

**CARE'S EXPERIENCE WITH ADOPTION OF
A RIGHTS-BASED APPROACH:
FIVE CASE STUDIES**

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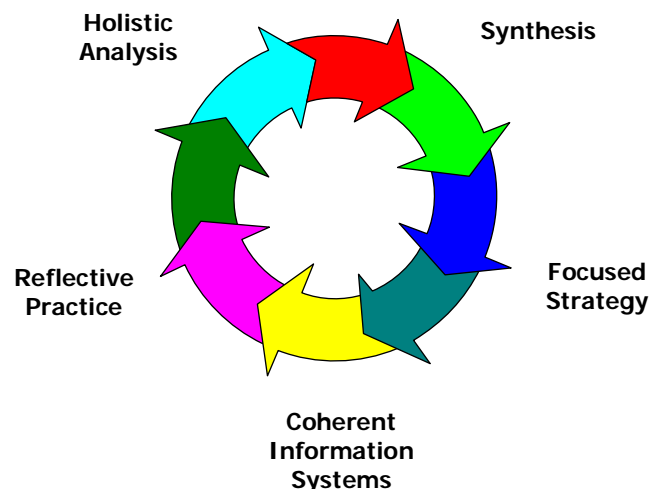
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CARE'S EXPERIENCE WITH ADOPTION OF A RIGHTS-BASED APPROACH: *SYNTHESIS OF FIVE CASE STUDIES*

CARE embarked a few years ago on a learning process designed to build understanding of and a commitment to a human rights-based approach (or rights-based approach, also known as RBA) to its relief and development work. Among the most important inputs to the learning process have been case studies, i.e., written descriptions of and reflections on rights-based approaches in action. In an effort to broaden its understanding of the implications of RBA integration in CARE and to foster learning across different parts of the CARE world, CARE's *Rights/RBA Initiative* commissioned the present set of five case studies.

The selection of RBA initiatives for inclusion in this series was not based on progress or successful adoption; rather, it was based on the potential for learning about the implications of adopting RBA for each stage of CARE's program cycle.

CARE's Program Cycle



The selection includes cases from Uganda, India, Burundi, Vietnam and South Africa. In retrospect, the selection could not have been better suited for CARE's internal reflection. The five cases represent a diverse range of contexts and approaches and thus shed light on the creative array of options available for RBA application. Taken together, they reveal the very real differences an explicit focus on rights makes for CARE and its partners at all stages of the program process, providing important insights into the theoretical and practical implications of a rights approach. Importantly, however, they also raise a number of key issues and questions for further consideration.

The insights and lessons learned from each case are summarized in Table 1, followed by a synthesis of the most salient implications of adopting RBA for each stage of CARE's program cycle. Key outstanding questions are summarized at the end of the paper to guide CARE and its partners in their further pursuit of a rights-based approach.

TABLE 1. SUMMARY OF INSIGHTS AND LESSONS LEARNED

Case Study	Insights & Lessons Learned
<p>UGANDA <i>Fertile Ground</i></p> <p>In Uganda, CARE is in the midst of a country program-wide shift from traditional needs-based analysis and response to a rights-based approach.</p>	<ul style="list-style-type: none"> ❑ Keeping the underlying causes of poverty front and centre was key to understanding the rights-based approach for CARE Uganda. Most underlying causes of poverty have to do with people failing to enjoy or exercise their rights, or people failing to fulfill their obligations. If CARE focuses on the underlying causes of poverty and really tries to understand and address them, it automatically will be addressing rights issues. ❑ CARE is a duty-bearer. It has a duty to program its resources and use its access to address underlying causes and associated rights issues. ❑ Understanding the organic nature of change and creating conditions that <i>support</i> (as opposed to <i>force</i>) change allows for personal interpretation and promotes initiative and buy-in. ❑ Adopting an explicit strategy for dealing with social injustice and human rights has wide-ranging implications not only for <i>what</i> CARE does but also for <i>how</i> it does it. Implicit in the choice to adopt RBA is the recognition that CARE's culture, role, size, structure and relationships will almost certainly change.
<p>INDIA <i>Urban Poverty through a Rights Lens</i></p> <p>CARE India is shifting the orientation of its urban advocacy pilot project to integrate a rights-based approach.</p>	<ul style="list-style-type: none"> ❑ In urban settings, advocacy may have less to do with meeting needs and government delivery of services, and more to do with poor people's inalienable rights to exist, to security of tenure within the city, and to participation in governance. ❑ Unless the community is informed about its rights, and knows when its rights are being violated, it lacks the yardsticks with which to demand accountability. The community might be focusing on rights but, mistaking them for needs, will not represent its case with as much force and courage as if it understood the moral, ethical and legal grounds for its case. So without an explicit focus on rights, a project is less likely to effect lasting change. ❑ Joint community and government monitoring of rights conditions – on the basis of agreed indicators – provides a basis for dialogue and, ultimately, enhancement of the community's rights. Initial resistance on the part of government officials can be eroded where they recognize that communities have genuine needs and rights and the capacity and willingness to be party to solutions. ❑ There is a legitimate and credible role for an international NGO in rights-based advocacy, that is, in strengthening the capacity of civil society to advocate on its own behalf. International NGOs can also be instrumental in progressively pushing rights issues up to the attention of regional and national levels of government and into the international arena, for example via their access to media and other international networks. ❑ There are significant differences between an implicit and an explicit approach to rights, not least of which are the practical considerations related to how CARE operates, including how it monitors and evaluates its impact.
<p>BURUNDI <i>Integrating Rights into a Household Livelihood Security Assessment</i></p> <p>CARE Burundi's integration of a rights perspective into a livelihood assessment yields important lessons about what difference, practically speaking, RBA can make to our analysis of community-level conditions.</p>	<ul style="list-style-type: none"> ❑ Integration of RBA has more to do with attitude, persistent probing and a different level of analysis than it has to do with tools. Persistently asking <i>why</i> is key to discovering the underlying causes of poverty. ❑ It can be difficult to get participants to talk freely about sensitive issues. Avoiding structured interviews and point-blank questions and letting groups debate "what causes what" was the single best way to get them to open up about power issues, political constraints and responsible actors. ❑ Root cause assessments can raise as many questions as answers. The process taught everyone to be patient – not to jump straight from hearing a problem to suggesting a "solution" – and to try to understand the whole picture before starting to think in terms of interventions. ❑ The line between rights-deprived and duty-bearers is often a fine one and cuts across different groups in different ways. Everyone is a rights bearer.

<p>VIETNAM <i>Peoples Rights: The Value of Deep Contextual and Cultural Analysis</i></p> <p>The conceptual link between health and human rights and Vietnamese society's perceptions about human rights are the two starting points of enquiry informing CARE Vietnam's adoption of a rights-based approach.</p>	<ul style="list-style-type: none"> ❑ Any efforts aimed at linking health and human rights must appreciate and capitalize on national cultural and legal paradigms to crystallize the concept of health as a right and to advance human well-being. The right-to-health movement should accordingly be transformed within rather than incorporated into national culture and policies. Respect for national principles and doctrines is crucial in facilitating acceptance of a rights approach ❑ The dis-aggregation of societal issues will not only provide the foundation for concrete actions at all levels but will also help move health into the domain of "well-being" and thus force recognition of the mental and social dimensions of health. CARE Vietnam's rights-based approach to health as a right, or to put it another way, its analysis of this traditional "sector" with a rights lens, illustrates that RBA has a very valid application to technical areas in challenging common assumptions and encouraging lateral thinking about solutions to technical issues. ❑ CARE should not be talking about directly ensuring the means of redress but, more appropriately, about working with responsible actors to institutionalize a culture and systems whereby rights respect, protection, and fulfillment can take place and, at the same time, working with poor, marginalized communities to heighten their awareness and strengthen their capacities to exercise and claim their rights within such evolving systems ❑ The value of the process of deep contextual and culture-specific understanding lies in its practical application to program planning and the sharp reminder to look for, respect and build on the strengths of communities and host nations. More than anything, the analysis has assisted CV to identify optimal and acceptable entry points for collaborative discussions about human rights.
<p>SOUTH AFRICA <i>Strengthening Civil Society to Secure Rights and Livelihoods</i></p> <p>The genius of the <i>Strengthening Capacities for Transforming Relationships and Exercising Rights (SCAPE)</i> program lies in its theoretical foundation in dependency theory and in its explicit focus on how civil society organizations view themselves and position themselves in relation to other stakeholders.</p>	<ul style="list-style-type: none"> ❑ Institutional strengthening must begin with exploring assumptions and mental models, and focus on organizational <i>culture</i> as well as on systems and technical capacity. ❑ RBA helps to refine and deepen the questions that HLS already asks. In the past, such questions were not as deeply or critically probed because they were at best viewed as "useful" contextual data rather than key pointers to factors within the status quo (e.g., political systems and social attitudes) that need to be challenged in order to bring about an environment conducive to the realization of rights and responsibilities. ❑ Synthesis of the HLSA results through a rights and responsibilities screen is proving to be a highly effective means to understanding the underlying causes of poverty, the connection between rights and livelihood security, and the duties and responsibilities of different stakeholders. ❑ CARE and its partners need to figure out how to use their experience and the relationships they develop at local government level to lobby provincial and national governments more broadly to adopt alternative approaches to implementing legislation. ❑ M&E indicators will need to track <i>changes</i> in relationships, in how CSOs and communities are positioning themselves, and in the types and number of debates they engage in. In other words, M&E frameworks will have to track <i>process</i> as well as <i>outcomes</i> of this new approach to tackling poverty and social injustice.

Holistic Analysis

Across the five studies, the need for more holistic analysis is the factor that impacts most profoundly on how CARE works. RBA adoption requires deeper analysis of the context in which relief and development agencies work: the full range of rights conditions, the underlying causes of gaps in rights realization, the responsible actors and the "enabling environment" in general. Uganda's experience of adopting RBA mission-wide demonstrates that keeping the underlying causes of poverty front and centre can be key to understanding the rights-based approach; and that within any such discussion, CARE must view itself as a primary duty-bearer. Vietnam's deep analysis of cultural and contextual factors led CARE in Vietnam to conclude that rights movements should be transformed within rather than incorporated into cultures and policies. After conducting a household livelihood security assessment

that incorporated a rights lens, CARE Burundi staff came to understand that *everyone* is a rights bearer, and that the line between rights-deprived and duty-bearers is often a fine one that cuts across different groups in different ways. Each of these cases demonstrates that CARE will need to develop its in-house capacity to assess, interpret and synthesize information about the rights issues that underpin poverty – and to design programs that seek to address them.

RBA calls for the identification and participation of marginalized groups. While CARE's household livelihood security framework (HLS) has always emphasized careful targeting of particularly vulnerable groups, RBA is shedding a new light on the role that social injustice, discrimination, and lack of representation play in poor people's endless cycle of poverty. CARE Burundi now understands that poverty in the Muyinga area is firmly grounded in rights abuse and widespread marginalization of vulnerable groups, and that at the community and local governance levels these underlying causes of poverty are not understood or being addressed in any way. Likewise, in Delhi, despite playing an indispensable role in the daily functioning of the city, slum dwellers are treated as virtual non-citizens by better-off residents and municipal authorities alike. Looking at Delhi's poverty through a rights lens helped CARE India to determine that in urban settings advocacy may need to have less to do with meeting needs and government delivery of services, and more to do with poor people's inalienable right to exist and to participate in municipal governance. Clearly, as CARE progressively orientates itself toward addressing rights through advocacy and via strengthening of civil society, its *modus operandi* will change radically.

In Burundi and in South Africa, CARE's *Benefits-Harms* tools and standard HLS methods and questionnaires were adapted to incorporate a rights perspective into livelihood security assessments. The integrated tools proved to be good platforms for data collection but interestingly, both country offices concluded that integration of RBA has more to do with attitude, persistent probing, interpretation and a different level of analysis than it has to do with tools. In Burundi, the assessment teams learned that repeatedly asking *why* is key to discovering the underlying causes of poverty. A rights approach requires analysis that pushes people to reflect beyond the commonly stated problems and to get into the uncomfortable, the hard to discuss but the critically important factors about power relations that have to be tackled for the issues to be meaningfully addressed. In other words, interpretation and analysis of the data gathered with the integrated tools is as important as, or perhaps more important than, the tools themselves.

Synthesis

RBA requires that CARE move from a project to a program approach, in which individual interventions are complementary parts of an overall program attacking the key causes of poverty and the denial of rights. In this regard, commitment to social justice and a rights-based approach is reflected in the language of all five country offices' goals, core values and strategic objectives, and increasingly, in the language and goals of their concept papers and project designs.

To a greater extent than ever before, CARE is conducting research studies (e.g., the cost of war in northern Uganda, examination of rights regimes and texts in Vietnam, examination of case law and national and international legal instruments applicable to urban rights in India) to inform advocacy agendas, to develop staff and partner understanding of rights issues, and to assist the design and implementation of rights-based programs. Through its research into the right to health, CARE Vietnam

hopes to move health into the domain of “well-being” and thus force recognition of the mental and social dimensions of health.

RBA adoption requires that we not relegate systemic, structural constraints to livelihood security and rights realization to the assumptions column of our logical frameworks, but rather, to try to address them in some form and in some way. In India the discovery that poor people’s right to exist is not being respected, protected or fulfilled is having a marked effect on the project’s strategy. In addition to facilitating participatory discussions around slum communities’ need for and right to water, the project is now systematically informing citizens groups’ strategies for challenging the municipality’s abuse of slum dwellers’ right to secure tenure and to an equitable share of resources. It is also re-examining its logical framework. *Competition and poor coordination between government departments* may no longer be seen as a risk beyond the project’s or the community’s control. Armed with full information, rights-based advocacy could set out to change this condition.

In South Africa, CARE’s *Strengthening Capacities for Transforming Relationships and Exercising Rights* program (SCAPE) theorized that communities would have to change their mindsets in order to effectively exercise their rights, and that CSOs and government would have to change *their* mindsets in order to collaborate effectively in tackling South Africa’s poverty. While HLS is the primary tool used by SCAPE to identify and improve the impact of South African civil society organization’s (CSO) programs, it is the way in which RBA is integrated into the framework that makes SCAPE such a promising program. Basing its approach on dependency theory, the project emphasizes and is demonstrating that choices about roles and relationships are personal and that people/groups have the power to change how they are viewed and treated by others. The approach seeks to avoid the language of “blame” and instead focuses participants on ensuring that they are able to develop plans that recognize their own accountability and their responsibility to promote the accountability of other relevant stakeholders.

CARE Vietnam has discovered that the value of deep contextual and culture-specific understanding lies in its practical application to program planning and the sharp reminder to look for, respect and build on the strengths of communities and host nations. More than anything, its analysis has assisted CV to identify optimal and acceptable entry points for collaborative discussions about human rights.

The experiences are teaching everyone to be a little more patient in the assessment and analysis processes – not to jump straight from hearing a problem to suggesting a “solution”. They are teaching everyone to try to understand the whole picture before starting to think in terms of interventions.

Focused Strategy

RBA adoption requires us to place much greater emphasis on empowerment and holding other actors responsible. In India and in South Africa, CARE is discovering and demonstrating a legitimate and credible role for an international NGO in rights-based advocacy, that is, in strengthening the capacity of civil society to advocate on its own behalf. International NGOs can also be instrumental in progressively pushing rights issues up to the attention of regional and national levels of government and into the international arena, for example via their access to media and other international networks.

Each of the case studies shows that CARE is moving toward ensuring that rights and responsibilities education and dialogue, mediation and conflict resolution, capacity building geared toward the fulfillment of rights and responsibilities, and advocacy vis-à-vis responsible actors become integral parts of program strategy. South Africa's experience is underscoring that CARE and its partners need to figure out how to use their experience and the relationships they develop at local government level to lobby provincial and national governments more broadly to adopt alternative approaches to implementing legislation. CARE Burundi has come to the conclusion that while advocacy is necessary, it need not be and should not be the only solution to rights-based problems. Advocacy will have to complement other interventions, like strengthening the judicial system or helping to restore assets. In this way confidence in national institutions and resilience to shocks will be reinforced by an enabling policy environment, and vice versa.

Establishing meaningful partnerships with local organizations will be a pivotal concern for defining CARE's future role. India's *Promoting Linkages for Urban Sustainable Development* (PLUS) is a five-year pilot project being implemented in conjunction with four local organizations. PLUS's experience with adopting a rights-based approach "midstream" is underscoring that its future partnership selection will have to be based on compatibility of organizational philosophy and mandates. RBA also implies that CARE has a responsibility vis-a-vis its partners, and by extension its partners have a responsibility vis-a-vis community-based organizations, to raise awareness about rights and to build capacity for rights dialogue, for advocacy and for monitoring of rights violations. These are new and different rights-based strategies to address, quite consciously and directly, underlying causes of poverty.

Thusfar, adopting an RBA has not jeopardized government or donor relations, but one of the missions' fears is how CARE will be perceived and whether involvement in controversial issues will put its staff or its presence in danger. Advocating for policy change will undoubtedly bring CARE up against corruption and vested interests. To mitigate against this danger, CARE Uganda intends to start small in arenas that are "closer to home", i.e., on advancing social and economic rights linked to the sectors the country office has focused on for years; to work on strengthening civil society to effectively advocate its own legitimate interests and to exercise and claim its rights; and to seek safety in numbers by working in coalitions and never "going it alone" on confrontational advocacy. Learning as it goes, and doing it *quietly*, CARE can minimize the risk that would be attendant upon leading high profile campaigns.

Coherent Information Systems

Fundamental to a rights-based approach is accurate information and consistent documentation of findings: about national and international legal frameworks, about government structure, systems and capacity, about rights violations, about means of redress, about what works and what doesn't, and about progressive capacity for rights realization. In South Africa, this kind of documentation will be important to CARE's ability to convince additional civil society networks of the value of SCAPE's philosophy and methodologies.

In all of the cases, CARE's experience is too new to be demonstrating impact at household level, let alone at higher levels such as impact on policy reform. But there is preliminary evidence, for example in India and in South Africa, that participatory assessments are having an impact on the attitudes of authorities and poor communities toward one another. As a result of joint planning in both of these cases, CSO and CBO relationships with each other and with local government are

being strengthened and joint projects are being planned. Also in each case, M&E indicators are being developed to track *changes* in relationships, in how CSOs and communities are positioning themselves, and in the types and number of debates they engage in. In other words, the missions recognize that M&E frameworks will have to track *process as well as outcomes* of this new approach, and that the former is vital to the likely resilience of the latter.

In India, communities and authorities are working together to develop matrices and to identify indicators to help assess the fulfillment or violation of rights, and for use in holding responsible actors accountable. Community monitoring will provide a basis for further dialogue with the duty bearers, which will ultimately lead to enhancement of the rights of the community.

Reflective Practice and Managing Change

Capturing and accumulating a body of lessons related to and examples of experiences with new methods and approaches will depend on consistent recording and synthesis of reflection and learning. Successful adoption of RBA will also depend on CARE's willingness to change, and on its ability to manage that change. These studies are demonstrating that the injection of rights-based values and principles into the organization will have an impact on CARE's culture, role, size, structure and relationships. CARE staff, its partners, the communities and local authorities will need extensive capacity building in the language and principles of rights. And once all stakeholders have internalized the concepts, it will take time to put them into practice. Only then will documentation of the gaps and joint monitoring of rights realizations and violations be possible.

Two of these studies (Burundi and South Africa) have experimented with integrating a rights perspective into livelihood security assessments, and two (India and South Africa) are specifically integrating RBA into civil society (or institutional) strengthening projects. Both of these country offices (indeed all five country offices) are discovering that there are significant differences between an implicit and an explicit approach to rights and that the differences imply changes for CARE.

One of the biggest changes relates to staffing/skill sets. Despite exemplary skills in key individuals in all cases, CARE's analytical habits and skills in general are still tailored to the previous needs of the country offices (i.e., analysis of symptoms) and will need developing at all levels of the organization. This will be necessary if the missions are to have a critical mass of holistic thinkers, not just a layer of know-how at the top. CARE will have more need of lawyers and social scientists, and it will require fewer engineers, nurses and agro-foresters. It will need to review job descriptions and motivation systems, and pace itself according to its absorptive capacity. Indeed the fact that older missions' structures and skills sets will inevitably change is already causing angst among staff who fear for job security. It will be imperative for CARE to approach these sensitive changes in the spirit of "participatory governance". All staff will need to be given a stake in the guidance of their own organization and in change processes in general. If people feel that they have a say in what is happening, they will be more likely to accept the inevitable, especially if this is a clear consequence of what people are agreeing should be done, if they've had the time to prepare for the change, and if they don't see the decision as a vote of no-confidence in themselves personally. They might even learn new competencies and be sufficiently adaptable to participate much more usefully than might have been envisaged. This reflects a required shift in organizational culture as well as staffing/skill sets, and thus points to the strong link between adopting RBA

programmatically and practicing diversity organizationally. The Vietnam and Uganda cases bring out this important point.

In every case, CARE is moving from a more insular organization to one focused on wider engagement as a member of civil society. In Vietnam, a valuable and productive relationship with *Ho Chi Minh Political Academy of Human Rights* is being carefully nurtured – a partnership that would have been inconceivable before CARE began to demonstrate a deeper understanding of the culture and context.

A significant change is CARE's new perspective of itself as duty bearer and of the attendant imperative that it be accountable to stakeholders other than its donors. In this vein, as part of CARE Uganda's strategic plan, the mission has made a pledge to tell and to seek input from as many people as possible about the new approach, and to ask its partners to hold it accountable to its new vision. Others have only begun to think about the changes this paradigm shift implies.

In every case, managing the change will be a significant challenge. In some cases, such as in Uganda, the change has been happening more or less organically. RBA has not been intellectualized with one-size-fits-all pictorial models; rather, personal understanding of the CI vision (with its implicit rights-based approach) has been unfolding. By avoiding prescription, programmers have the room to move and permission to think politically and historically about why Uganda is facing its particular set of challenges. In Vietnam, management took the initial steps but they are now making plans to "roll out" the vision mission wide with a "learn-by-doing" philosophy.

Outstanding issues and questions

In taking stock of progress to date, it is evident that an increasing number of CARE missions and staff are coming to grips with the main implications of adopting a rights-based approach. However, these are early days, and CARE continues to struggle with key issues that have general significance for the wider pursuit of RBA in CARE.

At least with respect to these five case studies, it is not yet possible to say which issues are consistently coming up as most critical and the ones that CARE might consider focusing on organization wide. A central part of the livelihoods framework was to use a holistic analysis to be specific about what people perceived as key livelihood issues to be addressed, and from a strategic point of view, which issues CARE should focus on that would have the biggest impact in terms of improving livelihoods. In other words, within the HLS framework, holistic analysis is used to narrow program focus. When switching to language about rights, on the other hand, "rights" are referred to generically and the analyses are not yet being used to strategically identify the rights that consistently surface across contexts, either within countries or between them. Of course, this is not necessarily a bad thing, in that different contexts will yield different underlying problems; but it might be a good thing for CARE as an organization to begin to tally "priority rights", to inform and sharpen national as well as global advocacy and program strategies.

As integrated assessments or individual projects generate results and learn from their experiences, missions will need to make decisions about focus and about selection of new initiatives and programs. CARE will need strategies that ensure synergy and coherence and that ensure that new program designs are consistent with the approach. CARE will also need systems for promoting and rewarding new

values both within and outside of the organization. Again, these five studies do not shed much light on these agendas because the adoption of RBA is still in relatively early stages in all cases.

Likewise, as these projects proceed, they will have to figure out how to measure impact of, for example, the promotion of legal or policy reform, or, even more remotely, interventions to build local groups' capacities to influence the legal and policy environment. Attribution of impact at the household and individual levels will be more difficult to define and measure the more "indirect" the program strategy. CARE will have to make adjustments to its information systems, and determine the level and rate of improvement in rights conditions that it and its partners deem consistent with "progressive realization" of economic and social rights.

A few key donors have emerged as supportive of the approach but many are still very cautious about embracing rights approaches. In addition to the effort to engage donors at the field level, CARE's national members need to use information generated in the field for the development of policy and advocacy positions. They should be making a case for more resources to rights-based programming and for donor behaviour that is more consistent with the principles of RBA. This is especially the case for example with respect to vehicles like Poverty Reduction Strategy Programs (PRSPs) that are collectively bought into by a number of multilateral and bilateral donor agencies.

As CARE continues to grapple with thorny issues, for example how to reconcile conflicts between rights and how to deal with backlashes against women who stand up for their rights, use of tools like the benefits-harms analysis and models like SPHERE for incorporating standards into designs and into information systems will be increasingly important for ensuring that CARE's work is consistent with best practice in the field.

These case studies are asking important questions about what an enabling policy environment will be, do or look like in practice. As CARE's own pilot projects begin to show results and to generate models for rights-based programming, CARE will begin to generate answers to these and other questions. Then, as now, CARE will need to pay more attention to the systematic use of its findings and related experience to inform broader policy and program development. Systemic changes are less easy to install and understand than technological solutions and will likely prove harder to replicate, yet they have the potential for achieving far greater and longer lasting improvements in people's lives and statuses. A concern for "scaling up" will need to be built into pilot projects from the very beginning. CARE is already paying more attention to documentation and information systems, but in anticipation of replication or expansion of pilot projects, designs will need to include mechanisms for tracking the attributes of change agents and rights and duty bearers most likely to be instrumental in rectifying rights issues. Likewise, it will need to understand the means of transfer (dissemination-utilization strategies and linkage processes) and the larger social systems within which successful rights interventions occur.¹ There is a growing body of literature on the issue of scaling up in the health sector. CARE would do well to plug into it, to learn from it and to contribute to it.

¹ Simmons, Ruth, Joseph Winchester Brown & Margarita Diaz. 2001. *Facilitating Large Scale Transitions to Quality of Care in Family Planning Programs: An Idea whose Time has Come*. Department of Health Behavior and Health Education, University of Michigan School of Public Health, Ann Arbor. April 5, 2001.

In the final analysis, these studies show that CARE is slowly coming to grips with layer after layer of the implications of full RBA integration. They illustrate for those who cannot imagine strategies for tackling rights abuse (other than witnessing and confrontation), that the range of possibilities is only limited by their incomplete understanding of the underlying causes of poverty in the contexts in which they work.

It will be very important to closely monitor the progress and impact of these initiatives, as well as those of other missions – especially as none of the cases has yet shed light on the impact of the new approach. It will also be important to continue to seek answers to the questions that were raised, but could not be answered, by these studies. They are key to CARE's continued learning and development of best rights-based practice. To this end, a set of key learning questions concludes this synthesis paper.

Key Learning Questions for Future Consideration

With respect to holistic analysis: What is the best way to develop internal capacity to assess, interpret and synthesize information about rights issues? In addition to HLS assessments, should CARE be systematically integrating RBA into other assessment instruments? For example, is RBA a useful roadmap to long-range strategic planning (LRSP)? Can it be? Alternatively, does CARE's LRSP methodology guide or assist the adoption of RBA? Should it? What characterizes pro-poor policy, or an enabling policy environment in general?

With respect to synthesis: How are we translating more holistic analysis – particularly of underlying causes and responsible actors – into focused, strategic action? What are the constraints to long-term program planning and how is CARE seeking to address them? Are certain rights surfacing as "priority rights"? Should CARE be focusing on one or a couple of "priority rights" globally?

With respect to focused strategy: How are our relations with partners – and the criteria by which we select partners – changing with RBA integration? What are the key determinants of a successful advocacy strategy? Does CARE have mechanisms for ensuring that new program designs are consistent with the RBA approach? Is there general consensus around the defining characteristics of a rights-based approach? RBA Reference Group members are developing discussion and self-assessment tools for judging whether a project or program is a good application of RBA, and CARE Uganda has developed a grid for assessing the extent to which projects are aligned with CARE International's global vision. Are these useful instruments for assisting country offices to design and/or align their program strategies?

With respect to coherent information systems: How can participation, empowerment and capacity for rights realization be measured? Do indicators for rights standards exist? How can the impact of legal or policy reform be measured? How can interventions to build local groups' capacities to influence legal and policy environments be evaluated? What level and rate of improvement in rights conditions is consistent with "progressive realization" of economic and social rights?

With respect to reflective practice and managing change: What are the practical implications of being a duty bearer vis-a-vis the communities CARE works with? Are we establishing mechanisms for poor, marginalized people to hold us accountable for our actions and our impact? How can country office leaders be prepared to manage change? How can they be prepared to manage the risks associated with RBA integration? Are CARE National Members encouraging or supporting the development of RBA capacity at the mission level? Should they be? Are they promoting RBA with donors? Should they be? Is CARE systematically using its findings and related experiences to inform broader policy and program development? How can mission leaders ensure coherence and synergy between the various program interventions? Do new program designs include mechanisms that track the attributes of change agents and processes most likely to be instrumental in rectifying rights issues? Is anticipation of "scaling up" built in to program designs from the start, and does CARE understand which replication processes work best? How is rights-based experimentation and innovation being rewarded or, alternatively, frustrated? Are there lingering impediments to the shift in our culture, identity and role, and how are they being addressed? How are we engaging proactively with donors to gain support for our new directions, and with what results?

FERTILE GROUND: THE UGANDA CASE STUDY

In Uganda, CARE is in the midst of a country program-wide shift from traditional needs-based analysis and response to a rights-based approach. The climate is right for this transition owing to factors both within and outside of CARE, not least of which is the dawning realization that if CARE in Uganda does not make a move to redefine itself, it risks becoming irrelevant. Lessons from this case relate to recognizing and creating ideal conditions for the shift, and keeping the analysis of the underlying causes of poverty front and centre. CARE Uganda isn't there yet. It still faces formidable challenges. But it has made a respectable start and may well be a model for programmatic evolution in other country offices.

Uganda is widely considered to be one of Africa's success stories. Economically and politically, it is gaining as a force in East Africa and as an example of development potential in sub-Saharan Africa. Amidst all of the fanfare, however, the world could easily overlook Uganda's poverty and deep-rooted rights issues. Owing to its colonial history, its diverse ethnic mix and the brutality of previous regimes, ethnic and clan identity predominate over national citizenship and a cycle of mutual mistrust and conflict prevails. Uganda does not have the economic structure to drive the economic growth to which it aspires, without which its citizens' needs and rights cannot be fulfilled. Services are insufficient, ineffective and unequally accessible, and they are delivered without accountability. Civil society is not yet effective or strong enough to facilitate civic expression. Without the political will to find and implement effective solutions and in the absence of a system for reconciliation and healing, the prospects for lasting peace and prosperity remain elusive.

CARE has been a strong and respected player in Uganda since 1979, earning special distinction for its contributions in the fields of integrated conservation and natural resource management. Although CARE has always been aware of the systemic and structural bases for conflict and poverty in Uganda, it tended to view such underlying causes as beyond its control. Recently, a number of factors coalesced to challenge its perspective.

Conditions were ripe for a change

One prominent development was the erosion of funding opportunities for traditional approaches to implementation in Uganda, which has found expression in increased budget support and funding through the central Government's *Poverty Eradication Action Plan* (PEAP)² mechanism. Another development was CARE's and its partners' growing recognition of rights issues. For example, it has recently dawned on the development community that the un-reconciled wounds from thirty years of conflict in the north are having an impact in other parts of the country that threaten to derail and overturn a decade of progress toward growth and stability. Not unrelated to this realization (because this general awakening is happening throughout the global aid industry) was CARE International's (CI) new emphasis on civil society strengthening and issues related to rights and responsibilities. An analysis of CARE Uganda's program revealed that only one of its projects had all of the ten characteristics that would be consistent with CARE International's vision, while half had 50% or fewer of the characteristics.³ CARE was downsizing, and despite its great variety of very

² Uganda's version of (and the model for) the World Bank-supported mechanism for national development planning, everywhere else called the Poverty Reduction Strategy Paper (PRSP).

³ LRSP Table 6. *Alignment of CARE Uganda's 2002 program with key CI mission/vision components, by project.*

good projects, there was a level of frustration at not being able to say with certainty that it was making a significant difference in the lives of people. It was clearly time to re-invent itself.

The openness within Uganda was also key. Decentralization created opportunities for experimentation and given CARE's reputation and credibility, the mission reasoned, the government was unlikely to penalize it for taking a few risks with its program approach.

Finally, CARE Uganda benefited from playing host to CARE International's Policy Advisor for Africa and strategically capitalized upon his presence. But although his presence was a windfall, it alone does not account for the mission's insight and decisive action. The management recognized the need and the opportunity, even if the way forward was not yet clear; it provided the necessary leadership and it created the necessary conditions. The most critical factor, however, was (and continues to be) the particularly strong mix of staff with a grasp of the issues, outstanding initiative, and the inherent capacity to sow the seeds of change. A handful of field-level staff, for whom rights issues in Uganda have personal meaning, actually made the first moves.

Understanding the underlying causes of poverty is kernel to adopting RBA

A year before its long-range strategic planning (LRSP) process was due to begin, CARE Uganda began consciousness-raising about new concepts and possibilities by holding two workshops: a Vision workshop to "unpack" the new CI vision, designed to figure out what the practical implications of the vision might be; and a second workshop to understand the concept of civil society in the Ugandan context. It also informed itself about the basics of the rights-based approach using a combination of distance learning, half-day sessions during staff meetings, and project-specific exercises. Thus, from pre-LRSP "brain softening" to final decision-making, its strategic re-alignment took quite some time. But it was worth it. Because thinking and breathing spaces were interspersed with intensive periods of work, the new way of looking at the environment slowly crept into the collective consciousness. It gradually became evident that most underlying causes of poverty (UCP) had to do with people failing to enjoy or exercise their rights, or people failing to fulfill their obligations in terms of respecting, protecting, and/or fulfilling the rights of others.

In retrospect the management is not sure that the mission has "adopted" RBA, but rather that it has kept the idea of *moving away from symptoms and into UCPs* front and centre. The underlying assumption is that if CARE focuses on UCPs and really tries to understand them and address them, it will automatically be addressing rights issues. The CO leadership made it clear that this was a re-invention of the strategy, not just a fine-tuning; and that in the absence of guidance on how to use RBA in strategic planning, or conversely of how to plan strategically for adoption of RBA, UCP analysis became the cornerstone of CARE Uganda's LRSP. Figure 1 traces the UCP analysis process.

UCP, almost by definition, led CARE to define problems in terms of structural, political or institutional issues – beyond and above the household level.⁴ Mapping civil society within Uganda, understanding governance issues and capturing key

⁴ Interestingly, this realization has also been going on in government. A recent Government-led participatory poverty assessment process concluded that poverty is more than an economic condition; rather, that it is a feeling of powerlessness or an inability to influence one's external environment. Source: Email communication, Tom Blomley.

elements or problems related to decentralization automatically drew CARE into discussions on RBA.

Figure 1: UCP Analysis Process

<p><i>Softening brains for conceptual change:</i> A year before the LRSP process was due to begin, workshops were held to ponder CI's new vision and to introduce the concepts and possibilities related to civil society strengthening.</p>
<p><i>Getting staff into the RBA mode:</i> A couple of meetings, a country office (CO) RBA workshop with case studies from CO projects, follow-up meetings/discussions on RBA in sub-offices (SO).</p>
<p><i>External trends analysis:</i> A three-person team from different backgrounds reviewed secondary data and analysed interviews. The result was not just figures, but expressions, impressions and perceptions of the underlying causes of poverty (UCP) in Uganda.</p>
<p><i>Trends/UCP Review:</i> In an early LRSP workshop, participants listed key trends, including factors and people/institutions that perpetuate or have responsibility for changing trends. This led to a set of agreed UCPs.</p>
<p><i>UCP Clustering:</i> The core team clustered the UCPs into three categories, and sector managers each wrote one part of an analytical paper on UCPs in Uganda.</p>
<p><i>UCP Document Review:</i> The UCP analytical paper was circulated internally and externally for review and comment, and the core team and sub-office leadership facilitated workshops in all sub-offices to discuss it and other LRSP issues. Following revisions, the UCP document served as a centerpiece in the LRSP 2 workshop⁵.</p>

Out of this analysis came the realization that CARE is a duty-bearer. CARE Uganda has a good reputation and as a result, it has access to resources and policy makers - - both of which are denied to poor people – and it has a responsibility to use its resources and access in the best possible way. As addressing symptoms (as per traditional approaches) is an inefficient way to use those resources and that access, and doesn't lead to lasting change, CARE has a duty to program the resources and to use its access to address the underlying causes of poverty. *To a large extent, then, a discussion about the underlying causes of poverty is a discussion about rights, within which CARE is a primary duty-bearer.*

Change is happening more or less organically

Since the mission began its UCP analysis, whether by personality or by design, change has been happening more or less organically. RBA has not been intellectualized with one-size-fits-all pictorial models; rather, personal understanding of the CI vision (with its implicit rights-based approach) has been unfolding. The leadership understands the nature of change. It avoids prescription. It allows for personal interpretation. It welcomes and rewards experimentation, lateral thinking and initiative, giving programmers room to move and permission to think politically and historically about why Uganda is facing its particular set of challenges.

Within such a climate, field staff have felt encouraged to think conceptually and to propose ideas for mission consideration. Thus, conceptual thinking is being influenced by the RBA at the same time as it is testing the limits of the mission's readiness to make the shift. The mission is grabbing opportunities to put the ideas into practice, which has led it to propose much higher leverage and bolder ideas than it would otherwise have done. This is because RBA has opened the mission's eyes to a new level of programming that was previously seen as outside of CARE's remit. In

⁵ The LRSP 2 workshop is where decisions are made.

a recent discussion with a potential project partner, CARE decided that it would only take part in a project if it could have a seat at the policy table through which it would argue for and help the government integrate governance and accountability concepts into health sector service delivery. This conversation would probably not have taken place six months ago.

The mission has no intention of retrofitting old projects, but anticipates that under the influence and as donor funding permits, hybrids will evolve. Likewise, the mission will not force all new projects to have an explicit rights-based approach, but anticipates that at the very least, all future projects will have RBA characteristics. Thus, while some new proposals have very explicit rights-based approaches, a new HIV/AIDS concept paper combines traditional needs-based interventions with an advocacy element designed to challenge existing policies and to ensure sustainability.

Challenges and Insights

CARE Uganda has made a respectable start, but it is fully aware that it has a long way to go. CO management and staff are beginning to understand the underlying causes of poverty in Uganda -- *beginning* being the operative word. Each round of analysis weeds out more symptoms, but old thinking hasn't yet been completely eradicated and symptoms still creep into discussions and into the mission's writing. Perhaps more importantly, however, mission staff are becoming clearer about what CARE's role might be in *doing something about UCPs*.

As a duty-bearer, it will have to shed its insular style. There are many peer organizations in Uganda that are much further along than CARE, but which lack the professionalism that CARE is so well known for. By combining its own professionalism and leverage with the somewhat less mature approach but valuable insights of Ugandan civil society organizations, much more can be achieved. One of the many hurdles associated with becoming less insular will come from staff themselves, for whom the fruits of direct implementation will be a powerful disincentive to letting go of the reins. Establishing meaningful partnerships with local organizations and defining the optimal contribution from an international agency such as CARE will be pivotal concerns for defining CARE's future role. CARE Uganda recognizes this challenge so as part of the LRSP, CARE has made a commitment to tell and to seek input from as many people as possible about the new approach, and to ask its partners to hold it accountable to its new vision.

Under the old paradigm, accountability related to contractual obligations based on provisions set out in the project document; generally these were sector and output-specific. *The donor* judged success or failure on the basis of intended impacts of the project. The new paradigm confers upon CARE responsibilities with respect to rights bearers. It will take time for CARE to internalize its *accountability to communities* for a holistically positive impact from project interventions. Figuring out how to monitor and evaluate impact will be a particular challenge. But again, CARE Uganda recognizes that within this new paradigm, the responsibility for impact, as well as for measuring it, will be shared with partners, including the communities themselves.

Mission management will have to keep up the momentum that has begun. Whenever seminal opportunities occur, it will be vital to promote and encourage those responsible to push the limits. The mission will then have to figure out how to capitalize upon new ideas, how to effect the transitions from analysis to design and from design to implementation, and how to reward innovation and risk-taking. For

example, there are currently two concept papers making the rounds in CARE Uganda – one on rights of the handicapped and the other on a national advocacy network – both unsolicited, and both written by local project managers. Depending on *how* (not *what*) decisions are made about these new concepts, such valuable initiative will or will not take root.

While certain factors have coalesced to favor this process of change, others work to thwart it. Not surprisingly, many are related to financial viability. UCP analysis takes longer; thus design phases will be more costly, which costs are rarely supported by donors. Reduction in the number of staff and materials will mean smaller and more process-oriented budgets, and lower administrative recoveries. With so much donor funding going through a central government mechanism, CARE risks biting the hand that feeds it. To make matters worse, the only large donor still providing significant funds directly to NGOs in Uganda is USAID, and it is not terribly supportive of CARE's switch to RBA (at least not in Uganda). With so many projects coming to an end, some staff are inclined to quickly dispense with the strategy phase in the interest of what they view to be a more urgent focus on fundraising.

The mission is confident of its course, however, and intends to let RBA lead and to let funding opportunities follow. It is fortunate to have the strong support of CARE Denmark for this transition, and to enjoy virtual concurrence with DANIDA's policy of support for strengthening civil society. Additionally, being at the policy table could allow CARE to exert an influence on donor policies. For example, with the current donor prevalence toward direct funding of government, much is being said about improving *government* at the expense of improving *governance*, a trend which CARE could be instrumental in changing.

It is also becoming evident that systems (for example, sub-grant accounting) are not ideally tailored for the new approach. To this end, CU is conducting a review of its systems and its *modus operandi* during the next fiscal year.

As the program makes the gradual transition to RBA, the requisite skills set will change, and the mission will almost inevitably downsize. Despite exemplary skills in a number of key individuals within the mission, analytical habits and skills in general are still tailored to the previous needs of the CO (i.e., analysis of symptoms) and will need developing at all levels of the organization – which will be costly but necessary if the mission is to have a critical mass of holistic thinkers, not just a layer of know-how at the top. Likewise, CARE Uganda does not have the requisite advocacy and risk-taking experience in-house. It will need to build core competencies in dealing with social injustice and human rights. It will need to review job descriptions and motivation systems, and pace itself according to its own absorptive capacity. It also recognizes that its structure may have to change.

Not surprisingly, staff at all levels are already fearing for their job security, which vested interest will understandably get in the way of objectivity and buy-in. This raises a very important point that refers directly back to the rights principle of "participatory governance". The gradual and participatory approach to change in CU should help to give staff a stake in the guidance of their own organization and in change processes in general. If staff feel that they have a say in what is happening, they are more likely to accept the inevitable, especially if this is a clear consequence of what people are agreeing should be done, if they have had the time to prepare, and if they don't see the decision as a vote of no-confidence in themselves personally. If given the opportunity, they may even be able to learn new

competencies and be adaptable enough to participate more usefully in the new direction than might have been envisaged.

CARE continues to grapple with thorny issues, and the deeper it digs, the more thorns it unearths – which underscores the importance of benefits-harms analysis. Staff are struggling with questions like how to reconcile conflicts between rights. The right to a healthy environment may conflict with the right to work. The rights of one group may conflict with the rights of another. What to do about violent backlashes against women who assert their rights? Might CARE find the right path but then have to make compromises? Not surprisingly, all of this talk about rights has led to talk about rights issues within the country office's working environment. Anyone who has ever worked for CARE will understand that questions are now being asked about the right to rest!

One of CU's fears relates to how CARE will be perceived and whether involvement in "political" and controversial issues will put its staff or its presence in danger. CARE's comfortable relationship with the government will probably change. Advocating for policy change will undoubtedly bring CARE up against corruption and vested interests. To mitigate against danger, CARE Uganda intends to start small in arenas that are "closer to home", i.e., on advancing social and economic rights linked to the sectors the country office has focused on for years; to work on strengthening civil society to effectively advocate its own legitimate interests and to exercise and claim its rights; and to seek safety in numbers by working in coalitions and never "going it alone" on confrontational advocacy. It will learn as it goes, and by doing it *quietly*, it hopes to minimize the risk that would be attendant upon leading a high profile campaign.

Without RBA adoption being loudly and explicitly announced in CU's new LRSP⁶, RBA has very clearly influenced how CARE Uganda views and intends to approach its mandate. Commitment to social justice and a rights-based approach is reflected in the CO's mission to identify and address UCPs; in its program goal to increase the number of people in Uganda who meet the minimum conditions for living with dignity; in its pursuit of effective policy, rights realization, accountability, partnership, and promotion of civic expression in its strategic directions; in its core values; and in its organizational realignment strategy.

What remains is to define mechanisms for ensuring that new program designs are consistent with the approach, and for promoting and rewarding its new values both within and outside of the organization. The mission is currently grappling with precisely these issues. It is aware that it has not yet thought through how it will make decisions about new initiatives/programs and how it will achieve coherency and synergy. Examples of recent initiatives that have been influenced by RBA include active participation in the *Civil Society Organizations for Peace in Northern Uganda* coalition; a study on the economic and social costs of war in northern Uganda; and a re-design of CU's Danida-funded integrated conservation program, to centre the entire concept on issues of comparative power. Notwithstanding these entirely suitable initiatives, the mission recognizes that it has not yet determined how it will focus its new strategy, and that it will need to replace or complement the guiding principles (and teams) of the old "sectoral" areas with those of cross-cutting themes such as RBA, partnership and civil society strengthening. It also recognizes

⁶ CARE International in Uganda. 2002. DRAFT *Long-Term Strategic Plan (LRSP) 2002-2007*. June 3, 2002.

that it will need new "rules" related to program development so that it effectively pursues good ideas and transparently excludes others (which are perhaps good but too eclectic). Again, genuine participation and strategic change management will be key to its success.

A final point is that the East Africa Regional Management Unit has been very supportive of CARE Uganda's new direction, for example by not putting undue pressure on the CO to maintain its size, by facilitating technical assistance for advocacy and RBA, and by encouraging the process of change. But support and leadership from CARE International (CI) as a whole has been less than exemplary. Other large international NGOs in Uganda take the lead from, and are backed by, their parent organizations' bold and visible advocacy campaigns. CI rarely takes public and international positions on rights issues, nor has it provided many (if any) models of bold change leadership. So CARE Uganda feels that relative to its peers, it is charting this course of change on its own.

In summary, among the many interesting insights that emerge from CARE Uganda's experience with adopting a rights-based approach, the following stand out:

- ⌘ Keeping the underlying causes of poverty front and centre was key to understanding the rights-based approach for CARE Uganda. Most underlying causes of poverty have to do with people failing to enjoy or exercise their rights, or people failing to fulfill their obligations. If CARE focuses on the underlying causes of poverty and really tries to understand and address them, it automatically will be addressing rights issues.
- ⌘ CARE is a duty-bearer. It has a duty to program its resources and use its access to address underlying causes and associated rights issues.
- ⌘ Understanding the organic nature of change and creating conditions that *support* (as opposed to *force*) change allows for personal interpretation and promotes initiative and buy-in.
- ⌘ Adopting an explicit strategy for dealing with social injustice and human rights has wide-ranging implications not only for *what* CARE does but also for *how* it does it. Implicit in the choice to adopt RBA is the recognition that CARE's culture, role, size, structure and relationships will almost certainly change.

CARE Uganda's experiment yields very interesting insights for other missions considering or attempting to adopt a rights-based approach. But while CARE Uganda has planted the seeds, it will require the leadership and support of CARE International as a whole to ensure that the experiment continues to bear fruit. CARE Uganda is challenging the CI secretariat and its national members "to play a more visible change leadership role: this will provide a model and an incentive, and a message that CI's adoption of its new vision is indeed serious and irreversible."⁷

⁷ Vernon, Phil. 2002. *Change in the Country Office – the Case of CARE Uganda*. June 18 2002 draft paper being prepared for CARE East Africa's Regional Program Strategy Workshop to be held in September 2002.

**PEOPLE'S RIGHTS:
THE VALUE OF DEEP CULTURAL AND CONTEXTUAL ANALYSIS
THE VIETNAM CASE STUDY**

The conceptual link between health and human rights and Vietnamese society's perceptions about human rights were the two starting points of enquiry informing CARE Vietnam's adoption of a rights-based approach. CARE is building upon a staff member's masters-level research into the cultural and contextual sensitivities about human rights in Vietnam in an effort to explore the most appropriate methodology to move health and human rights theory into concrete action at national and local levels. The research highlights that a tradition and regime of citizens' rights *actually exists* in Vietnam and that any rights movement should respect, appreciate and articulate this. Moreover Vietnamese traditions of altruism and collectivism, and strong senses of duty and respect for Vietnamese law and socialist doctrine favor and provide direction and a platform for the rights agenda.⁸ More importantly, people at the grassroots level actually see a value and power in linking health to human rights. As such, the research confirmed that such an approach would be worthwhile for CARE Vietnam's health and social sector.

The Vietnam case study includes a summary of Catherine Esposito's⁹ research and the options she recommends for linking health and human rights. It then records the process and activities CARE Vietnam has initiated to methodologically explore the idea of rights-based programming. Although the Vietnamese-specific findings are not necessarily transferable to other contexts, this case study illustrates the value of conducting deep cultural and contextual analyses as an initial step in adopting RBA.

Basic values embedded in the Universal Declaration of Human Rights such as equality, dignity and non-discrimination are also rooted in the constitution and health laws of Vietnam. It is Ho Chi Minh's altruistic principles espoused in his declaration of independence and reflected in the Vietnamese Constitution and socialist doctrine that provide the normative framework for "*people's*" rights in Vietnam. It is not the Universal Declaration of Human Rights or associated international covenants. Accordingly, Esposito argues that any efforts aimed at linking health and human rights in Vietnam must appreciate and capitalize on national cultural and legal paradigms to crystallize the concept of health as a right and to advance human well-being. *The right-to-health movement should accordingly be transformed within rather than incorporated into Vietnamese culture and policies.*

This research theorizes and concludes that using the rights of Vietnamese citizens and specifying concurrent responsibilities will be the most effectual entry point and strategy to advance the concept of health as a right and advance human well being in Vietnam. Given Vietnamese pride, respect for Vietnamese principles and doctrines is crucial in facilitating acceptance of a rights approach. In Vietnam, traditions of altruism, tolerance and collectivism provide foundations on which to build. Respect and use of cultural paradigms provide the breathing space needed to further knowledge, acceptance and potential application of international human rights to advance well being.

⁸ Esposito, Catherine. 2001. *Knowing I Can Ask: The Relevance of Linking Health and Human Rights for CARE International in Vietnam*. A major project submitted in partial fulfillment of the requirements for the Degree of Masters of Public Health at the University of New South Wales. July 2001.

⁹ Catherine is a CARE Vietnam staff member. (Note: This case study reviews some of the literature cited in Esposito's thesis, without making reference to the original sources. For a full copy of the Esposito study, contact cesposito@care.org.vn.)

In Vietnam, social factors do affect health but the extent and influence of these factors, and the means to address them are relatively unknown. Viewing "people's rights" as pre-conditions for health will provide a framework and vocabulary for addressing and linking widely recognized health determinants (such as biology, accessibility of services, education, income and employment) with more obscure influences such as social inequity, discrimination, stigma and physiological characteristics. *The dis-aggregation of societal issues will not only provide the foundation for concrete actions at all levels but will also help move health into the domain of "well-being", and thus force recognition of the mental and social dimensions of health.*

The Relevance of Linking Health & Human Rights for the Health Sector

The value of adopting a rights-based approach in Vietnam is that it provides an articulated and culturally acceptable philosophy and methodology for redressing imbalances between the privileged and disempowered. Within CARE Vietnam, there is no common or institutionalized understanding of the weight and role social factors and social inequities play in health. Nor is it understood how a focus on rights can help to dissect and specify the range and indivisibility of these social factors. A rights-based approach to health programming will provide CARE Vietnam with a unifying philosophy that compels and assists staff to identify and understand such influences. It will also oblige staff to pay far greater attention to beneficiaries so that social conditions underlying good or poor health, rather than surface manifestations of ill health, disability and premature mortality, will become the focus of health efforts. Viewing and appreciating health as a right will not only unify existing work but will also provide a guiding platform for future health action particularly in the areas of capacity building and advocacy. Finally, it will facilitate the development of an overall health program rather than a health projects mentality.

From Thesis to Practical Application

For CARE Vietnam, it was important to understand whether the underlying principles of its work matched that of a rights-based approach. A comparison of the goal of rights-based programming and CARE Vietnam's goal "to build the capacity of partners to address underlying deficiencies in human well being" established that the two are indeed compatible, and that the agenda would sit well with the organization. Thus, the mission went on to consider the range of options (suggested by Esposito) for linking health and human rights (see Figure 1 below) and decided that the best way to learn about RBA mission-wide would be to jump in and get its feet wet.

Identification of rights regimes and texts:

CARE began by examining Vietnamese health protection law, the constitution and other Vietnamese doctrine to provide a legal foundation for health as a right. Critical attention to the areas in which Vietnamese health law respects, protects or fulfills the right to health is revealing some serious gaps in legal provisions and public policy. (See Figure 2 for a representative sampling of the findings.) The use of the *Government of Vietnam's Grassroots Democracy Decree*, which is a crucial and encouraging legal framework for increasing community participation at the local level, will also be used as an entry point to start addressing and legitimizing participation of all rights holders, especially those most marginalized.

Figure 1

Options for Linking Health and Human Rights for CARE

- ❑ Individual, community and state responsibilities for health within projects need to be specified and evaluated, and means of redress should be examined.
- ❑ CARE needs to investigate the role that private health service plays in neglecting and violating people's right to health and in reinforcing existing inequalities in health status.
- ❑ It should seek to understand and strengthen mechanisms and groups that represent the most under-privileged.
- ❑ This could be followed and complemented with stand-alone or project-related research that assist the development of projects to help health care providers, users and facilities respect, promote and fulfill people's right to health.
- ❑ Attention could be paid to norm-setting processes such as legislation development and human rights monitoring and accountability mechanisms.
- ❑ CARE needs to demonstrate concrete benefits of a rights-based approach. This means the development of qualitative indicators and a better understanding of how empowerment and participation influence well-being. It should also recognize, monitor, document and publicize evidence of the role social factors play in health.
- ❑ CARE's health projects need to facilitate right to information and right to freedom of expression, which suggests that medical interventions should be informed by economic, sociological, natural resource management, and community development analyses.
- ❑ CARE needs to develop greater reciprocity in its relationships, including the introduction of contracts between CARE and rights holders specifying roles, responsibilities and projected improvements in well-being.
- ❑ CARE needs a different complement of staff and skills set: sociologists, lawyers and economists would also need to form part of any health team.
- ❑ A final recommendation is that CARE should not implement a rights-based approach vertically within the health sector. Instead it should take a holistic approach. Disintegration or merging of sectors in favor of a multi-disciplinary team that organizes and guide's efforts around opportunities and capacity to realize rights may be more effective and sustainable.

Source: Esposito 2001

Figure 2. A critical analysis of Vietnamese Health Law

PATHWAYS TO REPRODUCTIVE HEALTHCARE AND HUMAN RIGHTS IN VIETNAM			
	RESPECT	PROTECT	FULFIL
HEALTH OUTCOMES	Government not to violate rights of people on the basis of their health status including information collection & analysis, design and provision of health and other services	Government to prevent non-state actors from violating rights of people based on their health status including in the provision of health & other services	Government to take administrative, legislative, judicial and other measures to promote and protect the rights of people regardless of their health status
	Couples, 30 years old with two children are targets of campaign. Couples coerced into use of contraceptives: ability to exercise right to make decisions regarding birth is limited. Autonomy limited.	Government does not include statement / direction for the prevention of non-state actors violating people's rights based on health status.	Fertility rates, abortion figures, contraceptive needs not disaggregated thus people with more than two children, migrants, same sex couples, people with disabilities, mental health problems, ethnic minority populations needs unknown, not mentioned, and thus policy not tailored to their needs. Geographic areas with high fertility not targeted / addressed / tailored
HEALTH SYSTEMS	Government not to violate rights directly in the design, implementation and evaluation of national health systems, including that they are sufficiently accessible, efficient, affordable, good quality for all members of the population.	Government to prevent non state actors from violating rights in the design, implementation and evaluation of health systems and structures including ensuring that they are sufficiently accessible, efficient, affordable and of good quality.	Government to take all possible administrative, legislative, judicial and other measures including sufficient resource allocation and the building of safety nets to ensure that health systems are sufficiently accessible, efficient, affordable and of good quality as well as providing legal means of redress that people know about and can access.
	Little attention paid to treatment people receive or the "responsiveness" of the health system: promptness of service, quality of amenities, access to support services & networks and freedom to choose provider. Poor / ethnic minorities receive worst level of responsiveness.	Rights violations by private sector unknown and policy does not include or encourage increased knowledge of what is happening in overall health sector.	Budget priorities: facilities and infrastructure. Aimed at increasing access rather than reducing gaps and inequalities in health outcomes and service.
SOCIETAL & ENVIRONMENTAL PRE-CONDITIONS	Government not to violate the civil, political, economic, social or cultural rights of people directly recognizing that neglect or violations of rights impact directly on health.	Government to prevent rights violations by non-state actors recognizing that neglect or violations of rights impact directly on health.	Government to take all possible administrative, legislative, judicial and other measures including the promotion of human development mechanisms towards the promotion and protection of human rights as well as providing legal means of redress that people know about and can access.
	Root cause of poor reproductive health not identified: related mainly to lack of access, poor education; poverty mentioned but other factors such as urbanization, low status of women, lack of participation, equal rights in marriage not mentioned. Thus these rights violated.	Government does not monitor or penalize rights violations by non-state actors .	Policy states that fertility is related to education but this policy is then not linked to education policy, programs or incentives to raise education levels or economic security of women.

Interactions between people, administrations and institutions: When we talk about the right to information and to freedom of expression, we are talking about the importance of (small *p*) political analysis above all and understanding whether and how people can voice their informed opinions, and be heard, in decision making. In order for people to claim their rights they must interact and influence people who control resources, information and even ideologies. CARE Vietnam thus believes it is important to understand such interaction in order to see how CARE can best help those disempowered to influence the process and to achieve favorable outcomes. To this end CARE has undertaken two tasks. The first was a rights-oriented qualitative exploration into the experiences of poor, disaster-prone communities in the Mekong

Delta. The research recommended that any emergency assistance within Vietnam would be strengthened by a rights framework whereby people were seen not as victims but as rights holders who played an active role in the process and impact of disaster response programs. The study makes recommendations to programmers and policy makers on how to make disaster response, preparedness and rehabilitation programs tailored and responsive to the situation of poor people in Vietnam. Subsequently CARE Vietnam with the assistance of CARE Deutschland has submitted a rights-oriented disaster preparedness project to DIPECHO¹⁰.

CARE Vietnam is also a member of a CARE Canada-led team that designed a CIDA-funded Greater Mekong Sub-regional project that will explore how people living with HIV and AIDS (PLHA) view available care and support services. By developing a framework based on a human rights approach, CARE will be able to make policy recommendations and to advocate for greater involvement of government and policy makers, private sector partners, other NGOs, other gatekeepers to care, and PLHAs.

Holistic analysis to program analysis:

The RBA has also riveted CARE's attention to its own back yard. The need to explore its own policies and practices became apparent when gender and diversity were identified as requiring urgent attention within the country office design, monitoring and evaluation strategy. CV is conducting a holistic programmatic and organizational analysis of gender and diversity with the aim of developing a strategy and action plan to promote the gender and diversity within the organization and within its partners. This should in turn provide the basis for improved practice within programs.

Policy support:

CARE believes that the engagement and commitment of the Government of Vietnam is key to the progression of any rights movement. As such the Country Director of CARE Vietnam, with the support of the Communist Party and other government agencies, facilitated discussions between the international NGO community and the Ho Chi Minh Political Academy of Human Rights on the issue of human rights and development in Vietnam. Moreover, sitting as the non-government representative on many policy support and advisory groups, CARE Vietnam is able to draw attention to rights principles such as inclusion and social justice. This type of collaboration and relationship building between CARE and the Government of Vietnam is crucial if a rights-based approach is to succeed.

Development of a Vietnamese-specific Health and Human Rights Course:

CARE Vietnam and the *Human Rights Research Centre* at the *National Ho Chi Minh Political Academy* have proposed to use information from the above-referenced analyses to inform the development of a joint training course on (Vietnamese-specific) Health and Human Rights for CARE and partner staff.

Agriculture and Natural Resources:

CARE Vietnam, with the support of CARE Denmark, is currently re-orienting the strategic framework in this sector to apply a partner-based and civil society-focused program approach. A key element of the programmatic shift is an increased emphasis on researching underlying causes of poverty and social injustice and definition of interventions, whether at the field, regional or national level. Civil

¹⁰ DIPECHO is a program for disaster preparedness and mitigation administered and sponsored by the European Community Humanitarian Office (ECHO).

society organizations play an important role in any society for securing the rights of people. In Vietnam, CARE's starting point will be the social and economic rights of marginalized people. Very little exists on the issue of civil society in Vietnam and only a few organizations work systematically on strengthening the sector so this provides an opportunity and a challenge for CARE. The main program elements include:

- ❑ a civil society mapping and research process, and a CARE civil society strengthening strategy;
- ❑ networking among civil society organizations in the agriculture and natural resources sector;
- ❑ capacity building support and project funding for emerging NGOs;
- ❑ creation of an enabling environment for "new-style" cooperatives; and
- ❑ advocacy for provision of participatory extension support for ethnic minorities.

Next Steps for CARE Vietnam

Through these more or less isolated project designs, CARE Vietnam has been slowly moving through the process of exploring how an RBA "sits and looks" within CARE and within Vietnam. This has taken time and has been driven by a few senior staff. But while people from all levels of the organization have been exposed to it in one way or another, their understanding of a rights-based approach is limited. CARE Vietnam recognizes that it now needs a strategy for disseminating the concepts and adopting the approach mission-wide. Its program goal of building the capacity of partners to address underlying deficiencies in human well-being, and implementation of its long-range strategic plan are seen as crucial platforms for the roll-out. Its philosophy has been and will continue to be that the mission as a whole will learn by doing, so it intends to continue designing and implementing projects, both applied and research-related, and adapting its approach to the lessons it learns.

The research raised some very good questions that CARE Vietnam is now pondering. Does it know enough about means of redress? Have individuals or communities been able to claim compensation and if so, how? Are there local means in addition to national means of redress? Is community mediation an option? Might CARE be raising unrealistically high expectations? Might it be doing more harm than good if means of redress prove elusive? Should CV investigate these questions and others' experiences with redress before it embarks on projects that use gaps or rights violations as bases for advocacy platforms? These are good questions that CV and others should be asking themselves. Of course, the emphasis for CARE is not on *uncovering* rights violations but on helping responsible actors to promote rights and address any gaps in the process. *CARE should not be talking about directly ensuring the means of redress but, more appropriately, about working with responsible actors to institutionalize a culture and systems whereby rights respect, protection, and fulfillment can take place and, at the same time, working with poor, marginalized communities to heighten their awareness and strengthen their capacities to exercise and claim their rights within such evolving systems.* The means of redress will flow out of this.

For CARE Vietnam the value of the process of deep contextual and culture-specific understanding lies in its practical application to program planning and the sharp reminder to look for, respect and build on the strengths of communities and host nations with whom it works. *More than anything, the analysis has assisted CV to identify optimal and acceptable entry points for collaborative discussions about human rights.* For example, the research shows very clearly that if CV had begun its

RBA by talking solely about international human rights, it would have gotten nowhere. Instead, equipped with an understanding of the Vietnamese practice of putting others first and valuing collective action, CARE Vietnam will emphasize social or root causes of poor health and the notion that all segments of society have duties and obligations. It follows that people will then need to be better informed about the duties and responsibilities enshrined in human rights texts and of the differences between respecting, protecting and fulfilling rights in order to help specify the respective roles and actions required of governments, communities and individuals. This is the Vietnamese-specific reality and what it suggests. The reality may be different in other contexts but no less important for program design.

In sum, CARE Vietnam's method for adopting a rights-based approach generated a number of important insights for programmers within and outside of CARE. Principal among them are the following:

- ⌘ Any efforts aimed at linking health and human rights must appreciate and capitalize on national cultural and legal paradigms to crystallize the concept of health as a right and to advance human well-being. The right-to-health movement should accordingly be transformed within rather than incorporated into national culture and policies. Respect for national principles and doctrines is crucial in facilitating acceptance of a rights approach
- ⌘ The dis-aggregation of societal issues will not only provide the foundation for concrete actions at all levels but will also help move health into the domain of "well-being" and thus force recognition of the mental and social dimensions of health. CARE Vietnam's rights-based approach to health as a right, or to put it another way, its analysis of this traditional "sector" with a rights lens, illustrates that RBA has a very valid application to technical areas in challenging common assumptions and encouraging lateral thinking about solutions to technical issues.
- ⌘ CARE should not be talking about directly ensuring the means of redress but, more appropriately, about working with responsible actors to institutionalize a culture and systems whereby rights respect, protection, and fulfillment can take place and, at the same time, working with poor, marginalized communities to heighten their awareness and strengthen their capacities to exercise and claim their rights within such evolving systems
- ⌘ The value of the process of deep contextual and culture-specific understanding lies in its practical application to program planning and the sharp reminder to look for, respect and build on the strengths of communities and host nations. More than anything, the analysis has assisted CV to identify optimal and acceptable entry points for collaborative discussions about human rights.

INTEGRATING A RIGHTS PERSPECTIVE INTO A LIVELIHOOD SECURITY ASSESSMENT THE BURUNDI CASE STUDY

In November 2001, CARE Burundi (CB) undertook an assessment of the root causes of food insecurity in the northeastern province of Muyinga. The process and tools developed to integrate a rights perspective into this livelihood assessment and the lessons learned from the exercise are the two focal points of this case study.

CARE's program in Burundi was launched in 1994, the year after extreme violence resulted in widespread killings and massive population displacements. Since then, Burundi has been in a constant state of civil unrest, forced migrations and shifting insecurity. Social tensions based on ethnicity, regional disparities and political affiliations are strong, human rights abuses have been documented, and the operational environment remains very complex. At the same time, certain provinces have experienced relative stability. While CARE Burundi's program has traditionally comprised relief, livelihood security and rehabilitation projects¹¹, CARE deems that it is time to introduce strategic interventions that begin the process of healing and contribute to long-term development.

The RBA Muyinga survey was a key component in CB's efforts to integrate RBA into its mission, values and strategic directions, both programmatic and institutional. The objectives of the RBA/HLS assessment were to conduct a holistic analysis of the food security situation in the province, to identify the most vulnerable and marginalized groups, to understand root causes of poverty and to explore potential programming opportunities that respond to the underlying issues. In addition, CARE Burundi sought to develop broadly applicable tools for integrating livelihoods and rights-based analyses. Because sharing the lessons was an explicit objective, CB also committed itself to documenting the process very carefully. Above all, CARE Burundi reasoned that a practical application of the RBA would be an excellent way for staff to internalize rights concepts and to take ownership of the RBA agenda.

Methodology and Tools

Defining *how* to undertake a root-cause analysis and developing the tools for the task were a new challenge for CARE Burundi. It began work on the project with a review of the literature and development and translation of survey tools. Working with CARE East Africa's Regional Livelihood Security and Policy Advisors, and with reference to a number of guidelines¹², the mission initially devised six tools and a process for data collection. (A seventh tool was later added to the battery.) The tools and the methodology used for each are briefly described in Table #1 below.

Large group discussions generally focused on a description of the problems, community services, vulnerable groups and institutional mapping. Focus group categories included women, youth, elders, the *Batwa* (pygmies), and representatives of development committees and associations. Later, at the request of participants, a returnee focus group was also included. The objective of focus groups was a deeper

¹¹ A Peace Education project launched in 2001 is a notable and recent exception.

¹² Including CARE 2001, *Benefits-Harms Handbook & Facilitation Manual*, Nairobi; and CARE 2001, *An Inventory of Civil Society Resources and Tools*, Atlanta, Georgia.

Table #1. Tools designed/adapted for CARE Burundi Root Cause Analysis ¹³		
Tool	Description	Method
#1: Problem Description	A series of questions probes the degree of food insecurity in terms of availability, accessibility, utilization; constraints related to rights; capacity & resources.	Large group discussions (n=60); Staff discussions
#2: Vulnerable, Marginalized Group Identification	A series of questions and a matrix to record information about vulnerable & marginalized groups; characteristics of the groups; reasons for their marginalization; responsible parties; constraints; capacities.	Key informant interviews; Focus group discussions (n=12-15)
#3: Community Services	A matrix to elicit description of social services (education, shelter, agricultural extension, credit, other); access & utilization issues.	Key informant interviews; Large group discussions
#4: Rights, Responsibilities and Root Causes Analysis	Matrix adapted from Benefits/Harms profile tool; identifies symptoms of root causes and underlying human rights concerns for each; probes actions, attitudes, structures, systems or policies causing the violations; those responsible for addressing the violations; capacities & constraints. (See Appendix A.)	Staff discussions. This was the tool used to synthesize data during team discussions after data collection with the other tools.
#5: Participatory Concept Mapping Tool	A methodology to elicits participants' perceptions of the causes of a problem (e.g., malnutrition); captured on a concept map with causal links. Followed by a discussion that aims to push discussion beyond distal ends of causal chains, and to capture community perceptions of possible solutions. Technique involves identification of a problem; brainstorming causes and noting each on a note card; ordering or linking cards according to "what leads to what?" (See Appendix B.)	Used in combination with Tool#4. Key informant interviews; Focus group discussions.
#6: Institutional Mapping	Matrix to rapidly map civil society organizations, their mandates, activities, linkages, potential for partnership.	Key informant interviews; Large group discussions
#7: Household Profile	Interview guide and matrix for gathering demographic data, types & value of productive assets, membership or activity in social networks, revenue generation strategies, expenditures, sources of food, coping strategies, risks, and sale or rental of manpower. This tool was designed and added to the battery of tools during the assessment.	Household visits

analysis of the problems identified by large groups, determining underlying causes and exploring solutions to problems that vulnerable groups face. Key informant interviews were semi-formal interviews held with officials from the local administration, educators, health care workers, agronomists and representatives of local NGOs. They focused on community services, access issues and institutional mapping. Household visits with members of the various social groupings aimed to identify the profiles of households and their proportions within the community.

The Problem Description tool (#1) reflected standard HLS practice within CARE, and served to focus the Burundi process on issues from a range of local perspectives. In recent years, such problem analysis has tended to probe more deeply than was the case in the past, so this tool's inclusion of a question about rights (*Does everyone in the community have a right to enough food? Why/why not?*) is reflective of the more progressive approach to problem analysis prevalent within CARE of late. The Marginalized/Vulnerable Group Identification tool (#2), the Rights, Responsibilities &

¹³ The full set of tools developed for the study is available upon request from Chris Necker at carebur@careburundi.org.

Root Causes Matrix (#4, R&R Matrix) and the Concept Mapping Tool (#5) served to deepen the analysis of underlying problems, responsibilities and potential solutions, and thus veered from standard HLS practice. These constituted CARE Burundi's main effort to integrate RBA. Tools 3, 6 and 7 were again quite standard HLS practice.

The team met nightly to synthesize results into the R&R Matrix, to make adjustments to the methodology and tools, and to document lessons learned. (An extract from the Giteranyi Commune *Batwa* Focus Group R&R Matrix is attached as Appendix A and is referred to in more detail below.)

Results and Reflections

The survey results were illuminating for CARE Burundi's future program planning. Poor people in Muyinga suffer from the full gamut of constraints to livelihood security, of which insufficient access to food was identified as the most pressing concern. In addition to these rather predictable problems, it became clear that the poor are dominated and exploited by the rich, that the *Batwa* are completely marginalized, and that both land and assets are illegally expropriated on a regular basis. It was also found that while there are organizations addressing rights issues in Burundi, most lack capacity and coverage is uneven. In conclusion, the RBA/HLS survey found that Muyinga's poverty is firmly grounded in rights abuse, endemic discrimination and widespread marginalization of vulnerable groups; and that at the community and local governance levels, these underlying causes of poverty are not understood or being addressed in any way.

The attempt to integrate the rights and livelihood frameworks into a set of assessment tools was both instructive and successful. There is little doubt that CARE Burundi understands much more about the operating environment and the underlying causes of food insecurity in Muyinga as a result of having incorporated the two frameworks. Where HLS tools tend to stop at the level of household constraints, this integrated approach took the analysis to whole new levels. But while the results contribute to CARE Burundi's understanding of the operating environment, of more interest to practitioners outside of the Burundi context are the lessons learned about the *process* of integrating RBA into a livelihood assessment. Among several interesting insights, the following are most instructive for those attempting to adopt a rights-based approach:

More than tools in the box:

It is probably an over-simplification to say that CARE Burundi began with the assumption that a rights perspective could be incorporated into an HLS assessment by adapting HLS tools for the purpose; but to some extent, this was the case. *CB's most unexpected finding was that integration of RBA has much more to do with attitude, persistent probing and a different level of analysis than it has to do with tools.* A rights approach requires analysis that pushes people to reflect beyond the commonly stated problems and to get into the uncomfortable, the hard to discuss but the critically important factors about power relations that have to be tackled for the issues to be meaningfully addressed. In other words, interpretation and analysis of the data gathered with the integrated tools is as important as, or perhaps more important than, the tools themselves.

Although the teams were faithfully using the tools developed for the purpose, well into the second week of the data collection, the surveyors were getting the impression that the findings were not very different from previous HLS assessments.

Discussions were getting stuck at the standard constraints to household livelihood security -- which is not surprising given that the major constraints to livelihood security are largely the same as, or closely tied to, major constraints to the realization of economic and social rights. *What the team did not understand was that they were not yet interpreting or probing the constraints from a rights (and responsibilities) perspective.*

The principal tool for getting at underlying causes was the Concept Mapping tool (#5) but staff were struggling with its application. When communities cited, for example, *loss of land* in response to questions about the underlying cause of their food insecurity, staff duly noted this in their notebooks and went on to the next question. During an opportune visit from the Regional Livelihood Security Advisor, **staff discovered that the key was to keep asking why.** Once staff got the knack of capturing the trail of logic, including the chronology of events that led to the problem, it became clear that the symptom of one problem eventually became the cause of another. When they learned to ask *why* certain people had no land or what had happened to the land they previously had, local politics and power relations began to surface.

For example, with the Giteranyi *Batwa* Focus Group, the team couldn't seem to get beyond the level of *small land holdings*. (See Concept Map, Appendix B.) When the team figured out how to probe more deeply, it came to light that the *Batwa* in Giteranyi do not enjoy the same level of respect or support from local authorities as other groups do, and that as a result, other members of the commune were confiscating their land with impunity. Only then, when the host of rights issues came out and communities demonstrated willingness to talk about them, did the team suddenly take off with the assessment. Only then did they really start to understand the role that *social injustice, general contempt for the Batwa, and lack of representation* play in the *Batwa's* endless cycle of poverty.¹⁴

Unstructured discussions work best:

A final and important difficulty with using the Concept Mapping tool relates to the socio-political context and the cultural aversion to criticism. During the assessment it proved difficult to get participants to talk freely about sensitive issues and to identify duty-bearers, particularly with respect to responsibility for having caused problems. This was a problem for team members as well as for participants because under the current circumstances in Burundi, critical thinking, probing and analysis are equated with criticism. Burundian tradition and reality dictate that it is preferable to shy away from such engagements. This is particularly true when the exercise involves men and women or when the group is ethnically mixed.

An overwhelming finding was that *the less structured the interview, the more likely communities were to feed upon their own discussions, one thing leading to another.* This was particularly the case when it came to the more sensitive issues -- an important discovery for politically charged contexts such as Burundi. *Letting the group argue about "what causes what" was the single best way to get groups to cross their own taboo lines.* Structured interviews and point-blank questions were considerably less effective at getting groups to open up about power issues, political constraints and responsible actors. Knowing this, surveyors should be trained in the art of the unstructured interview and active listening techniques, or to be more

¹⁴ The *Batwa* are only one of the marginalized groups identified during the assessment. Youth and women (and sub-groups of each) also suffer from marginalization and rights neglect/abuse.

precise, in flexible and open-ended use of the R&R Matrix, the causal mapping diagram and other information processing tools. Reporters should also be prepared to capture the richness of informal discussions.

Until staff discovered how to probe more deeply, the teams could not see how their results fit into the R&R Matrix (# 4) during staff discussions in the evenings. Once they started to peel away the various layers of causes and effects, however, staff began to use the R&R Matrix and to recognize its value as an instrument for synthesizing their results. Appendix A is an extract from the Giteranyi *Batwa* Focus Group R&R Matrix. It demonstrates how staff were able to distinguish between actions, attitudes and systems that were at the root of *Batwa* poverty, and to analyze problems in terms of responsibilities, capacities and constraints.

As it turned out, discovering the importance of asking *why* was a turning point for the assessment team. Previously dis-empowered people found their voices and a new light was shed, for example, on indebtedness, on the reasons for it, on who got indebted to whom and why, and on how all of that led to actual individuals and households losing their primary productive assets. Suddenly perspectives changed about the nature of the information being sought, about the nature of the relationship between the field team and the communities, and about the nature of fieldwork in general. For CB staff, it became apparent that for livelihoods to be improved, rights HAVE to be addressed; and that consequently, there are wide-ranging implications for the way CARE Burundi operates.

Team Composition:

Ideally, a rights assessment will be an inclusive, participatory (i.e. rights-based) process and one that invites non-CARE participants with diverse perspectives into it. CARE Burundi was using this exercise as a capacity building exercise for its staff, so the teams included a sampling of staff from the mission's various projects: technical specialists in food security, relief, peace and reconciliation, and education, plus one or two administrative staff from local government or local organizations. Members of CARE Burundi's Design, Monitoring and Evaluation unit led the teams. The teams did not include social anthropologists or human rights experts.

Internal capacity building was an important outcome:

CARE Burundi had held an RBA workshop in 2001, so the two-day training that preceded the assessment did not include training in RBA per se, but focused rather on refinement of and orientation to the tools, and planning for the assessment. In retrospect, the participants felt that they had had insufficient grounding in rights concepts and the rights approach, and would recommend including an RBA session in the preparation for the fieldwork. However, there is debate about whether the team would have learned more, either about the underlying causes of poverty or about a rights approach, had they had more training in RBA. One perspective is that they learned more by trial and error than they could have learned in a classroom. Instead and in retrospect, the management would have had a rights specialist facilitate a post-mortem on the exercise, to help consolidate the learning.

One way or the other, *CARE Burundi considers that internal capacity building was perhaps the most important outcome of the exercise and stresses that Country Offices should be trying such exercises even if they do not feel fully prepared.* From the mission's perspective, the experience and process are worth the time and effort, even if there are holes in the process and conclusions.

Don't jump to solutions:

The survey probably raised as many questions as it answered. For example, if the survey had discovered that land degradation was the underlying cause of a family's indebtedness, CARE would have known what to do about it. If the family's indebtedness resulted from a bribe to a local official to bail a family member out of jail after he had been falsely accused of participation in the 1993 violence...what on earth could CARE do with information like that? But *the process taught everyone to be a little more patient in the assessment process – not to jump straight from hearing a problem to suggesting a "solution". It taught everyone to try to understand the whole picture before starting to think in terms of interventions.* Significantly, it became apparent that while advocacy will be necessary, it need not and should not be the only solution. Advocacy will have to complement other interventions, like strengthening the judicial system or helping to restore assets. In this way confidence in national institutions and resilience to shocks will be reinforced by a favorable policy environment, and vice versa.

We are all both rights holders and duty bearers

The assessment also helped CARE staff to realize that duty bearers are not necessarily "bad guys". Often they are other poor households who face the same problems and who are themselves just trying to survive. *The line between rights-deprived and duty-bearers is often a fine one and cuts across different groups in different ways.* The assessment reinforced for CB staff that all of us are both rights holders and duty bearers -- though clearly those in positions of authority and power have special duties.

Future Steps

At the senior levels, CARE is already active in the domain of international NGO (INGO) consortia. It initiated the rights dialogue between INGOs and the UN in Burundi; and it played a key role in instigating senior-level discussions about the rights of IDPs. It has also been actively involved in advocacy for increased international attention and resources to peace and reconciliation efforts in Burundi.

There is no internal resistance to CARE gradually getting involved in advocacy work, but understandably, there is trepidation; and the assessment strengthened the organization's resolve to proceed with caution. It underscored the knowledge that the organization lacks internal analytical capacity and that it will not be able to go it alone. It knows that it must identify like-minded partners, do advocacy in groups, and strengthen civil society's capacity to advocate on its own behalf. Likewise, CARE knows that it has much to learn from partners. By strengthening local traditions and working through Burundians, its interventions are more likely to be tolerated and will certainly be more effective. Above all, having undertaken this analysis, it is clear that CB will need a more systematic approach to identifying and responding to rights abuse.

To some extent, how CARE Burundi ventures into RBA will depend on Burundi's political evolution into a more open society and on individual and collective willingness to accept and influence change. Conversely, the extent to which Burundi evolves into a more open society with both individual and collective willingness to change will be influenced by and depends on a concerted and comprehensive rights-based approach to its development. In this momentous period when power brokers are searching for credibility, INGOs could be instrumental in enlisting policy makers in the movement toward peace and respect for human rights.

In summary, CARE Burundi learned that:

- ⌘ Integration of RBA has more to do with attitude, persistent probing and a different level of analysis than it has to do with tools. Persistently asking *why* is key to discovering the underlying causes of poverty.
- ⌘ It can be difficult to get participants to talk freely about sensitive issues. Avoiding structured interviews and point-blank questions and letting groups debate "what causes what" was the single best way to get them to open up about power issues, political constraints and responsible actors.
- ⌘ Root cause assessments can raise as many questions as answers. The process taught everyone to be patient – not to jump straight from hearing a problem to suggesting a "solution" – and to try to understand the whole picture before starting to think in terms of interventions.
- ⌘ The line between rights-deprived and duty-bearers is often a fine one and cuts across different groups in different ways. Everyone is a rights bearer.

1. Identify symptoms / problems: The Batwa live in total poverty (lack of income, decent housing, property, insufficient food, difficult access to basic social services).		2. Identify general human rights concerns: Right to a decent standard of living, right to education, right to property			
Questions:	What are the human rights concern or violation?	Who is responsible for causing the concern or violation?	Who is responsible for addressing the concern or violation?	What are the capacities of responsible actors?	What are the constraints on responsible actors?
Actions:					
The Batwa have been expelled from the lands they occupied (a great number of Batwa settled on private lands). As agricultural activities become important and the demands on land intensify, the owners have recovered their lands and the Batwa have been expelled.	Art 17	Neighbours who expropriate and intimidate the Batwa; local authorities involved by corruption or complicity; Batwa ancestors; the administration which does not assist to find lands for the Batwa; Batwa who do not dare ask for lands from administrative, communal or provincial leaders.	Administration	The administration has the responsibility to provide the Batwa with protection equal to that provided for others; the Batwa are able to advocate for their cause; the administration is able to manage equally available resources and can give lands to the Batwa	Very little land available. Batwa like living together, so if a <i>mutwa</i> is given land, other landless Batwa come to settle there, and the land available per family reduces.
Attitudes:					
Selfishness	Art 29	People who expropriate or buy Batwa lands (knowing that the latter have no other land to cultivate); indifferent local administration; government, which does not protect Batwa rights or realize its own responsibilities; society; the government.	Community Administration Government; Civil society	They can advocate for the Batwa. Members of the community and administrative leaders can change their attitudes	See Activities
Denial of Batwa rights	Art 2, 25		Government, civil society and NGOs ; members of the community		Lack of goodwill; resistance to change
Systems:					
Social injustice (expulsion, marginalization, and parcelling of Batwa lands are due to an injustice within the community)	Art 7; 8; 9; 10	The authorities that do not respect Batwa rights in the same way as the do other members of the community.	Government, civil society, NGOs and UN agencies.	The government has the power to respect the rights and duties of all citizens, the power of decision making and the capacity to influence behaviour changes; civil society, NGOs and UN agencies for advocacy and to help the Batwa integrate in the community	Weight of tradition; lack of goodwill from leaders to influence behaviour change.

STRENGTHENING CIVIL SOCIETY TO SECURE RIGHTS & LIVELIHOODS: THE SOUTH AFRICA CASE STUDY

The South Africa case study focuses on CARE Lesotho/South Africa's¹⁵ DFID-funded *Strengthening Capacities for Transforming Relationships and Exercising Rights (SCAPE)* program.¹⁶ The program was launched in early 2001, so it is still young; nevertheless, its approach to assisting people to exercise their rights and to take greater control over and responsibility for their own livelihood improvement can make a significant contribution to this RBA case study series. The genius of the SCAPE program lies in its theoretical foundation in dependency theory and in its explicit focus on how civil society organizations (CSO) view themselves and position themselves in relation to other stakeholders. What makes SCAPE particularly interesting, therefore, is the way it integrates rights into the HLS and institutional strengthening frameworks – not by overt incorporation of rights questions into HLS instruments, but by working to change mindsets and attitudes and promoting reflection on the consequences of the way people and organizations view and treat each other.

A new role for civil society¹⁷

In post-apartheid South Africa, the struggle for rights has played out in the courts, through land invasions, union mass action and ongoing community struggle. Many of the court battles have been based on extensive community action preceding the resort to legal action. For example the government has been challenged on the right to housing and the very public Nevirapine battle for HIV/AIDS-infected pregnant mothers. After decades of liberation struggle, South Africans emerged from the 1994 elections euphoric and with enormous – and many would say, unrealistic -- expectations for change. Under these circumstances, constructive engagement with government and the confidence to claim and exercise rights (two trademarks of a healthy civil society) are particularly difficult concepts. Thus, there is a need to develop a more thorough understanding of stakeholders' roles, responsibilities and capacities, without which effective collaboration, advocacy and sustainable self-help are unlikely to occur. People need to develop strategies for making effective use of the opportunities that new democratic order presents. In this context, CSOs need to recognise injustice and help communities to leverage the resources to deal with it. This should be done by articulating rights/making claims on the state at the same time as working with the state and encouraging people to take responsibility for realizing their own rights.

SCAPE is designed to challenge the way development is conceived and implemented in South Africa. On the premise that communities will have to change their mindsets in order to effectively exercise and stand up for their rights, and that CSOs and government will have to change *their* mindsets in order to collaborate effectively in tackling South Africa's poverty, SCAPE has defined a role for itself as a catalyst of social change - the program is effectively challenging communities, CSOs and government to themselves be accountable and to hold others accountable.

One of its starting points is to help stakeholders understand their own mental models¹⁸ about poverty, roles, participation, leadership and rights, and the central

¹⁵ CARE South Africa and CARE Lesotho have recently merged under one administration; however, the SCAPE program is being implemented in South Africa only.

¹⁶ SCAPE is managed by CARE South Africa/Lesotho in conjunction with two partners, the Eastern Cape NGO Coalition (ECNGOC) and the Tihavhama Training Initiative.

¹⁷ Summary based on Penny Ward's draft paper entitled *What Game Are You Playing Today? Understanding Why We Act the Way We Do and What the Implications Are for Development*. April 2002

importance of independent and empowering relationships in fostering positive change. It approaches this task by familiarizing participating organizations with two opposing mental models, namely the *Dependency Triangle* and the *Empowerment Triangle*.

The *Dependency Triangle*¹⁹ (or *Victim Mindset*) describes an attitude held by individuals or groups that they are incapable of solving their own problems without outside help. According to this model, in most dysfunctional relationships there are three mutually reinforcing roles at play:

- the **victim**²⁰ who thinks and behaves in a dependent way: *...it's not my fault...I can't help it...I'm too old..;*
- the **enemy** who is an external oppressor or villain; and
- the **savior** who protects or saves the victim, or who solves problems.

The dependency triangle ensures that the status quo is maintained. The relationship enables the victim to be passive and to remain unchanged, which justifies continuation of complaints about the enemy and legitimizes the savior's role in society. Enemies are usually vague and inaccessible (*they...the state...*), thus reinforcing the victim's inability to act and ensuring the savior's ongoing role.

In contrast, the *Empowerment Triangle*²¹ emphasizes **personal responsibility**, **self-confidence** and **trust** as essential ways of looking at oneself and the world in order to become self-reliant. According to this model, victims (in this case, individuals, communities, CSOs) need to identify methods for taking responsibility – not necessarily for solving problems entirely on their own, but for doing something new or acting differently. It is emphasized that taking responsibility usually starts with saying *I will...* or *I can...* As an individual or a group becomes more comfortable with assuming responsibility, s/he or the group gains self-confidence and learns to trust him/herself and others to solve problems. Central to this approach is the belief that even small amounts of self-confidence and trust help people to break dependent relationships and may prevent victims from slipping back into the victim role.

It is not possible to talk about rights and responsibilities in an environment where individuals, communities and CSOs see themselves as "victims". By encouraging reflection on personal experience, SCAPE uses these models to help participating organizations understand the long-term consequences of dependency. *SCAPE emphasizes that choices about roles and relationships are personal and that people/groups have the power to change how they are viewed and treated by others.* This understanding of relationships and power is at the base of SCAPE's approach to helping organizations to overcome resistance to change and to adopt strategies for managing change. In this way, SCAPE seeks to facilitate the development of a new brand of civil society leadership – one that thinks independently and is committed to helping stakeholders to claim their rights and to make and influence decisions that affect their livelihoods.

¹⁸ A mental model is a set of beliefs and assumptions that determine how we live and interact with those around us: e.g., *people are basically honest* or *all politicians are crooks*.

¹⁹ After Gotink, H. 1998. *Key Concepts and Tools*. Unpublished. Cited in Ward 2002.

²⁰ Note: the term "victim" refers to the way one perceives him/herself, and not to actual victims of human rights abuses.

²¹ Ward 2002.

Cooperation between CSOs and government and constructive engagement between poor people and government are both vital if basic services are to be delivered in a sustainable way. SCAPE's HLSA and synthesis processes (described below) emphasize this aspect and this is especially necessary in places like South Africa where the main cause of non-delivery is serious capacity constraints.²² In order for these relationships to develop, CSOs themselves need to support and enhance the capacity of government to deliver sustainable services; they need to engage in advocacy with and on behalf of the communities they work with; and they need to build social capital and strengthen communities' confidence and ability to exercise their rights and to take up opportunities.

Central to SCAPE's message is that CSOs must steadfastly resist playing the role of savior (and/or the victim in government relations), because to do so reinforces dependency and helplessness in poor people and perpetuates the perspective that the state (or the employer, or men, or the other tribe...) has all of the power over rights denial or realization. *Thus, change is a recurrent theme of the program not only for communities and government, but also and even more explicitly, for CSOs and how they view their own role within civil society.* This is a critical juncture in South Africa's history. SCAPE emphasizes that if CSOs do not change the way they view and position themselves with respect to the complex policy debate, they risk being relegated to the role of service delivery and forfeiting a critical opportunity to influence pro-poor policy.

SCAPE Methodology

SCAPE uses a STEP framework to guide and coordinate organization-specific institutional strengthening (IS) activities. Participating organizations determine how far and how fast they will proceed along this "roadmap" in their efforts to achieve more effective programs and better relationships with government and other organisations. The STEP framework takes participating CSOs through the stages outlined below²³:

SCAPE METHODOLOGY

Step One: CSOs become aware of SCAPE through networks or through association with one of the SCAPE partners. At this stage debates are raised about the implications of civil society's current role and relationships with communities, other CSOs and government – as well as the need for change. This involves acknowledging the need to engage with itself more critically, i.e., asking questions about HOW we are performing as a sector and what changes need to happen to ENABLE US TO become more effective.

Step Two: Depending on where an organization is with respect to its organizational evolution, it may choose to focus on institutional strengthening, programmatic strengthening, or both.

If an organization is in crisis or having trouble with governance or systems, for example, it may opt to start with a facilitated institutional self-assessment (using the Spider model). This process assists the organization to assess its organizational strength in five key areas: Programming strategy; Leadership/governance; Management systems; Learning and growth; and Resource mobilization. The results of the assessment, in matrix format, are transferred to a spider web diagram that illustrates how the participants see the organization, helps to focus the participants on areas that need addressing, and sets the ground for planning for organizational change.

²² INTERFUND Development Update, April 2001, cited in SCAPE Resource and Information Pack, August 2001.

²³ A more comprehensive presentation of SCAPE's methodology is beyond the scope of this study. For copies of documents that provide further elaboration, contact Claire Mbizule at cmbizule@caresa.co.za.

An organisation seeking to improve its programming effectiveness will begin with an Household Livelihood Security Assessment (HLSA). One of the criteria for conducting a HLSA workshop is that community representatives, local government and other CSOs or CBOs working in the same geographic area also participate. This is to ensure that all the responsible actors are represented and can take appropriate responsibility for addressing concerns raised by the community. The HLSA involves two weeks of simultaneous training and participatory assessment and one week of participatory synthesis.

Step Three: CSOs are assisted to prepare longer-term change strategies based on the assessments that they have conducted. On the institutional side, change strategies may entail the addressing of internal barriers or conflicts within the organisation, revision of organisational systems, reorganisation of staff responsibilities, leadership development training, capacity building in financial management and reporting, or improved communication systems for sharing of experiences and lessons learned. On the programmatic side, examples of possible activities include a more comprehensive participatory evaluation of program activities, the use of appreciative enquiry and conflict management tools at community level, establishing community and household-level baselines, or conducting a participatory design exercise for a pilot activity engaging other CSOs and government.

Step Four & Onwards: Progress against the change plans is jointly monitored on a regular basis. If necessary, plans are modified in the light of experience and further institutional assessments can be conducted as a mechanism for reviewing progress. Additional support is made available to participating CSOs at various points, which may take the form of change management training and/or grants to support the implementation of pilot program activities. Opportunities are also provided for increasing collaboration and networking, with the aim of further building institutional strength and fostering the creation of developmental partnerships between CSOs and with government at local and provincial level.

More organizations have opted to initially engage with the SCAPE program through the HLSA, but it is expected that by the time an organization exits Step 3, both types of assessment will have been completed. To date, the program has facilitated SPIDER self-assessments with 16 CSOs and seven HLSAs with 40 CSOs. Other activities include the Leadership and Development Course and annual learning and reflection events. Presently, at least 70 organizations and nine government units are participating in the program.

RBA, HLS and Civil Society Strengthening

CARE's Household Livelihood Security framework (HLS) aims to improve the ability to target poor and vulnerable households in CSO programming, and to ensure that activities and projects address the key livelihood concerns of the poorest households. It emphasizes complementarity through the consistent use of HLS methodologies across different programs and it aims to improve capacity to measure impact by providing a foundation for monitoring and evaluation systems and revealing how CSO project activities impact on peoples' lives.

HLS is the primary tool used by SCAPE to identify and improve the impact of CSO programs but it is the way in which RBA is integrated into the framework that makes SCAPE such a promising program. The program uses HLS to locate rights within a developmental framework.

During the assessment, participating CSOs/officials are encouraged to be more aware of the way in which questions are asked and how answers are interpreted. They are also encouraged to think more critically about how they should hold themselves accountable as well as how they hold others accountable. Key issues that are overtly and covertly related to rights are explored at community, household and

intra-household level, such as power dynamics and relations; access to and control over resources; community/household decision making processes; attitudes (dependent/independent); division of labour; representativeness of community structures, etc. Considerations of the implications of gender, generation and HIV/AIDs status are also woven into the analysis throughout the process.

Many of the profile tools in the *Benefits-Harms Handbook* have helped CARE SA to refine and deepen the questions that HLS already asks. In the past, the questions were not as deeply or critically probed because they were at best viewed as “useful” contextual data rather than key pointers to factors within the status quo that need to be challenged in order to bring about an environment conducive to the realization of both rights and responsibilities. For example, CARE SA probes a community's political rights and freedoms and social attitudes to a greater extent than was the case in earlier HLS assessments.

RBA also comes up in the form of orientation to rights concepts during the training of the CSO and other stakeholders conducting the assessment. It is reinforced through explicit and repeated emphasis that RBA is about attitude and how people view and treat each other when seeking to protect and fulfil one's own rights and ensuring that others (e.g., the state) meet their own obligations in the process.

In one area, a group of community-based organizations managed to lobby the municipality to let it use an old disused hospital for its offices. The municipality agreed to let the group use the building without rent. After some time, the group approached the municipality again to complain that the grass was getting long and to ask when the municipality was going to send someone to cut it. This is an example of the kind of attitudes that the program seeks to shift. It encourages CSOs and communities to articulate their demands as well as to play a more active role in exercising their rights, but it also encourages stakeholders to accept responsibilities that may be associated with those rights. This community needed to assume some responsibility for maintaining a property that the municipality had donated for its purposes.

Once a more comprehensive understanding of issues that threaten or promote livelihoods at different levels within a community has been established, the next step in the process is undertaken, i.e., the synthesis of information gathered during the HLS assessment.

The Synthesis Workshop

The Synthesis workshop follows the HLSA and is designed to enable participating organisations to make the link between the results of the assessment and their own activities/role in development. At this stage rights are raised more explicitly through an innovative approach designed by the program to assist CSOs, the community and relevant government stakeholders to conduct critical analysis of their HLS assessment data. The approach seeks to avoid the language of “blame” and instead focuses participants on ensuring that they are able to develop plans that recognise their own accountability and their responsibility to promote the accountability of other relevant stakeholders. Participants are taken through a process that corresponds more or less to the following:

Synthesis Workshop Methodology

Day One: People who participate in the HLSA and other interest groups prioritize the key issues threatening and improving livelihoods, and identify the key problems/issues. Community leaders and ward councilors participate in the workshop on behalf of their broader community

On **Day Two**, the analysis conducted on Day One is verified with the community in the field and a problem tree analysis is carried out to determine their perceptions of the structural causes underlying the problems. The participants look through each problem tree and identify the pertinent rights issues that underlie the identified causes. Rights issues are grouped and the main ones (most recurrent) are identified.

Day Three: Participants are (re)introduced to the notion that all rights carry responsibilities and in this regard, four categories of stakeholders are identified (i.e. individuals, communities, CSOs, government). Participants identify the responsibilities each stakeholder has with regard to each right. Participants identify possible blockages to stakeholders bearing responsibility for rights.

Day Four: Participants go back to the problem tree and, for each cause, identify the level at which the breakdown is occurring and why. In other words they identify the stakeholder responsible for negligence or abuse and the reasons for it. For example, a cause such as "low value placed on education" would be placed at the individual/household level while "schools are too far away" would be placed at the government level. Finally, participants identify linkages between causes and blockages. This is a critical stage because these linkages provide invaluable pointers to the factors that *must* therefore be addressed to bring about meaningful and/or sustained change.

For example, in one recent assessment and synthesis, an organisation working on the conservation of marine resources invited SCAPE to facilitate an HLSA. During the assessment, the community kept raising the fact that because they are located so far from the nearest town where they can apply for and be issued with identity documents, many have failed to obtain these. Prior to the inclusion of an analysis of rights within the synthesis process, this critical piece of information might have been relegated to the status of "a serious problem that we are not placed to address" or worse still "a serious problem that is not necessarily related to what we are about in this community which is to conserve marine resources (or to promote AIDS awareness, or to build leadership capacity, etc.). In fact, the causal analysis (Day Two) located this problem as not only a violation of rights (right to residence/citizenship), but also a key contributor to the pressure on the marine and other natural resources in that without identity cards, people cannot apply for employment, pensions, child support grants or other state support such as small business grants, and children cannot enroll in schools. This situation clearly limits the opportunities of individuals to pursue alternative means of promoting their livelihood outside of or within their environment, thus increasing dependency – and pressure – on their natural resources. The results of the assessment and synthesis will now be used by the organisation to lobby the relevant government department to address the problem.

Day Five: All participants produce work plans to address relevant causes/ blockages/ responsibilities, as summarized by the linkages.

Working as a group and using the outputs from the workshop, CSOs, communities and government officials produce preliminary action plans, with responsible individuals or units identified according to their areas of competence and responsibility.

<i>Synthesis Workshop Outputs</i>	
Summary of context	Summary of information obtained about national, provincial, district, and community-level contexts
Capacity	My skills; My organization's capabilities
The big picture	Key Livelihood Issues, e.g., many people dependent on natural resources; Key rights issues, e.g., right to environmental protection; Responsibilities, e.g., government has responsibility to promote local economic development so as to ease pressure on natural resources
Blockages	E.g., ineffective community mechanisms for regulation of natural resource use; few alternative livelihood sources; apathy on the part of the community.
Links between blockages and key livelihood issues	For example, at a recent CHOICE ²⁴ Synthesis Workshop, the blockage " <i>Impact of AIDS pandemic not acknowledged</i> " was linked to community responsibility for denial, and government's reluctance to talk about AIDS.

²⁴ A participating NGO

Requirements for Change	How my organization relates to the context (i.e., matching capabilities and skills with blockages, causes and responsibilities and key livelihood issues); Key conditional changes the organization would like to achieve; Key behavioral changes the organization would like to achieve.
Work plan	Including potential partners, challenges and resource requirements
Feedback loop	Linkage back to context/my organization/other stakeholders: Ongoing implementation, review and learning.

The Synthesis Workshop component is proving to be a highly effective means to understanding the underlying causes of poverty, the connection between rights and livelihood security, and the duties and responsibilities of different stakeholders for addressing the issues. The methodology further provides a unique opportunity for organizations interested in a particular geographic area to act jointly to analyze the causes of problems and to develop organization-specific plans based on their respective operational mandates and capacities. Such efforts thereby promote developmental partnerships between CSOs that contribute to an integrated approach to addressing broader development issues.

Outcomes

In response to a study recently commissioned by SCAPE to examine relations between government and civil society, the program will facilitate a series of practical seminars for CSOs on government legislation, systems and procedures to help develop a greater awareness of government functioning and its challenges. Improving civil society's understanding of the different spheres of government, as well as government's responsibilities, systems and procedures and the development of a common language understood by both sectors will be an important starting point in establishing effective relations between CSOs and government.

As a result of HLSA synthesis workshops, CSO relationships with local government are being strengthened and joint projects are being planned. In the Eastern Cape, for example, a local NGO invited the municipality to participate in an HLS and synthesis exercise, more than anything to understand what was happening in the area, who was doing what and to think about how they might perhaps collaborate. The results proved enlightening for everyone. After the discussion about rights, one Council representative marveled at the difference the discussion had made to his understanding of communities and their issues, civil society's potential contribution to policy debate, and what role the government needed civil society to play. He was very clearly excited about his new perspective on the kind of leadership the community required from government, the types of councilors that communities should be electing and how they should see their roles, the kind of support the municipality needed, and the value of working in a participatory fashion.

Reflections and Lessons Learned

In the eighteen months since this project's inception, it has benefited from and adapted to several important insights and lessons learned.

SCAPE has learned that not only poor people, but also the leadership within the civil society sector is mired in a victim mentality and inertia. CSO leaders suffer from misconceptions (about funding, about the state of civil society in general and the role of government) that need to be explored more widely because these misconceptions are reinforcing the limiting belief within CSOs that they are unable to overcome the problems they face. *Institutional strengthening must therefore begin with exploring*

*assumptions and mental models, and focus on organizational culture as well as on systems and technical capacity.*²⁵

It is also clear that involvement in decision-making and participatory governance *at the community level* are key areas that need particular attention. (The tendency was to focus on such processes at the level of CSO and government decision-making.) Likewise, while local government needs challenging around issues related to access to information and participatory governance, so do participating CSOs need to be challenged with respect to the way they engage with government and communities.

HLSAs should never be conducted in isolation from other stakeholders interested or involved in a geographic area. Including other CSOs, the government and the private sector ensures a much better appreciation for the challenges, rights and respective responsibilities, and gives rise to complementary holistic strategies. (It goes without saying that communities should be integral to the process.)

The training and the data collection components of the HLSA should be alternated daily over the course of the two-week assessment. In this way, theory and field work complement and reinforce each other, methods are tried out and fine-tuned, and participants reflect on their evolving behaviors, attitudes and relationships. Another value of alternating the two is that insights and lessons can be written up immediately after each exercise, thus ensuring optimal documentation of lessons learned. This is especially important in light of CARE Lesotho/SA's long-term strategy to position CARE as an innovative change agent in the movement for social and economic justice by establishing effective models for promoting rights-based advocacy. It is also important because SCAPE intends to adapt and "cascade" this new methodology through the training and development of a growing network of individuals and institutions to play an ongoing resource role.

A further challenge for the SCAPE partnership will be to use its experience and the relationships developed at local government level to lobby provincial and national government more broadly to adopt alternative approaches to implementing legislation. This would include promoting the more extensive participation of civil society in government planning and budgeting processes, and in the monitoring and revision of the legally required municipal and district level Integrated Development Plans.

Finally, although SCAPE is just now setting up a monitoring system, it recognizes that its indicators will need to track *changes* in relationships, in how CSOs are positioning themselves, and in the types and number of debates they're engaging in, etc. In other words, its *indicators will have to track process as well as products of new relationships.*

²⁵ The program has developed a Leadership and Development Program that incorporates elements addressing this issue.

In summary, the South Africa experience of integrating rights into HLS and institutional strengthening frameworks contributes the following to the present case study series:

- ⌘ Institutional strengthening must begin with exploring assumptions and mental models, and focus on organizational *culture* as well as on systems and technical capacity.
- ⌘ RBA helps to refine and deepen the questions that HLS already asks. In the past, such questions were not as deeply or critically probed because they were at best viewed as “useful” contextual data rather than key pointers to factors within the status quo (e.g., political systems and social attitudes) that need to be challenged in order to bring about an environment conducive to the realization of rights and responsibilities.
- ⌘ Synthesis of the HLSA results through a rights and responsibilities screen is proving to be a highly effective means to understanding the underlying causes of poverty, the connection between rights and livelihood security, and the duties and responsibilities of different stakeholders.
- ⌘ CARE and its partners need to figure out how to use their experience and the relationships they develop at local government level to lobby provincial and national governments more broadly to adopt alternative approaches to implementing legislation.
- ⌘ M&E indicators will need to track *changes* in relationships, in how CSOs and communities are positioning themselves, and in the types and number of debates they engage in. In other words, M&E frameworks will have to track *process* as well as products of this new approach to tackling poverty and social injustice.

URBAN POVERTY THROUGH A RIGHTS LENS THE INDIA CASE STUDY

While growth and social justice have been the lasting slogans of Indian planning, neither of these has informed the planning of Indian cities.²⁶

CARE India is shifting the orientation of its *Promoting Linkages for Urban Sustainable Development (PLUS)* pilot project 'mid-stream' to integrate a rights-based approach (RBA). There are three main points to be emphasized about this case. The first is that there are differences – both operationally and in terms of impact -- between an implicit approach to rights and an explicit approach to rights. Unless a community is informed about its rights and knows when its rights are being violated, it lacks the yardsticks with which to demand accountability. Secondly, the India case study illustrates a legitimate and credible role for an international NGO in rights-based advocacy – that is, in strengthening the civic sector to adopt a RBA. And finally, the *Promoting Linkages for Urban Sustainable Development (PLUS)* project's preliminary deliberations about monitoring and evaluation are worth highlighting – not only in the interest of helping other practitioners, but in the hopes of attracting others to offer the benefit of their experience and advice to PLUS's planners.

Urban Poverty

The phenomenal rate of urban growth all over the developing world is focusing more attention on the plight of the urban poor. Within the context of globalization and structural adjustment, the decreasing role of government, the increasing role of markets, cut backs in employment and lack of social safety nets have led to greater marginalization of the urban poor, exposing them to vulnerabilities unprecedented in rural settings. In the absence of the socially cohesive structures that support rural counterparts, the "community" of the urban poor is gradually eroding, leaving it vulnerable to coercion and crime, and to unhealthy alignments with tribe, caste or religious extremism.

Over fifty percent of Delhi's population -- close to seven million people -- reside in un-organized, un-serviced slums in conditions of extreme squalor. With an annual growth rate of 4.6% percent²⁷, the informal slums, known as *Jhuggie Jhopari Clusters (JJs)*, are rapidly eating away at the core and expanding the periphery of India's capital city. Yet although the city would grind to a halt without the casual laborers, domestic helpers and petty vendors that file out of the slums each morning, their contribution goes unrecognized and they are treated as if they are not citizens of the city.

Six hundred thousand slum residents were recently relocated away from their places of work to the uninhabitable low lands on the periphery of the city. Three hundred thousand hawkers and vendors are victims of daily harassment by city authorities. Such civic exclusion is perhaps the most important underlying cause of urban poverty and unless it is resolved through legitimate means, it will find resolution outside of the law. Unless the urban poor are included in the formal city, and their rights infringements addressed, such extreme deprivation will lead to ever worsening violations of universal human rights standards.

²⁶ CARE India. 2002. *Viewing the urban poor through a rights lens*. PLUS Project Draft Study. April 2002.

²⁷Cf the national average of 2.34%. Source: CARE India. Undated. *Reducing Urban Poverty: Promoting Human Rights*. A concept note.

Promoting Linkages for Urban Sustainable Development

In recognition that most responses to urban poverty have been undertaken without reference to and outside of the context of municipal processes, in January 2000 with the financial support of DFID/JFS²⁸, CARE and four local partners²⁹ launched a five-year pilot project entitled *Promoting Linkages for Urban Sustainable Development (PLUS)*. The project seeks to link the slum communities with existing resources and programs that support community initiatives and thereby promote their inclusion into civic structures. Direct results of the linkages strategy have included installation of new infrastructure, improvement and maintenance of existing infrastructure, and provision of services. An important indirect result has been that through involvement of municipal authorities in micro-planning with communities, more meaningful relationships with government departments have evolved – relationships that are based on a mutual and respectful understanding of each other's limitations and potential.

Most importantly, however, the first two years of PLUS implementation have yielded very important insights about the importance of universal human rights standards and principles of social equity and justice – parameters that have been largely absent from urban development programming. It soon became obvious that while community-instigated projects are narrowly focused on immediate needs – e.g., sanitation infrastructure and garbage removal – city fora and the better-off residents of Delhi are more concerned about the *presence* of city slums and land issues in general. Thus, while the project started out looking at poor people's right to water, it became apparent that the bigger issue was their right to *reside in Delhi*; in other words, it found that the key rights in an urban context have less to do with services and more to do with the *inalienable right to exist*.

As a result of the community's focus on *symptoms*, it is rendered less effective as an advocate for redressing the *underlying causes* of its poverty. Slum dwellers have limited and fragmented comprehension of their human and national legal rights and of the impact of being denied such rights. They lack the skills to monitor violations of their rights, and in the absence of systematic information and confidence, they lack negotiating ability. It also became apparent to PLUS that community mini-projects are largely dependent on the magnanimity (or lack thereof) of officials – instead of on standards that assure entitlement. Crucial information regarding policies, allocation of funds and expenditures, as well as roles and responsibilities of relevant government departments are not shared, or are actively withheld. The poor play no effective role in governance, and as a result, solutions to their problems are frequently ineffective or inappropriate.

Mainstreaming the Rights-based Approach in PLUS

During the first year of the PLUS project, staff and partners looked at India's laws and policies from a pro-poor perspective. In recent months they have begun to question how laws and policies would read if they were amended from a rights perspective. How would the functions and behavior of civic authorities change if they became sensitive to rights and to their responsibilities to observe the Indian constitution and laws, and international human rights instruments? How would a rights-sensitive city be different from other cities? And how could PLUS help Delhi to become a rights-sensitive city?

²⁸ Under the DFID Joint Funding Scheme (JFS), DFID contributes 50% of the funding. Morgan Stanley Bank, New Jersey Overseas Association UK, Telford Challenge and CARE USA together contribute the other 50%.

²⁹ Action India, Community Aid & Sponsorship Programme, Kislay and SHARAN.

CARE and its partners have thus been inspired to re-orient the project, to integrate a rights-based approach (RBA) and to thereby provide a commonly accepted moral and legal basis for effective negotiation with municipal authorities. In so doing, they hope to provide a new and common language for dialogue between diverse actors; to advocate human rights as a touchstone for making policies and schemes effective; and to seek complete information – as a right -- for decisions on local development.

Sita Devi is a simple woman living in the slums of Vikas Puri. She is also a member of the small savings group run by Kislay under the PLUS Project. For a living, Sita does petty cleaning jobs in the neighboring middle class colonies. Until recently, her husband ran a roadside eatery. In their drive to clean up the city, the municipal corporation of Delhi recently stormed the area, destroying Sita's husband's eatery and confiscating his assets. This was too much for Sita. Along with other women, she challenged the police about her husband's rights. Predictably, the police were unsympathetic and put Sita and four others behind bars. But whereas Sita's friends may have been resigned to the injustice before their exposure to the PLUS project, this time they decided to protest by staging a *dharna*, a non-violent sit-in. As a result, Sita and her neighbors were set free.

India is a signatory to several international rights conventions; it also has specific laws and policies that mandate rights enforcement. Unfortunately, there is a yawning gap between the provisions of these instruments and their implementation in the slums of Delhi. One of PLUS's new strategies is to expose the areas in which existing policies and implementation fail to uphold the rights of the urban poor, and to determine how the gaps may be narrowed. *Viewing the Urban Poor through a Rights Lens* is an ongoing action research study commissioned by PLUS. In addition to a secondary literature survey, the study is collecting all national and international legal instruments relating to human rights of the urban poor as well as all case law on the subject, and analyzing the gaps in implementation. It is also conducting process investigations and causal analyses with the community to test the efficacy of RBA as a tool for poverty eradication. This exercise is creating space for slum communities to understand their legitimate rights to resources. It is bringing to light the gap between the current quality of life and what universal human rights standards advocate. Overall, it is serving to underscore the need to address the problems of the urban poor with a holistic perspective that corresponds directly with universal human rights standards.

The findings of this study will form the basis for city-wide consultations with city managers, national and international human rights organizations, policy analysts and legal experts. Incorporating their feedback, one version of the report will be sent to national and international agencies. Another version will be published, possibly in the form of a pamphlet, for the urban poor community. Gaps identified will help PLUS and poor communities strategize project interventions. The project also envisages the creation of a centre to promote human rights of the urban poor, and is already taking steps to put in place an effective monitoring mechanism at the level of the community, thereby "objectivizing" advocacy at local and policy levels.

These new project elements seek to create an enabling policy environment that inspires policy makers to incorporate the principles of human rights as directives of municipal policy. PLUS views slum residents not only as a potential force for their own development but also as an invaluable resource for the improvement of the city at large. For PLUS, *inclusive cities* must start with *inclusive neighborhoods*.

Many insights are emerging from the PLUS case, three of which warrant particular mention.

Implicit vs Explicit Rights-based Approaches

As originally conceived, the PLUS pilot project was a state-of-the-art civil society project and, some might argue, implicitly rights-based. Its key approach was to facilitate coalitions or networks that provided opportunities for social change through advocacy. It included community capacity building, it promoted ownership and it facilitated linkages. The project was designed to take the lead from the community in the identification and prioritization of its development agenda, and to strengthen the community's capacity to represent itself on policy issues. By building understanding and breaking down barriers to joint action, it had excellent potential for concrete results.

But *unless the community is informed about its rights, and knows when its rights are being violated, it lacks the yardsticks with which to demand accountability.* Additionally, as was discovered during the first year of PLUS, the community might be focusing on rights but, mistaking them for needs, will not represent its case with as much force and courage as if it understood the moral, ethical and legal grounds for its case. So without an explicit focus on rights, a project is less likely to effect lasting change. An example related to a community-based water system will serve to illustrate the difference. During joint planning and negotiations, one community agreed to install a water system while the water board agreed to provide the water. But after the community installed the system, it discovered that the volume of water to be provided by the city fell far short of the cluster's minimum basic needs. The water board cited water shortage as the impediment. It is worth mentioning that the problem of potable water in Delhi is not a problem of too little water, but one of inequitable distribution. Had the approach been rights-based, the community would have built a demand for, say, 30 litres of water per capita per day into its negotiations from the very beginning. In the absence of information about minimum standards for access to potable water, it started from a weak negotiating position.

The project is slowly coming to grips with the implications of having adopted a rights approach "mid-stream" – implications that further illustrate the difference between implicit and explicit rights approaches. If PLUS had had a rights approach to begin with, good governance would have been a core strategy of the project. If it had understood the importance of civic exclusion as an underlying cause of poverty, illegal slums might have been included in the project pilot sites. It would have built right to information, public interest litigation and lobbying with legislators into its capacity building syllabi. It may not have planned to do infrastructure development at all, given the difficulty of being a provider and an enabler at the same time. It would have planned for a different skills set amongst its staff. As it is, having decided to adopt an RBA, PLUS has hired a full-time dedicated advocacy and human rights coordinator. And, on a very pragmatic level, if it had known the extent to which rights arguments could be used to pry loose state funds for infrastructure projects, it would have budgeted less for infrastructure and more for capacity building and stakeholder workshops.

PLUS+RBA will require in-depth understanding of human rights as they are provided for in national and international instruments. (This homework is being done by the action research project.) *CARE staff, its partners, the communities and local authorities will need extensive capacity building in the language and principles of rights.* And once all stakeholders have internalized the concepts, it will take time to

put them into practice. Only then will documentation of the gaps and joint monitoring of rights realizations and violations be possible.

Last but not least, the fact that PLUS has adopted an RBA has led to some hesitation on the part of certain of its partners. A few of them are questioning compatibility of mandates, bringing into question the future of their partnerships with CARE. Indeed, if PLUS had been rights-based to begin with, partnership selection would have been based on different criteria.

Oddly enough, not having started with a RBA may have given the project a small advantage. Since introducing RBA, some officials have taken offense at the suggestion that poverty in the slums of Delhi is in any way related to negligence or rights abuse on their part. Others, however, having already been inducted into constructive engagement with communities, may have been softened up for RBA, and may as a result be more receptive to viewing themselves as duty-bearers.

International NGO involvement in Rights-based Advocacy

One of the frequently-asked questions about RBA is whether, as an international NGO, CARE can legitimately and credibly address rights issues. *The India case study illustrates a legitimate and credible role for an international NGO – that is, in strengthening the capacity of civil society to advocate on its own behalf. International NGOs can also be instrumental in progressively pushing rights issues up to the attention of regional and national levels of government and into the international arena, for example via their access to media and other international networks.* Given its field presence and long-standing relationship with the government of India, its connections and status within the international community and its access to information, best practice and technical resources, CARE India has inroads and access that local NGOs do not have – and it has the duty to use that access and those resources in the very best way to tackle underlying causes of poverty. As such, while its local partners are focusing on building capacity and facilitating linkages at the community level, CARE is focusing on building capacity and facilitating linkages at the level of its NGO partners. Through CARE, local NGOs are coordinating and networking, information is being disseminated, and an international platform is being created for national rights issues. Rather than taking an active role in campaigns, CARE is playing the role of facilitator and strategist. Right now, the local NGOs need CARE as a conduit to information and resources. But this is not to say that CARE will always be needed to fulfill this role. The PLUS project foresees a day when its local NGO partners will be strong enough and sufficiently well-networked to take over this functional level of rights-based work as well.

In the meantime, because CARE is not involved at the community level (other than monitoring and evaluating), communities have not noticed a change in its role and do not attribute the RBA shift to CARE. Neither have there been signs of government resistance or reaction to CARE's new role...but this is likely temporary. CARE PLUS will assume an active role at city, national and international levels in the dialogue about rights; so CARE India expects that there will eventually be a reaction from Indian authorities, and that the reaction could be hostile. Corruption is bound to be an issue as rights-based discussions threaten vested personal interests; indeed, in addition to exercising caution, CARE and its partners may need to consider corruption itself as an issue worth tackling.

Community-based Monitoring & Evaluation

PLUS's transition to RBA is too new to have re-vamped the monitoring and evaluation (M&E) framework or to be testing approaches to monitoring rights violations or evaluating impact of the project's RBA elements. However, an approach is evolving and the project's process and deliberations around M&E are worth highlighting – not only in the interest of helping other practitioners, but in the hopes of attracting others' inputs to PLUS's decision-making.

Fundamental to the PLUS approach to rights advocacy is accurate information about rights violations. PLUS is planning for joint community and local government monitoring of the fulfillment or violation of the fundamental rights of the community -- a role which first requires extensive capacity building. As part of the action research agenda, the project began with workshops that introduced communities to fundamental rights as provided for by the various international instruments and the Indian legal system, and the relevance of rights to their lives. Important case law was discussed in order to link fundamental rights to their own situations. Second phase workshops took the form of 'causal linkage' analyses of problems specific to the community: what rights have been infringed, who is responsible, and what strategies and actions could prevent future violations and thereby address such problems. State agencies were invited to third phase workshops in order to facilitate a dialogue between the community and duty bearers, but also to impart a sense of the rights-based approach to the duty bearers themselves, at the end of which, the officials committed to participation in the joint monitoring process. Initial resistance to or defensiveness at these sessions quickly eroded when officials recognized that communities had genuine needs and rights and the capacity and willingness to be party to solutions.

As part of this process, communities and authorities are working together to develop matrices and to identify indicators to help assess the fulfillment or violation of rights, and for use in holding responsible actors accountable. Once matrices have been finalized and stakeholders trained, report cards will emerge from the joint monitoring and will provide a basis for further dialogue with the duty bearers, which will ultimately lead to enhancement of the rights of the community. Community indicators and mechanisms for joint monitoring will be replicated and used at other sites, and the data will be disseminated to key stakeholders such as state agencies, human rights organizations and academia.

Management information systems are being revamped to capture qualitative data such as capacity for rights realization, in addition to the quantitative data which they currently track. The project is also considering changes to its logical framework and the project M&E framework, in anticipation of discussions with donors. Indicators will have to be developed to track both process and holistic outcomes such as impacts of policy change, and to capture "progressive realization" of economic and social rights. Attribution of impact at the household and individual levels will be a challenge to define and measure, considering the "indirect" program strategy. The project will also reconsider assumptions in its original logframe. For example, *Competition and poor coordination between government departments* may no longer be seen as a risk beyond the project's or the community's control. Armed with full information, rights-based advocacy could set out to change this condition.

In the meantime, owing to effective reflective learning processes, lessons are being captured and applied to constant project revision. *It is now clear that realization of rights is slow and progressive, and that it depends absolutely on the right to*

information and on gradual orientation of duty bearers. Likewise, adoption of RBA will take time and will require concerted organizational change. All stakeholders need to be involved in monitoring rights realizations & abuses. Capacity building at all levels is vital. Management information systems must capture qualitative as well as quantitative data, and need constant re-visiting. Documenting progress against the qualitative indicators, especially capacity for rights realization, will help to identify omissions or weaknesses in the methodology and thus will inform revisions of the logical framework and MIS systems. Project partners need to be effectively linked (other than via CARE); partnerships need to be examined for equality, and fine-tuned as required. CARE staff and partners need to better understand the significance of the data, and need to be progressively more comfortable with interpreting findings in rights language. Finally, CARE India needs to carefully monitor the PLUS experiment and consider taking up the approach on a wider level.

In summary, the India case study contributes the following three important insights to CARE's understanding about a rights-based approach.

- ⌘ In urban settings, advocacy may have less to do with meeting needs and government delivery of services, and more to do with poor people's inalienable rights to exist, to security of tenure within the city, and to participation in governance
- ⌘ Unless the community is informed about its rights, and knows when its rights are being violated, it lacks the yardsticks with which to demand accountability. The community might be focusing on rights but, mistaking them for needs, will not represent its case with as much force and courage as if it understood the moral, ethical and legal grounds for its case. So without an explicit focus on rights, a project is less likely to effect lasting change.
- ⌘ Joint community and government monitoring of rights conditions – on the basis of agreed indicators – provides a basis for dialogue and, ultimately, enhancement of the community's rights. Initial resistance on the part of government officials can be eroded where they recognize that communities have genuine needs and rights and the capacity and willingness to be party to solutions.
- ⌘ There is a legitimate and credible role for an international NGO in rights-based advocacy, that is, in strengthening the capacity of civil society to advocate on its own behalf. International NGOs can also be instrumental in progressively pushing rights issues up to the attention of regional and national levels of government and into the international arena, for example via their access to media and other international networks.
- ⌘ There are significant differences between an implicit and an explicit approach to rights, not least of which are the practical considerations related to how CARE operates, including how it monitors and evaluates its impact.

ACRONYMS AND TERMS

<i>Batwa</i>	Pygmy tribe (Burundi)
CB	CARE Burundi
CBO	Community-based organization
CI	CARE International
CIDA	Canadian International Development Agency
CO	CARE Country office
CSO	Civil society organization
CU	CARE Uganda
CV	CARE Vietnam
DANIDA	Denmark's International Development Agency
DFID	UK Department for International Development
DFID/JFS	UK Department for International Development/Joint Funding Scheme
DIPECHO	
HLS	Household livelihood security
HLSA	Household livelihood security assessment
IDP	Internally displaced person
INGO	International Non-governmental Organization
IS	Institutional strengthening
LRSP	CARE's Long-range Strategic Plan
M & E	Monitoring and evaluation
MIS	Management information systems
PEAP	Ugandan Government's Poverty Eradication Action Plan
PLHA	Persons living with HIV/AIDS
PLUS	Promoting Linkages for Urban Sustainable Development Program (CARE India)
PRSP	Poverty Reduction Strategy Paper
R&R Matrix	Rights Responsibilities and Root Causes Matrix (Benefits-Harms Handbook)
RBA	Rights-based Approach
SCAPE	Strengthening Capacities for Transforming Relationships and Exercising Rights Program (CARE South Africa)
SO	CARE Sub-office
SPHERE	The SPHERE Project: Humanitarian Charter and Minimum Standards in Disaster Response
SPIDER	Institutional self-assessment used by SCAPE program, South Africa
STEP	Methodology for institutional strengthening (CARE South Africa)
UCP	Underlying causes of poverty