continuum. This is not intended to judge or prioritise the cases, but rather to illustrate the summary observations about the whole of that continuum stage.

RESEARCH, ANALYSIS AND DIAGNOSIS

Rwanda CRA Innovation. CARE Rwanda engaged a broad range of responsible actors from government and civil society to agree to plan and then participate in an analytical exercise to examine different levels of causality for vulnerability of marginalised groups: who was responsible for the problems, whose rights were not being realised, and what was being done or not done? This research, using the causal-responsibility analysis tool, was conducted in four districts with representation from vulnerable and marginalised groups (the Batwa, widows, children heads of households and street children, etc.) The results were then shared broadly. A central feature of the methodology was that it jointly engaged both rights holders and duty bearers, opening the space for honest discussion towards the emergence of shared goals. It was a powerful exercise to have duty bearers exposed to discussion about their responsibilities from the viewpoint of previously voiceless groups. Introducing human rights and responsibility analysis into research on poverty was particularly new and innovative for staff. In this innovation, the research/analysis stage flowed into dialogue and awareness-raising as one process.



Summary Observations. Engaging marginalised groups in this stage was empowering and revealing. Their perspectives and opinions shed light on the conditions they suffered – discrimination, exclusion, powerlessness – and enriched the analysis of poverty in a way that could not have been contributed by others. Once their views were spoken and heard, the marginalised people gained a voice. Using a ‘rights and responsibilities lens’ in the analysis also gave greater weight to claims made by marginalised groups and placed a greater imperative on the actions expected of responsible individuals.

DIALOGUE AND AWARENESS RAISING

Guatemala PMH. Using an approach called the 4-Delays Model to reduce maternal mortality, CARE Guatemala engaged women, men, community leaders, and medical staff in a dialogue on the causes of maternal mortality. Women expressed legitimate fears about going to hospital or dying in labour during the long journey. Seeking help outside the community required money and women were often ill-treated once they reached the health facility. Solutions were proposed by women and members of the community, rather than by the medical staff. Some more ‘unconventional’ solutions, such as allowing midwives into the health facilities, were accepted and health personnel committed to more humane and friendly care.

Summary Observations. To be effective, dialogue and reflection processes must be carefully managed and facilitated. RBA cases that focused on approaches to dialogue and reflection were non-conventional, culturally sensitive, non-judgmental, non-threatening and took into account power relations while putting all on an equal footing. They sought to empower and inform, allowing people to come to their own realisations while raising awareness of rights and responsibilities pertinent to underlying problems in the inequity such as violence against women.

PLANNING FOR ACTION, PROPOSING SOLUTIONS, PREPARING THE GROUND

Bangladesh SHAHAR. The pilot started with a traditional project approach. This was then adapted to create a new strategy and staff structure geared towards facilitating the fulfilment of rights of the urban poor. The Pressure Plates Model (PPM) promoted and enabled a process whereby the community identified its issues, organised itself, and mobilised for change. The final pressures in the structured process were upon the Local Support Structures with the aim of making the local institutions and actors more responsive to communities for resolving issues in a sustainable way.

Summary Observations. The breadth of observations that can be made on this stage is far greater than the scope of this report. The individual cases in Annex 2 capture some of the richness. A few observations are included:

- (a) It is possible to adapt traditional projects to a rights-based approach. In other words, it does not require starting from scratch.
- (b) Empowerment in the sense of “power within” – self-worth, identity, confidence – is a critical part of encouraging excluded and marginalised groups to act in their self interest (‘courage’).
- (c) Similarly, to empower a vulnerable or marginalised group, the sphere of change must always be broader than the group itself (for example, the teachers and parents of Bolivian street children).
- (d) The rights framework alters community development approaches by necessitating the involvement of duty bearers. It is no longer strictly a question of self-reliance but of holding others accountable for the community’s welfare.
- (e) There are many ways to educate people about their rights and responsibilities but relevance to their life situation, integration into their professional responsibilities, and congruence with the socio-cultural context have proven effective, if not essential.
- (f) Facilitating participatory planning processes with a wide range of stakeholders and partners must be done with a high level of transparency and inclusion on the part of CARE. Often, the external player, such as CARE, is critical to achieving this transparency and inclusion.

ACTION

India INHP. The project tackled several aspects of the health and nutrition situation for women and infants/children through the introduction of four innovations. These were all aimed at facilitating sustainable change. The project did this by empowering women and their communities, and engaging various stakeholders to put pressure on duty bearers to take responsible action. It made best use of traditions and existing structures to create positive changes, not only in health and nutrition, but in the wider health of communities who were now able to raise their voice with dignity.

Summary Observations.

- (a) The ability to act depends firmly on having access to relevant information and knowledge (the right to information), not only on the issue but on one's rights in relation to it.
- (b) When introducing principles relating to human rights or equity, offering opportunities and a structure for these to be put into practice will facilitate their assimilation by community groups more easily.
- (c) Collective action enables community and marginalised groups to engage in advocacy. Broader, higher level policy changes, however, often require coalition building across a wider spectrum of civil society.
- (d) Advocacy is both about influencing policy and changing public opinion.
- (e) None of the examples reported instances of significant, and certainly not insurmountable, resistance from duty bearers, aside from a degree of discomfort.
- (f) Organisational change and commitment on the part of CARE are integral to the adoption of rights-based programming.

Principle four, opposing discrimination, has proved to be highly relevant to the case studies. **CARE Honduras** brings to light the importance of internal reflection and dialogue. No less important is reflection with the client populations, as the **CARE Rwanda ALS** revealed. This aimed to ensure CARE was made fully aware of the potential harms and unintended effects of its work by soliciting regular feedback from clients on CARE's effectiveness. Many RBA cases implied requisite changes, not only in staff attitudes and behaviours, but also in skills, such as facilitation, conflict mediation and community organising. The **Raks Thai Foundation** example demonstrates the fuller meaning of commitment when we start to make choices in a rights-based framework, for example selecting as a focus an excluded group and defending their rights.

