



# Achieving Successful Governance In Africa: The Case of Ghana's Commission on Human Rights and Administrative Justice

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22<sup>nd</sup> September 2011

# Overview

- Human Rights in Ghana: Historical Context and the Birth of CHRAJ
- The APPP Local Justice Research Stream
- The CHRAJ Mediation Service
- Conclusion/Recommendation

# HR in Ghana- Historical Context & Birth of CHRAJ

- Institutionally, human rights violations since independence has been tackled from an administrative justice perspective.
- The first institution established to deal with human rights was the Ombudsman Office under the 1969 Constitution but it was until 1979 that the office began to operate.
- In 1993 a new National Human Rights Institution (NHRI) was born. Several events, both national and international combined to give birth to this strong and successful NHRI in Ghana including **the Paris Principles, return civilian rule in Ghana, the emerging consensus on the importance of 'Good Governance' and a new liberal constitution.**
- Public demand for the protection of rights and support for CHRAJ in the early years of its operation contributed to its performance.

## The APPP Local Justice Project

- Purpose of the research: to investigate how state-supported justice institutions can provide more **legitimate**, **accessible** and **effective** dispute settlement for ordinary citizens
- Policy context: problem of judicial overload, need for more 'accessible' justice, search for more informal dispute settlement institutions; GoG programme for ADR.
- Focus on three Dispute Settlement Institutions, i.e. the Magistrate Courts, CHRAJ Mediation Service and Customary Land Secretariats actually work at local level; data based on intensive observation of hearings over 6 months, a popular survey (800)+ interviews with litigants and officials in the two case districts.

# The CHRAJ Mediation Service – Is it Providing the Kind of Justice that the People Want?

## Effectiveness

- Very high clear out rates. One office maintained a clear out rate of over 60% for three years.
- High speed of adjudication. An overwhelming 90% spent a month or less on their cases.

## Accessibility

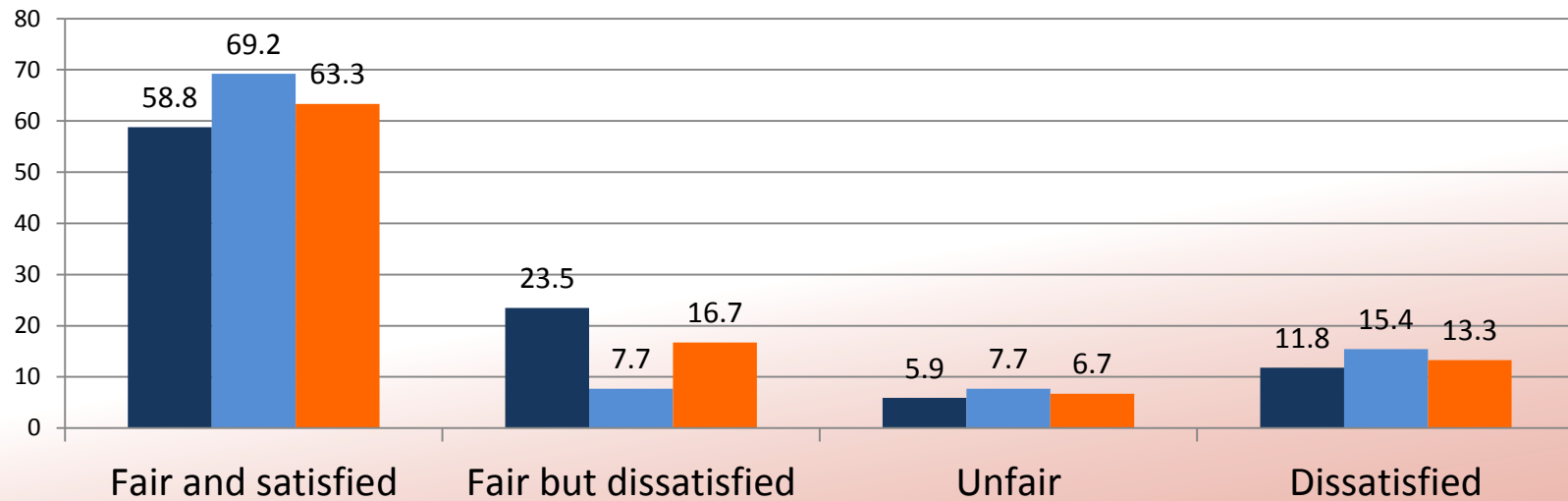
- Procedures are very informal and relaxed. 93% of litigants did not need an interpreter, about 80% of hearings conducted in local language, almost a 100% presented their own case and 91% felt at ease and comfortable.
- **Over 60% of litigants patronizing the service are younger and mostly women.**

## Legitimacy/Trustworthiness

- CHRAJ litigants and mediators evince the same craving for justice that premiums truth seeking, establishing facts and having an impartial mediator. CHRAJ litigants overall are the most satisfied (71%).
- Litigants equally rate process satisfaction questions very high. Over 80% were emphatic that the facts of their case were properly considered.
- **AND incredibly, defendants rather than plaintiffs demonstrate the strongest levels of satisfaction with the verdict.**

# Defendants are more satisfied than Plaintiffs

■ Plaintiff ■ Defendant ■ Both



## What explains CHRAJ's Success?

- A hybrid institution that combines the formal authority of the state, constitutionally guaranteed independence and professional competence of its staff with a heightened sensitivity to local realities.
- A deep moral code (almost religious), held by officers of the CHRAJ developed through the orientation they receive, the expectation of the public and experiences dealing with human rights cases.
- Has a high-level of trust - along with Electoral Commission, it is the most ranked by Afrobarometer surveys as most trusted governmental institution in Ghana.
- **It's Mediation Service is very congruent with local values and beliefs about justice, highest levels of satisfaction** - Conform closely to good ADR practice: impartial, private, seek compromise, but also committed to HR values and legal rights ( some tensions).

## Conclusions/Recommendations

- Popularity and effectiveness of CHRAJ should be harnessed.
- Gender Justice Role should be formalized and expanded.
- Steps should be taken to ensure more efficient enforcement of CHRAJ decisions – (perhaps via new ADR Act).
- Greater congruence/interaction between Magistrate Courts and CHRAJ should be encouraged – enforce CHRAJ ADR decisions in the same manner as Court Assisted ADR decisions are enforced i.e. as default judgments.
- As an organization CHRAJ should restructure its career development incentives and reform its governance structures at the level of the Commission.





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**Africa  
power and  
politics**

**Community policing in  
Tanzania: *sungusungu* to  
*polisi jamii***

**Charlotte Cross**

22<sup>nd</sup> September 2011

- Community policing programmes are compromised by failure to take sufficient account of existing local institutions and understandings of problems (e.g. Brogden 2004; Cain 2000)
- Community policing programmes have frequently co-opted local elites and further discriminated against marginalised groups (e.g. Ruteere & Pommerolle 2002; Brogden 2004)

“an adequate mix that does not stifle local participation and yet addresses the good of the whole and the particular needs of marginalized groups.

Tripp (2003: 135)







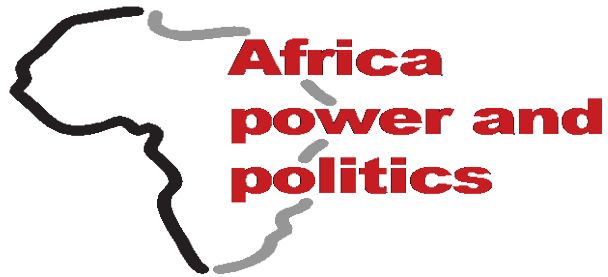






## Threats to the sustainability of *polisi jamii*

- Policing offers opportunities for financial gain
- Participation reflects existing socio-economic divisions
- Dependent on individuals
- Politicisation of institutions upon which community policing depends



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# **Africa power and politics**

## **Maternal health services delivery in Rwanda and Uganda**

Exploring sources of success and failure.

**David Booth, on behalf of Fred Golooba-Mutebi**

EADI/DSA Conference, York, 22 Sept 2011

## APPP Local governance and leadership research

- Local public goods: what are the institutional roots of better and worse provision (especially the tackling of key bottlenecks)
- Water and sanitation; facilitation of markets; public security; maternal health
- Multiple studies: Malawi, Niger, Rwanda, Senegal, Uganda
- Single studies: Ghana, Sierra Leone, Tanzania
- This paper: Maternal health – Uganda and Rwanda
- Based on 12 months' fieldwork in 2009-10 in Masaka, Rakai, Nyamagabe and Musanze.

## Outcomes compared

<b>Uganda</b>	<b>1995</b>	<b>2000/1</b>	<b>2005/6</b>	<b>2011</b>	<b>MDG</b>
MM per 100,000	506	505	435	?	131
% of births attended by skilled personnel	38	39	42	?	100
<b>Rwanda</b>	<b>2000</b>	<b>2005</b>	<b>2008</b>	<b>2010</b>	<b>MDG</b>
MM per 100,000	1,071	750	540	383*	268
% of births attended by skilled personnel		39	52	69	100

\* Source HMIS; otherwise DHS

“

Policies identical, social contexts very similar, actors quite similar – why the apparent differences in results?

# Similarities

- Same internationally promoted policy approach based on agreed understanding of causes
- Roughly comparable modes and levels of rural and small-town life, gender relations etc.
- Common level of general resource scarcity
- Similar mix of public and publicly supervised and funded church facilities
- Superficially similar patterns of local government and health-service decentralisation/community participation



## Differences in observed practice 1: Supervision and enforcement

- District hospital reporting to MoH – diligent with follow-up/perfunctory
- Facility supervision visits – happening/not happening
- Facility opening hours – respected/abused
- Cleanliness of facilities/staff attitudes/basic supplies – good/bad
- Public/church quality comparisons – no difference in Rw; big difference in Uganda
- Role of private for-profit establishments – almost absent in Rw; widespread, abusive and unmonitored in Ug

## Differences in observed practice 2: Changing behaviour

- Traditional birth attendants: banned in both
  - still active and often preferred in Uganda, where just banned
  - active policy of absorption into functioning Community Health Worker scheme, with economic facilitation
- Incentives to mothers (and fathers): in Rw enforced fines *combined* with public education and material incentives, including “waiting rooms” to avoid accidental home deliveries; HIV and birth-control promotion; absence of private alternatives
- Attendance at pre-natal check-ups: imperfect in both cases, but more nominal compliance in Uganda; Rwanda sufficient to explain the outcome difference

## Roots of the difference? Step 1

- Role of local Health Management Committees – in Uganda largely dead as a result of staff animosity and “voluntarism fatigue”; in Rwanda, still playing some role thanks to the top-down supervision
- Incentives and sanctions – high levels of demoralisation in Ug despite donor-promoted performance ideas; in Rw, powerful effects of a mix of neotraditional *imihigo* and modern performance financing, especially at higher levels
- The political meanings of decentralisation – in Uganda district creation is a patronage tool, and district political competition works against enforcement of rules; Rwandan local elections on individual merit basis

## Roots of the difference? Step 2

- The *sui generis* Rwanda factors: a shared political culture of command and obedience; elite response to the genocide – transformative ambition and restricted political competition; the “Kagame factor”
- The non-*sui-generis* residual: transferable principles and reversible choices by Uganda’s political class
- For donors and NGOs: stop promoting illusions about democratic decentralisation, citizen power and the virtues of competition – get real!



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