



Millennium Development

RIGHTS

How human rights-based
approaches are achieving the MDGs

Case-studies from the Australian
aid and development sector

2009



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Introduction

Millennium Development Rights presents case-studies illustrating the diversity of human rights-based development activities being undertaken by the Australian aid and development sector in achieving the Millennium Development Goals (MDGs). Sharing this knowledge aims to assist development organisations in Australia and abroad in developing more rigorous tools, processes and practices in implementing human rights-based development.

The case-studies also aim to highlight how a human rights-based approach adds value to international development by strengthening sustainability, accountability and effectiveness of MDG-related strategies. A human rights-based approach uniquely tackles the root causes of poverty by looking at relationships in terms of rights and responsibilities. With a human rights-based approach we can really Make Poverty History.

What are the Millennium Development Goals?

The MDGs are a fifteen-year action plan to tackle degrading poverty. Designed as eight tangible goals, together they aim to address the needs and rights of the world's poorest by 2015. The MDGs articulate the social, economic and environmental advances that are required to achieve sustainable gains in human development. The MDGs were adopted in the *United Nations Millennium Declaration* in September 2000.

The MDGs range from halving extreme poverty to halting the spread of HIV/AIDS to providing universal primary education. Collectively the MDGs represent an achievement in the challenge of tackling global poverty, bringing unprecedented focus, and have been signed onto by 189 world leaders and all the world's leading development institutions. Though not without their critics, the MDGs offer the best chance yet of ending the cycles that keep more than 1 billion people trapped in poverty.

The MDGs have captured the interest of policy makers around the world. In Australia, the MDGs have secured a prominent place in foreign affairs, aid and development policy. Since late 2007, the Australian Government has demonstrated its commitment to the MDGs by framing the aid program on the MDGs. Despite global economic uncertainty, the global political commitment to the MDGs must be upheld if advances in human development are to be secured.

The Australian Government will implement initiatives targeted at responding to the global recession and advancing the MDGs.

Mr Stephen Smith, Minister for Foreign Affairs
Mr Bob McMullan, Parliamentary Secretary for International Development Assistance
2009-2010 budget statement

The MDGs and human rights share a common purpose – to secure the freedom, wellbeing and dignity of all people everywhere.

Eradicating extreme poverty continues to be one of the main challenges of our time, and is a major concern of the international community. The Millennium Development Goals [aim to reduce] income poverty, hunger, disease, lack of adequate shelter and exclusion – while promoting gender equality, health, education and environmental sustainability. They also embody basic human rights – the rights of each person on the planet to health, education, shelter and security.

Ban Ki-moon
United Nations Secretary-General

What are human rights?

Human rights are a profound and powerful legal statement by the international community that assert the equality and dignity of all humans. Human rights recognises the need to protect and affirm every other person's individual dignity. Human rights, therefore, are what have been internationally agreed as minimally necessary for humans to live a dignified life. The most widely recognised statement of human rights is the *Universal Declaration of Human Rights* adopted in 1948 by the United Nations General Assembly.

Human rights norms can be found in international law, in the form of treaties, customary international law, general principles and other sources of international law. There are 9 core human rights treaties, which detail the obligations of governments to promote and protect the human rights of individuals and groups.¹

Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any map of the world. Yet they are the world of the individual person: the neighbourhood he lives in; the school or college she attends; the factory; farm or office where he works. Such are the places where every man, woman and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.

Eleanor Roosevelt
Champion, Universal Declaration of Human Rights

Human rights clarify and exemplify the relationship between a rights-holder (who often is a citizen of a country) and duty-bearers. Governments are usually the prime duty bearer under human rights law but businesses, NGOs, parents, community members and everyone also have duties and their actions or inaction can impact on the enjoyment of human rights of others.

Human rights are particularly relevant when addressing global poverty. Although all humans are equal in dignity, we are not all treated equally and we do not all have equal opportunity. Wealth is often linked with power and opportunity; this means that although poor people have the same rights as others, they are often excluded from, or do not have the opportunity to realise their human rights. Exclusion, discrimination and human rights violations all contribute to a cycle of poverty.

The high political profile of the MDGs helps galvanise efforts towards the achievement of some human rights – particularly the often-neglected social and economic rights.² Human rights add value to the MDG agenda because governments can be legally held to account to the human rights that underpin each of the MDGs.

Human rights relating to the MDGs

MDG	Key Related Human Rights Standards*
Goal 1: Eradicate extreme poverty and hunger	Universal Declaration of Human Rights, article 25(1); ICESCR article 11; CRPD, article 25(f), 28(b)
Goal 2: Achieve universal primary education	Universal Declaration of Human Rights article 25(1); ICESCR articles 13 and 14; CRC article 28(1)(a); CEDAW article 10; CERD article 5(e)(v); CRPD, article 9, 24
Goal 3: Promote gender equality and empower women	Universal Declaration of Human Rights article 2; CEDAW; ICESCR article 3; CRC article 2; CRPD, article 3(g), 6, 28(2b)
Goal 4: Reduce child mortality	Universal Declaration of Human Rights article 25; CRC articles 6, 24(2)(a); ICESCR article 12(2)(a); CRPD, article 9(a), 25
Goal 5: Improve maternal health	Universal Declaration of Human Rights article 25; CEDAW articles 10(h), 11(f), 12, 14(b); ICESCR article 12; CRC article 24(2)(d); CERD article 5(e)(iv); CRPD, article 9(a), 25
Goal 6: Combat HIV/AIDS, malaria and other diseases	Universal Declaration of Human Rights article 25; ICESCR article 12, CRC article 24; CEDAW article 12; CERD article 5(e)(iv); CRPD, article 9(a), 25, 28(2a)
Goal 7: Ensure environmental sustainability	Universal Declaration of Human Rights article 25(1); ICESCR articles 11(1) and 12; CEDAW article 14(2)(h); CRC article 24; CERD article 5(e)(iii)
Goal 8: Develop a global partnership for development	Charter articles 1(3), 55 and 56; Universal Declaration of Human Rights articles 22 and 28; ICESCR articles 2(1), 11(1), 15(4), 22 and 23; CRC articles 4, 24(4) and 28(3); CRPD, article 32

* Human Rights standards referred to in this table:

Universal Declaration of Human Rights 1948

Charter of the United Nations 1945

ICESCR – International Covenant on Economic, Social and Cultural Rights 1966

ICCPR – International Covenant on Civil and Political Rights 1966

CERD – International Convention on the Elimination of All Forms of Racial Discrimination 1965

CEDAW – International Convention on the Elimination of All Forms of Discrimination Against Women 1979

CRC – Convention on the Rights of the Child 1989

CRPD – Convention on the Rights of Persons with Disabilities 2006

SOURCE: ADAPTED FROM UNITED NATIONS, OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS³

Despite the natural fit between the MDGs and some specific human rights standards⁴, there is a need to further these links by highlighting how a human rights-based approach can and is assisting in meeting the MDGs.

What is a human rights-based approach?

A human rights-based approach is different to other traditional approaches to delivering aid and development (such as a needs-based or charity approach) as it views poverty as a direct result of disempowerment and exclusion.

A human rights-based approach specifically highlights the human rights entitlements of people and the corresponding obligations of governments, and encourages empowerment, participation and capacity building with local communities so that vibrant civil societies can hold their governments to account.

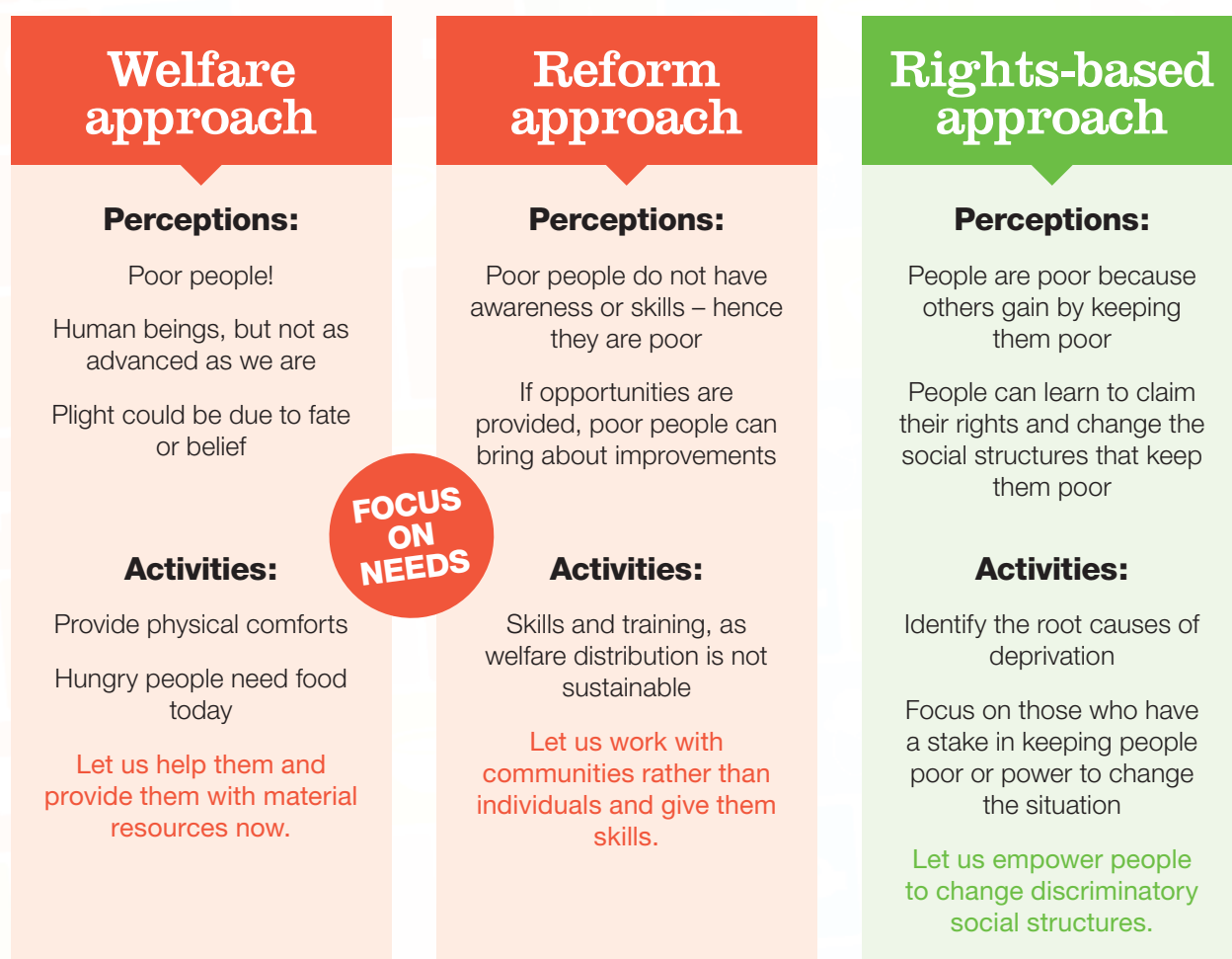
Therefore, human rights-based approach to development refers to a framework for human development that is based on international human rights laws and operationally directed to promoting and protecting human rights.⁵ A human rights-based approach is as much about *how development is done* as about *what is done*.

For too long the development debate has ignored the fact that poverty tends to be characterized not only by material insufficiency but also by denial of rights. What is needed is a rights-based approach to development. Ensuring essential political, economic and social entitlements and human dignity for all people provides the rationale for policy. These are not a luxury affordable only to the rich and powerful but an indispensable component of national development efforts.

United Nations Commission for Social Development
Thirty-sixth session February 1998

According to the United Nations Development Program, a human rights-based approach enables better development outcomes by analysing and addressing the inequalities, discriminatory practices and unjust power relations which often obstruct human development.⁶

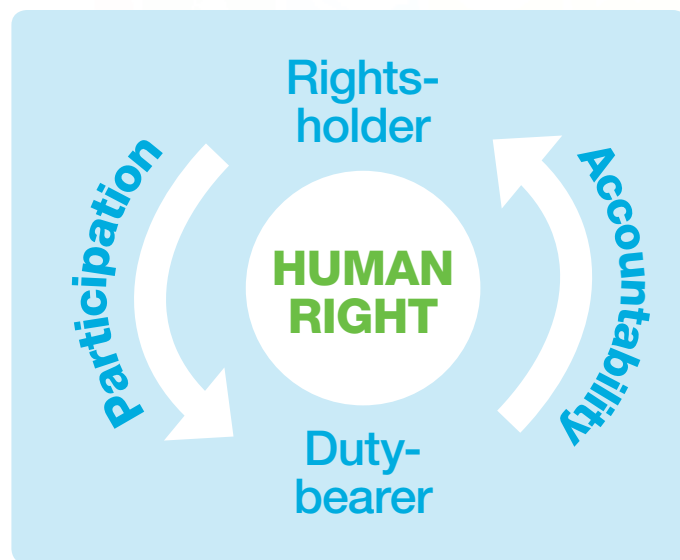
Comparison of development approaches



SOURCE: DIAGRAM ADAPTED FROM ICIMOD, ADVOCACY STRATEGIES AND APPROACHES: A TRAINING OF TRAINERS MANUAL, 2008.⁷

How does a human rights-based approach assist in meeting the MDGs?

A human rights-based approach to development uniquely focuses on the root causes of poverty and the achievement of the MDGs by viewing the relationship between rights-holders and duty-bearers as an exercise of power and law. This relationship requires participation from rights-holders in the decision making processes of the duty bearer and that duty-bearers are accountable to rights-holders for all human rights. This relationship enables the MDGs to be seen in terms of rights and duties and provides clarity on the responsibilities of individuals, governments and development organisations.



The MDGs are powerful because they are specific in scope (focusing on eight important development areas) and timebound. They have strength in being more pragmatic than idealistic. The MDGs mobilise policy makers and development practitioners who want to *really do something* about the enormous task of global poverty.

However, the MDGs are limited in their approach which might adversely impact development outcomes. For example, the MDGs are voluntary, top-down, narrow in focus, and discriminatory in the sense that the MDGs do not aim to eradicate poverty for everyone.⁸ The MDGs also do not expressly recognise the structural impediments which keep people trapped in poverty

A human rights-based approach to development can strengthen the MDG agenda by:

1. promoting **sustainability** by ensuring local participation and empowerment, and specifically identifying the most marginalised in the community
2. promoting **accountability** by emphasising legal obligations and influencing government action
3. promoting **effectiveness** by linking the MDGs with a broader range of human rights that impact on development outcomes.⁹

The human rights-based approach is practiced both implicitly and explicitly by many development organisations. In recognition of its impact, a human rights-based approach is also used by the United Nations¹⁰ and several other major national donors.¹¹ There is an opportunity for the Australian Government and the Australian development sector to build on experience, and make a greater effort to develop the policies and practices of a human rights-based approach, to achieve the MDGs.

How does the Australian aid and development sector link human rights with the MDGs?

A human rights-based approach to the MDGs is not the sole domain of governments! Although, governments bear the ultimate responsibility for the realisation of human rights and the MDGs, aid and development NGOs also have an important role to play in promoting human rights in their work with communities and in holding governments to account for their human rights responsibilities.

In 2009, ACFID released *Rights in Sight*, the report of its consultation with organisations from the Australian aid and development sector¹² on the integration of human rights and development. *Rights in Sight* found that many Australian aid and development NGOs have adopted approaches that aim to empower individuals and communities to hold their governments to account to their human rights obligations. This is the foundation of a human rights-based approach. NGOs often use different terms to explain the approach they take to development, including terms like demand-led, community-centred, civic-driven or transformational

development. This diversity of language reflects different organisational values and processes but the approaches are largely consistent with the human rights-based approach.

The human rights-based approach is a flexible tool that is used by NGOs in different contexts and to address different needs and priorities. This flexibility is a strength but also makes it challenging to describe exactly what a human rights-based approach looks like in practice. For example, development practitioners debate about whether a human rights-based approach supports direct service delivery (such as the provision of bed nets) or prefers an advocacy focus (where communities are empowered to train each other on health and hold their governments to account for delivering needed health services). This is an important question. However, good development practice demands that the answer depends completely on the context and often includes both.

For instance, if people are dying of malaria then bed nets are a crucial first step in stopping the spread of malaria. To make a malaria program sustainable, bed nets are not enough; stagnant water needs to be eradicated, vulnerable populations such as children and the elderly need their susceptibility addressed, spraying may be required and ultimately the bed nets will need to be repaired. All these aspects require community involvement. Education campaigns need to be conducted, children need to understand the risks and how to combat them. These are just some examples of how a community can be given the knowledge and experience to stop this threat.

However, a human rights-based approach goes further than providing the community with knowledge and experience about a particular issue, and directly tackles sources of power. The role of governments in providing bed nets, education, health services and preventative programs must also be considered. The amount of money that governments allocate to addressing and preventing malaria should be analysed and social budgeting processes encouraged. Sources of power in communities that prevent the right to health from being enjoyed must also be addressed.

Therefore, many Australian development organisations have an opportunity to add to the value of their work in empowering communities by having a greater role in directly or indirectly supporting governments, institutional processes and participatory mechanisms to establish and implement appropriate and encouraging services and policies.

How can the Australian aid and development sector further implement a human rights-based approach?

Many Australian aid and development organisations are currently considering how they can be stronger human rights-based organisations. A human rights-based approach asks aid and development organisations to fully integrate human rights in all aspects of development work.

A human rights-based approach can be implemented in a number of different ways, including by:

- implementing policies and practices
- undertaking specific human rights activities
- mainstreaming human rights across programs
- implementing human rights programming tools
- ensuring human resources and learning deal with human rights
- undertaking emergency and protection work
- undertaking and supporting advocacy
- using human rights language in communications and marketing.

Five simple steps an organisation can take to become a stronger human rights-based development organisation are:

1. adopting and implementing a human rights policy
2. developing and implementing a human rights training program for staff
3. conducting a human rights situation analysis for programs and projects
4. establishing a referral process for referring communities and individuals to other organisations to address issues beyond the organisation's mandate
5. establishing a grievance procedure for communities and individuals to hold the organisation to account.

See page 31 for a longer list of potential human rights-based activities.

ACFID will be releasing a toolkit on the implementation of a human rights-based approach for aid and development organisations in 2010.

By reading the following case-studies, ACFID aims to encourage discussion and peer learning within organisations about how their organisation can implement and bring meaning to human rights in their development activities.

Case-studies on a human rights-based approach to the MDGs



MDG 1 End Poverty and hunger

A human rights-based approach requires that the needs of the most vulnerable be met. The United Nations treaty system has specifically highlighted that people of different races, women, children, people with disabilities and migrant workers need their rights promoted and protected in specific ways. This case-study demonstrates how a human rights-based approach to MDG1 asks us to

consider how issues like disability impact on poverty and to support duty-bearers and rights-holders in the realisation of human rights. Mrs Huong's story shows how health service delivery is linked with her empowerment to earn a living and support her family's needs. Some of the human rights relevant to this case-study include the *right to health* (art 25, CRPD, art 12, ICESCR) and the *right to an adequate living standard* (art 25, UDHR, art 11, ICESCR).



The socio-economic impact of cataract surgery in Vietnam

Blindness is both an underlying cause and consequence of poverty for many people across the world. It affects not only a person's ability to work and provide for their household, but also creates a high burden of care on their family. For some, this means that family members stay home from work or school to act as carers. This has a real impact on families who are already living close to or below the poverty line.

The Fred Hollows Foundation supports the Government of Vietnam to implement the global avoidable blindness initiative: **VISION 2020 – The Right to Sight**. **VISION 2020** is a joint initiative between WHO and the International Agency for the Prevention of Blindness (IAPB). A key part of this initiative has been to advocate for governments to recognise avoidable blindness as a key development issue and then provide support and resources for the implementation of national programs. The Government of Vietnam has prioritised avoidable blindness as an issue, and has already developed a National **VISION 2020 Plan**.

The Fred Hollows Foundation has supported the implementation of this Plan across Vietnam, through the strengthening of sustainable health systems; the capacity building of government medical teams at Provincial and District levels to perform high quality, low cost cataract surgery; and through providing essential ophthalmic equipment to various eye care facilities. The Foundation trains medical teams to currently perform around 10,000 cataract surgeries per year, with a focus on the poorest and most marginalised. Of these, approximately 1,500 cataract surgeries are undertaken through projects supported through AusAID funding.

One of the participants in this program was Mrs Huong Nguyen Thi from the Long Ho district of Vinh Long province, Vietnam. Mrs Huong was a tailoress before she became blind from cataracts at only 49 years of age. Her condition meant that she had to stop work and stay at home. Following successful cataract surgery, Mrs Huong was able to return to work and provide a valuable income for her family. A socio-economic impact study undertaken by The Fred Hollows Foundation¹³ showed that for patients such as Mrs Huong, the average monthly income following surgery

was in most cases equivalent to the cost of cataract surgery subsidy for the individual. This suggests that cataract surgery is highly cost effective in Vietnam.

Following cataract surgery, 87% of patients reported that they no longer required care from family members, freeing themselves and their family members to take up paid income opportunities. Patients such as Mrs Huong also reported improved ability to take care of themselves (99%), do work around the home (94%), and see their relatives (93%).¹⁴



A human rights-based approach emphasises accountability of governments while at the same time empowering local communities. This case-study demonstrates the importance of empowering communities to be self-reliant and able to take action to meet their own human rights but also to place such struggles in a broader community and international context. Therefore, the case-study also illustrates that a human rights-based approach to development encourages the participation of individuals in decision-making processes and requires the impact on the *right to food* by powerful institutions, including governments, international trade, agricultural policies and the United Nations, to be addressed. Some of the human rights relevant to this case-study include the *right to an adequate living standard including the right to food* (art 25, UDHR, art 11, ICESCR) but also the *right to participation* (art 27, UDHR, art 7, CEDAW, art 25, ICCPR).



Food – the fundamental right in Uganda

Caritas Australia advocates for governments to accept their responsibility to work towards solutions that will stabilise fluctuating food prices which contribute to food crises and advocates for improvements in local markets in preference to the dominant focus of recent decades upon international trade.

Caritas Australia also encourages its supporters to advocate to the Australian Government to ensure Australia's Agricultural Trade policies are formulated on the basis of the right to food, that the United Nations World Food Program incorporate the 'fundamental right to food' in their policy documents and that the United Nations Food and Agricultural Organisation maintains its independence from control by multinational agribusinesses.

Through the Northern Uganda Sustainable Agricultural Program, Caritas Australia promotes the right to food and food sovereignty.

Throughout her adult life, Teopista worked very hard with her husband to provide for their seven children. Yet often, particularly in the hungry season, their family ate just one meal per day.

With funding from AusAID, Caritas Australia initiated a Sustainable Agriculture Program in Eastern Uganda. Today, the Sustainable Agriculture Program assists

900 subsistence farming families and provides practical training in sustainable land and resource management to improve their household food security and to increase their incomes.

Teopista joined one of the program's small farmer groups and learnt to maximise the use of her small plot of land. The farmer groups empower individuals through peer to peer learning, provide important information on improving nutritional value and have become an important source of capacity building in the community.

Initially the program provides seeds, seedlings and tools to ensure nutritional requirements are being met. The program then extends to providing water tanks which community groups make themselves and share with the participants in the program. Further a cow 'hand-on' scheme increases protein in the diet and allows for extra income through selling the surplus milk produced. Caritas Australia has found that assisting communities to attain their basic needs builds important trust between the donors and the recipients and fosters a stronger partnership.

Deforestation in the area was prevalent as people sought firewood for their cooking. The introduction of energy efficient stoves, built with locally available materials reduced the demand for fuel and combined with a growing understanding of the environment and its relationship to healthy ecosystems has greatly improved the quality and quantity of water available.

Increased incomes of the farming families increased school enrolments and reduced the number of hours children worked on their farms. Additionally the increased participation and confidence, garnered through closer community collaboration has built a stronger sense of community ownership and the ability for women, like Teopista, to influence community decision making. Teopista has recently been elected as a local councillor, unthinkable for a woman from Uganda who is educated only to primary school level. Teopista attributes her new found standing in the community to the support and trust garnered through her involvement with Caritas.

The community groups in Uganda developed through the Sustainable Agriculture Program supported by Caritas Australia now link up with other local and regional community groups where they have regular trading days. This has further strengthened the relationships and promoted a more peaceful coexistence in a region that has suffered a massive impact due to the HIV epidemic in the 1980s and 90s leaving a large number of child-headed households, widows and elderly caring for their orphaned grandchildren. Teopista has played an important role in establishing Good Samaritan Clubs that assist the HIV affected members of the community and is educating participants in rights and governance issues.





MDG 2 - Universal education

A human rights-based approach to development requires that individuals are treated as rights-holders not as objects of charity. MDG2 is not simply about building schools and providing teachers, a human rights-based approach requires that development organisations ensure that children are not excluded from school and address the issues that keep children from school. This case-study demonstrates that trafficking is a human rights abuse and the

governments, including the Australian Government, must take action to prevent this human rights abuse. The most relevant human right to this case-study is the right to an education (art 26, UDHR, arts 13-14, ICESCR, art 5, CERD, art 28, CRC).



Anti-trafficking support in Burma (Myanmar)

Aung Aung was born in Yangon, the biggest city of Myanmar. At the age of six, Aung, was taken to Thailand by his father who opened a new shop in the border town of Maesot. Aung's mother remained in Yangon. Although Aung should have been attending primary school, he worked with his father in the shop.

Some years later, Aung's father remarried but Aung's new stepmother did not treat Aung well. She made him sell flowers and beat him when he did not earn enough. Not able to stand the treatment from his stepmother anymore, Aung ran away from home and lived on the street in Thailand.

'Sometimes I worked. But many times I begged. I slept on buses, but with fears from bullies and police.'

After a few months on the street, Aung was caught by the Thai police.

'At first I was really afraid. But later felt ok, because they didn't put me in jail but sent me to a place where people help children like us.'

Aung was cared for first by a Thai NGO, Pakkret Home. However, with assistance from World Vision Myanmar's anti-trafficking department Aung was able to return to Myanmar, with cooperation from Myanmar and Thai government staff.

Aung Aung could not fully enjoy his reunion with the family in Myanmar, because after more than five years away from home in a foreign country, Aung could speak Thai but not the Myanmar language. To make matters worse, many schools did not accept Aung as he could not speak Myanmar. Eventually, Aung was accepted to a school and World Vision continues to support Aung's education.

With some funding from AusAID, World Vision Australia funds programs in Southeast Asia and South Asia to provide rehabilitation and support for children who have been the victims of trafficking and abuse.

World Vision Australia's experience working with victims at a community level has also been translated in policy and advocacy work. World Vision Australia's anti-trafficking work is based on the recognition that trafficking occurs as a result of the abuse or neglect of an individual's human rights. Therefore, World Vision



Australia works with governments to prevent human trafficking, and protect the rights of victims, as well as support to the prosecution of traffickers.

World Vision Australia continues its human rights-based approach in Australia with its Don't Trade Lives Campaign. The Don't Trade Lives Campaign encourages Australians to take action to combat human trafficking and slavery, and advocates for the Australian Government to ensure an integrated anti-trafficking policy environment in the Asia Pacific region and for the global chocolate industry to eliminate exploited labour from cocoa production by 2018.

Equality and non-discrimination are core human rights principles. In order for a human rights-based approach to meaningfully support equality and non-discrimination, marginalised and excluded people must be specifically targeted in development programs to, as this case-study demonstrates, be provided with their right to education and be supported to address structural barriers to inclusion. The most relevant human right to this case-study is the *right to an education* (art 26, UDHR, arts 13-14, ICESCR, art 5, CERD, art 28, CRC). Importantly, the *right to education for people with a disability* is emphasised in art 24, CRPD.



Disability inclusive education in Cambodia

For 30 years, the Baptist World Aid Australia response to promoting primary education was through the provision of direct assistance to children, in the form of school fees, school books, bags, uniforms and tutorial support. Since 2000, there have been fundamental shifts in Baptist World Aid Australia's approach to development, which required implementing partners to transition from a welfare model to a community development model, integrated with direct child benefits. In 2007, programs staff began looking at current partner activities, past evaluations, and best practice in the field of development, with the view to developing an improved program approach, which promoted a child's right to education, but did not involve Baptist World Aid Australia paying to send that child to school.

Now, instead of providing designated opportunities for selected children, Baptist World Aid Australia has embarked on a process of developing Child Centred Community Development (CCCD) initiatives with partners, which recognises that every child has the right to reach their full potential through all kinds of education (formal and non formal), to develop the child's personality, talents and abilities to the fullest. These include quality primary education as well as the right to relax and play, and join in a wide range of cultural, artistic and other recreational activities.

One of the main differentiating factors in this new approach is the intent to empower families and communities to recognise and fulfil their responsibilities; and preventing the partner agency from usurping the role of duty bearers. This removes the option of a partner agency paying for individual school fees and books, but instead requires alternative activities that improve access and quality of educational opportunities, such as support for parents associations, or supporting advocacy initiatives for improved educational facilities and resources.

At the end of a forty-minute drive along a dusty road from the centre of Phnom Penh is Serey Deh Doh Primary School. In October 2007, this local school opened up one of its classrooms to allow seven children with disabilities to attend a mainstream school for the first time. This special program is the result of a two-year campaign with the school and education department, initiated by the Cambodian Non Government Organisation (NGO), National Centre for Disabled



Persons (NCDP), a partner of Baptist World Aid Australia.

The Government of Cambodia has signed the UN Convention on the Rights of Persons with Disabilities; however, according to the NCDP Director, Mr Yi Veasna, they are yet to adapt national laws to fully implement their commitment. The Convention expects signatories to ensure that children with disabilities have equal access to educational opportunities, including free primary education. Serey Deh Doh Primary School is now one of only a few schools in Cambodia that is fulfilling this responsibility.

Yi Veasna explains to us that it is important for children with disabilities to be integrated into the public school system, rather than being isolated in a separate centre. This provides children with a healthy sense of identity and enables them to participate in

cultural and social activities to foster community support. The program challenges common attitudes, in a society where people with disabilities are considered objects of charity requiring protection or exclusion. Instead, the program encourages adults and children with disabilities to be seen as active and valuable members of society, capable of claiming their rights.

In the classroom we meet four brothers, three of whom are living with multiple disabilities. Before the brothers attended Serey Deh Doh Primary School, the program was facilitated at their home, with a teacher and resources provided by NCDP. This family has been a strong example to the wider community about the importance of all children having the opportunity to obtain an education which will enable them to reach their full potential.

This progress, however, has not been without opposition and the school's Head Teacher, Mr Ho Lay, recalls how the children and parents were concerned about the introduction of the program. 'At first, the children were afraid of the disabled students, because they were unable to communicate. The parents felt that the disabled students would disturb [the education of] their children,' he said. Most of these issues now appear to be resolved, and the students are playing and working together. The positive relationship that NCDP established with the District Education Office and the Ministry of Education gave Mr Lay the confidence that he needed to collaborate with NCDP on the program and now he hopes that his school will serve as a model for other schools in the country.

Education for students like these brothers has the potential to reduce poverty and inequalities laying the foundation for children with disabilities to be active citizens. Baptist World Aid Australia promotes educational opportunities that enable education structures, systems and methodologies to meet the needs of all children in the community.



MDG 3 – Gender equality and empower women

A human rights-based approach emphasises that individuals have a right to participate in the processes that impact on their lives and that opportunities for women's participation in development activities must be provided. One indicator for MDG3 is the share of women in wage employment in the non-agricultural sector. This case-study demonstrates that by supporting the rights of women

and addressing violence enables women to seek out waged employment. Some of the human rights relevant to this case-study include the *right to participation* (art 27, UDHR, art 7, CEDAW, art 25, ICCPR), the *right to be free from discrimination* (art 2, UDHR, art 2, CEDAW), the *right to work* (arts 23-24, UDHR, art 6-7, ICESCR, art 11, CEDAW) and the *right to health* (art 25 UDHR, art 12, CEDAW, art 12, ICESCR).



Promoting rights for refugees on the Thai Burma border

With funding from AusAID, Act for Peace partners with 11 other international organisations to make up the membership of the Thailand Burma Border Consortium (TBBC). TBBC provides food, shelter, and non-food items to 135,000 refugees living in nine camps on the Thailand-Burma border. TBBC also supports programs which enhance the long-term self reliance of the refugees, and undertakes research into the root causes of displacement. In addition TBBC works alongside other agencies providing access to services addressing the refugees' human rights to healthcare, education, legal support, and livelihoods.



Camps on the Thai-Burma border are unique in that they run by the refugees themselves. For close to 25 years, refugee committees have taken responsibility for all forms of camp management. This model of camp management recognises the refugees' skills and affords them the dignity of maintaining some authority over their own lives. Culturally, the model also allows the refugees to maintain a community environment close to that which they would experience in their homeland, maintaining and preserving their natural social structures for the time when they are able to return home.

In support of MDG 3 – to promote gender equity and empower women – TBBC works with camp residents to help them identify and address gender issues existing in the camps. Displaced and refugee women from Burma are heavily involved in supporting their peoples' long struggle for peace but traditionally women mostly remain outside of the main decision-making bodies, including camp committees. Through education and training in human rights, income generation, capacity development and international networking, women continue to raise awareness amongst the camp population so that women's rights can no longer be ignored. Although wage earning positions are almost non-existent in the camps, in the past few years the women's organisations have actively sought ways to improve women's participation in all aspects of their society, including positions for which stipends are paid.

TBBC endorses these activities by providing support to women designing and implementing initiatives to address the issues raised. For example, over the last few years TBBC has supported a longyi (traditional clothing) weaving project, and camp nursery schools run through the Karen Women's Organisation. There is a continued focus on implementing the Humanitarian Guidelines for Gender-based Violence

Interventions throughout all of TBBC's programs, and TBBC has recently reviewed action plans for implementing the guidelines in food and nutrition, in particular to enhance women's control of food in food distributions. In addition, sexual and gender-based violence reporting systems have been in place since 2003, and TBBC works with other NGOs to improve the services available to victims of sexual and gender-based violence.

Act for Peace also supports local programs within Burma that focus on strengthening social infrastructure, enabling marginalised and displaced communities to address injustice and poverty. In Australia Act for Peace continues to work alongside the Government to encourage policy change for sustainable improvements to human rights in the Thai-Burma border refugee camps, in particular access to livelihoods activities, healthcare and education.

This case-study below demonstrates the inter-connectedness of rights – the right to work and income generation, the right to education will impact on whether a woman is able to realise her right to participate formally in decision making processes. A human rights-based approach to MDG3 asks organisations to consider the different context in which the right to education can be achieved – in this case the role of informal education for women must be recognised. Some of the human rights relevant to this case-study include the *right to education* (art 26, UDHR, arts 13-14, ICESCR, art 10, CEDAW) and the *right to be free from discrimination* (art 2, UDHR, art 2, CEDAW).



Women's empowerment in Nepal

The Adventist Development & Relief Agency (ADRA) Nepal has been running a women's empowerment program for the last 16 years. ADRA Australia has supported this work since 1999. Initially ADRA facilitated a 'Non-formal Education Program' where more than 25,000 women graduated. ADRA then realised that literacy alone was not sufficient to empower women, and that a more comprehensive program should be developed. Among other things, women lacked influence on decision-making and access to financial resources. Therefore, ADRA started integrating non-formal education with microfinance and income-generating activities, and included some elements of health, gender equality issues and natural resource management.

Many women's savings groups were formed laying the foundation for collaborative learning to improve skills and empower rural women. The combination of the women's savings, the enhanced technical and management skills, and link with larger financial institutions and local government helped to facilitate the process for the women's groups to be amalgamated into registered Savings and Credit Cooperatives (SCCs). These are now sustainable micro-finance institutions managed by women for women. Some SCCs currently have more than 800 members and more than AUD200,000 in savings. With higher self-confidence, access to financial resources and improved skills, women have become much more respected in the communities and have much more decision-making power at the household and community levels.

Currently, in partnership with the Kavre District Women's Development Office, ADRA is implementing a program titled Leadership and Good Governance. This program is working with existing women's cooperatives and group members to strengthen and further empower them to develop community development projects in collaboration with male leaders. Women and men leaders are learning how to design, implement, monitor and evaluate community projects and to mobilise communities to access government or private funding.





MDG 4 – Child health

A human rights-based approach recognises that the governments have responsibilities to ensure the realisation of rights for their people. Indonesia, along with almost every other country in the world, has committed to the *Convention on the Rights of the Child*, which creates a specific legal obligation for the Indonesian Government to ensure that children enjoy the highest attainable standard of health. The Convention also highlights the important role of parents in securing the rights of their children. This case-study demonstrates

that ensuring the Government, even at a local level, has a critical role to play as duty bearers by ensuring that their Integrated Health Posts (*Posyandus*) function effectively and that parents are appropriately supported. The most relevant human right to this case-study is the *right to health including food and medical care* (art 25, UDHR, art 11, ICESCR, art 24, CRC).



Community managed nutrition in Indonesia

Under-nutrition among children under five years old remains a major issue in Indonesia, particularly in the Eastern provinces. To address this in two target districts Plan is focused on three groups; parents, community-based primary health care services and district health bodies, who all owe a duty to ensure the right to health for children.

Evidence shows that under-nutrition occurs not only in areas that face structural food insecurity, but also related to traditional dietary habits, taboos, cultural issues or social factors. Many cases were found where parents lacked adequate knowledge and skills, specifically in selecting and preparing food, to achieve and maintain proper nutrition.

In the late 1980s, the Pos Pelayanan Terpadu (*Posyandus*) or Integrated Health Posts were introduced at the grassroots level, intending to make basic preventive health services accessible to children and women of reproductive age. *Posyandus* provide a range of services necessary for child survival and development. Unfortunately, in many places the *posyandus* function poorly, if at all, depriving people of their right to basic health services.

These three areas – family knowledge, government resourcing and under-performing health posts – have been targeted by Plan's project. Through a combination of capacity building and building on existing community knowledge the project aims to contribute to a reduction in the percentage of boys and girls under 5 years old (under-fives) who are classified as undernourished in two target districts. This will be done by:

1. improving the performance of an anticipated 60 *posyandus* through assessment, improvement plans, training and strengthening of activities
2. increasing capacity of professional health workers to provide nutrition services to pregnant women, lactating mothers, and under-fives
3. increasing the number of parents/caregivers who have appropriate knowledge and caring practices for under-fives, through awareness raising, resources, targeting vulnerable households, establishing peer support groups, and identification and promotion of positive indigenous knowledge and practices
4. enhancing local government's commitment and investment to nutrition programs at all levels through an advocacy strategy targeting village, district and national levels and supporting the existing co-ordination groups.

Plan recognises that there are additional factors, such as water and sanitation facilities, food security, not addressed above that affect children's under-nutrition, which will be addressed in the program target area by existing Plan programs and programs from government and other I/NGOs operational in the districts.



A human rights-based approach emphasises community participation in decisions that affect people's lives. This next case-study demonstrates how the processes by which aid and development work is undertaken is crucial in supporting participation and empowering people, particularly women. This means that development organisations need to tailor their methods to ensure the participation of communities and the integration of communities' important values and beliefs. Some of the human rights relevant to this case-study include the *right to health and an adequate standard of living* (art 25, UDHR, arts 11-12, ICESCR, art 24, CRC).



Health and housing in Sri Lanka

Oxfam Australia's rights-based approach focuses on the extremely poor within communities. Shanika was four when her family was selected to receive a new house through Oxfam Australia's low-cost housing project in Sri Lanka. Shanika's old house was substandard, had no door, and denied her right to adequate housing. It was also located on land belonging to the Department of Archaeology and, therefore, they could have been asked to vacate at any time. Shanika also had frequent respiratory illness due to dust blown into the house and often required medicine and visits to hospital.

The new house was constructed by using a thorough consultation process and on

land that has been granted to the family by the local authorities. The title is in Shanika's mother's name to ensure that at least she, and most likely Shanika and her siblings, could not be evicted at a later date due to family breakdown or other reasons. Shanika's mother, Dayawathie, is also hopeful that Shanika's respiratory problems will improve when they move into the new house, as she would be less exposed to wind and dust. She said that then the family would be able to spend less on health care.

Community subcommittees were established that developed a list of the poorest people in Shanika's community to receive new housing. Community members could also nominate themselves. Oxfam Australia applied its 'poverty checklist' to assess the potential housing recipients. The final list of families, including Shanika's family, was put to a meeting, open to all community members, for discussion and objection. Each family was then provided with a choice of three different living plans but, families were able to modify the design within the budget.

Oxfam Australia reflected on their approach to the housing initiative in Sri Lanka and noted that it was extremely difficult to ensure that adequate community consultation remained central as it was often seen as unnecessary by authorities at all levels. Oxfam Australia therefore, employed a variety of innovative methods to ensure full participation and ultimately empowerment of the house owners throughout the process. For example, the construction of low-cost houses was principally a technical intervention. This required engineers, building contractors and in some cases architects and surveyors, most of whom had little experience in discussing technical matters with community members. Oxfam Australia addressed this challenge by assigning community mobilisers to work alongside the engineer, to facilitate community consultations and ensure that community preferences were taken into consideration.

In Oxfam Australia's program review, it was noted, 'the engineer himself initially experienced extreme frustration that he was not allowed to simply get on with his job, which led to tensions with other staff. However, to his credit, the engineer gradually opened up to new ways of working and actually became excited by the knowledge that he was gaining from discussions with communities – to the extent that he designed an extension to his own house to comply with Vashtu principles.'

Vashtu principles are design features tied to traditional beliefs that protect a person's health and promote spiritual and emotional harmony.



MDG 5 – Maternal health

A human rights-based approach encourages poverty and development issues to be seen as human rights abuses. This case-study demonstrates the use of labelling a development issue such as maternal mortality as a human rights violation. By using human rights language, the gravity of the situation is acknowledged and the international community and governments are further mobilised to address this issue. Some of the human rights relevant to this case-study include the *right to an adequate standard of living including special care and assistance in motherhood*

and childhood (art 25, UDHR), the *right to the highest attainable standard of health* (art 12, ICESCR, art 24, CRC) and the *right to be free from discrimination in the field of health care* so that all women have appropriate services in connection with pregnancy, confinement and the post-natal period (arts 12, 14, CEDAW)

**AMNESTY
INTERNATIONAL**



Making pregnancy and childbirth safer in Sierra Leone

Women face a higher risk of dying in childbirth in Sierra Leone than almost anywhere in the world. Thousands of women die every year. Amnesty International Australia works to raise awareness of this issue, not just a health emergency – but as a human rights scandal.

'It was midnight, too late, we were out on the street going round for loans. We were confused and tormented. No vehicle was available.'

Kumba Dabor describes the night that her sister, Hawa Dabor, died. Hawa Dabor went into labour in the early evening of 19 March 2008, and walked to the health centre in her village. She was carrying twins – which hadn't been detected in her ante-natal checks. The nurse told her that she needed to go to the hospital in Kabala, but she died at 2.30am, before her family could find the necessary transport and money.

Alhassan, Hawa's husband, explains his loss.

'I'm still out of my senses with grief. She was my partner and we confided in one another. I miss her very much. I am determined to do what I can now to prevent this from happening to anyone else. What can I do?'

Women like Hawa Dabor, are losing their lives because of pregnancy complications that can be readily treated. With proper medical treatment at the right time, their lives can be saved. The key interventions that reduce maternal mortality are skilled birth attendance, emergency obstetric care and referral networks, together with access to family planning.

In spite of an official government policy adopted in 2001 that medical care for pregnant women and children under-five should be free, the Sierra Leone Government has taken no steps to make this a reality. Financial cost remains a major barrier preventing women from obtaining vital health care.



Amnesty International Australia is advocating for the government of Sierra Leone to:

- ensure the essential minimum levels of health care for all, including reproductive and maternal health care, and seek international co-operation and assistance where necessary
- implement the policy of providing free health care to pregnant women
- improve women's health awareness, including knowledge of their right to emergency obstetric care
- enhance monitoring of the health care system to ensure accountability.

In late September 2009, Amnesty International's campaign caravan toured Sierra Leone, spreading the news of the campaign, acting as a vehicle for education, information and debate and starting a process of empowerment of communities, especially women and girls. Events consisted of a theatre performance, film show, as well as music and debate.

A human rights-based approach highlights the relationship between duty-bearer and rights-holder. This case study demonstrates that under a human rights-based approach, governments can be supported to take action and deliver the right to health in accordance with MDG5. Some of the human rights relevant to this case-study include the *right to an adequate standard of living including special care and assistance in motherhood and childhood* (art 25, UDHR), the *right to the highest attainable standard of health* (art 12, ICESCR, art 24, CRC) and the *right for special protection and assistance to families, mothers and children* (arts 10, ICESCR, art 23, ICCPR).



Save the Children

Sayaboury Primary Health Care Project, Sayaboury Province, Laos

Sayaboury Province is a remote, mountainous province situated between the Mekong river and the Thai border in the north west of the Laos. The total population is 341,269 with more than 30 ethnic minority groups living in 559 villages in 10 districts. It is one of the least developed provinces in a country with human development indicators that are the worst in Southeast Asia and amongst the worst in the world. Laos is ranked 142 out of 177 countries (2007)¹⁵ in the United Nations human development index (HDI). Remoteness and poverty constitute major physical and economic barriers in access to social services such as education and health. While overall poverty has declined in Laos during the last decade, as in many other parts of the world, poverty in Laos is exacerbated by growing inequality. Overall, the incidence of rural poverty is 41% compared with 29% in urban areas.¹⁶ In particular, health indicators more resemble those in sub-Saharan Africa than other countries in Asia. The major causes of mortality and morbidity include malaria, respiratory illnesses and diarrheal diseases.

In partnership with the Ministry of Public Health, Laos, Save the Children began to implement a comprehensive primary health care project in 1992 in two districts of Sayaboury Province. As a result of this program, nearly all (94%) of Sayaboury's population now live within 5 kms of a health facility. District and mobile community health workers have received training in managing childhood illnesses.

Demand for maternal and childhood health facilities has increased, since more female health staff were employed. Purpose-built maternal and child health centres at district hospitals has resulted in a large increase in births attended by trained health workers.

Trained village health volunteers and traditional birth attendants now work in virtually every village and receive support, supervision and additional training when required. Breast feeding rates and infant nutrition dramatically improved and the number of neonatal tetanus cases declined as a result of these measures.

Save the Children's evaluation of the health program found:

- the health system adopted a culture of 'continuous learning' and used international 'best practice' approaches to training
- demand for the health facilities in the province tripled from 1996 to 2003
- modern contraception use was double the national average
- bed nets to prevent mosquito-borne diseases were used by three-quarters of households in 2003 compared to just a quarter of households nationally
- oral rehydration salts used to treat diarrhoea have been used correctly in more cases
- the median age of giving infants formula in addition to breast milk increased
- exclusive breastfeeding rates at four months increased from 28% in 1999 to 66% in 2004.

Save the Children has also introduced other development projects in Sayaboury province, such as teacher training, water and sanitation, agriculture, micro-finance and HIV and AIDS treatment. Although the maternal and child health projects have not been formerly evaluated, it is likely they have substantially contributed to improvements demonstrated in this region.

Laos, like many other countries, has expanded its budget and planning responsibility to the community level, which has strengthened district-level programs. In a WHO bulletin case study on the program, it was argued that donors should align programs with Lao government national priorities to strengthen their implementation. The report recommended that other Lao provinces adopt community health approaches used in Save the Children's project. Save the Children is promoting the success from the primary health care project in Laos. The organisation will push for a national task force to develop the maternal and child health and immunisation program Core Package and National Strategy in Laos.





MDG 6 – Combat HIV/AIDS, malaria and other diseases

For international human rights standards to have meaning, they must be implemented in local legal and policy frameworks. Therefore, a human rights-based approach must consider how laws and policies impact on the realisation of human rights. By addressing the *right to the highest attainable standard of physical and mental health for all people, including people who inject drugs* (art 25 UDHR, art 12,

CEDAW, art 12, ICESCR) and the *right to be free from discrimination* (art 2, UDHR, art 2, ICCPR, art 2, ICESCR) enables a harm reduction focus to meeting MDG6 which is more sustainable and effective. The *right to health* includes the right to medical care and necessary social services in the event of sickness.



Halting the spread of HIV in the Asia-Pacific

People who inject drugs are sometimes reluctant to use health and support services, including those for HIV prevention and treatment, due to fear of prosecution and stigma. People may not receive quality services due to a lack of understanding of their situation and discrimination by healthcare workers.

For example, police may raid or harass needle and syringe programs and prosecute for drug offences on the basis of evidence such as possessing a clean needle. This means that many are not able to choose to use a clean needle and face a higher risk of HIV infection and other serious health issues such as hepatitis C.

Misconceptions about needle exchange programs, including the false belief they encourage drug taking, are severely hampering efforts to stop the spread of HIV in some countries. There is clear evidence that harm reduction initiatives reduce the cost and burden of drug use and HIV to health systems, police and courts, and reduce drug-associated crime and recidivism.

The Australian Government's new international development strategy for HIV, "Intensifying the response: Halting the spread of HIV" (April 2009), recognises that to effectively stop the HIV epidemic, countries must address laws and policies that impede access to prevention and treatment services.

The Australian Agency for International Development (AusAID) will help partners to amend laws to better align drug control and harm reduction activities, and help partners to implement supportive laws and policies.

AusAID is using evidence of the effectiveness of harm reduction to increase awareness among law enforcement agencies and local community and political leaders, and as an important strategy to advocate for legal and policy review and reform.

In countries within the Greater Mekong sub-region, AusAID is encouraging active participation and cooperation of law enforcement agencies to support harm reduction programs, including through supporting integration of harm reduction training within the curriculum of police academies.

A human rights-based approach requires that development activities analyse and address the inequalities, discriminatory practices and unjust power relations that obstruct human development. The case study below shows that by addressing the rights of women to be free from discrimination and violence enables women and men to engage in safe and healthy sex and is, therefore, a more sustainable and effective approach to meeting MDG6. Some of the human rights relevant to this case-study include the *right to the*

highest attainable standard of health (art 12, ICESCR, art 24, CRC), the right to security of person (art 3, UDHR), the right to be free from discrimination (art 2, UDHR, art 2, CEDAW) and the right to work (arts 23-24, UDHR, art 6-7, ICESCR, art 11, CEDAW).



Supporting women and girls living with HIV and AIDS

ActionAid primarily works with local NGOs and civil society organisations around the world. ActionAid's work in the HIV/AIDs sector includes providing support to poor and excluded women and girls living with HIV and AIDS. It does this by trying to ensure:

- an end to sexual violence and advocating for women's rights to be incorporated into legislation. It has been proven that if women can choose and manage their sexual relationships and a culture of women's rights is promoted, infection rates can be better managed
- that people living with HIV and AIDS have access to anti-retroviral (ARV) drugs, comprehensive prevention information, essential treatment, care, support and livelihood inheritance
- that their livelihoods are sustainable
- that global and local policies affecting them work in their favour
- that organisations run by people living with HIV and AIDS are strengthened.

ActionAid has designed Stepping Stones, a training programme used by 2,000 organisations in 100 countries worldwide that helps people learn more about their sexual health, women's rights, discuss changes they want and explore how to make these changes.

Joyce is 43 and lives in Uganda. Joyce's husband died from HIV three years ago and she is left looking after her five children in addition to her three step brothers and sisters from her father's second marriage after he died of HIV. Joyce's brother died in a car accident two years ago and left her with two more children to look after.

ActionAid provides Joyce with livelihood support through a poultry and produce program. Her chickens and garden produce now makes a profit as well as being a source of nutritious food for her and her children. Joyce has been trained in counselling for people with HIV and is active in advocating for education about HIV. Joyce also works with local NGOs on a 'HungerFree' campaign to ensure women can ensure their land rights to continue to support themselves and their families.

The HungerFree journey was aimed at mobilising women across seven districts to consolidate the views that eventually formed the women's charter on land and livelihoods with specific and commonly faced challenges by women in attempting to access, control and own productive resources. The campaign was also used to raise profile on cases of land rights violation on women and more especially those living with HIV/AIDS.





MDG 7 – Environmental sustainability

A human rights-based approach empowers communities to work together to deliver their own solutions. This case-study demonstrates that development activities must support building the capacity of local communities in order for empowerment to occur. In this case, building the capacity of the local community in water mapping, conducting focus groups and understanding barriers to achieving the right to water

is crucial to meeting MDG7. The most crucial human right to this case-study is the right to an adequate standard of living, which includes the *right to water* (art 25, UDHR, art 11, ICESCR).



Citizens' Action: Rural sanitation and water mapping in Bangladesh



Through its Citizens' Action initiative, WaterAid empower poor communities to assert their right for equitable and sustainable sanitation and water services, and work with service providers on developing action plans to realise the right to water and sanitation.

Citizens' Action works by communities answering 3 key questions about services:

- 1.What is the service level now?
- 2.What should it be – what are our rights and responsibilities?
- 3.Who is responsible for providing services?

Equipped with this information communities enter into dialogue with authorities regarding gaps in service delivery and recommend solutions.

Citizens' Action was supported in the Wagga Union of the Rangmati Hill district in Bangladesh. Only 17% of households in the 47 villages in the Union had water supply coverage and sanitation coverage was 34%.

Through the Citizens Action initiative, a steering committee was formed with representatives from the villages. The community selected 77 volunteers who were trained in water mapping and conducting focus group discussions. The volunteers also gathered information on affordability, accessibility, equity, gender and management of sanitation and water facilities, by various classes of households. The volunteers then shared the information at a community meeting.

The stakeholders jointly developed an action plan to improve the sanitation and water services for the Wagga community, especially for the poor and disadvantaged. The community and Union Parishad officials have demonstrated their ownership and leadership of the process and volunteers are continually monitoring delivery of WASH services. Sanitation subsidies are better targeted towards the poor households and local government has switched from supplying concrete latrine slabs to plastic pans that are easier for people to transport to their homes in this hilly area.

'I really like this joint work. The Steering Committee members regularly visit my office. They support me in doing the mapping exercise in my union. The volunteers held community sessions in the villages,[including] gathering information on whether people can afford and reach the facilities, who is managing the water points and how women are overburdened with everyday water fetching for their families.'

Aong Hle Ching, Chairman, Wagga Union Parishad.

WaterAid continues to urge for equitable and sustainable sanitation and water

services by advocating that the Australian Government reaffirm its commitment to the right to water and sanitation in its WASH policy.

A human rights-based approach to MDG7 highlights that the *right to adequate housing* is a human right found not only in the *Universal Declaration of Human Rights* (art 25) but also in the *International Covenant on Economic, Social and Cultural Rights* (art 11). As this case-study demonstrates that adequate housing impinges heavily on the ability of people to enjoy other human necessities such as rights to health and decent work.



Slum upgrade in Cambodia – working with government

Since 2004, Habitat for Humanity Australia has been working to address the housing needs of displaced families in Phnom Penh, Cambodia. Over the past several years, the Municipality of Phnom Penh has been aggressively pursuing the revitalisation of the city centre, leasing or selling large tracts of public land to commercial developers. This move has resulted in the displacement of thousands of families who were informally settled in what used to be empty but now valuable pieces of land in the city centre. The government designated land in the outer limits of the city (some as far away as 30km) to resettle these mostly poor families. Although some of these families voluntarily resettled many more have been forcibly relocated to sites which do not have basic services such as water, drainage, and proper sanitation. Relocated families also often lose their means of livelihood as a result of the move.



Habitat for Humanity works with families in these resettlement communities but does not support forcible eviction, rather advocating to the government the benefits of urban renewal over the proliferation of poorly serviced settlements on the out skirts of the city. For example, a community of approximately 87 families (Hem Cheat) is currently living in deplorable conditions in an abandoned cinema building in the centre of Phnom Penh and resisting the Municipal Governments efforts to relocate them to a site outside of the city centre. Habitat for Humanity will provide assistance to this community only in the event that they voluntarily agree to move to an alternative site.

Habitat for Humanity also provides housing solutions to families living in poverty housing in other urban settings including hundreds of families living on or near the sprawling Stoeng Meanchey dumpsite in Phnom Penh. The dumpsite will be closed in the coming months and Habitat for Humanity aims to provide land tenure and eventual individualised land ownership and appropriate housing solutions to approximately 300 families over the next three years commencing with a group of 21 families who are voluntarily relocating to land which has been acquired in Srok Por Village. The project will provide safe, decent housing with water and sanitation facilities and will include the construction of a multi-purpose centre for health and education purposes. The families will also be provided with livelihood support and basic financial literacy training.

Mr Saam Sue, 32, and his wife Ly Peab, 30, live in a simple one room wooden house where they have lived since moving to the dumpsite in 2004. 'When Peab and I first moved here four years ago we both worked at the dumpsite. The air is so bad that we would both feel sick at the end of the day – to the point where it was hard to breathe without feeling pain. Even now the air is much worse. The smoke there is so bad it is hard to see. I really look forward to the day when we can move away from here. The longer we stay here the more unhealthy it is for everyone, including the children. The community where we will move has cleaner air and will provide us with new opportunities for work. We have never owned a house before so we are both very excited to be part of this project.'



MDG 8 – Develop a global partnership

A human rights-based approach has non-discrimination and equality at its core. A human rights-based approach to MDG8 ensures that global partnerships to address poverty focuses on the issues that greatly impact vulnerable populations. An equitable solution to climate change ensures that the needs of the most vulnerable and disadvantaged are met even if resource constraints

seek to prioritise activity elsewhere. Climate change has the ability to impact on a number of human rights including the *right to life* (art 3, UDHR, art 6, ICCPR, art 6, CRC), the *right to an adequate standard of living*, including the *right to food* (art 25, UDHR, art 11, ICESCR) and the *right to health* (art 25, UDHR, art 12, ICESCR, art 24, CRC, art 12, CEDAW).

MAKE POVERTY HISTORY

Climate change campaign

Make Poverty History is part of the **Global Call to Action Against Poverty** involving about 80 countries. In Australia, **Make Poverty History** is a non partisan coalition of more than 60 aid organisations, community and faith-based groups. The coalition seeks to ensure the Australian Government creates policies that guarantee more and better aid, debt relief, fairer trade, help poor communities keep their governments accountable, tackle climate change and honour commitments made to the MDGs.

Climate change has traditionally been approached as an environmental or economic problem. However, climate change is a serious challenge to the efforts to tackle poverty and achieve the MDGs by threatening fundamental human rights; rights to life, to food, to a place to live and work. **Make Poverty History** is ensuring that the Australian government is made aware of the human costs of climate change.

Some specific likely impacts of climate change on developing countries include:

- food supplies and livelihoods at risk: crop yields in sub-Saharan Africa are projected to fall by 20%
- greater risk of illness: five million serious illnesses and 150,000 deaths already occur every year as a result of climate change
- people forced to leave their homes: 200 million environmental

refugees by 2050 and eventually one billion people could be displaced – already some Pacific Islanders are leaving their islands due to sea level rise.

Climate change has a disproportionate impact on vulnerable people and communities and raises important issues of justice and equity between developing and developed countries and between rich and poor within each country. An international solution to address climate change must address these issues and be fair and equitable.



Make Poverty History encourages a United Nations agreement that:

- **acknowledges that climate change is largely the result of greenhouse gas emissions from rich developed nations, and subsequently that rich countries need to take the most dramatic action in cutting their greenhouse emissions to avoid dangerous climate change**
- **provides more and reliable funding to help developing countries adapt to climate change**
- **ensures that rich countries share low-carbon, renewable technologies with developing countries so that we can have a sustainable world.**

‘The international climate negotiations are at a crucial stage, with just months to agree a comprehensive treaty to prevent dangerous climate change. If we don’t, the evidence points to massive environmental damage that will lead to a dramatic loss of croplands and water sources that will significantly worsen poverty and suffering around the world.

‘The challenge we face shouldn’t be underestimated – we are at a tipping point that requires urgent and substantial international action.’

Andrew Hewett, co-chair of Make Poverty History.

Governments do not only owe human rights obligations to their citizens. Rather, governments have obligations to promote and protect human rights universally (preamble, ICESCR). Development cooperation among governments of the world is one way that countries support human rights. In fact, development cooperation is specifically noted as a legal human rights obligation in human rights treaties (art 2, ICESCR, art 32, CRPD). An official aid and development program of sufficient size and quality is an important way governments can focus on the promotion and protection of human rights. The below case-study looks at the Australian campaign to encourage the Australian Government to enhance official development assistance.

MAKE POVERTY HISTORY

The 0.7 campaign

In 2004, the Australian coalition of aid and development organisations, communities and faith-based group came together to fight for the Australian Government to do its fair share to achieve the MDGs, including more and better aid. More and better aid is needed to meet the MDGs especially in South Asia, South East Asia and the Pacific.

At this time, the Australian Government aid program was less than 0.3% of national income. The 2005 UN ‘Investing in Development’ Report calculated that if the MDGs were to be achieved, in addition to substantial resources required from poor countries, rich countries would need to scale up their aid programs and be giving 0.7% of their national income in aid by 2015. Of the 22 rich countries, 5 have already reached this target and a further 11 have committed to doing so by 2015. Australia is one of the remaining 6 countries which has not made such a commitment. From the outset, Make Poverty History has campaigned for the Australian Government to reach 0.5% by 2010 and 0.7% by 2015.

Aid volume alone does not make for a great aid program. However, even the best aid policies and implementation require adequate resources. The Australian aid program as it currently stands has far from adequate resources.

Tim Costello, co-chair of Make Poverty History

Long-term and predictable aid that is effective in meeting poverty reduction goals is also considered an important way that the Australian Government fulfils its



obligations to promote human rights. In 2009, the United Nations Committee on Economic, Social and Cultural Rights recommended that Australia increase its aid to meet the UN target of 0.7% of national income by 2015.

Some of the milestone successes of the campaign include significant increases in

and commitment to aid across the political spectrum, including for the first time, a timetable on how this target would be met.

In 2005, the then Prime Minister of Australia, John Howard, announced that under his leadership the overseas aid budget would double in dollar terms by 2010 (from \$2b to \$4b per year). Although this would have fallen far short of the 0.7% target, at that time, that commitment amounted to the single biggest increase in overseas aid by any Australian Government. 2005 was the same year that millions of people across the globe participated in MDG events ahead of the G8 Edinburgh meeting where G8 leaders committed to double aid to Africa.

In the lead up to the 2007 Australian federal election, Make Poverty History ramped up its campaign to achieve a commitment from all political parties to increase aid 0.7% by 2015. By this time the campaign had sold over 1 million white armbands in Australia and had over 100,000 supporters. For the first time, Australian politicians were telling us that 'global poverty' was an election issue.

In June 2007 Kevin Rudd, then Leader of the Opposition, committed to a foreign aid target of 0.5% of national income by 2015. Although this is significantly less than 0.7% required it indicated a quadrupling of the aid budget funding from 2005 levels and in itself represented the power of the MPH coalition in both building a constituency for the aid program and in leveraging its political muscle. That commitment has been reaffirmed by the now Prime Minister Kevin Rudd and a timetable is in place to meet this commitment. Meanwhile, the fight goes on. MPH is still committed to pushing the Australian Government to meet its 0.7% obligation.

Conclusion: Challenges and Opportunities

Millennium Development Rights aims to encourage discussion and peer learning about the authentic implementation of human rights-based approaches by aid and development organisations.

There is transition in the Australian aid and development sector as organisations have begun to recognise more acutely the crucial nexus between human rights and development. The challenge is for organisations to internalise human rights into their work and commit to considering what a human rights-based approach might mean for their organisations.

Each development context provides opportunities in further promoting and protecting the human rights of the world's 6.7 billion people. It is the protection and promotion of these human rights, as the unique basis of the human rights-based approach, that provides significant benefits in terms of considering how to tackle the root causes of poverty and achieve the MDGs.

Questions to consider: implementation of a human rights-based approach

Governance policy and practice

Has your organisation adopted a human rights policy? Does your organisation mission statement link the achievement of human rights with development? Does your organisation have specific policies on how to specific target activities to the marginalised groups (including people with a disability, children, women etc)? Does your organisation have a process for engaging with human rights advocates or international organisations bringing legal cases concerning breaches of human rights? Do you report on how you integrate human rights into your work to your Board or other entities overseeing your governance? Does your organisation have a communications mechanism where your stakeholders can raise grievances and inform your work?

Specific human rights activities

Does your organisation fund human rights education programs? Does your organisation link your existing work in empowering communities (for example in peace building or women's groups) with human rights education and activities? Does your organisation facilitate the discussion of human rights in local communities? Does your organisation support human rights advocacy at the local or international level?

Mainstreaming human rights

Does your organisation assess the human rights implications of your actions, policies and programmes? Does your organisation have a checklist, guide or other tool for assessing these human rights implications? Does your organisation support reflection and learning about the effectiveness of your mainstreaming work? *Mainstreaming is slightly narrower than an 'approach' as a human rights-based approach includes mainstreaming human rights but also requires the other features in this list.*

Programming

Does your organisation conduct a human rights situation analysis of a country to inform your development objectives and priorities? Does your organisation work with your local stakeholders to determine human rights objectives and the progress of community empowerment? Does your organisation have a process for monitoring and evaluating the empowerment of local communities?

Human resources and learning

Does your staff induction program include information on human rights? Does your organisation aim to employ local staff and build their capacities on human rights? Does your organisation have regular opportunities for learning about human rights? Does your organisation research the human rights situation in countries where you work?

Emergencies and protection work

Does your organisation have a strategy for consulting with communities to determine development priorities in emergency response and 'protection' work? Does your organisation consider what empowerment opportunities are available in emergency response and 'protection' work? Does your organisation ensure that your delivery of services meets the needs of the most vulnerable and marginalised?

Advocacy

Does your organisation aim to build the capacity of your stakeholders to hold governments to account for delivering human rights? Does your organisation engage with the Australian Government to make changes to law, policy or practice to better support human rights? Does your organisation reflect on your direct service delivery to consider what advocacy might be needed to ensure the sustainability of services by duty-holders?

Communications and marketing

Does your organisation use human rights language to explain the work you undertake? Does your organisation aim to educate your supporters about human rights and empowerment? Does your organisation link fundraising activities with human rights activities?

ENDNOTES

¹ The most widely recognised international human rights document is the *Universal Declaration on Human Rights*, adopted 10 December 1948. There are 9 core human rights treaties; *International Covenant on Civil and Political Rights*, adopted 16 December 1966, 999 UNTS 171 (entered into force 23 March 1976), *International Covenant on Economic, Social and Cultural Rights*, adopted 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976), *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, adopted 10 December 1984, 1465 UNTS 85 (entered into force 26 June 1987), *International Convention for the Elimination of All Forms of Racial Discrimination*, adopted 21 December 1965, 660 UNTS 195 (entered into force 4 January 1969), *Convention of the Elimination of All Forms of Discrimination against Women*, adopted 18 December 1979, 1249 UNTS 13 (entered into force 3 September 1981), *Convention on the Rights of the Child*, adopted 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990), *Convention of the Rights of Persons with Disabilities*, adopted 13 December 2006, (entered into force 3 May 2008), *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families*, adopted 8 December 1990, (entered into force 1 July 2003), *International Convention for the Protection of All Persons from Enforced Disappearance*, adopted 20 December 2006 (not yet into force).

² United Nations Development Program, *Human Rights and the Millennium Development Goals: making the link* (2006), available at: <http://www.hurilink.org/Primer-HR-MDGs.pdf>.

³ United Nations Office of the High Commissioner for Human Rights, *Human rights related to the MDGs*, available at: <http://www2.ohchr.org/english/issues/millennium-development/achievement.htm>

⁴ Philip Alston, *A human rights perspective on the Millennium Development Goals*, paper prepared for the Millennium Project Task Force on Poverty and Economic Development (2003), available at: <http://www2.ohchr.org/english/issues/millennium-development/docs/>.

⁵ Office of the High Commissioner for Human Rights, *Frequently Asked Questions about a human rights-based approach to development cooperation* (2006), available at: http://www.crin.org/docs/ohchr_rights_based.pdf.

⁶ See Alston (2003), above note 4.

⁷ ICIMCD, *Advocacy Strategies and Approaches: A Training of Trainers Manual: Second Edition* (2008), available at: <http://books.icimod.org/index.php/search/publication/515>.

⁸ See Alston, (2003), above note 4 and United Nations Development Program (2006), above note 2.

⁹ See Office of the High Commissioner for Human Rights and Millennium Campaign, *The Millennium Development Goals and Human Rights* (2008), available at: <http://www.endpoverty2015.org/files/human%20rights%20and%20mdgs%20brochure.pdf>.

¹⁰ United Nations Secretary-General Kofi Annan, *Renewing the United Nations: A Programme for Reform* (1997), available at: <http://daccessdds.un.org/doc/UNDOC/GEN/N97/189/79/IMG/N9718979.pdf?OpenElement>.

¹¹ Laure-Helene Piron and Tammie O'Neil, *Integrating Human Rights into Development: A synthesis of donor approaches and experiences* (2005), available at: http://www.odi.org.uk/rights/Publications/humanrights_into_development.pdf.

¹² ACFID, *Rights in Sight*, (2009), available at: http://www.acfid.asn.au/resources/docs_resources/docs_papers/Rights%20in%20Sight.pdf.

¹³ HV Ho & TP Nguyen, *The socio-economic impact of cataract surgery in Vietnam*, (2008), poster presented to the International Agency for the Prevention of Avoidable Blindness 8th General Assembly, Buenos Aires, 25-28th August 2008.

¹⁴ Ibid.

¹⁵ United Nations Development Program, *Human Development Report* (2007).

¹⁶ United Nations Development Program, *Poverty reduction*, available at: <http://www.undplao.org/whatwedo/achmdgnpovred.php>.

