

Participation

Poor people have the right to participate in processes that affect their lives. *Voices of the Poor* shows clearly that this right is realisable — poor people are fully capable of analysing their problems and suggesting solutions. Poor people frequently complain that they are not consulted and not respected, leaving them powerless and voiceless.

Strategies are needed to involve poor people and their representatives in the design, implementation, monitoring and evaluation of policies and programmes that affect health. These will not only provide valuable information about the problems facing poor people, thereby helping to ensure that projects are appropriate, but also, and more fundamentally, they will help to empower the poor and alleviate feelings of shame and isolation – themselves causes of ill-health.

“Poor people” cannot be treated as a homogenous group. Gender, age, culture and ethnicity all affect health needs, perceptions of health and ill-health, and access to and experience of health services. Therefore, participation processes should be tailored to meet the needs of different groups, in particular women, indigenous people and the poorest of the poor.

Another important finding to emerge from *Voices of the Poor* is that poor people’s values, networks and support mechanisms are being eroded by the strain of increasing poverty and urbanisation. This affects the way that poor people cope with health. In order to facilitate participation – and support the mechanisms through which people handle ill-health – ways should be sought to support and strengthen poor people’s groups and networks.

