10 April 2007

Madam,

On behalf of the President of IFAD, I have the pleasure of replying to your letter of 8 March 2007 requesting IFAD to provide information on IFAD’s activities in relation to human rights and access to water.

I am pleased to attach herewith a summary of IFAD’s activities in this matter and I hope that these examples give some indication of what IFAD does in relation to the issues raised in your letter and indicate, I believe, our commitment to increase cooperation and collaboration with other sister organisations of the United Nations.

Please do not hesitate to contact me if you need further clarification and accept, Madam, the assurances of my highest consideration.

Jean-Philippe Audinet
Acting Director
Policy Division
External Affairs Department

Ms Louise Arbour
High Commissioner for Human Rights
United Nations High Commissioner for Human Rights
Geneva

OHCHR REGISTRY
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Enabling the rural poor to overcome their poverty • Oeuvrer pour que les ruraux pauvres se libèrent de la pauvreté • Dar a los campesinos pobres la oportunidad de salir de la pobreza
As you may be aware, IFAD was created in 1978 with the specific mandate for fighting poverty and hunger in the poor countries of the world. Since its creation, IFAD has lent more than USD 10 billion to its poor member countries. These resources have been complemented by co-financing to the tune of about USD 9 billion by the recipient countries and by about USD 7 billion USD by other donors.

Given IFAD’s mandate and looming food crises, the Fund’s major activities at inception took the form of direct investment for increasing income and productivity of the small-scale agricultural sector. IFAD’s investment activities focussed on supply of inputs, irrigation, support for technological development in agriculture, and microfinance. As the only UN agency focussed on reducing hunger and poverty at that stage, the Fund developed very targeted instruments and measures for addressing the needs of the rural poor, the women and other disadvantaged groups in the rural areas. Often it targeted the poorest countries and poorest regions in those countries.

Over the years however, IFAD’s investments have diversified, to make IFAD’s support more effective, sustainable, and supportive for enhancing the livelihood of the rural poor people. The spread of markets and globalisation threw new challenges and opportunities for the rural poor, and the millennium declaration provided unprecedented global awareness on the need to address poverty from many dimensions, including health, education, and environment. IFAD as an active partner in the Millennium Project therefore strengthened its portfolio of investment in the rural areas to include investments for providing access to land and water with more gender sensitivity, support for education and health, non-farm sector and infrastructure development. These were often conceived within the framework of a diversified livelihood strategy, often recognising and respecting the rights framework which sister organisations in the UN have been promoting. IFAD for example participated in the International Alliance Against Hunger which had been sponsored by the FAO and which is promoting a campaign for reducing hunger throughout world on the basis of right to food campaign.

Such investments were complemented by soliciting, sponsoring and developing supportive action from the civil society and were often designed to meet the basic human needs and to uphold the rights of citizens in getting them out of poverty and hunger.

Some examples of our support for water and health components would probably illustrate our recent involvement in these areas.

An IFAD supported project in Vietnam (Vietnam Rural Income Diversification Project), focuses on ethnic minorities for development of their livelihoods in the framework of empowering them and allowing them to develop their own management capacity. A mid term review of the project found clear evidence of improved livelihood for target group, including improved access to productive inputs and markets. The project review also found evidence of effective support for
education with good attendance, although another review found a drop in girl enrolment over time. In the water and health sector, the project supported 4600 group schemes, all of them were completed. These schemes included well, latrines, water containers, food drying areas, kitchen gardens etc.

In the IFAD supported project “Post Crisis Programme for Participatory Integrated Development in Rainfed Areas (PIDRA)” in Indonesia, the need for water provision and related health improvement emerged strongly during project design and again during MTR. The Village Infrastructure Development component was designed, among other things, to produce protected water supply including roof water catchments, reservoirs, wells and supply systems from springs and streams. Selection, design, implementation and maintenance was decided by village groups with NGOs facilitation. At the mid term review stage, 149 wells were found to be completed, 129 km of water piping were in place, 245 water tanks and 45 small reservoirs were constructed. In the Phase II of the project, investment in these sectors will continue with investment in 200 wells, in 100 village water supply systems, 500 rain water tanks and 100 reservoirs.

Drinking water supply is also an important element of the Qinling Mountain Area (Hubei Province) Poverty Alleviation Project supported by IFAD in China. The project is on-going and so far, 603 drinking water supply systems had been constructed to bring water to villages. Their operation and maintenance are in the hands of the village committees. At the household level, over 9000 family tanks were constructed for drinking water.

Health component emerged as a major element in many of the African projects. In Tanzania, in the Agricultural Marketing Systems Development Programme (AMSDP) supported by IFAD, HIV-AIDS became an important intervention, with focus on training and development of rural infrastructure.

In Laos, Northern Sayabouri Rural Development Project, education and health emerged as the major component with 67 schools serving 8420 pupils, 20 dispensaries serving 47 500 people and 64 village supply systems serving 24 000 people.

These are just a few examples to illustrate the nature of IFAD’s support in the sectors of water, health and sanitation. What is important to note in these intervention and in many others not cited here, is the involvement of rural communities in deciding the form of intervention in these areas, on the basis of their needs. Given the multidimensionality of poverty and intermixing of components for greater and sustainable impact, it is often difficult to isolate projects which focus mainly on water, health and sanitation. However a rough review of IFAD-supported projects indicate that as much as 40 per cent of such projects include one or more components on water, health and education.