

UNFPA at Work

SIX HUMAN RIGHTS CASE STUDIES



Harvard School of Public Health
PROGRAM ON INTERNATIONAL HEALTH AND HUMAN RIGHTS



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FOREWORD

This publication, launched on the occasion of the 60th anniversary of the Universal Declaration of Human Rights, contains six case studies – from Colombia, Ecuador, Nepal, the Philippines, Turkey and the United Republic of Tanzania – highlighting national initiatives to promote and protect human rights.

The initiatives, supported by UNFPA, illustrate how gender, women's empowerment and cultural issues are being addressed. The purpose is to highlight some of the good work that is being done, and provide guidance and concrete examples of how to integrate human rights standards and principles – such as participation, accountability and non-discrimination – into the design, implementation, monitoring and evaluation of development programmes.

The example from Ecuador focuses on a system of checks and balances for the implementation of the Free Maternity Law and the participation of User Committees to provide valuable feedback and insight. In Colombia, the case study highlights how several interconnected programmes create synergy and greater impact for the promotion of human rights. In the United Republic of Tanzania, women have become more aware of their sexual and reproductive health and reproductive rights through community mobilization. In Nepal, marginalized women are empowered to raise their voices in defence of their human rights. In Turkey, a joint UN programme to improve health and well-being tackles the sensitive issue of violence against women. And in the Philippines, strategic interventions have improved the well-being of people.

In all of the case studies, one constant message came through: understanding and promoting human rights, including the right to sexual and reproductive health, requires contextualizing the approach and ensuring its translation into the local culture and its practices. Even health practices require a cultural lens so that the community will be fully comfortable with an approach that responds to their needs and their practices but that simultaneously includes modern methods. A cultural lens is critical to the promotion of human rights in local communities.

This publication was made possible through the support of UNFPA and the Program on International Health and Human Rights of the Harvard School of Public Health. I hope that it will contribute to a better understanding of the work of UNFPA in the field to support national leadership in advancing human rights. If there is one thing we have learned over the years, it is that the realization of human rights can only be achieved and sustained through broad-based participation and ownership at all levels of society. It is when human rights principles find resonance in the values and practices of the communities that they can be easily understood, promoted and practiced and thus bring about change from within. This is what national ownership of human rights is all about.



Thoraya Ahmed Obaid
Executive Director, UNFPA

LIST OF ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
NGO	non-governmental organization
UNFPA	United Nations Population Fund
UNJP	United Nations Joint Programme to Protect and Promote the Human Rights of Women and Girls

INTRODUCTION

Article 1 of the United Nations Charter establishes respect for human rights as the basis and the primary vehicle for achieving the purposes of the organization, and articles 55 and 56 set out that Member States and the United Nations shall promote universal respect for, and observance of, human rights and fundamental freedoms.

In 2002 the then Secretary-General, Kofi Annan, released a report called 'Strengthening the UN: An Agenda for Further Change', which contained proposals for strengthening human rights and stressed the importance of developing the capacity of the United Nations at the field level to integrate human rights into joint analyses and programmes. The 2005 Secretary-General's report 'In Larger Freedom: Development, Security and Human Rights for All' reaffirms that peace, security, development and human rights are the central pillars of the United Nations.¹

The United Nations Population Fund (UNFPA), as part of the UN family, is committed to national ownership through programmes that support government and civil society efforts to address population issues and reproductive health from a human rights perspective that is implemented through a cultural lens. To that end, UNFPA works with governments and for the people.

The purpose of this publication is to showcase different successful experiences whereby dialogue between governments and civil society organizations led to further advancement of the human rights of excluded and marginalized groups. It also presents information on how the use of the human rights-based approach benefits governments and communities alike, with a view towards identifying good practices, gaps, trends, challenges and opportunities. More specifically, the publication aims to:

- achieve a deeper understanding of the factors that contribute to a human rights-based approach project or programme;
- document how UNFPA has been supporting governments, civil society organizations and communities' efforts to work using elements of the human rights-based approach in programming;
- identify lessons learned for the development of human rights-based strategies;
- highlight the role of UNFPA country offices in facilitating alliances with governments and other partners and how

these alliances may contribute to the implementation of the Fund's mandate; and

- foster knowledge sharing across UNFPA country and regional programmes.

The 2003 United Nations Statement of Common Understanding of a Human Rights-Based Approach to Development Cooperation strengthened the conceptual foundation for human rights-based work by providing a synthesis of different UN agencies' interpretations of how to mainstream human rights into their activities.² One of the highest priorities for UNFPA in recent years has been bringing the essence of the Common Understanding into the day-to-day efforts of its field offices. According to the 2004 *Policy Note on Implementing a Human Rights-Based Approach to Programming in UNFPA*, "In adopting the approach, the Fund will need to introduce innovative and pioneering programme components that take into account the dignity and aspirations of people. This will mean creating the conditions for individuals to engage in a participatory process which encourages them to make choices, exert freedom and expand their capabilities".

Five years after the Statement of Common Understanding was issued, the many thriving UNFPA initiatives based on this vision reaffirm both the practical and moral value of the human rights-based approach. UNFPA country offices have not only expanded the human rights dimensions of existing programmes but also developed exciting new projects in accordance with the principle of national ownership. Under government leadership, UNFPA has found innovative ways to build the capacity of government representatives and community members and has brought these actors together in unprecedented partnerships. In addition, UNFPA emphasizes that the human rights-based approach can only truly have an impact if implemented in a culturally sensitive and gender-responsive way. As a result, all of its efforts and programmes take into account the various cultural contexts in which it operates in order to build and sustain communities' ownership of human rights principles and values, including gender equality.

The Statement of Common Understanding distils several important principles from the core of international human rights norms and standards: universality and inalienability; indivisibility; interdependence and interrelatedness; equality and non-discrimination; participation and inclusion; and

¹ Adapted from Action 2, 'UN Common Learning Package on HRBA', June 2007, <http://www.undg.org/index.cfm?P=531>.

² *The Human Rights-Based Approach to Development Cooperation: Towards a Common Understanding Among UN Agencies* (Second Inter-agency Workshop on Implementing a Human Rights-Based Approach to Development in the Context of UN Reforms, Stamford, United States of America, May 2003).

The programmatic significance of the key human rights principles

Human rights principle	Programmatically, this means:
<i>Universality and inalienability</i>	Projects must not ignore the human rights of any group and must reflect a conscious commitment to the human rights of commonly excluded and marginalized groups such as the poorest of the poor, especially: disadvantaged adolescents and young people; women survivors/victims of violence and abuse; out-of-school youth; women living with HIV; women engaged in sex work; indigenous peoples; minorities (ethnic and others); women living with disabilities; refugees and internally displaced persons; women living under occupation; and ageing populations. ^(a) Universality means that all people have human rights, even if resource constraints imply prioritization. It does not mean, however, that all problems of all people must be tackled at once. ^(b)
<i>Indivisibility</i>	Projects must ensure that all relevant rights are considered, without one right being promoted to the detriment of other rights. For example, health projects must recognize the importance of many rights, such as the right to life, clean water, education, information and the benefits of scientific progress. Programming must thus draw in diverse stakeholders who are responsible for all of the different human rights involved.
<i>Interdependence and interrelatedness</i>	Projects will have greater success if partnerships are made across sectors, e.g., reproductive health programmes should encourage partnerships with not only Ministries of Health but also Ministries of Education, Housing, Women's Affairs and other government stakeholders. The human rights framework encourages a multisectoral approach to problem solving and development.
<i>Equality and non-discrimination</i>	Programming should not solely target those who are easy to reach and have easier access to services, such as urban populations, but should also address rural populations. Otherwise, existing power imbalances between urban and rural access to services will simply be exacerbated. Unintentional discrimination must also be avoided. This can happen when, for example, the public at large is invited to participate in programme design, but certain groups are excluded because they live in remote areas. Specifically, programming may need to: direct priority attention towards those suffering discrimination and disadvantage in any given context, especially the poorest of the poor; strengthen capacities for data collection and analysis to ensure data are disaggregated as far as possible on the grounds of race, sex, geographic location and other relevant characteristics; advocate temporary special measures to facilitate equal involvement, such as affirmative action for women and special forums for participation; make project information available in accessible formats and minority languages; and support civic education and legal reform to reduce discrimination. ^(b)
<i>Participation and inclusion</i>	<p>Projects must ensure that all stakeholders have genuine ownership and control over development processes in all phases of the programming cycle. Securing the active, free and meaningful participation of all stakeholders goes well beyond inviting community input – it requires proactive measures to foster critical consciousness and decision-making as the basis for active citizenship. This process may require: budgeting for capacity-building and community organizing activities to strengthen civil society; increasing transparency; making policies and project information available in accessible formats and minority languages; creating specific channels so that the poorest and most marginalized groups can participate, with sensitivity to social and cultural contexts; and broadening alliances with civil society organizations.^(b)</p> <p>To ensure inclusion, programmes must pay particular attention to marginalized and excluded groups (described under 'Universality and inalienability').^(a)</p>
<i>Accountability and the rule of law</i>	Accountability systems require clear roles and responsibilities, transparent decision-making criteria and processes, access to information, and effective mechanisms to demand accountability. Accountability should be established at the different levels of programming, with mechanisms for enforcement and the possibility of recourse when duties are not met. This requires building the capacity of duty-bearers (e.g., government organizations) so that systems of accountability and redress exist, as well as ensuring that development agencies are accountable to the people and governments that they serve. ^(c)
<p>Notes:</p> <p>(a) UNFPA. <i>Strategic Plan, 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action</i>. DP/FPA/2007/17.</p> <p>(b) Adapted from: Office of the High Commissioner for Human Rights. <i>Frequently Asked Questions on a Human Rights-Based Approach to Development Cooperation</i>, 2006. http://www.un.org/depts/dhl/humanrights/toc/toc9.pdf.</p> <p>(c) For more information on accountability, see the <i>UNFPA Accountability Framework: Report of the Executive Director</i>. DP/FPA/2007/20.</p>	

accountability and the rule of law. In a human rights-based approach, these principles are applied systematically to all stages of programmatic activity. In other words, attention is given at each stage to how each principle informs the programming activities, from the initial assessment to the final evaluation.

Operationalizing the human rights-based approach simply means integrating the core human rights principles fully into the programming process – that is, examining how the principles inform the work. Some questions that field officers who are overseeing a human rights-based initiative might ask themselves include:

- How does the project embody the principles of participation and inclusion?
- How is the public involved in the situation analysis, planning, implementation, monitoring and evaluation?
- How can the participation of people who represent all community members, including the most marginalized, be ensured?
- How does the project embody the principles of equality and non-discrimination?
- How can the project be planned and designed in ways that facilitate the inclusion of marginalized groups?
- How will power differentials among the people involved in the project be dealt with?
- What local values and practices of the community can be activated to promote human rights and change from within?
- What project monitoring and evaluation mechanisms are needed to identify causes, occurrences and impacts of discriminatory actions?

Making programmatic decisions that further the human rights principles embedded in the above questions can contribute to advancing human rights.

This publication, in presenting six case studies of diverse field experiences, conveys some of the many applications of the human rights-based model to demonstrate both its flexibility and its capacity to consistently steer programming efforts toward optimal outcomes. It is the result of more than a year of cooperative efforts undertaken by UNFPA (more particularly, the Gender, Human Rights and Culture Branch of the Technical Division, the Regional Offices and the respective country offices), governments, communities and the Program on International Health and Human Rights at the Harvard School of Public Health. Based on a questionnaire jointly prepared, the case studies were elaborated by the country offices with guidance from the Gender, Human Rights and Culture Branch. The selection of countries was made in conjunction with the Regional Offices and the country offices.

Undoubtedly, many other country offices have carried out valuable programmes related to human rights. However, this publication is not intended to show all the work done by UNFPA on the human rights-based approach but rather to provide some examples and to systematize some interesting learning experiences.

It is important to note that the approach needs to include not only rights-holders (the people who have claims, or legal entitlements, based on their human rights) but also duty-bearers (people and institutions with obligations to fulfil those rights).

Government officials were involved in one way or another in the elaboration of all the case studies. In the Philippines, UNFPA worked with the National Commission for the Role of Filipino Women, which was actively involved in the analysis and identification of best practices, lessons learned and gaps. In Ecuador, the consultant was selected by the National Council of Women. In Nepal, the Director General of the Department of Women's Development was involved in the design phase of the case study. In Turkey, staff at the Ministry of Interior and local authorities were interviewed and the findings were discussed with the project team at the Ministry. In Colombia and the United Republic of Tanzania, many government representatives were consulted all through the process.

This compilation does not reflect 'perfect' cases of the application of the human rights-based approach to programming. There are no perfect cases. Instead, it aims to highlight the ways in which UNFPA has supported development initiatives that have led to the advancement of human rights, and each study is significant and meaningful within its own local context. Interestingly, the six case studies, for all of the differences in their subject matter, share many of the same lessons. UNFPA hopes that the lessons learned provide both inspiration and evidence on the benefits and value of integrating human rights principles into development programming, using both a cultural lens and a gender perspective.

Finally, the focus of this document is not on the work of UNFPA. More importantly, it shows ways in which governments, civil society and communities have taken the lead and moved forward to advance human rights, and how UNFPA supports these initiatives. It is about people bringing change by and for themselves from within their own systems and institutions with clear understanding and behavioural change. It is about demonstrating how ownership of human rights principles can be applied with success when communities are empowered to interpret them and to translate them and internalize them in their own thinking and way of living.

1. TURKEY

Women being subjected to violence come to us for help – this means I am involved in women’s problems. Still, before UNJP [the United Nations Joint Programme to Protect and Promote the Human Rights of Women and Girls], I had never thought about women’s problems at the local level in this way. For example, I had not made the connection between street lights and women being able to go out on the streets in the evening. Yet, I live right in the midst of these issues.

If there is no water at home, it is women who need to go and get water. There are many stray dogs, creating a hazard for women and children. Problems like these are often universal, but the solutions need to be local. Otherwise our lives don’t change.

Solidarity among women’s organizations is very important. Our contacts increased during the UNJP activities. We can direct women who request our assistance to other women’s organizations and groups in accordance with their needs. For example, we send mothers who are seeking support for their children to the Association for Supporting Contemporary Life or the Ataturk Thought Association.

The ‘emergency intervention team’ is very important in combating violence. From the district representative to the Imam, everyone has responsibilities concerning violence. Therefore they must participate in the teams. We will work to get this included in the Kars Action Plan.

— Arzu Orhangazi, Ka-Mer Women’s Centre, City of Kars

The United Nations Joint Programme to Protect and Promote the Human Rights of Women and Girls (UNJP) is a partnership between the national Government, local governments, civil society and the public, and is supported by all UN agencies working in Turkey. UNJP aims to strengthen local governments and women’s organizations for the purpose of creating ‘women-friendly’ cities, with human rights principles directly and explicitly guiding the initiative’s process and outcomes.

Conceptually, the joint programme is defined in accordance with the human rights principles expressed in the Programme of Action of the International Conference on

Population and Development (1994). UNJP thus articulates a model for empowering women to become fully engaged in the policy and decision-making process at all levels, local to national. This will enable them to secure greater access to education and health services, skills development and employment – all of which will expand their choices and ultimately enable them to better fulfil their human rights.

UNJP envisages the development and implementation of unique local action plans that reflect the diverse concerns of six major cities in Turkey, with the framework for each plan to be determined by local authorities and non-governmental organizations (NGOs), especially women’s organizations.

Thus, the programme has a flexible structure that can be utilized to advance the particular human rights identified as priorities for women at the community level.

COUNTRY CONTEXT

Turkey, strategically located between Europe and Asia, is bordered by the Mediterranean, Aegean and Black Seas. An upper-middle income country, it has one of the world's fastest-growing economies. Over 73 per cent of its inhabitants live in urban areas.

Turkey's population growth rate is low, at 1.35 per cent. The total fertility rate fell from 3.1 births per woman in 1990 to 2.7 in 2005, though significant regional differences remain. With a population estimated at 73.2 million in 2004, Turkey is the most populous country in the Middle East and the third largest in Europe.

While overall contraceptive prevalence is high, at 64 per cent, the usage rate for modern contraceptives is only 38 per cent. Although there is a wide range of contraceptives available, the quality of counselling services is in need of improvement. The rapid urbanization process, a result of massive rural-to-urban migration, has started to slow down, but it has already strained health, education and social service infrastructures, particularly in peri-urban areas. Nevertheless, there have been dramatic improvements in all levels of education, particularly among girls as well as children living in rural areas.

The Government has started to reform its health-care system, placing priority on addressing unmet needs in family planning and reproductive health services, providing reproductive health information and services to adolescents, and reducing maternal mortality. Starting in 2003, the European Commission became involved in the reproductive health programme on a large scale. The European Union-supported programme will build on the priorities identified in the Reproductive Health National Strategy and Action Plan for the Health Sector (2005–2015).

HUMAN RIGHTS IN TURKEY

Turkey has ratified most major international treaties concerning women's human rights, including the Convention on the Elimination of All Forms of Discrimination against Women

(CEDAW) and its Optional Protocol (in 1986 and 2002, respectively). In recent years, Turkey's efforts to become integrated into the European Union have further brought the Constitution and national legislation in line with international human rights principles.

Constitutional amendments and legislative reforms to achieve compliance with CEDAW and with the Convention on the Rights of the Child (which Turkey ratified in 1995) address many different issues, including:

- sexual harassment,
- workplace discrimination,
- minimum age at marriage,
- equality between women and men in marriage,
- domestic violence,
- sexual assault,
- marital rape and
- human trafficking.

The Government and human rights proponents are currently focusing on implementation issues. The joint programme's initial situation analysis described this matter in the following terms:

Despite [recent legislative] changes, reaching gender equality and full protection of women's and girls' human rights remains a significant challenge for development in Turkey. Implementation of legislation, delivery of quality services, innovative approaches and projects and coordinated approaches to meeting the needs of the most vulnerable women are missing and/or are still hampered by low awareness and less than adequate capacities.

THE UNITED NATIONS JOINT PROGRAMME TO PROTECT AND PROMOTE THE HUMAN RIGHTS OF WOMEN AND GIRLS

Overview

Within the framework of its partnership with the Government, the United Nations Gender Thematic Group in Turkey launched the UNJP at its request, as a two-year initiative, in 2006.³ The UNJP is the first joint programme to

³ The United Nations Gender Thematic Group was established in 2002 in Turkey. Its members are UNFPA, the International Labour Organization, the World Health Organization, the Food and Agriculture Organization of the United Nations, the Office of the United Nations High Commissioner for Refugees, the United Nations World Food Programme, the United Nations Children's Fund, the United Nations Development Programme, the United Nations Resident Coordinator, the International Organization for Migration and the World Bank. Its objective is to conduct joint activities in programming gender equality and equity in Turkey. It has carried out numerous joint advocacy activities and training sessions for UN staff. UNFPA is the lead UN agency designated to partner with the Government to coordinate the UNJP in Turkey.

support national policy development, advocacy and capacity-building for local governments and NGOs. The agencies of the Thematic Group have participated in every phase of the programme, and have also provided financial contributions to cover one third of its budget.

The UNJP executive summary reads in part:

Turkey acknowledges that gender equality is a matter of human rights, social justice and democratic representation and is fundamental to the achievement of economic development and social peace. Accordingly, over the past years significant legislative changes have been made to protect and promote women's and girls' human rights. However, implementation of this legislation across sectors is [limited]. . . . Turkey has no up-to-date national and local action plans aimed at ensuring that women and girls can fully enjoy their rights. Nor have sufficient funds been allocated to ensure the full implementation of new legislation and no monitoring mechanisms exist to track implementation.

In this context, women's NGOs are sometimes the sole institutions working towards implementation. And although efforts to establish a dialogue between central and local government and NGOs have begun . . . no such dialogue fully exists at present. UNJP is designed to address this development challenge by strengthening national implementation mechanisms and tools, policy dialogue about potential obstacles to implementation, capacity-building, awareness-raising and service certification. The programme will primarily target national-level decision-makers as well as local government, NGOs and the general public in and around six cities. They have been selected to demonstrate how participatory and coordinated cross-sectoral approaches can improve services, augment resource availability and improve the lives of girls and women. It is finally expected that the programme can facilitate a more coordinated approach to internationally supported initiatives aimed at improving women's and girls' human rights.

The main partners of UNJP in Turkey are the Ministry of the Interior, the Association for Support and Training for Women Candidates Ankara Branch, the Hacı Ömer Sabancı Foundation, local governments (both municipalities and governorates) and NGOs.

UNJP seeks the following specific outputs:

- increasing the national and local political and budgetary commitment to create an enabling environment (plans,

programmes, policies and laws) to promote and protect the rights of women and girls;

- improving local government capacity to design and deliver high-quality services for women and girls;
- increasing the capacity of relevant NGOs to advocate gender equality, manage projects, mobilize resources, successfully interact with local government and empower women and girls; and
- increasing the general public's awareness of the rights of women and girls and of available support services.

The centrepiece of UNJP is the development of five-year local action plans for the six participating cities: İzmir, Kars, Nevşehir, Sanliurfa, Trabzon and Van. UNJP is holding workshops to develop the capacities of the programme participants to prepare the plans and is overseeing the development and launch of these plans. Other activities include:

- meetings to foster dialogue between community members and local and national government representatives;
- capacity-building training for local governments and NGOs;
- improvement of local service delivery models;
- awareness-raising and advocacy campaigns on gender issues, rights and services;
- evaluation of selected cities and certification of cities as 'women friendly'; and
- development of a national scaling-up strategy or model.

Human rights-based national and local situation analyses

In the initial research phase, the UNJP identified capacity shortages relating to the implementation of the new legislation on human rights. It found that up-to-date national and local action plans were needed to create an enabling environment for women and girls to fully enjoy their rights. Government agencies charged with the realization of rights required better funding and more efficient administrative mechanisms.

Other findings included the need to foster dialogue and networking between government agencies and NGOs at the local and national levels, as well as supporting networking within the NGO sector at the local level. There did not appear to be extensive monitoring of how municipalities

fulfilled responsibilities such as opening shelters for women and children, and providing social services and vocational training. Both local government and women's NGOs were looking for ways to step up their efforts to protect women and girls from violence and to ensure their access to education, health care, employment and politics.

In addition, local government officials were seeking opportunities for comprehensive training in gender equality, gender budgeting and local services for women, girls and vulnerable populations. However, the NGOs did not know how to effectively communicate with local government, advocate on behalf of women and girls, manage projects, mobilize resources or empower women and girls. Furthermore, the general public demonstrated low awareness of what women and girls' rights are, and where and how women and girls can access services.

Another set of situation analyses was conducted by UNJP in the six participating cities as participatory events intended to lead duty-bearers and rights-holders to express their opinions and systematize their ideas at the local level. Some input from NGOs about problems and solutions at the provincial level has also been incorporated into the framework of NGO trainings.

The local situation analysis has made women's organizations better prepared to take concrete action on the basis of their demands, rather than passively waiting for duty-bearers to respond. Women's NGOs have begun to publicize their opinions and to form partnerships with other NGOs and with local authorities regarding the issues they want to see addressed in the preparation of the local action plans. Women from different cities shared common concerns, including women's unequal access to education, a lack of services aimed at preventing violence against women and providing support to the victims of such violence, poor urban infrastructure and transport, poor nursery and childcare services, and poverty.

Various location-specific concerns were also identified, such as safety problems stemming from derelict buildings in the centre of İzmir and language-related obstacles for immigrants from rural areas and for asylum-seekers in Van. Participants from Sanliurfa expressed concern about women's high fertility rates there, and those from Nevsehir noted psychological problems stemming from living in a traditional society.

These examples reflect the effectiveness of local participatory mechanisms in producing more robust analyses, as

well as facilitating the adoption of the UNJP initiative at the local level.

Efforts to build the capacity of rights-holders

The central component of the UNJP strategy for protecting and promoting women's and girls' human rights is the direct involvement of women in the process itself. UNJP recognized from the outset that Turkish women's NGOs were the most suitable representatives of women in the communities targeted by this particular initiative.

UNJP has approached women's NGOs not as passive beneficiaries of an externally managed set of activities, but as important agents for protecting and advancing women's human rights. This is a novel empowering experience for the organizations, which have traditionally been perceived – and have perceived themselves – as charities simply channelling resources and services to women and children in need.

Engaging women's NGOs as agents in the realization of the programme's goals has meant helping them identify the most effective strategies for participating in the process. Turkey has a strong women's movement, but this has had limited opportunities to foster its own organizational development. Capacity-building for women's NGOs was therefore proposed as one of the most important activities. This has enabled participating groups to acquire the skills, power and access to effectively demand and monitor the actualization of women's human rights in daily life. In many cases, simply attending UNJP meetings proved to be an important confidence-building step for representatives of women's NGOs. From there, they went on to explore their own capabilities for entering into dialogue with the Government.

The local situation analysis described above proved to be an important capacity-building experience. While UNJP coordinated the process, the exercise was very much driven by the concerns of local participants, including the women's NGOs. By coming together in highly participatory meetings with other UNJP actors, most notably representatives of local government agencies, the women's NGOs discovered that they were able to put their newly acquired skills to immediate use, and further honed those skills through being involved in helping to guide the situation analysis through to its completion.

The subsequent process of developing the local five-year action plans, currently under way, is expected to have a

Claiming rights through the UNJP experience

For me, what matters most is working together with the municipality. Before, I used to be apprehensive, worrying about whether I would be blamed for bringing up issues that were not worthy of consideration. Now I am confident. I know that dialogue and lobbying are part of my quest for my rights.

UNJP has helped me and other women identify what we want, and why, and also what we will talk about; for example, how we are unhappy about the rubbish, the dangers of the river and canals in our district. . . . The buses and dolmus [taxis carrying several independent passengers] need to be increased, and we need new lines. We have collected 1,500 signatures for this.

In Çigli [a district of the City of İzmir] we have started to have talks with our Mayor. First we went to him with the following demands: transportation for our trips to meetings; support for the women's meeting; joint development of our concept for establishing a space for women and children; and preparing a project for water in the recreation area.

We participated in the strategic planning meeting of the municipality. There we proposed improvements in intra-city transportation and the establishment of a local women's council. Then we held a meeting with four district representatives. We asked the Mayor to send representatives to these meetings. He sent a representative who noted everything. Of course we were very pleased. . . .

We went twice to the municipal council following the discussion about our demands. This was very effective. Now we send a representative to each meeting to follow up and take notes.

The UNJP trainings gave me the self-confidence and knowledge to do this work. Also, UNJP has inspired women's organizations to start networking and meeting among themselves. In İzmir, we started a Yahoo group to improve communication.

UNJP legitimizes women's organizations by bringing us into dialogue in decision-making processes. . . . If the projects we propose are included in the İzmir action plan, that will be a very good experience.

— Kizbes Aydin, Çigli-Evka Women's District House, City of İzmir

similarly beneficial effect. Thus, by actively contributing to the determination of UNJP outcomes in their communities, women's NGOs and their representatives are becoming empowered rights-holders, which is a crucial requirement for the attainment of health and development outcomes that fully affirm human rights. The quotation that introduced this case study and the one in the box above vividly convey examples of what this approach can mean.

Efforts to build the capacity of duty-bearers

The United Nations Gender Thematic Group in Turkey conceived of UNJP as an unprecedented partnership between rights-holders and duty-bearers. The participation of duty-bearers was deemed essential because, as CEDAW affirms, the protection and realization of women's human rights are the responsibility of the State.

The Ministry of the Interior's decision to serve as a major UNJP partner firmly establishes the presence of duty-bearers in the programme. The Ministry oversees the development

efforts of all local governments and is responsible for ensuring democratic participation, transparency and accountability at the local level.

The local governing units in the six participating cities are recognized as equally important duty-bearers in the project. A challenge that UNJP directly addresses is the local bodies' willingness to partner with women's organizations to implement public programmes. Capacity-building for these local authorities takes the form of workshops and other activities that help them become more skilful at meeting their duties to rights-holders. While some of the same learning topics are relevant to both rights-holders and duty-bearers, the emphasis for local authorities is on shifting from a hierarchical model to a collaborative one, with all constituents – including women who lack professional credentials – equally qualified to serve as collaborators.

Some UNJP training activities have been for government representatives alone, and others have brought together

government and NGO representatives as a means of fostering the dialogue between them. For example, project cycle management training is conducted for groups of 15 people: five each from the governate, municipality and women's NGOs. By undergoing the highly interactive training programme alongside representatives from women's organizations, government participants are able to begin to appreciate them more as partners in the development process.

Fostering participation, inclusion and accountability

Fostering participation

The human right to participate freely in one's own development by joining relevant decision-making processes is part of the principles of UNJP. Instead of asking agents of the State to protect and promote the rights of women and girls, UNJP provides assistance to encourage women's participation in the state-mediated development process. UNJP does this directly, by supporting capacity-building of women's NGOs, and indirectly, by helping local and national governmental bodies find ways to encourage and benefit from the participation of community members.

Local government officials and women's NGOs have started to engage with each other during joint capacity-building activities such as the project cycle management training mentioned in the preceding section. In some of these situations, the parties have taken the next step of beginning to strategize together about how to formulate, fund and implement collaborative projects for the improvement of women's human rights. These experiences are laying the groundwork for the preparation of the local action plans, which is envisioned as a process in which representatives of women's NGOs will participate as fully as their government counterparts.

Other new opportunities have emerged for women's NGOs. They have learned to use tactics such as securing greater representation on local human rights councils and attending follow-up meetings of the local municipal bodies that are expected to be pursuing their interests. In some communities, women have begun to address the issue of participation in civil society more broadly. One woman interviewed for this case study reported:

We are of course aware of the right to elect and be elected, but we have never believed that we would be elected. In the last local elections, people asked me to be a candi-

date for the municipal council. My father-in-law told me, "You will not be able to get elected and our reputation will be damaged." I thought he was right, and I did not apply. Now, after the trainings, I am more confident. The taboos can only be destroyed by us. When I become a candidate, I would of course like to be elected, but even if I am not, I know that my own and my family's reputation will not be damaged by this effort.

Fostering inclusion and non-discrimination

The significance of the human rights principles of inclusion and non-discrimination are highlighted by two different aspects of the UNJP experience:

1. The nature of the process that has brought together stakeholders to formulate five-year plans; and
2. The content of the plans – how they will embody inclusion and non-discrimination in the activities they call for.

Given the unequal participation of Turkish women in many aspects of community life, it should be emphasized that merely conducting a programme of this nature – with women's NGOs regarded as primary partners, alongside the Ministry of the Interior and local government – is in itself progress toward the fulfilment of the human rights principle of inclusion. Furthermore, attention to involving diverse women's groups and individuals, and to fostering mutual respect among them, embodies the principle of non-discrimination.

Regarding the content of the plans, the UNJP capacity-building support activities have given programme participants a thorough grounding in the fundamental principles of the human rights-based approach to programming, including the principles of inclusion and non-discrimination. Thus, all of the actors, as they move forward on developing and implementing the five-year plans, are in essence seeking to replicate the model that they have experienced in regard to these principles. Discussions thus far suggest that the five-year action plans may draw attention to the needs of some or all of the following excluded or marginalized groups: victims of violence, victims of human trafficking, asylum-seekers, refugees, internally displaced people and those living in poverty.

Research for this case study suggested some interesting differences in how government and NGO representatives think about excluded or marginalized groups. The former, when discussing this issue, focused on illiterate women and girls, people living in poverty, mothers of more than three or four

children, girls who are not participating in the formal education system, girls who are forced to marry at young ages, women with disabilities, women subjected to domestic violence, women who cannot use contraceptives for health reasons and women in polygamous relationships.

The NGO representatives spoke about the following groups not identified by the government representatives: women victims of trafficking, sex workers, women whose cultural or social environments contribute to psychological problems, 'good girls' who do not go out and are always in the house, women who do not speak Turkish well (such as asylum-seekers, refugees, immigrants and internally displaced women) and women from different ethnic backgrounds.

These differences further demonstrate the value of combining different stakeholders' perspectives to develop the best community interventions.

Fostering transparency and accountability

From its inception, UNJP has demonstrated the importance of accountability and transparency as human rights principles by making itself accountable to all UNJP partners and stakeholders. This has meant being forthcoming about all plans and activities, as well as taking responsibility for programme outcomes. It has also involved communicating broadly and in an effective manner. For example, the results of opinion polls that helped inform the situation analyses were presented to all UNJP partners for evaluation, including participating women's NGOs. The results were further discussed in widely publicized stakeholder meetings and described in printed materials and in documents posted on the public UNJP website.

The website has been a tool for tracking implementation more generally, with UNJP coordinators publishing frequent updates and supplementary information there. Since many stakeholders outside of government may not have reliable Internet access, UNJP has also published a quarterly newsletter that is widely distributed in the participating communities. Women's NGOs have helped to disseminate information about UNJP developments to their constituencies, and have relayed the concerns and other responses of constituents back to the other UNJP partners.

PRELIMINARY RESULTS OF THE PROGRAMME

The joint programme's activities thus far, even before completion of the five-year local action plans, have led to a dra-

matic shift in the outlook of participants. According to public officials, UNJP local facilitators and NGO representatives, the programme's most important short-term consequence is to bring the issue of gender discrimination out into the open. Moreover, influential local officials have promised to increase their commitment. For example, the Mayor of Van said in an interview, "From now on, our own interest will increase because, thanks to UNJP, we have overcome our lack of familiarity and inhibitions regarding women's issues."

It is also notable that in each participating city, NGOs have proposed at least one project for increasing women's use of urban services and one for survivors of violence, and they are seeking to have those proposals incorporated into the local action plans. A summary of project ideas developed by the NGOs during their training appears in the box on the next page.

Many other preliminary results confirm the value of a human rights-based approach. Accomplishments described in this case study can be summarized as follows:

- better understanding on the part of all stakeholders of the idea that all people are entitled to human rights;
- greater local intersectoral cooperation, including between parties that have never before worked closely together (most notably, some government agencies and women's NGOs);
- government bodies more open to learning about women's human rights principles and integrating these principles into their activities;
- stronger women's organizations that regard themselves more as rights-holders and protectors of the rights of community members than as charities; and
- recognition that change comes from within the communities and is contextualized to their own circumstances.

CONCLUSION: LESSONS LEARNED

In order to increase women's cooperation with government institutions in Turkey, the capacity of both parties needed to be enhanced. The joint programme provides a compelling example of why capacity-building must go beyond providing training, equipment and financial support. The skills and resources that the programme brought to women's NGOs

Summary table of project development exercises during NGO training

1) Increasing the use of urban services:

- *Projects aimed at making the city more liveable, creating a pleasant environment and/or facilitating the use of the city by women (e.g., by enhancing security, public transportation, lighting, streets and pavements; creating parks and children's gardens; establishing walking tracks on the coast; improving rubbish collection; reducing dust and mud; controlling street dogs; improving traffic control during hours of travel to and from school; spraying insecticide to control mosquitoes; and solving the housing problem).*
- *Facilitating women's urban travel through reduced-rate travel cards, free transportation on 8 March (International Women's Day), adding bus stops near markets and shopping centres, organizing 'connected' means of transport such as ship-bus-train, increasing lighting for streets and stops and adding night buses for the suburbs.*
- *Women's cultural centres (creating a social and cultural space for women in the city; creating workshops for training and information, vocational and hobby activities, etc.).*
- *'Women's streets' (converting streets that women are currently afraid to enter because of the concentration of derelict buildings into sites for cultural centres and women's enterprises).*
- *Women's services platforms (draft project for ensuring coordination among public services in the city).*

2) Decreasing early marriages for young girls.

3) Women's counselling and rehabilitation centre for combating violence, support centre for psychological problems, training/information/consciousness-raising activities, developing services for preventing honour killings.

4) Sending girls to school (giving priority to girls' scholarships, etc.).

5) Healthy baby and mother (aiming at increasing hygiene and nutritional knowledge).

6) Prevention of commercial sex work; supporting the victims.

7) Improving women's economic circumstances:

- *Agricultural production project proposal for increasing the food-intake guarantee for migrant, poor and single mothers and their children.*
- *Project for spaces where women can sell their handmade products (for increasing self-confidence, creating sales spaces in district marketplaces and opening sites for sales).*

and local government bodies, at their own request, would not have been nearly as valuable if UNJP had not also created opportunities for the two parties to 'learn by doing' – to grow more adept at collaborating by participating side-by-side in UNJP-coordinated activities, most notably in the situation analyses, training events and development of the five-year action plans.

Flexibility is an important ingredient in successful human rights-based programming. The joint programme was able to foster capacity-building among disparate groups of government and non-government representatives because of its ability to 'meet people where they're at'. Different

participants in UNJP lacked different kinds of skills, and their capacity-building needs varied greatly across the six selected cities. The programme was able to respond successfully to the situation by entering into it without pre-conceptions about what the participants should already know or be doing.

Flexibility also helped the joint programme capitalize on unexpected opportunities, as when some women's NGOs and government representatives discovered that they had synergistic interests beyond the scope of the programme's capacity-building curriculum. The NGO and government stakeholders were encouraged to find their own way forward

in collaborative relationships around the particular issue or work together on other community challenges rather than being confined by UNJP-designated parameters.

Easy and practical solutions to community problems should be valued. For the joint programme, some of the best such solutions capitalize on the knowledge and experience of the participating rights-holders. UNJP clearly demonstrates that there is not a correlation between formal education and the ability to identify and remedy problems interfering with the fulfilment of

women's and girls' human rights. The participation of rights-holders from across the socio-economic spectrum, in fact, is in line with the principles of inclusion and non-discrimination, while also pointing the way to the most effective and sustainable solutions.

By understanding the local context, including cultural perspectives, the participants were equipped to deal with the challenges and build on the positive elements that would promote gender equality and prevent violence against women.

2 ■ ECUADOR

When we complained, some providers would respond, “You patients don’t know the technical aspects.” Doctors know about injections, but they forget about the human aspect. The User Committee explained to the doctors why our perspective is important, and why they should listen to us. It got them to understand that we aren’t doctors, but we are human.

— Anna, age 26, a resident of Orellana Province, where UNFPA has worked to strengthen User Committees

One of the most important achievements in improving sexual and reproductive health and reproductive rights in Ecuador is taking place through a quiet but far-reaching campaign to strengthen the local User Committees that play an integral role in implementing Ecuador’s landmark Free Maternity Law.

The National Council on Women, a government agency, is working to establish User Committees throughout the country. These groups, whose members are elected by their communities, monitor public health facilities’ compliance with the Law and also educate providers and community members about what the Law encompasses.

With assistance from UNFPA, the Council has ensured that the User Committee system is well positioned in a human rights framework. User Committee members even in remote parts of the country have a sophisticated understanding of how to apply the human rights-based approach to implementation of the Free Maternity Law. They often take the leading role in helping other stakeholders, such as municipal health authorities and health-service providers, to better understand their obligations to the community under the Law.

COUNTRY CONTEXT

Ecuador, located in north-western South America, is bounded by Colombia on the north, Peru on the east and south, and the Pacific Ocean on the west. Although a relatively small country, it is among the richest in the world in terms of biodiversity (including the Galapagos National Park).

Political and economic power is concentrated in the capital, Quito, and in Guayaquil, the largest city. Ecuador’s population of 13 million is growing at a rate of 1.4 per cent per year, and one in every four Ecuadorians is between 15 and 29 years old. The population is ethnically diverse and includes Amerindians, who account for approximately a quarter of the population, and a small Afro-Ecuadorian minority.

Severe droughts have worsened the economy and exacerbated poverty. In urban areas, where 60 per cent of the population lives, poor families face overcrowded neighbourhoods, crime and unemployment. In rural areas, the major problems centre on unmet basic needs. One third of rural households, for example, do not have access to safe water or electricity. The fertility rate in 2005 was 2.7 children per woman. The maternal mortality ratio, 130 deaths per 100,000 live births, places the country in the mid-range among its Latin American neighbours. In cities, 76.5 per cent of women receive skilled maternal care. The prevalence rate of HIV and AIDS among those aged 15-24 is 0.22 per cent.

The country has made significant progress in the direction and pace of change in sexual and reproductive health indicators since the International Conference on Population and Development in 1994. It has also made considerable progress in enacting laws to promote human rights and gender equality, including the sexual and reproductive health and reproductive rights of women, and has passed a domestic violence law that provides protection for women and children against sexual violence. A network of non-governmental organizations (NGOs), including women lawyers, assists in the

monitoring of these rights. In addition, the Free Maternity Law, passed in 1998, guarantees free maternal health care to pregnant women and their newborns, access to family planning for women of reproductive age and health care for children up to the age of five.

HUMAN RIGHTS IN ECUADOR

Ecuador has ratified most major human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

The country's Constitution states that it is one of the State's main obligations to "assure the existence of human rights and the fundamental freedoms of men and women". It calls for the State to guarantee "permanent and uninterrupted access to health services, in accordance with principles of equity, universality, solidarity, quality and efficiency". Also, "the State will promote a health and life culture, with an emphasis on nourishment and nutritional education for mothers and children and on sexual and reproductive health through the participation of society and the collaboration of the media". The State should also formulate and oversee the application of a national health policy, and "organize a national health system...that will function in a decentralized, broad and participative manner".

The Organic Law of the National Health System and the National Health Policy were developed to elaborate on the health issues addressed by the Constitution. The former calls for an emphasis on primary health care, promoting health in ongoing processes and applying broad, decentralized, participative mechanisms. One of the National Health Policy's objectives is "to promote citizenship related to health and the guarantee, respect, promotion, protection and eligibility of human rights for the exercise of a dignified and healthy life".

The Rights and Protection of the Patient Law also protects human rights in the area of health. It establishes the rights to dignified medical attention, freedom from discrimination, confidentiality, information regarding the state of one's health and the risks of recommended treatments, individual treatment and prognosis, and a free choice regarding whether or not to accept the suggested treatment.

An additional law, the Organic Law for the Defence of the Consumer, affirms the rights to: the protection of life, health and safety; optimum-quality basic services; treatment that is transparent, fair, non-discriminatory and non-abusive; restoration or indemnification for damages and injury; gov-

ernment help to create associations for consumers and users; and effective mechanisms for the administrative and legal guardianship of one's rights and legitimate interests.

An important legal milestone was the December 2006 passage of the new Health Code, which guarantees the right to sexual and reproductive health as well as attention to gender-based violence. The code is for "regulating actions that make it possible to make effective the universal right to health established in the Political Constitution of the Republic and the Law". It calls for adherence to "the principles of equity, integrity, solidarity, universality, non-renounceability, indivisibility, participation, plurality, quality and efficiency, with a rights approach that is intercultural, gender respecting, generational and bioethical".

THE FREE MATERNITY LAW

Ecuador's Free Maternity Law guarantees the right to free, high-quality care for pregnant women during pregnancy, birth and the post-partum period. It applies to all women in sexual and reproductive health programmes as well as to children under five years of age. A total of 54 services related to maternity, childcare and reproductive and sexual health are covered.

The Law's funding mechanism is unprecedented in Ecuador: services are free and costs are recovered afterwards either by the health centres or by the municipalities, thereby ensuring efficiency in delivering the service and in the spending mechanism.

The Free Maternity Law is obligatory within the public health system. At the local level, municipalities are called on to carry out the Law through tasks that include education, information and communication. They also help finance the transfer of obstetric, neonatal and paediatric emergencies from small rural clinics to larger health centres.

The Free Maternity Law foresees the functioning of User Committees entrusted with encouraging citizens' co-responsibility for maternal and child health and monitoring the Law's application. The specific functions of these Committees are to:

- comply with information related to health services;
- identify and prioritize community needs and aspirations;
- participate in the local evaluation of activities in cooperation with the operational units;

- channel people's health requirements through Local Solidarity Health Fund Management Committees;
- bring cases of abuse, negligence, discrimination, misuse of assigned funds or any other type of action or omission involving non-fulfilment of the Law to the Local Solidarity Health Fund Management Committees;
- prepare a trimester report on the quality of care provided by health services and present it to the Local Solidarity Health Fund Management Committee in order to channel demands and incentives to the programme units; and
- notify the operational units regarding cases of maternal and infant death occurring in their communities.

Eleven User Committees were known to exist in 2001. In 2008, 89 User Committees in 43 cantons in 13 provinces are registered with the National Council on Women. It is assumed that others exist but have not been registered.

In several cantons and provinces, User Committees have coordinated their efforts, thereby strengthening their capacity for advocacy and dialogue with local health authorities. At the same time, mechanisms for enabling citizen's watches and channelling complaints have been improved.

FOSTERING HUMAN RIGHTS THROUGH USER COMMITTEES

UNFPA participates in the Committee for Support and Follow-up of the Free Maternity Law as part of the technical support group. It has joined the Ministry of Public Health, the National Council on Women and the Free Maternity Programme Unit in defining Free Maternity Law policies and general strategies. With the Ministry, UNFPA is supporting training sessions for health personnel regarding such topics as essential obstetric care. The Fund is committed to supporting User Committees in relation to both technical cooperation and finance and has helped the Council define methodologies, instruments for registration and training materials in accordance with human rights principles. It has provided support for the preparation of a database of User Committees based on the registration tools, and supported regional and national gatherings of User Committees to help them prepare a national User Committee agenda.

At the local level, UNFPA is supporting the work of User Committees in five provinces: Guayas, Imbabura, Manabí, Napo and Orellana. Efforts in these provinces are focusing

on reducing maternal mortality, preventing HIV and AIDS and, in places where the population is largely indigenous, establishing an indigenous intercultural health model. Provincial plans for reducing maternal deaths include improving equipment and supporting teams of facilitators who can train health-care providers to safely deliver babies. All these activities also directly or indirectly affect the application of the Free Maternity Law.

One form of indirect support for the Law can be found in the work of UNFPA with community and youth organizations. The Fund helps these organizations to integrate a gender vision into their agendas and to address women's needs and interests. In Orellana Province, it finances the Amazon Health Foundation in order to promote a project that aims to improve the quality of services through the training of service providers and health promoters, the provision of contraceptives and equipment, and the strengthening of committees that use the Law as a mechanism for demanding reproductive rights. In addition, it supports the decentralization of the health system as a way to establish linkages with other systems and to increase the participation of the public in the area of health.

International cooperation organizations have also supported the National Council on Women in carrying out the Law's provision for User Committees. For example, the creation of the first Committee was one accomplishment of a project established by Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) - German Technical Cooperation - to promote sexual and reproductive health. The Pan American Health Organization (PAHO) also made an important contribution with its Healthy Spaces Project by creating the first User Committee in Loja Province.

Family Care International's Advocacy for Safe Motherhood Project was an active inter-institutional experience that produced tools for promoting User Committees. In addition, the Gender Equality Fund of the Canadian International Development Agency (CIDA) supported the preparation of the agenda for User Committees. Programmes such as the United States Agency for International Development's (USAID) Quality Assurance Project help to improve the quality of services through training.

RESULTS

Capacity development through training is a key element of the sustainability of User Committees. Committee

members are trained on how to carry out the human rights-based approach within the context of the Free Maternity Law. Understanding and internalizing the human rights vision into their thinking, behaviour and thus programmes has been a lengthy but vital process for them, as it serves as the foundation that motivates and guides their actions. The User Committees' interpretation and operationalization of some central human rights principles is described in the following sections.

Participation

The National Council on Women, with assistance from UNFPA, established User Committees to enable community members to participate directly in the realization of their right to health. The mere existence of a User Committee, however, does not guarantee that community members' voices will be heard by the authorities. In order for that to happen, the Committee must both engage its constituency and persuade other actors to accept their role in implementing the Free Maternity Law.

The User Committees analysed for this case study have made great strides on both counts. They have carefully developed their relationships with community members by visiting different types of community groups and holding public forums. Sometimes members of User Committees initiate discussions with people waiting to be seen at local health clinics.

In some locations, User Committees conduct a survey every trimester to analyse community satisfaction with public health services. The results are sent to key local decision-making bodies such as Committees for the Management of Local Funds and Municipal Health Councils. In some cases, results also go directly to Ministry of Public Health authorities.

The User Committees' participation as stakeholders in decision-making processes takes different forms in different locations. In Manabí and Guayas provinces, formal alliances have been forged between User Committees and local health authorities. In Guasmo, for example, the Area Conduction Unit has been incorporated for the purpose of bringing the various parties together for strategic planning. An observer noted that, "User Committees have developed the self-confidence to participate with their own ideas in monthly meetings with the director of the hospital."

From the standpoint of some health-care providers, these contributions are significant. One provider reported that

although department heads initially rejected the User Committees, they eventually came to respect the Committees' ability to engage in a meaningful dialogue. "The User Committee members aren't just talking about the Law – they have information about expenses, and they understand the financial statements and even the overall budget," the provider said.

The User Committees' practice of keeping records of maternal deaths in the community has provided other avenues for people to participate in the effort to realize their right to health. The Committees publicize the records to create more social awareness and make women themselves more conscious of this problem, while also helping the Ministry of Public Health to monitor maternal mortality.

Equality and non-discrimination

As a first step toward applying the principle of equality and non-discrimination, User Committees seek to make their membership reflective of the communities they serve. This means striving for gender balance and proportionate representation from the socio-economic and ethnic groups found in those communities. An important issue in many cases is ensuring the representation of the interests of indigenous peoples and Afro-Ecuadorians.

For people to claim their rights, they must first know about them. User Committees work from the standpoint of recognizing that many Ecuadorians do not know about the existence of the Free Maternity Law, and that more marginalized citizens are at greater risk of not being informed. Thus, educating women and members of poor and otherwise marginalized communities about their rights under the Law is an important part of the Committees' agenda. It is clear that information regarding implementation of the Law has not been widely distributed. A 2003 survey found that only 32.5 per cent of women in urban areas and 17 per cent in rural areas were aware of its existence.

A User Committee member in the city of Ibarra reported that, "The situation has changed a lot, because when we made our first survey in 2003, 89 per cent of the population did not know about the Free Maternity Law, and 50 per cent of the doctors knew nothing either. Now, 98 per cent of the population in the canton knows about it. The doctors do too, because when new doctors arrive, their supervisors tell them." In addition to educating people about the Free Maternity Law, it is not uncommon for User Committees to

also introduce community members to the contents of the Penal Code, the Constitution and other tools such as the Code for Children and Adolescents during the course of helping them understand why they have the authority to make claims on the State.

In the communities considered for this case study, there were perceptions that the presence of User Committees generates 'protection' because the Committees uphold the rights of community members and receive their complaints. Consequently, the Committees are well received in many neighbourhoods, precincts and parishes. One role of the User Committees is to see that mothers learn about the rights they knew nothing about. "Sometimes doctors say things that are not true," says a woman who has had positive experiences with her local User Committee in Ibarra.

As this comment suggests, User Committees have been trained to go beyond defending the rights of their constituents. When working with aggrieved community members, they have a dual agenda: to seek redress, and to empower people to learn about their rights and about how to participate in the process of making duty-bearers accept their responsibilities in relation to those rights. They address the concept of equal entitlement to human rights on the front lines of service delivery, considering it part of their mandate to challenge the widespread discrimination against rural, indigenous and Afro-Ecuadorian groups. Health-care providers are known to manifest this discrimination by making members of marginalized groups wait longer for services, giving them substandard care and failing to offer them free medicines and other resources that are intended for all community members. One person interviewed for this case study suggested that people who do not speak Spanish are more vulnerable to these abuses.

Other groups shunned by health-care providers, according to User Committees in Manabí Province, include sex workers and women with HIV and AIDS. One Committee, in the city of Portoviejo, publicly objected when a newspaper published the name of a local woman with AIDS, which had subjected her to discrimination in her community.

Accountability

The User Committee system was established in large part to fulfil the principle of accountability by providing a community-based mechanism for monitoring the application of the Free Maternity Law. The Committees focus a great deal of their attention on this role.

The data that many User Committees gather through regularly scheduled community health surveys provide an important tool for measuring the Government's performance in regard to the Law. In addition to revealing gaps in health services, the data enable comparisons over time to determine whether or not certain components of the Government's health-related responsibilities, such as access to and quality of care, are improving.

As part of their accountability-seeking role, User Committees have brought to light discrimination in health services, such as the issues discussed in the preceding section. They have also fielded complaints from individual women and pursued corrective measures on their behalf. For example, proceedings undertaken by a User Committee in Orellana Province forced the departure of a doctor who was widely alleged not to be doing his job. On the basis of complaints from community members, a User Committee in Imbabura Province initiated a process that brought about improvements in a local hospital, including in equipment and infrastructure.

Generally speaking, those interviewed for this case study said that communities with highly active User Committees have seen improvements in the quality of health-care providers' attention. They also believe there is less impunity in regard to providers' deficiencies and irregularities in their professional and personal relationships with patients.

Addressing key elements of service delivery

In 2000, the United Nations Committee on Economic, Social and Cultural Rights (the body that monitors implementation of the International Covenant on Economic, Social and Cultural Rights) elaborated on health-related rights in its 'General Comment 14'. This document, a cornerstone of the human rights-based approach to health, specifies four key elements of service delivery: availability, accessibility, acceptability and quality. The User Committees' roles in addressing each of these elements are discussed below.

Availability

General Comment 14 calls for "functioning public health and health-care facilities, goods and services, as well as programmes...to be available in sufficient quantity". One of the functions of User Committees is to expand information regarding services provided under the Free Maternity Law through talks, visits and workshops in communities.

Encouraged by the Committees, some health units post announcements about their different services on the walls of the centres, and some municipalities use their local health councils to broadcast radio commercials. In some places, User Committees have enlisted women's organizations to help raise awareness of the Law.

The availability of services often depends on providers understanding the Law. Community members in some places have called the User Committees' attention to providers' apparent ignorance of some of its details, and the Committees have determined that the resulting service lapses occurred in part because of a lack of provider training. The problem is compounded in rural areas, where providers rotate annually. The Committees are working to get the government agencies responsible for training to structure training requirements differently in order to encourage the preservation of institutional knowledge about the Law at community health facilities.

The intervention of User Committees is also seen as useful for raising awareness about the availability of services. In Orellana, for example, 500 women had Pap smear tests in 2002. After the Committees helped in creating awareness and training, the number increased to 2,000.

Accessibility

According to General Comment 14, health facilities, goods and services have to be accessible to everyone without discrimination. Accessibility has four overlapping dimensions: non-discrimination, physical accessibility, economic accessibility and information accessibility. The User Committees supported by UNFPA have found this principle guiding their responses to many different issues. For example, it led them to recognize women's concerns about clinic hours as a priority issue. Some women explained to the Committees that it was difficult for them to attend clinics that only had morning hours, because that was the time when they needed to organize their housework and family tasks for the day. Another problem in some places was the two-to-five-hour wait to see health-care providers. At the encouragement of User Committees, some clinics are changing their hours of operation and intake procedures in order to better accommodate clinic users.

Geographical accessibility is another concern. User Committees have called attention to the fact that in some rural areas, pregnant women need to walk several hours to reach health centres. This issue, like many other

accessibility issues, relates back to the principle of non-discrimination: the Committees have learned to ask whether people who find services to be inaccessible are members of consistently marginalized groups, such as poor rural residents.

User Committees have also championed the cause of economic accessibility, which is a primary intention of the Free Maternity Law. They have found that a major problem is providers' failure to fulfil the Law's mandate to provide a wide range of services at no charge to women and to then seek reimbursement from the State. In some cases, this may be because of a lack of awareness of the Law. In other cases, the providers may have administrative reasons for not wanting to give up the opportunity to collect fees. Regardless, the Committees recognize the practice of charging patients for health services covered under the Law as a violation of these patients' right to access health care. User Committees are particularly attuned to the danger of poor and indigenous community members being turned away from clinics because they cannot pay fees that are being charged in violation of the Law.

User Committees are also aware of how the accessibility of information can affect health outcomes. In Orellana, the Committees took responsibility for a campaign to prevent cervical cancer, first receiving training and then sharing that training with women in the community. This made it possible for the Committees to carry out prevention activities for an entire group – the first time they were able to do so.

Acceptability

General Comment 14 calls for all health facilities, goods and services to be "respectful of medical ethics and culturally appropriate, i.e., respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned".

User Committees have found that the issue of acceptability frequently relates to cultural traditions. For example, indigenous perspectives on the medical system's practices around childbirth are very well described by a provider from Archidona, who says, "They were afraid to show their intimate parts. When it was time to deliver, they feared how it would be in a hospital, because they like to kneel. Many women feel that the husband and the grandmother should deliver the baby."

One role for User Committees has therefore been to negotiate with service providers to see if they can modify their practices in ways that respect indigenous peoples' concerns. In Orellana Province, for example, Committee members proposed attaching a rope to a rafter in the health facility so that women could grasp the rope if they wished to remain in an upright position during birth.

Another component of acceptability is language. User Committees in some places have observed that indigenous peoples would be more likely to read the information that the Government, whose official language is Spanish, has distributed about the Free Maternity Law if it were translated into their own indigenous languages.

Quality

As well as being culturally acceptable, health facilities, goods and services must also, according to General Comment 14, be "scientifically and medically appropriate and of good quality. This requires, inter alia, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation."

The quality of services provided under the Free Maternity Law is of great concern to User Committees. This is reflected in part by how they investigate complaints against health-care providers. In addition to considering whether providers have violated other rights, as noted previously, the Committees also ask whether maltreatment might have occurred because providers lacked the skills and knowledge to perform their jobs well.

The community health surveys mentioned earlier are an important tool for examining the quality of health facilities, goods and services. Survey results have led some User Committees to point out the need for corrective measures or for re-prioritizing how local health-care budgets are spent.

CONCLUSION: LESSONS LEARNED

Four major lessons can be highlighted from the ongoing work of UNFPA to support the incorporation of the human rights-based approach into the functioning of local User Committees in Ecuador.

The first lesson is that the interdependence and interrelatedness of rights must be understood if those rights are to be exercised fully. Through its support, UNFPA encouraged the User Committees to take into

account far more than the health-related rights that they were best known for protecting. The Committees recognized that their members could best fulfil their duties if they integrated an understanding of core human rights principles into their work. This meant learning how attention to participation, non-discrimination and accountability could lead to better outcomes in the provision of health services.

The second lesson is that human rights cannot be exercised if there are no mechanisms in place for doing so. The first stage in the existence of the Free Maternity Law – prior to the implementation of the User Committee system – unequivocally demonstrates how the absence of community mechanisms can render laws that promote rights ineffectual. The establishment of User Committees as a clearly defined system for enabling people to learn about and realize their rights was what enabled the law to begin fulfilling its intended role in improving the well-being of Ecuadorian people.

The User Committees' experience further demonstrates that the mechanisms, like the law itself, are ineffectual in the absence of concrete steps to set them in motion. Merely forming the Committees was not enough. The next step was to empower them through training to become proactive and self-sustaining forces in implementing the Free Maternity Law.

The third lesson is that educating duty-bearers is an important strategy for bringing them into dialogue with rights-holders. The National Council on Women, the User Committees and UNFPA all worked in various ways to help national and local government officials and health-service providers understand their role in implementing the Free Maternity Law. Educational efforts helped both groups of stakeholders understand that the Law bound them to more than the independent fulfilment of health-related rights. The nature of the User Committee system, as government representatives and providers learned, is to create a continuous discourse about how the enactment of the Law is being perceived by those it is intended to benefit. Thus, over time, duty-bearing bodies (e.g., Municipal Health Councils) have begun to work in a genuine partnership with the Committees and with the community as a whole.

And the fourth lesson is that for human rights to be accepted and internalized in any community, attention should be given to the cultural perspective and responding to those of its components that would promote the principles of human rights.

3 ■ UNITED REPUBLIC OF TANZANIA

What I have appreciated most is accompanying my wife to the health centre for her antenatal clinic visits. That way, I will know if she has complications, and I can budget in advance to take her to a bigger hospital.

I never went with my wife to the antenatal clinic when she was pregnant with our other children. I think I missed out. But in the past, men were not allowed. Now, if you go with your wife, the clinic staff treat you like someone important.

— Joseph, age 42, a resident of northwestern Tanzania's Geita District

Joseph's experience reflects nothing less than the full flowering of the human rights-based approach in a project in the United Republic of Tanzania. This man and his wife, by visiting the antenatal clinic together to prepare for the birth of their child, are actualizing the core principles of the Stronger Voices for Reproductive Health Project, implemented in Tanzania and five other developing countries (India, Kyrgyzstan, Mauritania, Nepal and Peru).

The right to quality reproductive health care is the cornerstone of the project. The initiative aims to enable women to better articulate their reproductive needs and rights through the establishment of community-based mechanisms that give them a stronger voice in securing the information and services they need to lead healthier, more productive lives. It is also intended to encourage more interaction between health-care providers and users.⁴

In Tanzania, one of Stronger Voices' objectives was to establish community-based initiatives that empower clients, ensure their rights and enable them to work with providers to improve the quality of reproductive and sexual health care. This case study discusses a successful Stronger Voices initiative in Geita District. The centrepiece of the initiative was a seven-part community workshop series on reproductive health and rights. Workshop facilitators guided participants through the seven modules of the Stronger Voices community manual, which Tanzanian implementers, using a cultural lens, adapted to meet local needs.

The Stronger Voices project in Geita District also targeted two important groups of human rights duty-bearers – local government representatives and local health-care providers – in order to create the essential enabling circumstances for newly empowered rights-holders to claim their rights.

COUNTRY CONTEXT

The United Republic of Tanzania has a population of approximately 36 million people, only 23 per cent of whom live in urban areas. The average life expectancy at birth is 51 years. According to the Tanzania Demographic and Health Survey of 2004/2005, one in four women and one in eight men have had no education. One in three women and one in five men cannot read.

The survey indicated that almost all Tanzanians have heard of AIDS. However, only about three quarters of men know that the risk of acquiring AIDS can be reduced by using condoms and by maintaining a monogamous relationship with an HIV-negative partner. About half of men and one quarter of women in the survey reported having sex with a non-marital, non-cohabiting partner in the past year. Among them, only 28 per cent of women and 51 per cent of men used condoms. One in three young people were having premarital sex, and fewer than half of them were consistently using condoms.

The survey found that the average number of children born to a Tanzanian woman is 5.7. This is about the same fertility rate found in surveys in 1999 and 1996. Fertility is much

⁴ See the Stronger Voices for Reproductive Health website, http://www.unfpa.org/stronger_voices/. UNFPA has provided support for implementation of the project in partnership with three other UN agencies: the International Labour Organization, the World Health Organization and the United Nations Children's Fund.

higher in rural areas (6.5 children per woman) than in urban ones (3.6 children per woman). Women who have not received any formal education have significantly higher fertility rates. Only one in four married Tanzanian women are using modern methods of family planning. One in six married women have an unmet need for family planning.

Maternal health remains a serious challenge. Many women do not receive the full recommended package of pregnancy care. During pregnancy, almost all women receive at least some antenatal care from a health-care professional. However, only 14 per cent receive antenatal care in the first three months of their pregnancy, as recommended. Furthermore, fewer than half of women receiving antenatal care are told about the warning signs of pregnancy complications. Among women who give birth somewhere other than health-care facilities, 80 per cent do not receive the recommended post-natal care in the first two days after the delivery.

HUMAN RIGHTS IN THE UNITED REPUBLIC OF TANZANIA

The United Republic of Tanzania has ratified 20 international human rights instruments, including treaties, conventions and protocols. In 2000, it adopted the National Development Vision 2025, aimed at reaching gender equality and the empowerment of women by the year 2025, and the Policy on Women and Gender Development. In 2001, the Commission for Human Rights and Good Governance was established and placed in charge of promoting and protecting human rights as well as good governance.

Tanzania has made important progress in creating a legal and policy environment where women can and do participate. Following the 2005 National Assembly elections, women make up more than 30 per cent of all parliamentarians, and the Government has the highest number of women holding senior positions in the country's history. In its 2008 concluding observations to the State Report, the Committee on the Elimination of Discrimination against Women commended Tanzania for the 14th amendment of the Constitution, which provides that the number of women in Parliament shall not be less than 30 per cent. The Committee also expressed its satisfaction with the introduction of legal reforms aimed at the elimination of discrimination against women, including a law that gives women the right to acquire, own and use land equally with men and a law that allows a spouse to apply for a mortgage on land without the consent of the other spouse. The Committee

⁵ *Jijenge* means 'build yourself' in Swahili.

also expressed its appreciation to the State Party for its regular cooperation and partnership with non-governmental organizations (NGOs) in the promotion of women's rights.

THE STRONGER VOICES PROJECT

The Stronger Voices Project was developed as a means of directly invoking human rights principles to improve the quality of sexual and reproductive health. It began in Geita District in April 2001 and ran through December 2006. In-country partners included the Ministry of Health, the Geita District Council and the African Medical Research Foundation, an NGO that managed project activities on the ground.

UNFPA supported the Foundation partly because of its successful *Jijenge*⁵ Project, which used a gender-sensitive human rights-based approach to build the capacity of health delivery systems and community structures. Also, the Foundation was already well established in the northern Tanzanian region where Geita District is located, with a regional headquarters and an infrastructure that encompassed many surrounding urban and rural communities.

Project goals

Stronger Voices in Geita District focused on two major goals, and implementers chose several indicators (listed below) to measure progress toward those goals.

- 1. Increased awareness of sexual and reproductive health and reproductive rights.*
 - increased proportion of women who know that spouse/partner battering is a violation of human rights;
 - proportion of women with information on bleeding as a complication of pregnancy increased from 32 per cent to 64 per cent by December 2006; and
 - proportion of women aware of the health risks associated with wife inheritance increased by December 2006.
- 2. Capacity development of rights-holders (i.e., increased capacity of community members, particularly women, to articulate concerns about their health and well-being to service providers and others).*
 - proportion of women paying for reproductive health services reduced from 18 per cent to less than 1 per cent by December 2006;
 - mechanisms at the community level to address gender-based violence increased by December 2006;

- proportion of service providers who are aware of clients' right to privacy increased from 22 per cent to 80 per cent by December 2006;
- proportion of women participating in discussions with service providers to improve quality of care increased from 3 per cent to 20 per cent by December 2006; and
- proportion of women involved in developing community health plans increased from 3 per cent to 30 per cent by December 2006.

Project planning – ensuring a human rights-based approach in the process

Stronger Voices sought maximum participation from the full range of stakeholders (duty-bearers and rights-holders) in Geita District. Project implementers held numerous planning and feedback meetings with groups at the village, ward and district levels. A major purpose of the meetings was to establish a consensus among stakeholders about the community's most significant reproductive health-related problems and the ways in which Stronger Voices could address these.

The findings of a baseline study were discussed at public meetings attended by community members, including members of the Ward Development Committees for the five participating wards. The findings were also presented to the full Geita District Council, which includes representatives from all 24 wards and designated members of the national Parliament. The findings were disseminated to promote accountability and participation – two key elements of a human rights-based approach to development.

Stronger Voices representatives held meetings with members of the Council Health Management Team, which is responsible for planning and managing health-service delivery within the framework provided by the Ministry of Health, and for implementing activities specified by the Ward Development Committees. The management team meetings were crucial for establishing rapport, so that Stronger Voices could have an ongoing dialogue with local overseers of health-care delivery about community members' needs. These meetings helped duty-bearers to understand and fulfil their obligations towards the community.

The sessions presented opportunities for people who were well acquainted with the targeted communities to confirm and expand on the body of knowledge guiding Stronger Voices in Geita District. Participating in the meetings encouraged community representatives to pledge their support for the project. The District Council authorities in particular committed themselves to allocating staff time and other resources to facilitate Stronger Voices project activities.

In respect to the key human rights principle of participation, the first series of village-level planning meetings held by Stronger Voices centred on introducing local communities to the project's concept and objectives. Community members helped determine the selection criteria for hiring community facilitators in all five wards. They wanted priority to be given to retired civil servants such as teachers, nurses and health officers, while also calling for an equal number of women and men to fill the positions.

Human rights-based situation analysis

With UNFPA support, the African Medical Research Foundation undertook a situation analysis to determine how to use the Stronger Voices framework to best meet the needs of Geita District. Extensive research gave them insight into both the health-care problems of community members and the social dynamics contributing to those problems.

A survey carried out by Stronger Voices in October 2003 revealed that awareness of condom use as a form of protection against sexually transmitted infections including HIV and AIDS was higher among men (81 per cent) than among women (69 per cent). Only 29 per cent of women said they made decisions regarding the condom use of their male partners, a figure that highlights women's vulnerability to sexually transmitted infections. Men were also found to wield the most influence when it came to making decisions about major family issues, including how many children to have.

The survey found that only 22 per cent of health-care service providers were aware of their clients' right to privacy. Moreover, very few providers offered any follow-up services to clients who reported experiencing gender-based violence.

The survey also addressed community participation in the planning, implementing and monitoring of development programmes, including social services. It showed that only 3 per cent of women and 21 per cent of men in Geita District provided input into the development of community health plans. Furthermore, only 3 per cent of women and 11 per cent of men participated in discussions with health-care providers about the issue of how to improve the quality of health services in the public facilities they were using.

Overall, Stronger Voices implementers concluded that knowledge of reproductive rights was minimal among both rights-holders and duty-bearers in the district. It was also apparent that community participation and involvement in planning processes at all levels could be improved.

An underlying dynamic that helped account for community members' attitudes was their perception of reproductive health not in terms of rights, but rather as services the Government was encouraging them to use. Thus, the emphasis seemed to be on the supply rather than demand side, with people understanding information about services as a request for them to use these services. In contrast, a human rights-based approach suggests the opposite: that people have the natural authority to evaluate available resources in view of their needs, and to communicate to duty-bearers how to modify the resources to better meet those needs, thus contextualizing the response to their needs.

Another challenge was related to informed consent for family planning purposes. Many residents viewed the process of choosing a family planning method as too complicated, because they did not understand the associated biological issues, and those few who did seek family planning resources were inclined to ask providers to choose a method for them.

Many people in Geita District appeared to be unaware of the danger signs of pregnancy, which contributed to the high rate of maternal mortality. Stronger Voices identified the lack of community awareness of sexual and reproductive health and reproductive rights as a root cause of these unnecessary deaths. Another factor was the inability of community members, particularly women, to articulate concerns about their health and well-being to service providers. Stronger Voices sought to empower them with knowledge to demand high-quality services not as a favour but as a right to which they are entitled as human beings.

Implementation of training activities for rights-holders

Implementation of Stronger Voices began with project managers and village leaders meeting to suggest criteria for choosing workshop participants. Village leaders were asked to encourage the participation of people living under particularly vulnerable conditions, including both married and unmarried pregnant women, people living with HIV and AIDS, people with mental health issues, widows, and residents of hard-to-reach areas with poor infrastructure.

In each participating ward, village leaders drew up plans for reaching vulnerable people. When they recruited workshop participants, they sought to maintain a gender balance as well as a diversity of ages. They also sought to reach out to those with poor attendance at health facilities.

There were several villages in each of the wards participating in the intervention. Each village fielded four community groups of 20 people each. The groups had balanced numbers of female and male participants, with ages ranging from the teens to the elderly.

The workshop sessions were led by trained facilitators, who guided the groups through the seven modules making up the Stronger Voices community manual. The manual was crucial to the success of the workshops. It was designed to enable people to understand seemingly complicated and abstract human rights principles, so that they could see how the principles related to their day-to-day lives.

The curriculum was organized so that each module addressed the root causes of a different sexual and reproductive health issue, and did so by framing responses in terms of the relevant human rights. Thus, participants were able to see that health-related human rights principles can serve as the foundation for very practical strategies for improving health outcomes. This point can best be illustrated through a summary of the curriculum.

Module 1: Our bodies. A lack of information was identified as one of the root causes of a number of sexual and reproductive health problems that were prevalent in the community. This lack related to a fundamental human rights principle: the right to information. Looking at access to health information as a right, Module 1 sought to provide information about the anatomy of male and female bodies, and how this relates to sexual and reproductive health and reproductive rights.

Module 2: Pregnancy. The impact of lack of awareness about pregnancy and motherhood was also identified as an issue that required attention. This included issues such as the social function of pregnancy, women's rights during pregnancy, irrespective of marital status, and the role of spouses/partners in promoting safe motherhood. There are multiple rights that can help guide responses. One is access to information to help ensure the health and well-being of families. Another is the right to non-discrimination as applied to the marital status of pregnant women - i.e., unmarried pregnant women have the right to the same benefits and services as their married counterparts. A third is the right to live free from the prejudices associated with gender-role stereotypes. Module 2, which provided information about pregnancy as well as about the aforementioned rights, was structured to encourage a dialogue about what it might mean to realize those rights within the specific social and cultural context of Geita District.

Module 3: Family planning. Issues of concern in this area included widespread lack of information on the purpose and effects of family planning, as well as lack of knowledge about available methods and the individual's right to choose the most appropriate method. Module 3 examined these problems in the context of a woman's right to determine the number and spacing of her children, and her right to access relevant information and family planning resources.

Module 4: Sexually transmitted diseases. High rates of HIV and other sexually transmitted infections in Geita District appear to have as their root cause a lack of information about these diseases, their effect on people's health, their medical treatment and their prevention. This module, like others, drew attention to the right to information. It also emphasized the right to adequate health-care facilities.

Module 5: Prevention of HIV and AIDS. The project attributed the relatively high prevalence of HIV and AIDS in Geita District to a lack of understanding of the links between human rights, HIV and AIDS and sexual and reproductive health. Referring to international documents, such as the Programme of Action adopted at the International Conference on Population and Development, the International Guidelines on HIV and AIDS and Human Rights, and the Millennium Development Goals, workshop facilitators presented information on HIV transmission, called attention to the gender dimensions of the HIV and AIDS epidemic, and discussed how HIV prevention activities can be informed by human rights.

Module 6: Human rights relating to gender, reproductive health and gender-based violence. This module explored the conceptual and cultural linkages between human rights, reproductive health, gender-based violence and health in general. Much of the curriculum was framed within the right to non-discrimination. In the course of the session, participants came to see how actualizing the right to non-discrimination means addressing gender-based violence at multiple junctures in the home and community.

Module 7: Building relationships between community members and health-service providers. As previously mentioned, an important cause of poor health outcomes in Geita District was the perception shared by many community members that health-service providers delivered sexual and reproductive health services more as a favour than as a right. Citing the right to equality in access to health care, Module 7 introduced participants to their right to participate in and benefit from rural development programmes, including health services. Participants learned that in a human rights-

based approach, service providers have a duty to community members, and can better execute that duty when community members articulate their health-related needs and participate in health-care decision-making processes.

Concurrent efforts to work with duty-bearers

Stronger Voices could only have limited success in Geita District if the programme's agenda were confined to educating and empowering rights-holders. There was clearly a pressing need to also work with duty-bearers, to prepare them to respond knowledgeably and effectively to community members who might invoke their newly articulated rights and request changes in health-care services delivery.

Activities for duty-bearers took various forms. At the highest local level, Stronger Voices representatives conducted training sessions for district public officials and their staff to help them recognize their obligations to their constituency within a human rights framework. The training sessions aimed to support participants to see the link between gender and rights and its impact on improving the quality of care, reproductive health and well-being.

Another series of training sessions for service providers sought to increase the proportion of providers who are aware of clients' rights and are sensitive to sexual and reproductive health and gender issues. The training helped prepare the service providers to meet the increased community demand for human rights-related sexual and reproductive health services.

In addition, in order to address resource allocation issues, Stronger Voices developed a close relationship with the Council Health Management Team (the district-level body responsible for planning and managing health-service delivery). Stronger Voices representatives guided team members through data on the different types of complications of pregnancy, antenatal and post-natal attendance and the use of emergency obstetric care services. Consequently, the Management Team was able to see shortcomings in its service delivery plans. Furthermore, drawing on outcomes from Stronger Voices quarterly feedback meetings on the state of physical facilities, services offered and the response of the claim-holders to the project objectives, the Team was able to make well-informed decisions about improving the services.

Stronger Voices also brought representatives from community health centres and dispensaries into closer relationships with the Management Team, which has a great deal of

influence over some health budget allocations. The opinions of the representatives were taken into account, and helped to create a common understanding of what was hampering clients' acceptance of reproductive health services.

The Stronger Voices training on the human rights-based approach to sexual and reproductive health was found to be so useful that it was agreed that comprehensive training for all health-service providers would be conducted at all health facilities within the wards that were receiving Stronger Voices interventions. The providers were thus in a better position to respond to community demand after large numbers of people were mobilized through community learning activities.

Stronger Voices also received advice and guidance on health policy issues from senior district officials, including its Medical Officer, Executive Officer, Pharmacist, Reproductive and Child Health Coordinator, Senior Nursing Officer, Health Coordinator, Health Officer and Health Services Coordinator on improvement of health facilities, training and remuneration within the context of the Health Policy and the Reproductive and Child Health Strategy.

RESULTS

Quantitative data on the outcomes of the Stronger Voices intervention in Geita District were not yet available at the time this case study was published. However, group feedback sessions and individual interviews with a wide range of stakeholders suggest that Stronger Voices attained many of its goals. Moreover, the tremendous enthusiasm of a large number of participants in Stronger Voices activities sends a strong message about the receptiveness of community members, service providers and government stakeholders to the human rights-based approach.

The workshops presenting the seven training modules were particularly well received, with participants describing a wide array of positive outcomes. To name some of the most notable, knowledge of family planning has increased, and the community understands that the purpose of family planning is not to encourage promiscuity but to promote and protect the health of the mother and child. The community has learned that safe sex is not just for young people, because older people also need to protect themselves. People understand that voluntary counselling and testing services remove the fear of the unknown for couples wondering about their HIV status.

There is greater understanding of human anatomy and the physiological process of conception, as well as the range of pregnancy-related complications and the risks of

delivering at home. The community recognizes that the father's acceptance of responsibilities during pregnancy, including participation in antenatal clinic visits, encourages parental cooperation even before the child is born and enables parents to better prepare for the delivery. It also promotes more supportive relationships between women and men. There is greater awareness of the right to confidentiality with the doctor/health-service provider, and of the right of unwed mothers to be attended at antenatal clinics and family planning facilities. There is also greater awareness of the dangers of harmful traditional practices, and more people understand that traditional charms worn on the body are not effective for family planning. People have also learned that medicine bought over the counter may or may not be effective and may encourage resistance to drugs.

Women, men and youth said that they have been changed by the training, becoming more aware of their reproductive rights, more confident and hopeful about the future and more motivated to respect and fulfil the rights of others. Overall, people have found that knowing their rights and the rights of others brings greater harmony to the community. Men appreciated learning about issues related to the procreation process, 'safe' periods, conception, male and female chromosomes, twins and natural child-spacing, as well as about the role of husbands in promoting safe motherhood and raising a healthy family. They were the first to point out that the information from the workshops had helped to increase love in the family between husband, wife and children.

Men also acknowledged that they benefited greatly from the project's human rights-based approach. Since men are traditionally favoured by culture through the patriarchal system, such an impact provides a particular boost to women, as it improves their ability to articulate their needs and health concerns to service providers and others, while helping to create an environment in which they can be understood. This is also a supportive environment for reducing gender-based violence.

It is expected that the awareness created regarding the responsibilities of partners, families and communities towards pregnant women and infant children, along with the quarterly reviews tracking the deaths of mothers and children, will significantly reduce both maternal and infant mortality. Knowledge and information on the right to family planning and on responsible sexual behaviour are expected to reduce unwanted pregnancies, including among unmarried women. School drop-out rates due to pregnancy appear to be declining.

Other achievements included improved communication between the community members seeking health services and the duty-bearers providing the services. The providers confirmed that there has been increased demand for and utilization of health services, especially antenatal care and immunizations for children. Further, it was noted that those seeking health care in project areas are better able to articulate their medical complaints because of the training they received. Despite the fact that the project did not address limitations and shortages in logistics, health facilities and staff, the service providers appreciated the promotion of health-seeking behaviour and the greater involvement of husbands.

Providing support for and partnering with local health-care providers and municipal health officers had some important policy and administrative outcomes. Kamhanga Ward used a local government budget to renovate facilities at Kishinda Health Centre, after realizing that the clinic was not well equipped to meet the needs articulated by Stronger Voices participants. At Kishinda Dispensary, community members met with the District Medical Officer to air their concerns regarding facility administration and antenatal clinic equipment. Their request for the removal of a refrigerator from the labour ward was granted. Another facility integrated sexual and reproductive health issues into its annual comprehensive health budget plan. And in one community, training sessions helped to improve health-service providers' sensitivity to gender issues and encouraged men's participation in family planning.

Training sessions for district staff led to a change in attitude among duty-bearers. They no longer saw themselves as benefactors, but as public servants who were being watched by an empowered community of claim-holders. The Geita District Council also continued its efforts to rehabilitate health facilities and equip them with essential medical and non-medical supplies, focusing on improving obstetric and child health care. In 2004, the Council allocated funds for this from health basket funds. Comprehensive district health plans included activities focusing on the training of service providers in the area of antenatal care, the prevention of mother-to-child HIV transmission and the prevention and treatment of sexually transmitted infections. Other activities included the purchase of syphilis screening reagent, mother and child health cards, and equipment needed to provide high-quality obstetric care.

Within the framework of the project, the Ministry of Health designed a data collection system that tracked gender-based violence cases by gathering information at health facilities. This occurred because there was an overwhelming acknowledgement that the incidence of gender-based

violence – especially domestic violence – had declined noticeably since the project started. Previously, though, health facilities had not systematically recorded this data. The decision to begin collecting such data is another positive example of how Stronger Voices has had an impact on engaging duty-bearers with the community.

CONCLUSION: LESSONS LEARNED

An observation made in the planning stages of the Tanzanian Stronger Voices project pointed to what became its central theme: shifting the community's focus from the supply side of the local health-care situation to the demand side. Community members historically had perceived local sexual and reproductive health services as something the Government wanted them to use, without understanding the reasons. What determined the nature of local service delivery was satisfying community needs with no emphasis on the rights of the clients.

The project fostered an entirely new way of thinking for community members: to consider that they were best suited to define their own health-related needs and goals, according to human rights principles. Learning to think about the situation within a human rights framework led them to identify concrete mechanisms for accessing services on their own terms.

This might mean something as simple as a woman asking health clinic staff to remove young children from the room or ward while she is undergoing an exam, or something as complex as a group of community members meeting with a district medical officer to present their concerns about how a facility is managed and equipped, then following up as a corrective plan is designed and implemented. In these and many other cases, the principle guiding community members' outlook and decisions was the understanding that it was their place to request the highest possible level of health care from the Government, not as a favour but as a right that the Government was obligated to fulfil.

An important lesson is that human rights concepts can be systematically internalized and translated into practical actions and decisions. Any questions about whether people would respond to a human rights-based educational programme were quickly laid to rest by the enthusiastic response of community members participating in the Stronger Voices workshops. The concept of having inherent human rights strongly resonated with them, and they were eager to bring about changes in their community in accordance with their rights, thus affirming the principle that sustainable change is the one that comes from within the community itself.

4 ■ NEPAL

My husband, on whom I was completely dependent, became a victim of the clashes between the army and the rebels a few years ago. After he died, I became like a living corpse. I could not bring myself to care about anything, even though I have two small children whose future depends on me. I could not see any ray of light that might offer any hope. I was completely broken. Sometimes I thought about suicide.

One day, someone from the Department of Women's Development invited me to join a training course on how to rear goats. In the training, I met many other women who had lost their husbands to the conflict. Each woman who completed the training received a female goat. The Department of Women's Development gave us the opportunity to breed our goats with the help of a livestock centre that allowed us to use its male goats for no charge.

The training really made me strong, both financially and emotionally. I have a good income, and I look at life more optimistically. My children are going to school. These days I own a number of goats. At the suggestion of the Department of Women's Development, I donated a baby goat to one of my friends who needed a way to provide for her family.

The opportunity to develop this livelihood has made me to realize the value of my existence. Now I feel empowered and independent – a woman who can stand on her own.

— Mina, a participant in UNFPA-Nepal's Quick Win Project

For almost 40 years, UNFPA has been supporting the Government to improve reproductive health services and promoting the human rights of women in Nepal. This Asian country's famously mountainous terrain keeps thousands of communities cut off from most basic modern social and medical services. UNFPA assistance has included activities related to the promotion of reproductive health, family planning, maternal and child health and women's empowerment.

The UNFPA Fifth Country Programme for Nepal (2002-2006), developed within a human rights framework, reaffirmed the Fund's commitment to provide support to the Government in its efforts to improve reproductive health and advocate well-reasoned population and development strategies.

One of the programme's central goals was to strengthen the capacity of the national Government, local governments, non-governmental organizations (NGOs) and civil society to advocate population and gender concerns. The goal reflects the idea that women will not benefit fully from health-care services unless they feel empowered to demand and utilize services that acknowledge their most significant needs, constraints and choices.

The activities that are the focus of this case study were part of a programme that ran from 2003 to 2007 with the objective of contributing to the realization of women's rights, and the right to health of adolescent girls, by focusing on developing the capacity of marginalized women and girls to claim their rights. It provides compelling examples

of how women and girls can become more aware of their reproductive health and more willing to claim their reproductive rights through awareness-raising and training.

COUNTRY CONTEXT

A 10-year political insurgency led to widespread violence and had many other damaging outcomes for the people of Nepal. The conflict, which took place from 1996 to 2006, hindered human development efforts in what was already one of the world's poorest countries. A new Constituent Assembly elected in April 2008 abolished the monarchy that had reigned for 240 years and declared the country to be a federal democratic republic.

Results of the 2006 Nepal Demographic Health Survey indicate that, compared to other sectors, health indicators improved during the period 2001–2006. The total fertility rate in Nepal declined from 4.1 in 2001 to 3.1 in 2006. However, the urban fertility rate during the period seems to have stalled around 2.1 whereas rural fertility declined to 3.3. Likewise, infant mortality declined from 64 per 1,000 live births in 2001 to 48 (33 neonatal and 15 post-neonatal deaths) in 2006. The contraceptive prevalence rate using modern methods went up from 36 per cent in 2001 to 44 per cent in 2006. The maternal mortality ratio declined from 539 per 100,000 live births in 1998 to 281 in 2006. This shows the resilience of the economic and social sectors even during the conflict.

Some Nepalese cultural practices impose significant barriers to the fulfilment of women's human rights. Issues related to sexuality are considered taboo, and women are not expected to be on an equal footing with men in regard to reproductive decision-making.

During the decade of fighting, the erosion of the infrastructure connecting women to the health-care system caused the deaths of a large number of women who could not access urgently needed medical care. The insurgency also saw high levels of violence against women and girls, including many incidents of torture and rape. In addition, conflict-related deaths left a large number of widows and orphans.

HUMAN RIGHTS IN NEPAL

Nepal has ratified 19 international and two regional human rights instruments. It has committed itself to achieving the Millennium Development Goals and to implementing the Programme of Action of the International Conference on

Population and Development and the Beijing Platform for Action. Taken together, all of these obligations affirm Nepal's recognition of the fundamental human rights relating to reproductive health.

In January 2007 the Government enacted an interim Constitution that enshrines women's rights to equality and non-discrimination, reproductive health and safety from physical and psychological violence.

UNFPA has long collaborated with both the Government and civil society to address important human rights-related issues, such as Nepal's commitments under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which the Government ratified in 1991. It supported the participation of civil society representatives in the Convention reporting process as well as in the Beijing Platform for Action review process. In addition, it has helped civil society groups advocate amendments to discriminatory laws and the enactment of the 2006 Gender Equality Law.

As part of the peace process, UNFPA is helping to demystify, disseminate and implement United Nations Security Council Resolution 1325 on women, peace and security. Activities that the Fund is supporting to promote women's participation and protection in post-conflict Nepal have included a Quick Win emergency support programme to assist young women and girls who were dependent on family members killed in the conflict (see box opposite).

FOCUSING ON RIGHTS FOR BETTER HEALTH OUTCOMES

The Department of Women's Development provided the institutional platform needed to reach the groups of women and girls for whom the capacity-building programmes on exercising rights were intended. The Department, a government agency under the aegis of the Ministry of Women, Children and Social Welfare, maintains offices in all 75 of the country's districts to foster women's development groups and activities at the community level. Described below are three components of the programming.

Empowering Nepalese women to realize their rights through gender and reproductive health training

Within the framework of the programme, UNFPA provided support to 'training of trainers' sessions for people occupy-

'Quick Win' - ensuring attention to rights in conflict situations

Nepal's 10-year insurgency gave rise to alleged mass violations of women's rights. The fighting was reportedly associated with the widespread abuse and sexual exploitation of women and adolescent girls.

In early 2004, UNFPA planned the Quick Win emergency support programme to improve the situation of women and girls living in and affected by conflict zones. With the Fund's support, the Department of Women's Development implemented the project in the country's 10 most conflict-affected districts.

The programme was designed to respond to the needs of young girls and women who had lost family members and had been made destitute as a result of the fighting. It had three major objectives:

- helping to fulfil the most basic needs of women and adolescent girls;
- providing training and counselling to empower adolescent girls to deal with gender-based violence; and
- protecting vulnerable prenatal and post-natal women.

In addition to economically empowering women and adolescent girls, this programme indirectly contributed to building solidarity and cooperation. The training sessions provided a forum for both developing new skills and entering into dialogue with other participants about shared problems.

ing key positions in selected communities. The primary target audiences for these gender and reproductive health learning activities were Department of Women's Development officers and staff, health personnel, community leaders and non-governmental and community-based organizations. They prepared participants to raise women's and girls' awareness of their reproductive health status, including reproductive issues, choices and rights.

Specifically, the training courses aimed to realize the following rights:

- **The rights to health and reproductive health.** By introducing the participants to information about women's sexual and reproductive health and reproductive rights, the programme helped them to better understand women's bodies, as well as women's entitlement to the services and resources that can help them enjoy healthy lives. By training NGOs and community-based organizations on counselling on reproductive health, the programme mobilized those groups to assess the health service needs of their communities and thereby better articulate community members' claims to their right to health.
- **The right to decide the number and spacing of children.** The training sessions conveyed the message that women

must be provided with the supplies, information and capacity to empower them to choose when to bear children, and how many.

- **The right to information.** The participants were introduced to the fact that policies and programmes must go beyond service provision and offer women sufficient information for them to make informed choices about the ways in which they want to care for themselves and their children.
- **The right to be free from discrimination on specified grounds, including gender.** A central theme of the training was the significance of gender in all aspects of reproductive health. This encompasses taking gender into consideration during the development of health programmes. For example, certain medical programmes involving male doctors might cause women to feel much less comfortable than they would with female doctors, highlighting the need to take the local context into consideration.
- **The right to education.** Participants also saw that one way the right to education can be violated is by forcing girls to marry at a young age, which often leads them to drop out of school. The early marriage of girls, who are more vulnerable to many reproductive health problems than physically mature women, also violates the girls'

rights to health and reproductive health, and may violate additional rights.

The training addressed how to foster community groups that bring women together to discuss health problems and access to health care within their own local context. Such groups play an important role in the pursuit of the human rights-based approach. They have the capacity to help women take crucial steps toward recognizing and demanding their human rights. The groups can also help foster the strong civil society that is necessary to ensure the participation of all rights-holders in decision-making processes that affect their well-being.

Following numerous community training activities, individuals who had undergone the 'training of trainers' mobilized many community members, especially women, to claim their rights. The activities also provided women with the skills to negotiate and interact with their society to change patriarchal social norms and end discrimination against women and girls.

Reproductive health 'camps' organized by community-based organizations

The training described above had the effect of creating greater demand for reproductive health services. In response, UNFPA provided seed money to establish reproductive health funds for women living in poverty in 21 of the districts being served. Local women's groups used these funds to organize reproductive health 'camps', working in conjunction with district health officials, hospitals and other parties. This programme established temporary facilities to provide reproductive health services to poor women who were unable to access conventional health-care. At the camps, women received treatment, free medicine and hospital referrals as warranted.

The most common medical problems reported by the women were uterine prolapse,⁶ cervical erosion, vaginal infections, lower abdominal pain and bleeding. The large number of diagnoses of uterine prolapse proved significant at the policy level, demonstrating the importance of collecting and publicly reporting on data. Prior to the establishment of the camps, district health officials did not think that these female health concerns were a significant problem among their constituents because there was no reporting of

uterine prolapse at public hospitals. The findings increased health officials' awareness and also led national women's rights organizations to start asking for governmental action on this widespread health problem.⁷

Thus, given that key elements of the right to health are the availability, accessibility and acceptability of services, the camps can be seen as one way in which duty-bearers successfully met their responsibility to rights-holders.

Implementing the principles of participation and inclusion by helping adolescent girls to 'Choose a Future'

The Choose a Future programme was intended to counter some of the serious threats facing adolescent girls in Nepal. Widespread gender-based discrimination puts many girls at risk of sexual abuse, early marriage and early pregnancy, and also deters them from staying in school. The programme was designed as a way for adolescent girls to learn about reproductive health and to consider their options in regard to education, access to justice, marriage, childbearing, family relations and community involvement. It aimed to serve the poorest and most marginalized girls in the communities where it was implemented.

The 10-week courses sought to empower girls to make healthy decisions by enhancing their sense of self-confidence and self-worth. The girls met for two hours, five days a week. In addition to fostering problem-solving, decision-making and negotiation skills, the courses allowed girls to establish supportive peer relationships. The curriculum was based on a manual developed by the Centre for Development and Population Activities entitled *Choose Your Future: Better Life Options for Adolescent Girls*.

Early awareness-raising can be an effective strategy for preparing women to claim their human rights. Teaching adolescent girls about their bodies is a prerequisite to helping them understand their health needs. Such an understanding is necessary in order for rights-holders to ensure that human rights principles are embodied in policies, programmes and services that reflect their day-to-day reality. In other words, marginalized adolescent girls who understand both their health needs and their human rights will be able to make

⁶ Uterine prolapse is a condition in which the weakening of pelvic muscles and ligaments allows the uterus to slip downward into the vagina, causing pain and creating the risk of other health problems. Factors contributing to the high rates in some Nepalese communities include high birth rates and circumstances that compel some women to resume heavy manual labour soon after childbirth.

⁷ In 2006, UNFPA, in collaboration with the World Health Organization and the Institute of Medicine, Tribhuvan University, conducted a community-based survey that revealed that one in ten Nepali women suffer from uterine prolapse. The findings were used to launch advocacy campaigns to generate public awareness and policy interventions.

health-related requests and decisions in accordance with their rights. For example, they will be more likely to ask their health-care providers to give them medical information instead of merely an examination and treatment.

The Choose a Future programme aimed to fulfil the right to health in other ways as well. The young participants learned to recognize themselves as members of society, and to think about making positive changes in their own lives and in society. The training sessions also helped the girls to realize the power of being united. They learned that even as adolescents, they could work together to develop relatively sophisticated responses to social problems that threatened their well-being. (See the 'Results' section for examples of the girls' initiatives.)

Facilitators helped girls to develop action plans, and encouraged them to form their own reproductive health awareness groups at the completion of the course. These activities have the potential to prepare girls to become empowered rights-holders as well as active participants in a vibrant civil society.

Although the training sessions did not focus specifically on international human rights instruments, they encompassed information about the right to education and reproductive rights. They also led participants to consider rights-related objections to early marriage, caste discrimination and *chaupadi*.⁸

The course facilitators sought to form trust-based relationships with the participants, which led the young people to share some of their personal difficulties. This helped the district-level staff of the Department of Women's Development to learn more about their needs, providing information that some district offices used to develop another phase of the Choose a Future programme. For example, the Department's office in Khanchanpur District established scholarships to provide free education to programme participants who had left school because they could not pay the fees.

RESULTS

Training and follow-up activities by women's federations played a critical role in encouraging women and adolescent girls to get to know who they are as members of society

and increased their courage, self-confidence and self-awareness. Girls raised their voices against the day-to-day discrimination they faced in their families and communities. They became more likely to demand that their parents send them and their sisters to school.

The training also encouraged women and adolescent girls to take advantage of other programmes and services. The girls expressed an interest in skill-building activities and scholarship programmes. In one district, Choose a Future participants established an Adolescent Club for Girls.

There was also increased leadership, activism and participation at the community level. The training programmes developed the leadership, advocacy and networking skills of the women and girls who participated. The Choose a Future programme encouraged girls to assertively contest traditional attitudes and to collectively challenge disempowering practices. They learned the power of negotiating, organizing and taking action to change traditional practices harmful to women and girls.

Following the Choose a Future training sessions, girls spoke out against early marriage on a number of occasions. In several cases, they were actually able to persuade parents to stop early marriages. Another accomplishment of some girls was putting an end locally to the practice of *chaupadi*. Girls also organized collective programmes to encourage parents to send their daughters to school and to prompt older women to access health-care services. One group of girls helped to ensure that a friend's house was built by collecting funds and volunteering their labour.

The information that women acquired through reproductive health training helped them make major changes in their lives. Women in one district reported that learning the scientific facts about reproduction led them to stop blaming themselves for not giving birth to male children. Some women even educated their husbands and other relatives about the biology of reproduction so they would better understand how the sex of a baby is actually determined. Similarly, the Choose a Future training sessions empowered adolescent girls to change their reproductive health-related behaviours and to seek health services. The positive outcomes of the Choose a Future programme also led a group of boys to ask the girls to include them in their club, after the boys saw how

⁸ *Chaupadi* is the practice of segregating women while they are menstruating because of traditional beliefs associating menstruation with impurity. Besides being an affront to women's dignity, *chaupadi* often has negative health consequences because of the poor condition of the facilities (often barren outbuildings) in which many women are confined.

successful the girls were at challenging gender discrimination in the community.

The Choose a Future programme contributed to women's economic empowerment. The income from small businesses set up with financial support from the Department of Women's Development brought about major changes in the lives of women and their families. Some women were able to sustain their income sources and send their children to school. Adolescent girls were found to be using the income they received from raising goats to pay for their siblings' schooling. In addition, savings and credit groups established after the Choose a Future training sessions enabled girls to make small but important investments. For example, one girl used a loan to pay her school fees. Other girls were found to be using loans to help their parents' businesses.

Economic empowerment has increased women's decision-making capacity. Making economic contributions to their families helped women gain the respect of other family members. As a result, the families were more inclined than before to take the women's views into consideration. This ultimately has bolstered the status of women in their communities, putting them in a better position to claim their human rights.

As a result of the success of the community training sessions on gender and reproductive health, the Department for Women's Development has been able to use government funding to scale up the programme to reach the entire country. The Department has also made reproductive rights awareness a cross-cutting issue in all women-related programmes.

CONCLUSION: LESSONS LEARNED

This case study offers several lessons about the human rights-based approach to development. Most importantly, it demonstrates a number of ways in which attention to rights led to better health outcomes for Nepalese women and girls.

For example, the concern for fostering participation, a fundamental human rights principle, led to the creation of opportunities for women and girls to contribute to the process of determining what form the programming should take. The Government's commitment to non-discrimination led to an emphasis on exploring the gender dimensions of communities' reproductive health needs and developing gender-sensitive programming. Attention to vulnerable populations led to increased efforts to help certain groups, such as

women and girls who were living in poverty and those who faced greater challenges as a result of armed conflict.

Thus, while UNFPA has long been requested to provide support to government and civil society programmes that seek to promote women's human rights as an outcome, the experiences in Nepal show the equal importance of integrating human rights principles into the programming process. Doing so ensures that health-care interventions are most likely to reach the people with the greatest need for the resulting benefits.

However, it must be noted that many challenges remain in Nepal. Helping people learn about their human rights – and just as importantly, helping them to develop the skills to claim those rights – can be a complex and labour-intensive process. In many of the Nepalese communities targeted by the programme, the concept of human rights was entirely unfamiliar. This is why the initiatives to empower rights-holders went into such depth. The gender and reproductive health 'training of trainers', for example, prepared trainers to view the empowerment of women and adolescent girls as a gradual process requiring work at multiple levels. It was not enough to tell women and girls what human rights principles are, nor was it enough to help them understand their own daily struggles as human rights issues. Community members needed concrete skills-building work, and they needed long-term guidance and mentoring as they learned through experience how to challenge the patriarchal social norms and gender discrimination that affect their physical, emotional, social and economic well-being.

Although efforts to integrate the human rights-based approach into programme activities were resource-intensive, the approach paid dividends in terms of health and development outcomes. As the examples vividly demonstrate, empowered rights-holders have the capacity to enter into a long-term dialogue with duty-bearers to help identify the best strategies for improving their health.

Furthermore, unlike some health-related interventions initiated by individual actors and organizations outside the local community, these human rights-related interventions by local actors are by their very nature likely to be self-sustaining. Now that the Nepalese women and girls reached by the programme are familiar with their rights, they will be able to continue exercising them to address new challenges in the future. This brings about change from within by the communities themselves.

5 ■ COLOMBIA

Sergio's brother is being shot in slow motion. The young man freezes as an arm extends towards him. Then he shudders when a series of claps indicate gunfire. Sergio drifts forward as the other boy crumples to the ground, then kneels next to him and lowers his head in grief.

On the makeshift stage around them, other groups of teenagers are depicting similarly violent events. They all move just as slowly, harmonizing their bodies in a dream-like dance. It is a choreographed performance, one that simultaneously bears witness to trauma and also, through the strength and gracefulness of the performers' movements, suggests the possibility that resilient young people have the power to transcend great hardship.

In the event described above, a performance at a school in northern Colombia, Sergio's 'brother' was played by a friend; his real brother was murdered in 2006 for refusing to join the ranks of an illegal armed group. The killing took place in the isolated northern Colombian community where Sergio's family lived. The family, like hundreds of others, subsequently fled to the relative safety of Barranquilla, a large city in the region.

Still trying to recover from the experiences that had forced this abrupt transition, the family - again, like hundreds of others - found itself facing new challenges in a chaotic environment. The Barranquilla neighbourhoods where many displaced people settle are known for their high incidence of rape, sexual exploitation, drug trafficking and violent crime. Many young people do not have ready access to the kinds of social services that might help protect their safety and well-being.

Recognizing the extreme vulnerability of adolescents displaced by violence in Colombia, UNFPA has supported public institutions and communities to develop strategies to ensure that young people's sexual and reproductive health needs are addressed through interventions that are firmly established on a human rights foundation.

The project that gathered Sergio and other adolescents into theatre groups is one such example. The groups fos-

ter self-expression, allowing young people and their audiences to acknowledge the impact of violence on their lives and their identities. But the project can only be fully appreciated when seen as part of a much larger tapestry of activities aimed at supporting government and community initiatives. A key to the support provided by UNFPA in Colombia has been the recognition that a human rights-based country programme must encompass multiple points of intervention among both rights-holders and duty-bearers.

UNFPA has provided support in an environment where the rule of law is often threatened by the violent activities of illegal armed groups and large, powerful cartels. The Fourth Country Programme in Colombia, like previous country programmes, supports local initiatives that directly address physical violence and the resulting social instability as undermining forces in the lives of people who already face formidable obstacles to the full realization of their reproductive rights. Thus, UNFPA works in Colombia supporting the Government and communities to:

- empower excluded populations to change their lives;
- strengthen health-service delivery mechanisms, with investments in both infrastructure and human resources;
- train health-service providers on how to incorporate human rights paradigms into their work;

- help the education sector to enhance its role in promoting sexual and reproductive health and reproductive rights;
- build the capacity of civil society – including community leaders, community-based organizations and non-governmental organizations (NGOs) – to seek accountability from duty-bearers through effective documentation of community members' needs; and
- educate principal duty-bearers – including local, regional and national government representatives – on their obligations under international human rights laws and norms, and help them improve their capacity to meet those obligations in ways that support the work of the other community stakeholders identified in the preceding points.

COUNTRY CONTEXT

Colombia, located in the northwest corner of South America, has a population of 44 million, whose multiethnic composition includes mestizos, whites, Afro-Colombians and indigenous peoples.

Colombia's health and development situation must be seen against the backdrop of almost 50 years of challenges to civil order. Violence stems from the actions of illegal armed groups, with drug trafficking further complicating the picture. In some parts of the country, violence and drug trafficking led to a humanitarian crisis that has become more acute in the last 10 years.

There are major imbalances in income distribution. Poverty and indigence are receding overall: between 2002 and 2006 poverty fell from 56 per cent to 45 per cent, and extreme poverty from 22 per cent to 12 per cent. However, poverty rates are very high in some rural areas and among people displaced by violence, who now number approximately 2 million.

The fertility rate fell from 3.2 children per woman in 1985 to 2.4 in 2005, but there are still disparities among regions and socio-economic and ethnic groups. Unplanned children account for 52 per cent of all births. In addition, adolescent fertility increased from 70 live births per 1,000 adolescents in 1990 to 90 per 1,000 in 2005. Likewise, the percentage of pregnant adolescents rose from 17.4 per cent in 1995 to 20.5 per cent in 2005; it is particularly high in rural areas, among indigenous groups, and among those living in poverty in the major cities (reflecting the effects of forced displacement to urban areas).

The maternal mortality ratio is 68 deaths per 100,000 live births, despite the fact that 91 per cent of births are attended by professional health personnel. Such figures point to deficiencies in access to quality reproductive health services, a situation that puts women in vulnerable situations at particular risk. For example, maternal mortality is six times higher among women without education than among women with secondary education or more, and three times higher in rural areas than in urban areas. Pregnant women who have been displaced from their homes are also at greater risk.

The prevalence rate of AIDS among those aged 15 to 49 is estimated at 0.7 per cent. Prevalence has been increasing among women and young people.

Despite progress made in education, there is still discrimination against women in the areas of employment and politics. Women account for only 10 per cent of all political representatives, for example. There are also high levels of gender-based violence. Almost 40 per cent of women who have at some point lived in a partnership have been the victim of some kind of physical violence perpetrated by their husband or partner, and 11.5 per cent have been raped.

HUMAN RIGHTS IN COLOMBIA

Colombia has ratified several major international human rights treaties without reservation, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). It adopted its current national Constitution in 1991. This recognizes and provides institutional mechanisms for the enforcement of specific human rights, including rights relating to gender equality and reproductive health. In 2003, the country instituted a national sexual and reproductive health policy.

While these measures provide a sound legal framework for invoking human rights to advance health and development, there are challenges to implementation and enforcement. The persistence of patriarchal values in the society at large works against efforts to fulfil the human rights of women. More generally, violence in Colombia has created a major humanitarian crisis, and the activities of illegal armed groups present an ongoing challenge to the realization of human rights.

ADDRESSING THE LINKS BETWEEN VIOLENCE AND REPRODUCTIVE RIGHTS

The 20 projects making up the UNFPA Fourth Country Programme in Colombia employ a wide range of strategies

and practices. The two examples chosen for this case study are notable for their broad outlook on community needs and rights in addition to their explicit articulation of reproductive rights as a core component of the programming. Colombians are experiencing many negative outcomes in terms of human rights violations, both in areas suffering from violence and in communities where people who were forcibly displaced have sought sanctuary. Furthermore, adolescents, already vulnerable to gender violence, experience even greater vulnerability in such situations.

Furthering the human rights of adolescents displaced by violence: The Villa Esperanza Project

UNFPA supported an intervention in the Villa Esperanza community on the outskirts of Barranquilla that paid special attention to the needs of adolescents. As noted above, many rural families have fled to this northern Colombian city in recent years to escape the fighting that threatened their safety at home.

The Villa Esperanza Project had the overall goal of ensuring that reproductive health and gender considerations were incorporated into humanitarian aid programmes for people displaced by violence. In particular, it sought to empower adolescents through education about sexual and reproductive health and reproductive rights. The underlying theme of the various educational initiatives was that each person is the 'owner' of her or his own body, and that the human body is a unique asset, one deserving of the greatest protection and respect.

Emphasizing the importance of building alliances and synergistic relationships, UNFPA reached out to other UN agencies, national and local government institutions, and social, religious, youth and women's groups. The Fund partnered with and supported a local NGO, Berusca, to implement the project's activities.

Berusca communicated sexual and reproductive health and reproductive rights issues through workshops as well as through less conventional and more subtle and acceptable channels such as art, games, theatre and literature. Besides directly engaging adolescents in a process of change, the project also employed the strategy of seeking to strengthen a community that faced the challenge of integrating many new arrivals, encouraging community members' engagement in the self-empowerment process.

One of the most important components of the Villa Esperanza Project turned out to be a young people's committee for reproductive rights. This committee took on a great deal of responsibility for activities in schools, most notably the 'theatre-forum', which combined youth-produced theatre pieces with opportunities for structured and open discussion among students and teachers in the audience. In addition, young people worked to sensitize their peers through theatre, music, dance events and arts workshops held in community spaces, such as church meeting halls. Events were also staged in public parks.

Berusca encouraged the young people's committee to manage these activities as independently as possible, fostering leadership and management skills in committee members and encouraging them to mentor other young people.

Project for Sexual and Reproductive Health in Magdalena Medio

The central Colombian region known as Magdalena Medio has seen some of the worst violence in the country. UNFPA supported a Project for Sexual and Reproductive Health as a component of the Programme for Development and Peace in Magdalena Medio, a highly regarded organization run by Colombian Jesuits. The purpose of the project is "to contribute to the construction of a fabric of institutions and society that will favour the promotion and exercise of reproductive health and rights of local communities, particularly among vulnerable groups...".

The Catholic Church in Colombia has acknowledged the need for a programme to address population issues, and has supported the programme's alliance with UNFPA, enabling the Fund to enter into a dialogue with Church representatives about how best to meet the reproductive health needs of community members. UNFPA and the Church have worked as allies, demonstrating that a diverse array of partners with different missions can cooperate around common goals to improve the well-being of communities in need.

This project has the following aims:

- incorporating logical and conceptual frameworks for sexual and reproductive health and reproductive rights into laws and development plans for the Magdalena Medio region, particularly in the health and education sectors, and seeking especially to guarantee access to sexual and reproductive health services;

- making sexual and reproductive health services more accessible to vulnerable populations, including women, adolescents, people living in extreme poverty or in violence-plagued areas and people who have been displaced by violence; and
- ensuring the commitment of government duty-bearers at the national, regional and local level to educational and communications initiatives and social mobilizing efforts that will promote sexual and reproductive health and reproductive rights on an ongoing basis.

The project established a wide-ranging, multisectoral strategy. Two of its major components were strengthening local institutions and strengthening civil society.

Strengthening institutions

In the area of institutional development, the project focused on municipal administration and on integrating sexual and reproductive health issues into Magdalena Medio's municipal development plans. The project also sought to strengthen the health and education sectors in regard to the provision of sexual and reproductive health information and services.

Municipal administration and development. One of the project's greatest contributions in this area was crafting an integrated, multisectoral response to the issue of sexual violence. The judicial, health and education sectors participated through institutions such as the Prosecution Office, Judicial Police, Criminal Investigation Service, National Police, Family Commissioners, Forensic Medical Service, health departments, hospitals, the Interior Department and the people's representatives in municipalities.

At their request, the roles of all of these bodies in opposing sexual violence and supporting survivors of sexual violence were articulated, and attention was given to the quality of response and care that they provided. Relationships between the different bodies were mapped to facilitate the sharing of information and resources in following up cases and staging prevention activities.

The health sector. The project included preparation of baseline information, provision of equipment and materials, and development of procedures for caring for pregnant adolescents and survivors of violence. The project also trained health-care personnel on sexual and reproductive health, reproductive rights, gender issues, family planning, costing systems and health regulations. Strategies for reducing

maternal morbidity and mortality were established, and health-service improvement plans have been implemented at many facilities. A Hospitals Association was established for the Magdalena Medio region.

The education sector. The project worked to sensitize educational leaders on sexual and reproductive health issues and supported their efforts to develop educational strategies for teaching students in the region's schools about sexual and reproductive health.

Strengthening civil society

In an effort to strengthen civil society, the project has implemented action plans to train civil society actors in the formulation, execution, management, follow-up and evaluation of programmes. It has strengthened social networks and supported training for them on issues relating to sexual and reproductive health, reproductive rights and gender issues. The project has also supported the development of special networks, such as those working in the region's prisons.

Activities supported by the project have helped shape public opinion in an effort to overcome traditional attitudes about sexuality and gender, with the goal of developing a culture of respect for the place of human rights in the discourse about community development. The project's multifaceted communications strategy has included mass media campaigns on the responsible management of one's sexuality. These activities are structured to reinforce a paradigm that calls for addressing reproductive rights from the standpoint of inclusion, equity and gender equality.

The vibrant network of youth clubs in the Magdalena Medio region has also helped strengthen civil society. At the time of writing, 51 youth clubs were regularly bringing together some 1,000 boys and girls aged 7 to 14. Although club activities focus on sexual and reproductive health, young people are given the freedom to express themselves in various ways. At most clubs, there are opportunities to experience art, music and dance, and to participate in reading and writing activities that are intended to spur the participants' curiosity and creativity.

A focus group discussion held with the members of two youth clubs brought to light more information about the young people's views. The members saw the youth clubs as an opportunity to reduce some of the many risks that adolescents face in an environment defined by violence. In

the clubs, young people can meet others their own age, facing the same social situation, and with shared interests and aspirations. They can strategize together about how to prevent child sexual abuse, how to care for themselves, and how boys and girls can look after each other with mutual respect.

The youth clubs started to work on the theme of sexual and reproductive health and reproductive rights in 2005. The focus group members reported wanting to set up a process that would “reach out to people and help them believe in responsible sexual behaviour”. The youth clubs see sexual and reproductive health from a human rights perspective, and want to change the culture of sexuality so that sexual matters can be addressed more openly within the framework of a human rights-based approach in their communities.

THE RESULTS

Villa Esperanza

The most striking outcome of the Villa Esperanza Project was the transformation of adolescents’ views about themselves and each other. As they learned the facts about sexual and reproductive health and reproductive rights, project participants also learned to appreciate their bodies as being uniquely their own, subject to nobody else’s agenda. Many participants also learned how to take the crucial next step of recognizing and embracing their social responsibility to help other adolescents learn about sexual and reproductive health and reproductive rights. Adolescents who joined the performance initiatives ultimately took their health and rights messages to more than 15,000 young people in schools on the northern Colombian coast.

A number of specific achievements were also identified through interviews with project implementers and participants. For example, adolescents who helped to stage performances learned how to organize themselves around social and cultural campaigns. Performing made them feel important, and consequently built their self-esteem. They became more effective over time at communicating with the people who attended their events, and became confident speaking in public about sensitive issues. They learned how to transform complex concepts about sexual and reproductive health and reproductive rights into performances that were understandable to adolescents (and adults) who were being newly introduced to these subjects.

Furthermore, the young performers came to recognize themselves as possessing valuable knowledge that was important to share with other people. Indeed, they even felt a deep responsibility to pass on that knowledge. They developed an appreciation for the importance of being well informed and a commitment to acquiring more information. As one observer put it, “They are very restless in their search for knowledge.”

Many of the adolescents involved in the performances found that as they integrated the Villa Esperanza principles into their lives, relationships with their parents and other family members became more trusting and mutually respectful.

The performances also affected the adolescents in the audience, who began to stop thinking of sexual and reproductive health as a taboo topic. They developed an interest in learning more about this and about reproductive rights, and became more comfortable asking questions about related issues that directly affected them, leading to more responsible sexual behaviour. In addition, they learned which organizations in their communities could help them cope with abuse and violence. They also learned to identify with, and look for ways to help, people affected by gender-based violence. A particularly vivid example of this was when adolescent boys chose, on several occasions, to act out the roles of abused women in theatre exercises and to propose strategies for freeing those characters from aggressive partners.

An impact could also be seen on the larger community. Through their children’s involvement in the Villa Esperanza Project, parents were introduced to sexual and reproductive health issues that were relevant to their own lives. Teachers and school administrators learned to appreciate the centrality of human rights to the pursuit of better sexual and reproductive health outcomes. Health-care providers and local government representatives learned – sometimes to their great surprise – that adolescents could be highly effective carriers of important messages about health and rights.

Providers and government agencies also performed self-assessments to identify service gaps and develop strategies for improvements, so that the infrastructure would be in place to respond to newly empowered young people seeking to fulfil their rights. Local government offices were inspired to launch initiatives in collaboration with local schools and health-care providers to improve the quality of services. Outcomes included increased access to advice on

family planning, pregnancy, sexually transmitted infections and other issues.

Magdalena Medio

Project implementers, partners and participants agree that one of the greatest achievements to date of the Project for Sexual and Reproductive Health in Magdalena Medio has been the acceptance of reproductive health and rights as a legitimate topic of public discussion.

The project also led to improvements in the quality, coverage and effectiveness of service provision, and has increased community acceptance and monitoring of these services, which are more and more being seen as fundamental human rights. Another major achievement is the enhanced ability of the network of the Prosecution Office, the police, the Criminal Investigation Service, the Family Commissioners and health centres, among others, to respond quickly, effectively and respectfully to victims of sexual violence.

It is also important to note the function of the project as a 'safe' entry to a more general community dialogue on the right to health and on other human rights. Project implementers observed that introducing the subject of human rights by focusing on the human body's physiological functions and needs, and the role of each individual in caring for his or her body, leads to an understanding of the inviolability of each person's body. This, in turn, provides the basis for exploring how all forms of human rights ultimately give the individual full agency over her or his physical, mental and emotional well-being.

An important benefit of this approach in Colombia is that it does not directly challenge the authority of the illegal armed groups that seek to maintain a high level of influence in some communities. These groups have not perceived the work of the project as a direct threat, whereas other models for introducing human rights paradigms might be interpreted as efforts to undermine them. This finding may have relevance for health and development agencies working in other settings affected by violence.

CONCLUSION: LESSONS LEARNED

Two fundamental tenets have guided UNFPA support in Colombia. The first is that human rights principles are a highly effective tool for shaping health programmes while also giving consideration to the local context. It is logical that efforts by the State to realize community members'

health-related rights will also promote optimal health outcomes. The second is that processes to empower adolescents and improve the capacity of health providers and other duty-bearers must be harmonized to avoid conflict and maximize opportunities for both groups to make progress.

Of special note in this case study are the linkages between violence and reproductive rights. The social instability of people affected by violence has an impact on their ability to enjoy all of their human rights, including reproductive rights. This principle is what has led the Colombian Government and UNFPA to commit their resources to initiatives such as the Villa Esperanza Project, which gave Sergio and his peers a forum for exploring and expressing how their lives had been marked by physical violence. Helping them develop this capacity for self-reflection is a crucial step toward enabling them to recognize their inherent self-worth and human dignity, which is what the body of international human rights is intended to affirm.

The examples in this case study point to an important role for male members of society in addressing gender issues. It would, in fact, be short-sighted not to take into account the needs and capabilities of men and boys, who are critical actors in the process of seeking gender equality. For example, the Villa Esperanza Project does more than just help boys like Sergio appreciate their self-worth and recognize themselves as people whose rights are worth defending. It also prepares them to recognize the unique value of other members of society – including female peers – who equally deserve to have their human rights fulfilled.

A discussion of lessons learned from Colombia would be incomplete without re-emphasizing the importance of coordinating efforts directed at rights-holders and duty-bearers. This holds true at the local, regional and national level. UNFPA support to the Office of the Procurator General, described briefly here (see box opposite), is only one component of a far-reaching campaign to help government duty-bearers develop, at their request, a more nuanced understanding of their relationship to the general populace. This process includes both acknowledging the full importance of all human rights obligations and recognizing community members as essential partners in the effort to respect, protect and fulfil human rights.

Supporting the development of the capacity of rights-holders and duty-bearers in a synchronous process is not an abstract ideal – it is also necessary for pragmatic reasons.

Gender and the Office of the Procurator General

A UNFPA-supported project involving the Colombian Office of the Procurator General has the potential to greatly improve how government agencies at all levels act on women's and girls' human rights.

This Office, established by the 1991 Constitution, functions independently of the executive, legislative and judicial branches of government. It has the vital role of providing oversight to ensure that all government agencies and their representatives uphold the Constitution and laws, and it is vested with wide-ranging powers to fulfil this responsibility, including the power to intervene in judicial and public administration matters at all levels of government. It thus provides a critically important set of mechanisms for defending human rights in Colombia.

The Office of the Procurator General has worked with UNFPA to strengthen oversight of the application of national and international human rights gender norms throughout all areas of government, with the aim of improving women's and girls' protection in regard to a variety of rights, including the rights to life, dignity and personal integrity, health (including sexual and reproductive health), education, work, participation and land ownership. After developing the conceptual framework for this goal, the next step was to identify the national, regional and municipal entities responsible for guaranteeing the specified human rights. It was found that many of those entities had very limited information on how to meet their obligations in regard to the gender dimensions of those rights.

The Office used the research results to prepare a report that was disseminated nationally. At the same time, it issued a directive requiring all government agencies to take appropriate steps to realize women's rights. The directive is one of the Office's most effective oversight instruments because it makes specific requests and then asks for an accounting of measures taken to meet them. Agencies failing to provide such information are subject to disciplinary measures, with individual government representatives potentially held accountable.

The Office has requested guidance from UNFPA to ascertain whether laws protecting the rights of women and girls have been correctly implemented by public authorities (executive, legislative and judicial) throughout the country. In cases where a law is not being properly implemented, it has requested action plans for the redress of rights. The Office considers the directive to be a decisive measure in guiding the future actions of the State to protect women's rights and achieve gender equality.

The report and directive are invaluable tools for making national, regional and municipal authorities more aware of how gender and human rights considerations inform their work. The project is encouraging government duty-bearers to establish public policy more firmly within a human rights framework, with particular attention to women's and girls' human rights. The project's most important achievement is the body of recommendations made by the Procurator General to government institutions to combat inequality between women and men, and to apply the principles of gender equality and non-discrimination, taking account of a gender perspective in all its dimensions.

The transformation in the outlook of community members in Villa Esperanza and Magdalena Medio will be of little real consequence in the long run if the local authorities to whom they bring their human rights agenda are not involved and lack the skills to mount an effective response and if they do not see how these fit in their own daily context. At the same time, their own efforts are equally important, even when they

take the modest form of supporting a local media campaign on sexual and reproductive health, or encouraging a youth group to stage an educational theatre performance in a public park. All of these activities together are bringing duty-bearers and rights-holders into a partnership that has the potential to transform how all Colombians think about – and more importantly, act upon – human rights.

6 ■ THE PHILIPPINES

Gattaran, with a population of 50,269 in 2007, is a municipality in Cagayan province where the maternal death rate is down to zero. It has been that way for the past seven years. Aggressive local government efforts and strong support by residents have combined to vastly improve the chances of survival for mothers. The municipality has exceeded its target for pregnant women seeking early prenatal check-ups by 10–20 per cent. Immunization of expectant mothers is at 100 per cent, and deliveries in birthing centres have gone up to 95 per cent. Other side benefits reaped from the strategy include a 15 per cent increase in the number of new acceptors of family planning, a decrease in the percentage of teenage marriages from 75 to 40 per cent and the observable sustained enthusiasm of male motivators.

Midwives, who are on the frontlines of the reproductive health campaign, say their role in the community has expanded. One of them says, “We are into everything – including ensuring a healthy water system, garbage disposal, everything.” Such things, after all, affect the health of a family. And, “primary health care begins at home”.

Demonstrating that birthing is really a community concern, barangays in Gattaran have set up a ‘pregnancy watch’ system where advocates and motivators serve as ‘lookouts’. This ensures that expectant mothers are availing themselves of prenatal services. For this function, a village health worker and a councillor are in charge. So involved are local officials in the health of their constituents that Nabaccayan barangay chairman Isaac Mateo Jr. relates, “In case of emergency, I take the pregnant women to the hospital myself!”

— Excerpted and adapted from ICPD at 10 Magazine, a special publication produced in the Philippines for the 10th anniversary of the 1994 International Conference on Population and Development.

The Gattaran success story demonstrates multiple aspects of the local government’s strategy to improve the health and well-being of Filipino people. The municipality’s reproductive health campaign combined many important elements, including: highly committed local government officials, doctors, health-care providers and community members; improvements in health-care infrastructure and resources; planning on how to meet expenses; and a far-reaching community outreach and education programme (see box on next page).

UNFPA began working in the Philippines in 1969. Despite widespread poverty, the island nation has long maintained a highly engaged civil society. This engagement has often been reflected in people’s eagerness to partner to improve reproductive health initiatives at the local level. Local public institutions and residents in communities throughout the Philippines have been important actors in the successful implementation of many such activities over the years.

⁹ Local government in the Philippines is composed of provinces, cities, municipalities and *barangays*, the last being the smallest administrative unit. Governors are elected to head the provinces, mayors for the cities and municipalities and captains or chairmen for the *barangays*.

More about Gattaran

A confluence of factors accounted for the success of the Zero Maternal Death Campaign in Gattaran. For example:

1. There was a network of fully equipped birthing centres located in remote areas and the municipal hospital served as an effective referral system when complications arose.
2. Trained and dedicated service providers in the birthing clinics included midwives and volunteer *barangay* health workers who worked in shifts to operate the centres around the clock.
3. The traditional birth attendant was part of the team assisting the midwife, but was not doing the delivery by herself.
4. There was local government infrastructure support for the building or refurbishing of birthing facilities, the provision of transport support for emergencies and the provision of payments for electricity, water and other charges incurred by the facilities.
5. Municipal and *barangay* ordinances called on all pregnant women to deliver in birthing facilities and prohibited delivery at home.
6. Regular information, education and communication/behaviour change activities for pregnant women took place through *buntis* (pregnancy) parties and reproductive health sessions during their regular visits to the health centres, where they were oriented and informed about the potential complications of pregnancy and how they should take care of themselves and their newborns. If they did not come during the scheduled date for prenatal care, volunteer health workers followed up by contacting them at home.
7. A pre-payment system enabled women to pay for their delivery in advance through instalments during prenatal visits, so that the cost would not be too expensive at the time of the actual delivery.
8. Most important, there was a reproductive health champion in the person of the Municipal Health Officer, who had the vision and dedication to put this all together. This person, who had the full support of the Mayor, was head of the Municipal Health Office as well as the municipal hospital. An obstetrician and gynaecologist, she is capable of handling all maternal complications.

The accomplishments in Gattaran, where UNFPA supported the Zero Maternal Death Campaign, do not only include improvements in key reproductive health indicators, which have also been replicated in a few other municipalities, e.g., Carmen and Talibon in Bohol and Isulan in Sultan Kudarat. More importantly, the campaign helped transform reproductive health paradigms. Both accomplishments can be largely attributed to the Government's increasingly sophisticated understanding of how to utilize human rights principles to attain better health and development outcomes.

Working within a human rights framework, UNFPA and the Government designed the Sixth Country Programme in the Philippines (2005–2009) to address the needs of the country's poorest communities (identified by criteria such as literacy levels, incidence of poverty, life expectancy at birth, incidence of maternal mortality and unmet needs for family

planning). This case study examines the human rights dimensions of the Programme specifically related to the rights of women and adolescents to maternal health and the prevention of violence against women.¹⁰

While it is too early for many programmatic outcomes to be fully evaluated, some of them have clearly been designed and implemented in ways that call to mind central themes of earlier success in Gattaran. These include:

- the participation of a broad spectrum of community members;
- attention to the availability, accessibility, acceptability and quality of services;
- consideration of the rights of service recipients, not just their needs;

¹⁰ The Gattaran case, which was a precursor of UNFPA work with a human rights dimension, is not the subject of this case study.

- a focus on inclusive, non-discriminatory processes for implementing services;
- an emphasis on reaching marginalized groups; and
- heightened sensitivity to cultural issues.

A key element of the Country Programme is its call for the meaningful participation of all stakeholders from the selected partner provinces, municipalities, cities and villages. They are involved in: conceptualizing the package of assistance; assessing the population and reproductive health situation from both local government and community perspectives; identifying policy issues and problems relating to all major components of the Programme; assessing the capacity of local government units to implement Programme activities; determining Programme organization and management structure; and developing mechanisms to promote the continuity and sustainability of Programme activities.

COUNTRY CONTEXT

The population of the Philippines, recorded at 88.57 million in the 2007 Population Census, is growing at an annual rate of 2.04 per cent.¹¹ In 2003, approximately 31 million Filipinos were living in poverty. The average family income of the richest 10 per cent of the population was 20 times more than the average family income of the poorest 10 per cent. Sixty per cent of the private economy in the Philippines is owned by one per cent of the population.

If current trends continue, the population is projected to increase to about 103 million by 2015, which will likely increase the number of people living in poverty. Vigorous efforts must be taken to balance the rate of population increase with economic growth, and to reduce the gap between the rich and the poor.

Poverty weighs more heavily on women. Despite groundbreaking initiatives by the Government and by women's groups to promote gender equality during the past decade, Filipino women continue to experience discrimination and violence. The increasing feminization of poverty is attributed to a number of factors, including gender inequality in decision-making, the unequal allocation of duties in the home, the persistence of gender biases in the workplace and women's lack of control over their reproductive health. Many women are in occupations that pay low wages and provide irregular and intermittent employment. In poor households, women work

two to four hours more per day than their male counterparts, combining multiple domestic and livelihood tasks.

Millennium Development Goal 5, on the reduction of maternal mortality, is far from being achieved, with the poorest quartile suffering the most. The total fertility rate in the poorest quartile is 6.0, while in the richest it is 1.9, showing lack of access to information and services for poor women.

HUMAN RIGHTS IN THE PHILIPPINES

Despite many cultural, economic and political constraints, the Government and numerous civil society groups have worked hard for the realization and promotion of human rights, especially for people living in poverty and for other marginalized groups. The Philippines has ratified the seven major international human rights treaties that uphold the political, cultural, social and economic rights of individuals, including the rights to gender equality and to freedom from gender-based violence.

The Philippines ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981. The Convention's obligations have become the basis for the Government's enactment of 14 laws promoting women's human rights. These include ones establishing the family courts (Republic Act [RA] 8369); creating a women's desk in all police stations (RA 8551); instituting measures to eliminate human trafficking (RA 9208); opposing violence against women and children (RA 9262); establishing measures to punish rape (RA 8353); and eliminating sexual harassment (RA 7877).

The Government has also resolved to implement the provisions of the Programme of Action adopted at the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals. Although these commitments do not create binding obligations, they have helped guide development programmes for women. They have also provided women's groups with powerful tools to encourage the Government to promote women's human rights.

EXAMPLES OF INITIATIVES ON HEALTH AND HUMAN RIGHTS IN THE FIELD

The UNFPA Sixth Country Programme includes a wide range of activities that integrate human rights principles and norms.

¹¹ All information in this section is based on official results of the 2007 Census of Population released by the National Statistics Office in April 2008.

Some examples are described in this case study. The first illustrates how the Programme supports the efforts of civil society organizations to integrate human rights and involve religious leaders; another describes efforts at empowering communities; and a third shows the support of UNFPA to the women's machinery, including for the implementation of the Anti-Violence Against Women and their Children Act. Lastly, this case study describes the partnership between UNFPA and government agencies to enhance their capacities to protect women and children victims of violence.

Mobilizing civil society organizations and community leaders to promote women's reproductive rights

One of the key elements of the human rights framework is the presence of civil society groups that can demand accountability, good governance and transparency from the State. The Philippines has one of the most dynamic civil society cultures in Asia. Over the last three decades, numerous national and local people's movements and non-governmental organizations (NGOs) have participated in the process of restoring democracy to the country and redirecting development efforts to achieve greater benefits for poor and marginalized communities. In particular, the Philippine women's movement has played a vital role in pushing for legislation to eliminate discriminatory practices and beliefs. The movement's steadfast efforts to monitor the State's fulfilment of human rights obligations are crucial to the country's attainment of sustainable development.

The Country Programme recognizes that the women's movement plays an extremely important role in national affairs. The Programme therefore incorporates activities aimed at supporting efforts to build the capacity of NGOs to advocate and develop human rights-based policies and programmes that are sensitive to gender and culture, such as:

- training and advocacy forums on HIV prevention, especially for migrant workers who are going to or returning from other countries;
- programming that addresses adolescent sexuality, reproductive health, family planning and gender-based violence; and
- distribution of affordable contraceptives to far-flung areas and promotion of their regular and appropriate use.

Given that UNFPA programmes include work in Muslim areas in southern Philippines that are among the poorest in the country, a *fatwa*¹² issued in 2004 by Muslim religious leaders declaring Islam's support for reproductive health has been very positive. Two Filipino NGOs – the Reproductive Rights Resource Group and EnGendeRights – have provided training and facilitated multi-sectoral dialogues on the human rights dimensions of reproductive health issues within an Islamic context. The data that shaped the design and content of this project were collected in partnership with NGOs and other local partners.

Developing the project and pre-testing it among a diverse group of Muslim religious leaders and individuals helped both the implementing NGOs and the training participants to expand their understanding of the Islamic context for reproductive rights issues. In response to the success of the initial training sessions, the Reproductive Rights Resource Group and EnGendeRights organized two fora to facilitate discussions on issues related to reproductive rights, including family planning, polygamy, arranged marriage and domestic abuse. Fifty people attended the first three-day forum, including Muslim religious leaders, Sharia court judges and lawyers, women's rights activists, academics and local leaders. The forum touched on the different ways that gender biases manifested themselves in communities, and on how these biases can be addressed through the use of progressive texts and interpretations of the Qur'an. The participants issued a number of recommendations aimed at promoting gender equality within the context of Sharia.

Empowering communities to claim and exercise their reproductive and economic rights
'Demand for Reproductive Health Services' is the name of another project supported by the UNFPA Country Programme. The project uses a number of human rights-

¹² A *fatwa* is a religious decree or religious opinion backed by strong jurisprudential scholarship.

based strategies to promote gender equality and reproductive health, particularly for marginalized and excluded groups, including women living in poverty. Preparing and enabling communities to demand their rights means ensuring that people, particularly women, have the skills, attitudes and knowledge to request and access affordable high-quality services. Empowered community organizations, particularly women's groups, can also help monitor the quality of health facilities and services and advocate their improvement.

The first step in initiating this project was to identify 30 local government units in the 10 poorest provinces and to approach them to undertake the programme. Partnerships with NGOs were established to launch community mobilization and organizing efforts, along with training and education activities. The organizations also served as liaisons between communities and government institutions.

Community assessments acted as a catalyst for communities to recognize and identify reproductive health problems as leading causes of ill health and death in the Philippines, particularly for women. Reproductive health depends heavily on the economic well-being of households and their access to appropriate information and services. Thus, addressing reproductive health issues becomes a matter of social justice, ethics and equality.

In partnership with the implementing NGOs, the communities generated a wealth of information, including the perspectives of the poorest community members. As the project had intended, the process of inviting community members to contribute their knowledge and views became a springboard for community organizing. For example, according to the members of a research team that headed up an assessment in remote villages in northern Philippines, this came about naturally as part of the process of collecting data. As they described it:

The community organizing approach strengthened the participation of the people in the collection and validation of data; it facilitated the discussion of problems and needs from their contexts and perspectives. Through the application of the community organizing principles, rapport with the people was easily developed. For the members of the research team, it meant speaking the people's language, understanding their culture, living their life, and patiently listening to their woes and experiences. This was crucial in building the trust of the people and their approval of the community assessment procedures and activities.

By starting this way, the implementing NGO was able to prepare the community for subsequent organizing activities that were sensitive to the presence of Christians and Muslims from various ethnic backgrounds. The preliminary steps also provided an opportunity for villagers to meet and interact with local leaders and public officials.

Promoting reproductive rights through gender-responsive performance of state obligations

Another component of the UNFPA Country Programme is support to the National Commission on the Role of Filipino Women, the highest institutional mechanism charged with advancing the status of women and gender equality. It coordinates government efforts related to women's policies, programmes and projects. The Commission works closely with other government agencies, NGOs and multi-lateral development organizations to ensure the protection and promotion of women's human rights.

Since 1986, the National Commission has worked to facilitate the integration of gender concerns into development policies. One outcome has been the formulation of the Philippine Plan for Gender-Responsive Development, 1995–2025; another has been the passage of the gender budget policy, which requires all government offices to allocate up to 5 per cent of their financial resources to address gender issues that hinder the implementation of their programmes. An important requirement of the gender budget policy is the use of gender-disaggregated data in project design, implementation and monitoring.

UNFPA supports the efforts of the Commission and other institutions at their request to enhance the capacity of government agencies and their partners to address women's human rights. The Sixth Country Programme names several strategies for accomplishing this objective, including:

- reviewing and developing performance standards for the delivery of social, psychological, medical, legal and economic assistance, particularly to survivors of gender-based violence;
- strengthening national mechanisms to respond to cases of domestic and other forms of gender-based abuse and exploitation, as well as developing parallel structures and mechanisms at the regional and local levels;
- integrating core messages to prevent and respond to cases of gender-based violence in the educational curriculum;

- integrating gender equality principles into the reproductive health and population programmes and services of the Department of Health and the Population Commission; and
- enhancing the capacity of local leaders and programme implementers to develop gender-responsive, human rights-based and culturally sensitive programmes and policies.

Two of the primary areas in which UNFPA assisted are described below.

Integrating human rights standards into the performance assessment tools of service providers helping abused women and children

The Anti-Violence Against Women and their Children Act of 2004 requires several government agencies to provide assistance to survivors of abuse, including the Department of Social Welfare and Development, the Department of Justice, the Department of Health, the Philippine National Police and the Department of the Interior and Local Government. The Government has developed performance and ethical standards for the delivery of services to survivors and offenders.

As the body spearheading the establishment of such standards, the National Commission began by conducting a series of meetings with the relevant agencies. The next step was to have experts from NGOs and academic institutions collect data. The Commission then prepared assessment protocols and tools with the support of outside experts. Service providers gave feedback and suggested changes at workshops. Such participatory processes facilitated the acceptance, ownership and use of the tools by the government agencies and their service providers. They also provided an opportunity for the different agencies to coordinate their duties and functions, especially in regard to the documentation, processing and sharing of data.

The development of the assessment protocols and tools was guided by the provisions and content of international human rights conventions and treaties. Essential principles reflected in the tools include non-discrimination and equality, transparency, accountability, participation of all stakeholders and empowerment of the disadvantaged.

The principle of accountability, for example, requires service providers to institute all measures that would prevent the recurrence of abuse, not only at the hands of perpetrators but also at the hands of those involved in the conduct of investigations, counselling, medical assistance and legal

trials. To give another example, non-discrimination is expressed in performance assessment tools to mean equal treatment of all survivors of gender-based violence, regardless of ethnic background, civil status, age or sexual orientation. The principle of participation is institutionalized through the involvement of stakeholders in the planning, implementation and monitoring of services.

The completed performance assessment tools are now being tested on a limited scale at the national level. In the coming months, they will be disseminated to partnering bodies across the country for the following services:

- psychological counselling and related services administered by government social welfare units;
- medical and legal assistance provided by hospital-based protection units for women and children, under the supervision of the Department of Health;
- services related to the investigation of cases by the Philippine National Police; and
- services related to the prosecution of cases by both the Department of Justice and the Department of the Interior and Local Government.

The data collected during the initial use of the assessment tools will become the benchmark for monitoring the quality of service delivery in the coming years.

Training is under way to help service providers meet the human rights-based standards embodied in the assessment protocols. Service providers in some UNFPA-assisted areas have already gone through orientation seminars on gender equality and reproductive rights. Personnel at the Department of the Interior and Local Government are undergoing a 'training of trainers' on the legal mechanisms for providing protection orders to survivors of domestic violence, with participants expected to relay the information to the local officials who issue the protection orders. Other training topics include the rehabilitation of male abusers and the use of gender-sensitive approaches to case management and psycho-social counselling. The Philippine National Police, for its part, has started training its personnel to handle cases of gender-based violence, particularly sexual and domestic abuse, in a gender-sensitive way.

Some partner agencies, like the Department of Social Work and Development, have issued policy directives requiring the use of performance assessment protocols

and tools by all counselling centres. Performance standards have been established for hospital-based facilities serving survivors of violence against women (see box). Advocacy and capacity-building activities are also taking place to support local government agencies' efforts to secure the funding, physical facilities, equipment and technical support required to meet service delivery standards. For some local government units, the cost of training social workers in crisis counselling or forensic interviewing has been met with funding from a 'gender budget' and from private donations.

Strengthening the capacity of oversight agencies to develop, implement and monitor laws against gender-based violence and human trafficking

Laws on violence against women and children and on human trafficking have mandated the creation of the Inter-Agency Council Against Trafficking and the Inter-Agency Council on Violence against Women and their Children. These councils, formed in 2003 and 2004 respectively, formulate comprehensive and integrated policies and programmes and harmonize all government initiatives against trafficking and gender-based violence.

Both councils are responsible for developing mechanisms to monitor and evaluate the implementation of the aforementioned laws. The UNFPA Country Programme supports government efforts to strengthen these mechanisms by fostering research, advocacy, public information campaigns

and capacity-building initiatives for policymakers and service providers.

The national inter-agency councils facilitate the creation and strengthening of parallel structures and mechanisms at the regional and local levels. Starting in 2005, local-level inter-agency bodies have been formed in some UNFPA-assisted areas. The main purpose of the local mechanisms is to oversee and monitor the implementation of laws on human trafficking and on violence against women and children.

Women and Children Protection Units have been established and strengthened in the Sixth Country Programme to provide services to victims of gender-based violence. According to National Police protocol, the objectives of these Units are to: (1) investigate crimes involving women and children; (2) conduct police rescue operations; (3) implement laws protecting women and children; and (4) all other related functions to protect women and children. The Units are established at the national, regional, provincial, city and municipal levels. The 'one-stop shop' approach, by which survivors of gender-based violence receive integrated services (counselling, medical treatment, legal assistance, psycho-social support and temporary shelter), means that the victim only has to recount the horrible experience once. Training activities were held to enhance the capacity of national and regional inter-agency bodies to fulfil their duties under the laws on trafficking

Performance standards for hospital-based facilities serving survivors of violence against women

The service delivery protocol for counsellors, physicians, nurses and other service providers at hospital-based clinics for abused women includes the following requirements:

1. The physical facility must ensure confidentiality, safety, security and privacy for clients and their caregivers.
2. Policies and procedures must ensure the adequacy, appropriateness, acceptability and sustainability of support and care for clients, their immediate family members and, when necessary, the perpetrators.
3. Service providers must be gender-sensitive and highly competent to perform their duties and responsibilities. Some of the ethical principles that service providers must observe include being non-judgmental, sensitive, sincere, patient, understanding and assertive.
4. There must be an effective referral system to include legal and paralegal assistance, police support and shelter (short- and long-term), as well as livelihood support.
5. Health equipment and supplies must be scientifically and medically appropriate and of good quality.
6. There must be adequate support for service providers, including continuing training and debriefing.

and gender-based violence. These include briefings on how to strengthen the links between national and local mechanisms and on how to mobilize local stakeholders to participate in public awareness campaigns. Technical assistance was provided to enable implementing partners to better educate local government officials about the laws. Future training activities planned for national and local inter-agency bodies are intended to develop skills in policy advocacy and in the documenting and processing of cases of abuse and human trafficking.

RESULTS

In terms of the programmes' effects on rights-holders, the results from community assessments in some places are leading to the formation of women's groups. The Demand for Reproductive Health Services project also aims to prepare members of women's groups to lobby their local governments for adequate ongoing funding and for improvements to existing health-care facilities. Some particularly important initiatives are those that integrate the recommendations of poor residents into the community health plan.

Women's groups are collaborating with local government officials to translate the results of community assessments into appropriate projects. For example, establishing a village drugstore would enhance people's access to affordable medicines. Communities' greater awareness of the intricate linkages between economic and reproductive health problems has led to increased mobilization of local resources. It has also led to advocacy efforts aimed at securing government resources for the development of integrated population, reproductive health and economic projects.

On the part of duty-bearers, the completion of performance assessment protocols has enhanced the capacity of government agencies to perform their oversight and monitoring functions. Some local government units have enacted ordinances that strengthen community responsiveness in support of laws against gender-based violence and human trafficking. For example, five municipalities now have ordinances that allocate funds to establish crisis counselling services for abused women and their children. Other municipalities have organized community awareness seminars and mobilized schools and civic organizations to sponsor advocacy and education projects.

Some government agencies have issued agency-wide policies mandating the use of the service delivery protocols and

tools and allocating resources for the training that is necessary for people to use them properly. Also, some agencies have replicated the project strategies in provinces and cities not covered by the Sixth Country Programme.

Many local government units in UNFPA-assisted areas have increased their allocation of financial and human resources to support ongoing project activities and to replicate them in non-assisted communities. For example, in Sultan Kudarat Province in the southern Philippines, the local government has provided office space for the use of provincial UNFPA personnel. It has also deployed a number of government staff to directly work on project activities.

The national Department of Health has made a commitment to use its agency funding to disseminate and monitor the use of service delivery protocols and performance assessment tools in all 78 hospitals under its supervision. The Department of Social Welfare and Development, for its part, has included an allocation in its regular agency budget for the hiring of an in-house trainer. That person will raise awareness on the laws targeting human trafficking and violence against women and their children. Modules about those laws will be integrated into regular training courses.

The mechanism for replicating the strategies and activities of national partner agencies at the local level is incorporated into the design of the various programme components. For instance, national implementing partners undertake the training of trainers and consultation meetings with provincial counterparts, who are then expected to conduct the local-level trainings. This ensures the effective dissemination of skills and knowledge from national to local partners as well as in non-assisted communities. All these intermediate outcomes augur well for the sustainability of the project and the eventual replication of good practices to non-assisted areas within and outside of the pilot provinces.

One factor contributing to the success of some activities has been the integration of participatory practices in programme design and implementation. For example, mechanisms for regular periodic assessment and planning meetings that bring together government and civil society groups, from the national to the community level, have ensured the speedy resolution of implementation issues. This has fostered a sense of collective ownership and has also motivated government agencies, particularly at the local level, to respond to the deployment of UNFPA resources by contributing additional resources from their side.

Another factor contributing to the successful implementation of projects was the participation of highly competent, highly motivated technical personnel and civil society groups. Their involvement has ensured the provision of training and mentoring activities that have proved to be extremely beneficial.

CONCLUSION: LESSONS LEARNED

Mobilization of civil society organizations, community leaders and the already strong Filipino women's movement has contributed to bolstering the efforts of parties who have key roles in ensuring that women's human rights are respected, protected and fulfilled to the greatest extent possible. Local and national NGOs, along with local-level community networks, are able to take a human rights-based approach to connecting community residents to vital reproductive health services. Participating in community assessments, for example, has helped residents become more empowered rights-holders. This means that they can take an active role in articulating the community's needs and assessing the effectiveness of institutional responses.

Finally, those two groups – civil society and community members – probably would have made less progress if national and local governing bodies and their service-providing agencies had not prepared themselves to act within the same human rights framework that guides the other parties. The large-scale adoption of human rights-based performance assessment tools is particularly notable. The tools, by their very nature, call for the participation of all stakeholders – including NGOs, community leaders and service recipients – in the planning, implementation and monitoring of services.

A human rights-based approach to reproductive health demands attention to much more than the features of the particular services being offered. Service providers and recipients are bound up in a much larger network of relationships that all help to shape the nature of the ongoing exchange between duty-bearers and rights-holders. Infusing that network in the Philippines with the knowledge and tools to operationalize fundamental human rights principles can help to improve the quality of life of all Filipinos.

CONCLUSION

As the six case studies presented here demonstrate, integrating the human rights-based approach into UNFPA support to government priorities has taken many exciting forms in recent years. Given the diversity of the Fund's interventions in many countries, the case studies cannot really be considered a 'representative sample'; however, the very flexibility of the approach ensures its applicability to numerous types of situations but with necessary adaptations to meet local demands. These cases thus comprise a rich body of knowledge that may prove valuable to people and organizations as they explore how to operationalize human rights principles in other development-related activities.

Collectively, the six case studies offer the following 'lessons learned':

1. **The human rights-based approach provides a highly flexible framework that can strengthen assessment, planning, implementation, monitoring and evaluation in a vast array of situations and geographical settings.** One notable point about the six cases discussed here is their dissimilarity from each other, with the country settings - Colombia, Ecuador, Nepal, the Philippines, Turkey and the United Republic of Tanzania - being quite diverse. In Colombia, Turkey and some other countries, the interventions took place in large cities. Much of the activity in Nepal involved rural populations. Some programmes focused on women; others expanded the focus to include adolescent girls. A programme in Colombia addressed adolescent boys as well as girls, while the Stronger Voices intervention in Tanzania sought to involve both male and female participants from a wide age range, encompassing not only adolescents but also senior members of the community.

As for the interventions themselves, bringing urban Turkish women's NGOs and local government representatives into dialogue through joint capacity-building activities required a completely different programmatic approach than conducting community reproductive health workshops in Tanzania, fostering User Committees in Ecuador or organizing community-driven assessments in the Philippines. Some of the field activities in Colombia and Nepal were just as different from these examples and from each other.

All of these points confirm that one of the most important characteristics of the human rights-based approach is its flexibility. It is not a way of working that only suits certain types of field situations, nor is it a restrictive formula that narrows the range of programmatic options - quite the opposite. The principles guiding the human rights-based approach are of such a transcendent nature that they speak to many different situations, offering a valuable set of tools that people working to improve health outcomes can use in many different ways. These principles are promoted by making them resonate with people's needs and with the local contexts.

2. **People and communities with no prior experience of acting on the basis of human rights are eager to understand their rights and how these rights can inform their efforts to meet everyday challenges.** It would be reasonable to wonder how well efforts to empower rights-holders might work in communities where 'human rights' were an unknown concept, or even communities where people might have heard about human rights but not see their relevance to their own personal situations. Multiple experiences documented in these cases studies suggest a high level of natural interest in human rights, with people seeking to understand both the legal principles and the practical applications to their daily lives. In Tanzania, for example, workshop participants quickly grasped both the nature of rights that inherently belong to all human beings and also the role that they themselves could play in requesting duty-bearers in the local community to honour their rights. Similarly, Nepalese women and adolescent girls who had previously been unaware of the concept of human rights embraced this system as a pragmatic means of appealing to duty-bearers to make fundamental changes in support of women's and girls' health, well-being and dignity.

Even in countries that have hosted more public dialogue about human rights, the human rights-based approach can still bring about major shifts in people's perspectives. In the Philippines, for example, UNFPA-supported training sessions helped community women's groups develop greater practical skills for lobbying and collaborating with their local governments on health-related

issues and initiatives. In Ecuador, User Committees set up to monitor the Free Maternity Law – itself a major human rights accomplishment – have internalized the human rights vision and ensured that stakeholders work together to make the Law effective.

- 3. Integrating the human rights-based approach into the thinking of both rights-holders and duty-bearers is a resource-intensive process that can involve unanticipated challenges.** Despite the wealth of positive outcomes described in these cases, supporting human rights-based initiatives in the area of public health and development is not an easy task. A conspicuous similarity between many of these cases is the length of time that needed to be devoted to helping develop the capacities of both rights-holders and duty-bearers. Often, capacity-building encompassed the complex process of either introducing people to the concept of human rights or helping them to think about human rights in a more pragmatic way. This, of course, is only one step in the process, since the information itself will not have much value unless it is linked to people's daily lives and unless they develop the skills to apply the information to their immediate goals. Formal skills-building is not the end of the process either, however. Developing the ability to use the skills effectively in the community requires an iterative learning experience, and learners often benefit from ongoing support from human rights trainers and mentors as they figure out how to best use human rights paradigms to accomplish their goals.

Two very different but similarly resource-intensive examples can be found in Nepal and Turkey. In Nepal, the Choose a Future programme for adolescent girls was based on a series of two-hour courses that were presented five days per week for 10 weeks – for a total of 100 hours of instruction. Participants received guidance on developing their own personal action plans, and in forming and sustaining the mutually supportive group activities that continued long after the courses ended. The United Nations Joint Programme in Turkey allotted an entire two years to all of the human rights capacity-building experiences that the Government considered to be necessary for local women's NGOs and local government officials to work in a genuinely equal partnership on the design of community action plans. Feedback from some of the women's groups presents a very clear picture of a process of trial and error, recognition of effective efforts, and translation of lessons learned into strategies for working more effectively with other government actors in the future.

Challenges are a natural part of this experience, rather than indications of a flawed human rights-based intervention. For example, User Committees in one area in Ecuador initially found themselves ignored by the local health officials whom they wanted to join in strategic planning discussions. Simply being allowed to sit in on meetings was not enough, the User Committees realized; they needed to persuade the officials of their ability to make constructive contributions. They applied themselves to learning the planning and budgeting language and tools that were being used by health-system administrators, and showed patience and persistence in their efforts to join the dialogue. Gradually, over many months, the administrators came around and developed an appreciation for the User Committees' informed perspectives.

- 4. Giving equal attention to the capacities and needs of both rights-holders and duty-bearers leads to better and more sustainable programme results, fosters a lasting sense of shared ownership in efforts to improve the community's well-being, and prepares the actors to work together in other ways to address new challenges arising in the future.** Many of the initiatives described in the case studies were designed jointly by UNFPA and the respective governments to engage rights-holders and duty-bearers concurrently. That is, at the same time that they sought to empower community members to claim and act upon their human rights, the initiatives also prepared duty-bearers to be ready to engage constructively with those rights-holders as they stepped forward to assert their claims.

The most immediate outcome of this strategy is greater appreciation on the part of both sets of actors for the role of the other. For example, community training sessions in Colombia and Nepal empowered community members to demand recognition of various rights. Had they approached unprepared health-care providers with their demands, they might not have been well received. Providing support, at the request of governments, for educating health-care providers about their obligations as duty-bearers to honour their patients' human rights, and explaining to them what this meant in practical terms, paved the way for patients and providers to use the same human rights paradigms to jointly address the patients' concerns.

By the same token, duty-bearers who receive training about how to integrate human rights into their work are in a stronger position to meet their own goals. For example, the district-level government health agency in

Tanzania's Geita District wanted to understand why some health services were under-utilized. The Stronger Voices Project familiarized health officials with human rights and followed through to help them learn how to systematically take into account input from the community in order to develop more relevant health-service plans. To describe only one form of input, staff from community health centres and dispensaries, representing the interests of rights-holders who used their facilities, contributed valuable information during district-level planning and budgeting processes.

An investment in developing such collaborative relationships between rights-holders and duty-bearers has the potential to keep generating returns long into the future for national and local development processes. While it is too early to fully assess the ripple effects of capacity-building for rights-holders and duty-bearers in these six case studies, governmental officials and community members have reported a more collaborative attitude with service providers generally.

Perhaps the most significant thread binding together these lessons and the others named in the individual case studies is the concept of the individual as an active agent – indeed, the most important agent – in her or his own human development, but with a necessary link to community solidarity and collective action. This simple but profound truth naturally encompasses the human rights principles that should inform discussions about how to improve development outcomes. Participation and inclusion, equality and non-discrimination, and the accountability of duty-bearers to rights-holders – all of these principles honour the role of the individual and of communities in the process of developing and staging human rights-based initiatives.

The deep commitment of UNFPA to support initiatives based on the human rights-based approach to development is thus an affirmation of the power of individuals and communities to shape their own future. The Fund looks forward to continued collaboration with governments around the world in efforts to improve people's lives.



United Nations Population Fund

220 East 42nd Street
New York, New York 10017
www.unfpa.org

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