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Learning from the Extreme Poor: Participatory Approaches to Fostering Child Health in Madagascar

by Caroline Blanchard, Xavier Godinot, Chantal Laureau and Quentin Wodon

Definitions of poverty in developing countries used by most development organizations focus on household income or consumption that falls below a given threshold, such as one dollar per capita per day, and on other quantified indicators. While such definitions have the merit of providing a standard by which to measure progress, the very poor use quite different terms and ideas to communicate what extreme poverty means to them.

Extreme poverty results not only from insufficient financial resources but from a lack of basic security in many different areas, including education, employment, housing, and health care, as well as social exclusion. Left to the side in civic, social, and cultural life, and in political decision making, very poor people are often considered ignorant and even incapable of thinking, because they have had no opportunity to gain skill in expression through education. The experience of contempt and exclusion—severely attacking self-confidence—is deep among the poorest, whether they live in rich or poor countries. Very few

people listen to them.

“We impose outside interpretations on them that prevent them from reflecting on their own lives,” suggests Joseph Wresinski, who founded the International Movement ATD Fourth World, which focuses on the very poor. ATD Fourth World has been persistent over the last 50 years in its effort to engage political leaders the world over, as well as international development institutions (including the World Bank), in the fight against extreme poverty. ATD Fourth World is determined that these institutions should truly recognize the needs of people in situation of extreme poverty, but even more that they should listen directly to their voices. ATD would also like to see its spirit of respect for the poor spread more widely, so that top-down, hasty, and untested approaches and development projects do not further disrupt the fragile and tenuous lives of poor communities. There is a call for an approach that builds on the consent and measured reflection of those who poverty programs purport to target.



Findings

ATD Fourth World's Approach to Learning from people mired in extreme poverty

Joseph Wresinski, a Catholic priest, founded ATD Fourth World in France in 1957. A grassroots advocacy organization, ATD Fourth World inspired the UN's annual World Day to Overcome Extreme Poverty (which falls on October 17). The organization runs projects that engage deeply and directly with the very poor in 28 developed and developing countries.

Wresinski and ATD Fourth World's leaders have advocated for investing in the knowledge of the very poor since the organization was founded. In a 1980 speech at UNICEF headquarters in Geneva, Wresinski articulated his vision, which still drives ATD Fourth World today. He started by affirming that everyone involved in development projects—including those living in extreme poverty, activists, and researchers—is a thinking human being with goals. He contends that programs will be effective only if they respect the integrity of all three parties: thorough understanding must always precede specific concepts and methods. This fundamental and original lesson in epistemology, methodology, and ethics has wide applicability for efforts to fight poverty.

Wresinski himself experienced living in extreme poverty, enduring it as a child born in France to migrant parents. He later lived as a priest with the inhabitants of a shantytown close to Paris for 10 years, until all of them were offered new housing. With these inhabitants, he founded the International Movement ATD

Fourth World, which over time took root in many countries across the world. Together with a Dutch diplomat, he also founded an Office of Social Research, which later became the research and training institute for his movement. This passionate and principled man, trained in the harsh school of destitution and exclusion, became a respected spokesman of the poorest at national and international levels.

Health and Living Conditions in Antananarivo, Madagascar

A case study helps elucidate ATD Fourth World's approach. The setting is a neighborhood with some 6,000 inhabitants in Antananarivo, Madagascar—precarious and densely populated, with shabby dwellings, a few drinking fountains, no toilets, and flooding during the rainy season that renders hygiene almost nonexistent. Parents have unstable jobs in the informal economy, but nevertheless try to provide their children with an education using a surprising amount of inventiveness and energy.

In 1991 ATD Fourth World, together with neighborhood parents, launched a two-part program to promote health care (which ended up lasting 10 years) and knowledge sharing (which is ongoing). At first, relations between the inhabitants and health care providers reflected fear and lack of understanding, with inhabitants resorting to ancestral knowledge of traditional medicine, and health care staff reacting mostly according to the norms of Western medicine. However, several years of work

that strengthened parents' capabilities allowed new paths to open based on greater understanding and mutual respect.

The case study starts in 1991. At that time, the health situation in the neighborhood, known as Antohomadinika, was worrisome. Infant mortality was very high and life expectancy short. From its first few months in Antananarivo (Madagascar's capital city), the ATD Fourth World team was keenly aware of the fragile health of young children. Over the years, by immersing themselves in the neighborhood, they discovered the chasm separating Antohomadinika's inhabitants from the medical services that were supposed to help.

Malagasy doctors are trained according to Western methods: they search for signs that support a diagnosis of disease in an organ. This approach, which prevails worldwide, rarely considers a patient's background, relationships, or environment, and creates a certain disdain toward traditional healing. The inhabitants of Antohomadinika, on the other hand, have traditional beliefs that give meaning to each event and gesture. These contrasting views of illness, together with a mutual lack of understanding, explained the fear that inhabitants felt when facing the modern medical world, and the sometimes humiliating reactions of competent doctors.

Although parents were attentive toward their children, this was not immediately apparent to the medical staff. For example, mothers traditionally were afraid that a newborn would get a cold

stomach, and therefore preferred not to undress the baby. This obviously contradicts rules of hygiene that stress the importance of bathing newborns. These team decided to incorporate health into all its cultural activities. This stepped-up work included larger meetings in two small courtyards. Volunteers would start these meetings by inviting all participants to wash their hands, giving them a chance to exchange news and perhaps invite the volunteers to visit sick people at their homes. A coordinator would then tell a story. After the story, volunteers presented simple educational and development games to the mothers, and invited them to play with their last-born child for the rest of the session. This made the mothers their children's first teacher, and they felt at greater ease in asking questions when they saw themselves in this role. The informal discussions also allowed the women to learn gradually more about their bodies, the nutritional value of food, and family planning. A street library and a health program, as well as home visits, complemented these moments of leisure between mothers and their young children.

The ATD Fourth World team noticed the overwhelming appeal of books among the children and their parents. One day in October 1997, some mothers asked the coordinators of the street library if they could borrow books to read to their children at home. Nine parents soon started to borrow books, and four years later some 340 youngsters and adults had registered for this service, and the coordination team could no

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To complement the activities in the small courtyards, the ATD Fourth World team organized a systematic follow-up of children born in 1995 and early 1996. Mothers began to create a development book for their children, recording key moments at the start of life as well as their progress. Some mothers also recorded their hopes for each child: "I would like you to learn to read and write, and to talk about how we should talk." Others explained their view of education: "The aim of parents is to see their children succeed in life." "We encourage you so that you learn manners and know how to write." "When he does something naughty, we give him a good telling off." In 1997, 26 women completed a development book for a child.

These books helped deepen discussions between team members and the mothers on cultural practices. In the life of the least-favored families, health

is often secondary to family unity. For example, a mother cannot be hospitalized without risking the death of a breastfeeding child, who could not be cared for if the two were separated harshly. The ATD Fourth World team observed, "parents often prefer keeping the family together to healing a child." In any case, the child may not be cured, and if he is it won't last if the family goes through particularly hard times." "Health is the balance between a person, his environment, and the community in which he lives. Illness upsets this balance." Health also depends on community solidarity: adults can be hospitalized only if neighbors agree to look after their children, and to offer financial support. Improving hygiene in a neighborhood therefore requires a change in attitude on everyone's part.

Lack of understanding between medical staff and neighborhood parents as well as fear had prompted parents to put off a hospital visit as long as possible. As trust became firmly established and parents grew accustomed to speaking about health and cultural practices, the ATD Fourth World team invited mothers to visit health care centers around Antohomadinika, to meet the staff and learn about the care they offered. The mothers thus discovered facilities they had not known existed, like the Isotry dispensary, Tsaralalana children's hospital, and the Marie Stopes international dispensary.

ATD Fourth World also invited health professionals, mostly from Befelatanana Hospital, to meet with neighborhood mothers to

learn about their living conditions. These professionals came to realize how expensive a hospital stay can be for poor people, beyond formal fees, as people need to spend time traveling to the facility and the time they spend there is time they when they cannot work. Precarious living conditions also present a barrier for specific treatments. During these meetings, the mothers dared to talk unashamedly about resorting to traditional methods—something they would never have done inside a hospital—while the professionals saw women who appeared frightened and ashamed in a hospital in a different light.

Few books have been written in Malagasy, and practically none on early childhood. The idea therefore arose to produce a book that would help answer the questions parents ask most often. The book could also illustrate the inventiveness of parents who confront multiple challenges in educating their children, and help smooth discussions with health care professionals. The book was published in May 2000 under the title *Sarobidy Ny Silaky Ny Aina*, which means *Our Children Are a Treasure*. At first seen as a simple collection of parents' words, the book later came to include information from mothers' child development books. Health care professionals helped correct information they considered wrong, and highlighted what seemed important to the development and health of young Malagasys. This work helped create a common language between the two very different

worlds.

Inhabitants are very proud of the book, and it has served as a starting point for conversations between the neighborhood and institutions. "This book aims to be an invitation for health care professionals to dare meet very poor families.... The book says that such a meeting is possible and that everyone comes out on top if we heed the concerns of others: if both professionals and parents look for a better future for their children together, parents could learn from the professionals and the professionals, having learned why the parents are afraid, could cure their children better." Funding provided by the World Bank through Madagascar's Health Ministry financed the printing of 200 copies of the book in 2002. By showing how much parents love their children, think about their education, and expend energy on their behalf, the book helped change the reputation of a neighborhood that was all too often regarded in negative terms.

Lessons for Other Programs

A seminar on extreme poverty at the World Bank on October 19, 2005, highlighted lessons from the Madagascar case as well as other case studies. A key conclusion was that development projects should not only take people mired in extreme poverty into account but make them the highest priority, because they are least able to improve their daily lives without the help of others. However, numerous obstacles prevent them from participating in projects and services designed for their

benefit. Daily survival requires all their energy and attention, and, perhaps even more significant, they often find it too shameful, painful, and terrifying to take advantage of services—especially those that address only their deprivations rather than their aspirations. Indeed, the projects that are the most successful in reaching the poorest tend to tap the aspirations they carry deep inside but often have difficulty expressing.

Many activities designed to reduce poverty fail to reach the very disadvantaged people, who are often so excluded that they seem beyond reach. This exclusion also means that outsiders have difficulty understanding their situation and efforts to emerge from poverty. To acquire in-depth knowledge of their aspirations and build projects with them, outsiders need tools, commitment, and proximity. At the same time, people in situation of chronic poverty need a clear understanding of the intentions of those who want to help them.

The Madagascar and other case studies have implications for grassroots organizations, governments, and even international financial organizations working to eradicate extreme poverty.

First, working with people trapped in extreme poverty requires a long-term process, not a one-shot intervention. Reaching them requires a significant human investment, not only by outsiders but also by themselves. Institutions must

make it clear from the beginning that partnering with them does not mean entering into a short-term agreement. Community mobilization often begins with finding the local groups that may exist out of sight and focal places such as community centers and schools. From then on the building process can continue.

Second, programs that attack extreme poverty should build a new social contract that allows those who endure it (and other excluded people) to take an active role in revamping the institutions that redistribute assets and control decision making. Programs and projects will not work if people trapped in chronic poverty do not participate. Just as outsiders require training, so do they, so that they can build their own expertise and share it with others. This requires building their capacity to transform their existing knowledge into a powerful creative force that will break down their dependence and allow them to construct new social relations among themselves and with others.

Third, this approach requires a new relationship between people trapped in extreme poverty and external agents, including government officials and civil society volunteers. This new relationship should derive from a process of mutual transformation, where each agent strives to share his own knowledge and to learn from others. These agents must generate knowledge that will help individuals, communities and institutions transform the reality in which they live. Yet these agents occupy very unequal positions in society.

Making discussion and sharing possible among them thus depends on creating the conditions of equality where everybody's voice is listened to¹. This implies humility from the better off, courage from the worst off, and a constant monitoring by the mediators who bring them together. At the project level, agents need to develop indicators of transformation of the social relations that hinder the capacity of the most disadvantaged to move out of poverty. One approach is to require projects to meet pre-established benchmarks before moving to the next level of investment.

Overall, people mired in extreme poverty must not only be reached but also met as equals in dignity, deserving the respect and the human rights they are lacking and longing for. Providing them with this respect and these rights is an undertaking that will transform both the excluders and the excluded, empowering the latter. Projects aiming to fight extreme poverty might be evaluated on a very simple question: Has this project allowed those who endure it to advance toward greater freedom, pride and responsibility rather than remaining in a cycle of deprivation and dependence?

*This note was prepared by Caroline Blanchard, Xavier Godinot, Chantal Laureau, and Quentin Wodon. It is based on a book edited by Xavier Godinot and Quentin Wodon in 2006: **Participatory Approaches to Attacking Extreme Poverty: Case Studies Led by the International Movement ATD Fourth World**, World Bank Working Paper No. 77, Washington, DC, which includes a case study on*

*Madagascar. The note was prepared for a book by Katherine Marshall and Marisa Van Saanen to be published in 2007: **Development and Faith: When Mind, Heart, and Soul Work Together**, World Bank, Washington, DC. The authors are grateful for the inputs provided by Katherine Marshall and Marisa Van Saanen.*

Footnotes:

¹ These conditions are described in the *Guidelines for the Crossroads of Knowledge and Practices and How to Apply Them to People Living in Situations of Poverty and Social Exclusion*, Research and Training Institute, International Movement ATD Fourth World, November 2006.