

Call for submissions
for the UN Human Rights Council special Rapporteur
"Social Protection – a reality check "
ATD Fourth World (V2 16-12-2021)

The ATD Fourth World Movement outlines here its contribution in response to the call for submissions of the UN Human Rights Council Rapporteur on Extreme Poverty and Human Rights for its report: "Social protection: a reality check". To this end, ATD Fourth World highlights its Knowledge-Health-Participation project undertaken since the 1980s with people experiencing extreme poverty in Haiti. Through this replicable programme a large number of people have been able to access social protection, notably health care, education and legal status (among others) that represent the very realization of human rights for all.

The "health assurance" scheme carried out since 1997, is aimed today at 1100 families, around 3800 people (children, young people and adults) in a particularly disadvantaged area of Port-au-Prince. Part of a larger programme that includes access to birth certificates, early childhood development within the family environment, and education and awareness-raising for young girls, this pilot project for access to social security is replicable because it is anchored in local realities and local resources as well as those of the State. It seeks to reach out to the poorest families from a population where poverty is widespread, which constitutes a guarantee that all other families will also be covered, since no one is left behind.

The country context

In Haiti, a whole section of society has little or no access to education, health care and decent housing, notably because of the lack of state-organised social protection for the poorest. The state contributes only 10% of the total expenses while households contribute 30%, according to the report of the health authorities on the national health accounts. With a poverty rate of nearly 60% in 2020, according to the World Bank, a large proportion of Haitians live from informal work, few having the opportunity to benefit from social protection measures. Indeed, most of them do not have the financial means to do so, some of them do not exist legally (identity papers, birth certificates, etc.) and

many children are forced to contribute to their family's income, or even to provide for their own needs. In terms of access to health cover, a two-fold risk, inherent to the poorest, can be highlighted. Their living conditions place them at greater risk of ill health. They are in poor health, which in turn can lead to greater health needs. Moreover, these families' economic conditions are such that it is, a priori, difficult for them to meet the conditions set, for example, for the payment of contributions. This precariousness is exacerbated by the Covid-19 crisis and the present and future damage of climate change, which leads to ever increasing difficulties for the very poorest, being the first to be affected.

ATD Fourth World in Haiti

On an ongoing basis since 1980, ATD Fourth World in Haiti has engaged in an encounter with local populations and stakeholders to work together on setting out priorities towards a system of basic securities and how each can contribute to this. The Knowledge-Health-Participation pilot project was born from this relationship. It enables very poor families to have effective access to basic securities in the field of health care, education and early childhood development within the family.

For this access to be truly effective, an indispensable process of on-going adaptation and creation has been initiated.

1. Presence and knowledge as a starting point: an encounter with the population

Only after having met and listened to the population, particularly through concrete commitments taken alongside them, and after forging bonds of trust together, can sustainable projects be initiated. Drawn up together with the people on the ground, these projects encompass the major aspects of social protection: health, education, support (particularly for housing) and the creation of links between the various actors. Taking into account the knowledge of the poorest is key to restoring their dignity. Participation is also based on sharing knowledge and experiences and on trust. In partnership with the poorest people, and through open and rich dialogue with them, members of the Movement seek to put programmes in place that are relevant for them. A very

important link is thus forged between ATD Fourth World and the population.

2. Developing the project with stakeholders and local strengths: supporting traditional dynamics

The Haitian population has been confronted with great poverty for generations, and crushed by violence. As a result, they develop traditional community strategies to share between them the few securities they have, and their experiences of accessing basic services set up by the State or local and international organisations. ATD Fourth World's projects rely primarily on the strength of the population, and on local health and education workers from these communities who are active in pursuing projects within these relevant neighbourhoods. This mobilisation means that projects never stop, even when the whole country is at a standstill. This is the strength of the participation of the populations: they are not only beneficiaries but also actors of the projects, in particular in reach out to the poorest families who are rarely the first to ask for help and too often remain invisible.

3. Long-term inclusive participatory action

ATD Fourth World's work among the poorest populations is designed to be long-term, and linked to ongoing training. This creates the conditions, knowledge and expertise that are essential for running projects aimed at the participation of people who are excluded from any consultation or consultation process. These projects have continued even when the team had to leave Haiti temporarily due to severe tension in the country. Their objective is to strengthen the capacities of the Haitian state, civil society and the most vulnerable people themselves, in order to enable access for all to fundamental rights in the field of social protection (health and education).

The action carried out by ATD Fourth World in Haiti is built on a strong synergy between several programmes.

I Health and wellbeing

The families' lack of resources is an obstacle to accessing healthcare, which is often not free. In addition, the Haitian state's low

investment in health care results in families not seeking treatment for fear of having to face high health care costs. In order to guarantee the very poorest access to health care, a fundamental right and one of the pillars of social protection, ATD Fourth World, in partnership with the Service Œcuménique d'Entraide (SOE), has set up the Saint-Michel Centre (CSSM), which has been managed since its creation in 1993 by SOE, and remains so today.

The CSSM, as a reference community-based centre, is the centrepiece of the health insurance system described below. In order to reach out to the people most hit by poverty, some elements have been crucial, such as the ongoing commitment of the ATD team ever since the CSSM was set up. This allows for a good understanding of the population, the setting up of vaccination campaigns in different districts of the capital and the introduction of a health insurance system in the shape of an annually renewable family membership, materialised by a health card. This subscription enables the very poorest in very disadvantaged neighbourhoods to access a range of health services (first-line care and some second-line care) that they would not be able to access without the subscription, while paying a reduced fee for consultation and treatment. All care for all children under 5, as well as some specific care, is free. In order to improve the system, it has undergone a number of reviews with the participation of the health card beneficiaries, who have expressed their views on how it could be bettered.

This project guarantees the poorest people improved access to health care, easier access to medicines, treatment of pregnancies and chronic illnesses, and better care for children, all for a small annual fee of 100 gourdes, 25 gourdes per medical consultation and 15 gourdes per examination.

With the aim of extending health coverage to the poorest people, the Saint-Michel Health Centre has also trained polyvalent community health workers (ASCP) who play a role at community level by supporting the Centre's mission and acting as a bridge between people in extreme poverty or between people and health services.

Thanks to the projects above and the health education project, the beneficiaries are becoming fully aware of their right to health and are taking action at this level. Indeed, during the cholera epidemic, health card holders acted as community facilitators. As a result of this involvement, many people have come to understand the importance of the health care process and of following through on it.

II Early childhood development within the family

In response to the needs expressed by the population, a new project was initiated: the "Bébés Bienvenus" project. The outcome of an in-depth consultation with people living in extreme poverty, this is aimed at children aged 0 to 3 years and their parents and seeks to foster the overall development of the young child with the parents' involvement, drawing on their own knowledge and experience, while promoting family health. This activity also fosters caring and supportive relationships between the different stakeholders, ensuring that everyone can express their experiences and opinions in a mutually respectful way.

Within this programme, a specific project concerns undernourished children. This part of the programme is based on four pillars: nutritional monitoring and care, medical intervention, early stimulation and the involvement of parents (exchange of experiences, education, and health). Dialogue and taking into account the opinion of the beneficiaries is crucial to improve the response to the children's needs. One mother said, "This space gave me back my child. I thought he was going to die".

In the process of early childhood development, recognition of the child's legal status (birth certificate) is vital. ATD Fourth World is taking action in this area by granting parents financial aid to support their efforts to gain legal existence for their children.

III Education

As part of its work on social protection, ATD Fourth World seek to extend education to the most disadvantaged children and young people. In cooperation with people most affected by poverty, three priorities have been developed: (1) promoting access to quality education for all,

by enabling young children to have access to high-quality pre-school education; (2) developing non-formal education activities for very poor children; (3) empowering young people.

In response to the poorest families' difficulties, notably financial, in accessing pre-school education, ATD Fourth World has created a pre-school. The aim of the pre-school, which is organised in two classes, one for 4-5 year olds and the other for 5-6 year olds, is to give children from families in extreme poverty access to a pre-school project, to promote the children's socialisation and empower parents in supporting their children's education. This project is free of charge and ensures that most children acquire the basic skills needed to enter mainstream primary school.

The registration process for this pre-school is crucial if the poorest children are to be prioritised. This is when it is decided which children will take part in the project. The choice is based on knowledge of the families but also on visits to the neighbourhood and individual interviews with the parents. Ongoing links with parents are maintained throughout the year, notably through meetings, and parents are encouraged to go into the school at the beginning of the morning to facilitate informal meetings with teachers. The pre-school is also a place where parents can meet and exchange ideas and reinforce solidarity between them. To ensure that children leaving the pre-school can continue their learning, ATD Fourth World provides financial support to families towards the registration fees for their children's first year of primary education.

ATD Fourth World has also set up "street libraries", again after discussions with the most vulnerable people. This name comes from the will to bring books to very poor neighbourhoods not in a room or through another structure but by being with the children at the very heart of the community where they live. The primary aim is not to teach children to read, but to encourage them to discover, to open up to the world and to interact with one another. While books take a central place, other activities are promoted to develop the children's expression and creativity, community spirit and respect for each other and the environment. Parents' involvement in the activity aims to empower them, in a spirit of community development.

In an effort to reach more young people and enable them to exercise their right to education, ATD Fourth World, in partnership with other associations and with the most disadvantaged people, has organised training courses on health and human rights, as well as vocational training. These courses enable young people living in extreme poverty to train and increase their chances of undertaking an income-generating activity.

IV Conclusion

This Knowledge-Health-Participation project is a replicable example of the possibility of establishing social protection measures for the very poorest people living in very difficult conditions. It is strengthened by numerous meetings with the people involved, allowing the creation of action projects and their further improvement over time, while giving a voice to those who have none and restoring their self-confidence.

However, the current pandemic has caused an unprecedented increase in hardship for those most in need. In order to respond to this, exceptional cash transfer measures have been put in place for the duration of the crisis. In the face of this pandemic and global warming, as well as the political and socio-economic situation, it is all the more urgent that appropriate measures be taken.

V Our recommendations

1. Involve people and stakeholders within communities in the development and evaluation of social policies, notably to reach the poorest, and to ensure the effectiveness of the access to services and the sustainability of projects.
2. Set up an international fund to support states in the implementation of social protection floors.
3. Set up mechanisms to capitalise on the experiences of small-scale projects in order to mainstream them into national systems.