

HUMAN RIGHTS APPROACH
TO
DEVELOPMENT PROGRAMMING

By Urban Jansson

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Preface

The United Nations is founded on the principles of peace, justice, freedom, and human rights, and the Universal Declaration of Human Rights recognises human rights as a prerequisite for peace, justice, and democracy. When he launched the UN reform in June 1997, the Secretary-General explicitly stated that all major UN activities should be guided by human rights principles. Human rights of children and women are further specified in the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Unicef's Mission Statement, approved by its Board in February 1996, recognises the CRC and CEDAW as foundations for Unicef's work. The achievement of the World Summit for Children (WSC) goals are now seen as obligations of countries that have ratified the CRC.

During the late 1990s, Unicef was engaged in agency-wide effort to identify priorities for the organisation beyond the year 2000. New priorities were agreed upon and incorporated into the outcome document for the UNGA Special Session on Children, held in September 2001.

Based on Unicef's Medium-Term Plan (1998-2001) and its emerging long-term priorities Unicef country offices in the Eastern and Southern Africa Region (ESAR) began to discuss regional priorities in mid-1998. At its meeting in November 1998, the Regional Management Team established priorities for ESAR's work in 1999, including both programme outcome priorities and process priorities (such as human rights-based programming and community capacity building). While ESAR already had considerable investment and experience in the area of community capacity building, it was recognised that particular support was needed to help countries in the region draw lessons from this history and sharpen the technical and human rights basis of this work. In the case of human rights-based programming, work in the region was seen to be complementary to, and closely related to, the work in this field being undertaken at Unicef headquarters in New York, including a human rights "core course" and a new programme process training package.

The November 1998 ESAR's Regional Management Team established three task forces to focus on: (1) Human Rights Approach to Programming, (2) Community Capacity Development, and (3) Integration of the Martigny Recommendations. After several early drafts had been circulated and discussed, the three task forces prepared a first draft of a text addressing these issues in early November 1999.

The first draft was shared with all Country Offices in the region and discussed at the RMT Meeting in mid-November 1999, and was also presented and discussed at meetings at Unicef Headquarters in New York. Recommendations arising from all of these meetings resulted in a second draft, completed in August 2000 that, although still incomplete, was used in the preparation of a number of HIV/AIDS projects in ESAR and to train facilitators for region-wide policy and planning sessions planned for 2001 and 2002.

During 2000-01, eleven ESAR countries prepared new Country Programme of Co-operation, most of which applied an HRAP/CCD-type of approach. Lessons learnt from this work were included in the third draft. This draft was then discussed at the RMT meeting in Nairobi in August 2001, resulting in further recommendations.

This final version of the study has attempted to incorporate all of the recommendations made in the course of these numerous feedback sessions. In addition to the text, it includes two annexes, one on monitoring and evaluation and a second describing how the human rights approach applies in situations of conflict and complex emergencies (relating to the Martigny Recommendations). Since work began on this document, Unicef Headquarters has produced an excellent Core Course on HRAP. It is strongly recommended that this Core Course be studied before reading this document.

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1. INTRODUCTION AND BACKGROUND

This chapter provides background on the setting into which this study inserts itself; a setting characterised by ongoing debate over how to define and achieve development, and by a fast-growing trend within the United Nations (UN) toward making human rights the fulcrum of its development goals and strategies. Unicef, a UN development agency charged with protecting the rights of children, views child development as the core of sustainable development, and thus has been in the forefront of efforts to bring development theories and human rights principles together in a strategy capable of realising the rights of children.

1.1 Towards Normative Development Approaches

Development is about people. The role of people in development has been extensively debated in philosophy and social and political science over the last several hundred years. During the early years of industrial development entrepreneurs, economists, and critics of unbridled capitalism all focused on the accumulation of capital as the main factor driving economic growth, and therefore, development. After the Second World War, with the establishment of the United Nations and the adoption of the Universal Declaration of Human Rights, the idea that the main objective of development should be human well-being became more broadly accepted. As the late Tanzanian President Julius Nyerere once said: “Every proposal must be judged by the criterion of whether it serves the purpose of development – and the purpose of development is the people!” (Nyerere, 1974)

For a long time, however, both Marxists and non-Marxists agreed that rapid economic growth was the key to human development. As it became clear during the 1970s that economic growth did not necessarily benefit the poorest people, liberal economists launched a strategy known as ‘Redistribution with Growth’ aimed at stimulating development by distributing the surplus from additional growth to the poor—but without reducing the income or assets of the rich. (Chenery, 1974)

When these theories, defended and explained by neo-classic economic theory, failed to reduce poverty significantly, increasingly stronger critiques emerged. Economic growth strategies were gradually replaced by “Basic Needs” strategies. Some defended Basic Needs strategies from a normative point of view, while others saw these new strategies as a way to foster aggregate demand and therefore fuel economic growth. Most Basic Needs strategies shared three objectives: (1) increasing the income of the poor through labour-intensive production, (2) promoting public services to reduce poverty, and (3) encouraging popular participation. In most countries, however, only the second strategy was adopted and as a result many poor countries found themselves using external aid to finance public services; that is, to finance the basic needs of the majority of their populations.

In the mid-1980s, when poor countries had borrowed too much money and increased their foreign debt to the point of being unable to invest in economic growth, the IMF and World Bank launched a strategy known as “Structural Adjustment.” The aim was to “stabilise” economies by reducing budget deficits and trade deficits, cutting public expenditure, reducing wages, and raising interest rates—all in order to restore external balance and economic growth.

Unicef played an important role in criticising this approach when it launched the concept of “Adjustment with a Human Face” (Cornia, 1987), the thrust of which was that development should be people-centred and should not lead to further marginalisation of people who are poor, but rather to their empowerment.

The debate on the relationship between economic growth and human development, which dominated the political scene for decades, was clarified by scholars working with the UN Development Programme (UNDP). In 1990 the agency began to promote a new vision of human development in its first *Human Development Report* (UNDP, 1990). The last few years of UNDP analysis have contributed to an improved understanding of the relationship between economic growth and human development,

concluding that development is not exclusively tied either to economic growth or human development, but rather to both. One is not a simple function of the other; instead, economic growth and human development are related in a complex manner.

UNDP analysis showed that countries such as Egypt, Mexico, and Brazil had achieved high levels of growth, but because very little was done to promote human development, this growth was not sustained. Other countries, such as Tanzania, had achieved a high level of human development, but totally failed to grow economically, resulting in a breakdown of social services. Only those countries that combined investment in human development through public services and investment in production (Japan, Malaysia, and Korea for example) achieved both high economic growth and accelerated human development; in other words, sustained development.

In 1996 the UNDP defined human development as comprising three important components: (1) capability to be well nourished and healthy, (2) capability for healthy reproduction, and (3) capability to be educated and knowledgeable. Human Development Approaches emphasise basic needs, but go beyond conventional Basic Needs Approaches by focusing on enlarging people's choices. That is, people who are poor should no longer be seen as passive beneficiaries of transfers of services and commodities, but rather be recognised as key actors of their own development. In that sense the Human Development Approach is clearly normative.

As development theory and practice increasingly adopted normative approaches they came closer to human rights approaches, which by definition are normative. For decades the "development school" and the "human rights school" had progressed in a parallel manner with very limited exchange and interaction.

1.2 Human Development and Human Rights

The original focus of human development approaches was primarily on social and economic development as an *outcome* of development efforts. These approaches were less concerned with the quality of the *process* by which outcomes were achieved. Human Rights Approaches, on the other hand, place primary emphasis on an intricate web of duties and obligations, and focus primarily on accountability and process. The *Human Development Report 2000* acknowledges: "Although human development thinking has always insisted on the importance of the process of development, many of the tools developed by the human development approach measure the outcomes of social arrangements in a way that is not sensitive to how these outcomes were brought about." (UNDP, 2000)

Human Rights Approaches go beyond Human Development Approaches by recognising that to achieve human development outcomes, human rights must be realised by those whose development is at stake. Human Rights Approaches demand a high quality process, in the belief that the *process* by which rights are realised is just as important as the *outcome* (but not more important!). Human Rights Approaches focus on accountability and identifying those responsible for human rights realisation (duty-bearers), whose capacities to meet their responsibilities must be strengthened.

Human Development Approaches can enrich Human Rights Approaches. First, the Human Development Approach is based on a scientific analysis of causality and includes a vigorous assessment and analysis of the impact of different policy choices. Second, although there should not be a hierarchy of human rights, in the real world—characterised by scarcity—action to realise rights must be prioritised. Human Development analysis helps to show how different choices result in different impacts and different costs. The UNDP *Human Development Approach 2000* describes the relationship between the two approaches as follows: ["they are] harmonious enough to be able to complement each other and diverse enough to enrich each other."

In summary, Human Development Approaches tend to focus on the *outcome* of development efforts, while Human Rights Approaches require the simultaneous achievement of desirable human development outcomes and ethically acceptable processes. In other words, *human development is a necessary, but not sufficient condition, for achieving human rights.*⁸

1.4 1.3 Child Development and Human Development

Because of its importance for human development, and therefore for sustainable development, child development plays a crucial role in social reproduction. Social reproduction includes a large number of activities—from giving birth and caring for and raising children to transmitting a society’s cultural codes. As the UNDP stated in 1997: "Thanks to these activities, family and community relations are enriched, cultural traditions are maintained, and human development is enhanced. This is social reproduction in the broad sense." (UNDP, 1997).

The term "social reproduction," however, implies a society that does not change, whereas societies do change—they constantly evolve. Societies are open systems far from equilibrium. While “social reproduction” is predictable, societal evolution depends heavily on unpredictable innovations by individuals or groups of individuals. Since cognitive development is crucial for the capacity to innovate, early child development becomes more than a humanitarian concern; it is at the core of sustainable development, social capital formation, and societal evolution.

1.4 The United Nations and Human Rights

The United Nations has played a pivotal role in establishing internationally agreed human rights standards. The UN Charter outlines four major synergistic organisational goals: peace, human rights, justice, and freedom. Since its birth, the United Nations has promoted human rights, as exemplified by the following statement from its Charter:

“We the Peoples of the United Nations, determined to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small...

The bedrock instrument on human rights is the Universal Declaration of Human Rights, which was approved in 1948. The Declaration states that “the recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world.” Since then, the UN has taken the lead and served as the institutional framework through which many other human rights instruments have been passed, signed, ratified, and implemented by states.

In spite of the fact that human rights constitute the very foundation of the United Nations, the organisation did not take a lead in promoting human rights during the first almost 50 years of its existence. The major reason for this was the very different positions held by member states during the Cold War, after which a dramatic change took place. The fact that this change took place so immediately after the end of the Cold War was, to a large extent, a result of the commitment and work of UN Secretary-General Kofi Annan. In 1997 the Secretary-General launched a programme of UN reform with a clear emphasis on human rights. In a statement to the commission on Human Rights two years later he said.

¹ There is a need for more and better conceptual analysis on the relationship between human rights approaches. Some would argue, based on T. Kuhn’s ideas, that the two approaches are incompatible or incommensurate.

As the Secretary-General of the United Nations I have made human rights a priority in every programme the United Nations launches and in every mission we embark on. I have done so because the promotion and defence of human rights is at the heart of every aspect of our work and every article of our Charter. (Annan, 1999)

In September 2000 the largest-ever number of heads of state and government gathered at a summit in New York, which ended successfully with the adoption of the Millennium Declaration. (UN, 2000) A set of specific Millennium Development Goals were agreed upon, including eleven goals relating to development and poverty eradication. The respect for all internationally recognised human rights and fundamental freedoms, including the right to development, forms the normative basis for the Declaration. One year later, in December 2000, the General Assembly adopted a resolution that encouraged all actors, including all UN organisations, the Bretton Woods Institutions, the World Trade Organization, national parliaments, civil society organisations, and the private sector to contribute to implementation of the Millennium Declaration and achievement of its goals. (UN, 2000)

In the Secretary General's report to the 57th session of the General Assembly in September 2002, "Strengthening of the United Nations: An Agenda for Further Change," the promotion and protection of human rights is defined as "the bedrock requirement for the realisation of the Charter's vision of a just and peaceful world." (UN 2002). The report calls for streamlining the bodies dealing with human rights treaties and their reporting procedures.

This series of initiatives has spurred all UN agencies to recognise human rights in their work, and inspired UN development agencies to develop a "human rights approach to development programming."

By January 1998 the UNDP had issued policy guidelines on "Integrating Human Rights with Sustainable Development" (UNDP, 1998). The guidelines explain the implication of human rights for sustainable development, suggest strategies for mainstreaming UNDP support for human rights, and means for implementing these strategies. The UNDP *Human Development Report 2000* was devoted to human rights. In co-operation with the Office of the High Commissioner for Human Rights, a special programme, Human Rights Strengthening (HURiST), was launched to develop human rights approaches for development programming. (UNDP/OHCHR, 1999)

The process of adopting a human rights approach has not been easy or accepted by all. Nonetheless many UN agencies—including UNDP, UNFPA, WFP, UNICEF, WHO, FAO, ILO, and the UNAIDS Secretariat—have declared their commitment to human rights, and most have issued policies and guidelines aimed at bringing a human rights orientation to their work.

1.5 Unicef, Human Development, and Human Rights

During the 1990s Unicef made rapid changes in its approach to development. Early in the decade it employed a normative, but needs-based, approach as illustrated by the 1990 World Summit on Children (WSC) and Unicef's somewhat indifferent attitude during the preparation of the Convention on the Rights of the Child (CRC). Since then, spurred largely by the CRC and changes within the UN as a whole, important advances have taken place.

The WSC provided a new normative base for Unicef's work in the 1990s, and was the first of a number of global conferences that followed a similar pattern: governments agreed on global targets, endorsed a Plan of Action, and strongly emphasised the need to monitor the achievement of the targets. It was widely agreed that the WSC targets represented "global moral minima" for children worldwide, and a "social contract" between political leaders and the world's children. But like all previous social contracts, the

WSC entailed promises, not obligations. “Keeping the promise” became a political slogan for advocacy and social mobilisation by Unicef and others.

Because of the limitations of voluntary action and promises, the strategies used to promote the WSC targets remained in the tradition of Basic Needs Approaches (see section 3.2). Development efforts in the 1990s, based on this approach, were very successful in reducing infant and child mortality rates by increasing immunisation coverage, increasing the use of oral rehydration therapy, Vitamin A supplementation, and a few other health and nutrition interventions. They were less successful, however, in achieving some other goals with more complex causality, such as protein-energy malnutrition, maternal mortality, education, sanitation, and hygiene. Improvements in these areas require that individuals, families, and communities become empowered in a way that service delivery-focused basic needs strategies cannot normally achieve.

During the mid- to late-1980s nongovernmental organisations (NGOs) and others worked to develop the Convention on the Rights of the Child, without significant Unicef involvement. However, toward the end of the process Unicef became more actively involved, playing a crucial role in the mobilisation of countries to ratify the Convention after its adoption by the General Assembly in November 1989.

Ratification of a UN Convention is different from signing a Declaration and Plan of Action. Ratification legally binds a government to realise and guarantee all of the rights enshrined in the Convention. It is a moral and legal obligation; thus the WSC goals could be promoted as inalienable human rights of children that states are obliged to fulfil. This is very different than simply reminding world leaders to “keep their promises.”

With a new 1997 Mission Statement and an understanding of the CRC’s potential for its child rights work, Unicef was ahead of many other UN agencies in recognising human rights as a foundation for development work. In June 1997, when the UN Secretary General announced that human rights should be the basis for all major UN activities, Unicef was ready to move quickly.

The adoption of the Mission Statement was followed by an intensive effort to give concrete, operational meaning to the term “Human Rights Approach to Programming” (HRAP). A 1998 document, “Unicef Guidelines for Human Rights-Based Programming” (Unicef 1998) brought many of these ideas together. The document was the first organisation-wide effort to explain the main concepts underlying a Human Rights Approach to development and outline a logical process for applying the new approach to its programs.

A second document, “Programme Co-operation for Children and Women from a Human Rights Perspective” (Unicef 1999) was presented to the Unicef Board in June 1999. This document highlights how the normative framework of international human rights standards should guide Unicef’s practical work in fulfilling its mission and mandate, and describes how the framework has strengthened programmes.

During the General Assembly Special Session on Children in May 2002, a major review of progress since the 1990 WSC was presented and an outcome document, “A World Fit for Children,” was adopted (UN, 2000). During preparatory meetings held in 2001 some countries, particularly the United States, criticised the human rights orientation of the draft document. But following lengthy and sometimes contentious negotiations, the human rights orientation of the outcome document survived.

The document’s title, “A World Fit for Children,” represents a radical change from earlier thinking and approaches. No longer should the purpose be to change or prepare children for the world, but instead to make the world fit for its children. A Global Movement for Children has started, guided by the UN principles of human rights.

1.6 Organisation

This book describes a method for programming from a human rights perspective. It goes beyond general recommendations to attempt to provide a framework and procedures for putting a human rights approach to programming into practice.

Chapter 2 addresses basic human rights concepts and principles. Where do rights come from? What do they mean? It describes two concepts that are critical to the approach outlined in this study—claim-holder and duty-bearer; that is, those who have rights, and those who have a duty to realise these rights. Finally, chapter 2 explores the crucial role of communication in achieving human rights.

Chapter 3 looks at the differences between traditional (“basic needs”) approaches to development and the human rights approach presented here. It points to some important programming implications inherent in the human rights approach, such as the difficult issue of setting priorities—given the universality and indivisibility of human rights.

Chapter 4 introduces some theoretical constructs, or tools, that can be used to make an HRAP operational. In particular it describes the “Triple A process”—by which people at all levels make decisions and learn from their actions—and the role of this process in human rights programming, and suggests a framework for implementing the human rights approach. This chapter also explains the importance of capacity (defined in the broadest possible sense) to participate in decisionmaking processes, and thus to both demanding and responding to demand for the fulfilment of human rights.

In Chapter 5 the focus is narrowed to communities, since human development is the aim of the human rights approach presented in this study and all people live in communities. The chapter describes a methodology for *community-centred capacity development*. It lays out the different components of capacity in the community context, as well as the different actors who can play a role in capacity development, and describes how the Triple A process can be applied at the community level.

A step-by-step approach to applying an HRAP for developing community capacity is elaborated in chapter 6, which also includes several concrete examples from the child rights field to facilitate understanding of the method. The steps outlined seek to define “capacity gaps;” that is, areas in which claim-holders need support to claim their rights and duty-bearers require support to fulfil their responsibilities in regard to human rights. These gaps then become the focus of programming by agencies such as Unicef.

Chapters 7 through 9 consist of case studies of three countries (Tanzania, Mozambique, and Zimbabwe) where HRAP and CCD have been applied to Unicef’s work. In Tanzania and Zimbabwe the studies explain the process by which HRAP/CCD was integrated into Unicef Country Programmes, and how working with communities and local governments strengthened their work. They also detail some of the most persistent obstacles faced by the HRAP/CCD approach. The Mozambique case study illustrates how the new approach was applied to a malaria-prevention programme during a flood emergency, and then expanded to other regions of the country, through the use of innovative tools for use in communities that are being adapted to address other human rights.

The study concludes with two important annexes. The first suggests how a human rights-based programme could be monitored and evaluated. Many procedures and indicators have been developed to monitor quantitative outcomes, but the human rights approach proposed in this study underlines the importance of a *quality process* as well, and far less work has been done in this field. Annex I suggests ways to monitor how well national-level duty-bearers are meeting their obligations regarding the fulfilment of human rights and how well outside agencies are performing in reducing the “capacity gaps” of duty-bearers to meet these obligations.

Annex II examines how a human rights approach to programming applies in situations of conflict and complex emergencies. The annex points out that both International Humanitarian Law and human rights laws are applicable in conflict situations, as people continue to have human rights even in these situations. It describes some of the mechanisms that UN agencies and NGOs have utilised to enforce human rights during prolonged conflict situations, such as Principles of Humanitarian Action signed by both parties to a conflict that permit outside agencies to work with affected populations.

2. 2. HUMAN RIGHTS CONCEPTS AND PRINCIPLES

2.1 Introduction

A human rights approach to programming requires an understanding of the history, nature, functions, principles, and characteristics of human rights. In the Unicef context, a human rights approach to programming further requires familiarity with the objectives and strategic principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This chapter provides background on human rights principles and how they have been incorporated into important UN documents, as well as introducing some of the key concepts presented in this study: claim-holders and duty-bearers for children's rights, and the important role of capacity and communications in realising human rights.

2.2 The Origin of Human Rights

All societies have ethical standards; that is, norms and beliefs addressing what is right or wrong, permissible or not permissible. These moral standards were established by people, and vary over time and among societies. They are therefore social constructs, made by people for people. They have no divine origin, nor are they derived from scientific discovery. In a democracy these standards reflect shared values among people. Historically, however, such moral standards have been imposed by authorities, who may claim divine origin. During the Enlightenment, philosophers began to defend the existence of "natural rights," which were seen as universal across social classes (although often excluding women and children). These rights were defined and promoted with the purpose of protecting all people from exploitation and dominance by kings or emperors, or from state oppression. Many of these rights represent the origin of what we today call civil and political rights.

Historically, one way of safeguarding human rights as ethical standards was to codify, or institutionalise, them in documents or instruments, a process that began in the 18th Century. Notable instruments from this period include the American Declaration of Independence (1776) and the French Revolution's Declaration of the Rights of Man and Rights of Citizens (1789). In both cases the perceived human needs that were translated into claims were civil and political needs and aspirations and demands for human dignity against the hegemony and dictates of kings. Understandably, therefore, most of the rights enshrined during this period had the direct function of achieving civil and political participation and protecting human dignity. Despite criticism from liberal economists in the 19th Century, the human rights ethic was instrumental in achieving a number of key human development transformations, such as the abolition of slavery, recognition of trade unionism, and quest for universal suffrage.

Today's understanding of human rights came with the birth of the United Nations. These rights are enshrined in the Universal Declaration on Human Rights, two International Covenants (the International Covenant on Civil and Political Rights and the International Covenant on Social, Economic and Cultural Rights), and UN Conventions such as the CRC and CEDAW. The Universal Declaration and the two Covenants form the Bill of Human Rights.

2.3 Civil and Political Rights and Social, Economic and Cultural Rights

Social, economic, and cultural rights were originally promoted as equal to civil and political rights but this treatment provoked political resistance from some UN member countries. From the Cold War period until 1989 the human rights debate was dominated by the East-West ideological dispute over whether civil and political rights should be accorded priority over economic, social, and cultural rights, or vice-versa. Although the United Nations has always insisted that both types are equally important, this dispute resulted in the creation of two separate covenants. The International Covenant of Civil and Political

Rights and the International Covenant on Economic, Social and Cultural Rights were both adopted by the General Assembly in 1966 and entered into force in 1976.

Elements of both covenants play an important role in a human rights approach to programming. The Convention on the rights of the Child, for example, refers to both civil and political rights (CPRs) and social, economic, and cultural rights (SECRs), but they are dealt with separately and treated differently. CPRs are defined as specific demands that must be fulfilled (obligations of result), while the requirement to fulfil SECRs is left more ambiguous, dependent on resources (obligations of conduct). Paragraph 4 of the CRC makes this clear.

States parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation. (CRC, Article 4)

The International Covenant on SECRs includes similar phraseology. Wording that qualifies obligation according to “available resources” has stimulated considerable debate and led to two sets of clarifications. In 1986 the UN Economic and Social Council adopted the Limburg Principles, a set of rules and recommendations for interpreting state obligations in relation to economic, social, and cultural rights. (UN, 1987) They state:

The obligation ‘to achieve progressively the full realisation of the rights’ requires states parties to move as expeditiously as possible towards the realisation of the rights. Under no circumstances shall this be interpreted as implying for states the right to defer indefinitely efforts to ensure full realisation. On the contrary, all states parties have the obligation to begin immediately to take steps to fulfil their obligations under the covenant.

Ten years later, a group of experts elaborated further on these themes. (UN, 1998). Their work resulted in more detailed guidelines on violations of SECRs. An important recommendation made at the time was that more state obligations in relation to SECRs should move from obligations of conduct to obligations of result. In the area of health, for example, an obligation of conduct could mean the adoption and implementation of a plan of action to reduce maternal mortality. The obligation of result, however, would require states to achieve the goals agreed upon at the 1994 Cairo International Conference on Population and Development. (UN, 1994)

The 1996 guidelines recommend “a minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights” described in the covenant on SECRs. They also state: “Resource scarcity does not relieve States of certain minimum obligations in respect of the implementation of SECRs.”

Further differences between CPRs and SECRs can be seen by examining the content of the two Covenants. The International Covenant on CPRs includes the following rights: life: freedom from slavery, servitude, forced or compulsory labour: liberty and security: freedom of movement: equality before the law: freedom of thought, conscience, and religion: freedom of expression and peaceful assembly; and the right to vote and be elected. It also establishes the right of every child to be registered and to have a name and a nationality.

The covenant addressing SECRs includes the right to work and to form trade unions; the right to social security; and the right to food, education, and health. It also affirms the right of children to be protected from economic and social exploitation, and all work that is harmful to their normal development.

The conflict between the UN stance, which treats civil, political, social, economic, and cultural rights on an equal basis, and the refusal by some governments to recognise SECRs remains a very serious issue. The current United States Government has made it very clear that it is not prepared to ratify any convention that includes SECRs, including the CRC. The difficulty encountered in reaching an agreement on the Right to Food is another example of the conflict.

In this book the UN position is accepted and all CPRs and SECRs are recognised as equal.

2.4 Key Human Rights Principles

The United Nations has long recognised that human rights are necessary for the enjoyment and safeguarding of human life, the achievement of human progress, the protection of human dignity, and the advancement of human security. In this regard, as agreed at the Vienna Conference on Human Rights, all human rights are *indivisible* and *interdependent*. (UN, 1992) As global requirements, human rights are formulated to promote tolerance, solidarity, peace, and human dignity. Because they may be claimed by every human being, human rights are obviously universal. Hence, *universality* is one of the underlying principles of human rights. A related principle is that human rights must be enjoyed without discrimination based on either: attributes over which a person has no choice (such as gender, age, or ethnic origin), or attributes that, if denied, would result in the infringement of other human rights (such as religion and political ideology). Another characteristic of human rights is that they are *inalienable*, which means that they cannot be taken away. Consequently, it is imperative to safeguard human rights against violations, abuse, or neglect. As the virtues that human rights promote are indisputable for human development, human rights are morally forceful and constitute a strong tool for advocacy to advance the values enshrined in the UN Charter.

2.5 Human Rights and Corresponding Duties

Like other rights, human rights imply corresponding duties, or obligations, to ensure their realisation. If a right is a claim, then those against whom the claim can be made (duty-bearers) must not only be identified, but also made accountable for the realisation of that right. Claim-holders, moreover, have a duty to ensure that the enjoyment of their rights respects the rights of others.

Most scholars in the area of international human rights law only recognise obligations on the part of the state. The CRC is an exception, because parents (or other caretakers) are also recognised as duty-bearers. In an HRAP there is a need to extend the claim-duty relationships to include all relevant subjects and objects at sub-national, community, and household levels. It is interesting to note that the Preambles of both the ICCPR and the ICSECR support such an interpretation, stating:

Realising that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognised in the present Covenant (UN, 1976)

The identification of duty-bearers and a determination of extent of their accountability is crucial to a human rights approach to programming. International Human Rights Law declares that signatories to a UN Convention have three types of obligations: to respect, protect, and fulfil. The obligation to fulfil includes obligations to “facilitate” and “provide.” The duties described below should be equally applied to all duty-bearers.

- *The Obligation/Duty to Respect* requires the duty-bearer to refrain from interfering directly or indirectly with the enjoyment of the right.

- *The Obligation/Duty to Protect* requires the duty-bearer to take measures that prevent third parties from interfering with the enjoyment of the right.
- *The Obligation/Duty to Fulfil (Facilitate)* requires duty-bearers to adopt appropriate legislative, administrative, budgetary, judicial, promotional, and other measures towards the full realisation of the right.
- *The Obligation/Duty to Fulfil (Provide)* requires duty-bearers to directly provide assistance or services for the realisation of the right.

It is a central thesis of this study that *capacity, broadly defined, is the key factor determining how well rights are claimed and duties are fulfilled*. A person cannot be held accountable for fulfilling a duty if he or she lacks the conditions necessary to do so. For a person to be held accountable, three conditions must be satisfied. First, the person must accept *responsibility* for carrying out the duty. Such acceptance can be expressed or implied from conduct, or from assumed roles that raise legitimate expectations on the part of the claim-holder. Second, she or he must have the *authority* to carry out the duty. Lack of authority means that the requisite power is vested in someone else, which may imply the need for a change of rules and norms or power relations. Third, the person must have access to and control of the *resources* required to meet the obligation. In summary, a person can only be held accountable if that person feels that he/she *should* act; that he/she *may* act; and that he/she *can* act.

If a resource needed to realise a human right is not available, it may mean that someone has not carried out her or his duty in the generation, management, or protection of that resource. The human rights standard regarding the use of resources is that “appropriate measures must be adopted.” This ambiguous wording is used in both the International Covenant on SECs and in the CRC (para. 4). As noted in section 2.3, this notion has been used by some to regard SECs as “soft rights” and of less importance than CPRs.

The same two instruments further state that signatory governments are required to “undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.” Many governments cannot currently demonstrate that their efforts represent the maximum extent of their available human, economic, and organisational resources. Even fewer can show that they are improving the generation, management, and allocation of their resources—especially regarding the well-being of children.

It is important to stress that human rights, as presently set forth in international instruments, represent minimum international standards. Hence, human rights conventions encourage the prevalence of standards that are higher than those enshrined in the conventions. As a result the realisation of human rights is an ongoing challenge, in that attained goals must not merely be sustained but progressively made more ambitious.

2.6 Claims and Duties in a Pattern of Rights

A human right represents a specific relationship between an individual who has a valid claim and another individual, group, or institution (including the state) with a duty to respect, protect, and fulfil the right. Except for very young children, all individuals have both valid claims (rights) and duties. Parents have a duty to provide food for their children, but often cannot do so due to lack of resources (money or access to cultivable land). In many cases parents lack resources because some of their rights have been violated. In such cases, parents cannot be held accountable for not providing food for their children.

Regarding children’s rights, the child is the primary claim/right-holder. In most cases parents are the immediate duty-bearers. In order to meet their duties to children and realise their children’s rights, parents must be able to claim their own rights vis-à-vis other specific duty-bearers. In this way, parents become “secondary” claims/rights-holders and others become the second-level duty-bearers. The term

“pattern of rights” is used to illustrate the many relationships among individuals as claim-holders and duty-bearers.

2.7 Human Rights, CRC and CEDAW

The Convention on the Rights of the Child offers a framework and four strategic principles for applying these elements of a human rights approach to programming to children’s rights.

The first principle is that the *best interests of the child* must be a primary consideration in all decisions and actions that may affect the child, and must reflect a balance between the child’s short- and long-term interests. Relevant factors in such a determination must include the child’s level of development and expressed wishes or feelings, as well as the availability of resources necessary for the child’s survival, development, and participation.

The second principle of the CRC is *non-discrimination*. All children—female or male, poor or rich, with disabilities or without—must be regarded as equally entitled to human rights, because human rights are universal.

The third principle is the *right to life, survival, and development*. In this regard it is crucial to take into account the issue of accessibility, which seeks to guarantee the right to basic services and equality of opportunity for all individuals to achieve their full development. This is based on distributive justice, which implies adopting positive measures to ensure that policies and programs reach all members of a society.

The fourth principle is *respect for the views of the child*. This principle calls for the views and voices of children to be heard and respected. It is closely linked to the best interest of the child, because it stresses that children’s opinions are important and their views must be taken into account concerning the realisation of their rights. They should participate in decisionmaking processes that affect them, in a manner appropriate to their evolving capacities. Two important considerations are embedded in this notion. First, as the child grows or develops, she or he must be accorded greater autonomy in the determination of her or his short-term and long-term interests. Second, participation must contribute to the child’s development and to build its evolving capacities.

The Convention on the Elimination of All Forms of Discrimination Against Women enshrines the special, need-based rights of women. CEDAW seeks to promote gender equality by removing gender-based disparities, and to foster the full development, participation, and advancement of women.

The Convention seeks to ensure that women can enjoy human rights without suffering discrimination. To attain such equality, CEDAW requires compliance with certain strategic principles that are also important for a human rights approach to programming. Gender-based disparities must be identified and eliminated. Consequently, another strategic principle is that affirmative measures must be systematically implemented to assist women to realise their rights. Removal of social injustice and barriers brought about by unjust construction of gender roles must be a focus of interventions. This will also help girls to realise their rights more quickly. This, CEDAW notes, demands the prohibition of practices that demean women. In the same vein, services must be available to safeguard the well-being of women as women in their own right. Similarly, CEDAW requires the deliberate prioritisation of actions/protection measures that improve the quality of life and status of deprived or vulnerable women and girl children.

CEDAW’s last strategic principle is that women’s rights to participation in all spheres of life must be enforced, to advance their role in development and their strategic interests.

CRC and CEDAW are complementary and mutually reinforcing. Historically, respect for children's rights has always been preceded by an increasing realisation of women's rights. [Ref.] Sometimes this relationship is clear and direct, as in the case of mother-to-child transmission of HIV; the violation of women's reproductive health rights is a key cause of this phenomenon. Women's rights to control their sexual and reproductive health is therefore key to HIV/AIDS prevention. Domestic violence and gender-based abuse represent a threat to the realisation of these rights. Measures must therefore be taken to eliminate these threats, as they almost always have a negative impact on children's well-being in the family and the community. Girls are at particular risk of violence and abuse when gender-based violence is not addressed and adequate measures taken to raise women's and girls' overall social status.

2.8. Communication from a Human Rights Perspective

Communication is an integral part of a community's life; it is what people use to affirm or deny norms, debate policies and practices, and discuss old experiences and new ideas. Communication patterns reflect power relations within a community and the extent to which human rights are realised. Thus communication is a reflection of structural and systemic realities and an integral part of the development process, rather than simply a set of techniques or tools for ready application to a variety of circumstances.

The right to communicate and to participate in decisionmaking is expressed in the Universal Declaration of Human Rights (Article 19), the Convention on the Rights of the Child (Article 12), and the Convention on the Elimination of All Forms of Discrimination Against Women (Article 7):

But there is a difference between enshrining rights in international conventions and claiming them in daily life. In daily life, people reside and interrelate in communities that are defined by geographic location, culture, power structure, economic system, and similar factors. Marginalised people (those who do not enjoy rights) can only make claims if they have the ability to alter the social context within their communities. They must be able to negotiate change with those who hold power, altering the existing pattern of rights in their favour. They cannot negotiate change if they cannot communicate effectively, first among themselves, and then with duty-bearers—those who control the resources that are available for development.

Communication, therefore, is essential to the process of realising rights. Other rights depend on it, just as it depends on other rights. Communication occurs when people create and transmit messages, and also receive and react to messages. Both transmission and reception are required for the process to succeed. Information—the content of messages—is an essential component of communication, but does not, by itself, empower people to claim their rights. Rights realisation is triggered by the *process* of communication; that is, by an interaction between claim-holders and duty-bearers that admits the former into the decisionmaking process.

The communication channels that exist in a community are a reflection of its power structure. Because of their economic or social position, not all claim-holders have the ability to communicate equally or effectively. Some, especially women and children, cannot express their aspirations to duty-bearers, thus limiting their participation in decisionmaking. For others socio-economic forces may limit access to information, knowledge, and communication technology. From a human rights perspective, communication interventions should give a voice to claim-holders who cannot speak equally and effectively, especially those who are literally voiceless, such as children with disabilities or young women infected with HIV. Equally, communication from a human rights perspective should build the listening skills of duty-bearers, so that the viewpoints of all social groups are included in decisionmaking processes. However, it is often difficult for outside agencies to assist with interventions of this nature. When they attempt to help claim-holders to communicate more equally with duty-bearers they alter the power structure of a community, and often meet resistance from people with a vested interest in the status

quo. But it is precisely this kind of intervention that will help people realise their rights and develop to their full potential.

Communication interventions designed to help marginalised people claim their rights are qualitatively different from those designed to help them change their behaviour. Behaviour-change strategies are designed by technical experts (duty-bearers) to improve the circumstances of marginalised people (claim-holders), primarily by communicating messages that encourage them to adopt desired practices. The strategies acknowledge claim-holders by including them as participants who provide feedback during research and testing phases. But their own desires and priorities, and the effect of those priorities on the outcome of the communication process, are not addressed. In behaviour-change strategies, the purpose of participation is to help duty-bearers achieve goals, and the purpose of placing messages in their social and cultural context is to determine the potential effect of the context on the desired outcome. The role of the duty-bearer is to initiate change, and the role of the claim-holder is to listen and conform. Because the behaviour-change model is essentially one-way in nature (from duty-bearer to claim-holder) it often focuses on technological efficiency, marginalising the traditional or experiential knowledge that claim-holders themselves can contribute to improving their circumstances.

Communication strategies that are designed from a human rights perspective place more value on interactive communication, in order to express the diversity of ideas and opinions that exist in a community. The purpose of communication from a rights perspective is to help claim-holders determine changes that they would find useful, and then to negotiate for their fulfilment with duty-bearers—governments and other organisations that hold power. These communication strategies are less prescriptive; they do not market pre-selected innovations or behaviours. Their role is to initiate dialogue between claim-holders and duty-bearers, so that people can claim rights by expressing their situation and aspirations, while duty-bearers fulfil their obligations by listening and responding.

From a human rights perspective, the process of improving communication occurs both inside the community and between the community and the duty-bearers around it. It involves increasing the connectivity among claim-holders and between claim-holders and duty-bearers. Outside agencies can improve connectivity in three ways: by helping to create new communication channels through which marginalised people can express themselves, by facilitating processes in which claim-holders reach consensus on the most appropriate development path, and by presenting that consensus to duty-bearers for inclusion in the decisionmaking process. In this way communication can be used to negotiate change in a constructive, non-threatening manner. Communication from a human rights perspective establishes a process in which claim-holders, not duty-bearers, set the development agenda.

3. PROGRAMMING IMPLICATIONS OF A HUMAN RIGHTS APPROACH

3.1 Introduction

A human rights approach will change *what* most UN development agencies are doing; *how* they work, and particularly *why* they do their work. This chapter highlights some of the key differences, looking at the distinction between the “basic needs” and human rights approaches to development programming, as well as distinguishing that which has been generally defined as “good” programming from human rights programming. The chapter also examines some key human rights characteristics, and explores the issue of motivation for taking action in favour of human rights.

3.2 Basic Needs Approaches vs. a Human Rights Approach

Most UN development agencies have been pursuing a “basic needs” approach; that is, an approach based on identifying the basic requirements of human development and advocating within societies in favour of their fulfilment. Although human rights are need-based claims, a human rights approach to programming differs sharply from the basic needs approach. Most importantly, the basic needs approach does not imply the existence of a duty-bearer. When demands for meeting needs have no “object,” nobody has a clear-cut duty to meet needs, and rights are vulnerable to ongoing violation.

In the rights approach, subjects of rights claim their rights from duty-bearers, and thus must be *capable* of claiming the right. However, if a subject is unable to claim the right this does not mean that he or she loses the right, because human rights are universal, inviolable, and inalienable. Solidarity and empowerment mean helping people to claim their rights. If no one protests the denial of a right, or if an individual fails to make use of his or her right, the fulfilment of this right will be compromised, but not lost.

The basic needs approach often aims to obtain additional resources to help a marginalised group obtain access to services. A human rights approach, in contrast, calls for existing community resources to be shared more equally, so that everyone has access to the same services. Assisting people to assert their rights, therefore, often means involvement in political debate. While a basic needs approach does not necessarily recognise willful or historical marginalisation, a human rights approach aims directly at overcoming such marginalisation.

The second important difference between the two approaches pertains to motivation. Basic needs can, in principle, be met through benevolent or charitable actions. Actions based on a human rights approach are based on *legal and moral obligations* to carry out a duty that will permit a subject to enjoy her or his right. As noted earlier, accountability for such a duty depends partly on the duty-bearer’s *acceptance* of responsibility. Charity negates such acceptance, as it does not take rights and responsibilities into consideration. In a rights approach, compassion and solidarity replace charity. A requirement of the human rights approach, then, is that insofar as possible, everybody must have a human rights “heart,” reflected through decisions and actions. Decisions and actions must be taken in recognition that every human being is a subject of human rights, not an object of charity or benevolence. While charity often disempowers the poor and other vulnerable people, creating dependence, solidarity empowers people and enhances their capacity to improve the quality of their lives.

3.3 Human Rights Motivation

A human rights approach to programming suggests an ethical dimension both to *what* should be done (desired outcome) and *how* it should be done (process). In addition, the approach signifies *why* an action

should be taken. The motivation for working to realise human rights must be based on compassion, solidarity, and a desire for justice; not simply benevolence. Just as there cannot be democracy without democrats, there cannot be a human rights-based society without individuals who have internalised human rights ethics, philosophy, and politics. All individuals have to be committed to attain the objectives of human rights. In the words of one eminent legal philosopher, H.L.A. Hart, “I accept a rule if I comply with the rule because I endorse the rule. I regard the rule more than just an externally imposed constraint on my conduct. I have internalised the rule.” (Hart, 1958)

Many external development actors already share human rights values and commitment, but those who have not yet internalised these values will need to change. The need for such change has important programmatic implications, as in many societies individuals or groups of people exist who also have internalised and share the same values. This may not apply to all human rights, but perhaps only a subset. In all societies, for example, there may be individuals concerned about gender discrimination, about unnecessary suffering for the want of basic health, or about the rights of juvenile offenders to meaningful rehabilitation programmes. These are strategic allies. To identify this avant-garde, to link up with their members and support them in the realisation of certain rights, and to increase the pool of rights-conscious people is an important programmatic challenge that meets both the objective and strategy of increasing community participation in decisionmaking about social and economic priorities.

3.4 Shifting the Paradigm

Language reflects ingrained perceptions, concepts, attitudes, and decisionmaking patterns. The shift from a basic needs approach to a human rights approach requires a change of language to reflect this paradigm shift. The following table exemplifies some differences between the two approaches:

Basic Needs Approach	Human Rights Approach
Needs are met or satisfied	Rights are realised (respected, protected, facilitated, and fulfilled)
Needs do not imply duties or obligations, although they may generate promises	Rights always imply correlative duties or obligations
Needs are not necessarily universal	Human rights are always universal
Basic needs can be met by goal or outcome strategies	Human rights can be realised only by attention to both outcome and process
Needs can be ranked in a hierarchy of priorities	Human rights are indivisible because they are interdependent; there is no such thing as “basic rights”
Needs can be met through charity and benevolence	Charity and benevolence do not reflect duty or obligation
It is gratifying to state that “80% of all children have had their needs met to be vaccinated.”	In a human rights approach, this means that 20% of all children have not had their right to be vaccinated realised
The government does not yet have the political will to enforce legislation to iodise all salt	The government has chosen to ignore its duty by failing to enforce legislation to iodise all salt

3.5 Human Rights Principles and Objectives

As noted, human rights were formulated with specific objectives in mind, inspired by the UN Charter and consolidated in the Universal Declaration of Human Rights. A human rights approach requires that development work contribute to the attainment of such objectives. This requires that the work of the UN and its partners must not be evaluated simply according to project or programme goals. These goals—and the process by which they are achieved—must adequately reflect those stipulated in the UN Charter and human rights instruments such as the CRC and CEDAW.

In the same vein, a human rights approach to programming requires the UN and other stakeholders to programme according to the strategic principles that underlie human rights instruments. For Unicef the approach demands that programming reflect the strategic principles of the CRC and CEDAW in both process and outcome. These principles pose new challenges for Unicef. For example, the principle of the best interests of the child is far from being complied with in many countries where the traditional image of children as a resource still dominates other, competing images of childhood.

A critical challenge for Unicef is to make the CRC-based image of childhood dominant. The evolving capacities of many children are often not properly taken into account in determining their participation in life's activities. Many are excluded from the determination of their best interests, and others are forced to assume overly demanding responsibilities, such as heading a household, because of loss of parents. Regarding the principle of a first call for children, children rarely receive the first share of resources at the household, community, national, or international level. Further, there is no indication that in most countries resources are being applied to the maximum extent to realise the rights of children. Similarly, the principles of CEDAW pose challenges for the UN when women are not treated as equal subjects of human rights.

3.6 Human Rights and Roles of the State and Civil Society

At the international level, human rights regulate relationships between the state and the individual through international legal instruments. States accept the obligation to respect, protect, facilitate, and fulfil human rights—including the human rights of children and women. For outside agencies to support states in this role calls for better understanding of the political economies in the countries where we work, as well as more dialogue with politicians and other leaders. In addition, it is important to understand cultural, traditional, and other societal factors that contribute to the violation of human rights. In short, a human rights approach often demands political analysis and engagement.

In recent years heated debates have focused on reducing the role and power of the state and allowing nongovernmental and private organisations to assume certain roles traditionally played by governments. This debate notwithstanding, a human rights approach demands that governments be capable of carrying out their international obligations to realise individual human rights. Certain areas cannot be adequately covered by private sector and civil society organisations. The private sector may be efficient, but its actions are not always the most effective or equitable. Actions may be executed correctly, but such actions are not necessarily the ethical or right actions. NGOs may be more focused than governments, but they are accountable to their boards, not to beneficiaries. Governments, in contrast, are based on the idea of social contract and (in principle) are thus accountable to those that elect them. The presence of NGOs does not replace or mitigate governments' role and accountability. The UN, therefore, must continue to work with governments for the realisation of children's and women's rights.

However, as corresponding duties apply at all levels, it is not only governments that have to account for their roles in the realisation of child rights. Nongovernmental and community-based organisations, extended families, nuclear families, households, individuals, and the international community all bear

duties to respect, protect, facilitate, and fulfil human rights. A key challenge facing Unicef is to effectively use all of these social forces to forge coalitions for child rights and the rights of women.

3.7 Setting Priorities

As noted earlier, human rights are indivisible, interrelated, and interdependent. The absence or presence of one human right affects the quality of enjoyment of another human right. Consequently, human rights cannot be prioritised: there is no hierarchy of rights.

Nonetheless, scarcity of resources and institutional constraints demand that actions to realise rights must be prioritised. This often means policy choices. A human rights approach to programming does not help in making such choices, but the human development approach becomes useful in this context. As stated in the *UNDP Human Development Report 2000*: “Human development analysis helps us to see these choices in explicit and direct terms.”

3.8 Good Programming and Human Rights Programming

During the last 10–15 years an increasing number of development agencies have gained similar experiences from their practical work, leading to the gradual evolution of a consensus on some factors associated with successful programmes and projects.

In the effort to operationalise a human rights approach to programming it was discovered that most of the components of “good programming” are necessary to an HRAP. While good programming is not the same as HRAP, the new approach requires the elements of good programming, as illustrated below.

Good Programming	Human Rights Programming
1. People cannot be developed; they must develop themselves. People, including people who are poor, should be recognised as key actors in their own development rather than passive beneficiaries of transfers of commodities and services.	1. In a human rights approach, people, including people who are poor, are subjects of rights. It is therefore logical to recognise people who are poor as key actors in their development by empowering them to claim their rights. Human rights programming entails the building of community capacity for people to understand their rights, to claim their rights, and to make meaningful contribution to realising these rights.
2. Participation is crucial, both as an end and a means. Participation, however, should not only be seen as “they” participate in “our” programme or project, but rather that “we” behave in such a way that we are allowed and invited to participate in “their” development efforts.	2. Participation, including children’s and women’s participation is a human right enshrined in many conventions; a right often violated. In a human rights approach, participation is both a necessary outcome and a necessary part of the process. Facilitating participation in societal decisionmaking is an objective in itself.
3. “Empowerment” is important, but is not a strategy. Empowerment and dis-	3. Human Rights imply dignity and respect for the individual. This means self-esteem

Good Programming	Human Rights Programming
<p>empowerment are aspects of any strategy, such as advocacy, capacity building, or service delivery. Empowerment means “the replacement of the dominance of circumstance and chance over people’s choices with the dominance of people’s choices over circumstance and chance.”</p>	<p>and equality. Circumstance and chance should not dominate people’s lives. An HRAP implies a people-centred approach to development in which outside support should be catalytic and supportive to people’s own efforts.</p>
<p>4. Monitoring of both outcome and process and actual use of information for decisionmaking at all levels of society is very important.</p>	<p>4. A Human Rights Approach implies accountability of those with duties or obligations. Both the obligations of conduct/effort and the obligation of result must be constantly checked. This requires monitoring at all levels of society and the use of the information to design new actions to respect, protect, facilitate, and fulfil human rights.</p>
<p>5. Role or stakeholder analysis is very useful for social mobilisation, programme development, and evaluation because it identifies clear accountabilities in the community and society</p>	<p>5. Most stakeholders, although not all, are duty-bearers. An important step in an HRAP is to identify key relations between all claim-holders and all duty-bearers. Such an analysis is similar to, but goes beyond, stakeholder analysis.</p>
<p>6. Programmes and projects should respond to basic needs of people, with a focus on vulnerable groups. Local ownership is important, and development support from outside should always build on existing capabilities. Poverty reduction/eradication and disparity reduction should be overriding, long-term goals in all development efforts.</p>	<p>6. The right to development implies disparity reduction. While the ultimate goal is poverty eradication, resource endowment and different baselines may require different goal setting. The goal of disparity reduction and equity demands action to eliminate the worst manifestations of human rights violation in each context (commensurate with the country’s socioeconomic baseline).</p>
<p>7. Pure top-down approaches should be rejected, because they deny the principle of “people as actors.” Pure bottom-up approaches should be rejected because they are utopian. It is not either/or; it is both. Synergy between appropriate top-down and bottom-up approaches should be promoted.</p>	<p>7. A human rights approach to programming requires respect for local knowledge and the dignity of people. An HRAP implies a people-centred approach to development in which outside support is only catalytic and supportive to people’s own efforts. But in many communities human rights values need to be promoted “from above” because they are not yet internalised.</p>
<p>8. Programmes should be developed on the basis of a situation analysis that identifies</p>	<p>8. An HRAP requires an understanding of causes at all levels—immediate,</p>

Good Programming	Human Rights Programming
priority problems and their immediate, underlying, and basic causes, which should be addressed either simultaneously or in sequence.	underlying, and basic. The internalisation of human rights values makes it inescapable that the basic or structural causes be addressed. The indivisibility of human rights also emphasises simultaneous attention to causes at all levels.
9. Goal setting is important. The necessity for scaling-up needs to be considered at the planning stage. Efforts should be made to ensure that positive changes are sustainable and sustained. This includes environmental sustainability.	9. The realisation of human rights requires both the achievement of desirable outcomes and achieving them through a process that reflects human rights values. An HRAP calls for simultaneous attention to outcomes and processes.
10. All possible partnerships should be explored with strategic allies, including donors and NGOs/CBOs. Through linkages to other development efforts it is often possible to leverage additional resources	10. A country's human rights realisation must come from within, and be supported from outside. The UN has an obligation to promote human rights. The UN Reform emphasises this challenge and the need for co-operation in choosing among strategies to achieve goals. UNDAF is therefore of particular importance.
11. Good programming includes the identification and pursuit of a specific agency's comparative advantages.	11. No single agency can, or should attempt to, do everything. Cost-effectiveness and cost-efficiency are as important in an HRAP as they are in other approaches. An agency's comparative advantage should decide what action the agency should address and support.

There are, however, other examples of principles that many associate with “good programming” that are not useful or even acceptable in a human rights approach. For example, the idea of “low cost-high impact” projects (covering a large number of “beneficiaries” at a low per-person cost) has often been regarded as a good principle. Such a utilitarian approach may sometimes have to be rejected in an HRAP. Addressing certain gross violations of a few children's rights might receive priority over addressing less severe violations of a larger number of children's rights in a human rights approach. An ethics-based approach sometimes leads to a different set of priorities than, for example, cost-benefit analysis.

Using a similar approach, the UN's HURiST Project (see section 1.4) has been debating the definition of a Human Rights-Based Approach to Programming, and in early 2003 suggested the following broad framework:

- The fundamental purpose of all programmes of co-operation is the realisation of human rights. The normative framework for programming is set out in international human rights treaties and conventions.

- Human rights principles guide all programming in all sectors, including all programming directed towards achievement of the Millennium Development Goals and the Millennium Declaration.
- Human rights principles guide all phases of the programme process, including assessments and situation analyses; the design and implementation of country programmes of co-operation; and the monitoring and evaluation of these programmes.
- Programmes support the development of capacities of “duty-bearers” at all levels to meet their obligations to respect, protect, and fulfil rights, as well as the development of capacities of “rights holders” to claim their rights.

The following chapters should shed light on how to confront this formidable task in the context of development programming for the fulfilment of children’s rights.

4 THEORETICAL COMPONENTS OF A HUMAN RIGHTS APPROACH TO PROGRAMMING

This chapter brings into play some of the key concepts and tools proposed by this study. It introduces the Triple A process—assessment, analysis, and action—and explains how people can use this approach to become agents of their own development, and thus realise their rights. It also examines the critical roles of capacity and communication in making this process possible, and introduces a conceptual framework for applying these tools to children’s rights.

4.1 Development Outcomes and Processes

As stated earlier, development requires the satisfaction of at least two conditions: the achievement of a desirable *outcome* and the establishment of an adequate *process* to achieve and sustain that outcome. Most of the health, education, and nutrition goals set at the World Summit for Children, for example, represent specific, desirable outcomes. Effective development demands a high-quality process to achieve such outcomes. Participation, local ownership, empowerment, and sustainability are essential characteristics of a high-quality process.

Level of outcome and quality of process define a two-dimensional space for social action, as illustrated below.

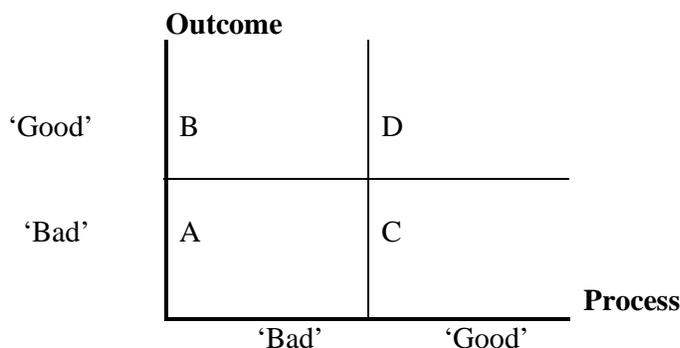


Figure 1: Outcome and Process

Most development starts at A, and the ideal, final stage is D. Unfortunately, many development programmes become trapped in one of the two areas represented by B or C. The former represents a good outcome at the expense of, for example, sustainability (resulting from a good process), and is as ineffective as C—a good process without a significant outcome. Some immunisation programmes have become trapped in B, while some local, community-oriented programmes remain trapped in C.

While monitoring of the achievement of human development outcomes has improved considerably during the past ten years, far less progress has been achieved in monitoring the quality of *processes*—largely because “good process” has seldom been defined. There is an urgent need to develop appropriate indicators for criteria such as participation, women’s empowerment, and sustainability, among others.

Outcome-focused approaches are preferred by many economists and development agencies. The focus on achieving WSC goals has sometimes made Unicef-supported programmes and projects relatively outcome-focused. An evaluation of Unicef’s work some years ago strongly recommended a reorientation that would place more stress on the quality of process, with an emphasis on sustainability and empowerment. [Ref.]

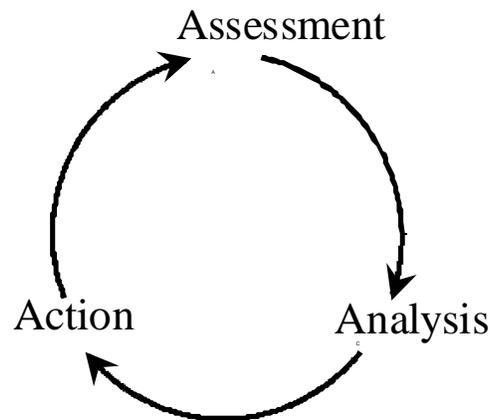
Process-oriented approaches are often favoured by NGOs. Many small, local programmes have established high quality processes, but at a relatively high cost per person. Few have expanded to markedly larger scale with significant outcomes. This study attempts to move beyond an either/or approach to describe a process that has strong potential for achieving good outcomes.

4.2 The Triple A Approach

The Triple A Approach is one of the key mechanisms proposed here to enable human rights- based development by supporting the development of capacity at all social levels. All decisionmaking can be seen as an iterative process of assessment of a problem; analysis of the causes of the problem; action to reduce or solve the problem; re-assessment of the result or impact of the action, re-analysis, new action, and so forth. This is what we call the “Triple A Process,” depicted graphically in figure 2. (UNICEF, 1990). Triple A is a mental construct of rational decisionmaking in society. Over time, it also reflects a learning process in which the actor constantly improves his/her capability to cope and manage. *Strengthening the capacity of all actors to engage in this process is at the heart of a human rights approach to development.*

The capacity to engage in this process exists at all levels of society, from the individual and household levels to national and international levels. At each level actors normally behave in a rational way given their knowledge, attitudes, and available information. It should be noted that rational decisions are not necessarily the right or correct decisions.

Figure 2. The Triple A Process



It is very important to recognise that Triple A processes already occur among all people at all levels of society. People who are poor constantly adapt and change their survival and coping strategies as the context changes and new information becomes available and understood. Because they engage in this process, it should be recognised that poor people are key actors in their own development—not passive beneficiaries of transfers of commodities and services.

The Triple A approach (or construct) represents a process of “learning-by-doing” or “self-evaluation.” The capability to assess and analyse a situation, to make informed decisions for action, and to learn from the results of the action all represent important parts of capacity and capacity development. The information flow from assessment to analysis, action, and re-analysis (monitoring) fuels the Triple A process. Consequently, myths and misinformation result in rational decisions that are nonetheless inadequate, or wrong, decisions.

Information is the fuel of the Triple A process, further highlighting the important role of *communication*, which becomes increasingly more crucial—and complex—as we move from individuals and households to larger organisations and “systems.” Communication is the means whereby individuals within a group or organisation can ensure that they: (1) agree that there is a problem; (2) agree on the major causes of the problem; (3) agree to pull their resources together to address these causes; and finally (4) agree on the major lessons learned in the process; that is, how they could do better next time. From this it also becomes clear that communication is of pre-eminent importance for another key human rights principle—*participation*.

It is important to understand not only how decisions about dealing with problems are made, but also why a given problem is considered in the first place. What is it that makes people take responsibility for addressing problems; for example, fulfilling certain duties in relation to children? This feeling of responsibility or *motivation* essentially drives the whole Triple A process and is reflected by the symbolic “heart” in the centre of the cycle (see figure 4).

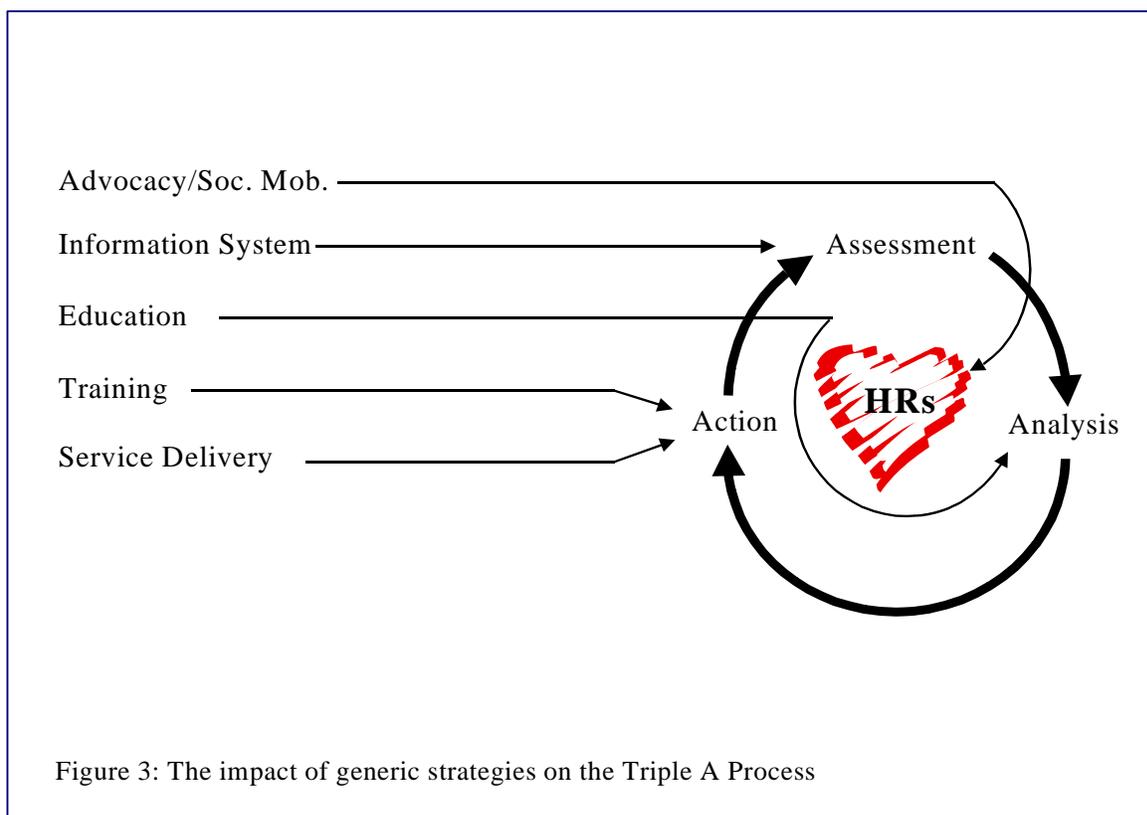
A holistic approach to social problems requires recognition of both their scientific and ethical dimensions. Science deals with what *can* be done, while ethics deals with what *should* be done. Science is objective, ethics are normative. Science advances mostly through observation and logical deduction. Ethics, in contrast, advances by reaching consensus through dialogue, reflection, and enquiry.

Development must therefore always be seen and understood from both a scientific and ethical perspective. Whether or not more resources should be devoted to children’s survival and development can be argued both scientifically and ethically. Scientifically, it can be argued that investing more resources in children’s well-being means investment in “social capital” for the future. Ethically, it can be argued that children have a right to survival and development. The scientific dimension is essentially the capability to understand—to “analyse”—a problem within the Triple A cycle—while the ethical aspect is the heart in the middle.

The Triple A process can be strengthened by improving assessment, analysis, and/or action. In principle, such improvements can be made by “outsiders” (such as development agencies) employing one or a mix of generic strategies, the most common of which are:

- Advocacy and social mobilisation
- Information
- Education
- Training
- Service delivery

Figure 3 shows that each of these strategies normally aims at strengthening a particular component of the Triple A process. Therefore, if it is possible to determine which components of the Triple A process need to be strengthened in any given programming context, it will be possible to use programme resources more efficiently.



4.3 Capacity and Capacity Development

“Capacity development” has rapidly become a dominant strategy in technical co-operation. The term emerged in the 1980s, replacing such concepts as institution building, human resource development, and institutional strengthening. The new concept emphasises sustainability, ownership, and process. There are almost as many definitions of capacity development as there are authors on the subject. Peter Morgan defines capacity as “the ability of individuals, groups, institutions and organisations to identify and solve development problems over time.” (Morgan, 1993) Canada’s International Development Agency defines capacity building as “a process by which individuals, groups, institutions, organisations and societies enhance their abilities to identify and meet development challenges in a sustainable manner.” (CIDA, 1996)

At a 1999 joint UNDP/Unicef Workshop on “Planning and Monitoring of Capacity Development” held in Zimbabwe, it was agreed that capacity development should be characterised by the following attributes: (UNDP and Unicef, 1999)

- Establishes effective processes (functions, roles, responsibilities, tasks) for identifying problems as issues and formulating and realising goals
- Carried out by appropriate actors (individual and collective)
- Organised in effective structures for accountability, management, and collective voice
- Managed by persons with the motivation, knowledge, skills, and resources to perform effectively
- Supported by “rules” or norms (formal and informal, economic, social, political) that exist within organisations (public, private, civil society), in looser social groups, and across society.

A consensus has now emerged that in almost all instances development agencies are addressing situations in which considerable capacity already exists; the challenge, then, is to further strengthen and develop capacities rather than “building” something new. Hence, the term “capacity development” rather “capacity building” is used in this study.

Capacity development is relevant for individuals, households, communities, organisations, formal and non-formal institutions, government institutions, NGOs, and society as a whole. This raises the question: in a human rights approach, whose capacities need to be developed? All individuals have both rights and duties, except for very young children (who have rights but no duties). All individuals, therefore, need capacity to both claim their rights and fulfil their duties.

Since manifestations of human rights violations are most clearly visible in households and communities, the focus of the approach presented here is on capacity development within these two entities. Community-centred Capacity Development (CCD) “places explicitly community-level capacities at the heart of the broader analysis, thus situating interventions at other levels of society in terms of how they influence the community level.” (Lusthaus et al., 1999). In other words, this approach aims at developing capacities for community empowerment.

The following components are essential for capacity development:

- **Responsibility/motivation/commitment/leadership**

This refers to the acknowledgement by an individual (or organisation) that he/she *should* do something about a specific problem. It means acceptance and internalisation of a duty, and is often justified in legal or moral terms. Some individuals, such as “activists,” accept responsibilities far beyond what may be expected. They are often motivated by moral imperatives and provide leadership in movements.

- **Authority**

This refers to the legitimacy of an action; when an individual or group feels or knows that they *may* take action, that it is permissible to take action. Laws, formal and informal norms and rules, tradition, and culture largely determine what is or is not permissible. The structure of authority in a society reflects its power relations.

- **Access and Control of Resources**

If an individual accepts that he/she *should* do something and *may* do it, it may still be impossible to act because the person lacks resources. Capacity must therefore also mean that the person or organisation is in a position to, or *can*, act.

The resources available to individuals, households, organisations, and society as a whole may generally be classified into the following three types:

(1) *Human Resources*: Skills, motivation, will power, knowledge, experience, time, commitment, etc.

(2) *Economic Resources*: Land, natural resources, means of production (such as tools or equipment), technology, income, credit, etc.

(3) *Organisational Resources*: Formal and non-formal organisations such as family, extended family, clan, CBOs, NGOs, administrative structures, institutions, etc. Organisational resources include formal and informal rules that structure certain patterns of interaction.

- **Communication Capability**

The capability to communicate and to access information and communication systems is crucial for individuals and organisations in carrying out their responsibilities, and for “connecting” various key actors in the social fabric into functional networks able to address critical development issues. Efforts to develop capacity often lack systematic communication analysis; this is an area that needs to be more strongly pursued—particularly in a human rights approach to programming.

- **Capability for Rational Decisionmaking and Learning**

Rational decisionmaking requires evidence-based assessment and a logical analysis of the causes of a problem. Actions should be based on decisions informed by the analysis. After action has been taken, a re-assessment of the result and impact will lead to improved analysis and better action in the next round. Such interactive learning-by-doing relies heavily on the capability to communicate.

The capacity to assess, analyse, act, re-assess, re-analyse and improve actions is the essence of the Triple A approach. Strengthening that capacity, to enable people to realise their rights, is at the heart of the human rights approach to development.

4.4 A Conceptual Framework

Child survival, development, and participation are outcomes of complex social processes involving multiple actors. To undertake meaningful Triple A processes, development agencies and communities require a conceptual framework that takes all of these actors and social interactions into account. Here we outline a conceptual framework based on examination of the causes of the problems related to child survival, development, and participation.

The causes of inadequate outcomes for children can be arranged in a hierarchy that demonstrates the relationships among causes at the immediate, underlying, and basic (structural) levels. Addressing basic causes often contributes to solving several different problems in different sectors, which in turn leads to multisectoral rather than merely sectoral responses.

The conceptual framework is presented in two separate steps: first, we look at how a given level of capacity influences the final outcome, and second, we address the determinants (or causes) of that capacity level.

First Level of Causality (Immediate Causes)

Child survival, development (physical, cognitive, social, emotional and spiritual), and participation are determined by three immediate factors: nutritional status, health status, and cognitive and emotional status. These factors constitute measurable, constantly interacting aspects in the same child, determining his/her survival, development, and participation. The interactions are important. Malnutrition and disease, for example, are synergistically inter-related. In many developing countries, over 50 percent of young child deaths can be attributed to the weakening effect of protein-energy malnutrition. Disease also reduces appetite, which reduces dietary intake and results in malnutrition. Dietary intake, of course, is primarily affected by caring practices (particularly feeding practices) and the household’s food/water/energy situation—which leads us to the next level of casualty.

Second Level of Causality (Underlying Causes)

Nutritional, health, and cognitive/emotional status are determined by three clusters of underlying factors:

- Food/water/energy situation
- Care of children and women
- Basic social services (health, education, sanitation, etc.)

Food, water, and energy must be accessible to the household to ensure that the child's nutritional status and health is satisfactory. Thus food, water, and energy security are necessary conditions for child survival and development. In each case, healthy child development means that the input is available and accessible in adequate quantity and quality throughout the year and distributed appropriately within households.

Basic services—particularly health, education, and sanitation services—influence the child's health, nutritional, and cognitive/emotional status. Support for basic services has been the top priority for many UN agencies working to improve the situation of children.

Adequate care of children and women has only recently been fully recognised as having an important bearing on child survival, development, and participation. “Care” refers to care-giving practices, such as breastfeeding and complementary feeding practices, food and personal hygiene, diagnosing illnesses and provide home treatment (such as oral rehydration therapy), stimulating language and other cognitive capabilities, and providing emotional support and protection. Care also refers to the support that a family or community provides to its members and to practices within the household that determine the allocation of food supply to its members. In addition, care includes the utilisation of health services and water and sanitation systems to create a healthy micro-environment for family members. An important aspect of caring practices is the presence and degree of gender discrimination, which is expressed primarily in discriminatory caring practices.

All of these factors are necessary conditions for child survival, development, and participation. Their availability in a given household depends on a wide variety of factors, but ultimately depends on existing capacity, including the availability of human, economic, and organisational resources. Decisions about the use of resources to improve child survival and development (Triple A processes) are decisions about how to fulfil the three major necessary conditions for child survival, development, and participation. In most cases the fulfilment of one condition competes for the same resources required for the fulfilment of the other two; household income and mother's time are typical examples.

It is important to note that as children grow older, they will increasingly participate in decisions about the use of available resources. Conceptually this means that the child moves from a situation fully determined by the action of others to a situation in which he/she gradually provides self-care, accesses food, uses services, etc., gradually becoming one of the actors in household decisionmaking processes.

The extent to which children are allowed, encouraged, inspired, and supported to participate in decisions is most often influenced by basic cultural factors, manifesting themselves in certain child-care practices. While in some cultures child participation is discouraged, in others poverty forces children to participate in activities and make decisions before they are ready.

Poverty expresses itself as a situation in which households do not manage to fulfil one or several of the necessary conditions for child survival and development. This is a result of insufficient capacity, usually due to decisions based on incorrect or inadequate information (Triple A processes) and lack of resources.

So far we have examined how availability and control of a given level of capacity influences child survival and development through decisions made at different levels of society. Figure 4 depicts the conceptual framework.

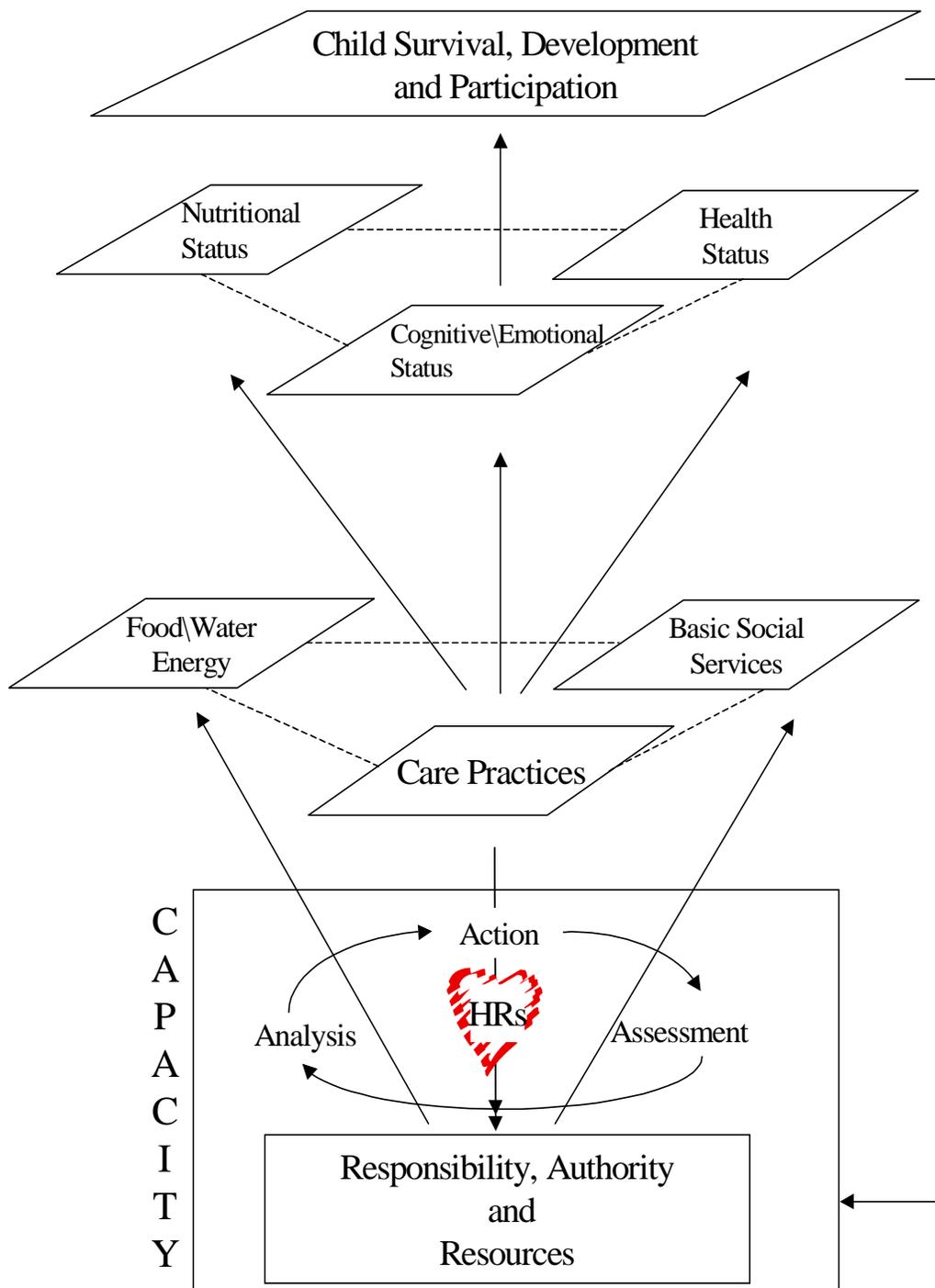


Figure 4 Conceptual Framework – Part 1

Third Level of Causality (Basic Causes)

The second step in the conceptual framework addresses the more complicated issue of the *determinants* of capacity levels; including the availability and control of human, economic, and organisational resources. These are also called basic, or structural, causes.

Potential of Society and Social Organisation and Relations

Capacity—including the availability and control of human, economic, and organisational resources at any given point in time—results from historical processes. Different forms of disparities and inequities are constantly reproduced in society. Every society has a potential and a form of organising its social relations. This is where the analysis should start. A society's *potential* includes such factors as:

- Ecology, including climate and soil
- Other natural resources
- People with knowledge and skills
- Technology

A society's *social organisation and relations* represent the relationship among individuals or groups of individuals, including:

- Ownership of the means of production
- Class and caste
- Gender relationships
- Power relationships
- Other political factors, including political power, and legal systems and other rules
- Other ideological factors, such as culture, religion, habits, and traditions.

Social Processes and the Generation of Capacity

In all societies potential and social organisation/relations constantly interact and change. The results of these interactions are transmitted through social, economic, political, and cultural processes, and manifest themselves in a variety of societal trends. Most of these trends can be observed and measured. Some of the more important trends include:

- • Production / distribution
- Employment / unemployment
- Exploitation / non-exploitation
- Inclusion / exclusion
- Discrimination / non-discrimination
- Alienation / social cohesion
- Corruption / transparency and accountability
- Empowerment / disempowerment
- Democracy/ dictatorship
- Peace/conflict

Most of these trends are interrelated, often in a synergistic way. For example, unemployment often goes hand in hand with exclusion, discrimination, and alienation; inclusion promotes empowerment, etc. Many of these trends reflect a society's degree of human security (in the broader sense) and social integration, two of the goals identified during the 1995 World Summit for Social Development in 1995. (UN, 1995).

These social trends ultimately determine the capacity of individuals, households, communities, and other actors at higher levels of society. The societal processes reproduce inequities embodied in social structures and relations, including the availability and control of resources. Sometimes these trends are predictable; at other times they are unpredictable, and may contribute to evolution and change in society.

It is important to recognise that the capability to assess, analyse, and act—together with improved connectivity among actors—will not only influence the underlying and immediate determinants of child survival, development, and participation but may also influence the resource arrangement itself. A change in responsibility, authority, and resources may further affect the societal trends and the basic determinants. This is shown as double-arrows in figure 5, which completes the conceptual framework.

The framework has two important “feedback loops,” also depicted in figure 5. One is the continuous information feedback (assessment/reassessment) that results from the outcomes of decisions at all levels of society, which is essential for Triple A decisionmaking and learning processes. Another important feedback loop arises from the intergenerational effects of improved child development on a society’s potential.

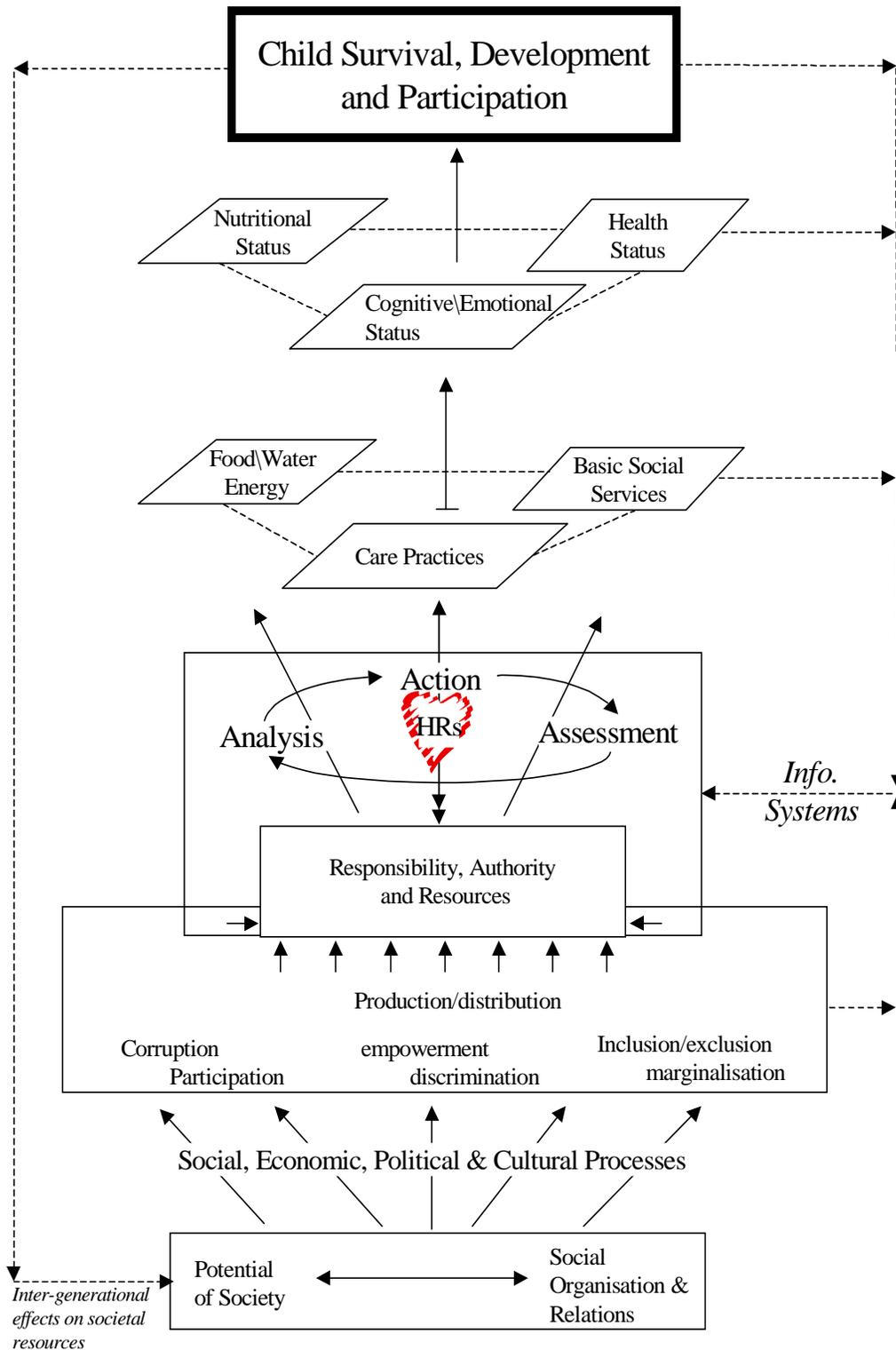


Figure 5: Conceptual Framework – Part II

5. COMMUNITY-CENTERED CAPACITY DEVELOPMENT

Development means development of people, and all people live in communities. Thus development efforts must focus on building capacity in communities—while not losing sight of the impact that higher levels of society have on community capacity, as broadly defined in the previous chapter. This chapter describes the importance of a community-centred approach and the crucial role of communication in facilitating communities’ Triple A processes.

5.1 Why Community Capacity Development?

Communities do not exist in isolation; together, and with the relationships between them, communities constitute the greater whole of society. Because of the relationships among communities and with society as a whole, any effort directed at supporting communities needs to have its corollary at other levels, such as the district, region, and nation.

For Unicef, children and women are the most important claim-holders; with rights enshrined in the CRC and CEDAW. The human rights approach stresses that these rights mean not only having a right to something, but also being able to claim that right from appropriate duty-bearers. Some duty-bearers live in the community; others live outside, often having roles at higher levels of the society. *This is why an HRAP should focus not only on communities, but also fully recognise the relationships between communities and higher levels of society.*

Communities can be of many different kinds and, therefore, can play different roles in realising individual human rights. Individuals often belong to several communities at the same time (a village, a church group, a group of neighbourhood women, or a clan/extended family group) extending across different locations. The more homogeneous a community is, the easier it is to reach agreement on common interests and share responsibilities and actions. However many communities, including a typical “village,” are quite heterogeneous, which can make it more difficult to agree on how to organise shared facilities (for child care, health services, water supply, for example) or even how to use common resources, such as village land or revenues. Still, without considering and supporting community actions and responsibilities it would be very difficult to achieve any reasonable degree of human rights realisation, especially for resource-poor and marginalised children and families.

A working definition for “communities” is suggested below:

A community is an organised group of people who share a sense of belonging, beliefs, norms, and leadership and who usually interact within a defined geographical area. Some communities share common goals and common interests, are mutually supportive, and are distinguishable by what they do.

This definition was chosen to emphasise that there are many different types of community-related organisational structures that play an important role in protecting children’s rights, and therefore should be identified and considered in an HRAP. However, since many people—especially in Africa—tend to think of communities as traditional villages, it may be useful to specify in each case exactly what kind of community is being referred to.

As stressed earlier, a person cannot be made accountable for not fulfilling a certain duty if he/she does not have the commensurate capacity required for action. The same applies to communities. A village government can not be made accountable for failing to put all children in school or controlling a cholera outbreak if it lacks the means, power, or authority to perform these functions.

Efforts to improve a community's capacity for realising children's rights must take into consideration existing capacity, including resources. Numerous externally initiated capacity-building projects have done more harm than good because they have interfered with existing community mechanisms for caring for and protecting children, trying to replace them with systems that are not sustainable. It is therefore imperative to fully recognise and build upon existing community capacities related to children's rights.

Regarding *responsibility*, some degree of commitment normally exists within communities towards their members; this is actually implicit in the definition adopted above. Looking more specifically into violations of specific individual rights, however, is likely to yield a more varied pattern of responsibilities. In many communities members will actively work together when individuals or groups within the community are threatened by external factors (floods, criminals, etc.), but may be reluctant to intervene in what are perceived to be more private matters (family conflicts or child neglect). Preparing a community group to assume responsibilities vis-à-vis all of its children may, therefore, represent an important part of capacity building for the realisation of children's rights.

Capacity may already exist regarding *authority*—either formal or informal, traditional or non-traditional. In many cases specific responsibilities and authority of village governments are spelled out in laws and regulations; for example, to ensure that all school-age children enroll in primary school or are immunised. The village government or its officials may also have the authority to intervene in public, or even private, disputes and conflicts. Many other formal and informal community structures may have well-recognised and respected authority to speak out and act on specific issues. These may include traditional and religious leaders, birth attendants, elders, or teachers.

Regarding community *resources*, existing human and organisational resources are often overlooked in poor communities, as are their capabilities to cope and to communicate. Capacity-building efforts must take careful stock of existing resources to avoid the wrong persons being trained in the wrong type of skills, and/or the introduction of services that are not sustainable.

Focusing on the role and existing capacity of communities to realise individual human rights leads to the issue of *participation*. It is important to consider two distinct levels of participation: the participation of community members in deciding on and contributing to community actions, and the participation of communities (or their representatives) in broader social, political, or economic developments affecting the community. Development programmes normally refer to the latter as “community participation,” and have devoted considerable debate and documentation to the issue. The major concern of development programmers tends to be “how communities should participate in *our* (externally supported) programme,” whereas the question should be whether and how agents of such programmes can participate in community members' efforts to improve conditions for themselves and their children.

Participation by different groups within a community is also critical when addressing issues of human rights. People who are poor and marginalised, women, and children all have the right to participate in identifying problems and ways to address them. Too often, these groups are left just to “cope;” that is, to survive in an almost impossible situation. “Development” ignores them or may even make their situation worse. Clearly, these groups should be the focus both for capacity building and efforts to address the factors that disempower them.

Unicef often claims that it provides support for community capacity building, and is perceived as an agency that carries out this role. A critical analysis, however, would probably reveal that a very limited proportion of Unicef's resources actually contributes to developing critical capacities within communities in a manner that empowers the most vulnerable segments of the population. Evidently, it should be a matter of highest priority for Unicef as a human rights organisation to address this “capacity-building” gap as part of its efforts to adopt an HRAP.

5.2 A Triple A Approach to Community Capacity Development

As described in section 4.2, decisionmaking can be reconstructed as Triple A processes. Individuals, groups, and whole communities are actors in existing Triple A processes.

For communities to assess and analyse their problems it is important that they be guided by a *conceptual framework* and have access to information. As has been discussed in earlier chapters, Triple A processes take place continuously in households and communities, mostly as part of established routines or practices. To act as a group in a new manner as they address problems from a new perspective, communities will need to adjust their processes to ensure better sharing of information on problem assessment and discover new ways of carrying out joint analysis. An essential element of community capacity development, therefore, is to understand how information is generated and shared in the community.

It is important to remember that:

- There is already assessment going on, based on information that may not necessarily have been systematised into an information system.
- Whatever new system is put in place will have to be agreed to by the community and serve first and foremost the needs of the community.
- Establishing an otherwise exogenous information system should start small, and in a manageable manner, to allow the benefits to be felt; new demands will emerge as a result of the success of the initial effort.

In this way the information needs for assessment become self-sustaining.

The process of introducing relatively complex issues into a community and facilitating a process whereby the cause of the problem will be articulated and agreed to by community members requires appropriate methodologies. Participatory Poverty Assessment (PPA) is one such methodology that has been used widely (Norton, 2001). While PRA provides a good set of participatory methodologies, examples abound on how this process can fail to raise community capacity or lead to community consensus when external groups plan and manage the exercise. PRA should therefore be regarded as one of several tools available for participatory work, but not as a panacea for achieving community participation.

Experience also shows that many occasions call for discussions of causality with homogenous groups in a community. Often different community members will perceive and articulate causality differently, and it is important that the person/groups facilitating the process allow different views to be articulated. For example, men often disagree with women when they argue that gender exploitation is a major factor leading to inadequate child development and child death. Depending on the specific problem being addressed, it may be necessary to hold separate discussions with groups that perceive the problem differently. During a training workshop in Zimbabwe, for example, discussions with school-going youth (girls and boys) revealed a different understanding of the HIV/AIDS problem than similar discussions with adults and parents. What if adults are causing the problem—such as uncles abusing nieces? The adults are unlikely to admit such a situation, and girls may fear repercussions if they reveal this information publicly to the community.

During capacity development sessions the subject of “whose agenda” is being introduced in the community is frequently brought up by community members. While there may be general consensus about the need to mobilise around certain issues (HIV/AIDS or early childhood development, for example), anyone who enters into a community should be open-minded enough to listen to all problems that community members raise. The challenge for “outsiders” is how to both listen and at the same time

facilitate a process through which communities begin to perceive issues they did not regard as problems in a new light, and make connections between these issues and those originally perceived as key concerns.

5.3 Mobilisers and Facilitators

Communities and households are constantly engaged in decisionmaking and taking actions that are more or less successful in promoting children's survival and development. In many cases household and community actions could be more effective with support from other internal and external actors. UN agencies do not necessarily work directly with communities to implement their programmes, but they can support community-based actors. Critical among these are mobilisers and facilitators.

Mobilisers work and live in communities; often they are highly motivated individuals who work mainly on a volunteer basis or are compensated for their work by communities. Mobilisers foster community-based action and serve as a link between communities and service delivery and other "external" support systems. Since communities must address a broad range of problems, frequent contact is required between mobilisers and communities/households. A key characteristic of successful/effective community-based programmes is a favourable ratio of mobilisers to households. A recent review in East Asia suggests an ideal range of one mobiliser per 10–20 households. The East Asia experience also recommends that communities be involved in identifying the mobilisers who should receive training and orientation. (Jonsson, 1996)

Facilitators are normally paid staff of a government agency (such as extension officers) or an NGO or CBO. Facilitators may live and work in the communities they serve, but do not necessarily originate from the same community. Ideally, facilitators play a supportive and problem-solving role for mobilisers, and may also help to train them. Facilitators form a link between community-based mobilisers and the "outside world." The East Asia study mentioned above found that, ideally, there should be one facilitator per 10-20 mobilisers.

The critical importance of facilitators and mobilisers in a CCD approach becomes evident from an understanding of the role of communication. People in communities communicate primarily through dialogue with one another and with people whom they judge to be trustworthy and dependable. Information from other sources may either be received with caution or seen as difficult to understand. Even if they receive important pieces of information and advice from radios or newspapers, or from an extension worker, community members often want to discuss it with persons whom they feel can help them to fully understand the issue and what it implies. This is the role of mobilisers. Mobilisers can either be formally recognised by the community and society at large (village health workers, for example) or they can be persons considered by the community as "wise," "well informed," and/or compassionate and, as a result, often consulted or turned to for support on various matters.

Good facilitators/extension workers understand the important role that mobilisers play in establishing and maintaining effective communication with and within communities. When there is close collaboration between facilitators and mobilisers, issues are likely to be better understood. Such collaboration also promotes more effective feedback from the community on issues and concerns that facilitators and their "external" support systems need to consider in order to assist communities to adopt new approaches or to take full advantage of new opportunities. Typical facilitator/mobiliser chains include: dispensary staff working with village health workers and TBAs, community development staff working with women's group leaders, or agriculture extension staff working with farmers.

When discussing the Triple A cycle in section 4.2, we identified five principal, generic strategies that could enhance the capacity of individuals and communities to manage their situation better. These are;

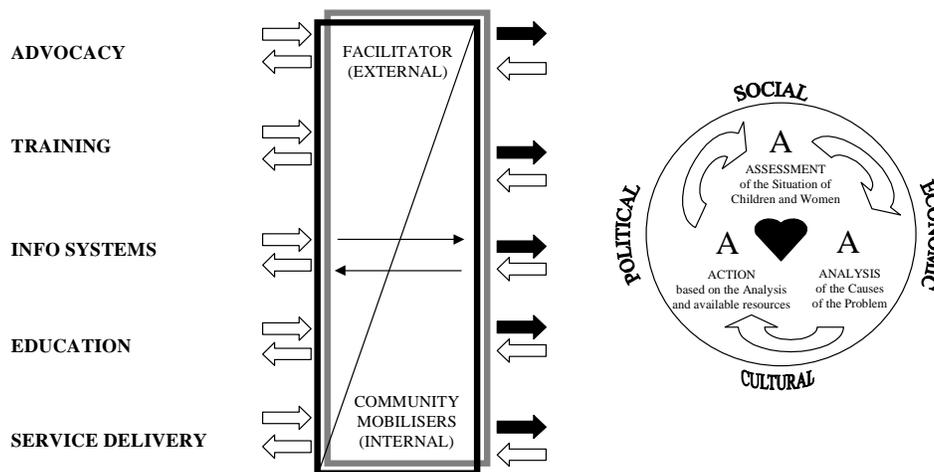


Figure 6: Role of Facilitators and Mobilisers in Community Capacity Development

advocacy to strengthen the sense of responsibility and motivation, *information systems* to facilitate identification and monitoring of problems, *education* to improve understanding, *training* to establish critical skills, and finally *service delivery* to improve access to critical basic services. Figure 6 depicts the crucial role of facilitators and mobilisers in mediating application of these generic strategies with community-based triple A processes. If facilitators and mobilisers possess sufficient mediation capacity, including the ratios mentioned above, there should be a reasonable system in place to support a participatory development process. It should be noted that the mediation task involves *both* ensuring that community members can access important knowledge, information, and services *and* providing effective support to communities to express their concerns and priorities to higher levels of development management and planning.

5.4 The Role of Communication

The capacity of claim-holders within a community to influence decisions depends on their ability to make themselves heard by duty-bearers. Similarly, communities may or may not be able to influence decisions made at higher levels. The ability to influence decisions depends on a claim-holder's capacity to communicate and relative position of power. Groups that cannot communicate effectively in “formal settings,” such as women or adolescents, often become marginalised. They develop coping strategies that allow them to survive, but not reach their full potential as individuals. Similarly, communities can become marginalised within national development plans if they cannot make their views known and negotiate for resources during the planning process.

If UN agencies are to support communication from the perspective of human rights and community capacity development, they must understand the power and communication structures in the community, as well as the relationship between the community and the outside world. Then they can develop techniques and methodologies to help:

- Marginalised claim-holders express their views to duty-bearers within a community, thus increasing their participation in decisionmaking

- All claim-holders in a community to reach consensus on the most appropriate development pathway
- A community to express its development priorities to outside duty-bearers, such as government departments or private businesses
- Duty-bearers outside the community to listen more effectively to community viewpoints, so that they can be included in the decisionmaking process.

The skills required to develop these techniques are very different from the skills required to design and communicate messages about behaviours and innovations. To make a human rights approach to communication operational, the UN must recruit staff members who are comfortable working in communities with marginalised claim-holders, as well as capable of sensitising duty-bearers. This does not mean that the UN will transform itself into a grass-roots organisation. Instead, it means that UN agencies must build the capacity to develop and test communication techniques that support human rights in communities, so that they can share knowledge with their partners and help them deliver successful techniques at scale.

Very few of the required techniques are used now, and those that are must be adapted to work within UN agencies' project cycles. Community radio has the potential to increase connectivity within a community, as does participatory drama. The Appreciative Inquiry methodology has the potential to help a community visualise a positive future and create the energy required to build it. (Elliot, 1999) Through work in communities, an appreciative philosophy can be blended into the Triple A approach. That is just a beginning. UN agencies must also search for ways to include the opinions of women, children, and adolescents in community development. They must create methods to help duty-bearers listen to, and engage with, claim-holders in non-confrontational ways. UN staff must think of communication, first and foremost, as a means to help claim-holders define their reality and share it with duty-bearers, so that people become fully involved in decisionmaking. The communication officers that develop these techniques, in partnership with governments and local people, must be able to understand and use traditional knowledge and emotional intelligence, to enable them to be sensitive to the entire reality of claim-holders in their work.

As mentioned earlier most individuals are both claim-holders and duty-bearers at the same time, but for different rights. An individual's capacity to meet his/her duties is often conditioned by the fact that some of his/her own rights are violated. As claim-holders, individuals often face one of two scenarios. When duty-bearers are willing to listen, UN agencies can support claim-holders to express their views. In many cases communication systems are weak, so the UN should also focus on building the capacity of duty-bearers to respond. However, in other cases duty-bearers are unwilling to listen to claim-holders. Attempts to empower claim-holders can then be frustrating or even dangerous. In these cases UN agencies should advocate for change, recognising that political development may be required before human rights programming will be possible.

As they move towards a human rights approach to programming, UN agencies will be most successful if they build a broad constituency of support for rights-oriented processes. They can do this by:

- Strengthening ties with partners who share the basic values expressed in the UN Charter and the UN Declaration on Human Rights
- Maximising their strategic position as multilateral organisations to address structural issues that hamper communication; for example, by supporting policy or legislative development to give claim-holders better access to service providers and other duty-bearers
- Strengthening partnerships with governments, while at the same time entering into new relationships with communities, so that UN agencies can encourage the development of sustainable, rights-oriented governance structures through the delivery of a joint programme of co-operation.

The redefinition of communication within a human rights framework challenges traditional concepts of programme communication. In a human rights approach to programming, the categories of advocacy, social mobilisation, and programme communication are less relevant and may need to be redefined. The term social mobilisation, for example, often assumes a development approach in which claim-holders do not empower themselves, but instead are mobilised by outsiders in support of externally developed goals. In Unicef the term programme communication infers that the purpose of communication is for Unicef to explain its programmes to local people, so that it can achieve its objectives more easily.

As Unicef transforms itself into a human rights organisation, these terms will likely be refined or replaced. Advocacy, for example, is often thought of as a “higher-level” activity, but can also describe a “bottom-up” technique to build commitment for rights-oriented processes. The Unicef-supported “Say Yes For Children” campaign, in which ordinary people created support for child rights by “voting” on the Internet, is an example of one such bottom-up advocacy technique. Similarly, communication methodologies used to design messages in a participatory manner will likely be opened up further, so that claim-holders can assume greater control of the process.

The category of “behaviour-change communication” also becomes less relevant within a human rights framework. Most communication initiatives undertaken by development agencies—indeed, most of Unicef’s current communication initiatives—focus on information delivery as their primary objective, with behaviour change as their goal. But rather than developing communication strategies to convince marginalised claim-holders to change their behaviour, UN agencies should help them to assert their rights, so that they can define a future that is relevant to their situation. Behaviour change will then occur as a result of empowerment and changed circumstances.

Will human rights programming signal an end to messages communicated through products such as posters and tee shirts, or broadcast over radio and television? Not necessarily. If the UN and its partners programme in areas where their goals intersect with community objectives, messages will continue to be relevant and appropriate, especially if they are developed using participatory approaches. But the development of messages and products must by necessity be a secondary activity. Far more important is the development of *communication channels* to help claim-holders express themselves, and to help duty-bearers listen and respond. Such channels are essential preconditions to the realisation of rights.

6. A HUMAN RIGHTS APPROACH TO PROGRAMMING FOR COMMUNITY CAPACITY DEVELOPMENT

Based on the concepts and principles introduced to this point, this chapter suggests a complex, but logical, step-by-step procedure for implementing a human rights approach to programming. The linkages between the steps are important; sometimes the result of work in one step will require review of work in previous steps. Some of the steps are familiar to most UN staff, while others—particularly Role/Pattern Analysis and Capacity Analysis—may be new. The steps lead to the identification of capacity “gaps,” which become the focus for development programming.

The HRAP described here was developed by Unicef staff in Eastern and Southern Africa and has been tested in several Unicef country programmes. This chapter thus utilises planning and programming terminology specific to Unicef. However, during the last few years programming procedures for most UN Funds (UNDP, UNFPA, WFP and Unicef) have become increasingly similar, so the HRAP/CCD approach presented here can easily be applied by other UN agencies.

Some of the more difficult steps described below include concrete examples drawn from the experience of applying HRAP/CCD to Unicef’s work with governments and other partners in the Eastern and Southern Africa Region. It is hoped that this approach will contribute to the ongoing harmonisation among UN agencies as far as human rights-based programming is concerned.

Step 1: Causality Analysis

Before a problem can be addressed, it must be recognised as such at some level of society. Advocacy and social mobilisation are key strategies for increasing awareness of a problem. The process of causality analysis described below assumes that adequate awareness of a particular problem exists at the level of society where actions to address the major causes of the problem(s) can and should be addressed: in the community.

Once awareness exists, the first step is to identify the causes of the problem. Without a reasonable consensus on causality, there is not likely to be consensus on solutions. Identification and analysis of the causes of a problem can be facilitated by the use of an explicit conceptual framework, such as the one described in section 4.4.

When all major causes (immediate, underlying, and basic) of the problem have been identified, the state of each variable is assessed (measured or estimated). Typical variables include mortality, nutritional status, health status, education, WES, income, food, security. It then becomes possible to analyse the qualitative and quantitative relationships among these variables. Analysis should start from the ultimate outcome (the top of the conceptual framework) and continue down the hierarchy of causes. This analysis looks first at the relationships between the ultimate outcome and the immediate causes; then at relationships between immediate causes that are important for the outcome and their underlying causes; and last at the relationships between the identified key underlying causes and the basic causes. This sort of focused analysis will help to limit the analysis to causes that actually influence the selected outcome in the situation at hand and will, therefore, not include all possible determinants and processes in society. This is essential in order to make the exercise manageable.

While there is no hierarchy of importance or priority among rights, it is possible—indeed necessary—to set priorities for addressing violations of children’s rights in a specific programming context. Unicef as an organisation should advocate for the realisation of all rights for all children everywhere; nonetheless it is necessary to set priorities for how to use limited programme resources in a given county programme of co-operation.

Two extreme positions should be avoided. One is a naïve romanticism that sees communities as always right; the other is the view that senior government officials *outside* the community always know what is best for the community. The final prioritisation should be a result of negotiation and consensus building.

Reaching consensus regarding the main factors and processes affecting the realisation of children's rights offers enormously improved opportunities to achieve a more systematic and logical integration of programming for children. This is particularly important if the problem—as is normally the case—requires co-ordinated actions by many partners at different administrative levels.

Causality analysis using the conceptual framework is an opportunity to build consensus on the causes of a problem. Experience in applying the conceptual framework shows that while the causes of a problem may be different at the immediate and underlying levels, the *basic causes* are often the same; for example, lack of capacity, forms of social organisation, gender discrimination, etc. The implication is that addressing the basic causes of any of the problems is likely to result in creating enabling conditions for solving a number of other problems at the same time. Such approaches are also likely to increase the sustainability of the Unicef-supported programmes. Basic causes, however, are the most difficult to address in country programming. This implies that more efforts should be devoted to equipping Unicef staff with the necessary understanding to address basic causes of child rights violations more systematically.

Who should perform causality analysis? Ideally, it should be undertaken by actors at all levels of society. National-level analyses will, naturally, deal with more aggregated data than analyses at the community level. It is important to recall that people at all levels of society already assess and analyse their situation; the results of this work make a good starting point. Existing assessments and analyses can often be improved by the introduction of an explicit conceptual framework. It is indeed true that “you find what you look for;” a clear conceptual framework helps to identify what to look for. (Kuhn, 1962)

In communities it may be a good idea to first solicit ideas from participants in a discussion regarding what they believe to be the major causes of a problem. Once this has occurred, the discussion can move to identifying a hierarchy of causes. The Appreciative Inquiry technique, in which community members are encouraged to recall, describe, and build on their own successful life experiences, is a useful method for such an exercise. Facilitators, including some Unicef staff, should guide these discussions, but not dictate or control them.

Causality analysis is a typical tool used in most human development approaches. As desirable outcomes from a human development perspective are often the same as those sought in a human rights perspective, the problems identified are likely to reflect human rights violations (disease, malnutrition, lack of basic education, exploitation, discrimination, etc). This is an example of a situation in which human development analysis assists and adds value to human rights analysis. The causality analysis will result in *a list of rights that are either being violated or at risk of being violated*, together with the major causes of these violations.

Step 2: Role or Pattern Analysis

Pattern analysis is a means to understanding the complex web of relationships between claim-holders and duty-bearers. Human rights represent relationships between claim-holders (subjects) and duty-bearers (objects). As discussed earlier, duty-bearers often cannot meet their obligations because some of their own rights are being violated; for example, parents without resources cannot be held accountable for not being able to pay costly school fees. The relationships between claim-holders and duty-bearers form a *pattern* that links individuals and communities to each other and to higher levels of society. (See section 2.6).

Causality analysis can facilitate the work of identifying individuals or groups of individuals in their roles as claim-holders and duty-bearers at higher levels of society. For example, low school enrolment may be caused by lack of schools or excessive school-fees, which in turn may be a result of unequal allocation of funds to a particular area or a policy of imposing school fees. These resource and policy decisions are themselves a result of other basic causes. Pursuing this type of analysis will help to identify claim-holder/duty-bearer relationships at different levels of society. Focusing on specific, priority problems will help to reduce the Role/Pattern Analysis to a limited set of claim-duty relationships likely to be most relevant to the situation at hand. If the focus is not limited, the analysis runs the risk of resulting in a vast array of claim-duty relationships and actors who cannot all be involved or supported in programme planning, implementation, and monitoring.

Children are the prime, or first-level, claim-holders for children's rights. Parents and other child caretakers are the immediate duty-bearers. However, many other individuals at higher levels of society have duties in relation to children's rights, such as extended family members, community members, and district and national officials. The community, for example, has a duty to ensure a safe environment for children; the district medical officer has a duty to ensure universal immunisation; and the national government has a duty to allocate adequate funds for basic education.

The analysis, however, must be extended to include other claim-duty relationships. Parents have a right to employment, land, and agricultural inputs so that they can feed and care for their children. Thus parents are second-level claim-holders, but their rights are often violated because duty-bearers at higher levels do not fulfil their responsibilities. Community leaders may discriminate against certain households, district agricultural officers may ignore the poorest peasants, or the government may support cash-cropping at the expense of food production. All these patterns of claim-duty relationships must be identified and analysed.

Role/pattern analysis should involve communities, mobilisers, facilitators, and programme staff. Outside agencies often think that role analysis is being carried out in a participatory manner when, in fact, many key actors are not involved. As a result, programme designers often take it for granted that certain actors are of prime concern for addressing certain problems. HIV/AIDS and nutrition, for example, are still considered primarily as medical issues, despite ample evidence that the main actors requiring support to address these problems are outside the health sector.

In community-centred capacity development, role/pattern analysis will be refined by the actors themselves and become a learning process; a discovery of why certain actors perform the roles that they currently do and what mechanisms need to be put in place to start sharing some of these roles. This should be a process in which communities and structures within them start to appreciate their real and perceived roles. For example, on almost all issues related to children's survival, development, and participation mothers, as primary caregivers, are considered to be the key actors. However, this ignores the important role that fathers and other family members can, and should, play. The duty-bearer's role changes rapidly in communities affected by HIV/AIDS, where young girls are increasingly assuming a key duty in caring for siblings, which has implications both for the realisation of their own rights and for community capacity development in general.

The need for broader participation in role/pattern analysis was recently highlighted during a programming exercise held in Africa. Programmers first made a determination about roles based on information contained in a situation analysis, and then compared it with what emerged from a dialogue with communities. It soon became clear that some of the actors widely thought to be available in communities (such as extension staff) were actually not there, or their numbers were far fewer than believed. Dependence on reports and administrative records alone is not adequate. Going through role analysis with communities normally reveals new or potential actors that would not easily be perceived by "desk programmers."

Facilitators and mobilisers constitute a particularly important group of duty-bearers. If they do not exist, role analysis may suggest that they should. As mentioned in section 5.4 experience suggests that a minimum number of households per mobiliser, and a minimum number of mobilisers per facilitator, are associated with successful community-based programmes. Facilitators and mobilisers often cannot provide the support required because some of their rights have been violated. This must be included in the overall assessment and analysis.

Role/Pattern Analysis can become very complicated, and thus demands a clear focus and setting of priorities. The analysis should begin by focusing on one right; for example, the right to free basic education. Duty-bearers at different levels of society should be identified, and their duties grouped according to categories of claim-holders. District authorities, for example, may have duties directly to children, households, or communities.

For each right chosen, a similar list of claim-holders and duty-bearers should be prepared. As becomes clear from the basic education example sketched out in the tables below, most people are at the same time duty-bearers in relation to somebody else's right *and* claim-holders in relation to another right. A list of duties (with duty-bearers) will therefore easily translate into another list of claims and claim-holders. This is important when capacity gaps for claiming rights are being assessed and analysed, as will be discussed in Step 3. Table 1, outlining how a variety of different duty-bearers could fulfil children's right to education, represent an example, not a full or final analysis.

Table 1. The Right to Basic Education

<i>Claim-holders</i> Duty-bearers	<i>Children</i>	<i>Parents</i>	<i>School</i>	<i>Community</i>	<i>District</i>	<i>National Government</i>
	<p>Parents</p> <p>Positive attitude</p> <p>Nondiscrimination Against girls</p> <p>Allow time for studying</p> <p>Help children with homework</p> <p>Teachers</p> <p>Be present</p> <p>Provide good quality teaching</p> <p>Be role-models</p> <p>Establish child- friendly schools</p>	<p>Be present</p> <p>Establish parent- teacher associations</p> <p>Encourage parents to bring girls to school</p>	<p>Pay school fees</p> <p>Attend Parent- Teachers Association (PTA) meetings</p>	<p>Assist the community to construct schools</p> <p>Participate in community governance</p>	<p>Participate in training workshops</p>	<p>Bring children to school</p> <p>Follow established curricula</p> <p>Prepare proper budgets</p>

Table 1: The Right to Basic Education (cont'd.)

<i>Claim-Holders</i>	<i>Children</i>	<i>Parents</i>	<i>School</i>	<i>Community</i>	<i>District</i>	<i>National Government</i>
Duty Bearers						
Community						
Community Leaders	Not allow child labour	Encourage schooling	Assist in building class-rooms		Organise UPE campaigns	
Mobilisers	Recognise children's right to education	Explain to parents why girls should attend school	Encourage PTAs		Assist in UPE campaigns	
Facilitators		Provide positive leadership and mobilise parents	Respect the important role of school teachers		Promote UPE	Ensure that all school-aged children have access to a school
District Officials			Allocate adequate funds Distribute textbooks Supervise and train teachers		Promote UPE	
			Assist in retraining of teachers			

Table 1: The Right to Basic Education (cont'd.)

<i>Claim-Holder</i>	<i>Children</i>	<i>Parents</i>	<i>School</i>	<i>Community</i>	<i>District</i>	<i>National Government</i>
Duty-Bearer						
National Government						
Min. Education	Implement UPE		Prepare curricula		Allocate adequate funds for basic education Train teachers Provide textbooks	
Min. Finance			Ensure adequate salaries for teachers		Allocate adequate funds for education	
Parliament	Legislate on free and compulsory basic education	Legislate exemption from school fees for poor parents				

Step 3: Analysis of Capacity Gaps

After the key claim-duty relationships for a specific right have been identified, the next step is to analyse why the right is being violated or at risk of violation. A basic assumption underlying the approach proposed here is that rights are violated because claim-holders lack the capacity to claim the right, and/or duty-bearers lack the capacity to meet their duties. The analysis of capacity gaps is called Capacity Analysis.

As described in section 4.3, capacity entails responsibility/motivation/leadership, authority, resources, capability to communicate, and capability for rational decisionmaking and learning. Some relevant questions to explore in relation to each of these critical capacity elements are described below, beginning with a capacity analysis of duty bearers.

Responsibility/Motivation/Leadership

- To what extent have duty-bearers accepted and internalised the responsibility to act?
- Do their basic values support assuming such a responsibility?
- Understanding and agreeing on human rights principles is particularly important in that respect; are the duty-bearers clearly motivated to act according to their responsibilities?
- Does the duty-bearer provide leadership for moving towards a more general acceptance of this responsibility?
- Do some duty-bearers go beyond their duties (typical strategic allies!)?

Authority

- What is the legal status of the duty-bearers?
- Is it socially, legally, politically, and culturally legitimate to act in accordance with this particular duty?
- What would it take to establish such authority?
- If duty-bearers lack authority, what sanctions would they incur if they took action?
- If they do have authority, to whom are they accountable?

Resources

An assessment should be made of the human, economic, and organisational resources available to and controlled by the duty-bearers to meet their obligations.

- *Human resources* include time and skills to address the problem at hand, and are also closely related to the capacity to recognise and understand the problem, as discussed further below. The assessment should also include the duty-bearer's awareness of his/her human rights.
- *Economic resources* are normally the first type of resources that come to mind—particularly when working in resource-poor communities and families. Assisting such families and communities to find long-term solutions for improving their economic resource base should always be part of capacity development, although direct transfers may not be feasible or even the best solution. Helping families and communities to invest in better health and education for their children may, in fact, be a good long-term “poverty-reduction strategy,” but solutions need to be affordable.

- *Organisational resources* are often overlooked in resource analysis. Lack of economic resources can often be compensated for, if formal or informal structures that can assist in individual crisis situations are available. Such support can either be temporary, as when a member of the extended family comes to help a mother during pregnancy or childbirth, or more long-term, such as government or NGO support to help orphaned children obtain education and meet other basic needs. Many studies among people who are poor conclude that access to “networks,” especially informal ones, tends to be a decisive factor in determining coping capacity.

Capability to Make Informed Decisions and Learn from Results

Learning how decisions are made in a community requires good local knowledge and a high degree of community dialogue, which is key to revealing the strengths and weaknesses of existing, relevant Triple A processes of specific duty-bearers. A mother’s choice of feeding practices in an “ideal” growth-monitoring and promotion situation is an illustrative example. The mother will regularly check whether the child is growing well (assessment); she will try to understand why her child is growing or not growing (analysis); and based on this understanding and advice, she will decide how to feed her child (action). At the next session, the mother reassesses the impact of her action. If the child is still not growing well, she, together with health staff, can make a better analysis followed by improved action. If the process involves more than one actor, dialogue and understanding among actors becomes all the more critical, because if they do not agree on the problem and its causes, it will be difficult to agree on, and effectively jointly pursue, co-ordinated actions.

Communication Capability

Being able to access information and participate in communication systems is crucial for people and organisations as they carry out their individual and collective Triple A cycles. Communication enables people to agree that there is a problem, agree on major causes, and pull their resources together to address the causes. Taken to the re-assessment/re-analysis stages, communication provides the feedback (communication loop) that permits learning, experience-sharing, and construction of a body of best practices that inform new actions. The challenge in community-centred capacity development work is how to incorporate the elements of communication and information in ways that are consistent with the causality, role, and capacity analysis and with human rights programming. Often, information and communication are seen as separate—or different—issues, rather than factors that both come from and contribute to causality and capacity.

Communication analysis is essentially about how to access, share, and use information. During the analysis some attention needs to be given to the quality of information, its sources, availability, and accessibility. The re-assessment, re-analysis and new action stages of the Triple A process can also use traditional communication forms, but in these stages attention needs to be focused on how to establish and sustain systems of generating, collecting, and analysing information in ways that are not largely for use by others (external actors), but rather contribute to the capacity development of the community. Attention also needs to be focused on widening the pools of available information in ways that develop capacity—not dependency. This is an important aspect of both the role pattern and capacity analyses.

- Do all duty-bearers have the access they need to relevant communication and information systems?

- To what extent are community members equipped to process, share, and apply the information they receive?
- Will *more* information produce a more informed community or is more *sharing* of information the more useful strategy?

Combining the elements of the Capacity Analysis is at the core of this programming approach. An example on education illustrates the point. Advocating for parents to send their children to school would clearly not be constructive if no school exists or if the local school fails to provide useful education. Similarly, it would be ineffective to improve access to and quality of basic education if parents do not feel they have a duty to send their children to school and support them in their learning efforts. The point is that “capacity-building” far too often is translated into extensive advocacy or training programmes or provision of services, when no effort has been made to fully understand the reasons why children’s rights are not being realised.

Different duty-bearers who need to join together to address important problems may have different capacity gaps. One example is the case of a child who needs more frequent feedings to overcome malnutrition. The mother may be aware of the problem and know what to do, but be overworked and lack access or control over family resources. The older sibling who takes care of the child when the mother is working in the fields does not have the skills to prepare food or feed the child properly. The father controls the resources, but is not aware that there is a problem because the small child is left almost entirely with the mother. The village leader does not see it as his or her responsibility to intervene. The health worker who undertakes growth monitoring tells the mother to give the baby milk, eggs, and fruits (which are not available) when a few extra meals is, in fact, the best way to help the child. This example represents a typical set of capacity gaps in sub-Saharan Africa, and a case in which a community-focused and participatory approach to causality, role, pattern and capacity analyses stands a good chance of leading to significant, sustainable improvements in the nutritional status of children.

Obviously programmes should seek the most effective ways to fill the specific capacity gaps of different duty-bearers. Instead, programmes often focus on training people who already know enough, or disseminating “information” messages aimlessly right, left, and centre—hoping that some will hit a target. If programmes are properly focused to address the critical capacity gaps of identified groups of duty-bearers, then it is both possible to design capacity-building activities more appropriately and to assess whether or not the support leads to the actions needed to realise children’s rights.

Participation in Capacity Analysis is perhaps even more important than in other aspects of problem analysis. It is often only through dialogue among the actors themselves that the real constraints will emerge in a proper perspective. Duty-bearers have to discuss and agree on how responsibilities can most effectively be shared. The dialogue should also involve claim-holders, who should be encouraged and learn how to claim their rights.

These analytical steps have been described as if they take place only once, but *the iterative nature of the Triple A demands continuous analysis and reflection*. Even if they participate in the first and a few subsequent analyses, Unicef programme officers cannot always be present in every community where Unicef works. So, who will carry on the work? The actors will vary depending on the context, but clearly mobilisers and facilitators should play a key role.

Capacity Analysis should build on the Role/Pattern Analysis, in which key duty-bearers and their duties to different categories of claim-holders were identified. All duties of each duty-bearer should be analysed from the perspective of why these duties have not been met. What are the capacity gaps

of the duty-bearers that explain and justify why the duties are not being met? An example of Capacity Analysis in relation to the right of children to basic education is summarised in tables 2-5, which look at capacity gaps among parents, teachers, community leaders, and district authorities to meet their duties in relation to children's right to education.

As mentioned before, individuals often cannot meet their duty because their own rights are being violated. An analysis similar to this one just described (capacity gaps of duty-bearers) should be done regarding the capacity gaps of claim-holders. Table 6 offers an example that can be used to identify the capacity gaps of parents to claim the rights that they need fulfilled in order to meet their duties in relation to the realisation of children's right to education.

It is important to note that this analysis is far from complete. The tables, however, demonstrate a way to systematically assess and analyse capacity gaps that need to be addressed in order to have an impact on the realisation of children's rights to education.

Table 2. Capacity Gaps of Parents as Duty-Bearers in Relation to Children’s Right to Education

Claim-Holder	Children	Teachers	Community Leaders	District Authorities
Capacity				
Responsibility	Do not see the value of basic education	Do not appreciate the value of PTAs	No motivation to assist in building classrooms	
Authority	No motivation to educate girls Some mothers want to bring their girls to school but are not allowed by their husbands	Many teachers do not listen to parents	Women are excluded from the Village Council	Parents have no influence in district affairs
Resources	Poverty forces children to work for household income Over-worked mothers keep girls at home	Parents can not afford to pay school fees	Parents can not afford the time to assist in the construction of class-rooms	
Decision Making Capability (AAA)	Parents do not see education as an investment for the future	Parents do not assess the quality of teachers		
Communication	Parents do not listen to the views of children Parents often illiterate, limiting their capacity to help with homework	Parents can not express their views to the teachers	Parents are shy about expressing their views to community leaders	Many parents cannot write, limiting their capability to communicate with district leaders

Table 3: Capacity Gaps of Teachers as Duty-Bearers in Relation to Children’s Right to Education

Claim-Holder	Children	Parents	Community Leaders	District Authorities
Capacity				
Responsibility	Often absent from school Sometimes drunk in school Some harass girls in school	Do not feel that they have a duty to convince parents to send their children, particularly girls, to school	Do not feel that they belong to the community	Often feel that they can teach where they want; not adhering to set curricula
Authority	Children lack trust in their teacher	Some parents refuse to listen to teachers	As outsiders, some teachers are excluded and marginalised	The District Education Officer decides on everything
Resources	Low quality of teaching, due to inadequate training	Inadequate funds to attract parents to PTAs Do not control school-budget	Teachers do not have the time to participate in community meetings	Lack of transport limits the teachers possibility to attend district workshops
Decision Making Capability (AAA)	Do not see the connection between child-friendly environment and learning outcome	Do not involve parents in school-related discussions	Some teachers are not capable of taking part in community governance	Do not know how to prepare a budget for the district authority
Communication	Use rote learning too much	Talk to parents in an authoritarian manner Do not listen to people who are poor	Some do not know the local language	Cannot express the specific needs of the community

Table 4: Capacity Gaps of Community Leaders as Duty-Bearers in Relation to Children’s Right to Education

Claim-Holder	Children	Parents	Teachers	District Authorities
Capacity				
Responsibility	Believe that children, particularly girls, should work at home Do not stop exploitative child labour	Think that poor households should not send children, particularly girls, to school	Do not see the value of PTAs Feel no ownership of the primary school Are not motivated to contribute to building classrooms	
Authority		Parents do not trust community leaders	Teachers do not trust community leaders	
Resources			Can not afford to build houses for teachers	
Decision Making Capability (AAA)	Do not realise that education is an investment for the community	Do not challenge parents’ decision not to send their children to school	Avoid getting involved in running the school	
Communication		Use an authoritarian manner to speak to parents	Some do not speak the language of the teacher	Cannot argue the specific needs of the community

Table 5: Capacity Gaps of District Authorities as Duty-Bearers in Relation to Children’s Right to Education

Claim-Holder	Children	Parents	Teachers	Community Leaders
Capacity				
Responsibility	Do not recognise children’s right to basic education	Do not agree that primary education should be free	More interested in secondary education for the few than primary education for all	See community-based organisations as a threat
Authority		Misuse their authority; give orders and do not mobilise	Many teachers do not trust the District Education Officer	Community leaders do not trust district officials Get authority only from the central government
Resources		Lack resources to subsidise or waive school fees	Cannot afford to allocate adequate funds to primary schools No staff to supervise and train teachers	Inadequate transport to supervise community workers
Decision Making Capability (AAA)		Only involve leaders in decisionmaking	Do not monitor the situation of the primary education sector	Linkage between facilitators and district very weak
Communication	Use a language not understood by children		The District Education Officer does not listen to the teachers	Cannot mobilise communities for UPE

Table 6: Capacity Gaps of Parents to Claim their Rights in Order to Meet their Duties in Relation to Children’s Right to Education

Claim-Holder	Larger Household	Community Leaders	District Authorities	National Authorities
Capacity				
Responsibility	Many mothers accept dominance of their husbands	Poor parents not aware of their own rights	Poor parents not aware of their own rights	Poor parents not aware of their own rights
Authority	Many mothers are subordinated by the males in the family	Poor parents, especially mothers not involved in the election of community leaders	Poor parents are to claim their rights	
Resources	Women in general lack control of household resources	Inadequate land allocated to poor parents	Low income because of chronic unemployment	No participants of poor parent in the preparation of PRSPs
Decision Making Capability (AAA)	The opinion of women is not respected	Poor parents are not included in the governance of the community		Lack of basic health services results in big burden of disease which reduces the planning horizon
Communication		Lack of adult education limits parents’ capability to claim their rights	Lack of adult education limits parents’ capability to claim their rights	Lack of adult education limits parents’ capability to claim their rights

Step 4: Identification of Candidate Actions

Causality Analysis results in the identification of a set of rights that are being violated or at risk of being violated. Role/Pattern Analysis identifies key claim-holder/duty-bearer relationships for each specific right. Capacity Analysis defines the capacity gaps of claim-holders to claim their rights and of duty-bearers to meet their duties. A programmatic response aimed at the realisation of rights must contribute to narrowing, or closing, these capacity gaps.

People live in households and communities, but most power lies at higher levels of society. It is therefore clear that programme responses must aim at all levels of society. However, interventions at higher levels of society—for example policy reforms—should always focus on creating an enabling environment at the community level; that is, such interventions should directly or indirectly assist in developing community capacities. Interventions at all levels of society can contribute to community capacity development.

Candidate actions are those actions that are likely to contribute to reduce or close the capacity gaps of claim-holders and duty-bearers. Such actions should aim at increasing responsibility, authority, resources, and decisionmaking and communication capabilities of claim-holders and duty-bearers.

Candidate actions are easy to derive from the Capacity Analysis. Continuing with the example from basic education, candidate actions to reduce or close the capacity gaps of teachers as duty-bearers in relation to children's right to education (table 3) are summarised in table 7. Candidate actions range from retraining teachers and the establishment of PTAs to increased monitoring and better salaries for teachers. A similar analysis should be made when identifying candidate actions to reduce or close the capacity gaps of teachers to claim their own rights.

Table 7: Candidate Actions to Close Capacity Gaps of Teachers as Duty-Bearers in Relation to Children’s Right to Education

<i>Claim-Holder</i>	<i>Children</i>	<i>Parents</i>	<i>Community Leaders</i>	<i>District Authorities</i>
Capacity				
Responsibility	Increase teachers’ salaries	Arrange workshops for teachers on CRC in general and UPE in particular, including the Girls Education Initiative	Train teachers in the local language	Monitor the use of standard curricula
Authority	Provide information on the risk of alcohol			
	Provide training of teachers in Zero-tolerance on sexual exploitation			
	Select teachers who can be good role models	Train teachers to establish and lead PTAs	Increase teachers salaries	Establish a District Education Planning Committee involving teachers
		Allow teachers to manage the school-budget		
Resources	Re-train teachers	Provide fund for PTAs	Reduce the total teaching time for senior teachers	Provide a monthly travel allowance
Decision-making Capability (AAA)	Train teachers in the concept of ‘Child Friendly Schools’	Make PTAs a decision making body	Mobilise teachers to engage in community development	Train teachers in planning and budgeting
Communication	Refrain teachers in participatory learning facilitation	PTAs to have the authority to separate teachers	Train teachers in the local language	Monitor teachers to engage in community development

Children, parents, teachers, community leaders, district and national authorities are all potential claim-holders and duty-bearers (except for very young children). Candidate actions to reduce or close all the gaps of all claim-holders and duty-bearer should be identified. Evidently this will result in a large number of candidate actions, but experience shows that they generally fall in one of five generic types of interventions:

1. Advocacy and Social Mobilisation
2. Information
3. Training
4. Education
5. Service-delivery

Each of these interventions can further be divided by the level of society at which the intervention is aimed, (household, school, community, district, and national level).

Even after the candidate actions are consolidated, they may still be too numerous. *Programming is about making strategic choices*. Everything is not of equal importance or urgency, nor does everything have to be done at once. Needs, the political economy of priorities, cost, and sustainability guide and influence such strategic choices. The options should be discussed with all claim-holders and duty-bearers, at all levels of society. Dialogue and negotiation between the community and facilitators should lead to the emergence of bottom-up demand. National policies should facilitate such a process—and ultimately respond to the demand. This analysis will result in the set of priority actions required to accelerate the realisation of selected human rights.

Step 5. Programme Design

The priority actions or activities selected should be aggregated into projects and programmes. This is the reverse of most current programming practices, which disaggregate programmes into projects, and projects into activities. Activities can be clustered, or aggregated, according to the level of society in which claim-holders and duty-bearers operate. At each level some activities will aim at developing capacities of individuals as claim-holders, while others will aim at developing capacities of individuals as duty-bearers. Some activities will do both—sometimes even in relation to more than one right. For example, development of teachers' communication skills will strengthen teachers both to meet their duties to children and to claim their rights in regard to the Ministry of Education.

The selection of priority activities and the division of labour among UN agencies should take place within the UN Development Assistance Framework and the ongoing preparation of Poverty Reduction Strategies. A clear division of labour for supporting the government should be agreed upon, including UN agencies, bilateral agencies, and NGOs.

The comparative advantage of each actor should guide the division of labour. Many UN agencies, however, have overlapping mandates, requiring them to negotiate to reach consensus on who should do what. In such negotiations it is important not to view the capacities of each agency as static. Sometimes agencies decide to develop new capacities to better respond to new challenges. The HIV/AIDS pandemic in Sub-Saharan Africa is a good example, as it has forced most UN agencies to develop new capacities.

The set of activities selected for Unicef support should then be clustered into projects, and projects into programmes, and, finally programmes are organised into a Country Programme of Co-operation. A project is a set of activities that contribute to the same objective. Setting objectives is one of the

most critical and difficult steps in all kinds of development planning and programming. The objective should be formulated as a desirable/expected *result*. It should be formulated in such a way that it will be possible to evaluate; that is, after a given period of time it should be possible to assess whether or not the objective has been met. A project can also be seen as a set of activities, each of which should clearly define what is to be done, by whom, and the specific amount of funding and staff time required. In many cases staff from several different sections will need to contribute to the same project.

A limited set of projects will be aggregated into a programme. Ideally, programme and project objectives should be defined so that project objectives overlap as little as possible, to facilitate monitoring, and so that meeting all project objectives is a necessary and sufficient condition for meeting the programme objective. For each programme and project, *managers* should be appointed and held accountable for implementation and budget management.

Putting HRAP/CCD into Practice

Unicef's East and Southern Africa Region began to implement the HRAP/CCD methodology at the end of the 1990s. The concepts and underlying goals were introduced to Unicef staff and then, in workshops with trained facilitators, to government and other partners. Some Country Offices began immediately to carry out dialogue with communities to initiate the process and to refocus their activities to better align them with the new methodology. Others introduced HRAP/CCD in specific situations to gain experience in its use.

The next three chapters consist of case studies that provide a window into the experience with HRAP/CCD in Tanzania, Zimbabwe, and Mozambique. The former two Country Offices were among the first to adopt the new methodology. The case studies describe how Country Programmes evolved and changed as a result, and how new Country Programmes designed to be consistent with the new methodology were created, based on information obtained as a result of dialogue with communities.

These three studies do not represent the totality of the region's experience with HRAP/CCD, which is now being creatively applied to combating HIV/AIDS, working with out-of-school youth, improving basic education, and a variety of other areas. But they clearly indicate that the methodology outlined in the present study represents a living set of ideas that can be applied to real-life development programming, and offers new perspectives needed at a time when traditional approaches are proving incapable of obtaining significant results.

7. Applying HRAP/CCD in Tanzania¹

This case study explores the impact that a human rights approach to development is having on the work of Unicef in Tanzania, a country with historically strong social programs and relatively weak economic growth. It describes how both Unicef and the national government downplayed community-level development activities during the 1980s and early 1990s, and have now returned to community-centered capacity development as the most effective strategy for realising the rights of children. The case study shows how the human rights/CCD approach shaped the planning stages of Unicef's current Country Programme of Cooperation and its activities in children's health, education, and participation.

Background on Tanzania

Tanzania has gone through three distinct political and economic phases since independence in 1961, the first and longest of which lasted until 1985 and left the society with a strong national identity and respect for peace and human rights.

The first phase was dominated by a centrally planned governance structure that stressed nation-building and literacy promotion and featured highly organised government and party structures that reached down to the local level. One of the crucial challenges for the "new" Tanzania—now in phase three—is how to transform this important social capital into an effective institutional arrangement to advance democracy, good governance, and human rights.

Another important accomplishment of the country's first 24 years of independence was the creation of an impressive system for providing social services to communities. By the early 1980s almost every village had a primary school and full enrollment of children; health facilities were located near over 65 percent of the population, and were reasonably accessible to over 90 percent. Sixty-five percent of childbirths were taking place at health facilities by 1985, and under-five mortality rates were declining.

During the following decade, however, these trends declined as liberalisation and structural adjustment forced changes in social service provision, such as the introduction of user fees. The second-phase government (1985-95) did, however, reverse the declining flow of external aid. The effect on the cash-starved local economy was dramatic and created hopes and expectations that Tanzania's economy would pick up. However the economic reform program lacked both mechanisms to ensure that all segments of the population shared the benefits, and institutional structures to support the new economic system. As a result, those who could do so seized the opportunity to access funds; inflation, foreign debt, and corruption grew to the point that foreign donors again began to withdraw.

In the third, and current (1995-2005), phase, multiparty elections brought President Benjamin Mkapa to office. The old ruling party retained power, but with strong promises to establish economic stability, fight corruption, and strengthen the rule of law. While the government has been reasonably successful in meeting these pledges, strict budgetary controls and extensive policy discussions at the national level meant that local-level social services continued to receive little support. By 2000, however, additional resources began to become available to address key poverty issues (such as primary health care, basic education, rural roads and water supply, agricultural extension, and HIV/AIDS). The challenge today is how to effectively bring these resources to bear in support of the basic needs and human rights of communities after more than 15 years of neglect.

¹ This case study was prepared by Bjorn Ljungqvist, Unicef Representative in Tanzania 1999-2003.

Unicef in Tanzania

Unicef's work in Tanzania has focused primarily on communities since the 1970s. The initial, "basic services," approach of the late 1970s was transformed into a community-based Child Survival, Protection and Development Programme (CSPD) during the early 1980s. This approach expanded to include an ever-larger number of villages—by 1994 about 40 percent of Tanzanian villages had initiated CSPD programmes, and the approach had been adopted by the country's legislative bodies as a key strategy for improving children's lives.

The CSPD approach was based on the premise that actions to improve the conditions of children have to be based at the community and family levels, and that essential services and other support for children need to work with and through community-based structures and actors. The CSPD programmes, therefore, put considerable emphasis on building up and strengthening community capacities to effectively identify and monitor child needs and to mobilise the support necessary to meet those needs from within the community or by requesting support from higher administrative levels, including nearby clinics and extension staff.

The CSPD programme established in each village a series of specific activities and capacities, such as village registers and special follow-up forms to monitor the health and nutrition development of all children and quarterly "child health days" to facilitate growth monitoring and vaccinations. It also trained village health workers and traditional birth attendants, village leaders, etc. Support was also provided to ward and district administrators to help them provide more effective support and guidance for community-based activities.

The CSPD approach has much in common with the Human Rights Approach to Programming that was emerging within Unicef during the late 1990s. First, it emphasises the need for an explicit conceptual framework to guide the work. The conceptual framework used in Tanzania was based on groundbreaking work by the country's Food and Nutrition Center in the late 1970s, and has since been adopted and emulated by nutrition scientists, planners, and practitioners worldwide. As the CSPD approach evolved, the "nutrition" conceptual framework was modified to seek the causal relationships behind issues related to child survival, protection, and development.

Two facets of this Tanzanian-born conceptual framework are particularly important in a human rights approach to development programming. First, it identified the *concept of "care"* as central to understanding and addressing CSPD issues, which in turn required that children's caretakers (duty-bearers) be more clearly identified in planning. In the past, only inputs such as food, water, shelter, health, and education had been considered. The other feature was the framework's focus on bringing analysis down to the *basic causes* of problems affecting children. These included political, cultural, social, and economic factors—and thereby, issues of human rights. At the time, most planning models tried to avoid such issues, considering them too controversial.

Another important conceptual tool incorporated into CSPD programmes was the Triple A Cycle. The power and usefulness of this simple construct will only be fully achieved when development programmers recognise and respect the right of all human beings to be aware of and understand issues affecting their lives before they are expected to act. Thus support for individuals or communities must be adjusted to their respective managing and coping strategies—or Triple A cycles. Only then will support become empowering.

An important benefit of the Triple A Cycle concept is that it separates assessment (becoming aware, identifying) from analysis, which reflects a more scientific approach to, or explanation of, a problem. This makes it possible to separate more clearly those programme strategies that pertain to improving information systems from those that seek to enhance understanding and learning. This, in turn, underlines the need for an approach that goes beyond *disseminating* information to one that also focuses on how well the information is being understood and *applied*.

Two factors converged in 1995 to put a halt to further expansion of Unicef-supported CSPD programmes. First, the beginning of a period of government-driven political and economic reforms during that year removed the structure and relationships that the programme relied on at the local level. When party officials and technical staff were suddenly withdrawn, much of the guidance and support for community-based activities ceased to exist. Many villages continued to apply Triple A processes and undertake actions within the limits of their resources, but their scope was sharply limited by the lack of support at other levels.

At the same time Unicef, as an organisation, was shifting away from activities that could be labeled as “service delivery” and placing more stress on advocacy and capacity building. The CSPD programme approach included considerable support for responding to village requests emerging from their Triple A cycles—such as essential drugs, water supply, latrine slabs, childcare facilities. However, in the new environment these activities were seen as service delivery.

The coincidence of these two factors in the mid-1990s meant that CSPD programme activities were abruptly left with little support or policy guidance. Some of the earlier gains were maintained through capacities built up at the community level, such as immunisation, hygiene, and basic nutrition. Sustaining activities that depended more heavily on external support—such as water systems maintenance, provision of essential drugs, and education quality—was more problematic. At the same time two other challenges—HIV/AIDS and malaria—were making inroads into Tanzanian communities that had very limited capacity to defend themselves.

Bringing HRAP into the Programming Process

The final years of the 1990s created yet another new dynamic; first, Unicef’s East and Southern Africa Region identified HIV/AIDS and malaria as the most important threats to children, and second, staff throughout the region began discussing the Human Rights Approach to Programming (HRAP).

The emerging principles of HRAP were used to plan and orient the mid-term review (MTR) of Unicef’s Country Programme of Cooperation in Tanzania, and seemed to offer the following specific advantages:

- Recognising that specific actors, particularly the government at all levels, had duties and obligations in relation to children’s human rights meant that the role/pattern analysis already being carried out could be made much more explicit and unconditional. Unicef could now speak about constitutional and legal, rather than simply moral, obligations.
- The more elaborate and articulate definition of “capacity,” going well beyond mere training, provided a very useful tool for analysis and identification of “candidate strategies” to be considered as priority programme areas.²

² See the Tanzania Case Study on Capacity Building, Unicef, 2000.

- The step-by-step approach, based on causality analysis, role/pattern analysis, and capacity analysis provided a much more coherent structure for formulating a strategic framework than anything hitherto available.
- HRAP principles provided a very explicit foundation for adopting participatory approaches as an imperative, not simply a “beneficial,” tool, and stressed the importance of including the views of all members of a community.
- On certain issues, such as HIV/AIDS, HRAP provided an opportunity to analyse problems more comprehensively; to pursue the analysis beyond basic medical facts to the social, economic, legal, and cultural dimensions.
- The HRAP approach offers a logical link between development programming and emergency preparedness and response, with the individual child and his/her “community” as the central focus.

During the course of the Mid-term Review, Unicef convened meetings with numerous partners to introduce them to HRAP. An initial workshop with partners from key government and nongovernmental organisations (NGOs) carried out a detailed role/pattern analysis of the most pressing problems affecting Tanzanian children. The analysis revealed that the set of duty-bearers responsible for realising children’s rights was not static. It could not be separated out and categorised by sector, but rather changed and evolved as the child grew and developed.

For very young children the mother was identified as the primary duty-bearer. Health-related staff (village health workers, maternal-child health technicians, etc.) provide almost all of the support available, beyond other female family/extended family members. When children enter school the pattern of duty-bearers changes. Peer groups, close relatives (including fathers, when present), neighbours, and the larger community begin to provide more care and support. Primary-school teachers emerged as by far the most important duty-bearer linked to government structures.

As children enter adolescence the array of duty-bearers becomes more varied and complex. Most young people in Tanzania seem to rely very heavily on their peer groups, while relationships with parents become weak. Fewer than 5 percent of Tanzanian adolescents attend secondary school (one of the lowest rates in the world, and even lower for girls than boys). Most 13-18-year olds start working; girls become pregnant and are transformed into mother/duty-bearers when they are themselves still children. Religious institutions, and to some extent, traditional and political leaders provide some ideological and civic guidance; legal protection and support from social welfare institutions is very weak.

This human rights-based analysis, which reveals how different the human rights challenges are at different ages, led the MTR working group to divide into two “life-cycle” groups, one addressing early childhood, the other examining problems of basic education and adolescents. Over 200 people participated in this exercise, meeting independently, jointly, and in consultation with selected districts and villages. The result of this mid-term review led to a set of recommendations for the new Country Programme that implied profound changes in Unicef’s approach, which can be summarised as follows:

- Unicef should return to its earlier focus on working more directly with district, sub-district, and community actors, following closely the principles of community-centered capacity development articulated in the human rights guidelines developed by ESARO.

- Greater stress needed to be placed on programming for and with young people, especially with regard to HIV/AIDS prevention and control.
- The programme needed to be reorganised around the life-cycle stages of children and youth and other cross-cutting issues. The prime consideration was the need to coordinate Unicef support to clusters of duty-bearers.
- Programme objectives and strategies were reformulated to reflect both desirable *outcomes* and *processes*, in conformity with the notion that Unicef should not merely support the right things, but also support them in the right way.

Almost all of Unicef's partners were highly supportive of the proposed changes. They felt the new approach better recognised their roles and responsibilities, and they welcomed Unicef support for building their capacity, all of which boded well for sustainability.

The New Country Programme: A Human Rights Approach

Most of the recommendations from the 1999 mid-term review started to be applied during 2000-2001. At the same time, preparations for the new 2002-06 country programme proceeded, providing a good opportunity to systematically plan and prepare for pursuing a human rights approach to programming. The most significant change this implied in the work of Unicef staff was a rather dramatic increase in consultations with partners at the district and village levels, including an increasing number of children and young people.

Returning to Tanzania's communities and districts after a five-year hiatus in Unicef support was one of the most important challenges posed by the new planned Country Programme. From late 1999 through mid-2001 Unicef-Tanzania made constant visits to districts and villages. At first the reaction was a mixture of pleased surprise and resentment, as many actors asked why Unicef had left in the first place. Gradually, as direct support resumed and we embarked on a joint HRAP/CCD learning process, a sense of renewed partnership and trust began to emerge. Unicef was very honest about its limited resources (always an issue), but district and sub-district agencies increasingly saw Unicef as a partner with some capacity to support critical, child-related elements of their own plans and priorities, rather than an agency that manages projects in their districts and communities.

Feedback from the district and community dialogues provided an answer to one of the questions that Unicef-Tanzania had long been asking itself. That is, whether it would be better to concentrate efforts on a limited number of districts and villages. The answer was a resounding "No." The benefits of even a low level of support for CSPD activities were seen as highly valuable. As a result Unicef increased the number of communities reached, rather than reducing it. Some of the districts added are heavily populated by refugees and others have rapidly growing urban populations, to help gain a better understanding of how to assist young people at high risk of contracting HIV/AIDS.

The new 2002-06 Country Programme was completed during late 2001, and began in January 2002. The move toward HRAP/CCD, as well as toward more thematic, "life-cycle" programming (replacing traditional sector-based or problem-focused approaches), has had implications for all of the work of Unicef-Tanzania. The impact of these changes in a few selected programme areas are described below.

HIV/AIDS

In 1999 Unicef decided to test the new HRAP guidelines developed by Unicef's East and Southern Africa Regional Office in various country settings, with a focus on their application to formulating more effective HIV/AIDS programmes. The first step was a series of workshops to be conducted in each country.

Four workshops were held in Tanzania, one each in rural and urban mainland Tanzania, one in Zanzibar, and one among refugees and affected communities in the Great Lakes region. These workshops were facilitated by Unicef and attended by a large number of Unicef staff, as well as government and non-government partners. An integral part of each workshop was a community dialogue with different groups in selected communities, which assisted participants to understand and internalise the HRAP process. This contributed to the ongoing thinking about HRAP in several ways:

- The immersion of a large number of Unicef staff and partners in the process, as well as the focus on HIV/AIDS, greatly developed their capacity and greatly facilitated subsequent efforts to implement the recommendations of the MTR.
- The methodology was enthusiastically embraced by communities visited, and contributed to the deepening of the Triple A process.
- The inclusion of normally forgotten groups as key contributors made everyone see community issues in a new light. For example it was out-of-school boys who identified the presence of a large number of orphans without any support in one of the villages. Participants also realised the great potential of young people to play a key role as claims holders in their own right.

The results of these workshops also fed in to Unicef's ongoing programmes in relation to young people and most vulnerable children, as can be seen from these concrete examples.

- A programme for out-of-school youth, which concentrates on giving young people a voice and developing their capacity to speak and act for themselves, revealed a new understanding HIV/AIDS from the perspective of youth. It pointed to the importance of addressing the disease's underlying and basic causes, such as access to education, resources and opportunities, gender inequalities, and the expectations and pressures of the community on young people. This new understanding illustrates the inadequacy of exclusively health-based, "message-oriented" behaviour-change programmes that do not take into account the realities faced by young people.
- The programme revealed the powerlessness of those rights-holders most at risk, as well as the daunting refusal of most duty-bearers—particularly those furthest removed from the rights-holders—to address key problems. But it also gave young people a voice for the first time, which has led to serious debate and action in communities on issues raised by young people and the provision of space and resources to them in the form of community-built youth centres.
- Young people trained by the programme are now recognised as community resources, thereby transforming both their position in society and their own self-esteem and ability to act on their own behalf.

The results of these workshops and ongoing work in villages and communities is revealing a "truth" about HIV/AIDS that is quite different from the predominant focus on medical and health education aspects of the crisis. Many walls of silence remain, but the HRAP/CCD process has contributed to identification of those walls, and the breaking down of some of them, with young people in the lead.

Unicef-Tanzania's HIV/AIDS work is also providing new opportunities to work with the key rights-holders: children. In accordance with their evolving capacities, children and adolescents can play an increasingly proactive role in informing, training, and motivating their peers. The youth-to-youth approach adopted in Tanzania, through young artists and peer educators, has proved invaluable in reaching those who previously were regarded as unreachable. It has also shown the tremendous potential of adolescents when given the chance to participate. The major problem remains the incomprehension or refusal of other duty-bearers to recognise this potential, thereby frustrating the ideas and efforts of the young people.

Child Rights

In a country like Tanzania (unlike many countries around the world), it was fairly easy to reach agreement that children have a right to food, health care, and basic education. However, agreement on the specific duty-bearers responsible for realising these rights is more elusive. Political office-holders take the position that all responsibility for children's well-being lies with parents and families—even when it is blatantly obvious that these actors lack the capacity to care for their children, and even when the parents have died.

For other rights—such as protection against abuse and exploitation and the right to participation—it has been difficult even to establish initial agreement that such rights accrue to children and must be respected. When young children say or sing about their rights, it is considered acceptable, perhaps even cute; but when adolescents insist on being protected, loved, and listened to many adults feel threatened. This is a clear case in which strengthening the capacity of duty-bearers is not enough; strong efforts must be devoted as well to developing the capacity of rights-holders—children and adolescents—to claim their rights. Unicef has tried to accomplish this by providing access to information and to the media, as well as opportunities for children and youth to learn how to organise themselves to claim their rights.

More needs to be done, however, to provide young people with adequate space and opportunities to develop their own organisational structures, such as youth groups and networks, life skills clubs, etc. Young people constantly emphasise their need for continued life-skills training to enable them to translate information and experiences into viable actions and livelihoods for themselves and their future families. They seek to be respected and treated as equals by officials and others working with them, and they need a chance to come together in larger groups to develop their agendas and advocate for their rights. In recognition of this need, Unicef-Tanzania began in early 2003 to develop livelihood programs for young people.

Decentralisation and Community Development

Local government reform is one of the most important political/administrative processes currently taking place in Tanzania. The aim is to bring decisionmaking closer to the people, to enhance democracy and good governance. The process is widely supported by most external support agencies operating in the country. However, to date it has focused largely on making local government authorities (LGAs) more accountable to the central government and to donors. Little effort has been expended on the more fundamental issue of making LGAs more accountable to their own constituents and, in the process, ensuring that those whose human rights are most at risk have opportunities to participate.

The HRAP/CCD approach is a very appropriate framework from which to identify and act on this problem, in conjunction with Unicef's many partners committed to participatory development. These efforts are fundamental to achieving "the right outcomes in the right way," and Unicef is seeking to mobilise the funding needed to work on this large-scale undertaking.

Programme Communication

This area of work has traditionally been seen, both by Unicef and other development agencies, as a means to convey information, educate, and carry out advocacy work among "beneficiaries" to speed up programme implementation and thus the achievement of programme and project objectives. Such efforts often center around "social marketing" and behaviour-change campaigns in which "we" (the so-called enlightened) tell "them," (the uninformed) how to behave and to use their scarce resources.

Such approaches are clearly incompatible with human rights approaches to programming. The HRAP/CCD framework has helped us to develop more appropriate communication strategies based on dialogue and consensus rather than "message transmission." These new approaches have produced more profound analyses by communities of their own situations, including sexual and reproductive health issues of older children and young adults, as well as child abuse and sexual abuse. A wider variety of programming options for addressing these issues has also emerged as a result of the community analysis.

Tanzania's Unicef office now includes a "Communication and Facilitation Resource Group," in which all other Unicef resource groups participate, and which is responsible for keeping at the cutting-edge of HRAP-relevant communication developments and ensuring their application in the Tanzania Country Programme.

Emergency Programming

When disaster or emergency situations occur, development agencies normally find it permissible to respond as if the affected population were simply numbers of bodies needing food, water, shelter, and health assistance. The HRAP/CCD approach has helped Unicef-Tanzania to see this issue from a different perspective. By attempting to work with disadvantaged and displaced people with an understanding of their life experience, aspirations and fears, and social relations it will be easier to help them to maintain their dignity, livelihoods, and capacity to care for and respect themselves during their period of temporary hardship. Unicef-Tanzania believes that this approach will not only improve peoples' capacity to survive in camps, but also to return to their normal lives—this is especially true for children and youth.

Concrete examples from our support of refugees include assistance with the development of appropriate basic education programmes for refugee children (to replace education programmes established mainly to "keep children busy")—and the emerging HIV/AIDS youth programme.

One of Unicef-Tanzania's HRAP-motivated interventions has been to work with communities living near areas where refugee camps have been established. Traditionally these populations are given only marginal consideration in emergency appeals and refugee support activities. The result is often a build-up of tensions and mistrust between the local population and those forced to stay in the camps. Violence, including rape, is frequent. As a human rights agency Unicef has an obligation to support people's rights wherever we operate, and Unicef-Tanzania has thus made the initiation of CSPD

programmes in communities surrounding refugee camps a priority. The office is also trying to foster exchange and dialogue across camp boundaries, especially among children and youth.

Health and Nutrition

As described earlier, Unicef-Tanzania has a history of community-based interventions, many of which were in the area of health, nutrition, and sanitation, which are very much in line with HRAP/CCD principles. But primary health care and community-based health care were largely ignored during the 1980s and '90s, when it was argued that these approaches do not work when there are no nearby, quality, health facilities to provide technical support. As the quality of facility-based health services deteriorated during the past 20 years, support for community-based services declined rapidly and was even considered obsolete by many health policy advisers.

Tanzania was no exception to this rule. As the country underwent its health sector reform, more emphasis was placed on cost-sharing, “basket financing,” accounting, and defining “essential packages” than on supporting people in their efforts to maintain healthy lifestyles and to access health services when necessary. The health of the system seemed to be considered more important than the health of individuals.

This trend is now slowly reversing, as reforms move to districts and communities and the gaps between policies and plans on the one hand, and people’s healthcare needs on the other, are becoming apparent. Unicef is in a unique position to help bridge this gap as quickly as possible, especially in regard to maternal and child health. The HRAP/CCD approach is playing an important role, as can be seen through a description of two important programmes.

The Integrated Management of Childhood Illnesses (IMCI) Programme began as a very sensible attempt to rationalise and improve the effectiveness of childhood illness diagnosis and treatment at health facilities. Efforts in countries like Tanzania were focused on such key childhood killers as malaria, diarrhoeal diseases, respiratory infections, acute malnutrition, and measles. Even when working to implement this initiative in healthcare facilities, it became evident that all of these disease factors required some collateral actions in home-based and community-based care and prevention. Thus the community-based IMCI (c-IMCI) was launched.

Tanzania was selected in 1996 as one of the countries for developing and testing c-IMCI strategies, providing a good opportunity to revisit and update earlier CSPD activities, while adding some important new components. First, we included two additional disease factors of great importance to child survival in Tanzania: HIV/AIDS and low birth-weight. We used the HRAP/CCD framework to define not only *what* should be done, but also *how* things should be done from a human rights perspective. Appendix I shows how role/pattern analysis, capacity analysis, and candidate actions were outlined in the context of the 17 e-IMCI priority areas. The resulting framework is not a blueprint for interventions, but rather a guideline for planning community dialogue to build the capacities for more effective control of the disease factors that end the lives of 500 Tanzanian children every day.

The second example of application of HRAP/CCD principles in the health field is related to immunisations. As noted earlier, immunisations are one intervention that survived through structural adjustment and domestic health reforms in Tanzania. Immunisation programmes are perhaps the most important link between health facilities and what remains of community-based health care structures. Not only have the capacities developed by these programmes proven to be sustainable, but they can be strengthened and developed to address other critical material and child health problems. This has been the case for the successful implementation of polio eradication efforts, and is now being used for

measles, micronutrient deficiencies, Vitamin A supplementation, and other similar efforts. Coordinating immunisation programmes with village child-health days offers the opportunity to strengthen growth monitoring and promotion, re-treatment of mosquito nets, and prenatal care. The success of what is now being referred to as “Immunisation-Plus” efforts will depend not only on effective outreach by health facilities, but also on effective organisation and support from community-based health services. The HRAP/CCD approach offers a clear framework for how this can be achieved.

Basic Education

Throughout the 1990s education trends were poor; only about 10% of children who completed primary school could be said to have achieved basic education standards (Unicef, 2001). Among the reforms that characterised the 1990s was an education sector reform, resulting in the 2001 launch of a Primary Education Development Programme (PEDP) supported by the World Bank and other donors. The goal is to ensure that all primary school-age children are attending school by 2005. Although commendable, the initiative was not discussed previously with districts and communities. As a result, the most likely outcome is that the reform will work best in areas where enrollment and capacity (in communities, schools, and at the district level) were relatively high. But in schools where capacity is low and there is a large backlog of out-of-school children it will not be as successful. This problem is accentuated by the fact that the PEDP is focused on building new classrooms, employing more teachers, and distributing more textbooks, rather than on creating a child-friendly environment. Moreover, for various reasons it appears likely that many children between 11 and 13 years of age will be excluded permanently from the school system.

Thus while Unicef-Tanzania is in agreement with the PEDP’s overall objectives and the significant increase in resource allocations to basic education that it will bring, it does not see the programme as a sufficient solution. Using HRAP/CCD approaches, the office is seeking opportunities for 11-to-13-year-olds to realise their right to education, and is working with districts and local school committees to better manage overcrowded classrooms and create more child-friendly school environments.

Participation

Participation by young people in decisionmaking processes that affect their lives and their capacity to claim their rights is one of the most fundamental aspects of the HRAP/CCD approach. Encouraging child participation is a relatively new area for Unicef-Tanzania, and was spurred in 1998 by HIV/AIDS analysis revealing that the highest number of new HIV infections was among young people, and that prevention and care initiatives generally excluded this group.

Accordingly, Unicef spearheaded a process aimed at building the capacities of young people to carry out participatory research on HIV/AIDS in their own communities and present their findings through drama. The new-found recognition and esteem that came as a result offered young people a tremendous boost in confidence and greater awareness of the importance of their own personal decisionmaking processes. These young people also became a valuable resource within their communities.

Another important initiative came as part of the preparations for the UN General Assembly Special Session on Children, when a nationwide campaign culminated in the election of a Youth Council for Young People in Tanzania, which will participate actively in decisionmaking at the national level. Unicef is also closely involved in the Tanzania Movement for and with Children (TMC), launched by

President Mkapa in April 2001 with the goal of ending discrimination and isolation of children and adolescents. To bolster the capacities of young people, Unicef has established a Resource Centre in Dar es Salaam to:

- Provide an effective network among all NGOs and partners that support programmes and initiatives for children
- Enhance networking among youth in the country through the mass media and electronic connections among children/youth centres across the country
- Facilitate discussion groups by young people on topical development issues
- Support the emergence of outreach centres for children and youth that will promote capacity building for life, work, and leadership skills
- Advocate for effective youth participation at all levels of society.

Conclusion

Moving towards a more articulated human rights approach to programming in Tanzania during 1998-2002 has led to several profound changes in what we do and how we do it.

With regard to *process*, HRAP has helped us to better understand the role of all actors, including our own, to support the realisation of children's human rights in Tanzania. It is amazing how much clearer discussions about addressing challenges and opportunities become when based on a solid understanding of rights and duties and capacities to fulfill them. It has been very healthy, indeed, to realise that Unicef and its staff members also have duties and that, consequently, we need to be both conscious and made accountable for what we do and how we do it.

Focusing on human rights realisation means that the relationship between claim-holders and duty-bearers becomes critical. We believe that Unicef has unique opportunities to bring these parties—for example, young people and policymakers—into concrete and constructive discussions about how to overcome existing obstacles. We are learning that the solutions do not necessarily have to be more resources or better training, but that better communication and understanding can often make a difference.

The human rights approach to programming, with its clearer definition of roles and responsibilities and specific capacity gaps is also providing a well-structured framework for reviewing and evaluating our programmes. Moreover, it facilitates strong participation by partners and stakeholders in this process.

Regarding *outcomes*, a human rights approach to programming forces us to focus sharply on results. The Convention on the Rights of the Child spells out very clearly the critical human rights objectives for children (such as basic education for all children, best possible health care within available resources, etc.). Thus it is abundantly clear what we must aim for, and we must continually assess whether or not these objectives are being met.

8. Human Rights-based Approaches to Programming in Zimbabwe³

Lessons regarding the successes and challenges of employing a human rights-based approach to programming are still being learned; in this type of work there can be no “blueprints” or models. What seems evident to many who shared this experience in Unicef-Zimbabwe, is that HRAP demanded of us much better programming, at both the conceptual and practical levels, and afforded a deeper level of operational capacity. This approach effectively assisted Unicef-Zimbabwe to move away from single-issue-based, small-scale, and often top-down “interventions” toward community-initiated, process-conscious, and participatory programming for the realisation of children’s rights, especially in such critical areas as HIV/AIDS. Many of us came out of this experience convinced that the approach set an irreversible trend towards truly participatory and values-inspired programming.

Background

Although a number of important steps toward children and women’s rights were taken at the international level during the 1990s, by the end of the decade a gloomy picture had begun to emerge. Despite many efforts to implement the various UN World Summits held during the decade, we helplessly watched the deterioration of social indicators and the blatant violation of many of the rights embodied in numerous UN Conventions and Treaties.

This was particularly evident in the case of some of the more “complex’ goals;” that is those linked to a need for behaviour change, such as HIV/AIDS and child nutrition. In several African countries the situation is actually worse today than when Summit goals were set in the 1990s, mainly due to the spread of HIV/AIDS. In Zimbabwe, HIV/AIDS has developed to an epidemic level. In 2002 it was estimated that one in three adults was positive, and one AIDS-related death is recorded every eight minutes, with wide-ranging socioeconomic and political implications for the development and security of this young nation. This occurred in a decade in which numerous Information, Education, and Communication programmes were being carried out. Yet, HIV/AIDS continued to spread unabated.

Unicef in Zimbabwe

The outcome of Unicef-Zimbabwe’s 1997 Mid-Term Review, and intensive consultations in preparation for the 2000-04 Country Programme, clearly showed this lack of programme impact in such complex areas as HIV/AIDS and child nutrition, morbidity, and mortality. This was understood to be intimately connected to a failure to address the *root causes* of problems affecting children and women, in particular the unequal distribution of resources in society and skewed power relations and behaviour patterns in the family. These factors disadvantage people who are poor, particularly children and women, in terms of care practices and access to social services.

We realised that these socio-cultural factors (such as the gender dimension of HIV/AIDS) had been clearly identified many times before, and that conceptually sound approaches to programming to address such factors already existed. However, the Harare Team also realised that what was lacking to make an impact was a *driving force* that would facilitate local assessment and analysis of the problem, provide opportunities to expand community capacities, and turn them into action. The challenge was to find such a force, and thus to enable us to design programmes that complement people’s own initiatives.

³ This case study was prepared by Fabio Sabatini, Program Planning Officer, Unicef-Zimbabwe (1997-2002).

Prevailing development approaches and cultural biases in Zimbabwe tended to maintain social distance between service providers and “recipient” communities, and between children and adults and men and women. Development initiatives largely ignored the role of communities—particularly children and women—in planning and taking action in response to identified problems; thus few resources were being devoted to build their capacity to do so. Instead, a large share of resources were typically used for institutional capacity development and support; space for community participation was always limited and pre-defined by external development agents.

Unicef-Zimbabwe wanted to focus its development work on assisting Zimbabweans to reverse these vertical approaches by addressing issues related to relations among individuals and attitudes and behaviours that compound the problems facing the country. We recognised that some facilitating factors for the realisation of child rights did exist. Most important among them were (a) the acceptance of obligations and responsibilities by different members of society towards each other, and (b) the existence of traditional consultation and decisionmaking structures.

Unicef-Zimbabwe was among the first Country Offices to apply a Human Rights-Based Approach to Programming (HRAP), starting in the late nineties, precisely because we saw in it a unique opportunity to make our programming more effective, particularly in addressing root causes of problems facing vulnerable children and women. This quest for better programme results in complex areas was the most important motive for our wholehearted embrace of this approach. While not discarding other programme approaches or development theories, we believed that HRAP offered the necessary *ethical argument* to reinforce scientifically proven and effective programme strategies. The main drive behind the adoption of HRAP was therefore the need to develop *programmatic tools* to facilitate closer collaboration with vulnerable groups, enhance people’s capacities, increase their accountability towards one another, and ensure greater participation in programme design and implementation, with the ultimate goal of improving programme impact. A human rights-based approach to programming was seen to be capable of unleashing community capacities and potentials to address problems within their midst. Among the key programming advantages were:

- A *moral and ethical foundation* based on binding legal norms and social accountability.
- An enhanced *Conceptual Framework* for designing programme outcomes, permitting a broader analytical scope that reaches root causes and levels and types of obligations. While a similar framework had been used since the 1970s in nutrition work, HRAP brought out processes that result in inequities and discrimination that underlie poverty and social injustice. Thanks to this, project outcomes were expected to be more likely to empower individuals to reach their full potentials and opportunities.
- A deeper level of understanding of decisionmaking processes that occur within all levels of society, by adopting participatory, community-driven programming approaches that emphasise duty-bearers’ roles and local capacities. This was expected to yield more participatory, multisectoral, and sustainable results.

Putting HRAP into Practice: Early Stages

When an international organisation such as Unicef engages in a discussion on human rights values and principles there is bound to be some tension, due to the perceived incompatibility between universality of rights and local cultural diversity and belief systems. Issues arise around the concept of childhood and patriarchal society, for example. Additional problems arise when addressing these issues from a

rights perspective, which means looking at the role of children and women vis-à-vis the responsibilities of adults and men, respectively.

A human rights approach makes many adults, males in particular, feel uncomfortable about having duties and becoming “objects” of rights. In order to avoid a situation in which human rights are seen as imported values aimed at dominating local culturally held beliefs, Unicef-Zimbabwe engaged in debate with government partners and civil society on the relevance of human rights to the local situation. The debate was carried out through a process dubbed “externalisation,” implying that human rights are inside each of us as human beings, and what is needed is to “bring them out;” that is, to recognise our shared humanity. This process involved individual and collective reflection on the meaning of human rights and sharing of personal experience of rights violation across a diverse range of social and cultural situations.

The Zimbabwe Team realised early on that since the very idea of rights is based on ethics and principles, commitment to realising children’s rights must come from individual conviction. The need to internalise and “personalise” human rights soon became apparent; hence the first task was to strengthen in-house appreciation of a rights-based programming approach. This was a rather difficult task, since at the time few Unicef offices had attempted a rights-based Country Programme preparation exercise.

We therefore engaged in an intensive process of familiarisation of staff and partners with human rights-based causality analysis. During this process we learned that embracing HRAP was far from easy. A number of obstacles arose, both within Unicef and among its allies:

- Within Zimbabwe human rights work was (and still is) mainly associated with legal reviews, international courts, and condemnation of State Parties, and was seen as another form of conditionality imposed by the developed world. Human Rights instruments were mainly developed when Zimbabwe was still under the colonial yoke, and there was great suspicion that these instruments were another way for the North to dictate the development agenda of the South. It was feared (perhaps more so now) that Western principles and ethical values would be imposed on African cultures, particularly as to the way children should be raised.
- Issues related to human rights in relation to development work were little known in the mid-1990s. Human rights and development cooperation work were undertaken by different agencies and professionals, a fact that at times contributed to the misperception that Unicef was now abandoning its development thrust in favour of a focus on rights.
- The Government of Zimbabwe did not (and still does not) accept that a development aid agency engage in a rights discourse that calls upon the State to respond to obligations and duties toward claims by its citizens.
- Project officers in Unicef and the government alike feared that having to look at all rights for all children everywhere would make their work unmanageable and very dispersed.
- Unicef and government officials were also concerned that all programming achieved to that point had lost significance and that they would have to start afresh.

Experience shows that these and other, related concerns are real and should never be underestimated, for they represent a great danger to Unicef’s work and can raise tension in the office. The worst response to these scenarios would be to “impose” the transition on staff and partners by “fast-tracking”

the necessarily slow assimilation of the new paradigm, which in fact may take years to become fully operational.

One effective way to overcome most of these obstacles was the adoption of a definite and clear, but very reassuring, tone when introducing HRAP. In Zimbabwe it was extremely useful to clarify that many of the programming tools and methods associated with the HRAP/CCD approach were *not* new. Indeed, the major challenge facing us when explaining how HRAP works was to unequivocally clarify what was *really* new. If the approach is “mystified” and all good things that have happened in development work are now attributed to the “discovery” of a human rights approach, the response—both within and outside the organisation—is bound to be one of disappointment, skepticism, or lip-service at best. In an environment in which both Unicef and partners’ time is almost completely taken up with daily work, the need to simplify HRAP and provide programmatic solutions soon became apparent.

Unicef-Zimbabwe pursued a strategy of intensive discussions on human rights with a wide range of actors. As early as February 1998 we started engaging partners (government, civil society and local communities, sister UN agencies) in various stages of programme preparation. Over the period 1998-99 a number of clear programmatic steps were eventually defined by Unicef at various stages of programme design, beginning with the building of a consensus and moving to the series of step-by-step analyses that characterise the HRAP process. The Zimbabwe experience showed that these clear programme steps should be identified very early on, and this should be followed immediately by sensitisation and in-depth training on HRAP.

Making the Approach Operational

Many of the obstacles highlighted above were overcome only after a significant time had been invested in sensitising key players and training a core group of actors at various levels. This process took place between 1998 and 2000 in some of the priority districts where Unicef was focusing on children’s and women’s rights and the impact on these rights of HIV/AIDS.

A typical HRAP/CCD process entailed two phases: *sensitisation* of policymakers at the national and provincial level, and *training* of District Teams. This part of the process began with consensus-building meetings with provincial governors, chief executive officers, and district administrators. Mobilisation of sector ministries, NGOs, community-based organisations (CBOs), and private-sector institutions at district level was then undertaken to create a common understanding and support for the human rights-based approach from a programmatic perspective. This facilitated the requisite political support to ensure cooperation at sub-national levels, and to enlist the active engagement of the Rural District Councils (RDCs), which are responsible for development planning at the local level.

As a result of this process district trainers were selected. Subsequently, district facilitators (DFs) were chosen among representatives from sector ministries at the district level, personnel from the RDCs, locally based NGOs, and CBOs. Unicef then trained two district trainers (DTs) per district through a national ToT. They, in turn, facilitated the training of district facilitators within the local authority, with some support from Unicef.

The DFs organised themselves into groups of five to train community mobilisers (CMs) in all the wards of their District. They mobilised community leadership, including chiefs, councillors, and other community leaders to identify community mobilisers, mainly people residing within the community. CMs selected and trained in each ward normally included local leaders, churches, women’s groups, and youth groups. The aim was to have two-to-three CMs per village (average population 300-400),

bringing the number of trained CMs in an average district (population 250-350,000) to between 2,000-3,000.

The CMs then facilitated a process of assessment and analysis of their own communities, identifying the problems faced by children, adolescents, and young people. Communities agreed about causes of the problems and challenges, the responsible duty-bearers, and about actions to address prioritised problems, including community-level resource mobilisation required. *Low cost, community-driven activities* aimed at boosting local capacities to provide support for the realisation of childrens' rights in the community were developed. Community Action Plans emerged from this process, whereby interventions were categorised into those that the community could undertake on their own and those for which external assistance was deemed necessary.

Though this training is an intense process that can take four-to-six months, the average cost of US\$0.56 per person reached compares favourably with other, more traditional social mobilisation and communication approaches.

The above method was initially utilised in Zimbabwe to implement HRAP and CCD in nine districts. By 2001 the effort had expanded to reach 16 of the country's 57 districts. Among the achievements were:

- Enhanced commitment and ownership by the respective provincial governors, RDCs, and community leaders. The leadership took their responsibility and authority very seriously, as reflected by the duty-bearers' prioritisation of children's issues in their Community Action Plans.
- District facilitators and community mobilisers were enabled to assist communities with assessment, analysis, and development of action plans to address the identified issues/problems, emphasising the use of local resources and encouraging ownership by communities for self-reliant development.
- Since the 17,080 trained community mobilisers were charged with animating discussions in their own village, the total number of people involved in Triple A discussions was estimated at 1,847,000 community residents.
- The communities developed Action Plans to address identified problems. The plans were shared with the Rural District Councils, relevant sector ministries, NGOs, CBOs, and churches. The Plans included specific interventions on HIV/AIDS prevention, control and care, and clearly revealed community prioritisation of children's issues. Most of these plans were consolidated and used for overall district planning. Action Plans were incorporated into the RDC Rolling Plans for regular implementation, and some were subsequently funded through the community's own resources, the RDC's District Development Grant, or external resources.
- Anecdotal evidence showed that communities started discussing HIV/AIDS/STDs and their related impact more openly, including causes and effects of HIV. Issues related to parent-child communication began to be more openly discussed in community fora. Children and both in- and out-of-school youth became more actively involved in HIV/AIDS/STDs prevention, control, and care.

Unicef-Zimbabwe Programming

The CCD process used in the districts to create Community Action Plans, which were used as the basis for all development activities and alliance-building, also permitted Unicef to establish *strategic partnerships* at the local level. Once the CAPs were completed Unicef assisted local authorities in defining a programme strategy and carrying out a partnership analysis. Local authorities were charged with ensuring that CAPs did not become a parallel activity, but rather served to strengthen ongoing planning. Districts would normally use CAPs to inform their Three-Year District Development Rolling Plans, so that eventually CAPs would become fully “owned” by RDCs. CCD was promoted as a planning tool for the RDC to support its own Plan of Action to various partners.

Unicef also supported Priority Districts in mobilising resources for the CAPs among various development partners working in the area, such as NGOs, CBOs, donors, and other UN agencies. Following the development of a CAP by a district, Unicef would normally attend resource-mobilisation meetings, reviews, and planning meetings set up by the local authority.

Based on requests from communities in their CAPs, and on these consultations, a process was established within Unicef to identify a Core Programme in Priority Districts. This, then, became the entry point for other projects to be carried out by Unicef in the same Priority District. Thus all activities in the District were linked with the Core Programme, with the aim of improving synergies and integration, and to enhance efficiency and impact. Following this process, Districts Authorities and Unicef jointly formulated an Integrated Project Proposal, based on CAPs and taking into account existing or pipeline contributions from other partners. Unicef activities would thus coincide with those of the District CAP.

Unicef’s Country Programme continued to include projects that were not based on CAPs, but instead were issue- or sector-specific. In cases where several projects converged in a single District, but were being implemented separately, the activities in that District were described as “intensive” rather than “integrated.” In addition, some nationwide projects continued to be implemented along traditional lines.

CCD for Integrated Management of Childhood Illnesses

This method was replicated and, to a large extent, institutionalised in the Harare Office, at the onset of the new 2000-2004 Country Programme. It was agreed that, wherever possible, we would employ the CCD training cascade model before meaningfully engaging in new programmes. For example, this approach was used to introduce and implement Community Integrated Management of Childhood Illnesses (c-IMCI) in Zimbabwe, following a cascade model.

Using the cascade model, the first four pilot c-IMCI districts began in 2000 with the formation of inter-sectoral IMCI Task Forces as sub-committees of the Rural District Development Committees (RDDC), and sensitisation and orientation of those teams on IMCI. This was followed by training of an inter-sectoral team of about 30 District Facilitators (mainly government and NGO workers) per district on CCD/Triple A and the key household IMCI practices. They, in turn, trained another inter-sectoral team of about 200 Ward⁴ Facilitators (mainly extension workers working at ward level), who then trained about 1,500 Community Mobilisers (mainly community-based workers such as village health workers or village community workers) in all the wards of each district. CMs then worked in their communities to carry out Triple A: identifying their own problems, analysing the causes of those

⁴ The 57 rural Districts are divided into Wards; each Ward is composed of several villages. Villages are the smallest administrative unit.

problems, and suggesting their own solutions to address them using their own resources. This information was subsequently compiled into Community Action Plans, which formed the basis of the work that communities carried out to address identified IMCI problems.

What Changed?

At both the conceptual and programme design levels, the major adjustment to the way we worked that was required under the HRAP was that it became simply unacceptable for children to be regarded as objects of charity, or “targets” of our projects and activities. This meant that programmes increasingly had to be based on normative approaches and ethical, moral, and legal criteria, as well as on the recognition of societal and international obligations to children and on validated knowledge. We had to make an additional effort to ensure that the objectives and strategies selected would effectively support key duty-bearers to carry out their responsibilities.

In this sense, the method developed in Zimbabwe was found to be especially powerful, for it helped to strengthen, enhance, and nurture a community’s ability to take control of its own destiny and to manage and direct its development process.

The CCD process greatly assisted Unicef-Zimbabwe to overcome problems associated with traditional approaches of community involvement that had greatly undermined ownership, leaving communities with a fatalistic perception of their situation and accepting as a fact their inability to take charge.

Shifting Focus

The analysis of the pattern of relationships between claim-holders and duty-bearers at various levels of society was important, because it allowed us to shift the focus of analysis from the child to the duty-bearers. In Zimbabwe, moreover, introducing the concept of “obligation” contributed significantly to overcoming widespread skepticism among those who thought HRAP/CCD was merely an academic exercise, lacking a practical, programmatic side. Many colleagues were only convinced when they perceived that the idea of obligations, duties, roles and responsibilities was very well received at the community level. Communities found it easy to identify who, among them, was supposed to do what for the child.

The HRAP experience showed that communities developed a clear understanding of children’s rights and the related obligations that members of society, in their different capacities, have toward fulfilling them. One of the most important lessons learned from CCD work was that communities understand as much about their problems as outside experts—if not more—and are willing to address these problems with their own resources. Outsiders were pleasantly surprised at how much the communities were willing to do on their own, how little they actually asked for from outsiders. One of the most frequently requested items was “advice,” or technical support, on how to do certain things.

New Partnerships

Another practical implication of the human rights approach was that we had to add a second dimension to our work. In addition to ongoing advocacy with government to recognise and meet its obligations, and the corresponding ongoing support for national programmes, the rights approach required us to include work at the decentralised level. This was necessary to enact the “dignity” principle of HRAP; that is, to respect people as key actors of their own development. We then realised that this additional dimension could only be carried out effectively if we selected *priority districts*, based on child deprivation indicators. Thus Unicef-Zimbabwe began to prioritise districts and work directly with local authorities as one of the duty-bearers we would want to support more closely.

Partnerships with and commitment to the proposed activities were established with the identified high-priority districts, at both central and local government levels. The new approach also led to an increasing number of partnerships with civil society organisations and NGOs that work closely with families and communities and can thus influence outcomes for children.

Results

A nine-district review of the HRAP/CCD experience was held in November 2000 to take stock of the process, share experiences as to what had worked and what constraints existed, and to plan a way forward to improve the CCD process. Subsequently, Unicef professional staff undertook a series of meetings to reflect on the process of implementing a human rights approach to programming through CCD. The reviews highlighted important benefits in HRAP at both the community and local government levels.

In Communities

Communities accept HRAP/CCD because they are afforded an opportunity to discuss problems collectively. CCD has thus far clearly demonstrated that it enhances community ownership of not only the process, but also the outcomes and the benefits of an integrated, holistic approach to project conceptualisation, planning, and implementation. As communities assess and analyse their own situation, the complex relationships among the factors contributing to or hindering their development begin to become clearer. CCD enlists the support and active involvement of all sectors of the community that can play a role in achieving an agreed social objective.

CCD was found to have facilitated and promoted the rights and capacities of children, families, and communities to:

- Undertake their own assessment, analysis, and actions regarding priority problems that directly concern and affect them. CCD boosted the confidence of communities that they could identify and solve problems themselves, without necessarily waiting for external assistance. Through the Triple A and CCD processes, Community Action Plans were developed and some (>50%) of the actions were being implemented by the community using their own resources. Actions centred on developing projects to address the problems; projects included nutrition gardens, gully reclamation, dam construction, and income-generating activities (fowl runs, dress making, peanut butter production). The community often fell short of fully implementing their plans due to limited resources, but they understood the need to take primary responsibility for such actions. Community spirit was revitalised; many people viewed themselves as part of a larger community and appreciated that they had to work together to achieve development.
- Participate in, co-manage, and co-own development processes, including information systems and the process through which basic services are provided and secured. Data collection within CCD contributed to knowledge of communities by village leaders and CMs. These social actors were now more aware of the number of households in their villages, problems facing orphans, widows, etc.
- Express their views, make representations, and begin to demand accountability on the part of service providers in relation to these processes. For the CMs, CCD contributed to an improvement in their presentation and communication skills. This was apparent during field visits, during which most CMs participated eloquently in group discussions.

Among Local Authorities

It is important to note that in Zimbabwe the Rural District Councils managed the entire process, providing all technical support. Chief executive officers and district administrators were responsible for coordinating CCD. A multisectoral district team composed of officers from sector ministries and NGOs provided technical support in implementation and monitoring. Unicef's role was limited to assistance for management, training, and monitoring of all activities, especially during the initial stages.

Thus implementing HRAP/CCD increased the capacity of local authorities and officials to facilitate Triple A processes and to provide technical support to communities for planning and implementing activities. District personnel started to listen more attentively to issues raised by communities. Emphasis on the use of local resources reduced dependency and encouraged implementation of activities that were owned by communities. The approach fostered commitment by, and dialogue within, the multisectoral district teams, and between them and the community. Relations, communication, and collaboration between the different sectors in the district improved. CCD encouraged different sectors to work together as a team.

As a spin-off benefit, district team cohesion for the implementation of all multisectoral activities was strengthened because the human rights approach brought officials from different sectors to work together to carry out CCD. Since community-level assessments and analysis were of necessity broad, resulting in a range of diverse actions, the various partners were able to identify components that they could support, depending on their comparative advantage. This facilitated collaboration among partners and resulted in synergistic interventions, reducing duplication and unnecessary overlaps.

Conclusion

Overall, the 2002 evaluation found that HRAP facilitated more structured reflection at all levels on the status of children's rights. Role and pattern analysis carried out as part of the human rights approach ensured a clearer identification of all relevant duty-bearers and the complementarity of their roles in the realisation of children's rights. In this way HRAP enabled a gradual process of internalisation of children's rights in a non-politicised manner, while CCD facilitated a process of planning for action and allowed ongoing dialogue on issues otherwise taboo in certain environments. Especially in countries like Zimbabwe that come from a central planning background, the HRAP is generally perceived as a non-threatening process of community consultation for development planning purposes.

Nonetheless, Unicef-Zimbabwe's experience shows that many obstacles remain to be overcome. One of the most systemic is the persistence of a project- and sector-based approach to development. Each donor funding a project wants to see its project achieve specific, limited outcomes. Approaches that emphasise process and programme vision are usually not favoured. Each line ministry operates in a vertical manner, and, even at the local district level, government officers, although participating in inter-sectoral teams, are still fully accountable to their head offices. Donor and agency visibility and project outcomes, measured to a large extent in terms of financial disbursement and implementation, is still the prevailing modus operandi in our environment. Moreover, the project approach is pursued almost exclusively in a top-down direction, through national and provincial level structures that leave little room for integration with other programme components, especially at community level. Other ongoing challenges are summarised below.

Sustaining Stakeholder Commitment

The HRAP/CCD approach is time-consuming and requires strong leadership inspired by clear and progressive leadership at all levels, as well as sustained commitment by all stakeholders, if tangible benefits are to be achieved. Because of the time required, the process may be jeopardised by temptation on the part of external stakeholders to put in place interventions that adopt more rapid—but less empowering—processes. Sustaining community motivation and commitment, moreover, requires visible changes in the circumstances of community members or a tangible perception that they are capable of making changes happen. The momentum and motivation of mobilisers needs to be maintained, especially since the work is mostly voluntary. A continuous emphasis on demonstrating results and impact is vital to maintain momentum and motivation. It is also essential that promoters of such approaches ensure availability of key external resources, such as technical or financial support, to help build community confidence.

Access to Quality Information

The quality and outcomes of Triple A processes depend on a number of factors. Access to information is one such factor. Inadequate information may result in flawed assessment and/or analysis, leading to inappropriate actions. Thus support to communities must include ensuring the availability of reliable information to feed into the different stages of Triple A.

Participation

Women and children participated less than expected and desired in Zimbabwe's CCD processes. As the objective of CCD is to empower *all* community members to exercise control over their own development, conscious efforts need be made to create conditions that allow all members of the community to be actively involved in CCD.

Breaking the Dependency Syndrome

Outsiders (donors, government, NGOs, CBOs, etc.) usually are too ready to propose solutions to community problems, which has resulted in their dependence on external agents for development. This entrenched culture of dependency has resulted in severely undermined community capacity. Similarly, many development agents have also been affected by this culture to the extent that in their relations with communities they tend to be patronising and reinforce such dependency.

Community sessions in Zimbabwe revealed a prevailing perception that the government and donors are responsible for solving most problems via project activities designed and delivered for the “targeted” community. Most of the actions to address the identified problems centred on the creation of long-term projects. CCD in the community was often viewed as a problem-identification and -solving process, not a development process that would result in pressure to develop projects. Strategies to examine and change attitudes and behaviour did not feature strongly in the CAPs.

Unicef's role has not always been clear in terms of leadership and ownership of the process. In some cases—despite explanations at the onset that Unicef did not necessarily provide resources to support implementation of action plans—unrealistic expectations were created. This points to the need for stressing processes that change community mind-sets from a culture of dependence to one based on self-reliance.

Decentralisation

Resistance to decentralisation and multisector approaches by sector ministries remains high in Zimbabwe and other countries, prompted by fear of losing control over community and “sector” issues. The varied pace of decentralisation within ministries has, in part, accounted for the vertical approach to programme delivery. Although district-level capacities have improved, the same is not always true within sectors. National and provincial authorities continue vertical programme management, resulting in inadequate support from these levels to district level staff.

Lack of true decentralisation reduces the scope of decisionmaking by local authorities, and leads to different approaches by sector ministries, making it difficult to co-ordinate activities. Lack of clear guidelines on integration of service delivery at the district level can result in duplication of functions by ministries at the national level, as well as fragmentation and poor co-ordination. In Zimbabwe this has made it difficult for RDCs to demand accountability for effective support to community activities. The separate management of central and local government activities has meant that the support necessary to enhance the outcomes of community-driven processes is still weak. Co-ordination has been a major challenge, with the result that communities have undergone similar activities with different actors and limited results.

As Unicef progresses toward perfecting a human rights approach to programming through community capacity development, the experience gained in Zimbabwe leads to three final recommendations:

1. *Local Authorities:* An assessment of local authorities to determine their capacity to undertake planning, monitoring, and supervision of community level interventions is necessary at the *beginning* of the process, especially to establish skills levels for planning and use of information in planning. Local authorities often need support to develop and maintain information collection, analysis, and storage mechanisms, with practical linkages with ward- and village-level basic information centres.
2. *Impact Assessment:* Ongoing improvements must be made in district management capacity to monitor and supervise activity implementation, along with strengthening communities' capacity to maintain simple and user-friendly information registers for use in community planning processes to document impact, through trend analysis, on the conditions of children and women.
3. *HRAP/CCD Training:* Apart from exposure to HRAP through practical experiences in CCD, short sessions aimed at reflecting on the theory and practice with counterparts were undertaken in Zimbabwe. This is an ongoing process that must be extended to more partners. The regional network for HRAP/CCD support can help inform activities and enable us to learn from the challenges and best practices in application. Unicef must support the development and completion of training manuals for District Facilitators and Community Mobilisers to fill current gaps in training and serve as reference tools for the CCD process.

9. Applying HRAP/CCD to Malaria in Mozambique⁵

Unicef-Mozambique applied the HRAP/CCD methodology to a program to combat malaria, a disease that threatens the lives of thousands of children, depriving them of their rights to survival, health, and development. Unicef-Mozambique has successfully worked with rural communities and local and national government officials to strengthen capacity among the various duty-bearers responsible for guaranteeing children's right to health, from parents to national government leaders.

The program emerged as Unicef-Mozambique was absorbing and internalising the principles underlying the human rights approach to programming and debating how to implement them in the country. Particularly pertinent was the principle that people who are poor should and can play a key role in their own development, and that they can make informed decisions and take actions to protect the rights of children, when they receive adequate information and support from other duty-bearers. In the case of malaria, this meant that communities needed two key inputs: knowledge about malaria (how it is transmitted, who is primarily at risk, and how to protect against the disease) and improved access to means of protection.

Unicef-Mozambique thus selected a strategy of community capacity development that would stimulate within communities a process by which community members would receive support in identifying the problems that affect them and then analysing the causes of those problems, with a view to ultimately designing actions and strategies to address those problems. Specific tools were developed by the Country Office to assist communities with their assessment, analysis, and action relating to water and sanitation and health, including malaria. At the same time Unicef addressed the capacity gaps identified among higher-level duty-bearers, strengthening their knowledge and understanding of how malaria affects rural communities and their willingness to take necessary measures to address children's right to health.

Background on Mozambique

Mozambique is one of the world's least developed countries and, until Peace Accords were signed in 1992, had undergone more than a decade of civil war. The fighting destroyed infrastructure and farmland, led to the abandonment of many small industries and businesses throughout the country, and caused large-scale displacement of people—especially in rural areas.

By the end of the 1990s, however, the country was enjoying a consolidation of peace and increased stability and economic growth. Yet 70 percent of the population was still living in poverty. Almost one-quarter of all children die before reaching five years of age, and three-fourths of women are illiterate. Malaria is the greatest killer in the country, especially of children, and AIDS is beginning to exact a heavy toll. Moreover, Mozambique is prone to natural disasters, especially flooding. Major flooding occurred in February 2000 as a result of two cyclones, resulting in the loss of 12 percent of cultivated land in affected provinces, the displacement of half a million people, and increased risk of malaria.

Both during the civil war and afterwards, the country was run by a single political force through a highly centralised system based in the capital city of Maputo. Governance structures in Mozambique thus shifted from centuries of Portuguese colonial rule, to decades of warfare, to a one-party state. Only in the last few years has parliamentary democracy and a commitment to human rights begun to take hold. Efforts are being made to carry out decentralisation, but the legacy of top-down,

⁵ This case study was prepared by Alison Raphael, a Unicef consultant.

authoritarian conduct and behaviour still permeates Mozambican culture, tending to stifle innovation and initiative.

The long period of war and emergencies contributed to a weak-to-nonexistent service delivery system, especially in rural areas where health, education, and sanitation needs are vast. The urgent need for interventions to help local communities address at least some of their own health needs—in the absence of adequately staffed and resourced local health services and extension agents—represented fertile ground for the initiation of Community Capacity Development (CCD) activities in Mozambique. The timing of this decision coincided with an increased global focus on malaria, including the formation in 1998 of the Roll Back Malaria Partnership.

Unicef and its government and nongovernmental partners began planning a CCD approach to malaria in mid-1999, started operations in Zambezia Province in mid-2000, and took the brand-new program into Gaza Province in response to the flood emergency in late 2000. This study describes how Unicef-Mozambique has implemented an HRAP/CCD approach in a context of extreme poverty and a political and cultural environment that often contrasts sharply with the goals of child rights and participation and development of community-level capacity.

Malaria in Mozambique

Malaria represents a significant health problem in Mozambique, where it is endemic year-round and takes a heavy toll on children's right to health, survival, and development. Some 60 percent of pediatric in-patients are admitted because of malaria, and the disease accounted for 28 percent of all hospital deaths during the first six months of 2000. Studies in some areas found that 90 percent of children were infected with malaria parasites. Pregnant women who contract malaria are prone to developing particularly severe symptoms, as well as anemia, contributing to Mozambique's already high maternal mortality rate (1,500 per 100,000 births). Moreover, their children are often low birth-weight, perhaps the most important factor in reducing a child's chances of survival and adversely affecting its long-term development.

Nonetheless, preliminary research commissioned by Unicef in 1999 found that very few rural inhabitants were aware even that mosquitoes cause malaria, much less that the disease can be cured if identified in time and, at least to some extent, prevented.⁶ In mid-1999 Unicef-Mozambique decided to undertake a program of community capacity development featuring participatory, community-based activities designed to assist communities to address problems identified by themselves, particularly in the areas of health and water and sanitation. A key component focused on malaria—its causes, the increased risks for pregnant women and small children, and some of the available methods of reducing those risks. The malaria programme was developed based on a clear understanding of the importance of the disease in rural communities and how it threatens children's rights, as well as feedback from Unicef's work in the water and sanitation sector that pointed toward malaria as an important concern of rural communities.

Around the same time, the Mozambican government was an active participant in global discussions around the Roll-Back Malaria Initiative. The traditional government approach emphasised spraying in urban and peri-urban areas and improved treatment in health facilities. Following a series of consensus-building meetings between Mozambican health officials and Unicef, the government agreed to include promotion of insecticide-treated bed-nets (ITNs) as part of its prevention strategy in

⁶ "Knowledge, Attitudes and Practices of the Population of Quelimane, Urban Mocuba, and Rural Mocuba in Regard to Malaria and Malaria Prevention," Centro de Investigacao em Saude de Manhica, 1999.

Zambezia Province (which has the highest incidence of malaria in the country), along with Unicef's CCD approach aimed at strengthening community capacity for malaria prevention and treatment.

Developing Tools to Address Knowledge/Capacity Gaps

In early 2000 Unicef's Health and Nutrition section set about creating a CCD for Malaria strategy, adapting and refining a set of participatory tools already developed by the office's Water and Sanitation section. Unicef-Mozambique was familiar with the HRAP/CCD approach and had begun to implement CCD in its Water and Sanitation programs through locally developed tools. The tools were based on simple drawings, developed with community input and participation, and designed to: (1) help communities gain a better understanding of the factors contributing to diarrhoea, learn to diagnose the problem, and minimise its incidence through simple hygiene measures; (2) begin raising issues of children's rights; and (3) prioritise actions that have a significant impact on children's rights to survival and healthy development.

One of the initial participatory tools used early on in the CCD process and designed to introduce the concept of rights, duty-bearers and capacity gaps, consisted of two drawings of children—one healthy and the other not. Communities were shown the two pictures and asked to describe each child. The smiling child was usually described as “healthy,” “cared-for,” and “happy,” while a variety of problems that might be affecting the other child—including diarrhoea and malaria—were usually suggested. Discussion then focused on whether it is right that such a sharp dichotomy should exist between children, and proceeded to identify steps parents and communities can take to protect *all* children's right to health. Other visual tools were developed to suggest how communities could do so.

The entire toolkit is based on drawings, and thus easily used and understood by people lacking reading skills. Through utilisation of such tools communities go through a continuous, iterative process of *assessment, analysis* and *action*, followed by re-assessment, further analysis, and development of new actions. Individuals “learn by doing” in a continuous Triple-A cycle that facilitates individual and community understanding of the causes of problems such as malaria and how to prevent it, and reinforces the fact that children are the most vulnerable community members. The process then focuses on how parents and communities can take *actions* that will enable children to enjoy their right to health. The tools are designed to address diarrhoeal diseases and malaria, to stimulate a Triple A process of community discussion of two of the most important diseases affecting children's right to survival and development.

Zambezia: The Beginnings

The Zambezia initiative was designed to promote the adoption of effective community-based strategies for malaria treatment and prevention through:

- A CCD strategy to ensure early recognition of malaria symptoms and prompt and correct treatment-seeking practices, combined with a communication strategy designed to stimulate demand for, and ensure correct use of, ITNs and medication.
- A social marketing programme to increase access to affordable ITNs and insecticide re-treatment kits in rural areas (including subsidised sales to vulnerable groups through health facilities and communities, as well as sales of ITNs to others through the private sector).
- A community-based distribution system for chloroquine, the first-line drug used by the Mozambican Ministry of Health to treat malaria.

The first step was to adapt the CCD tools developed for Water and Sanitation for use in the malaria programme. The malaria tools now form part of a comprehensive package, “Participatory Processes for Better Health and Hygiene,” that is used at the community level to identify problems, develop priorities and strategies, identify resources, and carry out overall community-based planning. The tools were designed to facilitate Triple A processes by: stimulating discussions on the nature and causes of community health problems (*assessment*); on disease signs and symptoms, treatment-seeking behaviors, transmission routes, and community mapping to identify potential vectors (*analysis*), and developing a framework for *action*.⁷ The second section of the toolkit contains techniques specifically relevant to malaria treatment and prevention, and can be used when a community identifies malaria as a key problem. The third section contains materials related to diarrhoea treatment and prevention and hygiene practices.

Key Partners

While these tools were being developed Unicef sought partners for the work in Zambezia. A study was commissioned to identify potential partners for the CCD work; the results confirmed a general lack of capacity in this area among local and international NGOs, but found that World Vision International was well qualified to implement CCD on the ground in Zambezia.

Unicef also entered into an agreement with CFPAS, a Mozambican training institution. CFPAS trainers were introduced to HRAP/CCD principles and methodologies, and contracted to train the World Vision supervisors and facilitators. An agreement was signed with the Provincial Health Department, by which Unicef would support the work of one staff member to supervise the work.

As these various processes were nearing completion, however, and before the project got underway in Zambezia, the February 2000 flood emergency occurred, primarily in Gaza Province. The Ministry of Health, Unicef, and other organisations undertook normal emergency response measures in camps for those displaced by flooding. But they were concerned that when families returned to their communities several months later, the risk of malaria would be sharply heightened by the presence of large quantities of standing water. In April a decision was made to launch an emergency CCD effort, concentrating on malaria, in Gaza.

Gaza Emergency Program

Mozambican health authorities decided to distribute ITNs free to affected families in Gaza, accompanied by participatory CCD activities to promote understanding of malaria prevention and treatment, with a strong emphasis on the special vulnerability of children and pregnant women. Together, improved *knowledge* and *access* would increase the capacity of affected families to *act*. The Ministry of Health initially had concerns about giving away ITNs free of charge, concerned that—given their previous lack of exposure to ITNs and lack of awareness that mosquitoes cause malaria—people would place little value on the nets and families might sell them, fail to use them, or even use them for other purposes.

A small pilot study was first carried out in eight camps for displaced persons in the district of Manhiça. Prior to net distribution, a theater group performed a “play” including messages about malaria and diarrhoea prevention. The results of this effort, described below, were later compared with

⁷ Unfortunately space prohibits detailed descriptions of the tools and how they are used. This information can be obtained through the Unicef-Mozambique office and is summarised in a Handbook produced by the Mozambique Unicef Office.

those of ITN distribution using CCD techniques. As there was no evidence of “leakage” of these nets into the marketplace, the large-scale distribution commenced.

Unicef identified four NGOs to serve as implementation partners, and obtained ITNs from several sources. Picture-based instructions for net use were developed, and each kit to be distributed also contained a voucher for net re-treatment. Instructions were printed in Portuguese and the local language in Gaza.

A scaled-down version of the malaria CCD process developed for the Zambezia program, focusing on the following five areas, was put into play during the emergency program:

- Signs and symptoms
- Identifying transmission routes
- Blocking routes of transmissions
- Treatment-seeking behaviours
- Community mapping to identify and destroy mosquito breeding sites

Drawings and educational materials for use by community mobilisers were designed to both focus on eliminating the immediate threat of malaria and strengthen community-level capacity to understand and act on health problems.

Implementation took place from October to December 2000; about 189,000 people participated in capacity-development activities and more than 200,000 ITNs were distributed.

Ten months later Unicef and its partners carried out the second phase of this effort, involving follow-up participatory activities stressing the need for net retreatment and a study aimed at gauging the success of the CCD program. The results were quite phenomenal:

- 100% of those interviewed knew what malaria was, and 91% understood that it is transmitted by mosquitoes (compared to only 30% in the pre-intervention baseline study).
- 98.1% still had and were using their net; ownership was confirmed for 95.8%.
- Of ITNs observed, 93.8% were still in good condition.
- Over 95% of those who received a net reported sleeping under it, and 87.1% said their children were sleeping under the net.
- Finally, children were identified as a high-risk group by 85%-89% of respondents, although only about 57% identified pregnant women as a risk group—still an important figure, since not a single respondent had done so during earlier surveys.

The results are even more impressive when compared to follow-up work in Manhiça, where CCD activities had been limited to a play—a more traditional “IEC” activity with limited community participation. In Manhiça 80% of respondents were still using their nets and had kept them in good condition. Of those using nets, 62% said children were sleeping under them. Children were identified as being at special risk by 61% of respondents, while only 5% identified pregnant women as a risk group.

Another important indicator of the success of the Gaza CCD work was communities’ increased understanding of their capacity to take measures to fight malaria: 93% of respondents in Gaza stated that it is possible to protect against the disease by using ITNs, while only 15% of Manhiça respondents agreed.

These results clearly indicate that in terms of strengthening community capacity to assess, analyse, and take action on a pressing problem CCD techniques are considerably more effective than a one-time, non-participatory “messaging” approach.

Unicef’s Water and Sanitation staff and partners were also active during the Gaza emergency, both bringing in clean water and constructing latrines and using CCD methodologies to help prevent an outbreak of cholera (chronic in Mozambique) and limit diarrhoeal diseases. Although no data are available on the results of this effort, it is notable that despite the poor conditions faced by large numbers of people living in tents for several months, no cholera outbreak occurred.

Zambezia Program

Unicef’s CCD work in Zambezia began in mid-2000, with the intention of taking community-based malaria prevention and treatment to scale in the province, working primarily through partnerships with the Provincial Health Department (DPS) and World Vision. The goal was to use CCD activities in support of children’s right to health by reducing malaria incidence through the use of treated nets, community-based treatment of illness, and improved recognition of symptoms, particularly those indicating severe disease. The DPS agreed to distribute ITNs to pregnant women and families with small children at its health clinics at a subsidised cost (c. US\$1.25), while World Vision undertook CCD activities in isolated rural communities (located 15 kilometers or more from a health post). The project also involves social marketing of ITNs, managed by an NGO specialising in this field, to simultaneously stimulate and meet demand in urban areas. A particularly important element of the program was the establishment of Community Health Councils.

Community Health Councils

In late 2001 World Vision began to work with Zambezia’s rural communities, facilitating the establishment of Community Health Councils (CHCs) comprised of up to 10 respected local leaders (such as traditional authorities, midwives, teachers, etc.) and 10 volunteers. All CHC members are elected by the community, and most CHCs have equal gender representation. Facilitators work directly with the Councils, utilising the educational and methodological tools designed by Unicef to stimulate and guide Triple A processes. Councils serve as a social support for community members seeking to address identified problems, including malaria and its treatment and/or prevention.

Once Council members have gone through a CCD session with facilitators and mobilisers, each volunteer is responsible for taking the information received during training to 10 households. Thus the information provided at each CCD session reaches around 100 families. Facilitators receive basic health training from the Ministry of Health and two weeks of initial training in CCD methodology from Unicef’s partner, CFPAS (with later follow-up sessions). Facilitators are based in the area and mobilisers live in the communities; a locally based supervisor oversees their work; both are paid through the project. Community members serving on the CHCs are volunteers.

The dialogue begins with the sad child/happy child tool described earlier. If health issues are prioritised by communities, a second tool is used to identify the most pressing health issues. If the Council identifies malaria as a key problem, facilitators use Unicef’s “Participatory Malaria Prevention and Treatment Tool Kit” to guide a series of discussions about malaria transmission and prevention. Volunteers continue this process with the 10 families for which they are responsible. One option for those identifying malaria as a significant problem is the use of ITNs as a preventive method. ITNs are provided (by Unicef and its partners) to CHCs for sale to community members at a subsidised price. CHCs also organise other relevant actions undertaken by community members, such

as ensuring that no standing water is left near people's homes and keeping the community clear of garbage and waste. Completing the entire Triple A cycle takes about three months, as facilitators travel from community to community, visiting each for about one hour per week. Community Health Councils then adopt the participatory techniques and continue to carry out the CCD process as part of their normal activities, supported by visits from facilitators and supervisors.

The subsidised cost of each ITN includes about US\$.25 that Councils can use as they choose. Some have purchased nets for the most vulnerable members of the community—such as orphans or pregnant women with no income. Others have used the funds to improve community access to health centers by fixing roads, building small bridges, or establishing a fund for bicycle maintenance. Others have put the money in a fund to be used for health emergencies, such as transporting a woman with obstetric complications to a health facility.

During the first full year of implementation, more than 350 Community Health Councils were created, representing about 60 percent of the communities targeted. More than 130 Councils had purchased nearly 12,000 ITNs, and another 140 had indicated their willingness to do so, while around 80 CHCs were still at earlier stages of the process.

CHCs are encouraged to maintain records of family health and illness both for all community members. The data is shared with district health workers, who visit periodically. As the CHCs mature they may come to represent an important source of information for local health officials and an effective conduit for communicating health-related messages both from and to their communities, thus serving as liaison to the next-level duty bearer responsible for community health.

A second phase of the work in Zambezia involves training CHCs in the use of chloroquine tablets, which volunteers will distribute to malaria victims in their communities. This component will serve to strengthen communities': (a) *knowledge* about health care, (2) understanding of and *access* to malaria treatment, and (3) *capacity to act* on a problem that threatens children's rights. Several communities are considering using funds generated by selling ITNs to provide free chloroquine treatment for children.

Including both respected community members and a core of volunteers, the Councils represent an important community asset that could play a role in defending rights in a number of areas. Until now, the CHCs have concentrated on malaria and diarrhoea, but they are seen by Unicef and provincial health authorities as a potential vehicle through which to initiate discussion and action on HIV/AIDS in rural communities. Unicef-Mozambique is developing tools to facilitate CCD on this sensitive subject.

Working with Duty-Bearers

Following an initial consensus-building workshop on HRAP/CCD in 1999, Unicef and the Ministry of Health cosponsored a three-day workshop in June 2001 to discuss how the concepts and methodologies could be used for malaria control. The meeting brought together district, provincial, and national health officials and NGOs involved in the malaria/ITN initiative to discuss the results in Gaza and the launch of the Zambezia program. Unicef staff presented the human rights approach to programming, and participants were taken through the main steps of Triple A, using the same tools as those used at the community level.

The original "two children" drawing was used to stress the need for focusing efforts on children whose right to health was being denied. During visits to communities and local health posts the group learned

that customary treatment for malaria was to seek out religious leaders and local healers, and to use herbs for treatment; moreover, they learned that community members visiting local healers were paying nearly double the cost of subsidised ITNs. The community visit also revealed that many people did not understand directions given by local health officers; for example, for administering chloroquine. Such findings convinced district-level health officials of the need to undertake community capacity development, and served to consolidate the support of health officials for the work underway in Zambezia at the time. Following this workshop Mozambique's Ministry of Health gave the go-ahead for expanding the ITN initiative nationwide and expressed full support for community-based treatment as a policy.

Another meeting was held in April 2002, again with health officials and NGO partners, but this time also including representatives from the private sector, to discuss a "National ITN Strategy." The purpose was to urge the government—as the ultimate duty-bearer for children's health—to assume a stronger role in facilitating access to ITNs. Presentations were made on the CCD approach used in Gaza and Zambezia, and the importance of making free or low-cost ITNs available to vulnerable children and pregnant women was stressed.

The group agreed that ITNs and retreatment materials should be reclassified as essential medicines, and thus be exempt from customs duties and taxes. A month later the Health Ministry raised the issue at a ministerial coordinating committee meeting, urging the Finance Ministry to take steps in this direction. Other needs identified at the ITN Strategy Meeting included: a national fund to assist with implementation, subsidised ITNs, and monitoring and evaluation, as well as a national-level communication campaign, using both traditional media and participatory processes, to raise awareness about malaria and those most vulnerable to it.

These meetings, along with numerous others held with district, provincial, and national health officials since 1999, represent an essential part of Unicef-Mozambique's strategy of developing capacity at all levels for the realisation of children's rights, and assisting duty-bearers to recognise their responsibility and take action based on assessment and analysis.

Expanding the CCD Approach

The CCD activities implemented to date, revolving around the use of the malaria and diarrhoea participatory toolkits, are seen as only an initial step toward introducing a broader HRAP/CCD approach to Unicef's work in Mozambique. Unicef-Mozambique intends to build on the strengths of the successes achieved to date by using the toolkit to develop community capacity in the areas of nutrition and AIDS. The office has also produced a Handbook explaining and describing their approach that can be used by others interested in applying CCD methodologies.

Handbook for Communicating CCD

Using the experiences and CCD tools developed for malaria and diarrhoea, Unicef-Mozambique has produced a handbook on community capacity development that can be adapted to any issue or country context. The handbook features a section on the principles underlying the human rights approach to programming, Triple A processes, and community capacity development that can be used by project managers and planners to plan community-level CCD. It also contains a step-by-step guide to utilising the tools developed in Mozambique to serve as a reference manual for facilitators. Each tool is described in detail, including information on how it can be used and examples of issues that might be raised during community-level discussions.

The handbook also includes some of the lessons learned during CCD implementation in Mozambique that should be of interest to Unicef offices or others seeking to work with HRAP/CCD processes. A final section suggests guidelines for monitoring of results—a challenge quite different from that of traditional development programs, which are often assessed in strictly quantitative terms.

Nutrition

A set of drawings designed for implementing CCD for Nutrition was developed and pre-tested during a 2001 flood emergency in Tete Province. The drawings support discussions on, for example, feeding frequency for infants; active feeding, especially for sick children; diversity and nutritional/energy values of food offered; and ensuring that small children do not have to compete with older siblings for food. When finalised, the tools will be utilised in districts where earlier work detected high levels of acute malnutrition among children and which are currently being affected by drought, as well as in environments with high seropositivity for HIV/AIDS.

HIV/AIDS

Unicef identifies AIDS as the premier threat to child rights in Mozambique, where incidence of the pandemic has increased with the end of war and reopening of trade and commerce to neighbouring countries with extremely high HIV/AIDS prevalence (such as Zimbabwe and Malawi). By 2000 nearly 250,000 Mozambican children had lost a mother or both parents to AIDS, children (0-18) accounted for about 25% of all new AIDS cases, and a sharp rise in infections and deaths of children under five and the number of children orphaned by AIDS was being predicted.

Unicef-Mozambique has carried out a detailed analysis of the ways that AIDS violates the human rights of children and women and the roles, responsibilities, and capacity gaps of duty-bearers at all levels. Working with representatives from national ministries and provincial directorates and international and local NGOs, Unicef used causality analysis to prepare a set of diagrams that graphically depict the three key aspects of HIV/AIDS that impact on children's rights: mother-to-child transmission, young adult transmission, and the threat to the survival and development of orphans.

In addition, the office is preparing, in conjunction with the Ministry of Women and Coordination of Social Action, a set of CCD materials to be used in a study of three AIDS-related issues identified as key to the realisation of children's right to survival, protection, development, and participation. Unicef-Mozambique will support research and CCD activities aimed at identifying vulnerable children; learning what coping methods communities are employing; and determining what resources, knowledge, or other interventions are required to enhance local capacity to deal with AIDS.

Using this research and analysis, along with the knowledge gained through CCD activities, as the basis for designing interventions, Unicef will develop a project aimed at addressing the AIDS crisis in Mozambique.

Accomplishments and Challenges

In the relatively short period of time that the Zambezia program has been operating, several positive outcomes can be identified. First and foremost, the program has saved children's lives. It has raised awareness among parents and communities about the special vulnerability of children to malaria, strengthened the capacity of these duty-bearers to protect children's right to health through the use of ITNs, and increased access to ITNs in rural areas. The program's focus on children and pregnant women served to reinforce Unicef's message on the rights of children and women in a specific context

that encourages specific action at all levels of Mozambican society. Carrying out the program in remote villages, moreover, puts into practice Unicef's conviction that interventions should be targeted to those most vulnerable to deprivation of their rights. In addition, it has supported the development of a process through which poor, rural communities can begin to understand and internalise their rights and responsibilities, to pursue claims relating to those rights, and to accept their own responsibilities and duties with respect to the realisation of rights.

At the institutional level, the program can cite three important successes: first, it has contributed to the creation of new community-level institutions (the CHCs) capable of providing leadership on health and other issues as they mature and gain experience. Second, it has institutionalised the HRAP perspective and CCD methodologies within an important national training institution (CFPAS), which should provide a degree of sustainability to the overall approach. Third, the program has introduced officials from the country's health institutions to the principles and practice of HRAP and CCD, convincing them of the value of strengthening community capacity and the viability of an intervention with significant potential for reducing child morbidity and mortality from malaria.

The results of CCD work during the Gaza emergency program are another indicator of success. Unicef's approach stimulated an important behaviour change—represented by the acceptance, use, and retention of ITNs at the community level—supporting children's right to health and development.

Finally, the creation of a CCD toolkit that can be: (1) used with illiterate populations, (2) adapted to a variety of interventions and country contexts, and (3) successfully used to promote rights during emergencies, constitutes an important outcome of the work in Mozambique.

Among the key obstacles encountered during the CCD work are that it is extremely labour-intensive and time-consuming, and that it is difficult to find a sufficient number of good facilitators. Lack of facilitators has slowed down the work in Zambezia, as has the three-month CCD process (including malaria and diarrhoea modules) undertaken before communities receive their ITNs. Once community members understand malaria and malaria prevention, demand for ITNs accelerates and community members become impatient with what they perceive as delays in obtaining them.

Supervision is another issue requiring attention. The Mozambique experience indicates that supervision is key, as some NGOs and individual facilitators are more adept at utilising the tools and encouraging participation than others, who tend to take a more didactic approach and dominate discussions rather than to promote dialogue among CHC members. Yet funding for supervision is often accorded low priority.

Another ongoing challenge is how to support communities that identify problems that are outside the scope of Unicef's core activities. Although the tools being used in Zambezia are designed primarily to address malaria and diarrhoea, the CCD methodology has led some communities to identify needs not strictly related to malaria and to make demands on national authorities. One community, for example, identified hunger as a key problem, and wrote to the government asking for drought-resistant seed. The request was not acknowledged, and the community was faced with carrying out further assessment and analysis to decide how to proceed. In another case, a community identified a chicken virus as a health problem and took actions that ultimately resulted in a visit from health experts from the capital. Thus although Unicef's program is targeted at malaria, CHCs have benefited from the tools and methods to identify and act on other important health problems.

Conclusions

Unicef-Mozambique's CCD for Malaria project represents a comprehensive approach to implementing a human rights approach to programming for malaria. It has involved all levels of duty-bearers for health in Triple A processes aimed at promoting understanding of children's right to health and their responsibility for making these rights a reality. It has introduced high-level duty-bearers to the principles of HRAP, taken them to the field to see community capacity development in action, and advocated for steps at the policy level. These activities, along with the results from Gaza, have had the extremely important impact of convincing Mozambique's health establishment that ITNs are a viable means of preventing malaria when distribution is accompanied by intensive CCD activities.

Within communities, the program has introduced HRAP concepts and principles through CCD methodologies, focusing largely on the steps that parents, community members, and district health officials should take to improve children's health. Facilitators and mobilisers help communities to go through a continuous, iterative process of *assessment*, *analysis*, and *action* using Unicef's toolkit to identify problems and solutions. The creation of Community Health Councils strengthens the capacity of community members to claim their right to health and to take action to improve local health conditions, rather than simply accept that malaria is an inevitable part of their lives or wait for outside intervention.

Focusing more heavily on local than national and international duty-bearers could lead in two directions. It could leave communities frustrated, as they identify problems and solutions but lack a clear overall picture of the political and economic structure by which decisions are made and resources allocated—and thus feel stymied as to how to proceed. Or, it could stimulate greater innovation and initiative at the community level as communities assume the burden of resolving their own problems with the limited knowledge, resources, and power at their disposal.

Finally, it should be noted that the Zambezia malaria program did not begin with a blank slate; that is, by asking communities to define their main health problems and *then* developing a malaria (or other) program in response. Because malaria had already been identified by many communities as a key problem during earlier participatory work in communities, Unicef-Mozambique felt confident that a large majority of the communities in Zambezia would follow suit. Moreover, the program was based on Unicef's independent knowledge that malaria is an extremely potent factor preventing children from realising their right to health and life in Mozambique. Rural communities lacked access to the scientific and medical information needed to identify the nature and potency of this threat, as shown by the low level of understanding of malaria in the baseline study. Thus the Mozambique office felt justified in proceeding to implement the program. Nevertheless, as noted above, the assessment tools are designed to allow communities to identify *all* of their health problems and follow through on other problems identified using the entire toolkit.

Annex I. MONITORING AND EVALUATION

Monitoring of the achievement of development goals has become a critical part of the programming process. This chapter suggests a framework for monitoring not only development outcomes, but also the processes by which they are reached, to ensure that human rights principles are applied in development programmes.

Monitoring and Accountability

Human rights monitoring is about defining, building, and assessing accountability. The body of literature on theory and experience in regard to monitoring economic, social, and cultural rights is not voluminous. It is, however, increasingly succinct and indicative of the new opportunities that have emerged for development and human rights advocates alike to assess progress and identify the changes needed to better meet goals or benchmarks. These opportunities are offered by a monitoring framework, or system, with the potential to far exceed those hitherto used to monitor progress in economic and social development. In particular, this new framework offers greater scope for clarifying issues of accountability and transparency.

Some of the most interesting documents were prepared in 2000. (Chapman, 2000 and Mokhiber, 2000) They provide overviews of current thinking and review many of the key features common to all human rights monitoring. In particular, they address the need for indicators to monitor economic, social, and cultural rights in efforts to promote human development.

According to the *Human Development Report 2000*, indicators offer tools for:

- Making better policies and monitoring progress
- Identifying unintended impacts of laws, policies, and practices
- Identifying which actors are having an impact on the realisation of rights
- Revealing whether the duties of these actors are being met
- Giving early warning of potential violations, thus prompting preventive action
- Enhancing social consensus on difficult tradeoffs to be made in the face of resource constraints
- Exposing issues that have been neglected or suppressed.

In the appropriate context, international monitoring should serve as a stepping-stone for constructive dialogue between monitoring bodies and those monitored; that is, governments. This point has been repeatedly underlined by Philip Alston, former chairman of the Committee on SECR. Such dialogue should lead to a better identification of constraints encountered by governments trying to ensure the realisation of human rights, and thus point to the specific areas where international assistance is needed.

International monitoring is also the cornerstone of accountability analysis of the States Parties to international conventions. The openness surrounding the international monitoring process makes it very different from the closed-door approach, in which confidentiality took precedence over transparency. This is another reason why rights-based monitoring and planning should be viewed as an opportunity; it can enhance feelings of responsibility on the part of states as duty-bearers for implementing measures that can improve the lives of their citizens.

Monitoring Outcome and Process

As stressed in section 4.1, development requires both the achievement of desirable outcomes (goals/targets) and ethically acceptable processes for reaching these outcomes. In a human rights approach to programming both outcome and process should be monitored and evaluated.

Fulfilling human rights implies desirable outcomes or goals. This means that an HRAP includes results-based management, also required by most donors today. Most of these goals are the same as those identified in human development assessment and analysis—household food security, health, nutrition, education, water, sanitation, and protection. In most cases indicators for these outcomes have been agreed upon and are monitored routinely. Such monitoring continues to be necessary in an HRAP.

Much less work has been done to define indicators for the *quality of the process*. This would include aspects such as non-discrimination, participation, ownership, dignity, and empowerment. Work is urgently needed to develop indicators for these “quality” aspects of the process.

A more limited way to monitor process would be to focus on efforts by duty-bearers to meet their duties, along with efforts made to increase their capacity to do so. This chapter describes two approaches, both focused solely on the obligations of the state.

Countries that have ratified a UN convention have obligations to respect, protect, facilitate, and fulfil the rights enshrined in the convention. This is an important part of the process—and can be monitored. In order to realise human rights, however, States Parties need the capacity to act. Capacity and capacity gaps can also be monitored.

Two approaches are therefore suggested for monitoring rights-based processes at the national level:

1. Monitoring the efforts made and results achieved in meeting the obligation/duties to respect, protect, and fulfil (facilitate and provide) a specific human right.
2. Monitoring the efforts made and results achieved in reducing the capacity gaps of State Parties in relation to a specific human right.

In the next two sections these two approaches are applied to the area of nutrition for young children.

Nutrition as an Outcome

From the presentation of the Conceptual Framework (section 4.4), it is clear that an individual’s nutritional status is an outcome of complex biological and societal processes. Inadequate dietary intake and disease are the *immediate causes*, or determinants, of malnutrition. The inadequacy may include total energy, protein, vitamins, or minerals. Inadequate dietary intake may increase susceptibility to infection, and many diseases reduce dietary intake through, for example, loss of appetite.

The number of possible underlying causes seems almost endless, and their interrelationships are very complex. All, however, reflect a particular utilisation of resources in the past and at present. One way of grouping these causes is to identify a set of outcome conditions that are *necessary* for adequate nutrition or, more precisely, necessary for adequate dietary intake and absence of disease. Three such conditions are:

1. Access to adequate *food* (household food security)
2. Adequate *care* of children and women

3. Adequate access to basic *health services*.

Each of these conditions is *necessary* but, by itself, *insufficient* for adequate nutrition. If all three are conditions fulfilled, however, it is very likely that dietary intake will be adequate, disease will be controlled, and adequate nutrition secured. (Unicef, 1990)

A Rights-based Approach to Monitoring the Meeting of State Obligations

Adequate caring practises and access to food and basic health services are the rights of children, enshrined in the Convention on the Rights of the Child. Only when all these rights are realised will a child be well-nourished.

Realisation of the nutrition-relevant rights to food, health, and care requires that governments meet their corresponding obligations. The obligations can be systematically divided as shown in the matrix below:

	FOOD	CARE	HEALTH
Respect			
Protect			
Fulfil – (Facilitate)			
Fulfil – (Provide)			

Examples of possible state obligations in relation to the children’s right to food, health and care are shown in table 9. Suggested corresponding indicators are shown in table 10.

Table 9: Examples of Possible State Obligations Regarding Food, Health and Care for Nutrition

Type of Obligation	FOOD	HEALTH	CARE
<p><u>RESPECT</u> The Obligation to Respect requires states to <i>refrain from interfering</i> directly or indirectly with the enjoyment of the right</p>	<ul style="list-style-type: none"> • No licenses for monopolistic marketing of small holder farm inputs or products • Adequate compensation in case of land expropriation 	<ul style="list-style-type: none"> • No tax on import of iodate • No tax on mosquito nets • Non-interference in positive traditional health practices 	<ul style="list-style-type: none"> • Not allow the free distribution of breast milk substitutes in government health care facilities
<p><u>PROTECT</u> The Obligation to Protect requires states to take measures that <i>prevent third parties from interfering</i> with the enjoyment of the right.</p>	<ul style="list-style-type: none"> • Land registration systems and provisions granting secure land tenure • Labour laws related to conditions of work, minimum wage, etc. • Food safety laws and system for inspection and enforcement 	<ul style="list-style-type: none"> • Legislation and enforcement against early marriage and harmful traditions and practices • Environmental protection laws • Law prohibiting sale of alcohol and tobacco to minors and enforcement • Standards and licensing for public and private health care professionals, facilities and system for regular inspection, enforcement 	<ul style="list-style-type: none"> • Legislation on the Code on marketing of breast milk substitutes and its enforcement • Enactment of laws that prohibit child labour and their enforcement • Legislation related to maternity and paternity benefits • Legislation on water rights and protection of sources
<p><u>FULFIL (Facilitate)</u> The Obligation to Facilitate requires states to <i>adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures</i> towards the full realisation of the right.</p>	<ul style="list-style-type: none"> • National Food Policy • Famine Codes with resources • Constitutional grantees on land ownership for everyone • Women’s right to land granted • Establishment of national food reserves • Laws related to salt iodisation and iron and/or Vitamin A food fortification 	<ul style="list-style-type: none"> • National Health Policy • Sub-national resource allocations for health according to regional needs • School health education programmes ARVs drugs for all pregnant women 	<ul style="list-style-type: none"> • Sanitation and Drinking Water Policy • Baby Friendly Hospital Initiative Policy • Legislation to ensure employed mothers ability to breast feed • Maternity and Paternity leave and other benefits ensured • Constitutional right of every child to a free basic education • Life Skills in school curriculum
<p><u>FULFIL (Provide)</u> The Obligation to Fulfil requires States to <i>directly provide</i> assistance or services for the realisation of these rights.</p>	<ul style="list-style-type: none"> • Distribution of food • Micronutrient supplementation 	<ul style="list-style-type: none"> • Provision of free basic health services accessible to all 	<ul style="list-style-type: none"> • Provision of an adequate supply of safe and potable drinking water • Social security and other safety nets • Provision of care for orphans

Table 10: Examples of Corresponding Indicators for Monitoring Obligations

Type of Obligation	FOOD	HEALTH	CARE
<p><u>RESPECT</u> The Obligation to Respect requires States to <i>refrain from interfering</i> directly or indirectly with the enjoyment of the right.</p>	<ul style="list-style-type: none"> • Existence of policy on monopolistic licenses for small-holder farm inputs and products (yes/no) • % of small-holder land takeover • % cases of land takeover compensated adequately 	<ul style="list-style-type: none"> • No tax on imported iodate • No tax on mosquito nets • Number of cases of interference in positive traditional health practices. 	<ul style="list-style-type: none"> • Number of government health care facilities distributing free breast milk substitutes
<p><u>PROTECT</u> The Obligation to Protect requires States to take measures that <i>prevent third parties from interfering</i> with the enjoyment of the right.</p>	<ul style="list-style-type: none"> • Number of complaints related to land rights effectively resolved • Percentage of population with registered titles for arable land • Existence of labour laws and minimum wage acts • Existence of functioning labour inspection system • Existence of food safety laws, food inspection and enforcement (yes/no) 	<ul style="list-style-type: none"> • Law against early marriage and FGM (yes/no) • Number of early marriages • Environmental protection laws (y/n) • Law prohibiting sale of alcohol and tobacco to minors (y/n) • % children smoking/using alcohol • Register of licensed health professionals and facilities 	<ul style="list-style-type: none"> • Code on marketing of breast milk substitutes and laws that protect breastfeeding exists (y/n) • Proportion of Code violations prosecuted • System for identifying violations of the Code exists and is functional (y/n) • Number of violations found • State response to identified violations (qualitative)
<p><u>FULFIL (Facilitate)</u> The Obligation to Facilitate requires States to <i>adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures</i> towards the full realisation of the right.</p>	<ul style="list-style-type: none"> • National Food Policy exists (yes/no) • Key components of the policy (qualitative, narrative) • Famine Codes in place and budgeted (\$ value p.c.) • Existence of laws and system for inspection (y/n) • Existence of relevant clauses in constitution related to property rights and women's rights (y/n) • Existence of household food security policy (y/n) • Adequate food reserves (y/n) 	<ul style="list-style-type: none"> • Health Policy exists (y/n) • % of national health budget allocated to regions using needs-based formula • % of national expenditure on primary health care • Health education incorporated into school curriculum (y/n) • Proportion of pregnant women tested for HIV/AIDS and % testing positive having effective access to ARV drugs 	<ul style="list-style-type: none"> • Sanitation and Drinking Water Policy (yes/no) • BFHI Policy exists (yes/no) • Activities undertaken to promote breast feeding (\$) • Maternity and paternity leave rights recognised by legislation (yes/no, qualitative) • Appropriate clause in Constitution giving right to free basic education • Relevant legislation related to providing life skills education
<p><u>FULFIL (Provide)</u> The Obligation to Fulfil requires States to <i>directly provide</i> assistance or services for the realisation of these rights.</p>	<ul style="list-style-type: none"> • % of persons in need of relief provided with adequate food • % covered by micronutrient supplementation programmes 	<ul style="list-style-type: none"> • Provision of free public health services (y/n, % covered) 	<ul style="list-style-type: none"> • Provision of adequate supply of safe and potable drinking water (%) • Social security and other safety nets adequately funded (funding \$ p.c.) • Provision of care for orphans (y/n,%)

Rights-based Approach for Monitoring State Capacity Gaps

Capacity was defined in section 4.3 of the main text to include responsibility, authority, resources, and capability to communicate and to take well-informed decisions. Again a matrix can be constructed to structure the capacity gaps in relation to the rights to food, health and care.

	FOOD	CARE	HEALTH
Responsibility			
Authority			
Human Resource / Econ. Organisation			
Communication			
Decisionmaking			

Some examples of possible capacity gaps at the national level in meeting obligations in relation to low birth weight (LBW) are shown in table 11. Low birth weight is seen as a violation of children's right to be born healthy and of women's right to give birth to healthy children. Table 12 shows some suggested corresponding indicators.

Table 11: Possible national capacity gaps in meeting obligations: Illustrations related to LBW reduction

Capacity	FOOD	HEALTH	CARE
Responsibility: The acceptance of a States Party that they should do something about a specific problem	<ul style="list-style-type: none"> • Low acceptance of responsibilities undertaken through ratification of Conventions such as CEDAW and CRC • Low motivation to address the problem of low birth weight resulting in not addressing food needs of girls and pregnant women through appropriate policies 	<ul style="list-style-type: none"> • Low motivation to address the problem low birth weight through appropriate policy interventions to address ante natal care, malaria, parasitic infections and anemia. 	<ul style="list-style-type: none"> • Low motivation to address the problem of low birth weight through appropriate policy interventions on resting and care of pregnant women and violence against women
Authority: The States Party has the authority do something about a specific problem	<ul style="list-style-type: none"> • Donor conditionalities, SIPS and SWAPS tend to erode the authority of the national government to have appropriate legal and policy frameworks to deal with the problem of low birth weight • Lack of appropriate legislation to address food needs associated with low birth weight 	<ul style="list-style-type: none"> • Lack of appropriate legislation to address health care needs associated with low birth weight 	<ul style="list-style-type: none"> • Lack of legislation to address violence against women, maternity leave, specific health warnings on cigarette packages and alcohol
Resources: <u>Human:</u> Existence of adequate skills, motivation, willpower, knowledge, experience, time, commitment, etc.	<ul style="list-style-type: none"> • Lack of adequate staff (numbers and skills) at all levels to implement and monitor food fortification and supplementation 	<ul style="list-style-type: none"> • Poor terms and conditions of employment of staff • Inadequate governance, including corruption • Lack of adequate staff (numbers and skills) at all levels, to implement and monitor programmes on ante natal care, malaria, parasitic infections and anemia 	<ul style="list-style-type: none"> • Lack of adequate staff (numbers and skills) at relevant levels in concerned sectors, to implement and monitor programmes on resting and care of pregnant women, maternity leave, violence against women and warnings on cigarette packages and alcohol
<u>Economic:</u> Land, natural resources, means of production (tools, equip-ment), technology, income, credit etc	<ul style="list-style-type: none"> • Inadequate budget allocation 	<ul style="list-style-type: none"> • High debt service ratio • Inadequate budget allocation 	<ul style="list-style-type: none"> • Inadequate budget allocation
<u>Organisational:</u> Existence of institutions, administrative structures, etc.	<ul style="list-style-type: none"> • Inadequate delivery and logistics system for ensuring food supplementation • Inadequate surveillance system and multiplicity of tools 	<ul style="list-style-type: none"> • Inadequate government health services, particularly ante natal care • Inadequate supervision and monitoring of Village Health Workers • Inadequate surveillance system 	<ul style="list-style-type: none"> • Women friendly PHC services • Inadequate governmental institutions providing parental life skills and nutrition education • Lack of health education staff and insufficiency of training • Inadequate surveillance system
Decision-making: Actions and decisions based on information, evidence, logical analysis and feedback	<ul style="list-style-type: none"> • Inadequate surveillance on the food situation • Budgetary allocations for food supplementation to support LBW reduction not strategic and not based on needs (e.g. political reasons) • Undue influence on agricultural practices 	<ul style="list-style-type: none"> • Adequacy of Early Warning Systems for epidemics • Adequacy of and gaps in the Health Management Information System • Budgetary allocations for health actions to support LBW reduction not based on needs and priorities (e.g. 	<ul style="list-style-type: none"> • Inadequate knowledge of current practices • Inadequate surveillance of Baby Friendly Hospitals • Budget allocations for educational programmes to support LBW production not based on the real needs and existing gaps. • Undue influence on caring practices through private sector

Capacity	FOOD	HEALTH	CARE
	e.g. food vs. non-food crops by external forces	unequal investments)	

Capacity	FOOD	HEALTH	CARE
<p>Capability to Communicate: Access to information, communication systems and networks connecting key actors to each other and the rights holder. Capability to listen</p>	<ul style="list-style-type: none"> • Inadequate communication between ministries with a responsibility for LBW reduction • Very few programmes on TV/radio/ media to support actions for food for reducing LBW • Weak communication and information system • Inability to inform on the food situation including insecurity. 	<ul style="list-style-type: none"> • Inadequate communication between ministries with a responsibility for LBW reduction • Inability or breakdown of communication between various levels for key actions • Very few programmes on TV/radio/ media to support actions in health for reducing LBW • Weak communication and information base and systems to support its dissemination • Ineffective health education systems • Weak capacity to communicate the provisions of conventions and the comments of Committee on the right to health • Inability to inform on the health situation and the risks that impact on LBW 	<ul style="list-style-type: none"> • Inadequate communication between ministries with a responsibility for care to ensure LBW reduction • Very few radio programmes on care and parenting best practices • Weak and inadequately developed communication and information base and systems to support its dissemination (e.g. the community and individuals not aware of their rights) • Weak capacity to communicate the provisions of conventions and the comments of Committee on the right to care • Inability to inform people on care related issues such as the code, maternity benefits which can impact birth weights

Indicators	FOOD	HEALTH	CARE
Decision-making	<ul style="list-style-type: none"> • Use made of nutritional surveillance in decision making (qualitative) • Budget allocation for food supplementation to pregnant women made based on the gaps such as inadequacy of calories, the inability of families to provide for adequacy food in different population segments (yes/no) • Does external agencies influence decisions on agricultural practices (yes/no) 	<ul style="list-style-type: none"> • Numbers of alerts received by the EWS and responses • Adequacy of and gaps in the Health Management Information System • Budget allocation for health interventions to reduce LBW made on the basis of data indicating gaps and needs (yes/no) 	<ul style="list-style-type: none"> • Use made of information on caring practices • Frequency of monitoring visits to Baby Friendly Hospitals • Budget allocation for educational activities to support LBW reduction made on the basis of data indicating knowledge gaps and information needs (yes/no) • Does the private sector influence in any adverse way the caring practices during pregnancy (yes/no)
Communication	<ul style="list-style-type: none"> • Frequency of inter-ministerial meetings covering LBW reduction • Number of programmes on media related to food intake for LBW reduction and hours per month • Percent of rural population with access to radios • Radio programmes on agriculture (hours broadcast last year) • Does the government communicate to the public the comments of CRC/CEDAW committees on food intake related issues for LBW reduction (yes/no) • Food insecurity at various levels is a part of the government information to public (qualitative, narrative) 	<ul style="list-style-type: none"> • Health ministry communicates with other ministries on LBW reduction (number of meetings p.a.) • Number of programmes on media related to ANC, malaria, anaemia control for LBW reduction • Does the government communicate to the public the comments of CRC/CEDAW committees on health action for LBW reduction (yes/no) • Are people informed through various channels the risks and reasons for LBW (qualitative, narrative description of channels) 	<ul style="list-style-type: none"> • Ministry for Information services communicates with other ministries on LBW reduction (number of meetings p.a.) • Numbers of radio programmes on care during pregnancy, care of women and prevention of violence against women (and hours last month) • Does the government communicate to the public the comments of CRC/CEDAW committees (yes/no) • Are people aware of the code, risks such as tobacco chewing, smoking, alcohol and maternity benefits which can have an effect on birth weights (KABP studies, surveys)

Annex II. HUMANITARIAN LAW AND HUMAN RIGHTS IN CONFLICT ANDEMERGENCY SITUATIONS⁸

The Geneva Conventions were the first international legal norms to provide protections for civilians during time of conflict; in essence, they protect the human rights of civilians. Debate has since emerged over how to implement such protections in situations of prolonged conflict and humanitarian emergencies. This appendix begins by identifying applicable portions of the Geneva Conventions and explaining how they apply to civilians, including refugee populations. It then describes how a human rights framework fits into emergency situations, and finally, provides examples of how Unicef and other humanitarian aid agencies have gone about protecting civilians during conflict situations, relying on Principles of Humanitarian Action.

International Humanitarian Law

In the case of international armed conflict, the Fourth Geneva Convention provides certain legal safeguards and provisions for the civilian population of opposing states. When one state occupies the territory of another, the civilian population of the occupied state becomes “protected persons” under Article 4 of the Fourth Geneva Convention. Section III provides specific provisions, which if fully applied and respected should ensure the nutritional status of the civilian population. In particular, Article 55 calls for the provision of adequate food and Article 56 calls for adequate health care.

If an occupying power is unable to adequately address the food and health requirements of the civilian population, it is required by Article 59 to “agree to relief schemes on behalf of the said population, and shall facilitate them by all the means at its disposal.”

Additional protection for civilians affected by international armed conflict is provided by Additional Protocol I of 1977. Article 54 specifically prohibits starvation of civilians as a method of warfare and population, as well as the destruction of foodstuffs, agricultural areas for the production of food, crops, livestock and irrigation and water supply facilities. Article 69 supplements the Fourth Geneva Convention, providing that the occupying power shall, to the fullest extent of the means available to it, also ensure the provision of clothing, bedding, means of shelter, and other supplies essential to the survival of the civilian population of the occupied territory, as well as objects necessary for religious worship.

Finally, in addition to refugees, one party to a conflict may have nationals of the opposing state(s) in its territory at the outbreak of hostilities. Foreign nationals in this situation are defined as “protected persons” under Article 4 of the Fourth Geneva Convention and are entitled to specific protection.

Civil Conflict

Various forms of protection are also available to civilian populations in civil, or non-international, armed conflict. Article 3, common to each of the Four Geneva Conventions (usually referred to as “Common Article 3”) provides for the protection of civilians in civil conflict against violence to life and person (in particular murder, mutilation, cruel treatment, and torture); against being taken hostages; and against outrages upon personal dignity, in particular humiliating and degrading treatment.

⁸ This Annex was prepared by Hamish Young, Regional Adviser on Child Protection, UNICEF, ESARO

Additional protection for civilians and their rights is provided by the Second Additional Protocol of 1977, which develops and supplements Common Article 3. Article 14 of the Additional Protocol provides that in addition to the various protections outlined in Common Article 3, starvation of civilians as a method of combat is prohibited. It further states that warring parties may not attack, destroy, remove or render useless, for that purpose, objects indispensable to the survival of the civilian population, such as foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies, and irrigation works.

Finally, it is important to note that a strong argument can be made that the Additional Protocols apply even to states that have not signed them, because they have become part of the body of customary international humanitarian law. This means that in case of civil conflict, Additional Protocol II also applies to non-state warring parties, such as liberation movements and rebel groups.

To fully grasp the applicability of humanitarian law, one needs to understand the complexity of conflict situations. At the risk of oversimplification, there are at least four categories of conflict: international conflict and three categories of internal conflict. The nature of these principal groups of conflict and the corresponding applicable instruments of humanitarian law are synthesised in the table below.

Nature of Conflict	Humanitarian Law Instruments that Apply
(i) International Conflict	The four Geneva Conventions and Additional Protocol I
Internal Conflicts: (ii) Armed conflict between government and dissident forces, where the latter control part of the “High Contracting Party’s” territory, enabling them “to carry out sustained concerted military operations and to implement this Protocol” (P II.1)	Relatively detailed treaty rules are applicable under Protocol II, covering government and non-government forces
(iii) Armed conflict between government and dissident forces, when dissident forces do not have control over part of the territory and cannot implement Protocol II	Common Article 3 of the Geneva Conventions applies
(iv) Lower-intensity conflicts, classified as internal “tensions and disturbances” (riots, isolated and sporadic acts of violence and other acts of a similar nature), as defined in P II, 1.2)	Not covered by Protocol II or other humanitarian law; human rights law applies, but is derogated in some situations.(but note that the CRC is non-derogable)

Refugee Law

One of the tragic results of armed conflicts is the mass exodus of people that leave their country as refugees—a problem that has grown dramatically in recent years. The Fourth Geneva Convention and the First Additional Protocol make brief references to the treatment of refugees as protected persons in situations of armed conflict. Both the UDHR and the ICCPR have refugee-relevant clauses. But the broader concerns of refugees are elaborated in a separate body of international law, that of international refugee law, which provides rules for the legal status and treatment of refugees in host countries.

The 1951 Convention sets minimum standards for treatment of refugees and defines the basic rights to which they are entitled. It also establishes the juridical status of refugees and contains provisions on their rights to gainful employment and welfare. A key element of the Convention

is the “*refoulement*” provision, which prohibits the expulsion, or forcible return, of persons having refugee status. States have primary responsibility to ensure the protection of refugees within their boundaries. The UN High Commissioner for Refugees (UNHCR) is mandated to provide international protection for refugees and to find permanent solutions to refugee situations. Regional instruments such as the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa and the (non-binding) 1984 Cartagena Declaration on Refugees (for the Latin American region) expand the situations under which refugee status is recognised to cases of foreign aggression, occupation, foreign domination, events seriously disturbing public order and—in the case of the Cartagena Declaration—to massive human rights violations and domestic conflict.

Limited court action, at the international level, to punish grave breaches of humanitarian law and crimes against humanity is being administered by the International Criminal Tribunals for the former Yugoslavia and Rwanda. Such action should be significantly expanded with the recent establishment of an International Criminal Court.

Human Rights in Situations of Conflict and Complex Emergencies

The international human rights framework can serve to inform and guide programming in conflict situations. Three important reasons can be cited in support of the argument that human rights should continue to be the basis for programming in conflict situations.

Critics of international human rights law and its use to support programming by development and humanitarian agencies often highlight its lack of enforceability and difficulty of application, particularly in emergency and conflict situations. Much of this criticism stems from the commonly held—but mistaken—view that much human rights law does not apply during conflict situations because it may be derogated. In fact, *almost all human rights law continues to apply in conflict situations*, and therefore continues to be part of the conceptual framework for human rights-based programming.

Derogation is a procedure that allows states to temporarily suspend some of their obligations under international human right law. It is the general concept of derogation that has led to confusion or misunderstanding among many people working in development and relief that human rights law has little or no application in conflict.⁸ On close examination it becomes clear that a state’s scope for derogation from its legal obligations in emergency or conflict is very limited, and in many instances, non-existent.

The derogation clause most commonly referred to in Article 4 of the International Covenant on Civil and Political Rights (ICCPR), which states:

In times of public emergency which threatens the life of the nation and the existence of which is officially proclaimed, the State Parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not include discrimination solely on the ground of race, colors, sex, language, religion or social origin.

⁸ The application of human rights principles to development and relief work is a relatively new and emerging field. Human rights advocates and practitioners of course are well aware of the application of human rights in conflict situations

But the following paragraph stipulates that *there can be no derogation* from certain key articles that affect fundamental human rights. These include:

- Article 6: The inherent right to life of every human being
- Article 7: Prohibition against torture and cruel, inhuman or degrading treatment or punishment
- Article 8: (1) and (2): Prohibitions against slavery and servitude
- Article 11: Prohibition against imprisonment for failing to fulfil a contractual obligation
- Article 15: Prohibition against retrospective criminal prosecution
- Article 16: Right to recognition before the law
- Article 18: Right to freedom of thought, conscience and religion

Thus the so-called “derogation clause” in the ICCPR only permits states to suspend citizens’ rights during times of conflict to a *very limited* degree. Finally, it is also important to note that most international treaties and conventions do not contain derogation clauses, and therefore cannot be derogated from at all. For example, the International Covenant on Social, Economic and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC) cannot be derogated, and therefore *apply equally during times of conflict and times of peace*. Thus from a legal perspective almost the entire human rights framework that can be applied to development programming during times of peace remains available for application to programming in conflict situations. While there may be practical impediments to its application, there is no impediment built into the framework itself.

Instead of being reduced in conflict situations, the extent of the legal framework available, and on which programming may be based, actually *increases*. In situations of conflict, states and other combatant parties (armed opposition groups and rebels, liberation, and independence movements, often referred to as “non-state entities”) are also bound by International Humanitarian Law (IHL) and, if applicable, by the 1951 Convention Relating to the Status of Refugees (and other aspects of refugee law).

The “Law of War,” as IHL is sometimes called, is a branch of public international law that is applicable during international and non-international armed conflict. It is meant to restrict or limit the right of parties to a conflict to engage in certain methods of warfare, and to protect persons and property affected (or liable to be affected) by the conflict. Under a human rights approach to programming the civilian population that IHL seeks to protect can be seen as rights-holders and the warring parties as duty-bearers. The warring parties have a duty to protect civilians and civilian property (including water and food supplies) and to allow humanitarian agencies to assist the civilian population.

The main areas of international humanitarian law instruments and customary IHL jurisprudence that can be drawn on as part of the conceptual framework for programming in conflict situations are: the Geneva Conventions of 1949 (primarily Common Article 3 and the Fourth Geneva Convention on the Protection of Civilians) and the two Additional Protocols of 1977, described above.

Operations and programmes carried out by UN Agencies, NGOs, and other organisations that operate in conflict situations are generally not referred to as development, but rather as humanitarian, or relief, work. Thus programming in conflict situations is often not addressed in books on development. However, as mentioned above, there are a number of very strong arguments as to why human rights should continue to inform and guide programming in all situations, including conflict.

First, as noted above, the onset of conflict does not in any way extinguish or suspend people's human rights. Therefore, a child living in a conflict situation has exactly the same right to enjoy the highest attainable standard of health and the same right to education as a child living in a non-conflict situation. An additional factor to consider is that, particularly in the post-Cold War period, most conflict has been internal, usually with serious human rights violations cited as a root cause. Ongoing conflict usually results in further violations, fuelling a self-perpetuating cycle of rights violations and conflict. Therefore, working within a human rights framework can often be an important contribution that assists the parties to reach a political settlement (although adhering to principles for humanitarian action to ensure neutrality is also critical, as discussed below).

A second argument in support of maintaining a human rights approach to programming in conflict situations is that, in practice, the distinction between development work and humanitarian work is largely artificial. Rather than limiting their actions during conflicts to humanitarian or relief programmes, and then moving along a continuum through rehabilitation and into development once a situation is peaceful and stable, many organisations carry out a wide range of development activities during conflict situations. Education, organisational capacity building, and good governance programmes, for example, are usually considered as development activities, but are implemented by many organisations during conflict situations.

A third reason that human rights-based development must continue in conflict situations is the longevity of many conflicts. Many chronic conflicts are characterised by ongoing human rights violations (e.g. Angola, Sudan, Somalia); if organisations do not continue to carry out development work, the rights of entire generations will be violated. This is particularly true regarding children. In the Sudan for example, where there has been continuous conflict since 1983, three generations of primary school children would have received no education at all had there not been several local and international organisations running basic education programmes in conflict zones in southern Sudan. Such programmes are designed to be sustainable, and involve curriculum development, teacher training, and institutional capacity building with local authorities—programmes usually thought of as development work. This example is also related to the first point mentioned above; children who grow up without ever receiving education and only knowing conflict are much more likely to perpetuate human rights abuses and conflict.

Principles of Humanitarian Action in Situations of Armed Conflict

Adopting a human rights approach to programming in conflict situations (whether as part of development, rehabilitation, relief programmes, or some combination thereof—and adopting a human rights approach generally removes the somewhat artificial distinction between relief and development), has some important programming implications, such as the need to adopt both a principal framework for addressing human rights issues with two or more warring parties and a different type of role/pattern analysis.

Some argue that it is impossible—or at least very difficult—to carry out human rights and development programmes in conflict situations because most modern conflict has its roots in human rights violations, and the continuation of the conflict invariably constitutes a series of ongoing human rights violations. It is argued that if an organisation challenges or confronts the parties to the conflict on their human rights violations, that organisation's staff will be put at risk of retribution. Or the organisation will be expelled from the area controlled by the warring party that it challenges, making it impossible to carry out relief, development or any other type of programming.

To address this dilemma Unicef and many other agencies and organisations working in conflict and complex emergency situations have drawn on IHL and human rights and development theory to develop a set of Principles for Humanitarian Action (PHAs) to guide their programming. It is important that PHAs not be confused with International Humanitarian Law. IHL is legally binding on the parties to a conflict (governments, rebel groups etc), whereas PHAs (which can be formulated in several ways, as discussed below) are accepted voluntarily by organisations working in conflict situations.

It is also arguable that international law (IHL and customary law) requires warring parties to respect the right of humanitarian organisations to have access to civilian populations. Certain provisions of IHL and some Security Council resolutions support this argument. However, governments often counter that the principle of state sovereignty overrides the right of humanitarian access.

The PHA that are most widely accepted and referred to by Unicef and other agencies that operate in emergency and conflict situations are as follows:

- *The Humanitarian Imperative*: To prevent and alleviate suffering; to protect life and health (improve human condition) and to ensure respect for the human being through respect for and realisation of their human rights. It implies that the rights to offer and receive humanitarian assistance are fundamental. The humanitarian imperative also implies an overall protection approach, which is based on the respect of IHL and human rights and in particular, the right of access.
- *Neutrality*: Defined as not helping or supporting either of two opposing parties to a conflict, and together with impartiality, neutrality is critical to a human rights approach in a conflict situation. Only by establishing its neutrality and impartiality can an organisation work in a conflict situation and implement programmes based on human rights. If one party to a conflict believes that an organisation is assisting the other party, it is not likely to allow it to operate in its territory. In the case of internal conflict, if the government believes that an organisation is assisting its enemy, it is likely to exercise its sovereignty to expel that organisation from the whole country.⁹ So only by adhering to the principle of neutrality is an organisation likely to be able to carry out programmes, human rights-based or otherwise, in conflict situations. In some respects a human rights approach can actually enhance neutrality. By addressing abuses by parties to the conflict in terms of violations of their commitments to their own people under international law, rather than as against their enemy, an organisation will be less likely to be seen to be taking sides. Transparency and openness are key to maintaining neutrality.

In certain situations, particularly those including extreme human rights violation, such as large-scale genocide, an organisation may decide that it does not want to be neutral, and that it is prepared to forgo access to civilians on one side of the conflict in order to take the strongest possible stance against the party to the conflict in whose territory those civilians live.

- *Impartiality*: Means treating all parties to a conflict in the same way. Aid is delivered to all those who are suffering. Assessed needs and corresponding rights is a key principle on which impartiality is based. Human rights are the basis and the framework for an assessment of needs. The notion of impartiality is based on the broad definition of protection that—

⁹ There is considerable debate as to whether the right of humanitarian access takes precedence over sovereignty. However, in practice the UN and most NGOs still accept the right of a recognised government to exercise sovereignty over all of a country, in terms of access, including territory controlled by opposition groups.

depending on which rights are to be fulfilled (for example, the right to the best available health care (CRC Art. 24) or the right to a fair trial (CRC Art. 40)—organisations should respond with the appropriate assistance, advocacy, and action. Accordingly, this principle can include both the proportionality of need and the principle of non-discrimination. Proportionality of need also relates to organisational accountability to beneficiaries and donors. Accountability to beneficiaries is a critical component of a human rights programming process. It is also crucial to emphasise state responsibility in the context of ensuring that aid is delivered in an impartial way. Organisations that seek to apply a rights-based approach must ensure that they monitor and address rights violations by all parties to a conflict on an impartial basis.

- *Accountability*: As well as being accountable to donors, organisations must be accountable to the civilian population whose rights they are seeking to protect. This may include their representatives and representative organisations that are a part of the political structures of warring parties or relief and rehabilitation departments within government ministries and rebel movements. However, under the human right approach, of which community capacity development is a critical component, Unicef should always emphasise the need for organisations to be directly accountable to communities and community-based structures.

In addition to the four core principles mentioned above, Unicef also seeks to apply and uphold the following additional principles in its humanitarian work:

- *Do No Harm*: Aid becomes part of the dynamic of conflict and may even prolong it, so the question becomes: How can organisations do as little harm as possible? Aid increases resources available in the overall society, and some argue that aid therefore sustains conflict. Humanitarian actors need to be aware of this and seek to minimise harm in the following situations: when aid is used as an instrument of war by denying access or attacking convoys; when aid is an indirect part of the dynamics of the conflict because it creates jobs, providing income in the form of taxes and leaving the state with little or no responsibility for social welfare; and when aid sustains the root causes of the conflict by supporting rebel activities.
- *Respect Culture, Custom and Community*: Understanding local customs and traditions is important not only in carrying out relief work, but also in understanding local values and connecting them to internationally recognised human rights. However, when promoting human rights standards, it is always important to point out that human rights are not culturally relative, but that certain universally accepted human rights are applicable to all human beings, no matter what the cultural setting. Some interventions require particular sensitivity to local customs. For example, in dealing with rape it is important to be aware of how rape and victims of rape are perceived in the local community.
- *Develop Local Community Capacity*: Humanitarian action tends to look at short-term needs, and thus may fail to provide sustainable assistance. Because of the breakdown of local service delivery and administrative structures, reliance on external support often develops. When working in conflict it is important to focus on capacity building and participation of beneficiaries at all stages, particularly at the community level. As a result, part of the human rights approach must be to empower civil society so that the beneficiaries are able to demand accountability from governing authorities and humanitarian agencies.
- *Co-ordination*: Not only must different agencies make sure their work is complementary in the actual delivery of aid, but it is also important that decisions about, for example, stopping the delivery of aid, are taken in a principled fashion. This may provoke major disagreement among organisations, as it tends to be difficult to agree on policies concerning sensitive areas

of co-ordination. Nevertheless, organisations working in conflict must have a common standpoint to achieve maximum benefit.

- *Gender*: Many aspects of working in conflict situations—from camp facilities to food access, disruption of employment, risk of violence, or social standing—will affect men and women differently; the impact is often most severe on women. Just as important, the experience of war, displacement, loss of family members, etc. is likely to affect the social relationships between genders. Recognition of this reality is a core element of good programming and human rights-based programming.

There are a variety of ways in which organisations can apply a humanitarian principles framework to protect rights and increase access in conflict and other complex emergency situations.

The most common formulations of PHAs are those adopted by a group of organisations with a common interest in protecting rights and promoting principles. Such formulations can be adopted generally at the interagency level, or in terms of a specific humanitarian operation. The “Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief” and the statement on humanitarian principles in the Sphere Guidelines, both of which Unicef and many other agencies have signed on to, represent good examples of interagency humanitarian principle agreements. Examples of adoption of a common interagency humanitarian principles framework for specific operations include the “Code of Conduct for Humanitarian Assistance in Sierra Leone,” “Humanitarian Assistance in Liberia: Principles and Protocols for Operation,” and “Operational Criteria for the Implementation of Humanitarian Assistance Programmes in Angola.”

Less common, but sometimes more effective from perspective of protecting human rights, are humanitarian principles agreements that are entered into *with* warring parties. In such agreements, one or more of the warring parties makes a commitment to respect the principles that guide relief operations, and often to respect and abide by international humanitarian law and human rights standards. Such agreements are particularly useful for applying a human rights framework to engagement with non-state entities, which often do not recognise that they are bound by IHL and human rights law. By gaining the commitment of a non-state entity to abide by human rights law through a humanitarian principles agreement, organisations can create a mechanism by which they engage with non-state entities and hold them accountable to human rights principles.

A good example of a humanitarian principles agreement with non-state entities is the “OLS Agreement on Ground Rules” between Unicef and various rebel groups in south Sudan. As part of the “Ground Rules,” the Sudan Peoples Liberation Movement/Army and other rebel groups signed agreements that begin:

“We, the undersigned, enter into this agreement in a spirit of good faith and mutual co-operation in order to improve the delivery of humanitarian assistance to and protection of civilians in need.

In signing this agreement, we express our support for the following international humanitarian conventions and their principles, namely:

- I. Convention on the Rights of the Child 1989
- II. Geneva Conventions of 1949 and the 1977 Protocols additional to the Geneva Conventions....”

Other examples include the Somalia Ground Rules Agreement and several agreements entered into between Unicef and various rebel groups operating in eastern Democratic Republic of Congo.

A further set of guidelines has been developed and adopted by the international community specifically for working with internally displaced persons (IDPs). Armed conflicts in recent years have caused an alarming number of people to flee their homes without leaving their country of nationality. While they often find themselves in situations similar to those people crossing international borders, they do not qualify for protection and assistance as refugees under international refugee law. Given the growing problems and complexity related to internal displacement, in 1992 the UN Secretary General appointed a Representative on Internally Displaced Persons. The Representative undertook a detailed compilation and analysis of legal norms relevant to internally displaced persons. He concluded that existing law provides substantial coverage of the needs of the internally displaced, but that there were some shortcomings and a need for clarification. On the basis of these findings, the Representative drew up a set of guiding principles that incorporates elements of the three branches of public international law (IHL, human rights law, and refugee law) into a single document, the Guiding Principles on Internal Displacement.

Finally, an additional programming implication of a human rights approach in conflict situations is that a slightly different type of pattern analysis is required. There may be different and additional duty bearers in conflict situations. If the conflict is internal and involves non-state entities, and the latter control territory and population, they must be held accountable for protecting the rights of the population under their control. In this respect it is again important to note the preambles to the ICCPR and ICSECR recognise that all individuals in a community have duties to strive for the promotion and observance of human rights. When individuals take on the increased responsibility of political leadership and control of groups of people, there is a commensurate increase in the duty to protect the rights of the people they control and purport to lead and represent.

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"The turn of the century bore witness to a strong revival in human rights thinking and practice at the United Nations. The challenge of how most effectively to integrate human rights within development programming, strengthening accountability and empowering people as both principals and agents for their own development, is an ongoing one. Urban Jonsson's work embodies a welcome and timely contribution to this subject, advancing a clear and convincing framework for how human rights standards and principles can be brought down to a programmatic level."

*Mary Robinson
Former UN High Commissioner for Human Rights, currently
Executive Director for the Ethical Globalisation Initiative*

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*Ashjorn Elde
Suggested Professor of Human Rights, University of Gothenburg
and former Director, Norwegian Centre for Human Rights, former
Special Rapporteur on the Right to Food of the UN Sub-Commission
on Protection and Promotion of Human Rights.*

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