



# NETWORK MOVEMENT FOR DEMOCRACY AND HUMAN RIGHTS



## LEGAL EMPOWERMENT WITHIN THE PRIMARY HEALTHCARE DELIVERY

Network Movement for Democracy and Human Rights is a National Non-Governmental Organization with mission to promote human rights and governance issues through training, dialogue, advocacy, lobby and campaigns to change the mind-set of communities and increase their participation in governance so that development and peace can take place. The organization has provided legal aid services since 2011 to date.

Network Movement for Democracy and Human Rights current legal empowerment project focuses on institutionalizing responsive, accountable, credible, and financially secure system of community-based justice services that offer legal advice within the primary healthcare system, with a stronger focus on reaching the poor and marginalized groups especially pregnant women, lactating mothers, children under 5, persons with disability and teenage girls.

**Our work** significantly contributed to institutionalizing health accountability justice service in 17 communities within Luawa Chiefdom, Kailahun District, and Eastern Region of Sierra Leone. We trained eight (8) community youth as paralegals who are providing **cutting-edge** community based legal empowerment and conflict mediation services-**solving over 250** health related issues

**Our legal aid services has reached 5000 community people and benefited 200** direct beneficiaries (women, lactating mothers, children, persons with disability) and community people in Luawa Chiefdom.

We utilize various methods to reach people through healthcare complaints and case management, data gathering and reporting, working alongside health officials like the DHMT to monitor and report on lapses within healthcare delivery.

## **OUTCOMES**

- Capacity of local communities increased to access affordable quality healthcare services
- Health care officials and beneficiaries knowledge increased about healthcare laws and policies
- Communities and stakeholders took actions to resolve their health concerns
- Participatory decision making strengthened between service providers and community
- Improved public debate and interest in health service delivery

## **APPLYING LESSONS LEARNT**

Applying lessons learnt is a key component of legal empowerment work and Network Movement for Democracy Human Rights is proud to share some of our broader takeaways from 15 months

of applying the legal empowerment model alongside health workers, local groups like the District Health Management Team, Village Development Committees and the health care beneficiaries.

One of the constant takeaways has been the need to emphasize open communication policy, inclusion, partnership and refresher training. Throughout project implementation, paralegals have received constant support and training from project partners; OSIWA and NAMATI and staff these have come through the holding of debriefing meetings, reviewing project problematic, evaluations and feedbacks mechanism.

We learned that community ownership comes with involving designing project activities with and for community people. For the most part, we have included at every stage our legal empowerment work indigenous community groups including youth, women, and persons with disabilities. This approach helped us to have an entry point into health facilities, building the trust of recording cases from clients, and nurses opening their clinic doors to collect data.

One of the key lessons we have learned was to keep clients' identity anonymous while collecting sensitive data. This helped us to share sensitive data with stakeholders like the District Health Management Team in the project community about service delivery roadblocks and ways to improve them.

**OUR MODEL**

- **MONITORING SERVICE DELIVERY**

SAMPLE COMPARISON CHART X HEALTH CENTRE				
Indicators	Symbols	Outpatients	Pre-Natal Patients	Service Providers
PERFORMANCE MEASURES FROM GROUP				
Availability of drugs		☹️		☹️
Staff friendliness		☹️	😊	
PERFORMANCE MEASURES GIVEN				
S-1 Quality of staff		☹️ - 😊	😊	😊
S-2 Overall satisfaction with the service		☹️ - 😊	☹️	😊

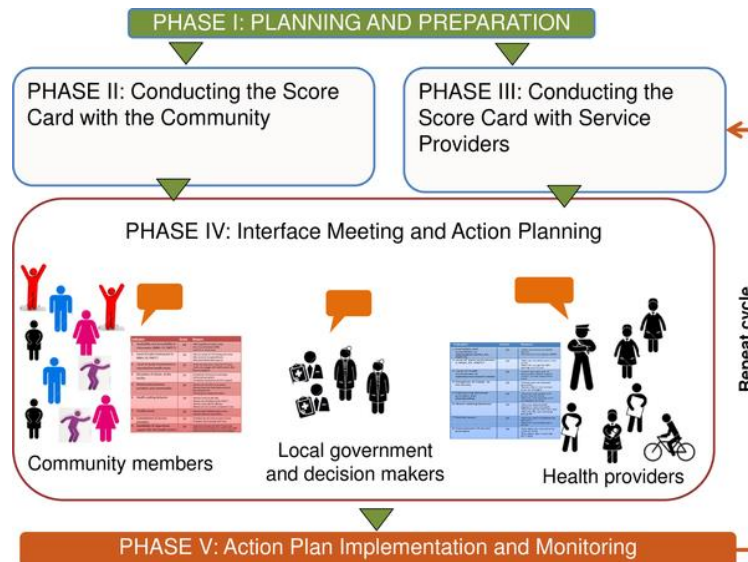
- **TRAINING HEALTHCARE LAWS**

One of our key intervention has been empowering communities to know, use and shape the law through training them on relevant laws, policies, protocols and roles of FMCs , CHWs and other groups, to improve effectiveness and working relationship with health workers and beneficiaries.

- **CASE INTAKE/ MANAGEMENT**

We have used case intake form to collect data about service delivery at health facilities, paralegal would then use the information to map where legal services are needed, reach out to help resolved them. For the most part, paralegals successfully mediated a total of 250 cases from across 17 health centers/posts.

- **COMMUNITY SCORECARDS**



## CASE MAP: HOW PARALEGALS LED CHANGE

### **CASE # 1**

**LOCATION:** Under 5 Community Health Post , Kailahun District

**CATCHMENT POPULATION:** 1, 8734 **ISSUE:**

**ISSUES:** inactiveness of FMC members

**ACTION TAKEN**

- Paralegals engaged the town chief, visited old FMC members and brought the issue to the notice of the DMO at DHMT. In a compact meeting, the FMC share their challenges of not having means of communication to coordinate members. The community provided a mobile phone to them. In their next follow-up, the FMC are now active and supporting management of the facility.

### **CASE # 2**

**LOCATION:** Gbalahun Community Health Post

**CATCHMENT POPULATION:** 6,500 with 17 catchment villages

**HEALTH ISSUE:** LACK OF STAFF QUARTER, COMMUNITY ASKED THE NURSE TO PAY LE 30,000 PER MONTH FOR HOUSING.

**ACTION TAKEN**

- *Since this was a community issue, in order to resolve it, paralegals organized a meeting with the village head, FMC members and the land laws. In the meeting commitment was made to provide free lodging to the nurse.*

## **CASE # 2**

**LOCATION:** *BANDAJUMA PHU CATCHMENT*

**POPULATION:** *5,564*

**ISSUE:** *FACILITY HAS BROKEN FENCE AND LACK WATER FACILITY*

### **ACTION TAKEN**

- *Paralegals organized meeting with youth from the catchment villages, in the meeting, the youth made commitment to share the fencing project of the PHU amongst catchment villages. A scorecard was designed with timeline and roles each group will perform. On the water issue, the town chief promised to support the youth with logistics to dig well for the facility.*

## **CASE # 3**

**LOCATION:** *MANOSEWALU M.C.H.P*

**CATCHMENT POPULATION:** *2,462*

**ISSUE:** *a traditional birth attendant (TBA) was accused of engage in home delivery by the in-charge*

### **ACTION TAKEN**

- *Paralegals visited the T.B.A educated her about the risks and danger involved. The issue was brought to the notice of the DHMT and the town chief. By-laws were already in place to fine any T.B.A involved in home delivery with a sum of Le 150,000.*

*The above cases mapped are few examples of issues that affect and hinder the provision of basic primary healthcare services to rural communities. Both individual and community actions like the 'community asking a nurse to pay for lodging, the nurse asking pregnant women and prenatal visit to pay service fee for drugs or a community health post without water facility' all together denied hundreds of rural people their rights to accessing affordable healthcare services. As our paralegals work directly with individuals and communities, using the law and case tracking tool to enforce health accountability or better public services, we want to thank OSIWA for capacity building support and our partners like the District Health Management Team for support and opening their office doors to our paralegals on the ground.*