

# BRINGING JUSTICE TO HEALTH

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# BRINGING JUSTICE TO HEALTH

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**LEGAL EMPOWERMENT** : The transfer of power from the usual gatekeepers of the law—lawyers, judges, police, and state officials—to ordinary people who make the law meaningful on a local level and enhance the agency of disadvantaged populations.



## FOREWORD

**IT IS MY PLEASURE TO INTRODUCE THIS COLLECTION** of legal empowerment projects on behalf of the Open Society Foundations. In recent years, the United Nations Development Programme has expressly recognized legal empowerment as an effective tool for the advancement of the Millennium Development Goals. In 2012, the UNDP-convened Global Commission on HIV and the Law published an instrumental report with persuasive evidence that laws and practices that protect human rights strengthen HIV and health responses.

In enabling the poor and disadvantaged to use the law to protect their rights, we learn important ground-level lessons about the root causes of vulnerability and exclusion. Too often, people who are disproportionately affected by discrimination and ill-health go overlooked. As we turn our attention to the Post-2015 Development Agenda, we should bear in mind the particular injustices faced by marginalized groups, including sex workers, people who use drugs, people affected by HIV, ethnic minorities such as Roma, and palliative care patients. The Open Society Foundations have long supported communities that find themselves prevented from protecting their health. Such support is critical in enabling people to participate meaningfully in their communities, and as an expression of our shared goals for equitable global development.

*Bringing Justice to Health* documents a number of compelling contributions to the advancement of health and human rights around the world, complementing many initiatives undertaken in support of the Millennium Development Goals by UNDP and other partners. In particular, it shows the effectiveness of accessible justice delivery models built from the ground up, empowering marginalized individuals to raise their voices, exercise their rights, and hold decision-makers accountable. We are introduced to several inventive strategies for coupling legal aid with health care, and we learn how customary legal systems have been infused with a

human rights approach, allowing them to attend to the lived realities of marginalized populations. The resourcefulness of the individuals behind these strategies appears limitless—whether providing legal information using web-based consultations, human rights workshops, or pamphlets; or forging positive working relationships between law enforcement officials and criminalized groups; or establishing communication networks by means of referrals, door-to-door consultations, or public debates.

The projects documented in *Bringing Justice to Health* introduce us to people who were helped at their most vulnerable, and became inspired to contribute to the very initiatives that came to their aid. I invite you to learn more about Gladys, who overcame marital abandonment and landlord discrimination based on her HIV status and became a legal aid counselor; Mohamed, whose experience with the drug-using community allows him to reach out and promote their access to legal assistance and medical care; and Gaironessa, whose work as a paralegal was inspired by years of police harassment she suffered as a sex worker. It is critical that their work continue to provide accessible and culturally relevant remedies to human rights violations, particularly among those whose access to health care is often obstructed.

As you engage with the individuals and organizations profiled in *Bringing Justice to Health*, I encourage you to reflect on how legal empowerment can help us achieve further key milestones in the advancement of health and human rights policy. What other strategies might be deployed to secure a healthier and more rights-respecting society? What can you contribute to this global conversation? I am delighted to share this work by the Open Society Foundations as an example of how justice systems might be reshaped by marginalized communities—in ways that help them share their empowerment with their peers.

**Olav Kjørven**

Assistant Secretary-General

Director, Bureau for Development Policy, UNDP, New York

## SUMMARY

**FOR MILLIONS OF PEOPLE** around the world, human rights violations are part and parcel of everyday life—ranging from sexual violence, discrimination in access to housing, and denial of child support, to unfair dismissal from employment, police harassment, and arbitrary detention. Such violations have a particularly harsh impact on individuals whose health is already compromised and who find themselves excluded from civic participation.

In Kenya, people who use drugs routinely face exaggerated criminal charges and heavy sentences, which contribute to their marginalization from society. A quota system in Russia motivates police to reach target numbers of drug-related convictions, resulting in countless arbitrary arrests, while in Indonesia, drug-using populations are subjected to lengthy pre-trial detention and extortion at the hands of police and prison guards. Sex workers in Kenya and South Africa face high levels of police violence and harassment and have nowhere to turn for protection from abuse. People living with HIV are frequently dismissed from employment and suffer abandonment and violence based on their status; in Kenya and Uganda, women are often forced into the streets with their children when their husbands die of AIDS, their property rights all but illusory.

The health care system itself is all too often overrun with coercive treatment and violations of patients' rights to consensual treatment and confidentiality. Members of Macedonia's Roma population, in particular, frequently face outright denial of health care services, in addition to misinformation and abuse. Palliative care patients in Kenya are often left unaware of social benefits or pain management tools available to them, and are denied the chance to make basic arrangements regarding property disposition and family planning.

*Bringing Justice to Health* shows the possibility of transforming these dire situations. This publication profiles legal empowerment projects that engage with these marginalized communities, equipping them with information about their rights and responsibilities and the tools they can use to improve their social condition. In each case, the NGOs involved aim to put the law into the hands of ordinary people by offering them legal advice, mediation services, and community legal education. In particular,

legal empowerment projects reveal the powerful role to be played by paralegals, who facilitate access to government agencies, assist with litigation in civil disputes, promote alternative forms of conflict resolution, and mobilize the broader community to attend to the human rights issues around them. Overall, these projects develop and apply grassroots solutions to those legal problems faced most often by marginalized groups, supplementing these with formal legal mechanisms where necessary.

The impact of legal empowerment on public health cannot be overstated. Human rights violations compromise the health of marginalized communities, impeding their access to health care and undermining the underlying factors affecting their health. The legal empowerment projects profiled in this publication aim not only to eliminate barriers between health care providers and legal professionals, but to achieve key health milestones that have eluded traditional health care approaches. Notably, initiatives promoting the respect of women's property and inheritance rights have decreased their vulnerability to HIV, and efforts to address police harassment among criminalized populations have afforded these communities better access to harm reduction services. These results, in turn, enhance community awareness about marginalized groups whose struggles have long gone unaddressed.

*Bringing Justice to Health* profiles 11 legal empowerment projects based in Indonesia, Kenya, Macedonia, Russia, South Africa, and Uganda. These projects were selected out of over 50 such projects funded since 2006 by the Open Society Foundations because they show the range of approaches to legal empowerment that they support in their broader effort to promote health-related human rights interventions. The pages that follow tell the personal stories of individuals who, with the support of these projects, have found justice for their seemingly intractable but deeply important problems. It also shows how the NGOs that founded these projects set about resolving problems in a way that empowers those who are often least able to exercise their rights. Together, these organizations expose a remarkable breadth of strategies for enabling marginalized groups to claim their rights and share their lessons with one another.

# Sex Workers





“It is a great privilege to be able to help others as a paralegal. Many sex workers who had never even known that our Constitution had a Bill of Rights now exercise those rights because of their experience with WLC.”

**NCUMISA, WOMEN’S LEGAL CENTRE PARALEGAL**

## **SOUTH AFRICA**

### **Women’s Legal Centre (WLC)**

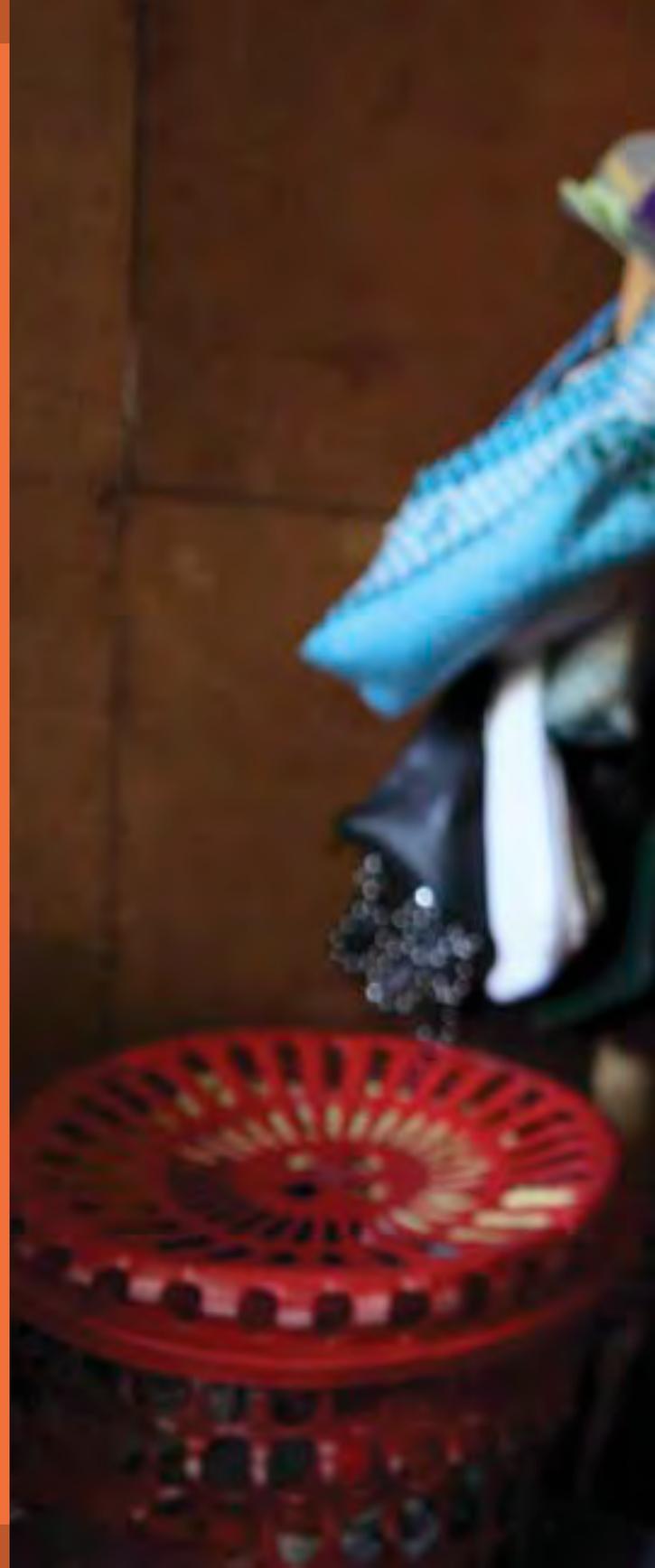
#### **Sex work in South Africa: arrest, harassment, abuse**

In South Africa, both the buying and selling of sex are criminalized under the Sexual Offences Act 23 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 23. Since 2007, there have been only 11 convictions under these statutes, largely because the clients of sex workers are unwilling to testify for fear of incriminating themselves. However, the number of arrests related to sex work remains staggering as a result of municipal bylaws against loitering, drunken behavior, and soliciting for the purposes of prostitution, which police officers use in order to target sex workers.

In many cases, violations of these bylaws are punishable by fines similar to those issued for traffic violations. In practice, however, many Cape Town sex workers report being arrested and detained for days at a time, their eventual release granted only in exchange for payment ranging from R300 to R1000 (approximately US\$35 to US\$315). Often, police officers assigned to a particular area repeatedly target the same sex workers with this type of harassment and intimidation. Such mistreatment persists in spite of a 2009 Cape Town High Court interdict against arrest other than for the direct and immediate purpose of prosecution before a court of law.

**PREVIOUS SPREAD** WLC sex worker paralegal Gaironessa Majiet (right) takes notes from DeMonique Pieterze. DeMonique works at Chicago, a popular strip club and brothel in Cape Town.

**RIGHT** Ncumisa Sonandi, a WLC sex worker paralegal, sits with her daughter Luciana. Ncumisa shares a small room with her three children and teenage brother at a hostel near Cape Town.







LEFT Ncumisa checks her paperwork at the SWEAT office after returning from outreach. Paralegals hold weekly debriefing sessions where they share their records.

RIGHT Ncumisa interviews a sex worker while performing outreach at a brothel. WLC paralegals are particularly concerned with police mistreatment and rights violations.

Gaironessa has experienced extensive police harassment and abuse in her years as a sex worker in Cape Town. On one occasion, she asked a police officer to show her the warrant for her arrest, but he simply ordered her into his cruiser and drove her to the police station, where she was placed in a men's cell and denied her right to consult a lawyer. After two hours, a different officer allowed Gaironessa to call a sex worker paralegal at the Sex Workers Education and Advocacy Taskforce, who sent a lawyer from the Women's Legal Centre (WLC) to the police station to secure her release. This experience inspired Gaironessa to train with WLC as a paralegal.

"Now I can do more with my compassion for my colleagues. I can go to court by myself on others' behalf and help clear their cases with the senior public prosecutor. When I see a police officer these days, I tell him that I work as a paralegal with WLC, and he backs off right away."

**GAIRONESSA, WOMEN'S LEGAL CENTRE PARALEGAL**

### **Paralegals, pamphlets, progress**

The Women's Legal Centre is a legal advice provider whose work includes the advancement of sex worker rights in South Africa. WLC collaborates closely with the Sex Workers Education and Advocacy Taskforce (SWEAT) and Sisonke, South Africa's national sex worker movement. WLC began by offering weekly workshops to sex workers on human rights and elements of law relevant to sex work. It soon expanded its reach by employing four sex workers as community-based paralegals. These paralegals regularly accompany the SWEAT team on their outreach visits to areas of Cape Town known for their concentration of sex workers, like brothels or late-night streets. The paralegals provide male, female, and transgender sex workers with information and advice, accompany them to medical clinics and to court, and help them with bail applications.

WLC has produced a pamphlet for sex workers entitled *Know Your Rights*, which lays out all those rights applicable upon arrest or detention, in addition to general labor rights and remedies. Together, WLC, SWEAT, and Sisonke have also created an information card, *My Rights When Dealing with the Police*, which sex workers can carry on their person for ease of reference. Each year, WLC handles approximately 120 cases relating to sex work, and in addition to a marked improvement in the

attitudes of police toward sex work, both WLC and SWEAT have reported increased empowerment of the sex workers they serve thanks to the legal information they have received.

By embedding traditional legal services into a broader system of outreach and support, WLC centers its human rights defense work on sex workers themselves, giving them the confidence to directly challenge the violations they endure.



## KENYA

### Survivors Self Help Group



#### **Policing sex work in Kenya: profiling, assault, extortion**

Kenya's National AIDS Control Council estimates that 14.1 percent of new HIV infections in the country occur among sex workers. While selling sex is not illegal per se, Section 154 of Kenya's Penal Code (Chapter 63 of the Laws of Kenya) criminalizes "every woman who knowingly lives wholly or in part on the earnings of prostitution." Municipal bylaws against "loitering for the purposes of prostitution," moreover, accord police a wide measure of discretion to target sex workers.

Survivors Self Help Group was formed in 2000 in Busia, a Kenyan town on the Ugandan border. At the time, many sex workers in the community were routinely subjected to rape, assault, and harassment at the hands of their clients, the police, and the owners of the bars where they worked. It was common practice for police to arrest women based solely on their style of dress and, if a sex worker was found with a client, the officer would free the client so as to demand money, sex, or housework from the sex worker. Kenyan laws specifically prohibiting sexual contact between police officers and those in their custody did little to mitigate these abuses.



#### **Demanding recognition, proposing collaboration**

In 2011, Survivors hired a lawyer to defend sex workers upon their arrest and to help them press charges against abusive clients and police officers. This lawyer defends sex workers who are charged with living off the earnings of prostitution and fined between 100 and 500 Kenyan shillings (approximately US\$1 to US\$7). Survivors pays these fines in exchange for their release, helping Busia's sex workers avoid jail time and all that it entails—a reduced income, a criminal record, and an inability to care for one's family.

The Survivors lawyer goes far beyond traditional legal work, however. Training local sex workers like Eunice as paralegals who act as crucial liaisons allows Survivors to provide the broader sex worker community with legal support. Recognizing the importance of working closely with local businesses and the police force, Survivors initiated a series of workshops in which paralegals educated the community about the concerns of sex workers and the relevance of human rights law to sex work. One of these workshops alone drew 60 police officers, 20 security guards, 30 bar managers, 20 bar owners, and 70 sex workers. After some initial backlash, Survivors noted an improvement in relations between sex workers and law enforcement authorities, and police officers began offering their mobile phone numbers so that sex workers could contact them directly when problems arose with their clients.



ABOVE Gaironessa, Ncumisa, and Bassi Nelson—a transgender sex worker and current WLC paralegal—participate in a debriefing session at the SWEAT office. They discuss cases involving sex workers from the previous weekend and prepare their work for the upcoming week.

TOP LEFT A map of Cape Town in SWEAT's office. Stickers indicate areas where sex worker outreach is most needed.

BOTTOM LEFT Bassi attends a staff meeting at the SWEAT office.

### **From surviving to thriving: impact on women's health**

Survivors empowers sex workers by teaching them about their rights and how to claim them when threatened. These tools enable sex workers to challenge physical and sexual abuse by clients and police officers, and in some cases even prevent it. Not only has Survivors observed a decline in the risks to these women's health, but sex workers now have improved access to health care services thanks to the participation of many medical

professionals in Survivors' workshops. Survivors continues to collaborate with several health care providers who readily accept its referrals, including the district AIDS and STI coordinator responsible for people living with HIV.

By ensuring the direct and central involvement of sex workers in the design and implementation of its projects, Survivors has remained attuned to the needs of the sex worker community and is better able to advance their rights and health in tandem.





**TOP** Bassi sits with Dakie Mdidimba, a sex worker. Bassi is on-call for the weekend, assisting sex workers who have been arrested or harassed by police.

**LEFT** SWEAT's van parks near a brothel. Gaironessa conducts outreach with the help of a nurse, an HIV counselor, and a peer educator.

When Eunice and two colleagues were walking to work one evening, they were stopped by police and ordered to get inside the police cruiser. Rather than take them to the police station, the officers drove the women around for seven hours, taking them to a crime scene where a man had been killed and laying his body across their laps. At the end of their shift, the police insisted that the women escort them home on the understanding that they would be freed without charge in exchange for sex. One officer forced Eunice into unprotected sex, which she feared would infect her with HIV. She felt powerless. When she began training as a paralegal with Survivors Self Help Group, however, things started to change.

“At the time [of the detention], I didn’t know my rights. Thanks to my paralegal training, I am now able to stop the same situation from happening again, both to me and to others. Now we simply tell the officers that we know our rights and that if they arrest us, we should be taken to the police station. If they demand a bribe from us, we refuse.”

**EUNICE, SURVIVORS SELF HELP GROUP PARALEGAL**

# People Who Use Drugs





## RUSSIA

### Institute for Human Rights

#### **Drug use offenses in Russia: harsh punishment, widespread corruption**

The Soviet system left in its wake a highly punitive environment for people who use drugs in Russia. A strict quota system motivates police to arrest and detain as many users as possible, despite a steady decline in overall crime in recent years. These quotas also lead police officers to pressure the judiciary to favor harsh prison terms for drug-related cases over alternative measures like probation. Compounding this problem, Russia's legal profession is characterized by widespread corruption and low levels of legal training. Judges and investigators are easily bribed, and defense lawyers and prosecutors routinely advise detainees to enter into unfavorable deals in order to avoid extensive case preparation.

#### **Extending a helping hand from cyberspace**

The Institute for Human Rights (IHR) applies a harm reduction approach to people who use drugs, with the goal of lessening the adverse social, economic, and health consequences of drug use. It promotes the notion that human rights—including the right to health—apply to all.

In 2007, the IHR developed the interactive legal information website Hand-Help.ru, which facilitates legal self-representation and promotes legal literacy among those charged with drug-related offenses. Hand-Help.ru

Sergey has a rare chronic blood disease. While serving a six-year sentence on drug charges, his health deteriorated severely because his medication was not covered by the prison's medical services. In late 2011, the local court rejected Sergey's request for release because his medical report did not specify how or why his health was worsening.

Sergey's mother sought legal advice from the interactive website Hand-Help.ru, and as a result she managed to obtain the necessary medical report clarifying the inadequacy of his medical treatment in prison. Despite the protests of prison services when his case came up for appeal, Sergey and his mother secured his release by emphasizing his urgent need for proper medical care.

protects the anonymity of its visitors, be they people who use drugs or their relatives and friends. Other regular visitors to the site include lawyers, law students, law enforcement officials, and journalists, who seek to develop a human rights understanding of developments in drug policy.

Hand-Help.ru posts answers to the questions its clients ask most frequently under thematic sections covering (i) drug purchase and use; (ii) police interrogation; (iii) timing of parole eligibility and appeals; and (iv) referrals for medical examination. Under Russian law, however, statements that can be interpreted as promoting drug use or criticizing law enforcement officials are heavily sanctioned. The IHR takes care to scrutinize the information and advice it provides before posting it online and, where posting a public response seems inappropriate, it responds by personal email.

#### **Legal empowerment: literacy, recognition, exchange**

Answering more than 160 questions per month, Hand-Help.ru provides crucial legal information not otherwise available to its visitors. Although remote consultation can never be as comprehensive as full legal representation, Hand-Help.ru enables thousands of people who use drugs, as well as their families, to navigate what seems to them a legal labyrinth. Impressively, the website has received recognition by Russian government agencies and has been quoted on websites funded by the Federal Drug Control Service, likely because of the shortage of factually sound sources on Russian drug laws and policy.

In turn, the questions that Hand-Help.ru receives keep it well informed about the problems facing those who use drugs when they are confronted by the police. Over the past five years, the collected stories of those who have consulted the site have become a sort of encyclopedia from which the IHR can draw to respond to those in need.

## INDONESIA

### LBH Masyarakat

#### **Indonesia's "war on drugs": pre-trial detention and barriers to care**

The "war on drugs" in Indonesia has become a war on people who use drugs. Drug suppliers routinely assist police officers in framing small-time users, who are often denied bail and subjected to pre-trial detention periods ranging from 20 to 150 days. The extensive police abuse and extortion these detainees face while waiting for their cases to be heard is compounded by difficulty obtaining medical attention. Detainees living with HIV, in particular, are denied access to their medication and



**PRECEDING SPREAD** From their apartment in Moscow, Lev Levinson and his son Arseny answer questions about Russian drug law and policy submitted anonymously to the website Hand-Help.ru, which Lev founded in 2007.

**ABOVE** Max Malyshev packs clean needles, ointments, and medication in preparation for a night of outreach to people who use drugs. Max's own experience with injection drug use and Hand-Help inspired him to work for Moscow Outreach.

**LEFT** At a police station in central Moscow, Misha Golichenko, Max, and other activists attend a protest against Russia's austere drug policies. The protest is part of a global day of action called "Support. Don't punish." Misha is a lawyer with the Canadian HIV/AIDS Legal Network.

segregated from other inmates, often as a result of ignorance regarding the means of HIV transmission.

Police officers in Indonesia regularly pressure those arrested for drug use to pay bribes ensuring that they are not charged with more serious drug-related offenses. Detainees often prove willing to pay these bribes if they hold any promise of sparing them weeks of intimidation and torture while they await their trials. These bribes usually have little bearing on the actual duration of their pre-trial detention, however, and police often proceed to extort any relatives or friends who come to visit the accused.

### **Shortening pre-trial detention and reducing police abuse**

Lawyers at LBH Masyarakat have trained a number of former users as paralegals who can perform outreach work in their own communities. This training is quite demanding, and only those candidates who pass a test on Indonesian law and due process—about half of the pool—are accepted as paralegals. Many of these paralegals in turn become community educators, conducting sessions on the specifics of Indonesian law at meetings convened by local AIDS organizations and groups for people who use drugs. They also work to reduce the length of pre-trial detention and to mitigate the hardships experienced by detainees, in particular by visiting them after their arrest, taking their testimony and, where procedural violations have occurred, trying to secure their release. Other paralegals, when alerted to physical violence against detainees, use their mobile phones to interview witnesses or otherwise document these abuses. These paralegals remain in close contact with LBH Masyarakat's lawyers, who represent people who use drugs in court when necessary.

In this way, LBH Masyarakat's paralegals both provide support to people who use drugs—connecting them to immediate legal assistance—and document the human rights violations they suffer. In the context of police raids, these paralegals might follow the arresting officers' vehicle to the police station, negotiate conditions of detention or release with police, and contact families when money is needed for bail. In some cases, paralegals perform functions that the families of detainees cannot:

When Ficky was arrested on drug charges, he had no idea how long his pre-trial detention would last. A paralegal at LBH Masyarakat, Kiki began visiting the prison where Ficky was being held to ensure that he had access to HIV medication. At first, the police officer handling Ficky's case objected to Kiki's intervention, informing all other inmates and prison staff that Ficky was HIV positive.

To convince the officer of Ficky's need for daily medication, Kiki brought medical records to the prison and managed to ensure his ongoing access to treatment. Kiki continues to follow up with the officer on a monthly basis to make sure that Ficky's medical needs are met.

delivering antiretroviral medications or taking testimony from those whose family members may not know of their HIV infection or drug use. People who use drugs report that having peers as "first responders" at the police station reduces the risk of extortion, as the arrival of a lawyer on the scene could signal that the detainee's family has money.

### **Determination, acceptance, collaboration: working with police, prison wardens, and judges**

LBH Masyarakat's paralegals initially encountered resistance from police to their mere presence in pre-trial detention centers. However, they have succeeded over time in developing positive working relationships with police and prison wardens alike, recognizing that the level of corruption in a law enforcement system is no measure of any individual officer's willingness to improve the lives of people who use drugs.

LBH Masyarakat's advocacy has also proven powerful at the judicial level. In one highly publicized case, a paralegal's intervention led a judge to find that the accused had shown no intention of engaging in a drug transaction and had been entrapped by the officer who had arrested him. LBH Masyarakat's director is careful to note, however, that the organization's success is measured not by the verdicts of its individual cases but by the quality of its paralegals' work and the relationships they forge with the broader community.

## **KENYA**

### **The Omari Project**

#### **Injection drug use in coastal Kenya: criminalization and police harassment**

The coastal towns of Lamu, Malindi, and Mombasa are the epicenters of Kenya's injection drug use epidemic. Kenya's National AIDS Control Council estimates that people who use drugs account for 3.8 percent of new HIV infections in the country, but this percentage is much higher in Kenya's coastal regions. The Kenyan government has so far favored criminalization over treatment in dealing with its drug-using population. Under the Narcotic Drugs and Psychotropic Substances (Control) Act, a conviction for simple possession of cannabis carries a penalty of 10 years in prison; for other drugs, this penalty is doubled and accompanied by a heavy fine. Although Kenyan courts may order that those convicted of drug possession for personal use spend part of their sentence in rehabilitation, their release remains contingent on a judicial determination that they are no longer dependent on drugs.





Max (right) hands out clean needles. He is joined by Timur Madatov (left), a law student who was moved by the Hand-Help website to work with people who use drugs. As part of Moscow Outreach, they head to the city's outskirts to offer medical support and information to people who use drugs.

Mohamed was 14 years old when he became addicted to heroin. In the years that followed, his struggles to fund his addiction led to several brushes with the law. After spending two years in prison for robbery, he was referred to the Omari Project's drug recovery program, helping him to stop using drugs and to start a family.

Mohamed now works as a paralegal with the Omari Project, drawing on his experience as a former user to reach out to the drug-using community and to facilitate access to legal assistance and medical treatment. He credits his work as a paralegal not only with helping him stay drug free, but with enabling him to empower those whose struggles mirror his own.

The Omari Project's staff learned early on that police harassment was one of their clients' main obstacles to accessing health services. Indeed, people who use drugs in coastal Kenya find themselves easy targets for abuse and extortion on the part of local police and, as a result, they often face false charges of drug dealing. If convicted, they can be sentenced to 20 years in prison, compromising their rehabilitation efforts.

### **Building bridges between legal professionals and people who use drugs**

The Omari Project has trained three paralegals, all of them former users who understand the needs of people who use drugs, know where they can be found, and perform outreach work in coastal Kenya's muskanis, or smoking dens. These paralegals are an important bridge between the drug-using community and the health care, legal aid, and harm reduction services that the Omari Project provides at its drop-in center. Not only can they refer those facing drug charges to the Omari Project's lawyer, but their interactions with people who use drugs help identify broad

community needs that the Omari Project can address directly in its weekly training sessions on topics concerning law, health, and drug use.

### **A shift in focus: from criminalization to treatment**

In its inception, the Omari Project found that its clients' constitutional rights—particularly upon arrest—were all but illusory. Now that its lawyer has begun challenging the inflated charges faced by coastal Kenya's small-time users, there has been a remarkable shift in police conduct. Officers are increasingly aware of the risks associated with bringing false or exaggerated charges and are now more hesitant to bring charges for supplying drugs without compelling evidence. This change has enabled the Omari Project staff to shift their focus and work more closely with probation officers to direct those arrested for simple possession to health care and rehabilitation services as early as possible. In particular, the Omari Project has signed a memorandum of understanding with the probation office in Malindi to move people who use drugs from detention to treatment, either at a rehabilitation center run by the Omari Project itself, or at other treatment facilities.

# Palliative Care Patients





“I have learned that I am not a victim. At the legal clinic, I learned how to make a will, and that a will is not just for the terminally ill—it’s everyone’s right. Now that I’ve inherited my parents’ property, I understand that the title deeds need to be put in my name if I want to leave my land to my two boys.”

**ELIZABETH, NYERI HOSPICE PATIENT**

## **KENYA**

### **Kenya Hospices and Palliative Care Association (KEHPCA)**

#### **Palliative care in Kenya: a holistic approach**

Palliative care aims to improve the lives of patients facing life-threatening diseases by relieving their pain and suffering with physical, psychosocial, and spiritual care. Addressing human rights issues and other legal problems that arise among patients and their families is a neglected but critical element of palliative care, and a significant part of what makes that care holistic.

Over the last few years, the Kenya Hospices and Palliative Care Association (KEHPCA) noticed that its palliative care workers often felt ill-equipped to help their patients with legal problems related to property disposition, family planning, access to social benefit programs, and domestic violence. These patients need assistance writing wills, drafting sales agreements, and transferring powers of attorney. Indeed, many health care providers have watched their patients die of cancer or AIDS and leave their children with no plan for their care and support. Other problems lay in health care providers’ uncertainty about the legality of prescribing opioids for pain management and their professional responsibilities concerning patient confidentiality and consent to treatment.



A white rectangular sign with black text is hanging on a light-colored door. The sign is slightly tilted and has a thin black border. The text on the sign is arranged in three lines, all in uppercase letters. The first line reads 'COUNSELING', the second line reads 'IN PROGRESS', and the third line reads 'DO NOT DISTURB!'. The door has a visible lock mechanism at the bottom left.

**COUNSELING  
IN PROGRESS  
DO NOT DISTURB!**

**PRECEDING SPREAD** Mercy Owiti, a palliative care nurse and legal aid worker with Nyeri Hospice in Nyeri, Kenya, visits Charles, a cancer patient. She sees him every week, bringing him pain medication and providing him with emotional support.

**LEFT** Mercy counsels Mary, a patient at Nyeri Hospice. Mercy is slowly getting Mary to open up about legal questions about inheritance—something that many are reluctant to discuss, believing that it invites death.



### **Expanding roles: health care providers as paralegals**

KEHPCA promotes the provision of accessible and affordable palliative care in Kenya. As part of its Legal Aspects Program, KEHPCA works with over 40 hospices and palliative care centers in Kenya, training health care providers as paralegals who can identify legal issues among their patients, dispense basic legal advice and information, and provide referrals to pro bono lawyers. KEHPCA has also developed a series of pamphlets addressing the rights of palliative care patients, including guidance on assigning power of attorney, a template for writing a will, and information about palliative care patients' rights and pain management. Between November 2011 and April 2012, KEHPCA provided paralegal training to 226 health care professionals from government hospitals and 71 health care providers from prisons, universities, and other organizations working on HIV and AIDS treatment.

Following KEHPCA's training, health care workers at Nyeri Hospice began developing legal aid clinics run by pro bono attorneys, who also conduct monthly workshops on writing wills and the law of successions. These lawyers follow up on their workshops by offering individual legal counseling to their attendees, who number in the dozens. Although Nyeri

Hospice is the first to integrate legal aid clinics into its on-site medical services, paralegals trained by KEHPCA but based at other hospices now offer their patients referrals to pro bono lawyers on a case-by-case basis.

### **The power to bring about peace of mind**

KEHPCA's Legal Aspects Program has enjoyed acclaim among both health care workers and patients, demonstrating a strong need for legal aid services tailored to palliative care patients. Having their legal quandaries addressed and resolved provides palliative care patients with greater peace of mind, which in turn improves their health and well-being.

One of Nyeri Hospice's patients, Elizabeth, was so inspired by the legal assistance she received that she enlisted other female cancer survivors to form their own support group focused on empowering cancer patients to plan for the future. Elizabeth says the legal knowledge she acquired at Nyeri Hospice enabled her to take control of her personal affairs, and she now uses that knowledge to help others. She plans to turn the support group into an organization promoting the rights of cancer patients more broadly throughout Kenya.



FAR LEFT Mercy and Johnson—a lawyer with Nyeri Hospice—greet Susan, whose husband Charles is dying of cancer.  
TOP LEFT Mercy explains to Susan how best to care for Charles, who is bedridden, in his remaining days.  
BOTTOM LEFT Mercy travels with pain medication, which she administers to her patients during home visits.  
BELOW Before departing, Johnson finishes a discussion with Susan about property rights and the importance of drafting a will. Susan and Charles have two young children.  
RIGHT Mercy and Johnson discuss their work between appointments. They often travel great distances to reach their patients.









**FAR LEFT** Mercy and Johnson talk with Elizabeth (center) about her health and property. She is cared for by her granddaughter Caroline (to her left). **ABOVE** Johnson and the village chief discuss transferring land belonging to Elizabeth to her granddaughters. Elizabeth has cancer, and her other relatives are trying to claim her property. Matters like these can sometimes be settled by local authorities without resorting to the formal legal system.

**LEFT** Mercy and Johnson say goodbye to Elizabeth and her granddaughters before heading off to visit their next patient.



ABOVE Mercy and Johnson arrive at the home of John, who has cancer. John, and his wife, Teresa need counseling on inheritance and pain management.

RIGHT Mercy and Teresa tend to John. Mercy prepares to administer pain medication, which she supplies to the couple on a weekly basis.









ABOVE Mercy visits Margaret, who has cancer and no money to pay for treatment. While the Kenyan government offers free medication to AIDS patients, this is not so for cancer patients. Nyeri Hospice has stepped in to fill the gap.

LEFT Mercy leaves John and heads to her next home visit.

# People Affected by HIV









**PRECEDING SPREAD** UGANET paralegal William Mulindwa conducts a “sensitization” workshop in Gayaza about the rights of people living with HIV. As a head teacher, he is a prominent community member living with HIV.

**LEFT** William visits the community of Gayaza. Traveling by bicycle, he educates communities about their rights and the free legal services available through UGANET.

## UGANDA

# Uganda Network on Law, Ethics and HIV/AIDS (UGANET)

### Homing in on the dispossessed

Uganda continues to experience a severe HIV epidemic, and AIDS remains the leading cause of death among adults in the country. Widespread human rights violations place certain demographics at a greater risk of contracting HIV, among them widows, sex workers, children, and people with disabilities. It is routine for people living with HIV to be chased from their land by family members or neighbors when their status becomes public knowledge, because it is widely believed that their death is imminent and that their rights no longer deserve respect. Furthermore, the family members of people who die from AIDS often fail to ensure that their children are cared for, leaving them to fend for themselves. Just as common are men who desert their wives upon discovering that they have HIV, leaving these women destitute and without child support.

### Paralegals on wheels: UGANET's outreach work

UGANET manages five legal aid clinics addressing the needs of people living with HIV. Its five lawyers on staff have trained more than 100 paralegals on basic principles of law enforcement, case assessment, conflict resolution, mediation, and negotiation. These paralegals hold significant influence in their communities, whether they are traditional drummers or health care workers; they are also often drawn from varied networks of people living with HIV—including people with disabilities and women's groups—which helps them engage these diverse communities. In addition to ongoing support following their training, UGANET provides its paralegals with bicycles so that they can respond over a large area to legal needs and conduct outreach initiatives at health care centers and community gatherings. Paralegals are also given special jackets and documentation identifying them as UGANET paralegals.

UGANET's paralegals not only inform people living with HIV about their rights; they also mediate disputes, carry out follow-up consultations with the police, and empower people to engage in community activism and perform simple legal acts like preparing a will. They refer the more



William conducts a workshop for families at a health clinic in Kampala.

complicated cases they encounter to more thorough counseling and representation, and the regional UGANET lawyer visits each district four times a year to provide the community with direct access to a lawyer.

Beyond its paralegal program, UGANET engages in several initiatives facilitating access to justice in Ugandan communities. These include regular

Akullo is a mother of eight and a widow living with HIV. When her husband died in late 2011, her brother-in-law Moses ordered her out of her home. One morning, Akullo awoke to find that all her property in the compound surrounding her home had been destroyed, including her vegetables. She knew that Moses had done this to intimidate her into leaving.

Akullo's husband had not left a will, and her worries mounted as she proved unable to find any legal documents pertaining to her land. She heard about the Uganda Network on Law, Ethics and HIV/AIDS (UGANET) and brought her case to them. A lawyer arranged with local police to visit Akullo's home and warn Moses that his behavior was unlawful. As a result, Moses agreed to sign a document of reconciliation in which he undertook to compensate Akullo for the property he had destroyed and committed to stop trespassing on her land.

community sensitization workshops on human rights violations, as well as legal education radio programs, where UGANET staff illustrate legal concepts using case studies and invite listeners to call in with questions.

### Taking action, learning lessons

Between November 2011 and April 2012, UGANET took on 171 new clients, two-thirds of whom were women. More than half of these cases concerned property disputes, though a great number of others involved child support disputes for children abandoned because of their HIV status. In the majority of its cases, UGANET promotes the use of alternative dispute resolution methods, which its lawyers supplement by procuring the legal documents relevant to each case. A small number of cases that are not resolved amicably are taken to court, where UGANET has enjoyed a 90 percent success rate on behalf of its clients.

UGANET's director attributes the organization's success to the gender knowledge and sensitization of its paralegals, as well as its close collaboration with cultural and religious leaders. Its partnerships with civil society organizations and certain government leaders have served not only to bolster public confidence in the project's legitimacy but to strengthen its advocacy efforts and ensure smooth referral processes for its clients.



William speaks with a woman whose in-laws have threatened to take her property. She wants to ensure that she and her daughter can remain on their land.

## KENYA

### KELIN

#### Women's property rights in Kenya: land of one's own?

Women in Kenya have statutory rights to hold property. But these rights are rarely upheld because many of Kenya's government officials and leaders believe that women cannot be trusted to own land. As a result, women can seldom obtain redress for violations of their property rights. The formal court system is inaccessible to women living in rural areas. Its institutions are far away, expensive to use and time consuming, and it is culturally frowned upon in Kenya to resort to the courts for family disputes. This lack of accessibility entrenches women's economic dependence on their husbands and limits their ability to negotiate the terms of their sexual relationships, thereby increasing their risk of HIV exposure.

The counties of Homabay and Kisumu have Kenya's highest HIV infection rate, resulting in countless premature deaths and a staggering number of young widows. Kenyan women's vulnerability to HIV increases when their husbands die, largely because disinheritance by their families and

When Consolata's husband died of AIDS, her in-laws blamed her for his death and chased her from her home, forcing her to sleep in the marketplace with her children. Four years later, she discovered she was HIV positive, and her stressful living conditions caused her health to deteriorate rapidly.

A social worker told Consolata about KELIN and its work on women's inheritance rights. KELIN's regional project coordinator in Kisumu managed to connect Consolata with the Nyakach elders, who negotiated with her in-laws to allow her to return home. KELIN also provided Consolata with building materials, and her in-laws helped her rebuild her house on her matrimonial land.

"The day I returned home, one of the men in the area objected to a woman having priority over the land. But one of my in-laws told him that I was her brother's wife and that the elders had decided I was allowed to return home. He backed down after that."

**CONSOLATA**





communities leaves them homeless and destitute. All too often, a widow's only choice is to relocate with her children to the market centers, making her susceptible to abuse, exploitation, and the increased risk of contracting HIV.

### **Start with what you have: collaborating with traditional legal institutions**

Since 2009, KELIN has worked in the counties of Homabay and Kisumu to facilitate access to justice for widows and their children, and in particular, to enable them to claim their rights to inherit and own property. Initially, the project seized on existing dispute resolution mechanisms in the community, such as community-based "courts" and arbitration "barazas." It helped reconstitute them in a manner that respects human rights. To this end, KELIN conducted community conversations with widows, elders, and government officials to solicit their input and encourage their involvement, and proceeded to hold training sessions with elders and widows on the human rights provisions relevant to Kenyan property law. Today, traditional institutions such as the Luo Council of Elders, the Kabondo Elders, and the Nyakach Elders regularly arbitrate cases involving individual widows, having become attuned to their particular needs and struggles.

### **Step by step: on the path to recognition**

To date, KELIN has taken on 202 disinheritance cases—of these, 133 have been resolved in favor of the widows concerned, 43 are still ongoing, 5 have been referred to other partners, and 21 have been closed because the widows cannot be located. KELIN's partnerships with individual communities have resulted in the construction of 17 houses for widows who are particularly vulnerable, which has greatly increased community awareness of widows' rights to inherit, and has helped these women strengthen their community bonds.

KELIN's training sessions on HIV, human rights, and property law have been well received, particularly by the Luo Council of Elders. The council has woven a human rights perspective into its work and now seeks to transform prevailing practices and beliefs that bear negatively on women and conflict with Kenyan law. To capitalize on this success, KELIN has developed step-by-step guidelines to help organizations undertaking similar projects to engage traditional structures and actors in their initiatives.

The UN Global Commission on HIV and the Law has singled out KELIN for recognition in its report *Risks, Rights and Health*, noting in particular:

*"... perhaps the most promising route to change is adaptation of traditional legal systems to promote equality for women and their children and recruitment of respected community members to mediate inheritance disputes between widows and their inlaws."*

"Doctor-lawyer" Immaculate Owumugisha of UGANET discusses property rights with a client at a Kampala clinic where people living with HIV collect their medications.

## KENYA

# Legal Aid Centre of Eldoret (LACE)

### HIV treatment in Kenya: broadening the reach of the clinic

Nearly 1.4 million people in Kenya are living with HIV, and most of them depend heavily on medical clinics for their care and treatment. Although these clinics provide vital medical services, the vast majority of them have proven ill-equipped to address the human rights violations experienced by people living with HIV. More than 500 patients are seen daily at the HIV outpatient clinic in Eldoret, the Academic Model Providing Access to Healthcare (AMPATH). Many of them report some measure of discrimination based on their status. This mistreatment can include verbal,

Gladys was seven months pregnant when she found out she was HIV positive. Her husband had always been abusive, and she knew he had had a number of girlfriends over the course of their marriage. When Gladys told her husband about her status, he abandoned her, leaving her to give birth and raise their other two children alone. Life as a single mother was a struggle, but nothing prepared Gladys for the discrimination she suffered from her landlords, forcing her to pack up and move time and again.

When Gladys's health began to deteriorate, a nurse referred her to a psychosocial support group, where she learned that the Legal Aid Centre of Eldoret (LACE) could help her obtain support payments from her husband. One of LACE's lawyers helped Gladys take her husband to court and obtain a payment of KSH251,000 from him (approximately US\$3,000), enabling her to buy a plot of land and build a home for her family. Gladys's success in court inspired her to enroll in college and train as a counselor. Now she acts as a bridge between women struggling through similar experiences and the legal support and resources that LACE provides.

"I don't want to see any other woman suffer what I have suffered in my life. Now that I have found LACE, my life has begun again."

**GLADYS**

physical, and sexual abuse, breaches of confidentiality, child support payment disputes, dubious criminal charges, denial of property rights, and unfair dismissal from employment.

In 2008, a group of Kenyan attorneys and judges founded LACE with the aim of representing people in western Kenya whose access to justice is limited, with a particular emphasis on people living with HIV. Staff at the AMPATH clinic were quick to request that LACE join with them in order to better respond to their patients' need for legal services.

### LACE and AMPATH: a nexus of legal and medical support

Within its first year, LACE set up its head office directly opposite the AMPATH clinic, creating a one-stop center for medical treatment and legal advice. AMPATH's health care workers are trained specifically to identify the legal problems expressed by their patients so that they can refer them to LACE without delay. Prompt resolution of these legal difficulties helps address the underlying factors of these patients' physical and mental health, enabling them to become more financially secure, provide for their children, and free themselves from abuse.

LACE's five in-house lawyers refer their clients to local pro bono lawyers in private practice, as well as to the Moi University School of Law, where senior law students take on cases under the supervision of their professors. LACE's referrals extend also to state counsel, particularly in cases of gender-based violence, and to district officers responsible for child protection and probate cases. Upon resolution of its clients' legal problems, LACE refers them back to social workers at the AMPATH clinic for further support.

LACE and AMPATH have also collaborated on the design and delivery of human rights workshops for health care providers, people living with HIV, and the broader community. And they have collaborated on the integration of human rights elements into AMPATH's health education programs.

### To respond, to inform, to empower

In 2009 alone, LACE represented and counseled 336 people living with HIV in cases involving child support, workplace discrimination, land and inheritance disputes, gender-based violence, debt collection, family law, and criminal charges, as well as defamation claims associated with actual or perceived HIV status. By 2012, LACE was attending to more than 100 clients per month, including follow-up with current clients.

LACE's legal integration program has allowed AMPATH's health care providers to assist their patients with legal documentation, provide them with general human rights information, and recognize legal problems expressed during outreach and counseling. Those AMPATH health care

workers who have been trained by LACE have observed a mounting sense of confidence in their patients to initiate the resolution of legal problems facing them.

LACE's director recommends complementing health-related services provided by social workers, doctors, and nurses with a broad range of legal advice. Collaborative efforts like those undertaken by LACE and AMPATH provide a comprehensive package of services and a holistic response to the diverse needs of people affected by HIV.

More recently, LACE has begun assisting survivors of sexual and gender-based violence. The Centre for Assault Recovery of Eldoret, a department of the Moi Teaching and Referral Hospital, has been referring its clients to LACE, recognizing that survivors of gender-based violence require special assistance to access justice.

## KENYA

# Christian Health Association of Kenya (CHAK)

### **Casting a wide net: a needs assessment spanning a nation**

The Christian Health Association of Kenya (CHAK) is a membership organization comprising 435 health care facilities affiliated with various Protestant churches, many of them providing HIV care and treatment services. Together with the Kenya Episcopal Conference health care facilities, which are coordinated by the Catholic Church, CHAK provides 40 percent of health care services in Kenya. A needs assessment conducted by CHAK in 2008 found an alarming number of HIV clients in its member health centers reporting unfair dismissal from employment, disinheritance, lack of child support, and gender-based violence. Underlying these complaints, CHAK found that its patients generally had a poor understanding of their human rights and the legal redress available to them.

### **Equipping an entire community**

CHAK integrates human rights awareness and legal services into 15 of its health care facilities. It has one full-time lawyer on staff, who travels regularly to all 15 sites, teaching health care providers and "point people" living with HIV how to incorporate human rights training into community outreach and support groups. CHAK's lawyer also oversees legal aid clinics

Jonathan, a young man with a shoe-selling business, sold a pair of shoes to an older woman on credit. When it came time to pay, she claimed that she knew Jonathan was HIV positive and that he didn't need the money because he was going to die anyway.

Jonathan sought help from the Christian Health Association of Kenya (CHAK), whose legal officer explained the various options available to him. CHAK's legal officer wrote to the chief in Jonathan's area, emphasizing the need for protection against discrimination based on HIV status, as assured by Kenya's HIV Prevention and Control Act (2006) and the 2010 Constitution of Kenya. The chief responded right away, both recovering the money from the lady who had purchased the shoes and compensating Jonathan for his troubling experience.

for people living with HIV, which are provided at each project site by partner legal aid organizations and pro bono lawyers from private practice.

Where possible, CHAK encourages its clients to settle their family or community disputes using alternative dispute resolution, in the interest of saving time and expense. CHAK's lawyer also provides training in alternative dispute resolution methods to community leaders across Kenya, like chiefs, village elders, church leaders, land tribunal representatives, and pastors. This outreach has inspired four communities in Kenya to form watchdog groups comprising a chief, an assistant chief, church elders, health care workers, and people living with HIV to monitor and report human rights violations in their areas. These watchdog groups embody the ideals of legal empowerment by operating independently and providing their communities with greater input into how these offenses should be addressed.

CHAK's legal officer emphasizes the need to work closely with community leaders, who play critical roles in responding to HIV-related human rights violations. She credits CHAK's initial needs assessment and its early identification of partner organizations with helping CHAK address the fullest possible breadth of the community's legal needs.

# Roma





When Sazije fell and hurt herself, her family doctor referred her to a specialist who ordered a plaster cast for her arm. Although the pain was in her shoulder, the doctor placed the cast on her lower arm. Sazije asked her son to explain this to the doctor, who told her that if she did not like his treatment she should seek help elsewhere. A few days later Sazije visited a different specialist who removed the cast and had to break and reset the bone in order for it to heal properly.

Seeking justice for the indignity and pain she suffered, Sazije went to the Humanitarian and Charitable Association of Roma (KHAM), which—together with the Association for Emancipation, Solidarity and Equality of Women (ESE), and Roma SOS—helped her initiate court proceedings against the hospital for discrimination and mistreatment based on her Roma status.

“I cannot describe the difficulties and humiliation I experienced. My pain could be relieved only if justice was done for everything that had happened, in the hopes that others would not have to go through the same ordeal.”

SAZIJE

## MACEDONIA

### Association for Emancipation, Solidarity and Equality of Women (ESE)

#### Roma health in Macedonia: just out of reach

Macedonia's Roma community faces high levels of poverty, unemployment, and illiteracy. Roma remain sidelined from many aspects of public life, including access to justice and quality health care services. In 2009, Macedonian law was amended to provide universal health insurance to its citizens. But those Roma who live in slums or temporary dwellings still find it difficult to access health care services, and they often lack the documentation necessary to apply for health insurance benefits.

Doctors routinely fail to adequately explain Roma patients' medical conditions, and as a result, many patients with chronic diseases are unaware of their need for regular checkups. Sazije's story is just one example of the disrespect, abuse, and systemic lack of communication



**PRECEDING SPREAD** Roma paralegal Romina Kajtazova (right) talks with Ljutvia, a mother of eight, during European Immunization Week in Vinica, Macedonia.

**TOP** Romina leads a health insurance and patients' rights workshop for parents at a local kindergarten in Crnik. The Macedonian government now provides universal insurance coverage, but many Roma lack the documents necessary to qualify for it, and many live in segregated, hard-to-reach communities.

**BOTTOM** While conducting door-to-door outreach, Romina sits to talk with Asan about the passport problems he experienced during a recent trip to Germany. Many Roma lack identity documents, which makes them less able to work or receive care.

faced by Roma in health care settings. In a study carried out in two Roma communities in 2011, ESE found that 76 percent of patients were unable to obtain the therapy they needed, and 15.6 percent had been denied their right to privacy.

### **Right to Health: paralegals playing a paramount role**

ESE is a legal organization focused on the promotion of women's rights and patients' rights in Macedonia. It works closely with three Roma human rights groups:

- Centre for Democratic Development and Initiatives (CDRIM), which works on democratization, human rights, education, and health for the Roma community in Shuto Orizari
- Humanitarian and Charitable Association of Roma (KHAM), a Delcevo community organization focused on improving the

socioeconomic conditions, health, and education of the Roma community

- Roma Resource Centre (RRC), which promotes the social inclusion of marginalized groups, gender equality, and government transparency in Shuto Orizari

Together, the four organizations have developed Right to Health, a project aiming to improve the realization of the Roma population's right to health care services, including enhanced health insurance coverage, the elimination of discrimination in the health care system, and increased accountability for human rights violations.

Right to Health is centered on a paralegal program based in the Roma communities of Delcevo and Shuto Orizari. ESE has trained 12 community paralegals at CDRIM, KHAM, and RRC on human rights in patient care and the structure of Macedonia's health care and judicial systems, and it

Vladko Danevski, who works for the state-owned Health Insurance Fund, joins Romina at her patients' rights workshop to explain the fund's reimbursement procedures.







provides ongoing supervision for cases taken on by these organizations. ESE's paralegals offer advice to patients, accompany them to institutions to help them access vital services, prepare documentation necessary to claim certain rights, and make referrals to lawyers, government bodies, and community service organizations. The paralegals also carry out a program of door-to-door visits to Roma households. Every two months they conduct roundtable debates and public discussions designed to raise awareness about specific health care issues facing Macedonia's Roma community.

Between January 2011 and July 2012, more than 580 people benefited directly from the services provided by these Roma community organizations. ESE emphasizes the importance of its paralegals' roundtables, which have inspired a growing number of Roma clients to request legal assistance and support with problems concerning health insurance and medical negligence, in addition to issues surrounding discrimination, consent, and confidentiality. Additionally, by providing its paralegals with continuous training, ESE enables them to remain up-to-date with legal developments in Macedonia, and to provide comprehensive and timely advice to their clients.

Romina and her colleagues put up a patients' rights poster while they carry out door-to-door visits in Delcevo.

## CONCLUSION

**THE ORGANIZATIONS PROFILED** in *Bringing Justice to Health* serve as dynamic examples of legal empowerment. As the work of these organizations demonstrates, the transfer of legal knowledge and skills is crucial to the well-being of marginalized populations—from people who use drugs, sex workers, and people affected by HIV, to ethnic minorities, and patients in need of palliative care.

The impact of legal empowerment projects is evidenced by their concrete public health achievements, and their ability to address human rights abuses that undermine the health of marginalized communities.

As we have seen, these achievements include:

- decreasing women's vulnerability to HIV by promoting respect for their property and inheritance rights
- providing criminalized populations with better access to harm reduction services and helping them avoid health-endangering abuses
- addressing police harassment of marginalized groups
- ensuring that the ill receive holistic care

A proper measure of these projects' impact, however, cannot be restricted to such outcomes. Their influence extends far beyond the individuals they help directly. These organizations help sensitize health care providers, law enforcement agencies, and the broader community to human rights issues and their bearing on health. In fact, they often inspire the very patients and clients whose lives they touch to initiate their own support groups and contribute to the very projects that helped them.

Most of the legal empowerment projects profiled in *Bringing Justice to Health* train paralegals drawn directly from the marginalized groups they serve. Typically, the paralegal services provided to criminalized populations are rendered not in the courtroom but rather in training workshops, on the street, in police vehicles, or immediately following

lock-up. These paralegals thus act as crucial bridges between legal professionals whose time and skills are needed for the toughest of cases, and those marginalized individuals otherwise outside the reach of health care facilities and legal aid centers. By fostering such connections, paralegals and all those they bring together can develop a richer understanding of the problems at hand. This enables them to secure undeniable results both for those marginalized groups whose health and rights are under threat and for all those working to afford them an improved standard of living.

Legal empowerment has begun receiving broader recognition as an important indicator of health enhancement. The Joint UN Programme on HIV/AIDS cites legal empowerment as a key intervention in national HIV responses, while the Global Fund to Fight AIDS, Tuberculosis and Malaria has included a human rights objective in its new strategy and awarded funding to a number of legal empowerment projects to help them expand their reach and attain key health milestones. Such recognition, however, is only a start. Over the coming years, it is imperative to sustain and further strengthen this work by sharing experiences and best practices, improving documentation methods, monitoring and evaluating health and other outcomes, and teaching stakeholders—including donors, ministries of justice, and ministries of health—that legal empowerment is a critical health and human rights intervention, particularly for marginalized populations.

## The impact of legal empowerment in Kenya

**IN KENYA, HUMAN RIGHTS VIOLATIONS** have a marked impact on the health of people living with HIV and AIDS, as well as women and children more generally. Integrating legal aid into health care services has proven a highly effective means of empowering marginalized groups and addressing the causes of poor health. The Legal Aid Centre of Eldoret (LACE), the Christian Health Association of Kenya (CHAK), and the Coalition on Violence Against Women (COVAW) are all Kenya-based NGOs that incorporate legal empowerment projects into health care services.

To collect evidence about the concrete impact of these legal empowerment projects on health and human rights, an evaluation was carried out in 2011 by the Program on International Health and Human Rights at the Harvard School of Public Health and by Professor Patricia Kameri-Mbote (University of Nairobi, Strathmore University), with support from the Open Society Foundations. This evaluation applied a human rights-based approach to its qualitative and quantitative methods with the goal of determining how legal integration programs influence health care, health programming, and judicial redress for human rights violations.

The evaluation demonstrated that legal services had become much more accessible to marginalized groups. In particular, patients showed a notable increase in practical knowledge and awareness about how to access legal aid and claim their rights, in addition to an enhanced ability to communicate with their health care providers. Clients from CHAK and COVAW have used their training to empower others in their communities, advising them about their rights and access to legal aid. In turn, health care providers themselves have become more adept at identifying human rights violations and other legal difficulties, which they can now address by referrals to legal aid, assistance with legal documentation, and providing basic information

about human rights. Training provided to community health workers and social workers has also proven crucial given that these people often act as a first point of contact for clients suffering from human rights violations.

The evaluation also showed the important role played by a broad range of referrals to government authorities, community conflict resolution structures, and psychosocial and other complementary health care services. These referral networks multiply the means by which the NGOs' clients can realize their right to health, justice, and an adequate standard of living, and they also introduce health care providers and patients alike to alternative approaches to dispute resolution.

Overall, CHAK, COVAW, and LACE have demonstrated improved client-patient satisfaction with services received. Not only can patients interact more openly and effectively with their health care providers, but providers can respond more confidently when encountering patients whose human rights have been violated. All three NGOs have proven well-equipped to address human rights and health problems in tandem by offering legal aid and referrals for a whole host of services, addressing underlying factors of health such as economic security, shelter, child maintenance, and nutrition. In this way, legal empowerment projects support their clients' access to justice while also promoting their quality of life broadly.

## CONNECT

<b>AMPATH</b>	<a href="http://www.ampathkenya.org">www.ampathkenya.org</a>
<b>CDRIM</b>	<a href="mailto:cdrim@mail.net.mk">cdrim@mail.net.mk</a>
<b>CHAK</b>	<a href="http://www.chak.or.ke">www.chak.or.ke</a>
<b>ESE</b>	<a href="http://www.esem.org.mk">www.esem.org.mk</a>
<b>Institute for Human Rights</b>	<a href="http://www.hand-help.ru">www.hand-help.ru</a>
<b>KEHPCA</b>	<a href="mailto:info@kehpc.org">info@kehpc.org</a> <a href="http://www.kehpc.org">www.kehpc.org</a>
<b>KELIN</b>	<a href="mailto:info@kelinkenya.org">info@kelinkenya.org</a> <a href="http://www.kelinkenya.org">www.kelinkenya.org</a>
<b>KHAM</b>	<a href="mailto:kham@sonet.com.mk">kham@sonet.com.mk</a>
<b>LACE</b>	<a href="mailto:lance_eldoret@yahoo.com">lace_eldoret@yahoo.com</a> <a href="http://www.lacekenya.com">www.lacekenya.com</a> <a href="http://www.lacelaw.org">www.lacelaw.org</a>
<b>LBH Masyarakat</b>	<a href="http://www.lbhmasarakat.org">www.lbhmasarakat.org</a>
<b>The Omari Project</b>	<a href="mailto:theomariproject@yahoo.co.uk">theomariproject@yahoo.co.uk</a> <a href="https://www.facebook.com/pages/The-Omari-Project/161286687227600">www.facebook.com/pages/The-Omari-Project/161286687227600</a>
<b>Survivors Self Help Group</b>	<a href="mailto:survivorsorganization@yahoo.com">survivorsorganization@yahoo.com</a>
<b>UGANET</b>	<a href="mailto:info@uganet.org">info@uganet.org</a> <a href="http://www.uganet.org">www.uganet.org</a>
<b>Women's Legal Centre</b>	<a href="http://www.wlce.co.za">www.wlce.co.za</a>

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## ABOUT THE OPEN SOCIETY FOUNDATIONS

**THE OPEN SOCIETY FOUNDATIONS** work to build vibrant and tolerant democracies whose governments are accountable to their citizens. Working with local communities in more than 100 countries, the Open Society Foundations support justice and human rights, freedom of expression, and access to public health and education.

### OPEN SOCIETY JUSTICE INITIATIVE

The Open Society Justice Initiative uses law to protect and empower people around the world through litigation, advocacy, research, and technical assistance. It promotes legal empowerment to ensure that protections guaranteed in law are accessible to people in their everyday lives. Its work includes providing on-the-ground technical assistance, with a focus on monitoring and evaluation; assistance in developing sustainable financing and implementation models; and efforts to raise the profile of legal empowerment in the global development agenda.

### PUBLIC HEALTH PROGRAM

The Open Society Public Health Program aims to build societies committed to inclusion, human rights, and justice, in which health-related laws, policies, and practices are evidence-based and reflect these values. The program works to advance the health and human rights of marginalized people by building the capacity of civil society leaders and organizations, and by advocating for greater accountability and transparency in health policy and practice.

#### Law and Health Initiative

The Open Society Public Health Program's Law and Health Initiative supports legal strategies to advance the health and human rights of marginalized and vulnerable groups worldwide. The initiative works to develop individual and organizational leadership in the field of health and human rights, pilot innovative access to justice tools as health interventions, advocate for rights-based legal protections that improve health, and leverage sustainable funding for other health and human rights efforts.

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# Bringing Justice to Health

The law is traditionally the province of its formal gatekeepers, including lawyers, police, and state officials. This restricts access to justice for communities at the margins of society—from sex workers, people who use drugs, and patients at the end of life, to Roma, and people living with HIV. And it has profound and detrimental effects on their health and well-being. *Bringing Justice to Health* shows the potential to transform this dynamic, profiling 11 legal empowerment projects based in Indonesia, Kenya, Macedonia, Russia, South Africa, and Uganda. These projects use a range of approaches to make the law meaningful for marginalized people and improve their health—from health and legal partnerships, to peer paralegals, to web-based legal consultations.

**See what's possible when people become empowered  
to claim their rights and their health.**