

January 2015

Namati: Innovations In Legal Disempowerment For Health? A Sierra Leonean Case Study

Ikenna Okezie Achilihu
Yale University, iachilihu@gmail.com

Follow this and additional works at: <http://elischolar.library.yale.edu/ysphtdl>

Recommended Citation

Achilihu, Ikenna Okezie, "Namati: Innovations In Legal Disempowerment For Health? A Sierra Leonean Case Study" (2015). *Public Health Theses*. 1003.
<http://elischolar.library.yale.edu/ysphtdl/1003>

This Open Access Thesis is brought to you for free and open access by the School of Public Health at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Public Health Theses by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.

**Namati: Innovations in Legal Disempowerment for Health?
A Sierra Leonean Case Study**

Master's Thesis

Ikenna Achilihu Yale School of Public Health 2015

Submitted 01 May 2015

Readers:

Dr. Mark J. Schlesinger, Professor of Public Health, Yale School of Public Health;
Alice M. Miller, Associate Professor (Adjunct) of Law and Assistant Clinical Professor
of Epidemiology, Yale Law School and Yale School of Public Health

ACKNOWLEDGEMENTS

One does not take on such a gargantuan task without the help of others and I will endeavor to acknowledge them here, as this project would not have been possible without them. For those I have forgotten, I hope you will find it in your hearts to forgive me. I would first like to thank Vivek Maru, co-founder of Namati, who connected me with Namati in the first place, and whose conversations significantly influenced my decision to write this thesis. I would also like to thank Sonkita Conteh for trusting in my abilities as a program evaluator. His no-nonsense demeanor in the Namati office in Freetown was refreshing especially during times when my work responsibilities seemed uncertain. Daniel Sesay was one of the kindest, most understanding individuals I have ever met and I always knew that if I had a question or deep concern to bring to him, he would give me a thoughtful and engaging response. Josephine Hinga's presence in the office was highly encouraging and her acute intelligence never led to a dull moment. She challenged me in many ways and forced me to reexamine many of my assumptions about Sierra Leoneans. Baidou Koroma's palpable commitment to justice showed me that there are people who truly care about making the world a better place for everyone. Bridgetta Amoateng's logistical prowess was absolutely essential to my work, and this case study would not have been possible without her guiding hands behind the scenes. Her humor and lively personality made my work environment enjoyable and her presence was certainly calming during the height of the Ebola epidemic, which put significant strains on my work. Malcolm Kamara was the best desk mate I could have asked for and our dialogues in Krio pushed me to learn subtle nuances about the language I never knew before. Bakarr Attawia drove me from destination to destination with tact and class and our conversations about his family background proved rewarding. Alhaji Yillah and John Sankoh's assistance in Port Loko proved invaluable and it was with their

assistance that I was able to physically obtain much of the data obtained in this report. Kudos to them. My family deserves the final praise. Their patience during the writing phase of this thesis knew no bounds. Through long absences in communication, their continued support and trust in my abilities put my challenges into perspective. My love goes out to all of you guys.

---Ikenna Achilihu

TABLE OF CONTENTS

Abbreviations.....	6-7
Abstract	8
Introduction.....	9
Indoctrination by Fcs.....	9-10
Critical Questions.....	10-12
Legal Aid on the Ground.....	13
An Overview of the Data.....	13-15
Legal Empowerment at the Level of Institutions.....	15-19
Legal Empowerment and the Delivery of Basic Services.....	19-21
Legal Empowerment and its Contribution to “Development” Outcomes.....	21-24
Namati: A General Schematic.....	25
Preliminary Background.....	25-29
Lessons from Malawi.....	30
Meet the Prisoners.....	30-32
Results.....	33
I. Rational of the Social Accountability and Legal Empowerment Approach.....	33-39
Assessment.....	39-40
II. Monitoring Agents.....	41
Criteria of Membership.....	41-42
Specific Duties of FMC Members.....	42-43
Competing Monitoring Structures.....	43-44
Assessment.....	44-46

III. Capacitating Paralegals.....	47
Technical Preparedness to Handle Health Cases.....	47-49
Community-Level Collaboration with Health Specialists.....	49-51
Assessment.....	51-53
IV. Legal Literacy.....	56
Assessment.....	56-57
V. Leveraging Internal Structures to Influence High-Level Policy.....	58-59
Cross-Communication with Central Government.....	59-62
Case Type and Impact.....	62-67
Internal Grievance Redress Pathway.....	67-69
Assessment.....	69-71
VI. Recognizing the Work of Paralegals.....	72-73
Assessment.....	73-75
Discussion.....	76-79
Summary.....	80
References.....	81-84
Appendix.....	85-86

ABBREVIATIONS

Access to Security and Justice Programme	ASJP
Community Health Officer	CHO
Community Health Post	CHP
Community Oversight Board	COB
District Health Coordinating Committee	DHCC
District Health Management Team	DHMT
District Medical Officer	DMO
Facility Management Committee	FMC
Free Health Care Initiative	FHCI
Government of Sierra Leone	GoSL
Human Rights and Legal Empowerment	HRLE
International Non-Governmental Organization	INGO
Joint Programme of Work and Funding 2012-2014	JPWF
Maternal Child Health Post	MCHP
Methodist Church Sierra Leone Relief and Development Agency	MCSL
Millennium Development Goals	MDGs
Ministries, Departments and Agencies	MDAs
Ministry of Health and Sanitation	MoHS
Monitoring and Evaluation Officer	M&E Officer
National Health Sector Strategic Plan 2010-2015	NHSSP
Non-Governmental Organization	NGO
Partners in Conflict Transformation	PICOT

Peripheral Health Unit	PHU
Senior District Officer	SDO
Sexual Gender-Based Violence	SGBV
Village Development Committee	VDC
Village Health Committee	VHC
World Bank Justice for the Poor Program	J4P

ABSTRACT

Drawing on eleven weeks of fieldwork for Namati's *Health Accountability and Social Empowerment Program*, this case study investigates whether Namati interventions reinforce existing formal and customary structures for the amelioration of grievances between health clinics, their associated staff, and intended beneficiaries. Furthermore, this study questions Namati's role as an organization that fosters sustainable change at: the level of the grassroots in its ability to influence government health policy, and at the level of the elites in its ability to improve administrative and policy deficiencies in the area of health access. Finally, this study answers critical questions on the equity-enhancing effects of paralegal interventions towards beneficiaries of health services.

An analysis of Namati using concepts developed in Harri Englund's *Prisoners of Freedom* showed that: 1) Namati is not above scholarly critiques of development and multilateral institutions; 2) Namati works to enhance preexisting governance capabilities in the area of health access; 3) Namati works to enhance partnerships with local engines for health service delivery as a way to augment its interventions and solve the sustainability question; 4) Namati works to enhance the ability of claimants to understand the relevant health-related laws and maneuver within them; 5) Namati – unlike NICE in Malawi – works to contextualize its interventions by engaging with higher-level policy and administrative organs, despite some deficiencies and; 6) Namati paralegals are not immune to desires for status distinctions. The findings in this case study should be combined with future fact-finding missions in other districts in Sierra Leone to determine whether Namati and its donor partners should recommend scaled-up interventions.

INTRODUCTION

Indoctrination “by Fɔs”¹

On 10 June 2014, I accompanied John Sankoh, a community paralegal for both the legal empowerment² organization, Namati and BRAC to Lunsar, a town in Port Loko District in the Northern Province of Sierra Leone, to review case files in the BRAC³ regional office. I had recently arrived for what would be a third tour in Sierra Leone to lend my technocratic skills towards program evaluation for Namati’s *Health Accountability and Social Empowerment Program*, a moniker with many interesting significations depending on who was queried and when. John and I had our noses deep in a case file when a young school pupil, fresh from class, a girl⁴ no older than the age of fourteen, walked into the office and coolly sat down on one of the chairs reserved for clients with cases for mediation. She then proceeded to describe her story to the attendant paralegal and the scene was palpable.

Her apparent innocence, bolstered by her bright blue sleeveless uniform replete with a cap, ready to learn about the world, belied the stoic determination with which she explained how she was horribly burned on her stomach with a smoldering pot at the behest of her family members. A handheld Nokia phone went missing from her compound and she was summarily accused of having stolen the phone, the value of which amounted to Le 34,400 or about US \$8.00.⁵ The incident occurred after the girl vehemently denied the theft but her family, more

¹ The Sierra Leonean Krio phrase “by fɔs” literally means “by force” and connotes an act done unexpectedly or without prior warning.

² The term “empowerment” is distinct from “aid” and will be discussed further in the essay.

³ Note that BRAC and Namati are partner organizations in legal empowerment, it will not affect the argument of this essay.

⁴ Her identity will remain anonymous.

⁵ This dollar amount is based on an exchange rate of US \$1 to LE 4,389

specifically her brother-in-law, hired a mori-man⁶ to “confirm” her guilt. The divination ceremony consisted of the ritual burning of a metal pot, followed by the placement of the pot on the stomach of the girl. If the pot stuck, then her guilt was assured. If it fell off, then she was innocent of the act. The pot fell off, but not without causing deep tissue damage, after which she sought restitution from the police for what she saw as a vicious attack.

After the apparent inability of the police to handle the case to the girl’s satisfaction, she brought her case to the BRAC paralegal office with the hopes of receiving restitution and justice for the ‘crime’ that was perpetrated against her. I remarked to the attendant paralegal, Daniel Fullah that it was brave of her to come to the office on her own in recognition of the risks her actions could pose to her in the long-term. In agreement, he replied that he was witnessed worse crimes and that organizations like Namati and BRAC are vital in ensuring that marginalized persons can obtain legal redress when formal mechanisms of justice fail them.

Critical Questions

I later recounted this story over dinner to Vivek Maru, Chief Executive Officer and co-founder of Namati, after his visit to Yale Law School – his alma matter – where he delivered his classic stump speech on Namati’s vision and current work in countries throughout Africa and the world, to enterprising Yale law students.⁷ I attempted to explain to Vivek the sheer vividness of the experience for me at the time, and how afterwards, I appreciated the potential value of an organization like Namati more than before. The critical side of me then emerged and I proceeded to barrage him with a list of longstanding questions I have had of which he seemed ill prepared to critically engage.

⁶ In Sierra Leone, these Muslim ritual specialists are known for their divination abilities and can be consulted by citizens of all faiths.

⁷ Interaction occurred 30th October 2014 at Yale Law School

In the end, Vivek's responses proved unsatisfactory and this case study has emerged as a way to evaluate some long-standing theoretical and practical issues with the work of Namati.

Given that Namati is predicated on a model in which paralegals are expected to utilize existing resources at the local level to enable individuals to make claims against other individuals and institutions – in this case health clinics and their associated staff–, is Namati truly reinforcing those existing structures – both formal and customary – and capacitating individuals to work within those constraints? In other words, is the “grassroots” truly empowered to navigate the complicated maze of politics and administrative bodies to improve the quality and access of health services, especially in rural areas of Sierra Leone?

Given that Namati and its associated interventions are to a degree overseen and sponsored by the World Bank, to what extent are they sustainable by government ministries both financially and logistically? Is the Namati model tenable in the long term at the level of the grassroots once provisions have been put in place by MoHS to allow individual grievances to “speak” to government bureaucracy?

What effects does Namati's model have on paralegals themselves, the chosen standard-bearers of rights and legal empowerment initiatives? Do they create new avenues for the expression of power and privilege or do they foster more egalitarian relations between recipients of aid and paralegals?

These are some of the questions this case study will answer. After providing a topical review of the literature addressing the efficacy of legal aid organizations in ensuring access to social and economic entitlements, including health, this paper will then illuminate various aspects of *Namati: Innovations in Legal Empowerment*, including an overview of the ideology, mandate, and mode of operations of Namati's *Health Accountability and Social Empowerment*

Program in Sierra Leone. Drawing on eleven weeks of fieldwork as a program evaluator in Port Loko District for Namati, this paper will then highlight some of the problematic assumptions and contemporary challenges of Namati's work. Guiding this paper is a commitment to understanding the ways in which the rights discourses Namati engenders complement existing processes at the grassroots for the attainment of health services. Ending this paper will be a series of assessments of the political *work* of Namati interventions in affecting higher-order policy and legal reform in Sierra Leone and any conflict of interests that may arise.

LEGAL AID ON THE GROUND⁸

An Overview of the Data

For the purposes of this section, all published articles and reports that address the effectiveness of legal empowerment programs the world over will include those that work to improve access to social and economic entitlements including education, health, water and sanitation. They will include organizations that are formally dedicated to addressing justice issues in social and economic entitlement, and civil-society organizations that advocate for a whole host of civil society issues. According to Goodwin and Maru, there are 135 legal empowerment organizations currently operating around the world that represent approximately 700 individuals.⁹ These organizations, including Namati, are constituted within a global network of legal empowerment initiatives and are found in every World Bank Region including North America.¹⁰

One marker of success for legal empowerment organizations is the impact engendered on the person(s) represented. Goodwin and Maru have classified the impact of legal empowerment initiatives into two broad categories: Impacts on “citizens and consciousness”, and institutional impacts. The “citizens and consciousness” category is a vague descriptor, but derives clarification from its subdivisions including its effects on the legal knowledge of individuals, their agency and participation – defined by their willingness to act in the event that they experience grievances, the nature of the actions they undertake to address those grievances, and their ability to acquire a remedy, entitlement, or a piece of information previously denied by

⁸ Many of the cases reviewed in this section will incorporate legal aid initiatives and their impacts in areas not limited to health alone.

⁹ Laura Goodwin and Vivek Maru, "What Do We Know About Legal Empowerment? Mapping the Evidence (Working Paper)," (Namati, 2014).

¹⁰ Ibid.

government or administrative bodies mandated to share that information. Furthermore, consciousness-raising and changes to notions of citizenship are exemplified by an increase in conflict or case resolution – a key strategy for Namati that will be discussed later, increased social inclusion, and improvements to development outcomes including health and education. Institutional categories include positive changes in law or policy at the local, provincial, state, or national level that occur as a result of the activity of legal empowerment organizations and constitute a key goal for many legal empowerment organizations including Namati.¹¹

Legal empowerment organizations use a variety of tools to provide legal services for their clients. These strategies range from building legal literacy, direct advocacy, fostering citizen participation in the act of governance and oversight, to enabling community mobilization, providing legal aid in the event of nonexistent legal mechanisms, utilizing paralegals, and fortifying customary justice mechanisms, among others. Of the 199 legal empowerment approaches reviewed, Goodwin and Maru found that 113 (57 percent) involved legal literacy, 78 (39 percent) involved community mobilization, and 73 (37 percent) involved direct advocacy. One hundred percent of studies that included ombudsman offices and human rights commissions positively influenced institutional change. Public interest litigation and advocacy closely followed at approximately 80 percent and 73 percent respectively. It is worth noting that the influence of legal empowerment interventions were most concentrated at the grassroots level, involving local-level changes in law, policy, or institutional practice.

While the sheer number of peer-reviewed empirical studies in support of legal empowerment remains scant,¹² it is important to highlight the most salient studies and reports that have addressed the efficacy of legal empowerment initiatives in securing social and

¹¹ Ibid.

¹² Matthew Stephens, "The Commission on Legal Empowerment of the Poor: An Opportunity Missed," *Hague Journal on the Rule of Law* 1, no. 01 (2009).

economic “rights”¹³ before critically engaging any weaknesses. This review will proceed in recognition of the variegated contexts that belie any attempts at generalizing from one locale, one political system, and one nation-state to another. Furthermore, in 88 percent of the studies reviewed by Goodwin and Maru, legal empowerment initiatives incorporated various approaches in working with the grassroots. In light of this fact, the goal of this review is less to highlight the combinatorial nature of legal empowerment than to discuss the ways in which those approaches are applied to the attainment of social and economic entitlements.

Legal Empowerment at the Level of Institutions

Service delivery agencies, regulatory agencies, and public/private enterprises all make up the various institutions engaged by legal empowerment organizations.¹⁴ Goodwin and Maru found that 90 legal empowerment initiatives engaged at least one administrative body. 80 of those interventions engaged service providers while 34 engaged regulatory agencies and 16 engaged private firms. Legal empowerment initiatives also work with traditional courts composed of chiefs who adjudicate claims based upon law derived from the rules and practices of a community.¹⁵

Formed in 2000, The Malawian Civil Society Coalition for Quality Basic Education (CSCQBE) is a network of 78 national and international civil society organizations and 27 district education networks that advocate for the right to quality education and work to promote

¹³ I use scare quotes to denote the degree to which the notion of “rights” are a contested term, lacking any fixity in space or time. See, Ellen Messer, “Anthropology and Human Rights,” *Annual Review of Anthropology* 22 (1993)., Richard A. Wilson, “Human Rights, Culture and Context: An Introduction,” in *Human Rights, Culture and Context*, ed. Richard A. Wilson, Anthropology, Culture and Society (London, Chicago: Pluto Press, 1996)., and Mark Goodale, *Surrendering to Utopia: An Anthropology of Human Rights*, Stanford Studies in Human Rights (Stanford: Stanford University Press, 2009).

¹⁴ Vivek Maru and Abigail Moy, *Legal Empowerment and Public Administration: A Map of the Landscape and Three Emerging Insights* (Open Society Justice Initiative, 2013).

¹⁵ Janine Ubink, “The Quest for Customary Law in African State Courts,” in *The Future of African Customary Law*, ed. Jeanmarie Fenrich, Paolo Galizzi, and Tracy E. Higgins (Cambridge: Cambridge University Press, 2011).

accountability in the education sector. By using a Public Expenditure tracking System, the coalition set out to capacitate parent-teacher associations and other community stakeholders to monitor spending at the school-level. In addition to school expenditures, the coalition monitors government spending, its budget, and procurement and delivery processes.¹⁶

Through these monitoring activities, the coalition engendered numerous reforms in institutional practice. They pressured the Malawian government to allocate funds for children with special needs and for the purchase of specialized materials for teachers to teach these children. The coalition forced a parliamentary committee to investigate the practice of late or non-payments to teachers, the result of which was the submission of a report to the National Assembly. Following the successful lead of CSCQBE, the government enacted its own expenditure tracking survey that was planned and monitored by civil society representatives. Finally, as a direct result of lobbying by the coalition, the government introduced incentives to attract teachers to rural areas to address existing educational disparities between rural and urban populations.¹⁷

The Paralegal Advisory Services Institute (PASI) in Malawi is a non-governmental organization that provides legal aid for the rural poor and vulnerable groups including women and children. Through its village mediation program, PASI paralegals train village-based mediators to manage disputes in their communities. These confidential mediations strive to respect local customs, and traditional authority structures including chiefs – who are also included in the mediation process –, while promoting human rights ideals, including gender parity for women. Village mediators collaborate with the formal justice system in Malawi when the mediators cannot handle serious cases. In instances where the police refer cases to the village

¹⁶ Vivek Ramkumar, "Our Money, Our Responsibility: A Citizen's Guide to Monitoring Government Expenditures," (The International Budget Project, 2008).

¹⁷ Ibid.

mediators, the mediators will report the outcomes to the police to minimize impunity should members of the disagreeing parties neglect their agreements. While PASI deals primarily with petty crimes and civil disputes and not with social and economic issues, this organization constitutes an example where disputes are resolved both by traditional and formal institutions of justice.¹⁸

The Ugandan Debt Network (UDN) created civil-society committees at the village, sub-country, and district level to monitor Poverty Action Fund expenditures and check the performance of service delivery at the level of local government. In what were termed “district dialogues”, community monitors presented the findings of their monitoring activities to district authorities and demanded concrete responses. In addition to engaging with district authorities, community monitors distributed the results of their monitoring activities via radio and newsletters. Poor quality work by contractors building schools or health clinics were exposed by UDN-sponsored community monitors through reports that highlighted individual instances of missing items or funds related to local service delivery. By publishing the reports, community monitors pressured district officials to initiate investigations into the misappropriated items, leading to the subsequent recovery of the items including school roofs, health clinic mattresses, and bicycles. In addition to raising public awareness on the intricacies of public resource management and budgeting, UDN efforts resulted in revised national guidelines to strengthen accountability in school facilities grant programs with UDN monitoring committees reporting the misappropriation of funds designated for school facilities in one district.¹⁹

In an article published in the *IDS Bulletin*, Suchi Pande describes the efforts of the Indian based group Parivartan. Parivartan works to address issues of corruption and justice by

¹⁸ PASI: Paralegal Advisory Service Institute, <http://www.pasimalawi.org/index.html>.

¹⁹ Paolo Renzio, Vitus Azeem, and Vivek Ramkumar, "Budget Monitoring as an Advocacy Tool," (International Budget Office, 2006).

incorporating a public hearings model called *jan sunwais*. In 2001, Parivartan pushed for more efficient delivery of subsidized grain through Delhi's public distribution system. Parivartan mobilized Delhi citizens to access their food grain records by citing Delhi's Right to Information Act, and compared the records with the amount of grain received. Any discrepancies were brought to government officials in a public hearing that led to official investigations showing that 87 percent of grain and 94 percent of rice intended for families living below the poverty line was instead sold on the open market. These strategies not only fostered improvements in distribution the following year, they also led to the institutionalization of public scrutiny of Delhi's Public Distribution System with the assistance of government officials, and the power of collective action.²⁰

There are scant empirical case studies devoted to legal empowerment initiatives and their engagement with private firms.²¹ In light of these lapses, the work of *Colectiva de Mujeres Hondureñas* (CODEMUH) in support of the rights of women working in textile factories shall illustrate the ways in which rights movements engage with private firms. Through support from Oxfam and the Institute for Social Research and Advocacy, CODEMUH set out to address the poor working conditions and long working hours of women in textile factories (*maquilas*). CODEMUH organized a fact-finding mission and gathered evidence on the risks and violations faced by women in *maquilas*. By working with factory representatives and educating factory women on the relevant labor laws, CODEMUH pressured government officials to commence a review of the Honduran Labor Code and factory monitoring visits to assess labor law violations.

²⁰ Suchi Pande, "The Right to Information and Societal Accountability: The Case of the Delhi Pds Campaign," *IDS bulletin* 38, no. 6 (2007).

²¹ Goodwin and Maru, "What Do We Know About Legal Empowerment? Mapping the Evidence (Working Paper)."

While conditions in some factories improved, lapses in law-enforcement and civil society pressure continually make sustainable reform challenging.²²

Legal Empowerment and the Delivery of Basic Services

Legal empowerment initiatives have a rich history of activity for the attainment and delivery of basic sector services in health, education, and hygiene. In order to address the low numbers of birth registration in Bangladesh, UNICEF trained community health workers and teachers in law and administrative procedures surrounding registration. Registering newborns is critical for the attainment of government services and at the time of release of UNICEF's report, only 9.8 percent of children under the age of five had their births registered. Training community health worker and teachers, two occupations that hold a coveted status among rural populations and are close to the communities they serve,²³ were capacitated to register children who came in for immunizations and enrollment in primary school. This facilitated access to legal registration procedures for children and their families who may not have had access to begin with. As a result of UNICEF's efforts, the proportion of under-fives who were officially registered rose almost six-fold, reaching 53.6 percent by 2009.²⁴

In Senegal, TOSTAN is a non-governmental organization that utilizes "rights-based" interventions that promote health and hygiene, literacy, and women's rights. TOSTAN piloted an intervention program to test the effects of legal literacy exercises on the prevalence of and attitudes towards female genital cutting. Researchers found that women and men who received training on laws that addressed female genital cutting improved their awareness of those laws by

²² Juan-Carlos Arita, "A Life with Dignity: Honduran Women Raising Voices to Improve Labour Standards," (Great Britain: Oxfam, 2008).

²³ Vivek Maru, "Between Law and Society: Paralegals and the Provision of Justice Services in Sierra Leone and Worldwide," *Yale Journal of International Law* 427 (2006).

²⁴ UNICEF, "Birth Registration in Bangladesh," [http://www.unicef.org/bangladesh/birth_registration\(1\).pdf](http://www.unicef.org/bangladesh/birth_registration(1).pdf).

83 percentage points and 51 percentage points respectively. 66 percent of women and 77 percent of men cited a deeper knowledge of health laws in general. Knowledge of health services including family planning increased 17 percentage points for women to 96 percent, and 13 percentage points for men to 100 percent. The proportion of women who thought it necessary to engage in female genital cutting decreased by 37 percentage points to 33 percent. The proportion of women and men who expressed an awareness of at least two negative consequences of female genital cutting increased 11 percentage points to 83 percent for men, and 7 percentage points to 83 percent for women. Finally, the proportion of women in the intervention group who approved of female genital cutting decreased by 50 percent, which exceeded the amount decreased for women in the non-intervention group (40 percent).²⁵

Through the efforts of non-governmental organizations in Kenya, paralegals are working to integrate legal services into health care among socially marginalized groups including people living with HIV/AIDS and victims of violence. This is accomplished by incorporating legal service providers in health clinic settings where they work with health care providers to assist individuals in obtaining referrals for legal assistance, psychosocial support, and other health services. An evaluation conducted by the Harvard School of Public Health showed that health workers trained in the legal aspects of health service delivery were able to introduce patients to the requisite “referral networks” that granted access to government agencies that possessed the leverage necessary to address structural problems underlying inadequate health. Among the other services provided to clients by legal service providers working in health care settings included dispute resolution – a service to which a health service providers could refer a client –, which opened redress channels for “rights” violations. Participants in these programs increased their

²⁵ Nafissatou, Diop J. et al., "The Tostan Program: Evaluation of a Community Based Education Program in Senegal," (Population Council GTZ TOSTAN: US Agency for International Development, 2004).

knowledge of obtaining legal regress and were more likely to inform peers in their communities of those services.^{26,27}

Accountability also extends to the realm of customary justice institutions. Ain o Salish Kendra (ASK), a self-proclaimed legal aid and human rights organization operating in Bangladesh, trained women committees to monitor *Shalish*, a traditional system of justice upheld by elders of the community. By monitoring *Shalish*, and providing the standard-bearers of *Shalish* with legal education, ASK was able to eliminate discriminatory marriage and divorce practices in which women who desired to reconcile with an ex-husband were first required to marry another man.²⁸

Legal Empowerment and its Contribution to “Development”²⁹ Outcomes

In their never-ending quest for efficacy, legal empowerment organizations have made it their mission to understand the effects of legal aid interventions on social and economic indicators. The randomized control trial is one such method to assess impact, and has been employed by World Bank development practitioners within the Sierra Leonean context to quantify the effects of: community health compacts between health clinic service providers and patients; nonfinancial awards for clinic service providers, the creation of grievance channels to

²⁶ Quoted in, Goodwin and Maru, "What Do We Know About Legal Empowerment? Mapping the Evidence (Working Paper)."

²⁷ "Evaluating the Integration of Legal Support and Health Care in Kenya: Findings from the Second Phase of the Evaluation," (Harvard School of Public Health, 2011).

²⁸ Stephen Golub, "Non-State Justice Systems in Bangladesh and the Philippines," (2003).

²⁹ “Development” is tenuous here because the term engages descriptors that are defined not by intended “objects of intervention” but rather by Western multilateral organizations, donors, and non-governmental organizations. See, James Ferguson, *The Anti-Politics Machine: "Development", Depoliticization and Bureaucratic Power in Lesotho* (Minneapolis: University of Minnesota, 1990).

speak on inadequacies in health service delivery, and paralegal interventions; on outcomes including under-five access to immunizations, nurse absenteeism, and nurse compensation.³⁰

Despite the cost and implementation barriers of randomized control trials in quantifying health outcomes, there stands the more problematic assumption that development outcomes can be neatly linked, in a linear fashion, to legal empowerment initiatives. This section will deal less with problematizing those assumptions than it will with illustrating the ways in which certain deficiencies in development outcomes are addressed in practice. A more specific examination of Namati further on in this paper however, will delve into those issues.

In a randomized control experiment, Björkman and Svensson sought to quantify the effects of community monitoring on health outcomes in nine districts throughout Uganda with an estimated catchment population of 55,000. Community members scored the quality of health service providers and then worked collaboratively with those service providers to develop a plan to improve the quality of health services based on the previous scores, a process called community compacts. After the development of the plan, community members monitored the implementation of the agreed-upon plan with the oversight of community-based organizations. Björkman and Svensson noted that a year after implementation of these community compacts and monitoring, there was a 20 percent increase in the utilization of general outpatient health services. Under-five mortality rates fell by 33 percent, resulting in 546 averted under-five deaths. Infants aged 1-18 months saw increases in weight (0.14 additional z-score), which corresponded to a 7 percent reduction in the average risk of mortality from infectious disease. Nurse

³⁰ Margaux Hall, Nicholas Menzies, and Michael Woolcock, "From Hippos to "Best Fit" in Justice Reform: Experimentalism in Sierra Leone," in *The International Rule of Law Movement: A Crisis of Legitimacy and the Way Forward*, ed. David Marshall, Human Rights Program Series (Book 4) (Cambridge: Human Rights Program, Harvard Law School, 2014).

absenteeism fell by 13 percent and waiting times were 12 minutes lower (131 minutes vs. 119 minutes) for patients engaged in the community compacts and monitoring.

In their analysis, Björkman and Svensson argued that communities who developed compacts with health service providers and monitored adherence to those compacts felt more engaged, and were better able to monitor health service delivery in their respective communities. Despite their claim that overall, the program would prove to be cost-effective in terms of the number of under-five deaths averted versus the more mainstream methods of averting deaths through combined and integrated delivery, salient scalability and sustainability questions remained.³¹

In an intervention led by the Tata Institute of Social Sciences and sponsored by Jalswarajya Project of the World Bank, researchers sought to engage health clinic end-users in the monitoring of performance and process procedures of health centers in Maharashtra, India. They found that the intervention resulted in an increase in the percentage of children in the normal weight category in Thosegar, Limb, and Satara primary health centers. Health checkups for children aged 0-6 years, including pediatric camps for children in Grades 3 and 4 are now regularly held every three months. The demand for community scorecard programs among end-users increased every 3 to 6 months and reduced discrepancies between user expectations and the care of service providers. The success of the program led the district council of Satara to begin another pilot program in 41 villages within the district.³²

An education intervention led by Duflo and colleagues sought to examine the impact of community monitoring on teacher performance. The government of Kenya introduced the *Free*

³¹ See, Martina Björkman and Jakob Svensson, "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda," *The Quarterly Journal of Economics* 124, no. 2 (2009).

³² "Maharashtra, India : Improving Panchayat Service Delivery through Community Score Cards," in *Social Accountability Series* (Washington, D.C.: World Bank, 2006).

Primary Education Programme in 2003 to address low enrollment levels in primary schools throughout the country.³³ The education policy encouraged an increase in the gross enrollment rate by 104 percent – from 5.9 to 7.2 million – which led to further demands for adequately trained teachers. Through a “School Based Management” (SBM) scheme, where parents were given powers to hire and fire teachers, monitor teacher performance, and check for teacher attendance, students on average scored 0.14 standard deviations higher on tests than students in “non-tracking” schools after 18 months in the program.³⁴ Teachers at SBM schools were 50 percent less likely to be a relative of a salaried teacher, implying that parents given hiring and firing powers were more likely to stem nepotistic hiring practices. An interesting note is that teachers in SBM schools were incentivized to teach to the level of lower-achieving pupils, suggesting that parental governance positively impacted the teaching practices of teachers.³⁵

The case studies listed above serve as a representative sample of the existing legal empowerment initiatives and their various accomplishments in socioeconomic domains. The intention of this highly selective overview is meant not to problematize the existing evidence, but rather to illustrate the evidence as it stands to serve as a backdrop to the work of Namati, which henceforth will be the primary focus of this paper.

³³ Esther Duflo, Pascaline Dupas, and Michael Kremer, "Peer Effects, Teacher Incentives, and the Impact of Tracking: Evidence from a Randomized Evaluation in Kenya," *American Economic Review* 101, no. 5 (2011).

³⁴ Schools with a “School Based Management” scheme.

³⁵ Goodwin and Maru, "What Do We Know About Legal Empowerment? Mapping the Evidence (Working Paper)."

NAMATI: A GENERAL SCHEMATIC

Preliminary Background

The work of Namati is predicated on the bifurcated legal system that exists within Sierra Leone, a system that incorporates formal law and customary law mechanisms in the mediation of disputes, the dispensation of justice, and the upholding of national law. The existence of this dualist legal system did not emerge as an inevitable consequence of the natural evolution of political institutions, but rather, emerged out of conscious efforts by British colonial forces, who co-opted existing political structures, after the establishment of a British protectorate in Sierra Leone in 1896.³⁶ In setting up customary law institutions, the British incorporated local “big men” or chiefs – known as *fem a bana*, and *kpako*³⁷ – who held a coveted status as protectors of the people from wars and slave raids.³⁸ These native authorities were useful for the British in that they extended their administrative arm into the provinces by subsuming these local political relations under colonial control, as a way to solve “the “native question” and control a vast array of “tribal” majorities in the provinces from the relative safety of Freetown, a system known as indirect rule.³⁹

Within Sierra Leone, this dualist legal system has persisted through British colonial rule into independence and beyond: through the postcolonial period, the civil war, and into what

³⁶ Chi Mgbako and Kristina Scurry. Baehr, "Engaging Legal Dualism: Paralegal Organizations and Customary Law in Sierra Leone and Liberia," in *The Future of African Customary Law*, ed. Jeanmarie Fenrich, Paolo Galizzi, and Tracy E. Higgins (Cambridge: Cambridge University Press, 2011).

³⁷ Themne and Mende languages respectively.

³⁸ Maru, "Between Law and Society: Paralegals and the Provision of Justice Services in Sierra Leone and Worldwide."

³⁹ Mahmood Mamdani, *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism*, ed. Sherry B. Ortner, Nicholas B. Dirks, and Geoff Eley, Princeton Studies in Culture/Power/History (Princeton: Princeton University Press, 1996).

political scientist David Harris has termed, the “neopatrimonialist”⁴⁰ period, in which Sierra Leone is geopolitically reorienting itself amongst world patronage networks to engender liberal reforms in the political, economic, and social sectors. Customary law institutions, despite their linkages in the scholarly literature to the proliferation of despotic regimes in contemporary times,⁴¹ are widely accepted by the vast majority of the population of which are served by only approximately 400 lawyers.⁴² In 1963, Sierra Leone passed the Local Courts Act, establishing “local courts” and local court chairmen as the formal adjudicators of customary law. However, Sierra Leoneans often bring disputes to village and section chiefs for mediation and risk being charged excessive fines in violation of the Local Courts Act. The popularity of customary law institutions, which appeal to Sierra Leonean conceptions of conflict resolution and restitution, are a key tool in Namati’s legal empowerment interventions.⁴³

Namati significantly derives its methodologies from the paralegal organization *Timap*⁴⁴ *for Justice*, which was also co-founded by Vivek Maru. Both organizations utilize paralegals that work as agents of conflict resolution, and aid in the pursuit of justice in ways that give credence to the customary institutions that serve the majority of Sierra Leoneans. In essence, paralegals are laypersons that are given specific training in advocacy, community organizing, and education, to combine with skills taught in formal law, and the functions of central government and its devolved organs. According to Vivek, they work to “provide concrete justice solutions to people’s justice problems” by grounding their mediation in the realities individuals and

⁴⁰ David Harris, *Sierra Leone: A Political History* (London: Hurst & Company, 2013).

⁴¹ Paul Richards, *Fighting for the Rain Forest*, ed. Alex de Waal, African Issues (Oxford and New Hampshire: James Currey and Heinemann, 1996).

⁴² It has been difficult to obtain up-to-date statistics on the number of practicing lawyers in Sierra Leone. See, Integrated Regional Information Networks, “Film: Sierra Leone’s Women Behind Bars,” <http://www.irinnews.org/report/100211/new-film-sierra-leone-s-women-behind-bars>.

⁴³ Mgbako and Baehr, “Engaging Legal Dualism: Paralegal Organizations and Customary Law in Sierra Leone and Liberia.”

⁴⁴ The Sierra Leonean Krio word “Timap” literally means, “stand”.

communities face, while linking their advocacy to the relevant formal law mechanisms. Their training necessitates a certain proximity to the communities they serve that enables them to incorporate both legal systems – formal and customary – in the pursuit of “harmonious” reconciliation that differs from other legal aid approaches. Paralegals complement their mediation by utilizing community organizing and education.⁴⁵

One key difference between Timap’s and Namati’s approach lies in the kinds of cases paralegals can take. Both Timap and Namati operate with the understanding that the eleven-year civil war in Sierra Leone severely weakened existing infrastructural capacities. The war brought with it the necessity of legal redress mechanisms to address the atrocities perpetrated by RUF⁴⁶, civilian, and military defense forces on a mass scale.⁴⁷ Of the total working court magistrates, approximately half are assigned on a rotational basis throughout the provinces. The other half are stationed in Freetown, which puts the rural majority at a severe disadvantage in utilizing their services, especially when coupled with other existing structural barriers.^{48, 49} Bearing programs with titles such as: *Accountability of Essential Services*, *Environmental Justice*, and *Legal Aid 2.0*, Namati extends Timap’s paralegal and community mobilization model into the realm of socioeconomic entitlements.⁵⁰ Namati begins with the assumption that the legacy of armed

⁴⁵ Maru, "Between Law and Society: Paralegals and the Provision of Justice Services in Sierra Leone and Worldwide."

⁴⁶ Revolutionary United Front

⁴⁷ Danny Hoffman, *The War Machines: Young Men and Violence in Sierra Leone and Liberia*, ed. Neil L. Whitehead, Jo Ellen. Fair, and Leigh Payne, *The Cultures and Practice of Violence* (Durham and London: Duke University Press, 2011).

⁴⁸ Maru, "Between Law and Society: Paralegals and the Provision of Justice Services in Sierra Leone and Worldwide."

⁴⁹ Lawyers often charge excessive fees for services and court proceedings are often conducted in English, which is a problem considering the low literacy rates. English is a language most Sierra Leoneans learn in school. See, CIA, "The World Factbook: Sierra Leone," <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>.

⁵⁰ Namati, "Namati Work," <http://www.namati.org/work/>.

conflict⁵¹, the permanence of entrenched patron-client relations⁵², the banality of corruption, coupled with the failure of efforts to mitigate it,^{53, 54} and the alignment of central government policy with donor-sponsored mandates,⁵⁵ all contribute to the inability of the Sierra Leonean state to provide adequate education, health, and legal services for its people.

In its *Accountability of Essential Services* program,⁵⁶ Namati is collaborating with the World Bank's Justice for the Poor (J4P) program and the Ministry of Health and Sanitation (MoHS) to test the feasibility and scalability of two distinct approaches to improve the "quality and accountability" of health care services for Sierra Leoneans: A legal empowerment approach that is grounded in the "socio-legal context", utilizes paralegals trained in customary and formal law structures, to work with communities in providing a platform to air their grievances to MoHS and its decentralized organs; and a social accountability approach that educates health committees, termed facility management committees (FMCs) on their roles in advocating for accountability in the health sector. These FMCs act as liaisons between health clinics and community members to ensure that clinic staff are executing their duties in accordance with national health policy. FMCs work to ensure that both parties can agree on a set of services in the event that grievances arise.^{57, 58} Namati is also testing an enhanced hybrid approach involving paralegals, FMCs, and negotiated compacts between communities and clinic staff that allow them to work together to improve health service delivery.

⁵¹ Jean-François Bayart, Stephen Ellis, and Béatrice Hibou, "The Criminalization of the State in Africa," in *African Issues*, ed. Alex de Waal and Stephen Ellis (Oxford and Bloomington: James Currey and Indiana University Press, 2009).

⁵² Hoffman, *The War Machines: Young Men and Violence in Sierra Leone and Liberia*.

⁵³ J.P. Olivier de Sardan, "A Moral Economy of Corruption in Africa," *The Journal of Modern African Studies* 37, no. 1 (1999).

⁵⁴ Bayart, Ellis, and Hibou, "The Criminalization of the State in Africa."

⁵⁵ Harris, *Sierra Leone: A Political History*.

⁵⁶ I worked directly in this particular program for Namati so I can speak the most intelligently about it

⁵⁷ Vivek Maru, "Allies Unknown: Social Accountability and Legal Empowerment," *Health and Human Rights* 12, no. 1 (2010).

⁵⁸ "The Challenges of African Legal Dualism: An Experiment in Sierra Leone," in *Justice Initiatives* (Open Society Justice Initiative, 2005).

In addition to case mediation, mobilization and education form a key component to Namati's approach, particularly in the midst of nationwide deficits in the monitoring and accountability mechanisms of the Free Health care Initiative (FHCI) announced by President Ernest Bai Koroma, and the inadequate distribution networks for needed drugs and medical supplies to rural clinics throughout the provinces.^{59,60} Namati also trains its paralegals to initiate legal literacy classes as a way to inculcate in marginalized entities, namely women, an awareness of their health rights and the appropriate community-specific channels to utilize in actualizing those rights.

⁵⁹ Government of Sierra Leone: Ministry of Health and Sanitation, "National Health Sector Strategic Plan," (2009).

⁶⁰ Amnesty International, "At a Crossroads: Sierra Leone's Free Health Care Policy," (Amnesty International, 2011).

LESSONS FROM MALAWI

Meet the Prisoners

Having provided a general schematic of the political context undergirding the work of Namati, it is now time to infuse a skeptic's eye upon its operations. To date, the scholars have failed to rigorously investigate not only the efficacy of legal empowerment organizations, but also the assumptions taken by these organizations when seeking to create channels for the exercise of contextual socioeconomic rights. Here onwards, this case study will critically and programmatically examine Namati's *Health Accountability and Social Empowerment Program* with the aid of the perspective taken by social anthropologist Harri Englund and author of *Prisoners of Freedom: Human Rights and the African Poor*. While the context of his study varies from that of Namati, his key questions and observations will be of use for the remainder of this study.

In his book, Dr. Englund surveyed the landscape of legal aid and civic education in the Malawian milieu, a landscape of which he is highly critical for its "disempowering" characteristics by treating grievances abstractly, as if they arose from morally autonomous individuals independent of the rich contested notions of identity and culture that situate that *individual* in the *communal* sphere.^{61, 62} A failure to realize this fact can be problematic when attempts at justice rob the aggrieved of his/her/their⁶³ opportunity to utilize redress structures in tune to communal notions of restitution.

⁶¹ Wilson, "Human Rights, Culture and Context: An Introduction."

⁶² Harri Englund, *Prisoners of Freedom: Human Rights and the African Poor*, ed. Robert Borofsky, California Series in Public Anthropology (Berkeley: University of California Press, 2006).

⁶³ I use second and third person pronouns to give credence to the various ways levels at which person(s) can be aggrieved.

Dr. Englund sought to “lay bare power and its disguises”⁶⁴ and “reveal disempowerment in the guise of empowerment” by asking the very basic question: to what extent do human rights initiatives in Malawi actually disempower those they seek to empower? His thesis is that through donor-sponsored initiatives, human rights came to be defined in “particular ways” and neglected the degree to which the rural poor actively participated in the daily act of governance.^{65,66} To Dr. Englund, the poor had just as much at stake in defining “what freedom, human rights, and democracy might mean in their context”⁶⁷ as the elites had in advancing those notions through law and policy implementation. According to Dr. Englund, those elites – including civic educators in Malawi’s donor-sponsored voter education program called the National Initiative for Civic Education (NICE) – were prisoners of a very specific notion of freedom and treated the rural poor as passive recipients of “rights education” while fostering hierarchal degrees of separation between themselves and the recipients of legal aid through status distinctions and symbols of power^{68,69} including certificates, modes of modern dress, and the latest technology. By displaying these symbols, elites established their connectivity to a trans-national community of goods and ideas,⁷⁰ thereby fortifying their legitimacy in the eyes of legal aid recipients.

⁶⁴ John Gledhill, "Liberalism, Socio-Economic Rights and the Politics of Identity: From Moral Economy to Indigenous Rights," in *Human Rights, Culture and Context*, ed. Richard A. Wilson, Anthropology, Culture and Society (London, Chicago: Pluto Press, 1996).

⁶⁵ Michel Foucault, "Governmentality," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: University of Chicago, 1991).

⁶⁶ Graham Burchell, "Peculiar Interests: Civil Society and Governing "the System of Natural Liberty", " *ibid.*

⁶⁷ Englund, *Prisoners of Freedom: Human Rights and the African Poor*.

⁶⁸ Achille Mbembe, *On the Postcolony*, ed. Victoria E. Bonnel and Lynn Hunt, 1 ed., Studies on the History of Society and Culture (Berkeley and Los Angeles: University of California Press, 2001).

⁶⁹ Anthony Simpson, *Half-London' in Zambia : Contested Identities in a Catholic Mission School*, ed. J.D.Y. Peel, Colin Murray, and Suzette Heald, International African Library (Edinburgh: Edinburgh University Press for the International African Institute, 2003).

⁷⁰ See, Jean-François Bayart, *The State in Africa: The Politics of the Belly* 2ed. (2009); Jean-François Bayart, "Africa in the World: A History of Extraversion," *African Affairs* 99 (2000).

Prisoners of Freedom attempts to characterize the ways in which foreign donors, and Malawian activists deprive human rights of “substantive meaning.”^{71,72} To Dr. Englund, rights within the context of political and civil rights in Malawi, is a dynamic form of governance where the agency of subjects, individually or collectively, is recognized,⁷³ and open to shifting modes of expression depending on the social, economic, and political context.⁷⁴

This mini-review of *Prisoners of Freedom* while far from comprehensive, will serve as the analytical jumping point for the next section of this case study. Drawing on eleven weeks of fieldwork as a program evaluator for Namati’s *Health Accountability and Social Empowerment Program*, this study will analyze key aspects of the program, make recommendations were relevant, and question the underlying assumptions of the program using Dr. Englund’s scholarship as a critical lens. The analysis is possible only through the power of participant observation which retains its relevance not only in a world of spatial mobility and transnational linkages^{75,76} but more importantly, in a world in which a sort of “linguistic competence”⁷⁷ is necessary to achieve a richer more nuanced understanding of a “people”,⁷⁸ beyond “appearance and rhetorics.”⁷⁹

⁷¹ James Ferguson and Akhil Gupta, "Spatializing States: Toward an Ethnography of Neoliberal Governmentality," *American Ethnologist* 29 (2002).

⁷² Robert Jenkins, "Mistaking "Governance" for "Politics": Foreign Aid, Democracy and the Construction of Civil Society," in *Civil Society: History and Possibilities*, ed. Sudipta Kaviraj and Sunil Khilnani (Cambridge: Cambridge University Press, 2001).

⁷³ Nikolas Rose, *Powers of Freedom : Reframing Political Thought* (Cambridge: Cambridge University Press, 1999).

⁷⁴ Rita Abrahamsen, *Disciplining Democracy: Development Discourse and Good Governance in Africa*, Studies in African Politics, Society and Development (London New York: Zed Books, 2000).

⁷⁵ Karen Fog Olwig and Kirsten Hastrup, *Siting Culture: The Shifting Anthropological Object* (London: Routledge, 1997).

⁷⁶ Akhil Gupta and James Ferguson, *Anthropological Locations: Boundaries and Grounds of a Field Science* (Berkeley: University of California Press, 1997).

⁷⁷ Achille Mbembe’s phrase need not be limited strictly to language and may apply to cultural mores, social conventions, and political histories that are highly localized and must be understood in their proper context before commencing with any social analysis of a “people”.

⁷⁸ Mbembe, *On the Postcolony*.

⁷⁹ Englund, *Prisoners of Freedom: Human Rights and the African Poor*.

RESULTS

I. Rationale of the Social Accountability and Legal Empowerment Approach

In its 2011 report entitled, *At a Crossroads: Sierra Leone's Free Health Care Policy*, Amnesty International critically assessed the state of health care in Sierra Leone within the broader context of reforms instituted by President Ernest Bai Koroma. Those reforms were multifaceted and included the drafting of the *National Health Sector Strategic Plan 2010-2015* (NHSSP) in 2009. This plan outlined a unifying framework for the Ministry of Health and Sanitation (MoHS) and other partners to attain the health-related Millennium Development Goals (MDG) by working towards universal coverage, lower burdens of communicable and non-communicable disease, and improved quality of health services by trained and qualified staff for infants and their mothers.⁸⁰ Along the same vein of health sector reform, President Koroma announced the *Free Health Care Initiative* whose goal was to provide a "Basic Package of Essential Health Services" designed to improve emergency obstetric care, provide preventive family services such as family planning and immunizations, and distribute insecticide treated bed nets, by utilizing a cost-effective approach.⁸¹ The FHCI set a goal of ensuring free health care for 230,000 pregnant women, lactating mothers, and 950,000 children under 5 years of age.⁸² In addition to more targeted measures at reforming the health care system, MoHS devised a list of "priority interventions" aimed at fortifying the health care system and ensuring standards of care:

⁸⁰ Government of Sierra Leone: Ministry of Health and Sanitation, "National Health Sector Strategic Plan." Foreword

⁸¹ "Free Health Care Services for Pregnant and Lactating Women and Lactating Women and Young Children in Sierra Leone," in *Sierra Leone Conference: Stability, Opportunity, Growth* (Sierra Leone 2009).

⁸² Amnesty International, "At a Crossroads: Sierra Leone's Free Health Care Policy."

- Increase health sector financing in line with the Abuja Declaration (2001)⁸³ and develop new financing mechanisms, including a social health insurance scheme;
- Strengthen the procurement and supply chain management system to ensure there are sufficient drugs and equipment supplied at the point of use;
- Increase the number of health care workers, introduce performance-based incentives to promote quality health care services, and top up salaries as an interim measure;
- Strengthen oversight, co-ordination, and management at all levels to ensure transparency and efficiency, and monitor performance;
- Communicate the policy to allow people to exercise their rights to free health care⁸⁴

While the reforms were generally successful in improving access to maternal health care, several deficiencies remained. In January 2012, MoHS published the *Joint Programme of Work and Funding 2012-2014* whose goal was “to guide the activities and investment decisions of Government and the health sector development partners over the next three years”, while “Outlining priority interventions and its resource and financing requirements”.⁸⁵ In its SWOT⁸⁶ analysis of the progress of the FHCI in achieving health sector MDG benchmarks, MoHS highlighted persistent challenges and threats to achieving those benchmarks, which included, but were not limited to:

- Outdatedness of existing health regulations;
- Weak mechanisms for monitoring services provided in the sector;
- Weak mechanisms for public accountability;
- Low quality of available health services;
- Inadequate provision of drugs, equipment and other supplies;
- Inadequate outreach and referral services;
- Minimal involvement of communities in delivery of health services;
- Poor conditions of service for health care staff;

⁸³ A pledge by African Union countries to increase government funding for health by at least 15%. See, http://www.who.int/healthsystems/publications/abuja_declaration/en/

⁸⁴ Government of Sierra Leone: Ministry of Health and Sanitation, "Free Health Care Services for Pregnant and Lactating Women and Lactating Women and Young Children in Sierra Leone."

⁸⁵ "Joint Programme of Work and Funding (Jpwf) 2012-2014," (Sierra Leone: Ministry of Health and Sanitation, 2012). Pg. 1.

⁸⁶ Strengths
Weaknesses
Opportunities
Threats

- A weak supply chain management system;
- A weak monitoring and surveillance system for drugs;
- Inadequate capacity for monitoring of policy implementation at all levels;
- Inadequate number of trained staff⁸⁷

Furthermore, the capacity of existing mechanisms designed to monitor the provisioning of maternal health services at local and national levels were substandard. The existing monitoring systems neglected whether the needs of end-users, namely women and children, were met in service delivery. Furthermore, monitoring visits by MoHS representatives were infrequent and limited by the lack of resources and tools necessary for monitoring. The report also discussed patients' dissatisfaction with the lack of accessible administrative procedures for lodging complaints or raising grievances for substandard care or violations of their health rights.^{88,89} These deficiencies were compounded by the absence in Sierra Leonean law of legal recourse through international, national, or customary law institutions, if patients experienced violations to their health rights. The report however, left unsaid any methodology on how to address those gaps.⁹⁰

In order to address these broader issues of accountability, redress, and poor monitoring of health services in Sierra Leone, Namati in conjunction with the World Bank's Justice for the Poor Program (J4P), is currently testing the feasibility of the following approaches in increasing the effectiveness and accountability of health services to vulnerable populations⁹¹:

- A legal empowerment approach, grounded in the "socio-legal" context that utilizes paralegals who are grounded in the communities they work, understand the intricacies of

⁸⁷ Government of Sierra Leone: Ministry of Health and Sanitation, "Free Health Care Services for Pregnant and Lactating Women and Lactating Women and Young Children in Sierra Leone." Pg. 17-28.

⁸⁸ Amnesty International, "At a Crossroads: Sierra Leone's Free Health Care Policy." Pg. 34.

⁸⁹ Refer to the Convention on the Elimination of All Forms of Discrimination against Women, The International Covenant on Economic, Social and Cultural Rights, the African Charter on Human and Peoples' Rights, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

⁹⁰ Amnesty International, "At a Crossroads: Sierra Leone's Free Health Care Policy." Pg. 32.

⁹¹ Unpublished document. "Discrete ESW/TA Concept Note: Enhancing Justice in Health Service Delivery: Testing Social Accountability and Legal Empowerment Techniques". Submitted 5 April 2012.

both customary and formal legal regimes in Sierra Leone, and can give community members a platform to air their grievances on substandard care while advocating for improved health care services.^{92, 93}

- A social accountability approach that educates FMCs⁹⁴ on their roles in promoting accountability in the health sector; and works with these committees to create compacts with “clinic scorecards” between community members and clinic staff as a way for both parties to agree on a set of needed services, and improve health service delivery, outside of formal reporting channels that are subject to overload.
- An enhanced hybrid approach involving paralegals, FMCs and negotiated compacts between communities and clinic staff that allow communities and clinic staff to work together to improve health service delivery.⁹⁵

According to The World Bank’s J4P program, one fatal limitation of the MoHS’s FHCI is the fact that it was enacted into being without any accompanying policy documents or legal mechanisms adequately detailing the entitlements of end-users, the obligations of clinic staff to those end-users, and the protocols concerned parties could take when seeking redress for grievances in health care delivery, particularly among the vulnerable demographics of under-fives, lactating mothers, and pregnant women. The World Bank hypothesized that the ambiguity in law and policy documents, as it pertains to the FHCI, was contributing to the sober health statistics in Sierra Leone.⁹⁶ This ambiguity also encouraged various “frontline agents”⁹⁷ to interpret elements of the FHCI as they saw fit, directly impacting the nature of the care given to these vulnerable demographics.⁹⁸

⁹² Maru, "Allies Unknown: Social Accountability and Legal Empowerment."

⁹³ "The Challenges of African Legal Dualism: An Experiment in Sierra Leone."

⁹⁴ Facility Management Committees have four main responsibilities: Engage in health-related planning and decision making, Monitor health care delivery and health concerns in the community; Provide support to the health facility; Promote health in the community. Unpublished document, “*Terms of Reference: Facility Management Committees (FMCs)*”.

⁹⁵ Supra note. 91.

⁹⁶ Hall, Menzies, and Woolcock, "From Hippos to “Best Fit” in Justice Reform: Experimentalism in Sierra Leone." Pg. 248.

⁹⁷ Includes nurses, relevant clinic staff, and drug procurement operators.

⁹⁸ Hall, Menzies, and Woolcock, "From Hippos to “Best Fit” in Justice Reform: Experimentalism in Sierra Leone." Pg. 248.

The J4P program believed that addressing the fragmented structure of local governance structures in the provisioning of health services required community-level, justice-based interventions that utilize legal and quasi-legal approaches. These approaches include community clinic compacts, improving administrative procedures, training village health committees, clarification of health rights for end-users, creating channels for health grievances, and using paralegals as agents of advocacy, with the express goal of reducing service breakdowns, and improving the quality of service delivery.⁹⁹

In June 2012, Namati began its 16-month project entitled *Enhancing Justice in Health Service Delivery* with two civil-society organizations: BRAC and the Methodist Church Sierra Leone Relief and Development Agency.¹⁰⁰

BRAC began implementing its human rights and legal empowerment program in Sierra Leone in July 2010 in four chiefdoms: Maforki (Port Loko District), Marampa (Lunsar), Koya (Masiaka), and Kafu Bullom (Lungi). This program provides legal education, legal aid, and supportive services to protect marginalized communities from discrimination and exploitation while ensuring access to justice in both informal and formal legal regimes. The work goes beyond the scope of legal representation and reflects BRAC's awareness of the underlying socio-economic causes of vulnerability. HRLE has proceeded with funding from the Open Society Foundation, Namati, and Troicare.¹⁰¹ BRAC adopted its methodology from Timap for Justice¹⁰² where it employs paralegals trained in elements of customary and formal law to provide justice services for the poor and marginalized.¹⁰³

⁹⁹ Ibid. Pg. 249.

¹⁰⁰ Unpublished document. "World Bank Technical Proposal". Submitted 23 June, 2014.

¹⁰¹ Troicare is an overseas development agency of the Catholic Church of Ireland. See, <http://www.troicare.org/>

¹⁰² Both Timap for Justice and Namati were cofounded by Vivek Maru.

¹⁰³ Supra note. 100.

MCSL is a faith-based organization seeing its third decade of operation as the development arm of the Methodist Church in Sierra Leone. It operates in health and sanitation, education, primary justice, and agriculture. MCSL began its primary justice operations in 2006 in collaboration with the Movement for Justice and Development and Christian Aid, which provided funds in a joint project entitled *Partners in Conflict Transformation* that was implemented in Kailahun and Bonthe Districts. In 2010, PICOT ceased operations when Namati and the Open Society Foundation partnered with MCSL, introducing it to Timap's paralegal model. Namati later implemented that model as part of its broader mandate of social accountability and legal empowerment in Jong and Yawbeko chiefdoms.¹⁰⁴

In this project, Namati trained paralegals from BRAC and MCSL. The training occurred at the University of Makeni and covered various topics on accountability in the health sector, the relevant laws and policies relating to health service delivery, and the various grievance redress mechanisms in the MoHS. The aim of this training was to equip paralegals with the skills to:

- Provide mediation services in disputes that arise between service providers and service users;
- Ensure community empowerment through education on the Free Health Care Initiative and other health related policies;
- Mobilize community members in the facilitation of compacts between community people and health care facility staff;
- Organize communities for collective action(s) on health related issues;
- Encourage community members to take up grievances in health care service delivery to the formal grievance redress channels to help devise solutions;
- Promote the collection of data for analysis and possible advocacy in law, policy, and other administrative reforms,¹⁰⁵

Namati's goal in coopting these two organizations as part of its broader mandate of social accountability and legal empowerment in the health sector was:

- To determine the merits of the three approaches;

¹⁰⁴ Ibid.

¹⁰⁵ Supra note. 100.

- Inform the MoHS and partners of those merits and which to scale-up;
- Assist in the formulation of specific plans to scale.¹⁰⁶

Assessment

Despite the very real problems in health systems functioning and accountability, the existence of the World Bank's J4P Programme and Namati's *Enhancing Justice in Health Service Delivery* are clear indications of a shift in governance from non-governmental organizations to multilateral/financial institutions, where state functions are increasingly being delegated to non-state actors.¹⁰⁷ The core assumption in this shift is the belief that true citizenship lies in the unfettered access to education, health care and social security by the individual and the collective.¹⁰⁸ This assumption is best encapsulated in the Universal Declaration of Human Rights, which treats political and civil rights on equal footing with social and economic rights. However, "rights-based development" schemes have been duly criticized in the academic literature for its depoliticizing tendencies which abstract or treat as irrelevant the political context to satisfy ostensible social and economic needs with unintended consequences for intended beneficiaries.^{109,110} The history of transnational governance is rife with examples of unequal exchanges between rich multilateral institutions and poor developing countries.^{111,112} Government representatives in Sierra Leone must be wary of entrenched attempts at "transnational governance", and make every effort necessary to introduce organic reforms and implementation for health systems accountability.

¹⁰⁶ Supra note. 91.

¹⁰⁷ Ferguson and Gupta, "Spatializing States: Toward an Ethnography of Neoliberal Governmentality."

¹⁰⁸ T.H. Marshall, *Class, Citizenship, and Social Development* (Chicago: University of Chicago, 1950).

¹⁰⁹ Mark Duffield, *Global Governance and the New Wars: The Merging of Development and Security* (London Zed Books, 2001).

¹¹⁰ Department for International Development, "Realising Human Rights for Poor People," (London: DFID, 2000).

¹¹¹ Samir Amin, *Unequal Development: An Essay on the Social Formations of Peripheral Capitalism* (New York: Monthly Review Press, 1976).

¹¹² Andre Gunder Frank, *Latin America: Underdevelopment or Revolution* (New York: Monthly Review Press, 1969).

What is at stake is whether these interventions are financially sustainable by the Sierra Leonean government, and at present, there is no indication from the MoHS that they are able to sustain these interventions. Grassroots implementation while important – and will be addressed later – can continue only as far as the Sierra Leonean state makes it a priority to sustain paralegal operations, and respect community grievances by enacting law and policy reforms independent of the watchful eye of multilateral institutions. Buy-in must extend beyond the level of the grassroots to the level of the political elites, who hold considerably influence over the development trajectory of Sierra Leone.

II. Monitoring Agents

Shortly after its announcement, the FHCI resulted in increased utilization of health care services among targeted beneficiaries. Despite the initial successes, challenges remained in maintaining high standards of conduct among clinic staff. Reports were being made that some health staff were:

- Charging FHCI beneficiaries;
- Frequently absent from their posts;
- Giving preferential treatment to patients who pay for services;
- Selling free essential drugs to FHCI beneficiaries;
- Rude to patients;

Zainab Banugura, Minister of Health and Sanitation 2010-2012, took decisive action to improve monitoring activities on the FHCI by establishing FMCs to serve as a liaison between community members and health facility staff. FMCs engage in community monitoring efforts designed to empower citizens to take part in the planning, designing, implementing, and overseeing of health programs. Their ultimate goal is to ensure the effective operation of PHUs throughout Sierra Leone.¹¹³

Criteria of Membership

All FMC members should be volunteers with a 50/50 distribution of male and female members. There should be at least five individuals from different villages inclusive of the catchment area of the PHU. Individuals in FMCs should possess the following titles: Chief/headman, Mammy Queen, female youth leader, and teacher, with women serving as chair. Paramount Chiefs work with Section Chiefs, Town Chiefs and civil society members to identify potential FMC members, while including community members in the selection process. The term

¹¹³ Supra note. 94.

of FMC members lasts for one year with the possibility of renewal, depending on community feedback. Health facility staff are prohibited from participating in FMC activities, as members should be independent and neutral.¹¹⁴

Specific Duties of FMC Members

Civil society representatives and the District Health Management Team (DHMT) give FMC members an orientation on their expected roles. FMCs are expected to:

- Engage in health-related planning and decision making;
 - Hold regular meetings to discuss issues facing the PHU's operation and health in their communities;
- Monitor health care delivery and concerns in the community;
 - Ensure PHUs are operating at the appropriate times;
 - Assist in monitoring the availability of drugs and other essential supplies at the facility;
 - Ensure PHUs comply with key MoHS policies and initiatives and refer to the MoHS Primary Health care Services Fact Sheet if there are any questions on government policy;
 - Meet with DHMT Monitoring and Evaluating Officer out of presence of clinic staff during monitoring visits;
- Report grievances in PHU operations to paralegals and help resolve them when possible;
- Provide support to the health facility by seeking assistance from the wider community to maintain the facility, and the wellbeing of PHU staff to promote staff-community integration;
 - Work closely with PHU staff to coordinate and oversee health delivery and health issues in clinic catchment area;
 - Provide feedback to PHU staff on client satisfaction with services delivered;
 - Work with the health facility to prevent theft or misuse of drugs;
- Promote health in the community;
 - Hold quarterly meetings with community members to discuss issues impacting the effective operation of the PHUs in their communities;
 - Continuously identify vulnerable individuals in the community with limited access to health care and work with health care staff to promote these individuals' access;
 - Work with Traditional Birth Attendants (TBA) to ensure pregnant and lactating women attend the clinic for antenatal care visits, delivery, and postnatal care visits;

¹¹⁴ Ibid.

- Mobilize community members for health campaigns and outreach efforts and interface with traditional leaders¹¹⁵

Competing Monitoring Structures

Prior to the establishment of FMCs, PHUs around the country – but more specifically in areas where paralegal interventions have been instituted – collaborated with VHCs. Their roles and responsibilities are similar to that of FMCs. The main difference is VHCs are not formally trained and capacitated to mobilize and organize community members around health issues in the way that FMCs are, nonetheless they take on similar activities and even monitor PHUs to the same extent that FMCs monitor PHUs. Most PHUs operate under the purview of VDCs, which have a VHC component that settles problems between patients and clinic staff.

Mabinty Kanu is Chairlady of the VHC in Maronko in Port Loko District. Josephy Turay is also a member of the VHC where he serves as Secretary. They meet once a month as a committee with clinic staff to discuss issues pertaining to the clinic and its effective operation. They advocate for more medical supplies, e.g. bed nets, drugs, nutritional foodstuffs, etc. if they feel the supply is not suitable. They also intervene on behalf of pregnant and lactating women to ensure they are utilizing the clinic. A mothers to mothers club operates in conjunction with the VHC and performs similar functions.¹¹⁶

Mary P. Koroma, Chairlady of the VDC in Maforki in Port Loko District, stated that if complaints arise against health facility staff, they raise their grievances to the DMO if traditional mediation efforts fail. However she neglected to mention the existing pathways for clinic staff who may have disagreements with patients. She claimed that no problems have ever arisen

¹¹⁵ Ibid.

¹¹⁶ Interview with Mabinty Kanu and Joseph Turay at Maronko MCHP, 23rd July 2014.

between patients and clinic staff, and does not see the necessity of paralegal interventions that make use of trained FMCs.^{117,118}

James Kamara, Chairman of the VDC in Gberri Junction in Port Loko District, was very clear in explaining the activities executed by the committee. They are interested in knowing how clinic staff discharge their duties towards patients and the nature of the relationship between clinic staff and patients at Gberri Junction Community Health Center. They arrange monthly meetings with the CHO and his staff where they exchange reports if they're complaints against one party or another for improper service delivery. The committee will mediate between clinic staff and patients to attempt a cordial resolution. If a case cannot be resolved, the committee will then bring the case forward to the DMO and request the staff member to transfer if all efforts fail. Their efforts are useful in advocating for clinic staff, but all of the examples that James Kamara highlighted were skewed against staff. He did not mention a single case of a patient that was reprimanded for not meeting the expectations of staff. In addition to its mediation efforts, the VDC will call community meetings to sensitize clinic staff on how to empower community members on health issues. During health education campaigns, they involve nurses and the CHO to participate with VDC members. They also monitor the behavior of pregnant and lactating women and encourage them to take advantage of the clinic.¹¹⁹

Assessment

¹¹⁷ Her attitude stems from her belief that channels for mediation are necessary only in the event of tangible problems, almost reactionary rather than preemptive. Having systems in place in the event of grievances reeks of "idleness" in her view and will almost invite problems where none exist.

¹¹⁸ Interview with Mary P. Koroma at Maforki CHP, 22nd July 2014.

¹¹⁹ Interview with James Kamara at Movement of Faith Islamic Secondary School Gberri Junction, 22nd July 2014.

Dr. Englund makes a desperate plea that “local cultures of human rights”¹²⁰ must be allowed to flourish at all costs. Donor-sponsored rights initiatives in any sector of society must not take precedence over local, pre-existing accountability and governance structures. The case of VHCs in Sierra Leone is a prime example.

The VHCs discussed above form only a small subset of the existing committees but a noteworthy point is that VHCs operate at varying capacities across the country. Care must be taken to institute FMCs in communities with strong functioning VHCs that are well informed of their monitoring, mobilization, and educational responsibilities towards their community members. VHCs that are performing well will be better candidates for cooption by FMCs since the local structures for monitoring and advocacy are already in place and will require minimal tweaking by FMCs. VHCs that are nonfunctional may prove challenging and extra sensitization may be required to inculcate a sustainable passion for health. To date, no clear structure exists on how to adequately phase in FMCs with functioning VHCs. Namati must develop a functioning methodology that is supported by empirical evidence from studies – where they exist – and in the realities on the ground. FMCs should be a self-perpetuating system and must operate without any financial incentives.

Unfortunately due to logistical constraints, no FMC committee members were interviewed for this case study but one criticism of the FMCs is that the Minister of Health hastily instituted them following a UN appointment, which encouraged the preferential selection of committee members by local authority structures without proper vetting to know whether FMCs were truly needed. FMC members should be democratically selected with the input of all stakeholders.

¹²⁰ Steven Archibald and Paul Richards, "Converts to Human Rights? Popular Debate About War and Justice in Rural Central Sierra Leone," *African Affairs* 72 (2002).

In spite of this limitation, John Sankoh, the lead paralegal in the BRAC Port Loko Office believes that they are an absolute necessity to paralegal advocacy and mobilization by virtue of the compact process and the clear expectations that FMCs have in promoting and working towards quality health service delivery.¹²¹ Paralegals play a supervisory role during the compact process and many health grievances are raised that would have remained hidden absent the presence of FMCs.

Program evaluators must not assume that FMC members who are members of the communities they serve, fully comprehend the established local governance structures that ensure quality health service delivery at the local level, many of which are complicated in structure. They must be comfortable utilizing those structures in their advocacy efforts and training sessions must be allocated to FMC members to ensure that they are able to utilize all the tools at their disposal to hold health facility staff accountable.

¹²¹ Infra note. 129.

III. Capacitating Paralegals

The hallmark of Namati's health accountability and social empowerment program is its use of paralegals that are trained to engage the existing accountability structures in the communities they work to improve the local health infrastructure and accountability around service delivery. Given the shortage of practicing lawyers in Sierra Leone,¹²² paralegals are often close to the communities they serve and thus must be prepared to use a variety of tools to provide justice services to their clients. Shortly after the start of BRAC's HRLE program in 2010, its paralegals received technical training from the World Bank's J4P program on the following:

- Engaging local institutions for community-level advocacy;
- Linking those institutions with village health committees;
- Training FMCs;
- Training COB members;
- Training on the relevant formal and customary laws;
- Training on health specific laws and policies;
- State accountability and the intricacies of the health care sector;
- The specifics of the FHCI;
- Handling individual and community-level cases of high impact, related to the FHCI;
- Elements of the social (health) accountability project specifically:
 - Training and empowering village health committees to self-advocate for health issues;
 - Engaging and supervising community members and clinic staff in the health compact process;
- Leading mobile clinics¹²³

After their initial training, Paralegals received periodic refresher trainings both by BRAC and Namati staff to ensure the skills they learned remained fresh for implementation in their communities.

Technical Preparedness to Handle Health Cases

¹²² To date there are only 400 practicing lawyers in the country. See, <http://www.irinnews.org/report/100211/new-film-sierra-leone-s-women-behind-bars>

¹²³ Unpublished notes from John Sankoh, lead paralegal at the BRAC Area Office in Port Loko.

Paralegals are by definition generalists and are expected to handle a variety of cases on health, land, environment, and civil disputes. The key question among Namati practitioners is whether paralegals in the field are technically qualified to handle health cases in an efficient and effective manner. In discussions with BRAC and Namati paralegals, it became clear that there were perceived deficiencies on the usefulness of the training they received to handle cases.

On 8th July 2014, I convened a focus group discussion within a staff meeting with BRAC paralegals from Port Loko, Lungi, Masiaka, and Lunsar offices. I asked them open-ended questions on how prepared they felt to handle health cases and whether they felt the training received to date was suitable in both depth and frequency.¹²⁴ There was unanimous agreement among the paralegals that a mismatch existed between the quantity and quality of trainings received on health related cases. Ibrahim Conteh, a paralegal at the BRAC lungi office stated that the health sector is incredibly vast and as such warranted frequent refresher trainings to keep the paralegals abreast of the constant changes that occur. When asked how frequent the trainings should be, Alhaji Yillah, paralegal in the Port Loko office stated that, “trainings should be every 3 months.”¹²⁵ Following in that vein, Francois Bockarie, a BRAC paralegal in the Lungi office lamented that paralegals have low confidence in their command of health related policies and administrative procedures, particularly in drug procurement and distribution. That lack of competence prevents them from fully engaging in health advocacy cases, many of which can be complicated in nature and require a high degree of competence in how health policy translates into functioning logistics.¹²⁶

The paralegals also commented that the training they received on health sector issues was done invariably by legal practitioners within Namati and the World Bank instead of by health

¹²⁴ Focus group discussion, BRAC Port Loko Area Office, 8 July 2014.

¹²⁵ This sentiment was echoed by other paralegals for both Namati (Hassan Sesay) and MCSL (Adbein Smith).

¹²⁶ Supra note. 124.

practitioners who are closer to the issues both on the ground and within the MoHS and its decentralized health agencies. Daniel Fullah, a paralegal at the Lunsar office was clear when stating his conviction that paralegals “need experts like doctors or nurses to train us on health matters... not lawyers.” “Health practitioners take advantage of people who are ignorant of health policy”, stated Mr. Conteh, and paralegals themselves need to be comfortable with the many health policies that impact the communities they serve.¹²⁷

Community-level Collaboration with Health Specialists

On 24th June 2014, Mr. Sankoh, Mr. Yillah, Ahmed Koroma, a young professional in training, and Musa Conteh, a community contact person, called together a health community meeting in Rothombo Village in Port Loko District.¹²⁸ The purpose of this meeting was to sensitize community members on the dangers of the Ebola virus, its signs and symptoms, how to minimize its spread, and what to do if you or a loved one contracts the disease. This particular meeting was interesting in that of all the paralegals involved, not one had any health credentials to speak of, nor had any of them received any technical training on the Ebola virus or its associated disease. The virus was relatively unknown at the time, and few medical practitioners outside of so-called “Ebola epicenters” knew much about the disease the virus causes. After this event, which was successful in terms of the sheer number who attended and the interest with which community members asked questions, I became interested in knowing the opportunities paralegals have to collaborate with medical practitioners in their health advocacy work, particularly during community meetings, mobile clinics, and monitoring visits, the last two being instances where new health cases are often generated.

¹²⁷ Ibid.

¹²⁸ Community meeting, Rothombo Village, 24 June 2014.

During an interview with Mr. Sankoh on 24th June 2014, I asked him whether he felt it necessary to have community partners on the ground that are trained in health and policy issues to engage in advocacy. He replied that during monitoring visits, which are done randomly to assess how the FHCI is operating in communities and to take up cases where and when grievances exist, having a community-level partner, e.g. a nurse or medical practitioner, would be helpful in all stages of monitoring visits, particularly during follow-up meetings where health compacts are formulated and executed. Paralegals will periodically invite nurses during monitoring visits to talk on a variety of topics including teenage pregnancy, malaria, etc.¹²⁹ In informal conversations with Mr. Yillah, he echoed Mr. Sankoh's sentiments in stating that paralegals need partnerships with trusted agents in the community who are trained on salient health matters to augment the generalist training of paralegals.

I raised this issue with Ekram Haque, Project Coordinator of BRAC Sierra Leone at the head office in Freetown on 14th July 2014. He acknowledged that in order for paralegals to positively affect change in the health sector, “an understanding of all angles...” and a thorough “understanding of the support PHUs are supposed to be providing their community people” is necessary. It appears that to date, BRAC training in the HRLE program has not created structures for paralegals to collaborate with community-based workers with technical training in health.¹³⁰

BRAC is already employing community members who are experienced in various technical areas of use to paralegals' advocacy efforts. Embedded within BRAC's operational structure is that of training COB members, community contact persons, and law implementation committees.¹³¹ COB members are respected elders who guide paralegals through the intricacies of customary law and intervene when mediation is warranted in the customary courts. They also

¹²⁹ Interview with John Sankoh at BRAC Area Office, 24 June 2014.

¹³⁰ Interview with Ekram Haque at BRAC Head Office, Freetown, 14 July 2014.

¹³¹ Unpublished document. “*Community Oversight Board Fact Sheet*”. Obtained 8 July 2014.

monitor the work of community-based paralegals and provide feedback on their performance.¹³² Community contact persons assist paralegals in organizing mobile clinics and community meetings, a valued presence considering the difficulties in communication and road connectivity. Law implementation committees are composed of exceptional individuals selected from legal literacy classes who take a stand against SGBV.¹³³

Assessment

A promising sign for Namati is to be found in the reality that paralegals, unlike Malawian NICE employees, are encouraged to build partnerships with local engines for health service delivery as a way to augment its interventions. Paralegals seek and expect to be technically capacitated to handle health cases, despite minor misgivings on the frequency of technical trainings. A comparable occurrence referred to by Dr. Englund is the presence of “goat culture”, where NICE employees were eager to receive compensation for their work while dismissing claims for compensation among claimants as a way to manipulate local moral codes for their own benefit.¹³⁴ While I did encounter instances where paralegals were indeed “compensated” during monitoring visits with food – the visit to Rothombo Village being one example –, I am not prepared to take make the comparison to the goat culture alluded to by Dr. Englund. Perhaps a longer period of observation would have yielded more nuanced insights but as it currently stands, no such comparison is necessary.

In order to maintain and increase the confidence levels that paralegals have when engaging in community level advocacy, it is imperative that paralegals are trained by qualified practitioners who have a technical grasp of the respective health policy issues in the country and

¹³² Ibid.

¹³³ Unpublished document. “BRAC Sierra Leone 2012 Annual Report”. Pg. 21.

¹³⁴ Englund, *Prisoners of Freedom: Human Rights and the African Poor*.

who also are versed in medical and administrative terminology. Efforts must be taken to ensure that these trainings are executed on a regular basis to keep up with the constantly changing policy and health landscape in Sierra Leone. Frequent trainings will ensure that the skills paralegals learn remain fresh in their minds and applicable to the communities they serve. Discussions of trainings inevitably turn to discussions of finances, and a delicate balance must be struck to ensure that the trade-off between the quality and quantity of trainings is maximized to guarantee effective community-level advocacy, and high-level policy.¹³⁵

A useful addition to BRAC's operational strategy, and one Namati can encourage among its other partner organizations, comes from the mouth of Mr. Haque himself. According to him, most cases are impossible to resolve without technical assistance, and the same follows for health cases. He goes on to say that paralegals need more technical support from medical practitioners, doctors, and nurses. Moreover community-based workers previously trained in health can serve as the foundation for integrating the advocacy efforts that paralegals undertake. This system has its advantages over FMCs in that community-based workers – already grounded in their communities by virtue of their technical skills and not solely by their physical presence – are not pre-selected by any committee or persons of authority who may be biased in their selection process. To speak solely from the perspective of BRAC, their mandate as an organization in Sierra Leone is to provide integrative support for marginalized people in the community, “organizing the poor using communities' own human and material resources...” to “...catalyze lasting change”, and to create, “... an ecosystem in which the poor have the chance to seize control of their own lives.” As stated aptly by Mr. Haque, “One or two people cannot

¹³⁵ This term will be used frequently throughout this report and defines the capacity to influence policy at the Central Government Level.

push a car on the road with potholes.” You need a concerted collaborative effort of all interested parties.¹³⁶

¹³⁶ Supra note. 130.

IV. Legal Literacy

In promoting gender equality, BRAC uses mobile clinics as a way to engage marginalized groups, particularly women, in justice services. Mobile clinics are commonly utilized by BRAC paralegals. In 2013 alone,¹³⁷ 96 mobile clinics were organized and the number of direct beneficiaries of this program was 7,090 (2,500 men and 4,590 women).¹³⁸ During mobile clinics, paralegals provide basic legal advice to the participants. They are made aware of their rights in the legal system so that upon returning to their communities, they can share that information with their neighbors. In addition to monitoring visits, new cases are heard during mobile clinics, many of which are referred by female participants. Four paralegals – two male and two females – are recruited to lead the mobile clinics. Mobile clinics are also extended to school orientations to ensure that students – the majority of whom are female – become knowledgeable about SGBV cases and also about the impacts of teenage pregnancy.¹³⁹ Paralegal supervisors attend mobile clinic clusters to observe and evaluate whether the information that paralegals are disseminating is correct, to note how they engage with community leaders, and assist in answering any questions raised by participants.¹⁴⁰

Embedded within BRAC's operational structure is that of training COB members, community contact persons, and law implementation committees.¹⁴¹ COB members are respected elders who guide paralegals through the intricacies of customary law and intervene when mediation is warranted in the customary courts and/or local government authorities. They also monitor the work of community-based paralegals and provide feedback on their performance.

¹³⁷ The exact reporting period is 1st January 2013 – 31st December 2013.

¹³⁸ Unpublished document. "BRAC Sierra Leone Women's Rights and Legal Empowerment Programme Yearly Report 2013". Pg. 2.

¹³⁹ Ibid. Pg. 7.

¹⁴⁰ Ibid. Pg. 9.

¹⁴¹ Supra note. 133.

COBs are appointed for an initial term of 12 months, with renewal subject to good performance. At least one COB member should be a woman who holds a responsible position in the community or who is actively involved in working with women or other community groups.¹⁴² Community contact persons assist paralegals in organizing mobile clinics and community meetings, a valued presence considering the difficulties in communication and road connectivity. They are both given a stipend for their work.¹⁴³ Law implementation committees are exceptional individuals selected from legal literacy classes who take a stand against SGBV. They receive training on gender-specific laws, appropriate methods of mediation, and the operations of the government. They settle minor disputes between women in their various communities; those they cannot settle are referred to the respective BRAC office.¹⁴⁴

Mobile clinics, COB members, community contact persons, and law implementation committees work to give women access to justice services at every level, from the local courts all the way to the supreme court if necessary. Overall, these services have three main goals:

- To increase knowledge of targeted communities of the law and justice system in Sierra Leone, specifically around women's and children's rights;
- To change the attitude and practices of targeted communities towards protecting the rights of women and children;
- To increase women's ability to access justice through mediation and provisions of legal advice, support, and aid.¹⁴⁵

The focus is on SGBV, but occasionally health cases form the focus of mobile clinics. However that emphasis is lacking in relation to SGBV.

BRAC's 2013 yearly report highlighted only one example of a health case brought forward by a woman from Mamankie Village near Lungi town who complained about the minimal resources at the health center. This isolated incident underscores the need for mobile

¹⁴² Supra note. 131.

¹⁴³ Supra note. 138. Pg. 5.

¹⁴⁴ Ibid. Pg. 9.

¹⁴⁵ Ibid. Pg. 15.

clinics to increase their outreach capacity to include health centers by using established health law and policy as the backbone of the clinics, in the same manner as is done by SGBV approaches. Limited understanding of relevant health laws and policies affects not only women and children, but also all demographic groups. Conversations with COB members in Port Loko revealed that they are actively taking the lead on health issues in their community, outside their assigned responsibilities as COB members. They engage in sensitizations on health, sanitation, the importance of clean water and maintaining a clean environment. These campaigns are usually done on the radio in collaboration with medical specialists, and in religious institutions.¹⁴⁶ Many individuals have experienced unmet expectations in the type of clinical care they've received. Similarly, many nurses and clinic staff have experienced unmet expectations in the support structures for their professional duties and in the level of effort expected of community members to mitigate common diseases.

Assessment

Mobile clinics, COB members, community contact persons, and law implementation committees appear to be integral components of a more egalitarian method of improving the agency of marginalized individuals within Sierra Leone. Through these services, women and children increase their knowledge of the relevant laws in the Sierra Leonean Justice system. Furthermore, these services work to enable women to utilize the prevailing justice mechanisms in ways that are most appropriate to them. Instead of working to improve the agency of legal aid recipients in Malawi, NICE civic educators treated those recipients as if they were passive agents of knowledge of which they were the privileged vanguards. Civic educators worked to create status distinctions between themselves and the “grassroots” and widened the divide between

¹⁴⁶ Interview with Community Oversight Board Members at BRAC Branch Office, 9th July 2014.

themselves and those they were tasked to assist.¹⁴⁷ Based on the time period of observation in which this administrative case study occurred, there appears to be potential for these services to serve as a nascent form of health policy advocacy to the upper-echelons of the state policy apparatus. Whether this is actually being done in practice will be addressed in later sections.

¹⁴⁷ Englund, *Prisoners of Freedom: Human Rights and the African Poor*.

V. Leveraging Internal Structures to Influence High-Level Policy

A key question on the minds of Namati practitioners is whether paralegals are leveraging local structures to influence national health policy.¹⁴⁸ The JPWF outlined the lapses of the FHCI in achieving health sector MDG goals and targets, which have been listed earlier in this case study. Addressing those lapses inevitably falls on the shoulders of lawmakers and their efforts to revise the associated health laws in Sierra Leone. Some of those laws are listed below:

- **Hospital Boards Act 2003:** Established to ensure management of specified hospitals and the provision of efficient medical care in the Western Area and all districts of Sierra Leone and to provide for other related matters.
- **The Public Health Act, 2004:**¹⁴⁹
- **Medical Practitioners and Dental Surgeons Act, 1994:** An Act that, among other things, imposes penalties on medical personnel for wrongdoing;
- **Nurses and Midwives Act, 1956:**¹⁵⁰
- **The Local Courts Act, 2011:** An Act to provide for the establishment and operation of Local Courts, the administration of justice in the provinces and for other related matters;
- **The Local Government Act, 2004:** An Act to consolidate with amendments, the law on local government, and to provide for the decentralization and devolution of functions, powers and services to local councils and for other matters;
- **The Government Budgeting and Accountability Act 2005:** An Act to secure transparency and accountability in the appropriation, control and management of the finances and other financial resources of Sierra Leone and to provide for other related matters.¹⁵¹
- **National Pharmaceutical Procurement Unit Act 2012:** Establishes the National Pharmaceutical Procurement Unit as an autonomous body responsible for the procurement, storage, distribution and management of drugs and medical supplies, for and on behalf of all public health facilities throughout Sierra Leone; Establishes a National Pharmaceutical Procurement Unit Board and provides for other related matters;

¹⁴⁸ Conversation with Sonkita Conteh, Executive Director of Namati Sierra Leone.

¹⁴⁹ A copy of the text of this act was not made immediately available to the author before the release of this case study.

¹⁵⁰ Ibid.

¹⁵¹ Interestingly, no mention is made in the JPWF of integrating this Act into its health financing strategic objections and actions.

Efforts are underway to address the leadership and governance lapses in health sector reform that are in line with the accountability framework of the JPWF¹⁵² by:

- Reviewing applicable legal framework(s) to allow for implementation;
- Providing oversight, sector planning, monitoring and supervision systems from national to district levels;
- Establishing dynamic interactions between health care providers and consumers with the view to improving the equality, accountability and responsiveness of services;
- Strengthening coordination, collaboration, alignment and harmonization with development partners, implementing agencies and MDAs at National and District Levels;
- Developing sector-wide mechanisms for ensuring that all funding for the sector supports a single policy and expenditure programme, under government leadership, and adopt common approaches across the sector.¹⁵³

The advocacy paralegals engage in on behalf of patients and clinic staff aims to link the realities on the ground with national health policy reform, but questions remain on whether this is actually occurring in practice.

In addition to providing much needed justice services¹⁵⁴ for marginalized communities and clinic staff, Namati and its partner organizations hope that the advocacy efforts of its paralegals have a measurable impact not only in the local communities they serve, but also in the policy and legal structures that improve the “...accessibility, equity, quality and efficiency of health service delivery.”¹⁵⁵ This can be accomplished in a variety of ways.

Cross-Communication with Central Government

¹⁵² The objective of JPWF “...is to strengthen the functions of the national health system so as to improve the accessibility, equity, quality and efficiency of health service delivery to:

- Reduce the burden of communicable and non-communicable diseases;
- Improve maternal and child health;
- Improve nutritional status of the community, especially pregnant mothers and children;
- Improve hygiene and sanitation.”

¹⁵³ Government of Sierra Leone: Ministry of Health and Sanitation, "National Health Sector Strategic Plan." Pg. 14-15.

¹⁵⁴ See; Open Society Foundation, Namati. *Justice 2015: Incorporating Justice in the Post-2015 Development Framework*.

¹⁵⁵ Government of Sierra Leone: Ministry of Health and Sanitation, "National Health Sector Strategic Plan." Pg. 9.

First, program evaluators need to know the extent to which paralegals are co-opting local structures that have clear lines of communication with MoHS and other Government Ministries through resource, monitoring and evaluation channels. District councils are one such example. District councils receive their legal mandate from Section 20 Article 1 of the Local Government Act where it states that a local council is:

“... responsible generally for promoting the development of the locality and the welfare of the people in the locality with the resources at its disposal and with such resources and capacity as it can mobilize from the central government and its agencies, national and international organizations, and the private sector.”^{156,157}

Conversely, the relevant Government Ministry, with respect to its “devolved functions”¹⁵⁸ shall, among other things:

*“provide technical guidance to the local councils”*¹⁵⁹; and *“monitor the performance of the functions by the local councils”*¹⁶⁰

Similarly a Government Ministry shall, as it is within its power to delegate to a local council “such of its functions as it may think fit”:

*“...transfer to the local councils such resources and powers as may be necessary for the efficient performance of the delegated functions.”*¹⁶¹

It deserves note that every council has an M&E officer whose mandate is to supervise all M&E units in the various devolved sectors of council. Non-state actors e.g. Health for All Coalition, the National Campaign Against Lawlessness, and the Collective Initiative for Development Sierra Leone, also assist in monitoring activities. The DHCC monitors the activities of all health partners in the district and every month they are invited to a meeting where

¹⁵⁶ Local Government Act 2004

¹⁵⁷ Thanks to Ibrahim Santigue Bangura the Deputy Chair of the Port Loko District Council.

¹⁵⁸ “A function performed by Central Government but transferred to local councils under Section 20”. Includes education, health, social services, agricultural sectors, among others.

¹⁵⁹ Supra note. 156. Section 20 Article 3 Part b.

¹⁶⁰ Ibid. Part c.

¹⁶¹ Ibid. Section 26. Article 2.

they are encouraged to bring their respective monitoring reports on the issues and challenges they have observed in the community for submission to the chief administrator. There are M&E officers in the Ministry and their reports are shared with them. The District Budget Oversight office also monitors health finances by preparing budgets and monitoring the implementation of projects at the district level including the delivery of health service.

The SDO is another entity at the level of the district council whose presence provides paralegals with discernible links to central Government policy. The SDO is the principle central Government representative to the district. His/her responsibility is to disseminate central Government policy at the district level. The SDO also: oversees programs implemented at the district level, and supervises chieftom administration and all relevant Government ministries and agencies on behalf of central Government. The SDO's role is vital in the dissemination of laws and policies. He ensures that his constituents receive and understand central Government Policy by visiting chieftoms, and holding town hall meetings to clarify any misunderstandings and explaining what central Government expects of its citizens.¹⁶²

Mohamed Shek Kargbo, the SDO of Port Loko District, believes that there is a resource “misdirection” problem where needed resources at the district level are being misdirected from the level of Central Government. This is illustrated by the problems seen in the drug procurement system where constant “leakages” affect the supply of essential drugs at the end of the supply chain. Poor performance of monitoring agents also compounds the misdirection of resources and ultimately deprives citizens of their right to free health care. In his capacity as SDO, Mr. Kargbo helps end-users realize their health rights by receiving complaints from individuals, organizations and institutions. The contents of those reports are then communicated to the

¹⁶² Interview with Mohamed Shek Kargbo, Senior District Officer of Port Loko District, 24th July 2014.

relevant Government Ministry where he requests feedback on how to handle those issues and coordinates the appropriate response.¹⁶³

These are but few of the myriad ways paralegals can link their advocacy to the local structures that influence national health policy. It is not clear whether paralegals participate in these monthly meetings with the DHCC on a consistent basis. When and if they do, there is little evidence to suggest they are having any impact on national health policy outside of the paralegal interventions writ-large that are being funded and monitored by the World Bank and MoHS.

Case Type and Impact

Second, while paralegals use their discretion in determining the actions to take when grievances are brought forward, they are simultaneously encouraged to take up cases of high-level impact.¹⁶⁴ These are cases with the potential to address entrenched deficiencies in the health care sector by engaging existing resource and oversight mechanisms and improving upon them where applicable.

An analysis of the 27 pending health cases from January 2014 to date reveals that only a few cases satisfied the criteria of high-level impact. Below is a table of the cases with added columns.¹⁶⁵

Case #	Institutions Engaged	Tools Utilized #1	Tools Utilized #2	Tools Utilize #3	“Other” Tools
07-03/14-M1-CLP	DMO	Other	-- ¹⁶⁶	--	No tools utilized as of yet
07-07/14-B1	--	--	--	--	No tools utilized as of yet
07-03/14-M1-CLP	DMO	Gave info	Helped Authority	Navigate Advocacy	--

¹⁶³ Ibid.

¹⁶⁴ Supra note. 123.

¹⁶⁵ Adapted from a BRAC excel document.

¹⁶⁶ Notation signifies “not indicated”.

07-04/14-B1-CLP	--	--	--	--	--	--
07-04/14-CLP	Ministry of Health	of	Gave info	Helped Authority	Navigate	Advocacy --
10-03/14/M2-CLP	--		Other	--	--	No tools utilized as of yet
07-03/14-M1-CLP	Ministry of Health	of	Gave info	Helped Authority	Navigate	-- --
10-02/14-P1	Not indicated		Other	--		Not indicated
07-03/14-M3-CLP	--		--	--	--	--
07-03/14-M1-CLP	--		--	--	--	--
07-05/14-C1	Not indicated		--	--	--	--
07-03/14-M1-CLP	DMO		--	--	--	--
07-03/14-M3-CLP	DMO		--	--	--	--
10-02/14-K1	--		--	--	--	--
10-02/14-B2	Not indicated		Other	--	--	Mobile Clinic
10-02/14-B1	--		--	--	--	--
10-03/14-M6-CLP	--		--	--	--	--
10-02/14-C1	--		--	--	--	--
10-02/14-B3	--		--	--	--	--
10-03/14-M1-CLP	--		--	--	--	--
10-03/14-M3-CLP	--		--	--	--	--
10-02/14-C2	--		--	--	--	--
10-03/14-M4	--		--	--	--	--
10-03/14-M5-CLP	--		--	--	--	--
10-03/14-M8-CLP	--		--	--	--	--
07-03/14-M1-CLP	DMO		--	--	--	--
10-03/14-M7-CLP	--		--	--	--	--

In 4 of the 27 cases, paralegals engaged the DMO who oversees the DHMT and is responsible for planning, implementing, coordinating, monitoring, and evaluating district health services.¹⁶⁷ The cases in which paralegals utilized the services of the DMO included: inadequate resources at the clinic in question, nurses charging inappropriate fees for service, inadequate staff for service delivery, and lack of vaccines and essential drugs at the clinic. Paralegals used “Ministry of Health” as an institutional tool for two cases dealing with inadequate supplies of

¹⁶⁷ Government of Sierra Leone: Ministry of Health and Sanitation, "National Health Sector Strategic Plan." Pg. 5.

vaccines and essential drugs, although it is not clear what constitutes “Ministry of Health” since MoHS is nested both within Central Government and is also represented by its devolved functions to the local councils. The blanket category of “Ministry of Health” may do little to clarify the nature of the institutional engagement, especially for case supervisors.

It is questionable whether paralegals are aware of what grievances constitute an actual case. Among the 27 pending health cases, three registered complaints over lack of resources, e.g. the lack of refrigeration and solar facilities in the clinics; Four cases dealt with monetary compensation, or lack thereof, e.g. the tardiness of PBFs and gratuities; And three cases dealt, oddly enough, with the rise of communicable and noncommunicable diseases e.g. malaria and acute respiratory infection. As was stated earlier in this report, paralegals are encouraged to take up cases of high-level impact, but no guidebook on the types of cases paralegals are to oversee exists. Moreover, for those cases dealing with the lack of resources, e.g. solar and refrigeration facilities, Dr. Adi Kalie Alpha Kamara, the DMO of Port Loko District has revealed that it is not his responsibility, nor the responsibility of any DMO operating within any district in Sierra Leone to ensure that PHUs are equipped with solar and refrigeration facilities. Of the PHUs that do possess such facilities – Malal MCHP being one example, they are merely benefactions of NGOs or international organizations who out of one concern or another, one interest or another, install those facilities. NGO activity in Port Loko District is vibrant and concerned clinic staff who desire updates to their facilities have multiple avenues to pursue for donations. Many clinic staff interviewed for this case study have expressed their dissatisfaction not only with the lack of facilities, but also with the lack of convenient sleeping quarters. At times clinic staff will take the initiative and build their quarters with their own money.^{168, 169} For those cases where clinic staff

¹⁶⁸ Interview with Mariatu S. Kamara at Maforay MCHP, 22nd July 2014.

¹⁶⁹ Interview with Isha Kanu and Adamsay M. Bangura at Malal MCHP, 16th July 2014.

have expressed their desire to receive updates to their facilities, no evidence in the case files exists to show that paralegals provided them with guidance on where to seek loans, donations, or how to make proposals to INGOs operating in Port Loko District with the capability assist them.

Cases dealing with late PBF payments and gratuities do reflect the deeper structural inefficiencies within Sierra Leonean regarding the reliability of resource networks and the logistics that support them. Therefore these cases must not be cast aside in one portentous sweep. However, cases that highlight the rise of malaria and various communicable diseases like acute respiratory syndrome are strange considering how these diseases operate and the environmental and biological factors that contribute to their spread. ARI alone is a disease that disproportionately afflicts children under five in developing countries around the world with factors like malnutrition, pollution, and overcrowding contributing to its spread; factors that are very difficult to control by ordinary individuals living in poverty. Furthermore, one may concede that malaria is a disease that is controlled by using insecticide treated bed nets and wearing protective clothing in the evening hours. However, casting the agency of its proliferation solely on the community for its lack of adherence to these behaviors, by supporting or encouraging clinic staff to bring cases against community members, is not a holistic approach to solving these vexing problems.

Many of the grievances handled by paralegals are similar to the problems raised both in Amnesty International's 2011 report on the state of health care in Sierra Leone and in the JPWF. This point bears significance in that they are truly relevant issues with proposed solutions both in the JPWF and the NHSSP. They are significant problems and finding sustainable methods of redress demands active engagement with representatives of the devolved health sector who are responsible for overseeing the provisioning of resources to the district. BRAC paralegals do

appear to be engaging with these representatives but it is still an open question whether their engagement is having a meaningful impact on those lapses.

A salient illustration of this comes from the low availability of essential drugs. The JPWF, which lists the costs of the National Pharmaceutical Procurement Unit for 2012-2014, includes provisions for free essential drugs (10 percent) and the procurement, distribution of medicines and medical supplies, and biomedical equipment – which includes drugs for cost recovery – to health facilities around the country. Cost recovery drugs are intended for patients who are not FHCI beneficiaries. If and when supplies of the free drugs – which are supplied quarterly – run low, clinic staff will ask patients to pay for the cost recovery drugs.¹⁷⁰ A survey done by MoHS in 2011 demonstrated that health facilities on average had only 35 percent of essential drugs in stock on the day of the survey and this continues to be a persistent challenge.¹⁷¹ Those conditions encourage clinic staff to ask FHCI beneficiaries to pay for cost recovery drugs due to the low or unreliable supply of free essential drugs.

In an interview with Mariatu S. Kamara, an MCH aide at Maforay Maternal and Child Health Post in Port Loko District, she stated that the free essential drugs do not come in a timely manner. Shipments are backlogged by months at a time and when they do come, the actual shipments don't match the waybill.¹⁷² This problem still persists, despite the fact that the case was brought to the attention of Mr. Yillah by Marie Kamara, the MCH aide who resided at Maforay before Mariatu, and listed as resolved via a discussion with the DMO. Marie also complained about the low number of vaccine carriers at the clinic and inadequate staff to carry out immunization campaigns, however the circumstances surrounding the resolution of the case

¹⁷⁰ Amnesty International, "At a Crossroads: Sierra Leone's Free Health Care Policy." Pg. 16.

¹⁷¹ Information on the nature of the survey and the number of facilities queried is unknown. Supra note. 85. Pg. 11.

¹⁷² Supra note. 168.

were vague at best.¹⁷³ Similarly, Isatu S. Sesay, an MCH in training at Gbonko Kareneh stated that a one-month consignment of drugs is often stretched for three months, forcing FHCI beneficiaries to purchase cost recovery drugs.¹⁷⁴ Again the case was brought to the attention of Mr. Yillah but according to the case file, no action was taken.¹⁷⁵ Finally, Rukiatu Joaque, an MCH aide at Mafoimara Child Health Post stated that at times, the demand for free essential drugs outpaces the supply, forcing patients to purchase drugs from the cost-recovery category.¹⁷⁶ The paralegal who handled this particular case indicated a resolution without any justification.¹⁷⁷

Internal Grievance Redress Pathway

Third, in a memorandum addressed to Dr. Edward Magbity, the M&E officer at MoHS, Namati listed four ways in which MoHS could further support existing accountability mechanisms to improve both access to and quality of primary health services, one of which was designating an internal grievance redress pathway.¹⁷⁸ With this pathway, health clinic users and staff can address complaints against one another to specific individuals with the capability and willingness to address those complaints and provide feedback in a manner that encourages accountability to clinic users and staff where feasible.

One useful adaptation of this internal pathway for grievance redress is that it utilizes existing structures and staff for its execution. M&E officers and/or CHOs are designated as complaint officers and provide staff and clinic users with their contact information to call if a grievance has occurred. Complaint officers are encouraged to incorporate grievance redress in

¹⁷³ Case# 07-03/14-M1-CLP.

¹⁷⁴ Interview with Isatu S. Sesay at Kareneh MCHP, 16th July 2014.

¹⁷⁵ Case# 10-02/14-P1

¹⁷⁶ Interview with Rukiatu Joaque (Maternal and Child Health aide) and Victoria Songo Kanu (State Enrolled Community Health Nurse), at Mafoimara Child Health Post, 22nd July 2014.

¹⁷⁷ Case# 10-03/14/M2-CLP.

¹⁷⁸ Unpublished document. Memorandum to Dr. Magbity, MoHS. Submitted 28th January 2012.

their visits to PHUs by talking to the aggrieved entity in private and engaging the FMCs when necessary. Complaint officers track the progress of complaints on forms and appeals can be made to more senior officers in the event of unsatisfactory resolution. These pathways help establish communication links between clinic users and staff, complaint officers and DHMT members, who are responsible for planning, implementing, coordinating, monitoring and evaluating district health services under the aegis of the DMO.¹⁷⁹

ASJP – a partnership between the GoSL, Great Britain, and Northern Ireland – aims to support GoSL to sustainably deliver increased access to efficient, impartial, and accountably human security and justice services, particularly for the poor, vulnerable, and those living in remote and marginalized areas.¹⁸⁰ ASJP’s target is to improve security and justice for 700,000 women and girls across Sierra Leone by the end of 2015 through a project titled “Leh Wi Know”.¹⁸¹ The hallmark of this project is the “Leh Wi Know” call center. It is a legal call line available to all Sierra Leoneans that provides legal services to those in need free of charge. The call line provides:

- Legal advice;
- Information on legal rights and duties;
- Referrals to appropriate legal and justice support services;
- Referrals to other relevant services;
- Information on accessing public services and navigating public services and navigating government institutions¹⁸²

ASJP is based on the premise that access to security and justice for women and girls simultaneously relies on the democratic access to quality information that is generated and disseminated to scale. The call center is already seeing activity and dozens of calls are received everyday for all types of justice-related issues. While data for this case study was being collected,

¹⁷⁹ Government of Sierra Leone: Ministry of Health and Sanitation, "National Health Sector Strategic Plan." Pg. 5.

¹⁸⁰ Thanks to Bridgetta Amoateng and Daniel Sesay of Namati.

¹⁸¹ The Sierra Leonean Krio dialect, a broken English of sorts that translates into, “Let us know”.

¹⁸² Unpublished document, courtesy of Bridgetta Amoateng.

people were calling with health inquiries on the Ebola epidemic, how to protect themselves, and what to do if someone they knew was suspected of carrying the Ebola virus.¹⁸³ To the dismay of some call center staff however, more men are calling in than women for reasons that are currently unknown and warrant further investigation.¹⁸⁴

Assessment

One critique raised earlier in this case study is the fact that Namati and the World Bank's J4P program represent a wider world of actions by non-state actors to introduce de-politicized and abstracted interventions that negate the political context of peripheral sites of intervention in favor of social and economic reform. The key question then becomes, is there anything unique in Namati's approach that engenders large-scale policy change from the level of the grassroots? To what extent is Namati enabling grassroots engagement with the broader political structures in Sierra Leonean society? Is Namati doing more harm than good by facilitating this process?

While BRAC and Namati paralegals do engage with local structures, more of that engagement needs to be actualized not just in the type of cases generated, but also in the way those cases were resolved. The potential is there for BRAC paralegals to have more of an impact on high-level policy but there is little evidence to suggest that they are engaging existing resource and oversight mechanisms when the opportunities present themselves. Mr. Sankoh admitted himself that the DHMT needs to be more knowledgeable of the work of BRAC.¹⁸⁵ BRAC is indeed registered with the Port Loko District Council, but the nature of its legal empowerment work is generally not part of the working lexicon of district council staff. The SDO is generally knowledgeable of BRAC's legal empowerment work, but paralegals do not

¹⁸³ Informal conversations with Josephine Hinga.

¹⁸⁴ Ibid.

¹⁸⁵ Supra note. 129.

appear to be rigorously engaging and improving upon existing policy with their advocacy efforts. If we are to take the case files as our guide, cases are often resolved by token conversations with the DMO which do not appear to have any measurable or sustainable impact other than the few instances when, after a conversation with the DMO, a shipment of drugs or PBF payments miraculously arrives. Paralegals must implant themselves into the operations of the district council, the affairs of the SDO, and the various M&E activities. They must make their intentions known and rest on the experience gained from the cases.

BRAC paralegals must also be crystal clear on which grievances constitute a case. This will only occur when they have received guidance from BRAC or Namati, for not every grievance will warrant the active attention and follow up that many cases require. An important element of sustainability also lies in empowering clients with the capability and comfort to navigate the myriad organizations that exist at the local level. Rather than directing clients to the DMO when resources are lacking, paralegals should be comfortable directing clients to organizations that exist to help them achieve their development goals.

BRAC paralegals are unaware of efforts at establishing an internal grievance pathway within the Ministry and it is not clear how much effort has been made by Namati to inform the paralegals of its intention to establish it. No doubt efforts have been forestalled by the recent corruption scandal in the Ministry of Health where it was alleged that top officials within the Ministry misappropriated USD 1 million in GAVI funds. The “Leh Wi Know” call center could serve as a back up grievance pathway for health issues in the interim period. Although the call center was established with a different mandate in mind, Namati staff must consider expanding it to the health care sector by finding innovative ways to target communities most affected by justice issues in health service delivery, given the problems they are currently facing in attracting

calls from its intended demographic group of women and children. After callers have been referred to the appropriate experts in their communities, those experts must be logistically prepared to hear their cases and act accordingly.

VI. Recognizing the Work of Paralegals

Human beings love to be recognized for the work they do, no matter the profession, and the same follows for paralegals. There is nothing more frustrating than providing a particular service for the benefit of people in your community when they understand very little about your occupation and use that as a pretext to view you with suspicion. Such were the words of John Sankoh and Francois Bockarie during our focus group discussion at the BRAC Area Office. Paralegals will often find that people have difficulty understanding the role of a paralegal in their communities, forcing them to repeatedly explain themselves, a big problem when striving to mobilize community members residing in difficult to reach villages around health issues. Other than the BRAC identification card they are given, there is no symbol or other form of identification to officially identify them as paralegals.¹⁸⁶

The rate of passage of progressive laws within Sierra Leone is proceeding at an unprecedented rate but the country stills experiences hindrances in the proper implementation of those laws. The Legal Aid Act 2012 is a prime example of this. Hailed by the Open Society Foundation as one of the most progressive legal aid laws in Africa, the Legal Aid Act 2012¹⁸⁷:

*“...provides for the establishment of the Legal Aid Board, to provide accessible, affordable, credible and sustainable legal aid services to indigent persons and for other related matters.”*¹⁸⁸

The Legal Aid Board forms the centerpiece of the Legal Aid Act in that its primary functions, with respect to the capacity of paralegals to provide justice services are to:

- Provide legal aid;¹⁸⁹
- Accredit persons or bodies to provide legal aid;¹⁹⁰

¹⁸⁶ Supra note. 124.

¹⁸⁷ Legal Aid Act 2012.

¹⁸⁸ Ibid.

¹⁸⁹ Ibid. Section 9. Article 2. Part a.

¹⁹⁰ Ibid. Part b.

- Enter into co-operation agreements with legal aid providers with penalties if the providers fails to meet their obligations under the agreement;¹⁹¹
- Establish mechanisms for the effective administration, coordination and evaluation of legal aid;¹⁹²
- Appoint at least one paralegal to each Chiefdom to provide advice, legal assistance and legal education to the Paramount Chief and inhabitants of the Chiefdom and assist in diverting cases to the formal justice system;¹⁹³
- Accredite legal practitioners, civil society organizations, university law clinics, paralegals, and non-governmental organizations for the purpose of providing legal aid;¹⁹⁴
 - Only paralegals that have been certified as having gone through the appropriate courses at the Judicial and Legal Training Institute or any other appropriate institution approved by the Board shall be accredited¹⁹⁵

Unfortunately the Legal Aid Board has yet to be established. The Legal Aid Board is financed by funds appropriated from Parliament and from grants, donations, bequests or other contributions. This is significant because the Legal Aid Board is the *de facto* authority on the provisioning of legal aid services in Sierra Leone. The Legal Aid Act bestows upon the Board the responsibility of monitoring and evaluating the quality of legal representation in all legal aid cases.¹⁹⁶ Legal aid practitioners who have been found guilty of unprofessional conduct are referred to the General Legal Council for disciplinary action.

Assessment

Certain character traits characterized the disposition of NICE employees: A penchant for titles¹⁹⁷ and formal credentials, a fascination with appearance and personal cleanliness, and a

¹⁹¹ Ibid Part e.

¹⁹² Supra note. 187. Section 10. Part d.

¹⁹³ Supra note. 187. Section 14. Article 2. Parts a & b.

¹⁹⁴ Supra note. 187. Section 30. Article 1. Parts a-e.

¹⁹⁵ Ibid. Article 2. Parts a & b.

¹⁹⁶ Supra note. 187. Section 32. Article 1.

¹⁹⁷ Kings M. Phiri, "Dr Banda's Cultural Legacy and Its Implications for a Democratic Malawi," in *Democratization in Malawi: A Stocktaking*, ed. K.M. Phiri and K.R. Ross (Blantyre: Christian Literature Association in Malawi, 1998).

sense that their work carried certain civilizing qualities.^{198,199,200} Are such patterns visible among Namati/BRAC paralegals?

Even among paralegals, systems of hierarchies are ever present, and mediate interpersonal interactions between fellow paralegals and community members. During focus group discussions on 8th July 2014 with BRAC paralegals, one consistent response was their belief that compensation was not enough; they expressed dismay that administrators in the Namati head office undervalued their financial worth, represented by their ability to effectively resolve health cases. An emblematic statement capturing this sentiment comes again from Mr. Yilah where he stated:

“Our statuses are not being augmented. We need more financial raises with cases, especially with high-profile cases... financial compensation is not enough.”

Such a statement must be understood in its wider context. BRAC paralegals are compensated approximately Le 400,000 or US \$92.00 per month for their work in an environment where colleagues are constantly searching for other opportunities with better pay and benefits. The perception among BRAC paralegals is that they are currently working in a “no-mans land” where they are not formally recognized by Sierra Leonean support structures and their titles not rightfully respected by the communities they serve. François, a BRAC paralegal in the Lungi office, intimated that this is a problem, especially when community members express uncertainties over their stated role as paralegal when they lack the expressed stamp of approval from the government.

¹⁹⁸ Timothy Burke, "Lifebuoy, Men, Lux Women: Commodification, Consumption, and Cleanliness in Modern Zimbabwe," *Body, Commodity, Text* (Durham, NC: Duke University Press, 1996).

¹⁹⁹ John L. Comaroff and Jean Comaroff, *Of Revelation and Revolution, Volume 2: The Dialectics of Modernity on an African Frontier*, 1 ed., *Of Revelation and Revolution (Book 2)* (Chicago: University of Chicago Press, 1997).

²⁰⁰ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, 1 ed. (Stanford: Stanford University Press, 1991).

NGOs and civil society organizations have recently broken ground on assisting the Sierra Leonean Government in implementing the Legal Aid Board. ENCISS, funded by The United Kingdoms' Department for International Development (DFID), the Justice Sector Coordinating Office (JSCO) and other rights-based organizations are conducting a mapping survey of organizations that provide legal aid services, including paralegal services. Efforts are also underway to ensure uniformity in the dissemination of information legal aid services through the appropriate media channels.

The Ministry of Justice has not allocated funds in the 2013 and 2014 budget to appoint the Legal Aid Board nor has it allocated the necessary resources to ensure the sustainability of the Board. The Government through the Ministry of Justice must be willing to take the lead on procuring the resources necessary to activate the Board. Paralegals are hungry for accreditation, and the respect and legitimacy they will gain in the eyes of the people they serve once the Government formally recognizes their services. The Ministry of Justice must take steps to ensure that the Legal Aid Board is assembled and activated to continue the path of sustainable legal reform in Sierra Leone.

DISCUSSION

This case study began with the story of a young school girl in Lunsar, Sierra Leone who upon being subjected to an especially cruel form of torture under suspicion of having stolen a cellular device, took it upon herself to seek out conduits of justice that in principle work to respect the local customary institutions that govern the majority of Sierra Leoneans in the Provinces.²⁰¹ Near the end of my field observations, I followed through with Daniel Fullah to inquire on the state of that particular case and was informed that through the mediations of BRAC, the girl was removed from her home and is now living with relatives. This story was included in this case study to set the stage for legal empowerment from the perspective of both recipients of legal aid in health care, and that of the paralegals, community health workers, and government representatives. What has hopefully emerged, is a narrative in which individual and collective interests navigate the complicated maze of administrative agencies and NGOs to grasp for what they believe to be their “right” to health,

According to Dr. Englund, the civic educators in Malawi were true prisoners of freedom in the sense that they were slaves to a very specific and abstracted notion of human rights. Their fidelity to status distinctions, their tendency to consciously side-step politics in the amelioration of community-level grievances, their treatment of claimants as individuals and by so doing, failing to conceive of community empowerment and resolutions as gaining sustenance through communal relationships with others, and their blind allegiance to transnational human rights doctrine, made it difficult for their advocacy to truly address grassroots issues.^{202,203} This case

²⁰¹ There are three provinces in Sierra Leone and one Western Area

²⁰² Englund, *Prisoners of Freedom: Human Rights and the African Poor*.

²⁰³ "Introduction: Recognizing Identities, Imagining Alternatives," in *Rights and the Politics of Recognition in Africa*, ed. Harri Englund and Francis B. Nyamnjoh, Postcolonial Encounters (London and New York: Zed Books, 2004).

study has shown that, while Namati paralegals at times desire status distinctions between themselves and recipients of legal aid, the comparisons virtually stop there.

In a sense, Namati is not above the conventional criticisms leveled against multilateral institutions and NGOs who devise development interventions from aseptic boardrooms, thousands of miles removed from their targeted locations. Where Namati diverges from its peer institutions lie in its emphasis on sustainable scalability, despite the fact that considerable time may pass before this becomes an actuality.

“Local cultures of human rights”,²⁰⁴ as exemplified through the vibrancy of customary institutions, VHCs, and VDCs that are active in Sierra Leone, may not only gain sustenance through Namati, but may also prove vital in partnership-building with health clinics and patients so that all parties can work to create satisfactory conditions for service delivery. Further enabling these partnerships is essential for future Namati operations and beyond.

What is clear is that Namati – unlike NICE – treats claimants as active participants of justice, instead of as passive agents who need the intervention of trained officials whose incentives lie in status building, rather than in enabling claimants to navigate certain administrative and justice channels for the attainment of health. Many of the legal empowerment organizations reviewed earlier in this case study attest to the vibrancy and necessity of such an approach and impotency results when a commitment to agency is neglected for other matters as witnessed among NICE workers.

One question that emerges from this study is what would a post-Namati justice system – one in which local ideals of justice are fully integrated into service delivery and accountability – look like? The case of *Ubuntu* in South Africa is instructive here. *Ubuntu*, according to Cornell

²⁰⁴ Archibald and Richards, "Converts to Human Rights? Popular Debate About War and Justice in Rural Central Sierra Leone."

and Muvangua, is a traditional form of African jurisprudence that achieves in principle, “transcendence for the individual” through the interconnectedness of human beings in a web of “ethical relations” and “obligations” from the time of birth. In a way, *Ubuntu* works to ground judicial rulings in its communitarian perspective by locating communal notions of restitution into practical renderings of justice. In South Africa, *Ubuntu* has been invoked in countless rulings addressing socioeconomic rights, including the *Port Elizabeth Municipality Case* that dealt with private property law and the *City of Johannesburg v. Rand Properties Case* that dealt with failed housing obligations under section 26 of the South African Constitution. In the *Port Elizabeth Case* opinion, Justice Albie Sachs stated that:²⁰⁵

“Ubuntu speaks to our interconnectedness, our common humanity and the responsibility to each that flows from our connection...It recognizes a person’s status as a human being, entitled to unconditional respect, dignity, value and acceptance from the members of the community that such a person may be a part of...The right to work is one of the most precious liberties that an individual possesses...To work means to eat and consequently, to live. This constitutes an encompassing view of humanity. The applicant’s suggestion that the Respondent be relocated to an informal settlement flies in the face of the concept that a “person is a person through persons” (ubuntu).²⁰⁶

The issue at stake here is less what the outcomes of the actual rulings here were than the ways in which *Ubuntu* was juxtaposed into those rulings. However, extrapolating the South African case to Sierra Leone is not tenable due to the stark reality that health claims are generally not justiciable in the Sierra Leonean constitution.²⁰⁷ With that in mind, community-level solutions to health access problems may be more feasible until Sierra Leone reaches the state – if ever – where formal court structures are strong enough to address disparities in health.

²⁰⁵ Drucilla Cornell and Nyoko Muvangua, *Ubuntu and the Law*, ed. Drucilla Cronell, Roger Berkowitz, and Kenneth Michael. Panfilio, Just Ideas (New York: Fordham University Press, 2012).

²⁰⁶ Quote taken from, *ibid.*

²⁰⁷ Amnesty International, "At a Crossroads: Sierra Leone's Free Health Care Policy."

Overall, The findings in this case study should be combined with future fact-finding missions in other districts in Sierra Leone to determine whether Namati and its donor partners should recommend scaled-up interventions. These findings should also serve as a guide for future policy and legal reform within Sierra Leone to maximize access to justice services that improve Sierra Leone's progress towards achieving post-2015 health development targets and improving the quality of life for its people. The number of studies addressing the utility or lack thereof of legal empowerment approaches in solving justice problems across a variety of sectors from health and education, to governance and the economy is mounting. This study will constructively add to that dialogue.

SUMMARY

This case study has assessed Namati's *Health And Social Accountability Program* by following paralegals on the ground and engaging with clinic staff, community members, and local authority structures – both traditional and formal. This study investigated whether Namati interventions reinforce existing formal and customary structures for the amelioration of grievances between health clinics, their associated staff, and intended beneficiaries. Furthermore, this study questioned Namati's role as an organization that fosters sustainable change: at the level of the grassroots in its ability to influence government health policy, and at the level of the elites in its ability to improve administrative and policy deficiencies in the area of health access. Finally this study answered critical questions on the equity-enhancing effects of paralegal interventions towards beneficiaries of health services.

After a topical overview of the evidence illustrating the various ways in which legal empowerment initiatives around the world operate: 1) At the level of institutions; 2) In the delivery of basic services and; 3) In their contribution to development outcomes, an analysis of Namati using concepts developed in Harri Englund's *Prisoners of Freedom* showed that: 1) Namati is not above scholarly critiques of development and multilateral institutions; 2) Namati works to enhance preexisting governance capabilities in the area of health access; 3) Namati works to enhance partnerships with local engines for health service delivery as a way to augment its interventions and solve the sustainability question; 4) Namati works to enhance the agency of claimants to understand the relevant health-related laws and maneuver within them; 5) Namati – unlike NICE in Malawi – works to contextualize its interventions by engaging with higher-level policy and administrative organs, despite some deficiencies and; 6) Namati paralegals are not immune to desires for status distinctions.

REFERENCES

- Abrahamsen, Rita. *Disciplining Democracy: Development Discourse and Good Governance in Africa*. Studies in African Politics, Society and Development. London New York: Zed Books, 2000.
- Amin, Samir. *Unequal Development: An Essay on the Social Formations of Peripheral Capitalism*. New York: Monthly Review Press, 1976.
- Amnesty International. "At a Crossroads: Sierra Leone's Free Health Care Policy." 1-41: Amnesty International, 2011.
- Archibald, Steven, and Paul Richards. "Converts to Human Rights? Popular Debate About War and Justice in Rural Central Sierra Leone." *African Affairs* 72 (2002): 339-67.
- Arita, Juan-Carlos. "A Life with Dignity: Honduran Women Raising Voices to Improve Labour Standards." Great Britain: Oxfam, 2008.
- Bayart, Jean-François. "Africa in the World: A History of Extraversion." *African Affairs* 99 (2000): 217-67.
- Bayart, Jean-François *The State in Africa: The Politics of the Belly* 2ed. 2009.
- Bayart, Jean-François, Stephen Ellis, and Béatrice Hibou. "The Criminalization of the State in Africa." Chap. 1 In *African Issues*, edited by Alex de Waal and Stephen Ellis, 1-31. Oxford and Bloomington: James Currey and Indiana University Press, 2009.
- Björkman, Martina, and Jakob Svensson. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics* 124, no. 2 (May 1, 2009 2009): 735-69.
- Burchell, Graham. "Peculiar Interests: Civil Society and Governing "the System of Natural Liberty"." Chap. 6 In *The Foucault Effect: Studies in Governmentality*, edited by Graham Burchell, Colin Gordon and Peter Miller. Chicago: University of Chicago, 1991.
- Burke, Timothy. "Lifebuoy, Men, Lux Women: Commodification, Consumption, and Cleanliness in Modern Zimbabwe." *Body, Commodity, Text*, 312. Durham, NC: Duke University Press, 1996.
- CIA. "The World Factbook: Sierra Leone." <https://www.cia.gov/library/publications/the-world-factbook/geos/sl.html>.
- Comaroff, John L., and Jean Comaroff. *Of Revelation and Revolution, Volume 2: The Dialectics of Modernity on an African Frontier*. Of Revelation and Revolution (Book 2). 1 ed. Chicago: University of Chicago Press, 1997.
- Cornell, Drucilla, and Nyoko Muvangua. *Ubuntu and the Law*. Just Ideas. edited by Drucilla Cronell, Roger Berkowitz and Kenneth Michael. Panfilio New York: Fordham University Press, 2012.
- Development, Department for International. "Realising Human Rights for Poor People." London: DFID, 2000.
- Duffield, Mark. *Global Governance and the New Wars: The Merging of Development and Security*. London Zed Books, 2001.
- Duflo, Esther, Pascaline Dupas, and Michael Kremer. "Peer Effects, Teacher Incentives, and the Impact of Tracking: Evidence from a Randomized Evaluation in Kenya." *American Economic Review* 101, no. 5 (2011): 1739-74.
- Englund, Harri. "Introduction: Recognizing Identities, Imagining Alternatives." Chap. Introduction In *Rights and the Politics of Recognition in Africa*, edited by Harri Englund

- and Francis B. Nyamnjoh. *Postcolonial Encounters*, 1-29. London and New York: Zed Books, 2004.
- . *Prisoners of Freedom: Human Rights and the African Poor*. California Series in Public Anthropology. edited by Robert Borofsky Berkeley: University of California Press, 2006.
- "Evaluating the Integration of Legal Support and Health Care in Kenya: Findings from the Second Phase of the Evaluation." Harvard School of Public Health, 2011.
- Ferguson, James. *The Anti-Politics Machine: "Development", Depoliticization and Bureaucratic Power in Lesotho*. Minneapolis: University of Minnesota, 1990.
- Ferguson, James , and Akhil Gupta. "Spatializing States: Toward an Ethnography of Neoliberal Governmentality." *American Ethnologist* 29 (2002): 981-1002.
- Fog Olwig, Karen, and Kirsten Hastrup. *Siting Culture: The Shifting Anthropological Object*. London: Routledge, 1997.
- Foucault, Michel. "Governmentality." Chap. 4 In *The Foucault Effect: Studies in Governmentality*, edited by Graham Burchell, Colin Gordon and Peter Miller. Chicago: University of Chicago, 1991.
- Frank, Andre Gunder. *Latin America: Underdevelopment or Revolution*. New York: Monthly Review Press, 1969.
- Gledhill, John. "Liberalism, Socio-Economic Rights and the Politics of Identity: From Moral Economy to Indigenous Rights." Chap. 4 In *Human Rights, Culture and Context*, edited by Richard A. Wilson. Anthropology, Culture and Society, 70-110. London, Chicago: Pluto Press, 1996.
- Golub, Stephen. "Non-State Justice Systems in Bangladesh and the Philippines." 33, 2003.
- Goodale, Mark. *Surrendering to Utopia: An Anthropology of Human Rights*. Stanford Studies in Human Rights. Stanford: Stanford University Press, 2009.
- Goodwin, Laura, and Vivek Maru. "What Do We Know About Legal Empowerment? Mapping the Evidence (Working Paper)." 1-66: Namati, 2014.
- Government of Sierra Leone: Ministry of Health and Sanitation. "Free Health Care Services for Pregnant and Lactating Women and Lactating Women and Young Children in Sierra Leone." In *Sierra Leone Conference: Stability, Opportunity, Growth*, 9. Sierra Leone, 2009.
- . "Joint Programme of Work and Funding (Jpwf) 2012-2014." 158. Sierra Leone: Ministry of Health and Sanitation, 2012.
- . "National Health Sector Strategic Plan." 51, 2009.
- Gupta, Akhil, and James Ferguson. *Anthropological Locations: Boundaries and Grounds of a Field Science*. Berkeley: University of California Press, 1997.
- Hall, Margaux, Nicholas Menzies, and Michael Woolcock. "From Hippos to "Best Fit" in Justice Reform: Experimentalism in Sierra Leone." In *The International Rule of Law Movement: A Crisis of Legitimacy and the Way Forward*, edited by David Marshall. Human Rights Program Series (Book 4). Cambridge: Human Rights Program, Harvard Law School, 2014.
- Harris, David. *Sierra Leone: A Political History*. London: Hurst & Company, 2013.
- Hoffman, Danny. *The War Machines: Young Men and Violence in Sierra Leone and Liberia*. The Cultures and Practice of Violence. edited by Neil L. Whitehead, Jo Ellen. Fair and Leigh Payne Durham and London: Duke University Press, 2011.
- Institute, PASI: Paralegal Advisory Service. <http://www.pasimalawi.org/index.html>.

- Integrated Regional Information Networks. "Film: Sierra Leone's Women Behind Bars." <http://www.irinnews.org/report/100211/new-film-sierra-leone-s-women-behind-bars>.
- Jenkins, Robert. "Mistaking "Governance" for "Politics": Foreign Aid, Democracy and the Construction of Civil Society." Chap. Introduction In *Civil Society: History and Possibilities*, edited by Sudipta Kaviraj and Sunil Khilnani. Cambridge: Cambridge University Press, 2001.
- Kanyongolo, Fidelis Edge. "Reconciling 'the Rhetoric of Rights' with Competing Notions of Personhood and Agency in Botswana." Chap. 2 In *Rights and the Politics of Recognition in Africa*, edited by Harri Englund and Francis B. Nyamnjoh. Postcolonial Encounters, 64-83. London and New York: Zed Books, 2004.
- "Maharashtra, India : Improving Panchayat Service Delivery through Community Score Cards." In *Social Accountability Series*. Washington, D.C.: World Bank, 2006.
- Mamdani, Mahmood. *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism*. Princeton Studies in Culture/Power/History. edited by Sherry B. Ortner, Nicholas B. Dirks and Geoff Eley Princeton: Princeton University Press, 1996.
- Marshall, T.H. *Class, Citizenship, and Social Development*. Chicago: University of Chicago, 1950.
- Maru, Vivek. "Allies Unknown: Social Accountability and Legal Empowerment." *Health and Human Rights* 12, no. 1 (2010): 83-93.
- . "Between Law and Society: Paralegals and the Provision of Justice Services in Sierra Leone and Worldwide." *Yale Journal of International Law* 427 (2006): 428-76.
- . "The Challenges of African Legal Dualism: An Experiment in Sierra Leone." In *Justice Initiatives*, 18-22: Open Society Justice Initiative, 2005.
- Maru, Vivek, and Abigail Moy. *Legal Empowerment and Public Administration: A Map of the Landscape and Three Emerging Insights*. Open Society Justice Initiative, 2013.
- Mbembe, Achille. *On the Postcolony*. Studies on the History of Society and Culture. edited by Victoria E. Bonnel and Lynn Hunt. 1 ed. Berkeley and Los Angeles: University of California Press, 2001.
- Messer, Ellen. "Anthropology and Human Rights." *Annual Review of Anthropology* 22 (1993): 221-49.
- Mgbako, Chi, and Kristina Scurry. Baehr. "Engaging Legal Dualism: Paralegal Organizations and Customary Law in Sierra Leone and Liberia." Chap. 8 In *The Future of African Customary Law*, edited by Jeanmarie Fenrich, Paolo Galizzi and Tracy E. Higgins, 170-201. Cambridge: Cambridge University Press, 2011.
- Nafissatou, Diop J. et al. "The Tostan Program: Evaluation of a Community Based Education Program in Senegal." Population Council GTZ TOSTAN: US Agency for International Development, 2004.
- Namati. "Namati Work." <http://www.namati.org/work/>.
- Pande, Suchi. "The Right to Information and Societal Accountability: The Case of the Delhi Pds Campaign." *IDS bulletin* 38, no. 6 (2007): 47-55.
- Phiri, Kings M. "Dr Banda's Cultural Legacy and Its Implications for a Democratic Malawi." In *Democratization in Malawi: A Stocktaking*, edited by K.M. Phiri and K.R. Ross. Blantyre: Christian Literature Association in Malawi, 1998.
- Ramkumar, Vivek. "Our Money, Our Responsibility: A Citizen's Guide to Monitoring Government Expenditures." 166: The International Budget Project, 2008.

- Renzio, Paolo, Vitus Azeem, and Vivek Ramkumar. "Budget Monitoring as an Advocacy Tool." 34: International Budget Office, 2006.
- Richards, Paul. *Fighting for the Rain Forest*. African Issues. edited by Alex de Waal Oxford and New Hampshire: James Currey and Heinemann, 1996.
- Rose, Nikolas. *Powers of Freedom : Reframing Political Thought* Cambridge: Cambridge University Press, 1999.
- Sardan, J.P. Olivier de. "A Moral Economy of Corruption in Africa." *The Journal of Modern African Studies* 37, no. 1 (March 1999): 25-52.
- Simpson, Anthony. *Half-London' in Zambia : Contested Identities in a Catholic Mission School*. International African Library. edited by J.D.Y. Peel, Colin Murray and Suzette Heald Edinburgh: Edinburgh University Press for the International African Institute, 2003.
- Stephens, Matthew. "The Commission on Legal Empowerment of the Poor: An Opportunity Missed." *Hague Journal on the Rule of Law* 1, no. 01 (2009 2009): 132-55.
- Ubink, Janine. "The Quest for Customary Law in African State Courts." Chap. 4 In *The Future of African Customary Law*, edited by Jeanmarie Fenrich, Paolo Galizzi and Tracy E. Higgins, 83-102. Cambridge: Cambridge University Press, 2011.
- UNICEF. "Birth Registration in Bangladesh." [http://www.unicef.org/bangladesh/birth_registration\(1\).pdf](http://www.unicef.org/bangladesh/birth_registration(1).pdf).
- Vaughan, Megan. *Curing Their Ills: Colonial Power and African Illness*. 1 ed. Stanford: Stanford University Press, 1991.
- Wilson, Richard A. "Human Rights, Culture and Context: An Introduction." Chap. 1 In *Human Rights, Culture and Context*, edited by Richard A. Wilson. Anthropology, Culture and Society, 1-27. London, Chicago: Pluto Press, 1996.

Appendix



Administrative Map of Sierra Leone with Provinces Highlighted. Taken from http://www.nationsonline.org/oneworld/map/sierra_leone_map.htm



Map of Sierra Leone Showing the 12 Districts of Sierra Leone. Taken from http://en.wikipedia.org/wiki/Districts_of_Sierra_Leone