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Sida Decentralised Evaluation

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# Evaluation of the Project 'Phase Two of a Grassroots based Project of the Human Rights Development Initiative on Regional Human Rights Law Clinics'

Final Report



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**Final Report  
November 2014**

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Ian Christoplos**

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The views and interpretations expressed in this report are the authors' and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

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# Abbreviations and Acronyms

ACHPR	African Commission on Human and Peoples' Rights
CLE	Clinical Legal Education
DAC	Development Assistance Committee
DRC	Democratic Republic of Congo
EAC	East African community
GLIHD	Great Lakes Initiative for Human Rights and Development
HIV Committee	HIV Committee of the ACHPR
HRBA	Human Rights-Based Approach
HRDI	Human Rights Development Initiative
LLM	Master of Laws
M&E	Monitoring and Evaluation
MSEK	Million Swedish Krona
NGO	Non -governmental organisation
OECD	Organisation for Economic Co-operation and Development
PLHIV	People Living with HIV
QA	Quality Assurance
SADC	Southern African Development Community
Sida	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health and Rights
ULC	University-based Law Clinic
TOR	Terms of Reference
ZAR	South African Rand

# Preface

This end-of-project evaluation of the Swedish support to the Phase Two of a Grass-roots based Project of the Human Rights Development Initiative on Regional Human Rights Law Clinics was commissioned by the Embassy of Sweden in Zambia, through Sida's framework agreement for reviews and evaluations.

Indevelop carried out the evaluation in August - October of 2014. The independent evaluation team included Bernt Andersson, Team Leader and member of Indevelop's Core Team of Professional Evaluators, Julia Rogers as legal and human rights expert, and Ian Christoplos who provided Quality Assurance. Sarah Gharbi was the Project Manager with overall responsibility for managing implementation and the evaluation process.

This report was circulated in draft form to the Embassy of Sweden in Zambia and the Human Rights Development Initiative in Pretoria and their comments have been incorporated in the final report.



# Executive Summary

The project to be evaluated is “Phase II of a Grassroots-Based Human Rights Intervention for the Protection of PLHIV in the Great Lakes, East and Southern African Regions”. The overall objective of the project is to protect and promote respect for the rule of law and human rights in the Great Lakes, East and Southern African Regions through increasing access to domestic, regional and international human rights forums for the poor and vulnerable groups in society. Project components include training of human rights lawyers, establishing or strengthening university based law clinics and promoting jurisprudence in Africa and conducting community based strategic litigation within domestic, regional and international human rights forums. The project is implemented by Human Rights Development Initiative (HRDI) based in Pretoria.

The evaluation of HRDI is an end-of-project evaluation and was conducted in accordance with the agreement signed by HRDI and Sida. Its purpose is to assess the extent to which the outcomes, impact and sustainability of the project have been achieved. The evaluation team has gathered information through a combination of a desk study of documents received from HRDI and the Embassy of Sweden in Zambia, meetings with HRDI in Pretoria, interviews during field visits to six of the participating countries, and questionnaires to key stakeholders.

## *Project design*

The project design is grounded in a sound intervention logic. The project design starts with the theory of change, fundamentally rooted in challenging elitism and ultimately premised on individual transformation and empowerment – on both sides of the access to justice equation. It posits that societal change starts by transforming individual agents (lawyers) and grows by strengthening the institutions (university law clinics), communities and systems they are rooted in. At the same time, individual clients are both the instigators and the ultimate beneficiaries of this transformative process. In this respect, the programme design reflects a human rights based approach (HRBA) by placing the individual at the centre of the equation, both as agent and as beneficiary.

The interventions themselves are largely appropriate to the project’s overall objective, increasing access to justice for the poor, although the project’s Results Framework is weak, lacking rigour in how it defines and connects the different activities, results, outcomes and indicators. The outcome objectives are formulated in broad, vague and often unrealistic terms. The indicators are similarly problematic, with many reading more like development goals than markers by which to measure progress toward the intended outcome and they are not all clearly aligned with the relevant objectives. A

more rigorously articulated Results Framework would have helped to focus the project's implementation and likely have enhanced its effectiveness.

### *Effectiveness*

The project was very effective in implementing Objective 1, both quantitatively and qualitatively, exceeding the target of 30 trained lawyers still in the network. However, the most convincing evidence of this component's effectiveness is qualitative. The HRDI graduates say the training course gave them the knowledge, skills and motivation of social justice lawyers and most have remained in human rights practice despite considerable financial and social pressures to the contrary.

As of August 2014, there were 10 fully functioning law clinics in 7 countries providing community outreach, legal services and legal education to poor and vulnerable groups. Another three clinics (in Kenya, Uganda and Zambia) engage in community outreach and advocacy pending their formal registration as legal service providers and collaborate with local NGOs for legal service provision in the meantime. They are expected to become fully functional in September or by the end of 2014. The volume of services provided varies widely between the law clinics. The number of functioning clinics and countries both fall short of the specific objective of having 15 clinics in 11 countries.

Narrative reports from partner organizations demonstrate openness and accountability by the partner organizations and the evaluators have found that HRDI have strong internal financial control mechanisms and are scrutinizing the use of funds both internally and by the partner organizations.

There has been little progress on establishing a network of partners that work together to address common problems and there is currently no regional centre and no candidate has made significant progress in that direction.

In terms of furthering the overall development goal of increasing access to justice, the interventions under Objective 4 were largely effective. Based on reliable estimates, the project met the quantitative target of 900 routine cases taken by the partners (indicator (i)). Clients received effective representation (indicator (iii)) and relevant issues within target areas were addressed proactively (indicator (iv)). In terms of furthering the stated objective of developing jurisprudence, the project has had significant achievements. It was instrumental in establishing the HIV Committee and made progress through cases that went through mechanisms whose impact went beyond the immediate parties, such as mediation with public officials and submissions to the ACHPR and Special Rapporteurs.

The project was less effective in reaching the target of five community-based strategic litigation cases (indicator ii), due to a combination of (i) overly-ambitious planning and (ii) circumstances beyond the control of HRDI or its partners. Its alternative focus on quasi- and non-judicial mechanisms such as the ACHPR and the UN Special Rapporteur on Health, while valid, has less potential for effectiveness than judicial

forums because their outcomes do not require compliance or directly shape law. Despite the problems with how the objective and indicators are formulated, the evaluators find that this component was effective in bringing grassroots concerns to regional forums and, in some cases, in influencing the conversation regarding the human rights of PLHIV and other vulnerable groups.

The overall objective is still not achieved, although there has been considerable achievements during the period 2010 – 2014.

### *Relevance*

Conceptually, the project is highly relevant to the development context and the needs of the main target groups by providing training/capacity building to the “providers” of justice (lawyers, legal clinics) and legal services to the consumers (individual and groups of beneficiaries). The project has been relevant to the ULCs, CBOs, lawyers and law students that have been involved in or affected by the interventions. Its relevance to these groups generally in the target countries remains largely hypothetical due to the project’s limited size, duration and scope.

Overall, the project has been relevant for PLHIV and other poor and vulnerable groups, with the degree of relevance varying according to the level of specificity with which it addresses the problems specific to different groups. This relevance is to some extent undermined by the limited coverage of legal services and outreach activities have a limited number of beneficiaries. The project was also aligned with the needs and priorities of most key stakeholders by virtue of their shared vision regarding human rights and HIV/AIDS. In real terms, it was most relevant to the ACHPR and its HIV Committee, and to a lesser extent to the University of Pretoria’s Centre for Human Rights and the Centre for the Study of AIDS.

The project was relevant in relation to the Swedish strategies that existed when the project was designed and agreed. The project document does not specifically mention gender issues, but in practice, the evaluators found that activities in countries were often focused on women, women living with HIV, women as victims of domestic violence, etc., which made the project relevant from a gender perspective.

### *Efficiency*

In accordance with the ToR, the evaluation team has analysed the efficiency of the use of financial resources. Our conclusion is that the resources have been used appropriately and economically to produce the desired results. HRDI accounted for the use of resources very transparently in its financial reports to Sida.

During the period 2010-2013, the project spent 23% less than what was budgeted. The main reason for under-spending is explained by HRDI to be prudent spending. The annual financial reports give good evidence and examples of prudent spending for salaries, professional fees, travel and costs for meetings and conferences. HRDI has been conscious about analysing whether the under-spending has affected the activities and the achievements of results and has concluded that it has not.

Since the total under-spending is nearly one quarter of the project budget, the overall efficiency question is if the money could have been reallocated in some way to increase achievement of the overall objective. Considering that the objectives related to developing regional centres and establishing a network of partners working together have not been achieved, the project management would probably have achieved more if there was at least one more staff member.

### *Impact*

The project has clearly had an effect on the trainees, graduates and partner clinics, in terms of approach, focus, methodology, scale and effectiveness of their operations. However, its impact on the clinics as institutions will only be reliably discernable over time. To varying degrees and in different ways, the project has clearly also had an impact, creating awareness, on the CBOs that collaborate with the partner organisations.

For stakeholders at the regional level, the project had the greatest impact on the ACHPR HIV Committee, and by extension, on the ACHPR. There is no discernible impact on the University of Pretoria's Centre for Human Rights now that the LLM has been terminated and there is insufficient data to determine whether/what kind of impact the project may have had on the University's Centre for the Study of AIDS. The evaluators did not have the opportunity to assess the impact on the other key stakeholders.

### *Sustainability*

This is the second phase of a project that has received funding from Sida since 2006 and has been implemented during a nine year period. The overall objective and the strategy to train human rights lawyers and strengthen university law clinics have remained the same.

The HRDI training provided sustainable changes to the minds and the attitudes of students. Individual clinics may be sustainable and in most cases continue as faculty of law units to provide practical experience of human rights to law students, provide legal services and to a varying degree conduct outreach.

### *Lessons learned*

1. There is a need for greater realism regarding the time and efforts required for organisational development, as demonstrated by the difficulties in establishing or strengthening law clinics, building one or several regional centres of excellence and establishing a network of partner organisations. An in-depth analysis is required of factors that can support or hinder the desired change and meticulous planning and monitoring is needed to succeed.
2. Following on the preceding point is the importance of having rigorously defined objectives and indicators. Beyond their value for monitoring and evaluation purposes, clearly articulated targets and benchmarks provide a road map for focused implementation. Further, the process of ensuring that the indica-

tors in particular are formulated to be realistic, objectively measurable and specific, tests the soundness of the intervention logic and the achievability of the intended outcomes during the design phase.

3. A regional approach is not necessarily desirable or appropriate. Activities to promote regionalisation of, e.g., a network or an institution must be accompanied by a corresponding sense of demand and ownership on the part of the relevant national actors in order to be successful.
4. As the preceding point illustrates, a project's different spheres of agency (control, influence and interest) must be taken into account in its design and implementation. As interventions move farther from the project's sphere of control, they should increasingly focus on facilitating and creating the conditions for the desired outcomes rather than on directly bringing them about. Objectives and indicators should also be formulated accordingly.
5. Capacity building programs with substantive training programs are often effective in conducting the training, but less effective in ensuring that the people trained make use of the new skills and knowledge. HRDI has shown that by including the future workplaces of the students (the ULCs) in the program, the project has managed to substantially increase the effectiveness at the next level, the use of the skills and knowledge.
6. The design of the training with an intensive five-month programme plus a one-month training session and partnership forum held each year at HRDI proved to be an opportunity for the trainees to report back to HRDI and share activities, issues and lessons learned with each other and maintain the contacts with HRDI and between the partner organizations.
7. The manual labour students were required to perform on a weekly basis at a CBO established a sense of trust in the clients, which encouraged a more open and complete dialogue that allowed the HRDI students to be more effective as advocates.

### *Recommendations*

The TOR for the evaluation states that the evaluation shall include recommendations on aspects to be strengthened to sustain partners after the project. When the final evaluation report will be submitted, 24 October 2014, about two months of project implementation will remain. Considering also that HRDI is currently busy preparing the annual Partnership Forum and the one-month training in November/December, probably the last major activity before the project closes in December; there is absolutely no time to implement any recommendations from the evaluation. In order to consolidate the project's achievements, the evaluators make the following recommendations:

1. Agree to a six-month, no-cost extension of the project for HRDI to implement the recommendations.
2. Study the possibility of facilitating or directly supporting the LLM course at any of the partner organisations if they would take on the challenge, or at the

Centre for Human Rights at the University of Pretoria, either as part of a related Sida initiative or in collaboration with a development partner in the region, and provide the appropriate technical and financial assistance.

3. Facilitate the applications for observer status at the ACHPR for several partner organisations.
4. Some of the clinics that are almost operational, i.e. the Legal Aid Clinic at Moi University in Kenya, the Public Interest Law Clinic at Makerere University in Uganda and the Legal Aid Clinic at University of Zambia. If additional support is needed, a 6-month extension could provide that support.
5. Increase the sustainability of the regional collaboration between the law clinics by:
  - discussing the root causes holding partners back and look at options for strengthening the network for partner organisations, at the last planned Partnership Forum in November/December this year, and if the response is positive, the aim should be to have the network functioning within 6 months;
  - conducting another Partnership Forum in May/June 2015, before the project ends. This should be in one of the partner countries and be part of the establishment of a network, as well as an opportunity for a strong partner organisation to develop the capacity to arrange a Partnership Forum (alternatively, one forum in each region).
  - perpetuating the most effective project components, by analysing, at the Partnership Forum in November/December this year, the different functions of a regional or sub-regional centre of excellence and see if some of these functions can be taken up by some of the partner organisations.

# 1 Introduction

## 1.1 BACKGROUND

Although some progress has been made in the response to HIV/AIDS, sub-Saharan Africa remains severely affected by the epidemic. With just 13 percent of the world's population, it is home to approximately 70 percent of all people living with HIV (PLHIV).<sup>1</sup> Underscoring the critical link between human rights and development, it also has some of the highest levels of poverty, social injustice and gender inequality. Not only are marginalised and vulnerable groups more vulnerable to infection, they are subject to further discrimination and marginalisation based on their HIV status.

Because HIV is both a consequence and a cause of human rights abuses, combating discrimination against PLHIV can be an effective vehicle for addressing a constellation of human rights issues.

## 1.2 THE PROJECT

The Human Rights Development Initiative (HRDI) was established in 2004 with the mission to improve the lives of poor and vulnerable people in Africa, challenge elitism and to promote equality of all people, regardless of their identity or traits. Its overall goal is to protect and promote respect for the rule of law and human rights in the Great Lakes and Southern African Regions through increasing access to domestic, regional and international human rights forums to the poor and vulnerable groups in society.

The project “Phase II of a Grassroots-Based Human Rights Intervention for the Protection of PLHIV in the Great Lakes, East and Southern African Regions” is implemented by HRDI. In the first phase of the project (2006-2009), HRDI defined three overarching objectives:

1. Contribute to the development of centres of excellence within African university based law clinics that will contribute toward discourse within the regional and international human rights institutions;
2. Proactively address key socio-legal and ethical issues within the field of HIV/AIDS in the Southern African and Great Lakes regions;

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<sup>1</sup> UNAIDS Global Report 2013



3. Contribute to the development of regional human rights jurisprudence within the African Commission, African Court of Human and Peoples' Rights, Community Tribunals and other vital institutions.

HRDI's intervention strategy for the first two objectives primarily involved working in formal partnerships with university-based law clinics (ULCs) and/or non-governmental organisations within the target countries to build a cadre of social justice lawyers and activists. The lawyers were trained in the skills and knowledge needed to integrate international and regional human rights norms into their law clinics. Following their training, they were expected to continue providing free legal representation to the most vulnerable groups in their home country, particularly women and children living with or affected by HIV/AIDS. The intervention strategy for the third objective focused on developing jurisprudence and conduct community based strategic litigation within domestic, regional and international human rights forums.

At the end of the first phase of the project, an external evaluation<sup>2</sup> concluded that the project had "approached rather than reached" its objectives. The most successful components were found to be the training programme, legal services and community outreach, while impact litigation proved to be slower and more complex than anticipated.

In 2010 HRDI embarked on a second phase of the project aimed at consolidating the gains made to achieve and build on the original objectives. Phase II is scheduled to end on 31 December 2014.

*The project evaluated* is "Phase II of a Grassroots-Based Human Rights Intervention for the Protection of PLHIV in the Great Lakes, East and Southern African Regions". With the same overall goal as Phase I, Phase II has five specific objectives:

1. Build a cadre of 30 social justice lawyers from the 15 target countries;
2. Develop a network of 15 accountable law clinics that provide legal services to poor and vulnerable groups in the 15 target countries;
3. Develop three centres of excellence within African university based law clinics that will contribute toward discourse within the domestic, regional and international human rights institutions; one for Southern Africa, one for the Great Lakes Region and one for East Africa;
4. Contribute to the development of human rights jurisprudence and conduct community based strategic litigation within domestic, regional and international human rights forums for example SADC Tribunal, East African Court

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<sup>2</sup> "An Evaluation of the Project Regional Human Rights Law Clinics to Increase Access to Justice for Vulnerable Groups in Africa". Andante - tools for thinking AB. Kim Forss, Charlotta Forss. Final Report. Strängnäs 009.10.09



of Justice, African Commission on Human and Peoples' Rights and African Court on Human and Peoples' Rights;

5. Respond to key HIV-related issues and influence debates that arise from regional economic communities and the African regional system to the extent that it impacts on grassroots organisations and vulnerable groups in the 15 target countries.

The project defines two layers of beneficiaries, or target groups, of the intervention. The primary target group is PLHIV and other poor and vulnerable groups. The secondary target group comprises university based law clinics and community-based organisations, lawyers and law students.

The objectives were revised during the implementation period in terms of which HRDI aimed to work in 11 countries<sup>3</sup>, geographically divided into Southern Africa (Mozambique, Zambia, Namibia, Malawi and Lesotho) and the Great Lakes (Rwanda, Kenya, Tanzania, Uganda, Burundi and DRC); and in establishing one regional centre or centre of excellence.

Sida committed to supporting HRDI during this second phase from 2010-2015 with 23,3 MSEK.

## 1.3 THE EVALUATION

This evaluation of HRDI is an end of project evaluation and was conducted in accordance with the agreement signed by HRDI and Sida. Its purpose is to assess the extent to which the outcomes, impact and sustainability of the project have been achieved. According to the TORs, the evaluation is to:

- Examine the project's impact, both positive and negative, intended and unintended;
- Examine achievements of outcomes and outputs against targets, highlighting what has been done well and why, versus what has not been done well and why;
- Provide suggestions/recommendations on what aspects of the HRDI Project should be strengthened or improved to sustain partners after the end of the project;
- Assess the adequacy/soundness of the project concept and design particularly the project logic (causal linkages) in addressing the identified problem; and
- Identify lessons learned from implementation of the HRDI Project.

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<sup>3</sup> The revision included working in two more regions of DRC namely Goma and Lubumbashi because of the size and importance of DRC

The evaluators have employed the OECD/DAC Evaluation Criteria in order to assess the results (output, outcome, and impact), effectiveness, efficiency, relevance and sustainability of the project, along with the institutional arrangements. In accordance with Swedish development cooperation policies, the inclusion of human rights and gender mainstreaming was also assessed as cross-cutting issues.

## 1.4 EVALUATION METHODS

The team gathered information through a combination of a desk study of a comprehensive set of documents provided by HRDI and the Embassy of Sweden in Zambia, meetings with HRDI in Pretoria, interviews during field visits to six of the participating countries, and questionnaires to key stakeholders. The evaluation framework in the Inception Report (Annex 2) details the evaluation questions.

The assessment of the project's effectiveness and efficiency was mainly based on document review and complemented by interviews of HRDI and partner organisations. To evaluate its short- and medium-term effects on the two target groups, the evaluators conducted interviews with partner organisations, faculties of law and community organisations working with the poor and vulnerable, in particular working with PLHIV.

The assessment of the project's relevance, impact and sustainability is based on document review and interviews with HRDI, partner organisations and key stakeholders. The evaluation of its impact and sustainability are primarily based on the field interviews and the evaluators' own observations. To understand the project's impact on PLHIV and other vulnerable groups as well as on the functioning of the university law clinics and to some extent on stakeholders, the evaluation team interviewed some members of CBOs in most countries visited, as well as staff at the law clinics and stakeholders. The findings on impact and sustainability are largely based on progress reports.

The evaluators visited a cross section of partners agreed with HRDI and the Embassy of Sweden in Zambia, including stronger and less strong, established and newly-formed institutions from a purposeful sample of countries, not intended to be a representative sampling of countries in the Great Lakes and Southern Africa regions.

*Selected countries for field visits*

Countries	Moz	Zam	Nam	Mal	Les	Rwa	Ken	Tanz	Uga	Bur	DRC <sup>4</sup>
BA	X			X	X						
JR						X	X		X		

The evaluation methodology was largely qualitative and did not seek to replicate the data already collected from HRDI's progress reports and other project documents.

The data collection phase involved two and a half weeks of field work, during which the two international team members each visited three of the participating countries separately to interview representatives from the target groups, and four and a half days of meetings in Pretoria with HRDI and a few key stakeholders.

## 1.5 LIMITATIONS

The field visits were deemed critical to understanding the multi-dimensional nature of the project's interventions. However, the short time frame for the evaluation meant the team was unable to interview all of the stakeholders identified as potentially useful during the start-up meeting with HRDI and the Embassy. It also limited the depth and scope of the data gathered. The first and second layers of beneficiaries were prioritised. The schedule for the field work is annexed as Annex 5. The partner organisations visited and persons interviewed are listed in Annex 7.

At HRDI's request, the team met with the representatives from Goma in Gisenyi, Rwanda in addition to the scheduled visits in the six target countries. This required an additional day in Rwanda. While the additional information gathered was useful, a comprehensive assessment of the project in DRC was far from feasible.

As noted in the Inception Report, the considerable time and budget constraints did not permit the team to conduct a full impact evaluation.

The reduced scope of the evaluation also limited the extent to which the team was able to use human rights based approach because of the time required to employ the participatory approach to gathering a sufficient amount and variety of beneficiary feedback to be considered representative.

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<sup>4</sup> The team visited the partner from Goma, DRC in Gisenyi, Rwanda.

## 2 Findings and Analysis

### 2.1 PROGRAM DESIGN

#### *Theory of Change*

The project goal is to protect and promote respect for the rule of law and human rights in the Great Lakes, East and Southern African Regions by increasing access to domestic, regional and international human rights forums to the poor and vulnerable groups in society.

The theory of change rests on the assumption that inadequate access to justice is fundamentally rooted in elitism among legal professionals, particularly lawyers and that their consequent disinterest in social injustice is accompanied by a lack of understanding of human rights issues, laws and mechanisms.

The essence of the theory of change is that transforming and empowering individuals will bring about the institutional and systemic conditions needed to increase this access to justice. In this paradigm, lawyers are both the primary subjects and the primary agents of change; they must undergo deep personal and professional growth in order to become willing and able advocates for social justice.

The theory of change also envisions the empowerment of the ultimate project beneficiaries, poor, vulnerable and marginalised individuals, not only as a goal but as a complementary driver of change. The project seeks to narrow the gap between supply and demand by strengthening both ends of the access to justice equation.

#### *Strategies and Interventions*

The project design that gives form to this theory of change is grounded in sound intervention logic. First, the focus on lawyers as primary change agents is strategic because they have the psychological, professional and financial flexibility to choose to practice human rights law.

ULCs are strategic choices as change agents because they represent an entry point for influencing legal education as well as for improving and increasing community outreach and legal services. They are also a source of young lawyers. When HRDI discovered in Phase 1 that not enough viable ULCs were available to partner with, it modified the strategy to either help partners establish ULCs or, where that was not feasible, enter into partnerships with non-ULC partners (NGOs) that provide community outreach and legal services. Although such partners do not provide the legal education piece of the strategy they do provide the two other pieces, outreach and services, that form the backbone of the project design.

The project's focus on PLHIV is strategic because it provides an effective vehicle for addressing a range of human rights issues related to other vulnerable and marginalised groups as well. It also has a strong gender focus because women are disproportionately affected by the disease, both as PLHIV and as the most common caregivers to family members with HIV.

The interventions themselves are largely appropriate to the project's overall objective, increasing access to justice for the poor. On the "supply" side, building a cadre of social justice lawyers (Objective 1); strengthening and connecting ULCs (Objective 2); advocating on behalf of the poor and vulnerable using judicial, quasi-judicial and non-judicial mechanisms (Objectives 1, 2, and 4); and creating a centre of excellence (Objective 3) are all aimed at increasing the capacity, understanding and motivation of legal system actors to help the poor access justice. On the "demand" side, reaching out to and educating communities on their rights (Objectives 1 and 2) and facilitating the involvement of grassroots organisations (Objective 5) drive the demand for access to justice.

#### *Results Framework*

The project's Results Framework<sup>5</sup> is weak, lacking rigour in how it defines and connects the different activities, results, outcomes and indicators.

First, the outcome objectives are formulated in broad, vague and often unrealistic terms. For example, Objective 1 uses subjective and value-laden terms like "cadre" and "social justice lawyers" that are not defined in ways that can be objectively assessed. Such imprecise formulations provide little guidance for the present evaluation. A related issue is the gaps between some of the activities and the intended outcomes. For example, in many cases this "missing middle" is a question of scale that could be remedied by either scaling up the interventions or scaling back the outcomes. However, in other cases the gap is one of logic. Specific examples are provided in the discussion on the effectiveness of each Objective (Chapter 2.2, Effectiveness).

The indicators are similarly problematic, with many reading more like development goals than markers by which to measure progress toward the intended outcome. Further, they are not all clearly aligned with the relevant Objectives. For example, Objectives 1, 2, 3 and 4 all have indicators that involve providing legal services to poor and vulnerable groups;<sup>6</sup> however, the only quantifiable target comes under Objective 4,

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<sup>5</sup> Final Objectives and Indicators of Success (Sida-HRDI Agreement N. A2150107 Annex 2)

<sup>6</sup> SO1: "30 lawyers provide legal advice and services to poor and vulnerable groups and individuals, both proactively and reactively." SO2: "The partner organisations provide legal services to the poor and vulnerable groups."

which is aimed at developing jurisprudence and not legal service provision *per se*. Additionally, the first indicator under Objective 5, “Domestic, regional and international judicial and quasi judicial structures address the issue of discrimination of people living with HIV/AIDS to a greater extent”, more closely corresponds to Objective 4; in fact, HRDI lists this and the second indicator under Objective 5 as planned results for Objective 4 in the 2012 and 2013 Progress Reports.

Objective 5 is itself rather vague, in part because it is phrased as an activity rather than an outcome – i.e., the result if HRDI is successful in influencing debates. An example of a more useful formulation is found in the third indicator, but with more specificity (indicated in italics): “Grassroots organisations and vulnerable groups *involved in the project* have greater visibility *in regional and sub-regional human rights forums* on issues that affect them.” A more ambitious formulation might refer to *effective participation* rather than *visibility*. Both are valid; the choice depends on what is realistically achievable. Indicators might include the number of submissions that are made, or that are made and result in or contribute to a favourable outcome.

The specific Objectives and relevant indicators are discussed in greater detail in Chapter 2.2, Effectiveness.

#### *Human Rights Based Approach*

In keeping with its subject matter, the project’s design reflects a HRBA in a few respects:

- The theory of change embodies the individual nature of human rights in its emphasis on individual agency and empowerment as key to both demanding and fulfilling human rights.
- The interdependent, indivisible nature of human rights is echoed in the choice of HIV as a strategic vehicle to address many human rights issues and in the project’s interrelated system of components.
- The interventions incorporate a human rights based participatory process of community consultation to identify beneficiary needs and, to a lesser extent, to develop interventions.

#### **Summary**

The project design starts with the theory of change, which is ultimately premised on individual transformation and empowerment – on both sides of the access to justice

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equation. It posits that societal change starts by transforming individual agents (lawyers) and grows by strengthening the communities, institutions and systems they are rooted in. At the same time, individual clients are both the instigators and the ultimate beneficiaries of this transformative process. In this respect, the programme design reflects a HRBA by placing the individual at the centre of the equation, both as agent and as beneficiary.

## 2.2 EFFECTIVENESS

### 2.2.1 Specific Objective 1: To build a cadre of 30 social justice lawyers from the 15 target countries

Objective 1 is centred on HRDI's training, which in turn forms the core of the project and foundation for the other project components. It is stated in the Results Framework as "Build a cadre of 30 social justice lawyers from the 15 target countries" with the following indicators of success:

- (i) 30 lawyers from the 15 target countries continue to work in the project after the training.
- (ii) 30 lawyers from the 15 target countries work with each other and other stakeholders on common social justice issues.
- (iii) 30 lawyers train others from target countries.
- (iv) 30 lawyers provide legal advice and services to poor and vulnerable groups and individuals, both proactively and reactively.

In response to a critique in the mid-term evaluation in 2009<sup>7</sup>, HRDI included numeric targets in the Phase 2 indicators for Objective 1. This has permitted a quantitative assessment in terms of lawyers and countries; however the indicators are still quite general and vague.

The evaluators have focused on determining the effectiveness of the training programme itself as the most accurate measure of whether Objective 1 was achieved and will discuss the legal services component (indicators (ii) and (iv)) as part of the analysis of Objective 2 in Chapter 2.2.2 below. The "work with each other" element of indicator (ii) is part of the network discussion in Objective 2.

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<sup>7</sup> An Evaluation of the Project "Regional Human Rights Law Clinics to Increase Access to Justice for Vulnerable Groups in Africa". Andante - tools for thinking AB. Kim Forss, Charlotta Forss. Final Report. Strängnäs 2009.10.09.

The most informative data came from interviews with the graduates themselves and in meeting with key stakeholders, including clients, university colleagues, government officials and law students.

*Quantitative assessment of the training*

As with the mid-term evaluation, the findings indicate that Objective 1 was the most effective project component, with 39 lawyers successfully completing the 5 month training programme between 2010 and 2013,<sup>8</sup> and 34 of them are still in the network. Together with those trained in the first phase of the project there are now 52 lawyers, who continue to work in the project network. Therefore HRDI has met and even exceeded the target number in indicator (i).

Table 2: Number of graduates from HRDI, Phase 1 and 2

Countries	Total	Still in the network
Burundi	2	2
DRC	11	8
Kenya	6	6
Rwanda	6	6
Tanzania	6	5
Uganda	4	4
<b>Total Great Lakes and East Africa</b>	<b>35</b>	<b>31</b>
Botswana	3	0
Lesotho	4	4
Malawi	2	2
Mozambique	6	6
Namibia	3	3
Zambia	5	4
Swaziland	2	0
Zimbabwe	3	2
South Africa	2	0
<b>Total Southern Africa</b>	<b>30</b>	<b>21</b>
<b>Project Total</b>	<b>65</b>	<b>52</b>

Regarding the second indicator: based on the partner visits and project reports and other documentation, the evaluators find that the lawyers who have remained involved in the project are working on social justice issues - to some extent with each other and other stakeholders (see further analysis in chapter 2.2.2).

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<sup>8</sup> Includes graduates of five-month training programme and LLM as discussed below



Assessing effectiveness against the third indicator is more problematic because of its ambiguous formulation “30 lawyers train others”. Does the term “others” mean other lawyers, e.g. in the partner clinics? Or does it refer to other people, and if so, whom? The evaluators looked to the corresponding activity in the Implementation Plan for clarity: “Trainees and the institution conduct train-the-trainer workshops with the grassroots community organisations” - i.e. graduates train NGOs and other organisations to train community members on their rights. If this is the intention, the evaluators found little evidence that these workshops took place. However, if the intended meaning was that the graduates would train CBOs on their rights, the evaluators found that the partners they visited had done some form of training in the communities and that, based on meetings with CBO representatives, the sessions appear to have been quite effective.

### *Qualitative assessment of the training*

The qualitative analysis begins with a question raised in Section 2.1 above: what exactly is a “social justice lawyer”? This key phrase is central to HRDI’s theory of change and the project’s design and implementation. It is used throughout the project documentation, including in the Sida-approved Results Framework against which the project is to be measured, but is not clearly defined.

In order to assess whether the project was successful in meeting its objective, the evaluators needed to infer the definition of “social justice lawyers” and what distinguishes them from other lawyers. Based on the recurring themes in the document review, field visits and meetings with HRDI, they identify the main characteristics of these lawyers as being “unable to turn away from injustice”; “rooted in his or her community and accessible to people from all walks of life”; and “able to use domestic, regional and international human rights tools”.<sup>9</sup>

The training programme aims to cultivate all three attributes in its trainees through a curriculum focused on the skills, knowledge and values needed for HRDI’s vision of effective human rights advocacy.

### *Training Programme*

The training course uses a clinical legal education (CLE) approach, which combines academic and practice-based methodologies. CLE is used in law faculties around the world and is widely recognised as an important tool for the development of practical lawyering skills that a purely academic education cannot teach. HRDI has also used CLE as a tool for social change as discussed under the heading “Values” below.

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<sup>9</sup> Annual Progress Report for 2012, p. 5.

The training consisted of an intensive five-month programme<sup>10</sup> plus a one-month training session and partnership forum held each year at HRDI. The one-month sessions focused on different areas depending on developments and needs identified during the year; some elaborated on topics covered in the intensive course, others introduced new topics such as setting up and running a law clinic. The monthly sessions and forums were also an opportunity for the trainees to report back to HRDI and share activities, issues and lessons learned with each other.

All of the graduates interviewed expressed strong appreciation for the intensive training programme. They reported having gained the ability to work with domestic, regional and international human rights instruments and mechanisms to address discrimination against vulnerable and marginalised members of society. Many said they had gained valuable interviewing skills, particularly on sensitive topics such as HIV. Others praised the modules on practical topics such as case file organisation, financial management, and other administrative skills as invaluable to setting up and running a legal clinic. The comments specific to the annual month-long training courses and partner forums were primarily that they were useful to refreshing and supplementing what they had gained from the intensive programme and to establishing and maintaining contacts with the other graduates.

The effectiveness of the training programme is also evident in the intervention strategies taken by graduates upon returning to their partner clinics. Prior to reporting to HRDI, the prospective students were required to perform a needs assessment in their local communities as a basis for developing an intervention strategy during the programme. Upon completing the course, they would develop an implementation plan and outreach strategy with their partner clinics. Of the respondents who reported having performed this assessment, none implemented the strategic plans they had developed during the project when they returned to their home countries. However, they did develop outreach and intervention strategies that responded to the circumstances they encountered on the ground and credited the training programme for their ability to do so.

### *Values*

The most distinguishing project element is its emphasis on values, which links up with the focus on personal transformation in the project's theory of change. The evaluators were struck by the number of interviewees who said they came through the programme personally transformed and directly credited HRDI for their commitment to "social justice lawyering".

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<sup>10</sup> Accredited as an LLM in 2010; see following section.

HRDI uses different methods to cultivate social justice values in its students. Reading assignments included philosophical and spiritual topics along with more traditional materials on international law, human rights and HIV. Group exercises focused on self-reflection, particularly as a tool for recognising and overcoming one's own prejudices. It also endeavoured to model the human rights principles of transparency, open dialogue, accountability and egalitarianism in its operations in and out of the classroom.

The most unorthodox – and arguably the most effective – element in the training programme is the manual labour students were required to perform on a weekly basis at a CBO. Activities included digging latrines, planting trees and other physical work. It was conceived as a way to foster compassion for the poor and a sense of egalitarianism within a traditionally elite professional group. The majority of HRDI graduates who were interviewed remarked on how the compulsory physical work brought home some of the difficulties facing the poor, and that this made them better and more committed human rights lawyers. Some of the graduates have continued to perform manual labour as part of community outreach in their home countries. They found that working alongside farmers or other workers established a sense of trust in the clients, which encouraged a more open and complete dialogue that allowed them to be more effective as advocates.

This approach to outreach was also effective in eliciting the clients' actual problems, which in many cases were either tangential or unrelated to HIV/AIDS. All of the graduates reported having used their training to help clients resolve these problems, which is a testament to the project's true effectiveness.

### *LLM*

In 2010 HRDI had the training programme accredited as a Master of Law Degree (LLM) in International Human Rights Law and HIV in Africa by the University of Pretoria, through collaboration with the university's Centre for Human Rights. In addition to the five-month training curriculum offered during the first phase of the project, the LLM training programme added a dissertation requirement. The degree programme ran for three years, 2011 - 2013, during which a total of 24 lawyers from the target countries obtained their degrees.

The LLM course work comprised three modules:

- (i) Theory and practice of international, regional and domestic human rights law;
- (ii) International, regional and domestic human rights law pertaining to people living with HIV and those at risk in Africa; and

- (iii) Strategic human rights lawyering for the protection of the rights of people living with HIV and those at risk in Africa.

In keeping with its mission of challenging elitism, HRDI strongly advocated for the university not to use a formal grading system in the LLM. Ultimately it was agreed that student performance would be assessed on a pass/fail basis.<sup>11</sup>

HRDI's establishment of the LLM represents an enormous achievement that gave its training programme strong legitimacy as well as greater practical value for the students. In fact, it took this important step so its graduates could have the credentials to be employed by law faculties of ULCs and other professional opportunities.

The main perceived shortcoming of the LLM among the students seems to be that the pass/fail grading system significantly diminished the value of the degree for advancing their professions. Several of the graduates told the evaluators that they had difficulty finding employment because their universities either did not recognise an LLM without a formal grade or found the classification "pass" insufficiently indicative of performance. A few who had been hired said their negotiating position *vis-à-vis* the university was weaker than that of their colleagues with traditional LLM degrees. HRDI has noted that the students were advised of and agreed that the LLM would be offered on a pass/fail basis during the application process. It is not known whether the students were or should have been aware of the implications of this aspect for their future employment.

The evaluators were surprised to learn that the LLM was planned to run for only three years and in fact had ended in 2013. Given the amount of time, effort and resources that went into developing and establishing the degree, as well as its evident effectiveness, the continuation of the LLM would have greatly increased the reach and sustainability of HRDI's efforts after it ceases to exist.

### Summary

The project was very effective in implementing Objective 1, both quantitatively and qualitatively. A total of 39 lawyers completed HRDI's training programme/LLM during Phase 2, of which 34 are still in the network. This exceeds the target of 30 trained lawyers still in the network. Additionally, others are still working in the human rights field with different organisations.

However, the most convincing evidence of this component's effectiveness is qualitative. Nearly to a person, the HRDI graduates said that the skills, knowledge and val-

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<sup>11</sup> Annual Progress Report for 2011.

ues they had acquired during the training programme enabled them to address human rights problems in their communities. It is telling that the majority of the graduates have continued to advocate for human rights despite facing considerable financial and social pressure to practice commercial law.

### **2.2.2 Specific Objective 2: To develop a network of 15 accountable law clinics that provide legal services to poor and vulnerable groups in the 11 target countries**

The Proposal gives the following indicators of success:

- (i) HRDI has a structured cooperation and works with at least 15 organisations in the 15 target countries.
- (ii) The partner organisations provide regular, accurate and reliable reports.
- (iii) The partner organisations provide legal services to the poor and vulnerable groups.
- (iv) The partner organisations work together.

*HRDI has structured cooperation and works with at least 15 organisations in the 15 target countries*

During the first phase of the project, HRDI worked in 10 countries and 5 more were added in the second phase. Currently HRDI is working with 16 partner organisations in 11 countries, 6 countries in Great Lakes and East Africa (Burundi, DRC, Kenya, Rwanda, Tanzania and Uganda) and 5 in Southern Africa (Lesotho, Malawi, Mozambique, Namibia and Zambia).

The partnerships with University of Botswana, Limpopo University in South Africa, CLAN in Kenya, University of Namibia, University of Nairobi, University of Zimbabwe were terminated during the first phase.

The partnerships with Eduardo Mondlane University Legal Aid Clinic and Centre for Human Rights; University of Rwanda, Law Development Centre, Legal Aid Clinic in Uganda and the University of Dar es Salaam, Tanzania were carried into the second phase from the first phase and are still operative.

During the second phase of the project, partnerships were established with University of Goma, DRC, University of Lubumbashi, DRC, Independent University of Kigali, Rwanda, GLIHD, Rwanda, Makerere University Uganda, Legal Assistance Centre, Namibia, the University of Zambia, Human Rights Legal Aid Clinic, the University of Lesotho, University of Malawi and Light University of Burundi.

The partnerships with Justice Aids Trust Zimbabwe, CRIDHAC in Kinshasa, DRC, University of Swaziland were terminated during the second phase.

Information gathered about all partner organisations can be found in Annex 4. The table above show that there are functioning law clinics in seven countries; in most cases there is one clinic per country, but there are three in Rwanda and two each in the DRC and Uganda.

HRDI has supported the establishment and strengthening of the partner organisations indirectly through the LLM training courses, one-month trainings and partnership forums and through direct financial and professional support and coordination of regional activities. Annual trainings were held in 2010, 2011, 2012, and 2013 and will be held in 2014 in Pretoria (for details see Chapter 2.2.1) and provided each partner financial support averaging ZAR 126,000 annually for two years or more for the partner organisations. During the period 2010-2013, from budgeted ZAR 3,843,965, a total of ZAR 2,263,600 was spent (59%). Spending was lower since collaboration with some partners was terminated, while others needed time to improve their financial routines and/or submit financial reports before they could receive the HRDI funds.

*Partner organisations provide regular, accurate and reliable reports.*

In the material sent to the evaluators, there are few reports from 2010 and 2011 (University of Dar es Salaam), some more from 2012 (Malawi and Ugandan partners) and from 2013 there seems to be a complete set of reports, at least from partners receiving funds. The reports are generally of good quality, reporting in sufficient details about the activities and challenges. The conclusion by the evaluators is that narrative reports demonstrate openness and accountability by the partner organizations.

The financial accountability has been assessed through interviews with HRDI and documents<sup>12</sup> about internal control procedures and documented communication with auditors, as well as the correspondence with the Financial Controller of the Joint HIV Regional Team at the Embassy in Lusaka<sup>13</sup>. The evaluators have found that HRDI have strong internal financial control mechanisms and are scrutinizing the use of funds both internally and by the partner organizations.

*Providing legal services to poor and vulnerable groups*

There are 10 fully functioning clinics, defined as providing outreach and legal services (see Annex 4). Another 3 law clinics are expected to become fully functional by September or at the end of 2014 (the Legal Aid Clinic at Moi University in Kenya, the Public Interest Law Clinic at Makerere University in Uganda and the Legal Aid Clinic at University of Zambia). One clinic is established but not yet fully functional (Faculty of Law at the University of Burundi). One clinic is not yet established (National University of Lesotho) and one partner is focused not on service provision but on policy and advocacy issues (Centre for Human rights at Eduardo Mondlane University).

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<sup>12</sup> Financial Controls with Respect to HRDI's Co-operation with its Partners

<sup>13</sup> Email 26 April 2013

All of the 10 law clinics that are deemed fully functional provide outreach, legal services and legal education to PLHIV and other vulnerable and poor populations in their communities. The other clinics are also providing some legal services and/or have some outreach activities, excluding the Centre for Human Rights at Eduardo Mondlane University, which is focused on policy and advocacy issues, and the Legal Aid Clinic at the University of Zambia.

As part of their contract with HRDI, the trainees undertook to develop a community outreach programme when they returned to their institutions as a basis for providing legal services. The data indicates that varied approaches were taken; some appeared to consist mainly of *ad hoc* visits to the communities, while others were more elaborated and integrated with other institutions. Some worked directly with members of CBOs, while others worked through partner NGOs on specific issues. Clinics that are awaiting official registration as legal service providers use the latter approach for both community outreach and legal service provision.

Most of the legal clinics are part of a university faculty of law, providing law students with practical training by receiving clients in the law clinic or through outreach, often in collaboration with community based organisations or NGOs. Some clinics have well-developed outreach activities, like the Legal Aid Clinic at Eduardo Mondlane University, which has three outreach programmes: one focuses on weekly visits and advice to prisoners; another on capacity building and advice for disabled people; and the third on domestic violence. This includes outreach services to one community, where the students raise awareness and provide legal consultations for the people living there. The law clinic collaborates with a CBO in the same community, working with children and is financed by EU.

The story of GLIHD provides another powerful example. Influenced by the HRDI training, its lawyers engage in outreach through a clever strategic alliance with one of the local government units known as “cells” in Rwanda. The cell representative has an office directly in the community centre, where he can both hear local concerns and provide information and advice. As part of a national decentralisation policy adopted in 2000, the national government entered into performance contracts with the local governments, specifying annual targets for public works and services. The lawyers requested a copy of the contract in a target community and approached the cell director, offering to help meet certain targets relevant to improving the lives of the poor, including in areas related to health provision and livelihoods such as small-scale agriculture. GLIHD now has a strong working relationship in which the government facilitates the partner’s work by calling meetings, making announcements and providing the community with useful information such as which seeds to plant for best yields or where to take fruits and vegetables for the best market prices, and the partner community outreach, manual labour and legal awareness and advice. GLIHD has also taken cases to court and provided direct legal representation and legal education via its interns.



The Legal Aid clinic at the University of Goma does outreach through community groups, e.g. of women living with HIV, and in internally displaced persons' camps. The Legal Aid Clinic at the Law Development Centre of Uganda holds "mobile camps" every few months to provide legal awareness and advice in remote areas and posts lawyers in the target communities for follow-up services. For additional details on services and outreach activities, please see the table in Annex 4.

Other law clinics have recently started outreach activities. At the Faculty of Law at the University of Burundi, the HRDI students have established contacts with a local support group and at a local hospital ward for PLHIV where they have been provided office space to meet with PLHIV and provide legal advice. The law clinic at the National University of Lesotho has identified a hospital for outreach and visits it monthly, bringing food packs to children who come in to get their HIV medicines.

All of the clinics that provide outreach activities are focused on poor and vulnerable groups. Several but not all specifically focus on PLHIV. It has not been possible for the evaluators to collect any statistics about the number of people that benefit from outreach activities, mainly because the law clinics do not have that information. Regarding the legal services provided either at the faculties of law or through mobile clinics, the number of clients has not always been recorded or was not easily available (see Chapter 2.2.4).

#### *The partner organisations work together*

The law clinics were intended to form a network developed or facilitated by the project and to work together. The project design also called for the partner law clinics to hold forums to identify common problems and develop common strategies to address them. The term "forums" includes discussion forums on websites; internet based conference calls on specific issues identified jointly with partner law clinics, study visits to centres of excellence and other relevant institutions and regular face to face meetings of all partner law clinics. One role of the centres of excellence was facilitating such forums and meetings.

The 2009 evaluation concluded that a more formal network structure be established with a governing body, a constitution, membership rules, etc. This recommendation was discussed between HRDI and stakeholders and does not seem to have been fully accepted. The project document suggested that an assessment be made as to whether a formal structure was required to enable the network to function effectively.

In the first annual progress report (2010), HRDI laid out two strategies; (i) traditional face-to-face processes and (ii) web-based processes. In the next annual report (2011), HRDI concluded that they had been successful in establishing the network, although there was still no formal structure as recommended by the evaluators in 2009. The Partner Forum in December 2012 seemed to have been a great success in terms of partner organisations working together during the meeting and organising sub-regional and regional meetings facilitated by the students. HRDI described its challenge as "not to interfere too much in the processes driven by the partner organisa-



tions”. At the Partner Forum in December 2013, there were sub-regional meetings to further discuss how to maintain the network after HRDI closes and each sub-region appointed people to follow up on decisions, a group of five were appointed to follow-up on the regional issues and certain specific issues were decided upon for each sub-region and for the region as a whole. The decisions do not seem to have been followed-up.

At the time of the evaluation, HRDI had created a Yahoo group (created during phase 1) and a Facebook page (created in 2010) and students reported that they had lists of all students’ e-mail addresses. As verified at the interviews with partner organisations, they mostly used the e-mail list just to stay in touch and for the occasional bilateral exchanges of information and advice. Information from HRDI informs that there have been several discussions regarding illicit financial flows, latest developments regarding Ebola and human rights, the chief justice of Lesotho, the developments on Business and human rights, specific postings regarding follow-up on the decisions regarding the network creation and English speakers helping French speakers with their dissertations. It is also reported by HRDI that trainees use Facebook to post developments regarding their institutions, their personal and professional lives and of course they comment on posts that HRDI writes relating to developments at the ACHPR and so forth.

However, during interviews with partner organizations they did not report that they used the web-based forums to identify common problems and develop strategies to address them. Face-to-face meetings took place annually as Partner Forums organised by HRDI in Pretoria. Except for a visit from the Zimbabwean partner (one person) to Namibia in 2010, there were no study visits organised, mainly because of the work load for all concerned parties. The partner in Mozambique convened meetings on social security and HIV in 2011, with participation of partners from other countries and PILAC hosted a forum in Uganda in 2013. Further, a meeting was organised by a group of five institutions in 2014.

There has been little progress on establishing a network of partners that work together to address common problems. This could be due to the lack of a clear strategy on how to proceed with the recommendations from the 2009 evaluation. However, it might simply indicate that the partner clinics have not seen the need for a network, as indicated from the interviews with partner organizations that said they are mostly using email to communicate. Whatever the reason – e.g. because they must first consolidate their operations at local and national levels, or because they currently have no plans to go in that direction – it is reasonable to assume that some form of network will develop organically if and when the partners view it as a potential resource.

### **Summary**

As of August 2014, there were 10 fully functioning law clinics in 7 countries providing community outreach, legal services and legal education to poor and vulnerable groups. Another three clinics (in Kenya, Uganda and Zambia) engage in community outreach and advocacy pending their formal registration as legal service providers

and collaborate with local NGOs for legal service provision in the meantime. They are expected to become fully functional in September or by the end of 2014. The volume of services provided varies widely between the law clinics. The number of functioning clinics and countries both fall short of the specific objective of having 15 clinics in 11 countries.

Narrative reports from partner organizations demonstrate openness and accountability by the partner organizations and the evaluators have found that HRDI have strong internal financial control mechanisms and are scrutinizing the use of funds both internally and by the partner organizations.

There has been little progress on establishing a network of partners that work together to address common problems.

### **2.2.3 Specific Objective 3: To develop one centre of excellence within an African university-based law clinic**

The original project document states that three centres of excellence should be developed. Progress reports repeatedly emphasised the importance of this Objective because it is directly related to the ultimate closure of HRDI and to the sustainability of the project outcomes beyond the lifespan of HRDI.<sup>14</sup> The indicators of success identified in the project document are:

- (i) HRDI has partnership agreements with three institutions;
- (ii) Three of HRDI's partners provide human rights and social justice training, legal services and community outreach to poor and vulnerable groups within their country;
- (iii) Three of the partner organisations act as a base for learning to other partner organisations within the region;
- (iv) Three of the partner organisations host sub regional forums;
- (v) Three of the partner organisations share responsibility with HRDI for building and maintaining the network of partners.

The first step taken in 2010 was to develop a conceptual framework for the establishment of the regional centres. According to the Draft Framework for Regional Centres, HRDI planned to identify and support the development of at least two centres in 2010:

- train three additional staff members,
- determine internal and external resources required with each,
- develop joint strategies to obtain the necessary resources and capacity,

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<sup>14</sup> Annual Progress Report 22 March 2012.

- develop a programme to enhance the capacity of the centre(s),
- assist each centre in developing an efficient and effective human rights and social justice training programme
- assist each centre in providing effective and efficient legal services and community outreach to poor and vulnerable groups.

In 2011 and 2012, it would facilitate a process whereby the centres would offer training to the other partner organisations through short study visits and host the HRDI partnership forums. The one month training programme would take place at a regional centre in 2013 and 2014.

Three potential partners were identified in 2010<sup>15</sup> and HRDI hosted a meeting with them in October 2010 to discuss their potential and interest in going in that direction. No decision was taken and no firm commitments seem to have resulted from the meeting, although HRDI continued working towards the goal of developing some or all of the three into regional centres.

In 2011, HRDI decided not to limit themselves to the identified partners but be open and see what would happen in 2012 with the development of the law clinics.<sup>16</sup> The definition of centres of excellence was redefined: *“In the end, HRDI does not see a regional centre of excellence replicating what it has done thus far, but to rather take on ideas, strategies, certain core foundational values and make it their own.”*<sup>17</sup>

In 2012, HRDI realised that developing three centres of excellence was not feasible, and decided to focus on the more realistic goal of developing one regional centre. The Legal Aid Clinic at the University of Malawi was introduced as a potential candidate. The development during 2013 was positive, with great engagement in community consultations prior to the session of the African Commission on Human and Peoples’ Rights (ACHPR) in Gambia in October 2013. The intention was that the legal aid clinic of the University of Malawi should evolve into an international human rights law clinic in 2014. HRDI suggested a study visit to a functioning international human law clinic, but this the group in Malawi did not follow through on this and when the evaluator visited the clinic in August 2014, no clear steps had been taken in that direction. The reason being that there is a need to build a strong legal aid clinic at national level before proceeding to take on the challenge and functions of a regional centre.

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<sup>15</sup> National University of Rwanda, University of Dar es Salaam and Moi University.

<sup>16</sup> This was decided upon after in-depth visits to the three proposed centres of excellence in Kenya, Rwanda and Tanzania and discussions during the HRDI board meeting in April 2011. (Annual Report 22 March 2012.)

<sup>17</sup> Annual Progress Report 22 March 2012

The clinic at Moi University in Kenya has recently shown promise as a future centre of excellence; however, it has yet to be formally established and fully functional, much less take on the additional mandate and responsibilities.

The evaluators did find that a partner organisation in Rwanda, Great Lakes Initiative for Human Rights and Development (GLIHD), has assumed more of a leadership role, in terms of community outreach and services, strategic activism and networking with other clinics in the region. Although it is an NGO, GLIHD has established an internship programme for law students and recent graduates.

The evaluators found that potential regional centres received the same support as other partners to develop legal services and community outreach to poor and vulnerable groups. The process of developing regional centres never reached as far as to determine internal and external resources required by the regional centre, or to develop joint strategies to obtain the necessary resources and capacity. The evaluators did not find any significant steps toward establishing centres of excellence during visits to potential candidates, although it should be noted that certain functions have been taken up by partners - for example the clinic at Moi University intends to run a Journal on Clinical Legal Education in Africa and have developed an LLM on Health Rights. The process of developing regional centres also never reached the state where other partner institutions undertake the one month training or hosted Partnership Forums. Although a lot of work was done by HRDI to develop regional centres, this did not materialize.

The indicators of success according to the project document for this objective are analysed in the following table.

*Table 3: Indicators of success for Centres of excellence/regional centres<sup>18</sup>*

<b>Indicator</b>	<b>Status in August 2014</b>
HRDI has partnership agreements with three institutions (changed to one institution in 2012).	HRDI does not yet have a partnership agreement.
One of HRDI's partners provide human rights and social justice training, legal services and community outreach to poor and vulnerable groups within their country.	No training similar to the HRDI training has been done by any of the partner organisations.
One of the partner organisations acts as a	No organisation has taken this role.

<sup>18</sup> The original objective was to establish three centres, but this was later changed and agreed to be one centre

base for learning to other partner organisations within the region.	
One of the partner organisations host sub regional forums.	There was a sub-regional forum in Kigali organized by a group of five partners and held at ULK in 2014.
One of the partner organisations share responsibility with HRDI for building and maintaining the network of partners.	Aside from the forum noted above, no partner has taken significant steps toward assuming HRDI's role as the driving force at the centre of the network.

### Summary

There is currently no regional centre and no candidate has made significant progress in that direction.

#### 2.2.4 Objective 4: To contribute to the development of human rights jurisprudence and conduct community based strategic litigation at a domestic, regional and international level

The full statement of Objective 4 is: "Contribute to the development of human rights jurisprudence and conduct community based strategic litigation within domestic, regional and international human rights forums, for example SADC Tribunal, East African Court of Justice, African Commission on Human and Peoples' Rights and African Court on Human and Peoples' Rights." The indicators of success are:

- (i) At least 900 cases are undertaken by partner organisations to poor and vulnerable groups and individuals;
- (ii) At least five community based strategic litigation cases are undertaken jointly by HRDI and its partners;
- (iii) Client communities receive effective representation on issues within the target areas;
- (iv) Relevant issues within target areas are addressed proactively.

To assess the effectiveness of this Objective, there must be an understanding of the phrase "developing jurisprudence". As stated in the project documents, HRDI takes a broad approach that includes quasi- and non-judicial mechanisms and alternative dispute methods such as mediation. This approach is appropriate to international human rights jurisprudence, which comprises more soft law and is developed more incrementally than, e.g., commercial law. However, the evaluators note that the strategic litigation component refers to formal judicial processes with legally binding outcomes as evidenced by the phrasing of activities in terms of courts, cases, evidence and, most telling, compliance with decisions. This is also appropriate as the nature of

strategic litigation is to maximise impact in terms of both the enforceability of the decision and the number of people affected.

*At least 900 cases undertaken by partner organisations*

In quantitative terms, Objective 4 was effectively implemented. Project documents and interviews indicate that partner organisations undertook well over 900 routine cases on behalf of poor and vulnerable groups and individuals.<sup>19</sup> Most were resolved without litigation, including through discussions, mediation, administrative action, petitions to government officials.

Given the number of cases and extremely limited data from partner reports, it is difficult to assess the overall effectiveness of the representation; however, an extrapolation of the data from all sources (reports, submissions, meetings, interviews) suggests that the majority of individual clients received effective representation in routine cases taken under the project.

According to the progress reports, HRDI assisted partners with legal cases and policy and legislative development. For example, it advised on and reviewed pleadings for its partner in Namibia representing a worker forcibly tested for HIV and subsequently fired and assisted with and reviewed research for a partner submission to the government of Rwanda on the issue of decriminalisation of sex work.

*At least five community-based strategic litigation cases*

The project was less effective in implementing the strategic litigation component of Objective 4 as designed. At the time of writing, only one case has gone before a court (outcome pending).

Based on information in the progress reports and meetings with HRDI, there were a couple of reasons for this shortcoming. First, the project design underestimated the time and partner capacity required to undertake such complex legal cases. There were also difficulties finding appropriate and willing clients to represent the interests of the larger community.

In response, HRDI implemented the strategic litigation activities primarily through alternative mechanisms. First, it played a key role in establishing the quasi-judicial HIV Committee of the ACHPR (HIV Committee). This is a significant achievement in that it has raised the profile and legitimacy of HIV/AIDS concerns in Africa and provided a mechanism for specific issues to be addressed. It then supported partners in using this and other mechanisms to pursue the following strategic cases:

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<sup>19</sup> The precise number of cases is unknown because reporting requirements ended for some partners during Phase 2.

- *Unlawful Clinical Trials:* A South African company conducted clinical trials in Tanzania on 64 people after being refused permission to conduct the same trials in South Africa. HRDI and the partner organisation in Tanzania filed a case on behalf of five affected people <sup>20</sup>. Summons were issued and the case heard in late 2013 and was due for second hearing in the early part of 2014 (the result is pending at the time of the evaluation).
- *Pre-Employment Testing:* A multinational cellular provider conducted mandatory pre-employment HIV screening on applicants. The identified client was not willing to be named because she had been hired so litigation was impossible. HRDI and partners made a written submission to the HIV Committee requesting that it invoke its power to engage non-state actors to address the problem. The ACHPR sent a letter to the company on behalf of the HIV Committee (the result is pending at the time of the evaluation).
- *Claimed Cure of HIV:* A traditional healer claimed to have a cure for HIV. In response, the Government of Tanzania built roads to his village and a cemetery for people who died *en route*. HRDI and the partner organisation made a written and oral submission to the HIV Committee. In 2013, The ACHPR sent a letter to the Government on behalf of the HIV Committee. HRDI plans to follow up in 2014 to ensure that the government responds to the Committee and takes corrective actions. (Outcome pending at the time of the evaluation.)
- *Hospital Prisoners in Burundi:* People were detained in public hospital for non-payment of fees following treatment. In May 2014, HRDI and the partner organisation made a submission to the HIV Committee, requesting that it (i) invoke its power to engage state actors, (ii) investigate the patient's circumstances and take corrective steps to ensure she is discharged from hospital, and (iii) investigate whether there is a more widespread practice and correct the practice and bring it in line with international and regional human rights standards.
- *Disabled Children in Kenya.* A state-run juvenile detention centre in Kenya has been holding children in need of care (e.g. homeless, disabled) together with offenders. Kenya partner ULC consulted with the centre and local officials to advocate for establishment of a juvenile care facility. A submission was made to the ACHPR working group mentioned above, by HRDI in conjunction with Moi University Legal Aid Clinic.

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<sup>20</sup> HRDI Annual Progress report 2012



The evaluators recognise that the project has responded to obstacles creatively, taking the best available path toward the objective. It is also true that quasi- and non-judicial mechanisms such as the ACHPR and special rapporteurs are useful to developing jurisprudence. The observations, resolutions, decisions on communications, general comments, guidelines and other issuances of regional and international human rights bodies have authority and persuasive value that can lead to developments in laws as well as policies. However, it must be noted that these alternative mechanisms are less effective for developing jurisprudence in terms of producing enforceable decisions and, in the case of common law countries such as Kenya and Tanzania, of building or shaping a body of law.

It is difficult to assess whether or how the use of quasi-judicial forums affected the outcome of this Objective. This is partly a problem of causality, or whether a project intervention brought about or contributed to a given outcome. It is also a problem of evaluability, i.e. whether the project's effectiveness can reasonably be assessed at the present stage and with the available data.

In some respects, measuring a change in jurisprudence is more a question of impact – in terms of depth, scale and of time frame of the results – than of positive or negative outcomes. It is hard to imagine how a relatively small intervention implemented across several countries in five years could be expected to effect a discernable shift in a cumulative body of jurisprudence at national or regional level. Once again, the shortcomings in measurable effectiveness are mainly due to the unrealistic formulation of the objective rather than to a lack of meaningful and relevant achievements.

### **Summary**

In terms of furthering the overall development goal of increasing access to justice, the interventions under Objective 4 were largely effective. Based on reliable estimates, the project met the quantitative target of 900 routine cases taken by the partners (indicator (i)). Clients received effective representation (indicator (iii)) and relevant issues within target areas were addressed proactively (indicator (iv)).

In terms of furthering the stated objective of developing jurisprudence, the project has had significant achievements. It was instrumental in establishing the HIV Committee and made progress through cases that went through mechanisms whose impact went beyond the immediate parties, such as mediation with public officials and submissions to the ACHPR and special rapporteurs.

The project was less effective in reaching the target of five community-based strategic litigation cases (indicator ii), due to a combination of (i) overly-ambitious planning and (ii) circumstances beyond the control of HRDI or its partners. Its alternative focus on quasi- and non-judicial mechanisms such as the ACHPR and the UN Special Rapporteur on Health, while valid, has less potential for effectiveness than judicial forums because their outcomes do not require compliance or, in the case of common law jurisdictions, directly affect the law.



### 2.2.5 Specific Objective 5: To promote grassroots involvement in regional debates

“Respond to key HIV related issues and influence debates that arise from regional economic communities and the African regional system to the extent that it impacts on grassroots organisations and vulnerable groups in the 15<sup>21</sup> target countries.” The following indicators of success are given:

- (i) Domestic, regional and international judicial and quasi-judicial structures address the issue of discrimination of people living with HIV/AIDS to a greater extent;
- (ii) Community based organisations and paralegals have greater awareness of and are able to access domestic, regional and international human rights forums when necessary;
- (iii) Grassroots organisations and vulnerable groups in the 15 target countries have greater visibility in debates on issues that affect them at the regional and sub - regional level.

The Objective’s formulation makes it difficult to discern the intended outcome. “Respond to key HIV issues” is phrased as an activity rather than an objective, while “influence debates that arise from regional economic communities and the African regional system to the extent that it impacts on grassroots organisations and vulnerable groups in the 15 target countries” is wordy and unclear. The implementation plan is also vague, assigning all of the activities to “HRDI and partners” without specifying the different parties’ roles and responsibilities.

As noted in Chapter 2.1, the indicators are formulated more as objectives than as measurable steps toward the intended outcome. They are sweeping and lack geographic, numeric or other specificity; a literal reading would have them apply to all community organisations and judicial institutions in the target countries, not just those involved in the project. Because they lack quantitative or other objective qualifiers, these indicators are of limited use in accurately assessing the effectiveness of Objective 5.

Nonetheless, the project made some tangible achievements under this component. Among the most noteworthy, HRDI:

- obtained observer status with the ACHPR.
- brought a representative of a Ugandan CBO of women living with HIV to a session of the ACHPR under its own observer status. She later became one of the experts on the HIV Committee.

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<sup>21</sup> Revised to 11 as stated above.

- supported trainees in bringing issues gathered during community consultations to the attention of the ACHPR, including on:
  - discrimination against PLHIV in Rwanda's one family one cow poverty alleviation programme;
  - Uganda's anti-homosexuality legislation;
  - injustices in Malawi's government fertiliser subsidies program;
  - orphaned children being able to claim government benefits in Lesotho;
  - excessive fees for the poor under new health insurance programme in Rwanda;
  - the rights of mineworkers in DRC.
- brought a group of trainees in a regional meeting at the EAC regarding a proposed HIV bill.
- supported the Coalition of African Lesbians in applying for observer status with the ACHPR (to date not granted).
- raised issue of human rights implications of capital flight with ACHPR.
- hosted a dialogue between the HIV Committee and the UN Special Rapporteur for Health; also present were CBO representatives, AIDS Rights Alliance for Southern Africa, UNAIDS, Centre for Human Rights and Centre for the Study of AIDS.

### Summary

Despite the formal weaknesses in how Objective 5 and its indicators are stated, the evaluators have found that this component was effective in bringing grassroots concerns to regional forums and, in some cases, in influencing the conversation regarding the human rights of PLHIV and other vulnerable groups.

#### **2.2.6 Overall objective: To protect and promote respect for the rule of law and human rights in the Great Lakes, East and Southern African Regions through increasing access to domestic, regional and international human rights forums to the poor and vulnerable groups in society**

The indicators for assessment of the overall objective as defined in the Results Framework are:

- (i) Cases taken to the domestic, regional and international human rights forums;
- (ii) Implementation of decisions made by domestic, regional and international human rights forums in affected countries;
- (iii) Three centres of excellence established;
- (iv) University based law clinics and other partner NGOs have adopted a more focused human rights approach to their interventions;
- (v) Increased awareness and use of domestic, regional and international human rights norms and standards among lawyers who represent client communities at a grassroots level in the target countries in the Great Lakes, East and Southern African regions;

- (vi) Increased number of lawyers in target regions pursue social justice and human rights agendas.

The 2009 evaluation concluded that the objectives of the project were relevant, but had not been possible to reach within the three years of Phase 1. The project was based on an implementation plan that was not realistic; it presupposed organisational set-up and a network of committed partner organisations that did not exist at the start. The most visible success of the project was according to the 2009 evaluation, the training programme that was implemented in 2006, 2007 and 2008.

There has been progress in 2010 - 2014. In some instances, the specific objectives assessed above provide useful indicators. Cases have been taken to courts, mostly domestic courts and in a few instances to regional or domestic human rights forum. Law clinics have adopted a more human rights-focused approach, mostly in their approach to outreach activities, and the graduates and their colleagues have an increased awareness of the use of domestic, regional and international human rights forums, through the training at HRDI. As a result of the HRDI training, there are more lawyers working on social justice and human rights issues, mostly working with assisting individuals and communities. The indicators are more thoroughly analysed under the specific objectives.

An obstacle to achievements and consolidation is that several partnerships with the initial partner organisations and some new partners from the current phase have been terminated (Botswana, Zimbabwe, South Africa and Swaziland) and new partners have come on board (Lesotho, Malawi and Burundi). Another is that the organisations are part of an institutional and national context that in some cases has limited their development.

### Summary

Not surprisingly, the evaluators found that the effectiveness of the different components corresponds to HRDI's relative degree of agency across the three spheres of control, influence and interest:

- HRDI's *sphere of control* is limited to its own operations and activities, e.g. developing the training course, drafting submissions to the ACHPR, organising partner forums, etc. By definition they do not include the effective delivery of the relevant output to or with another actor.
- Moving outward along the continuum, HRDI's *sphere of influence* extends to components and activities in which it is directly involved with other project actors, e.g. training individual lawyers to be social justice activists (arguably closest to the sphere of control); providing legal and technical support to partner clinics; developing the LLM with the University of Pretoria; assisting other organisations in applying for observer status at the ACHPR, holding partner forums. On the outermost border of this sphere are legal outreach and services that the clinics provide to individual clients.

- HRDI's *sphere of interest* comprises interventions over which it has less control or influence due to external factors. The creation of a network of clinics, establishment of a centre of excellence, participation of grassroots organisations in regional forums and debates. All approach or enter the project's sphere of interest. In each of these cases, the project can help lay the groundwork (e.g. through sensitisation, capacity building, advising and guiding), but successful implementation requires (i) the initiative of actors other than HRDI and/or (ii) a conducive environment (political, societal, legal, etc.). The effectiveness of the grassroots dimension is not on par with the network and centres of excellence.

The overall objective is still not achieved, although there has been considerable achievements during the period 2010 – 2014.

## 2.3 RELEVANCE

### 2.3.1 Relevance in relation to the context and identified problems

The project documents identify the *development problem* as the gap between international human rights norms and the reality of poor and vulnerable people in the target area and the *causal problem* as a lack of access to justice. The project is relevant to both problems because it focuses on increasing access to justice as a means of addressing human rights issues at the grassroots level.

It is also relevant to the prevailing context in the target area. It not only considers the constellation of political, economic and social tensions surrounding HIV/AIDS in the target area, it directly addresses them at individual, institutional and systemic levels:

- By focusing on improving the human rights of PLHIV and other vulnerable groups, it aims to mitigate the impact of those tensions on individual lives and societal attitudes.
- By pursuing individual and strategic human rights cases and participating in regional forums, it seeks to improve the legal and institutional capacity to respond to the related/consequent human rights issues.
- By promoting grassroots involvement in civil discourse as well as individual transformation, it seeks to address the root causes of those tensions and drive the demand for change.

### Summary

The project is extremely relevant to the identified problems as well as to the context, both of which persist to date. It presents appropriate solutions to address complex problems at individual, institutional and systemic levels.

### 2.3.2 Relevance for the university based law clinics and community-based organisations, lawyers and law students

The core of the project is training social justice lawyers so its relevance to the needs of lawyers who wish to take that direction is evident. As discussed in Chapters 2.1

(Project Design) and 2.2.1 (Effectiveness), the knowledge, skills and values it aims to impart are useful to any legal practice and to human rights lawyering in particular.

The project target group includes law students, but there is very little mention of them in the outcome objectives or results chain. However, it is quite relevant to their needs because it aims to improve the capacity of the institutions responsible for their legal education. The HRDI graduates who had a teaching role in their partner institutions said that the training provided a strong model for teaching international human rights using the CLE approach. This finding was supported by the law students participating in the clinics taught by the graduates. When asked what they most appreciated about their experience, several cited the same HRDI-based methodologies that the graduates had reported using, particularly the exercises to confront personal prejudices and combat elitism.

By design, the project is relevant to the partner organisations to the extent they are concerned with being (or having) a clinic that provides legal services to poor communities and, in the case of ULCs, with teaching human rights lawyering. The interviews with members of the university faculties and administration indicate that the project has increased the visibility and popularity of human rights clinical practice among law students and has sensitised their colleagues to the importance of having such clinics at the university. The project's relevance to the partner organisations is primarily based on its relevance to the returning graduates and, to a lesser degree, on direct project assistance and support.

The project is also relevant to the CBOs, NGOs and CSOs that partner organisations collaborate with to provide community outreach and legal services in that it provides both vehicle and content to increase their capacity, visibility and legitimacy, and to raise awareness for their causes.

### Summary

The project has been relevant to the ULCs, CBOs, lawyers and law students that have been involved in or affected by the interventions. Its relevance to these groups in the target countries that were not involved in the project is largely hypothetical due to the project's limited size, duration and scope. A possible exception is law students, for whom the project has the potential to be increasingly relevant with every new generation that is taught or supervised by a HRDI graduate or someone who uses the HRDI approach and methodologies.

#### 2.3.3 Relevance for the PLHIV and other poor and vulnerable groups

The problem statement in the project document begins with: *“How can any organisation presume to promote democracy, good governance human rights and social justice in Sub Saharan Africa without tackling the HIV/AIDs pandemic?”* In fact, the HIV/AIDS pandemic dominates the problem statement of the HRDI project. The strategic approach of the project document defines the target group as *“Consequently, while this project does focus on HIV related discrimination its target group is wider and includes the larger group of poor and vulnerable people.”* Thus the ultimate ben-

eficiaries of the project are defined as people who face discrimination and stigmatisation due to HIV/AIDS and poor and vulnerable groups as a whole within the target countries.

The focus on PLHIV and other poor and vulnerable groups has guided the outreach activities of the law clinics supported by HRDI. Annex 4 provides an overview of the outreach activities by all the law clinics. All of the 10 functioning law clinics are providing legal services and outreach activities directed at poor and vulnerable populations and communities.

Although legal services have been directed to the defined target groups, there has also been some focus on the specific problems with HIV-related discrimination and stigma and of certain subgroups mentioned in the project document, for example LGBTI groups, people with disabilities in Kenya, children in Lubumbashi, IDPs in Goma. Other subgroups such as women have received more tailored services, for example in cases of land-grabbing.

### **Summary**

Overall, the project has been relevant for PLHIV and other poor and vulnerable groups, with the degree of relevance varying according to the level of specificity with which it addresses the problems specific to different groups. This relevance is to some extent undermined by the limited coverage of legal services and outreach activities has limited the number of beneficiaries.

#### **2.3.4 Relevance for key stakeholders and other initiatives in the target areas**

Due to the limited time allocated for the field visits, the evaluators solicited the views of key stakeholders on the project's relevance to their institutions via questionnaire<sup>22</sup>. Of the nine contacted, only four responded so the data, while informative, are insufficient to support reliable findings. The list of key stakeholders agreed during the inception phase is in Annex 3 to the Inception Report.

The project is extremely relevant to the ACHPR, particularly its HIV Committee, which HRDI played a key role in establishing. According to the Chairperson, joint submissions by HRDI and partner organisations have brought the Committee's attention to emerging issues concerning human rights violations related to PLHIV and other poor and vulnerable people. The Committee has also benefitted from HRDI's assignment of graduates to support the Committee in particular and the Commission as a whole in the execution of its mandate to protect and promote human rights.

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<sup>22</sup> Letter and interview questions are attached as Annex 6

The project is also relevant to the Centre for Human Rights and the Centre for the Study of AIDS at the University of Pretoria, with whom they have coordinated activities and made joint submissions, and to the Coalition of African Lesbians, which HRDI has supported in applying for observer status with the ACHPR. Its relevance to the other key stakeholders appears to be primarily in the visibility that guest lecturers and their institutions have gained through their involvement in the project. Examples include the then-President of the African Court of Human and Peoples' Rights, the UN Special Rapporteur on the Right to Health, the UN Special Rapporteur on Violence Against Women.

The evaluators did not observe much of a nexus between the project and bar associations, regional economic communities such as SADC and the EAC, but they did not interview or survey these institutions so a lack of apparent relevance does not necessarily indicate irrelevance. Similarly, there was no information regarding the project's alignment with other stakeholder initiatives in the project area.

### Summary

The project was aligned with the needs and priorities of most key stakeholders by virtue of their shared vision regarding human rights and HIV/AIDS. In real terms, it was most relevant to the ACHPR and its HIV Committee, and to a lesser extent to the University of Pretoria's Centre for Human Rights and the Centre for the Study of AIDS.

#### 2.3.5 Relevance in relation to Sida Regional and Human Rights strategies and policies

In the assessment memo to the Embassy of Sweden in Zambia, HRDI's initiative was found to be in line with the outcome goals of the draft Regional Strategy for Sub-Saharan Africa. Specific emphasis is placed on the need for strengthened leadership and increased respect for human rights as a strategic response to the fight against HIV and AIDS. The project was also found to be in line with the 2008 policy document *"The Right to a Future: Policy for Sweden's International HIV and AIDS Efforts"*, which specifically identifies respect for human rights and the promotion of gender equality as points of departure in the fight against HIV and AIDS (paragraph 4.2) and emphasises the importance of upholding civil and political as well as economic, social and cultural rights as key to an effective response to HIV and AIDS. The document further acknowledges rights of men who have sex with men and of injecting drug users as populations at risk whose rights should be upheld. Both these groups were included in HRDI's draft resolution and was ultimately included in the mandate of the HIV Committee. The Embassy also found that interventions by the HRDI aim of promoting human and people's rights are in full conformity with Swedish policies on human rights.



The Swedish Strategy for regional work on HIV and AIDS in sub-Saharan Africa<sup>23</sup> was adopted in 2012. Although this strategy was not known at the time the project was designed, the project did to some limited extent contribute to the expected results of increased number of women that participate in national and regional political processes addressing HIV/AIDS and Sexual and Reproductive Health and Rights (SRHR) issues and to increased participation from civil society in national and regional fora where issues and areas covered by this strategy are addressed.

Some other issues raised by the programme are the work with the HIV Committee's mandate that includes men who have sex with men, HRDI's intervention regarding the ACHPR's denial of the Coalition of African Lesbians observer status application, HRDI's strategy regarding the Ugandan and Nigerian anti-homosexuality legislation at the ACHPR. These are all issues that relates to the expected results of the strategy regarding increased documentation of human rights violations against LGBTI persons as a means of influencing policy-makers, a more active public debate around legislation which criminalises same-sex relations and increased participation by LGBTI persons in policy processes in national, regional and global forums.

### Summary

The project was relevant in relation to the Swedish strategies that existed when the project was designed and agreed.

#### 2.3.6 Gender relevance

In its assessment memo, the Embassy wrote that HIV disproportionately affects women much more than men and that women in marriage are more at risk of contracting the virus than those outside marriages. This is primarily because of unbalanced gender powers at play in marriages where women have no direct right to demand safer sex, even when they have a cause to suspect that the husband has been going out with other women. Furthermore, the assessment memo says that HRDI aims at raising the awareness of individual rights which will touch on sexuality and seek to challenge social norms which place women and girls at a disadvantage.

The evaluators agree. However, they have found that national implementation focuses more on individual needs of the target group, and not explicitly addressing gender awareness or policy issues in the societies.

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<sup>23</sup> Swedish Strategy for regional work on HIV and AIDS, sexual and reproductive health and rights (SRHR) and on the human rights of lesbian, gay, bisexual and trans-sexual (LGBT) persons in sub-Saharan Africa, dated 2012-03-29.



### Summary

The project document does not specifically mention gender issues, but in practice, the evaluators found that activities in countries were often focused on women, women living with HIV, women as victims of domestic violence, etc., which made the project relevant from a gender perspective.

## 2.4 EFFICIENCY

### 2.4.1 Appropriate and economical use of resources to produce the desired results and accountability and transparency in the use of resources?

The Assessment memo states that in Phase 1, HRDI implemented the activities within the budget framework and had left over funds (MSEK 3.7). Part of the reason for under-spending was the prudent use of resources and the searching for cheaper means of acquiring services. The evaluators have analysed the spending during Phase 2.

The total agreed budget for HRDI 2010 - 2014 was SEK 23 300 000. The evaluators have assessed budget and spending, according to available information for 2010 – 2013. The financial reports as part of the annual reports provide excellent information on spending and explain the reasons for over- and under-spending.

Table 5: Expenditure (ZAR) 2010 – 2013

Year	Budget	Actual spending	Variance (%)
2010	4 523 598	3 033 517	33%
2011	5 915 329	4 772 871	15%
2012	6 879 568	5 794 300	16%
2013	6 594 003	4 795 021	27%
Total 2010-2013	23 912 498	18 395 709	23%

During the period 2010-2013, the project spent 23% less than what was budgeted. Under-spending in areas related to the project outputs of developing jurisprudence, building a cadre of social justice lawyers, developing centres of excellence and developing a regional network, together accounted for under-spending of 42% in 2010. In 2011 the under-spending on the same project output related costs were 42%, in 2012 it was 45% and in 2013 it was 49%. Direct contributions to university law clinics have an under-spending of 68% in 2010, 7% in 2011, 12% in 2012 and 66% in 2013.

HRDI explains that the under-spending on areas that are related to the project outcomes has not affected the achievements. The under-spending on contributions to law clinics happened because there were fewer law clinics continuing the collaboration and some others needed to sort out administrative procedures to minimize the risk of funds being used for other purposes. The main reason for under-spending is explained by HRDI to be prudent spending. The annual financial reports give good evidence and examples of prudent spending for salaries, professional fees, travel and costs for

meetings and conferences. Prudent spending sometimes includes cooking the food for participants, which has been much appreciated and cheaper than catering services.

HRDI has been conscious about analysing whether the under-spending has affected the activities and the achievements of results and has concluded that it has not. This is well argued in the financial reports.

For the period 2010-2013, on average the under-spending on output related activities was noted above to be around 45%. This raises the question if more spending could have increased the achievements.

- For the training, more money spent would probably not have had any impact since that objective was reached and both spending and savings are well motivated;
- For the establishment and strengthening of law clinics, this was probably not limited by financial resources, except for the networking, but more by human resources and internal processes at the partner universities;
- For the regional centres, little money was spent and the same limitations apply. More money could also have jeopardised the sustainability;
- For the development of jurisprudence and grassroots involvement, these areas could probably have benefitted from more financial resources, but that would have had to be coupled with more organisational efforts from HRDI. This in turn would probably have required more staff, able to work more intensely with partner organisations and visiting them more frequently.

Since the total under-spending is nearly one quarter of the project budget, the overall efficiency question is whether the money could have been reallocated in some way to increase achievement of the overall objective. The evaluators judge that there were possibilities of spending more resources on Objectives 4 and 5, and possibly more on creating a network, and also note that these options do not seem to have been proactively considered by HRDI or the Embassy of Sweden.

#### **2.4.2 Institutional arrangements**

The project team at HRDI seems to have a lean management structure, working well with each other and working as an efficient team. The internal structure seems to be conducive to efficient and effective project implementation. For most of the project period, the project implementation team at HRDI consisted of five persons:

- Asha Ramgobin, director
- Dan Bengtsson, deputy director
- Christian Tshimbalanga, partnerships
- Hester Rossouw, administration
- Gideon Mpako, maintenance and student's manual work

This is the entire staff at HRDI and there are no other activities at HRDI besides managing the Sida supported project. In 2010 one of the lawyers left the project and was not replaced. The team initially also included a social scientist who left the project in 2011 and it was decided not to replace her. In 2013, the team member responsible for

partnerships reduced his time working with the project and started working only part time.

The evaluators are aware of the difficulties to recruit additional staff members with the same attitude and vision as the team has, and we are also aware of the efforts that HRDI has made to recruit substitutions. However, considering that the objectives related to developing regional centres and establishing a network of partners working together has not been achieved, the project management would probably have benefited from at least one more staff member.

At country level, HRDI has primarily interacted with universities and faculties of law. The partner organisations supported by HRDI have interacted with NGOs and CBOs. There has also been some, but limited interaction with other national organisations like, government institutions, judicial bodies and legal professions.

As described in Subchapters 2.2.4 and 2.2.5, there has been substantial interaction at regional level, with the African Commission on Human and Peoples' Rights, and also with the African Court. At international level HRDI has interacted with the UN Special Rapporteur on the Right to Health and the UN Special Rapporteur on Violence Against Women. Several of them have been lecturers on the HRDI training courses.

### Summary

Total under-spending is nearly one quarter of the project budget. The evaluators judge that there were possibilities of spending more resources on Objectives 4 and 5, and possibly more on creating a network, and also note that these options do not seem to have been proactively considered by HRDI or the Embassy of Sweden.

The major part of the interaction with key stakeholders at domestic, regional and international level has been focused on a few strategic stakeholders, at regional level particularly the extensive interaction with the African Commission on Human and Peoples' Rights.

## 2.5 IMPACT

The evaluators had a limited opportunity to gauge the project's long-term impact because it is too soon (activities are still on-going) and because a rigorous impact assessment could not be undertaken within the scope of the evaluation. The evaluation team has to the extent possible looked at plausible impact on the individual HRDI graduates and clients involved in legal service provision.

### 2.5.1 Impact for the HRDI graduates and the university based law clinics

#### *HRDI Graduates*

The primary – and arguably most reliable – source of data regarding the project's impact on HRDI graduates came from interviews with the graduates themselves. Other sources included interviews with law faculty members and colleagues, partner NGOs and CBOs, local leaders (government and traditional) and clients. To a lesser

degree, this impact can be inferred from progress reports and HRDI's information during meetings.

The evaluators found that the project's greatest impact was on HRDI graduates. Every interviewee reported that the project irrevocably changed their attitudes and abilities as lawyers. This impact was almost completely attributed to the training course.

They reported – and demonstrated – having gained a range of valuable knowledge and skills from the course, from a solid understanding of regional and international human rights instruments and how to apply them to individual cases to ability to effectively interview clients and identify the important issues. Interviews with law faculty and clinic colleagues indicate that they recognised the project's impact on the graduates and how that made them better and more effective lawyers.

One HRDI graduate in Rwanda recounted a situation in which he was “unable to turn away” – one of HRDI's characterisations of a social justice lawyer – when he saw a disabled girl tied to a tree. He intervened by speaking with the girl's family, who said she was tied up for her own protection. When he explained that this treatment violated her human rights, they freed her and looked after her in other ways.

The project's deep, personal impact on the graduates is discussed in Section 2.2.1.

#### *Law Clinics*

As noted in Chapter 2.2.2, there are now 10 functioning law clinics that have been supported by HRDI. Another 3 law clinics are supposed to be fully functioning by September or at the end of 2014 (the Legal Aid clinic at Moi University in Kenya, the Legal Aid clinic at University of Zambia, and the Public Interest Law Clinic, Makerere University). All of the 10 clinics deemed to be functional are providing legal services and have outreach activities legal services and legal education to serve vulnerable and poor populations including PLHIV. HRDI's inputs to this component comprise the LLM/training courses including books, other reading materials, computers, the annual trainings and partnership forums and direct financial and technical support.

The findings on the project's impact on the law clinics are based on the field visit interviews, evaluator's observations, meetings with HRDI and to some extent on the progress reports. The impact on the clinics is different for different clinics, depending on the status of the clinic before the support and the development during the project period, as shown in the following table.

*Table 6: Impact on operational law clinics that can be attributed to the support from HRDI*

Law clinics	Impact
Legal Aid Clinic at University of Goma	Clinic lawyers conducted outreach in IDP camps; pursued problems with hospital's supply of ARVs (expired, fees) directly and obtained favourable outcomes; advises CBOs for women living with HIV on their rights, particularly family and property rights. This clinic did not exist before HRDI's

	partnership with the University.
The Law clinic at the University of Lubumbashi	Establishment of the clinic in 2013, providing legal services.
Legal Aid Clinic at National University of Rwanda	Law clinic since 2001, established HIV unit in 2006 with HRDI contract. Use of international human rights law to support cases; greater focus on identifying, remedying discrimination related to HIV and disabilities; uses HRDI outreach techniques such as manual labour. There was also no outreach before HRDI's partnership.
Independent University of Kigali	Clinic since 2001, but more like traditional law course until HRDI graduate returned in 2013, when it began community outreach, awareness-raising, advice and advocacy (however, no human rights focus).
Great Lakes Initiative for Human Rights and Development	Clinic started in 2011 by HRDI graduate; proactive, provision of legal services, strategic advocacy (liaising with local government officials, partnering with national and international NGOs with common causes); use of manual labour and home visits to overcome barriers during community outreach.
Legal Aid Committee of University of Dar es Salaam	The clinic for the first time in 2012 managed to revive its outreach programme after establishing partnership with Watoto Wetu orphanage centre <sup>24</sup> . The clinic had no full time staff but was totally dependent on law teachers who volunteered before HRDI's partnership.
Legal Aid Clinic at the Law Development Centre, Uganda	Extensive community outreach; periodic mobile clinics far from Kampala for training and awareness, advice; posting lawyers in remote areas to gain confidence of community and understanding of issues.
Public Interest Law Clinic, Makerere University	Use of CLE and HRDI methodologies in teaching law students (e.g. anti-elitism exercises). Not fully functional as law clinic; registration as service provider pending at time of field visit. Periodic outreach in four poor communities around Kampala; liaising with community leaders to inform residents of their rights – primarily marriage and property rights for women. PILAC did not exist before HRDI's partnership with the Law Faculty. Its establishment was a direct result of HRDI's support.
Legal Aid Clinic, University of Malawi	The clinic re-started in 2012 and is now operational with focus on PLHIV. There is and increased focus on human rights issues, i.e. commercial law activities focus on employment issues, small traders and the impact on new laws on ordinary people. Growing understanding, knowledge and passion for causes of human rights and HIV/AIDS issues. <sup>25</sup>

<sup>24</sup> Annual report 2012. Legal aid Committee. University of Dar es Salaam Law School.

<sup>25</sup> Annual Progress report 2013. Human Rights and HIV and AIDS Legal aid clinic, Chancellor College.

	Legal services also conducted under the HIV Clinic. The other focus areas include a disability rights clinic. The clinic has the capacity to carry out human rights awareness campaigns, as demonstrated in 2014 at Police Secondary School in Zomba and Machinga Teacher's Training college. <sup>26</sup>
Legal Aid Clinic, Eduardo Mondlane University	The outreach methods from HRDI were put into practice and the clinic is providing regular outreach activities.
The Legal Assistance Centre, Namibia	Namibia was not visited by the evaluators. The centre is providing outreach to rural areas of Namibia with support from HRDI. The Legal Assistance Centre litigated at least one case on forced sterilisation of HIV positive women in Namibia, effectively developing jurisprudence.

As the table shows, the findings indicate that most of the partner clinics have undergone changes that can comfortably be attributed to the project, including an increased focus on human rights; more community outreach; use of international human rights law to support cases.

However, it is too soon to characterise these changes as evidence of the project's impact on the clinics, particularly because the causality is not clear. As noted above, HRDI's main contribution to the partner clinics has been to build the capacity of the selected lawyers from those clinics. Because in most cases the HRDI graduates – or the colleagues they have influenced – are still with the clinics, it is difficult to distinguish whether the observed impacts pertain to the clinics or to the graduates who work in them.

### Summary

The project has clearly had an effect on the partner clinics in terms of approach, focus, methodology, scale and/or effectiveness of their operations. However, its impact on the clinics as institutions will only be reliably discernable over time.

#### 2.5.2 Impact for the community-based organisations, PLHIV and other poor and vulnerable groups

As noted in chapter 2.3.3, the focus on PLHIV and other poor and vulnerable groups has guided the outreach activities of the law clinics supported by HRDI. All of the 10 functioning law clinics are providing legal services and outreach activities directed at poor and vulnerable populations and communities.

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University of Malawi

<sup>26</sup> Progress Report for January – June 2014. University of Malawi. Chancellor College. Human Rights and HIV and AIDS Legal aid clinic,.

The sources to assess impact are mainly the site visits and interviews with partner organisations, CBOs and individuals, among them PLHIV, who are living in the communities where law clinics have outreach activities. Reports from CBOs that work with PLHIV and from partner organisations, also identified in the Inception Report as sources of information, provide little information on impact.

The evaluators found that the project has had some impact on individuals within the communities where outreach activities have taken place, when it comes to developing awareness of legal rights and in CBOs and individuals being assisted with legal advice. This was verified by the evaluators during the field visits, for example in Malawi when interviewing a group of about 15 women that belonged to the Chikanda CBO, supporting PLHIV and other vulnerable groups in the community of Chikanda. The staff of the Chikanda CBO was clearly capacitated and was aware of their legal rights of access to medicines for PLHIV, proper treatment at the hospitals, family rights, property rights, children's rights and rights of the disabled.

In Mozambique, outreach activities were directed to the Polana community in Maputo, a relatively poor community. Activities included information about legal rights and lawyers receiving clients at the house of the organisation “Associação Meninos de Mozambique”, supported by the European Commission. The outreach activities would likely have had an impact on the community regarding awareness of legal rights, but this could not be objectively verified by the evaluators due to the limited scope of the evaluation.

At the Association *Ituze Niboye* in the Niboye Cell of Kigali, the evaluator met with representatives and members of a CBO that GLIHD works with, together with the Coordinator of the Associations of People living with HIV in the Kicukiro District and the Executive Secretary of the Cell (local government unit). The CBO representatives related how their community's needs were better understood and met following the partnership with the NGO, which conducted extensive community outreach and liaised with the Executive Secretary of the Cell. In turn, the Executive Secretary described how the NGO helped to disseminate and explain useful information to the community, such as which varieties of certain crops to plant in a given year and which markets will give them the best prices. Although this role does not entail providing legal advice – which GLIHD also provides – it is directed at fulfilling the human rights of the target group, e.g. the right to food and the right to health.<sup>27</sup> This illustrates the project's holistic approach to securing human rights for the poor and vulnerable. Just as the social justice lawyer engages in manual labour in the interest

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<sup>27</sup> International Covenant on Economic, Social and Cultural Rights Articles 11 and 12.



of egalitarianism and effective outreach, his or her toolkit goes beyond strictly legal interventions to further the human rights of the beneficiaries.

In Uganda, the evaluator visited two communities in Kampala and heard from the local leaders. One leader, a woman, spoke of how the partner clinic had helped the women in the community to understand, safeguard and demand their rights to property and inheritance. The piece of advice that has had the greatest impact on the community is for the women to get legally married (to obtain the protections provided by the registration of the marriage) instead of living as “concubines”. The community leader laughed and said that, since the involvement with the law clinic, several local men have come to her complaining “Why are you ruining our women? We were happy living together and now they are demanding to get married!”

### **Summary**

To varying degrees and in different ways, the project has clearly had an impact on the CBOs that collaborate with the partner organisations.

#### **2.5.3 Impact for key stakeholders**

The project has clearly had an impact on the ACHPR and its HIV Committee, which HRDI was instrumental in creating and sensitising and which it provided with human resources.

Based on interviews, the project did not have a discernable impact on the University of Pretoria’s Centre for Human Rights. Although it collaborated with HRDI, particularly in developing and running the LLM, it plans to return to its own programmes now that the LLM has terminated

It is unclear whether or how the project has had an impact on the University of Pretoria’s Centre for the Study of AIDS. The director (also as a member of the HRDI board), has clearly given great thought to the project, but the evaluators do not have sufficient data to determine whether or how that might translate to an impact on the Centre as an institution.

As with relevance, there is no evidence of the project having had an impact on other key stakeholders such as bar associations, SADC, EAC, but these institutions were not interviewed or surveyed so there is no solid data toward a finding one way or the other.

### **Summary**

The project had the greatest impact on the ACHPR HIV Committee, and by extension, on the ACHPR. There is no discernable impact on the University of Pretoria’s Centre for Human Rights now that the LLM has terminated and there is insufficient data to determine whether/what kind of impact the project may have had on the University’s Centre for the Study of AIDS. The evaluators did not have the opportunity to assess the impact on the other key stakeholders.



## 2.6 SUSTAINABILITY

This is the second phase of a project that has received funding from Sida since 2006 and has been implemented during a nine year period. The objectives and the main areas of activities have remained the same. The aim of the second phase was to consolidate the achievements including institutionalising the network of partner law clinics since HRDI would be closed down at the end of the project.

### 2.6.1 Sustainability of the clinics providing legal services, outreach and legal training

Virtually all interviewees described themselves as having been transformed, both personally and professionally as a result of participating in the project (training course). Several described how the exercises in confronting their own prejudices and in combating elitism had permanently changed their attitudes toward people in ways they had not previously considered. The project's deep personal impact on the graduates, referred to earlier, is likely to be its most enduring result of the project..

As concluded in Chapter 2.2.2, in August 2014 there were 10 functioning law clinics in 7 countries providing legal services to poor and vulnerable groups. Another 3 clinics (in Kenya, Uganda and Zambia) were expected to become functional in September or by the end of 2014.

As noted above, HRDI's main contribution to the partner clinics has been to build the capacity of the selected lawyers from those clinics. The findings in Chapter 2.5.1 indicate that most of the partner clinics have undergone changes that can comfortably be attributed to the project, including an increased focus on human rights; more community outreach; use of international human rights law to support cases. The findings indicate that the clinics will continue to provide these services after the end of the funding.

### 2.6.2 Sustainability of regional activities, collaboration and networking

As noted in Chapter 2.2.2, there has been little progress in establishing a network of partner organisations. A key to a functioning network was the development of one or more law clinics into regional human rights centres. As analysed in chapter 2.2.3 the project was not able to create any regional centres.

The evaluation has sought to ascertain the importance of functioning regional or sub-regional networks between the law clinics to sustainability. The project proposal puts an emphasis on the work of the regional human rights institutions to strengthen regional jurisprudence. It also emphasizes that the centres of excellence within African university based law clinics would contribute to this within the regional and international human rights institutions. Although not explicitly formulated as an outcome of the project, HRDI wrote that the project would bolster the regional human rights system, including the African Commission and the African Court on Human and Peoples' Rights. The project would work to ensure that the regional system evolves and steadily moves toward building a society that has greater respect for human rights. If a sustainable regional network of law clinics cannot be established, the project will not be able to have any sustainable impact on regional jurisprudence at least not

through the regional human rights institutions. Although, with one partner obtaining observer status and continuing to work with the ACHPR, this could have some impact on regional jurisprudence even though there is no sustainable network.

Another project objective is for the voice of grassroots organisations to reach the regional structures, eventually leading to these institutions being more responsive to the needs of the poor and vulnerable and not only to the needs of the economic power blocs within and outside the region. The findings indicate that, unless the dynamic is reversed in the project's final months, the activities under this component will likely be limited when HRDI closes.

Another aspect of regionality is that the problems of deficiencies of human rights, particularly for PLHIV and other poor and vulnerable groups, are common problems for all of the involved countries and that regional collaboration, exchange of experiences and common actions would be beneficial to the law clinics in each country. The project proposal states that focused work toward developing common strategies to address common problems would help the law clinics to challenge unfair discrimination and protecting the weak and vulnerable.

The evaluation team found that HRDI has been the driving force in most regional efforts, particularly in the organisation of country inputs to the sessions of the ACHPR. In chapter 2.2.2, the evaluation team concluded that the lack of progress at regional level could be because the partner clinics must first consolidate their operations at local and national levels. At the time of the evaluation, there were no indications of sustainable regional activities.

### **Summary**

The HRDI training provided sustainable changes to the minds and the attitudes of students. Individual clinics are deemed to be sustainable and in most cases continue as university law clinics to provide practical experience of human rights to law students through providing legal advice to poor and vulnerable groups, and to a varying degree conduct outreach. There was no sustainable network of collaborating partners established.

## 3 Conclusions and lessons learned

### 3.1 PROJECT DESIGN

The project design is grounded in sound intervention logic. First, the focus on lawyers as primary change agents is strategic because they have the psychological, professional and financial flexibility to choose to practice human rights law. ULCs are strategic choices as change agents because they represent an entry point for influencing legal education as well as for improving and increasing community outreach and legal services. The programme design reflects HRBA by placing the individual at the centre of the equation, both as agent and as beneficiary.

The interventions themselves are largely appropriate to the project's overall objective, increasing access to justice for the poor, although the project's Results Framework is weak, lacking rigour in how it defines and connects the different activities, results, outcomes and indicators. The outcome objectives are formulated in broad, vague and often unrealistic terms. The indicators are similarly problematic, with many reading more like development goals than markers by which to measure progress toward the intended outcome and they are not all clearly aligned with the relevant Objectives. A more rigorously articulated results framework would have helped to focus the project's implementation and likely have enhanced its effectiveness.

### 3.2 EFFECTIVENESS

The project was very effective in implementing Objective 1, both quantitatively and qualitatively, exceeding the target of 30 trained lawyers still in the network. However, the most convincing evidence of this component's effectiveness is qualitative. The HRDI graduates say the training course gave them the knowledge, skills and motivation of social justice lawyers and most have remained in human rights practice despite considerable financial and social pressures to practice commercial law.

As of August 2014, there were 10 fully functioning law clinics in 7 countries providing community outreach, legal services and legal education to poor and vulnerable groups. The volume of services provided varies widely between the law clinics. The number of functioning clinics and countries both fall short of the specific objective of having 15 clinics in 11 countries.

There has been little progress on establishing a network of partners that work together to address common problems and there is currently no regional centre and no candidate has made significant progress in that direction.

In terms of furthering the overall development goal of increasing access to justice, the interventions under Objective 4 were largely effective. Based on reliable estimates, the project met the quantitative target of 900 routine cases taken by the partners (indicator (i)). Clients received effective representation (indicator (iii)) and relevant issues within target areas were addressed proactively (indicator (iv)). In terms of furthering the stated objective of developing jurisprudence, the project has had significant achievements. It was instrumental in establishing the HIV Committee and made progress through cases that went through mechanisms whose impact went beyond the immediate parties, such as mediation with public officials and submissions to the ACHPR and Special Rapporteurs.

The project was less effective in reaching the target of five community-based strategic litigation cases (indicator ii), due to a combination of (i) overly-ambitious planning and (ii) circumstances beyond the control of HRDI or its partners. Its alternative focus on quasi- and non-judicial mechanisms such as the ACHPR and the UN Special Rapporteur on Health, while valid, has less potential for effectiveness than judicial forums because their outcomes do not require compliance or directly shape law. Despite the problems with how the objective and indicators are formulated, the evaluators find that this component was effective in bringing grassroots concerns to regional forums and, in some cases, in influencing the conversation regarding the human rights of PLHIV and other vulnerable groups.

The overall objective is still not achieved, although there has been considerable achievements during the period 2010 – 2014.

### 3.3 RELEVANCE

Conceptually, the project is highly relevant to the development context and the needs of the main target groups by providing training/capacity building to the “providers” of justice (lawyers, legal clinics) and legal services to the consumers (individual and groups of beneficiaries). The project has been relevant to the ULCs, CBOs, lawyers and law students that have been involved in or affected by the interventions. Its relevance to these groups generally in the target countries remains largely hypothetical due to the project’s limited size, duration and scope.

Overall, the project has been relevant for PLHIV and other poor and vulnerable groups, with the degree of relevance varying according to the level of specificity with which it addresses the problems specific to different groups. This relevance is to some extent undermined by the limited coverage of legal services and outreach activities with limited number of beneficiaries. The project was also aligned with the needs and priorities of most key stakeholders by virtue of their shared vision regarding human rights and HIV/AIDS. In real terms, it was most relevant to the ACHPR and its HIV Committee, and to a lesser extent to the University of Pretoria’s Centre for Human Rights and the Centre for the Study of AIDS.

The project was relevant in relation to the Swedish strategies that existed when the project was designed and agreed. The project document does not specifically mention gender issues, but in practice, the evaluators found that activities in countries were often focused on women, women living with HIV, women as victims of domestic violence, etc., which made the project relevant from a gender perspective.

## 3.4 EFFICIENCY

The evaluation team concludes that resources have been used appropriately and economically to produce the desired results. HRDI has accounted for the use of resources and been very transparent in the financial reports to Sida.

During the period 2010-2013, the project spent 23% less than what was budgeted. The main reason for under-spending is explained by HRDI to be prudent spending. The annual financial reports give good evidence and examples of prudent spending for salaries, professional fees, travel and costs for meetings and conferences. HRDI has been conscious about analysing whether the under-spending has affected the activities and the achievements of results and has concluded that it has not.

Since the total under-spending is nearly one quarter of the project budget, the overall efficiency question is if the money could have been reallocated in some way to increase achievement of the overall objective. Considering that the objectives related to developing regional centres and establishing a network of partners working together has not been achieved, the project management would probably have achieved more if there was at least one more staff member.

## 3.5 IMPACT

The project has clearly had an effect on the trainees, graduates and partner clinics, in terms of approach, focus, methodology, scale and/or effectiveness of their operations. However, its impact on the clinics as institutions will only be reliably discernable over time.

To varying degrees and in different ways, the project has clearly had an impact, creating awareness, on the CBOs that collaborate with the partner organisations.

For stakeholders at the regional level, the project had the greatest impact on the ACHPR HIV Committee, and by extension, on the ACHPR. There is no discernible impact on the University of Pretoria's Centre for Human Rights now that the LLM has been terminated and there is insufficient data to determine whether/what kind of impact the project may have had on the University's Centre for the Study of AIDS. The evaluators did not have the opportunity to assess the impact on the other key stakeholders.

### 3.6 SUSTAINABILITY

This is the second phase of a project that has received funding from Sida since 2006 and has been implemented during a nine year period. The overall objective and the strategy to train human rights lawyers and strengthen university law clinics have remained the same.

The HRDI training provided sustainable changes to the minds and the attitudes of students. Individual clinics may be sustainable and in most cases continue as faculty of law units to provide practical experience of human rights to law students, provide legal services and to a varying degree conduct outreach.

### 3.7 LESSONS LEARNED

1. There is a need for greater realism regarding the time and efforts required for organisational development, as demonstrated by the difficulties in establishing or strengthening law clinics, building one or several regional centres of excellence and establishing a network of partner organisations. An in-depth analysis is required of factors that can support or hinder the desired change and meticulous planning and monitoring is needed to succeed.
2. Following on the preceding point is the importance of having rigorously defined objectives and indicators. Beyond their value for monitoring and evaluation purposes, clearly articulated targets and benchmarks provide a road map for focused implementation. Further, the process of ensuring that the indicators in particular are formulated to be realistic, objectively measurable and specific, tests the soundness of the intervention logic and the achievability of the intended outcomes during the design phase.
3. A regional approach is not necessarily desirable or appropriate. Activities to promote regionalisation of, e.g., a network or an institution must be accompanied by a corresponding sense of demand and ownership on the part of the relevant national actors in order to be successful.
4. As the preceding point illustrates, a project's different spheres of agency (control, influence and interest) must be taken into account in its design and implementation. As interventions move farther from the project's sphere of control, they should increasingly focus on facilitating and creating the conditions for the desired outcomes rather than on directly bringing them about. Objectives and indicators should also be formulated accordingly.
5. Capacity building programs with substantive training programs are often effective in conducting the training, but less effective in ensuring that the people trained make use of the new skills and knowledge. HRDI has shown that by including the future workplaces of the students (the ULCs) in the program, the project has

managed to substantially increase the effectiveness at the next level, the use of the skills and knowledge.

6. The design of the training with an intensive five-month programme plus a one-month training session and partnership forum held each year at HRDI proved to be an opportunity for the trainees to report back to HRDI and share activities, issues and lessons learned with each other and maintain the contacts with HRDI and between the partner organizations.
7. The manual labour students were required to perform on a weekly basis at a CBO established a sense of trust in the clients, which encouraged a more open and complete dialogue that allowed the HRDI students to be more effective as advocates.

## 4 Recommendations

The TOR for the evaluation states that the evaluation shall include recommendations on aspects to be strengthened to sustain partners after the project. When the final evaluation report will be submitted, 28 October 2014, about two months of project implementation will remain. Considering also that HRDI is currently busy preparing the annual Partnership Forum and the one-month training in November/December, probably the last major activity before the project closes in December; there is absolutely no time to implement any recommendations from the evaluation unless the project is extended.

In order to consolidate the project's achievements, the evaluators make the following recommendations:

1. Agree to a six-month, no-cost extension of the project for HRDI to implement the recommendations.
2. Study the possibility of facilitating or directly supporting the LLM course at any of the partner organisations if they would take on the challenge, or at the Centre for Human Rights at the University of Pretoria, either as part of a related Sida initiative or in collaboration with a development partner in the region, and provide the appropriate technical and financial assistance.
3. Facilitate the applications for observer status at the ACHPR for several partner organisations.
4. Some of the clinics that are almost operational, i.e. the Legal Aid Clinic at Moi University in Kenya, the Public Interest Law Clinic at Makerere University in Uganda and the Legal Aid Clinic at University of Zambia: if additional support is needed, a six-month extension could provide that support.
5. Increase the sustainability of the regional collaboration between the law clinics by:
  - discussing the root causes holding partners back and look at options for strengthening the network for partner organisations, at the last planned Partnership Forum in November/December this year, and if the response is positive, the aim should be to have the network functioning within 6 months;
  - conducting another Partnership Forum in May/June 2015, before the project ends. This should be in one of the partner countries and be part of the establishment of a network, as well as an opportunity for a strong



partner organisation to develop the capacity to arrange a Partnership Forum (alternatively, one forum in each region).

- perpetuating the most effective project components by analysing, at the Partnership Forum in November/December this year, the different functions of a regional or sub-regional centre of excellence and see if some of this functions can be taken up by some of the partner organisations.

# Annex 1 – Terms of reference

## **Terms of Reference for the evaluation of the project ‘Phase Two of a Grassroots based Project of the Human Rights Development Initiative on Regional Human Rights Law Clinics’**

Date: 26 May, 2014

Case number: UF 2010/3001

### **Background**

The Human Rights Development Initiative (HRDI) was established in 2004 with the mission to challenge elitism within society generally and within the legal profession in particular and to promote equality of people. HRDI posited that a major obstacle to access to justice for poor and vulnerable people in Africa is elitism. Furthermore, HRDI was not established as an end in itself but aimed to make itself redundant. At the end of the first phase (2006-2009) of its operations an external evaluator commented that it has “approached rather than reached” its objectives. It consequently embarked on a second phase (2010-2014) of the project with a planned closure for the end of 2014.

HRDI’s strategic approach is grassroots based and is aimed at bridging the divide between domestic, regional and international human rights forums and ordinary poor and vulnerable people. It planned on working with social justice lawyers employed within university based law clinics. University based law clinics (ULCs) are institutions that have three dimensions namely, 1) the provision of free legal services by law students to those in need of legal services but cannot afford legal fees; 2) training of law students to work with the poor and vulnerable groups and 3) community outreach to ensure that the services of the ULC are accessible to those in need.

HRDI outlines its overall objective as protecting and promoting respect for the rule of law and human rights in the Great Lakes, East and Southern African regions. This they hope to achieve through increasing access to domestic, regional and international human rights forums to the poor and vulnerable groups in society. The specific objectives of the project are:

- To build a cadre of 30 social justice lawyers from the 15 target countries;
- To develop a network of 15 accountable law clinics that provide legal services to poor and vulnerable groups in the 11 target countries (originally 15 but changed to 11 by agreement with Sida);

- To develop one centre of excellence within African university based law clinics (originally three but reduced to one by agreement with Sida);
- To contribute to the development of human rights jurisprudence and conduct community based strategic litigation at a domestic, regional and international level; and
- To promote grassroots involvement in regional debates.

Primary target groups and beneficiaries are the poor and vulnerable including People Living with HIV (PLHIV), lawyers and paralegals from within universities and NGOs, law students from partner countries, university based law clinics, community based organisations and faith based organisations. The project identified certain key stakeholders at domestic, regional and international level, including law faculties, domestic governments and institutions, the domestic bar associations, the African Commission on Human and Peoples' Rights and the African Court on Human and Peoples' Rights, the Regional Economic Communities and regional NGOs as well as legal educational institutions at the regional level and at the international level, international judicial and quasi-judicial bodies, intergovernmental organisations, international non-governmental organisations, the private sector and the international legal education organisations.

The project now operates in 11 countries. These are geographically divided into Southern Africa (Mozambique, Zambia, Namibia, Malawi and Lesotho), East Africa and the Great Lakes (Rwanda, Kenya, Tanzania, Uganda, Burundi and DRC).

Following their training, lawyers return to their home countries sensitised and armed with proper knowledge and skills to take on social, economic and political challenges in their respective countries. It is the expectation that cases and issues will be addressed within domestic, regional and international forums as appropriate. In this way, the project will contribute to the development of the regional jurisprudence by setting precedents.

Sida committed to supporting HRDI during this second phase from 2010-2015 with MSEK 23.3.

#### Evaluation Purpose and Objective

This evaluation of HRDI is an end of programme evaluation and will be conducted in accordance with the agreement signed by HRDI and Sida. The purpose of the evaluation is to assess the extent to which outcomes, impact and sustainability of the HRDI project have been achieved. Specifically the evaluation will:

- Examine the impact, both positive and negative, intended and unintended of the HRDI Project;
- Examine achievements of outcomes and outputs against targets of the HRDI Project, highlighting what has been done well and why versus what has not been done well and why;

- Provide suggestions/recommendations on what aspects of the HRDI Project should be strengthened or improved to sustain partners after the end of the project;
- Assess the adequacy/soundness of the project concept and design particularly the programme logic (causal linkages) in addressing the identified problem; and
- Identify lessons learned from implementation of the HRDI Project.

The findings and recommendations of the evaluation will be used to inform the development of similar interventions by Sida and its Partners in the short, medium and long term.

### **Scope and Delimitations**

The evaluation will examine HRDI and its partner organisation's activities in Southern, Eastern and Great Lakes Regions with a specific focus on the people and the institutions in the countries HRDI has been working with from 2010 to the present to assess the extent to which outcomes, impact and sustainability of the HRDI project activities have been achieved so that its partner organisations are able to continue after the end of the project.

### **Organisation, Management and Stakeholders**

- The consultant shall carry out a desk top review of all the relevant documents;
- An inception meeting will be held with the Management of HRDI (Pretoria);
- An inception report will be produced to include the Methodology;
- Field research and interviews with stakeholders mentioned above in section; 'background' of these TORs will be carried out. (Visit at least 2 countries from SADC and 2 from East and Great Lakes);
- Debriefing and presentation of the evaluation findings and recommendations will be done by the consultant.(Pretoria);
- Report writing and editing of draft and final report; and
- Presentation of the evaluation report at the closing event of HRDI on 1 December 2014 in Pretoria.

### **Evaluation Questions and Criteria**

#### *Efficiency*

- Were resources used appropriately and economically to produce the desired results?
- Is the programme accountable and transparent in the use of resources?

#### *Effectiveness*

- Is the programme achieving satisfactory progress toward its stated objectives?

- Are selected partnerships contributing to programme results?
- Was the programme's theory of change sound?

### **Relevance**

- Is the programme the appropriate solution to the identified problem?
- Does the programme consider political, economic and social tensions in design and implementation?
- Are the programme objectives still relevant and attainable?
- What is the value of the programme in relation to priority needs of key stakeholders?
- Is the problem identified by the programme still a major problem?
- Are the outcomes beneficial to key stakeholders?
- To what extent is the project aligned to other initiatives or interventions by other players in the target areas?

### **Impact**

- What difference has the programme made to key stakeholders?
- What specific programme activities/interventions led to the difference identified in the preceding question?
- What individual, environmental and structural effects has the programme brought to individuals, communities, and institutions – either in the short-, medium- or long-term?
- What specific programme components led to the above effects?
- Were the desired results achieved?
- Has the programme realised impact as per the programme objectives (as stated in project document and reports)?
- Are results intended/unintended; positive/negative, micro/macro (this refers to possible results not planned for in the project document)?

### **Sustainability**

- Are activities likely to continue after donor funding ends?
- Does the programme integrate participation of key stakeholders into activities?
- Do key stakeholders accept the programme, are they willing to continue?
- Have implementing partners and other key stakeholders developed the capacity and motivation to continue activities/interventions?
- Can programme activities/interventions become self-sustaining financially?
- Are the results sustainable?

### **Programme Design**

- Does the project integrate gender and other cross cutting issues into design and implementation?
- Is the current system of components effective for programme delivery?
- Could the project be more effective and efficient if the components were designed differently?

### **Institutional Arrangement**

- Is the internal structure of HRDI management conducive to efficient and effective programme implementation?
- How does HRDI interact with other country and regional human rights organisations?
- To what extent is the HRDI project working with the existing structures/institutions in the countries of operation?

The evaluator will be responsible for developing further specific questions, guided by the scope of the evaluation.

### **Conclusions, Recommendations and Lessons Learned**

The Evaluator is expected to draw conclusions, make recommendations and highlight lessons learned from the implementation of the Project.

### **Time Schedule**

June to December, 2014 based on the following specific outputs/deliverables:

- Desk top review of relevant documents
- Inception meeting with HRDI Management
- Inception report with Methodology
- Field research and interview, travel within East, Southern and GL region (August 2014)
- Debriefing and presentation of evaluation findings and recommendations
- Report writing and editing; Draft report, Final report
- Presentation of evaluation report and findings at HRDI's closing event on 1 December 2014 in Pretoria

### **Reporting and Communication**

The evaluator will be managed by the management of HRDI and the responsible programme officer. HRDI and the responsible programme officer will make periodic contact with the evaluator and review progress and address any emerging challenges during the evaluation. HRDI and the responsible programme office will be responsible for providing the evaluation team with the necessary documentation for the desk/document review, availing themselves for meetings and interviews and facilitating access to stakeholders and partners.

## **Resources**

Proposal to be provided to Sida by Indevelop based on the terms of reference

## **Evaluation Team Qualification**

Sida will engage a consultant through an existing call off contract with Indevelop and is seeking to employ an evaluator with the following competencies and experience:

## **Competencies**

- The core skills required for this consultancy will include;
- Programme evaluation
- Programme design and/or programme management particularly related to regional or multi country programming
- Demonstrated understanding of human rights issues
- The Consultant will therefore have a masters or doctorate degree in any of the following from a recognised university: human rights studies; legal studies; development studies; project planning and management or related fields of study.
- Experience
- A minimum of 5 years' experience in undertaking programme impact evaluations in an African context;
- Experience in designing or implementing or evaluating regional or multi country programmes.
- Ability to work within tight timelines and ability to adhere to the originally agreed on evaluation protocol.

## **References**

Project proposals

Progress reports

Evaluation report of phase I

Minutes of Annual Review Meetings

Agreements between Sida and HRDI

# Annex 2 – Inception Report

## 1 Assessment of Scope of the Evaluation

This report elaborates on the proposal previously submitted to the Embassy of Sweden in Zambia (the Embassy) and the Human Rights Development Initiative (HRDI). The report is based on a desk review of the programme documentation. The team will further develop the evaluation questions and align data collection processes at the meeting at HRDI in Pretoria ahead of the field visits.

### 1.1 BACKGROUND AND CONTEXT

Human rights are essential to development. This universal, interrelated set of norms underpin every aspect of individual and social well-being, from basic survival requirements to freedom of expression, civic engagement and political enfranchisement. It is no coincidence that some of the worst and most pervasive human rights abuses are perpetrated on people who lack some of the most fundamental building blocks for self-realisation and quality of life, whether through circumstance or as part of a cycle of discrimination and abuse.

The HIV epidemic underscores this critical link. It is most prevalent in the regions of the world with the greatest poverty, social injustice and gender inequality. The poorest and most marginalized people are also the most vulnerable to HIV infection, while people living with HIV (PLHIV) are subjected to further discrimination and marginalization based on their disease status. Combating discrimination against PLHIV can therefore be an effective vehicle for addressing a range of interrelated human rights issues.

### 1.2 THE PROGRAMME

The Human Rights Development Initiative was established in 2004 with the mission to improve the lives of poor and vulnerable people in Africa by challenging elitism, in society generally and in the legal profession in particular, and promoting equality of all people, regardless of their identity or traits. Its overall goal is to protect and promote respect for the rule of law and human rights in the Great Lakes and Southern African Regions through increasing access to domestic, regional and international human rights forums to the poor and vulnerable groups in society.

In the first phase of the programme (2006-2009), HRDI defined three overarching objectives:

4. Contribute to the development of centres of excellence within African university based law clinics that will contribute toward discourse within the regional and international human rights institutions;
5. Proactively address key socio-legal and ethical issues within the field of HIV/AIDS in the Southern African and Great Lakes regions;



6. Contribute to the development of regional human rights jurisprudence within the African Commission, African Court of Human Peoples' Rights, Community Tribunals and other vital institutions.

HRDI's intervention strategy for the first two objectives primarily involved working in formal partnerships with university-based law clinics (ULCs) and/or non-governmental organisations within the target countries to build a cadre of social justice lawyers and activists. The lawyers were trained in the skills and knowledge needed to integrate international and regional human rights norms into their law clinics. Following their training, they were expected to continue providing affordable legal representation to the most vulnerable groups in their home country, particularly women and children living with or affected by HIV/AIDS. The intervention strategy for the third objective focused on changing human rights law precedents through impact litigation, or bringing important cases to regional human rights forums.

At the end of the first phase of the programme, an external evaluation<sup>28</sup> concluded that the programme had "approached rather than reached" its objectives. The most successful components were found to be the training programme, legal services and community outreach, while impact litigation proved to be slower and more complex than anticipated.

HRDI has now embarked on a second phase of the programme (2010-2014) aimed at consolidating the gains made to achieve and build on the original objectives.

*The programme to be evaluated* is "Phase II of a Grassroots-Based Human Rights Intervention for the Protection of PLHIV in the Great Lakes, East and Southern African Regions". With the same overall goal as Phase I, the second phase of the programme has five specific objectives:

6. Build a cadre of 30 social justice lawyers from the 15 target countries;
7. Develop a network of 15 accountable law clinics that provide legal services to poor and vulnerable groups in the 15 target countries;
8. Develop three centres of excellence within African university based law clinics that will contribute toward discourse within the domestic, regional and international human rights institutions one for Southern Africa, one for the Great Lakes Region and one for East Africa;
9. Contribute to the development of human rights jurisprudence and conduct community based strategic litigation within domestic, regional and interna-

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<sup>28</sup> An Evaluation of the Project (Regional Human Rights Law Clinics to Increase Access to Justice for Vulnerable Groups in Africa. Andante - tools for thinking AB. Kim Forss, Charlotta Forss. Final Report. Strangnas 009.10.09

tional human rights forums for example SADC Tribunal, East African Court of Justice, African Commission on Human and Peoples' Rights and African Court on Human and Peoples' Rights;

10. Respond to key HIV-related issues and influence debates that arise from regional economic communities and the African regional system to the extent that it impacts on grassroots organisations and vulnerable groups in the 15 target countries.

The programme defines two layers of beneficiaries, or target groups, of the intervention. The primary target group is PLHIV and other poor and vulnerable groups. The secondary target group comprises university based law clinics and community-based organisations, lawyers and law students.

The objectives were revised during the implementation period in terms of which HRDI aimed to work in 11 countries, geographically divided into Southern Africa (Mozambique, Zambia, Namibia, Malawi and Lesotho) and the Great Lakes (Rwanda, Kenya, Tanzania, Uganda, Burundi and DRC); and in establishing one regional centre or centre of excellence.

Sida committed to supporting HRDI during this second phase from 2010-2015 with 23,3 MSEK.

### 1.3 THEORY OF CHANGE

The programme logic, or theory of change, is not explicitly stated in the documentation the team has received. However, the logic behind the interventions, articulated as specific objectives, is clear. Building a cadre of social justice lawyers (specific objective 1) and developing a network of ULCs (specific objective 2) are clearly related to each other and to the goal of increasing access to justice and human rights for PLHIV and other vulnerable groups. Special objectives 4 and 5 focus on bringing the programme's grassroots efforts to a regional level, in terms of jurisprudence and forums and advocacy and debates, respectively. Establishing a regional centre of excellence (specific objective 3) furthers the development goal by creating an institutional bridge between the community outreach and legal services components and the regional and international institutions, laws and forums (although the thinking around centres of excellence has changed over the period).

At the same time, in the interest of conducting as sound, thorough and useful an evaluation as possible, the evaluators would like to work with HRDI to tease out a more clearly articulated vision of the programme's overall theory of change. Any areas of perceived ambiguity are not due to a lack of logic behind the interventions, but rather to an abundance of logical assumptions underlying the programme's interrelated and mutually reinforcing components. Instead of proposing a linear causal chain, the programme design itself (appropriately) appears to reflect the complex causal dynamics around HIV. We think this intriguing organizing principle is central to the programme's theory of change and would therefore be quite useful to investigate further during our start-up meeting in Pretoria.

## 1.4 EVALUATION PURPOSE AND OBJECTIVES

This evaluation of HRDI is an end of programme evaluation and will be conducted in accordance with the agreement signed by HRDI and Sida. Its purpose is to assess the extent to which the outcomes, impact and sustainability of the programme have been achieved. According to the TORs, the evaluation is to:

- Examine the programme's impact, both positive and negative, intended and unintended;
- Examine achievements of outcomes and outputs against targets, highlighting what has been done well and why versus what has not been done well and why;
- Provide suggestions/recommendations on what aspects of the HRDI Project should be strengthened or improved to sustain partners after the end of the programme;
- Assess the adequacy/soundness of the programme concept and design particularly the programme logic (causal linkages) in addressing the identified problem; and
- Identify lessons learned from implementation of the HRDI Project.

The evaluators will employ the OECD/DAC Evaluation Criteria in order to assess the results (output, outcome, and impact), effectiveness, efficiency, relevance and sustainability of the programme, along with the institutional arrangements. In accordance with Swedish development cooperation policies, the inclusion of gender mainstreaming will also be assessed as a cross-cutting issue.

## 2. Relevance and Evaluability of Evaluation Questions

The following evaluation questions will be assessed by the evaluation:

### 2.1 EFFECTIVENESS

*“The extent to which the development intervention’s objectives were achieved, or are expected to be achieved, taking into account their relative importance”*

The evaluation will assess the achievements of the overall objective and the specific objectives, in relation to the defined indicators and the detailed evaluation questions, defined in Annex 2. Additionally, according to the TOR, the question about selected partnerships contributing to programme results will be assessed. With selected partnerships we understand the partner organizations in countries.

### 2.2 RELEVANCE

*“The extent to which the objectives of a development intervention are consistent with beneficiaries’ requirements, country needs, global priorities and partners’ and donors’ policies”*

The team will evaluate several aspects of the programme's relevance, including whether and to what extent the programme responds to the priority needs of the target

groups, the poor and vulnerable including PLHIV, as well as lawyers and law students and what benefits partner organisations and has brought to key stakeholders.

This criterion will be applied to both categories of target groups<sup>29</sup>, considering human rights needs of the beneficiaries, and the capacity-building needs of the institutions and individuals concerned with improving the human rights situation of PLHIV and other vulnerable groups.

In assessing the programme's relevance in relation to the beneficiaries, the team will include assessing the intervention in light of the discrimination and abuses faced by PLHIV and their needs to improve their lives. A human rights based approach will be taken to emphasize the beneficiaries' own perspectives on their situation and their needs.

In determining its relevance in relation to the target institutions and individuals, the team will consider the intervention in light of their actual and optimal capacity to carry out their respective roles in advancing the human rights situation of PLHIV and other poor and vulnerable groups.

The aspects to be evaluated are whether and to what extent the programme: (i) represents an appropriate solution to the identified problem, both overall and in relation to the two target groups; (ii) is considered relevant and attainable given the prevailing conditions in the target countries; (iii) takes account of political, economic and social tensions in its design and implementation; and (iv) is aligned with initiatives or interventions by other players in the target areas. Specific attention will be given to the salient differences in the national contexts among the target countries. A related inquiry will be whether the programme's regional elements (e.g. centres of excellence) add value to the country-specific interventions in addressing the issues underlying the ability of PLHIV and other poor and vulnerable groups to access the services that they need and in achieving the programme's overall goal.

The evaluators will also examine whether the programme cycle has conformed to HRBA principles, including the definition of the objectives in human rights terms and the participation of target groups in formulating, implementing, monitoring, and evaluating the programme. Related questions will be the extent to which the programme design integrates gender mainstreaming and other cross cutting issues and whether the programme design reflects and promote HRDI's own values, such as equality and egalitarianism, accountability and transparency.

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<sup>29</sup> The programme defines two layers of beneficiaries, or target groups, of the intervention. The primary target group is PLHIV and other poor and vulnerable groups. The secondary target group comprises university based law clinics and community-based organisations, lawyers and law students (see page 6).

## 2.3 EFFICIENCY

*“The extent to which the costs of a development intervention can be justified by its results, taking alternatives into account”*

The programme design will be evaluated to understand whether the system of components was effective for programme delivery and whether a different design might have improved its effectiveness and efficiency. Specific questions may include if the programme’s theory of change was sound and the consequences of designing the programme’s components as interdependent, both in terms of implementation and outcome.

The evaluation will assess if resources were used appropriately and economically to produce the desired results and if the programme is accountable and transparent in the use of resources.

The evaluation will look at whether sufficiently efficient structures have been developed so as to create conditions for these “centres of excellence” and direct service providers to continue to provide services at the end of the programme (without HRDI).

To apply a human rights-based approach in the evaluation, the team will also assess the extent to which the allocation of resources to targeted groups takes into account the most marginalized and the adequacy of resources provided for addressing human rights concerns in the intervention.

The methodology for data collection and analysis is further developed in the Evaluation framework in Annex 2.

## 2.4 IMPACT

*“The totality of the effects of a development intervention, positive and negative, intended and unintended”*

As noted above, the TORs state that the purpose of the evaluation is to assess the extent to which the programme has achieved the targeted outcomes, impact and sustainability. It must be noted that a full impact evaluation focusing on the impact on the ultimate beneficiaries is not contemplated in light of the budget and time constraints that the team has been requested to work within. With a “full impact evaluation” we mean an evaluation of the impact on the ultimate beneficiaries, the people living with HIV/AIDS and other vulnerable and poor groups in several countries. This is usually done by surveying samples of the target groups and is obviously beyond the scope of this evaluation.

Please note that all evaluation questions from the TOR will be assessed, mainly through interviews and review of reports and other documents. The impact assessment will focus on impact on partner organizations and key stakeholders. Information

will be collected through interviews and documents as listed in the Evaluation framework.

## 2.5 SUSTAINABILITY

*“The continuation or longevity of benefits from a development intervention after the cessation of development assistance”*

The evaluation will assess whether (i) programme activities are likely to continue after donor funding ends; (ii) the programme have integrated participation of key stakeholders into activities; and (iii) key stakeholders are willing to continue activities. This applies to law school faculties and administration, partner organisations and national governments (legal aid-related policies, legislation, funding).

We will also assess whether the ULCs, partner organisations and lawyers have developed the financial, human and technical capacity and motivation to continue activities/interventions and if the programme activities/interventions can become self-sustaining financially in the absence of continued HRDI support, i.e. from university contributions towards a sustainable law clinic, with a curriculum that is integrated into the university programme.

The evaluators will also utilise a rights-based framework to determine the likely sustainability of programme benefits, for example by assessing the capacity and commitment of targeted rights holders (to demand) and duty bearers (to fulfil) rights, the commitment of adequate resources for legal services, either directly or through ULCs, by target country governments, and the establishment or strengthening of accountability and oversight systems between rights holders and duty-bearers, including regional and international judicial and quasi-judicial mechanisms such as the SADC Tribunal, East African Court of Justice and the African Commission on Human and Peoples’ Rights.

The methodology for data collection and analysis is further developed in the Evaluation framework in Annex 2.

## 2.6 PROGRAMME DESIGN

The design of the programme and the current system of components will be analysed based on the agreed theory of change. Sources of information are the progress reports, the initial problem analysis, the project document and subsequent alterations documented and agreed with the embassy of Sweden. The findings will be corroborated through interviews with HRDI and partner organizations.

This part of the evaluation will also include an assessment of the programme integrating gender and other cross cutting issues into design and implementation.

## 2.7 INSTITUTIONAL ARRANGEMENTS

The evaluation will assess the effect of HRDI's management structure on programme implementation. While a detailed analysis of the organisational structure is outside the scope of this evaluation, the team will assess whether HRDI's management structure and composition has had a bearing on the efficiency and effectiveness of programme implementation. The evaluation will also assess the HRDI interaction with other country and regional human rights organisations and analyze in what ways the programme design contemplates HRDI interaction with national and regional human rights organisations, and if so, if those interactions have affected the programme's ability to achieve its objectives, positively or negatively.

Other evaluation questions concern HRDI's work with the existing structures and institutions in the countries of operation, whether in a formal or informal, mutually autonomous or supporting (e.g. capacity building), advisory or executive capacity.

The evaluation will assess whether the programme has contributed to increasing gender equality through programme design and whether the project integrates gender and other cross cutting issues into design and implementation.

## 3. Proposed Approach and Methodology

### 3.1 APPROACH

The team will gather information through a desk study of documents received from HRDI and the Embassy of Sweden in Zambia, meetings with HRDI in Pretoria, and interviews during field visits to six of the participating countries. The evaluation framework in Annex 2 details the evaluation questions. The evaluation of the effectiveness of the programme will be mainly based on document review and complemented by interviews of HRDI and partner organisations. The evaluation of the relevance of the programme, both at its inception and at present, will be assessed based on both document review and interviews with key stakeholders. To evaluate the outputs and short- and medium-term outcomes of the programme on the two target groups, the evaluators will conduct interviews with partner organisations, faculties of law and community organisations working with the poor and vulnerable, in particular working with PLHIV.

The evaluation will emphasize a participatory and consultative approach in line with HRBA principles. At the start of meetings and interviews, the evaluators will highlight the purpose of the evaluations and its potential as a tool for learning and improvement and will seek to establish an open tone that encourages respondents to express their views with candour. The evaluators will stress their independence from any donor or other stakeholder organisation and that the final assessment and findings will be those of the team.

Regarding the countries and partners to be visited, the evaluators have agreed with HRDI to visit a cross section of partners, including stronger and less strong, estab-



lished and newly formed institutions. A further consideration was that a cross section of countries in our two categories of Great Lakes and Southern Africa should be visited. The criteria are listed in the following table.

*Table 1: Criteria for selection of countries to visit*

Criteria	Moz	Zam	Nam	Mal	Lesotho	Rwa	Ken	Tanz	Uga	Bur	DRC
Strong	X		X	X		X	X	X	X		
New		X			X					X	X
Great Lakes						X	X	X	X	X	X
Southern Afr	X	X	X	X	X						

The team notes HRDIs' suggestion that they visit DRC because HRDI had proposed and obtained approval from Sida to work in Goma and Lubumbashi. However, DRC is off limits due to security concerns – the Swedish Ministry of Foreign Affairs recommends that all non-necessary travel to DRC and all travel to Goma should be avoided – so the team is choosing to visit Kenya instead. The University of Moi law clinic went from "under construction" in 2012 to "strong" in 2013. In fact, the progress report describes it as having the potential to join Malawi as a centre of excellence/regional human rights law centre - as originally planned in 2010. This turnaround would be interesting to document. The University of Moi is also establishing an LLM programme on the right to health, adding another, highly relevant component to evaluate. Based on all criteria, the team has selected the following countries to be visited by the team.

*Table 2: Selected countries for field visits*

Countries	Moz	Zam	Nam	Mal	Lesotho	Rwa	Ken	Tanz	Uga	Bur	DRC
BA	X			X	X						
JR						X	X		X		(X)

The team will schedule meetings with the partners from Goma, DRC, in Rwanda.

### 3.2 DATA COLLECTION, SOURCES OF INFORMATION AND ANALYSIS

A combination of quantitative and qualitative methods will be used for the collection of data and information, including:

- Desk review of documents, plans, minutes and reports;
- Analysis of primary and secondary data from the M&E system, from programme sites and implementing organisations, plans, budgets and reports and of relevant databases and information systems;
- Formal and informal individual and group interviews, using semi-structured discussion guidelines with informants to obtain a wide range of informants' perceptions.



The evaluation methodology will be largely qualitative and will not seek to replicate the data already collected in from HRDI's progress reports and other programme documents. The evaluation questions are detailed in Annex 2 and the Interview Guide is in Annex 3.

Different sampling methods may be used and will be determined when developing the detailed plan for the field work. It will be important to allow for the identification of 'key informants', representing the target groups and relevant stakeholders, as well as non-stakeholders among the broader legal services communities in the countries visited and the region, and for visiting relevant institutions and organisations.

The data collection phase will involve approximately two weeks of field work, during which the two international team members will each visit three of the participating countries separately to interview representatives from the target groups, key stakeholders and relevant non-stakeholders. Partner organizations and key stakeholders to be interviewed are listed in Annex 3.

At the outset, respondents will be informed about the purpose of the evaluation, and that opinions expressed will be treated sensitively. Senior officials and those in positions of authority will be asked whether they do not mind being quoted, but in the main, quotes will not be attributed to particular individuals. Judgments and views expressed will be those of the authors interpreted from information received from respondents. If matters of particular sensitivity arise, complete confidentiality will need to be given to sources, and such matters will be raised with Sida in the first instance. It will be important to the evaluation process to establish conditions that encourage open and frank dialogue, as this is essential to the sharing of ideas.

A tentative list of organisations and persons to be interviewed is annexed in Annex 7.

The evaluation team will present and discuss the preliminary findings with HRDI at a wrap-up meeting at the end of the data collection phase. The Evaluation report and findings will be presented at HRDI's closing event on 1 December in Pretoria.

After the field work, the evaluation team will proceed with the data analysis and reporting.

In order to ensure the reliability of the data, reduce the potential for bias and obtain a more 'holistic' view of the programme's implementation and outcomes, different forms of triangulation will be used, comparing a variety of data from different sources (*data triangulation*) and using different methods (*methodological triangulation*).

The evaluation questions will be answered primarily through document review of needs assessments and policies and strategies, complemented with interviews. This is further developed in the Evaluation framework in Annex 2. The data for the sources of verification are expected to be made available to the evaluators. The document review will be complemented with interviews of programme staff as well as by observations and interviews with partners and stakeholders.

### 3.3 WORK PLAN

The evaluation will be carried out in three phases, inception, in-country missions and analysis and reporting phase.

#### *Inception Phase (14 July – 6 August)*

This phase primarily entails a desk review of programme documentation that has been made available to the team (listed in Annex 6) and drafting of the Inception Report, including review and comments by Sida and HRDI. The Draft Inception report is submitted on 25 July.

#### *In-Country Missions (7 - 22 August)*

At the end of the inception phase, the evaluators will each conduct three in-country missions to the selected target countries to meet with and interview HRDI partner organisations, target group representatives and key stakeholders. The trip will begin with a meeting at HRDI in Pretoria, during which the team will finalize the detailed evaluation questions and methodology to be used in the field visits and interview HRDI. A wrap-up meeting will be held at HRDI on 22 August.

#### *Analysis and Report Drafting (18 September – 24 October and 1 December)*

Following the field visits, the team will analyse the information gathered and draft the Evaluation Report.

### 3.4 THE USE OF THE EVALUATION

The findings and recommendations of the evaluation will be used to inform the development of similar interventions by Sida and its Partners in the short, medium and long term.

### 3.5 LIMITATIONS

The field trips will be critical to understanding the multi-dimensional nature of the programme's interventions. However, the time frame for the evaluation will limit the team's ability to satisfactorily interview all stakeholders suggested by HRDI. The first and second layers of beneficiaries will be prioritized (see page 6). Partner organisations, stakeholders and beneficiaries to be interviewed are defined in Annex 3.

At HRDI's request, the team has agreed to meet with representatives from Goma in Gisenyi in addition to the scheduled visits in the six target countries. This will require at least an additional half day in Kigali, with the understanding that a comprehensive assessment of the programme in DRC will be far from feasible.

As noted in Section 2, the considerable time and budget constraints will not permit the team to conduct a full impact evaluation.

The reduced scope of the evaluation also limits the extent to which the team will be able to use HRBA in the evaluation because of the time required to employ the participatory approach to gathering a sufficient amount and variety of beneficiary feedback to be considered representative.

## 4. Other issues

### 4.1 QUALITY ASSURANCE

Quality Assurance (QA) and back-stopping will be provided by Indevelop: Ian Christoplos will provide Quality Assurance and technical support; Katarina Norderstål (Project Administrator) will provide logistics and administration support; Sarah Gharbi (Project Manager) will provide management and co-ordination and will liaise with the Embassy. The evaluation will comply with Sida's Evaluation Guidelines 2010.

### 4.2 FIELD TEAM

The field team will comprise Bernt Andersson and Julia Rogers. The team will work together on all aspects of the evaluation, but each team member will have specific responsibilities for different sets of the evaluation questions.

The field team members will adopt a flexible approach, which will require them to work independently at times in order to consult with as wide a range of stakeholders as possible. However findings will be shared and agreed, through continuous dialogue between team members and this will ensure that conclusions reached are considered, well founded, and arrived at through consensus of opinions.

# Annex 3 – Country Protocol

## HRDI Evaluation Interview Protocol Field Visits 11-20 August 2014

P = Partner      T = Trainee  
B = Beneficiary    C = CBO

Relevant Objective/ Criterion	Question	Trainees/ Partners	Beneficiaries/ CBOs	Remarks
<b>General, Intro</b>				
Relevance	What are some of the political, economic or social problems that affect your country/area (in your opinion)?	T, P	C, B	
	Can you give a brief description of the current HR issues affecting PLHIV/P&V people in the country?	T, P	C, B	
	- Was this the situation when you joined the programme?	T	T	
	- If not, how did it change? Did the programme respond accordingly? Explain.	T	T	
SO 1, 4	What does your institution identify as the priority needs of PLHIV, other poor and vulnerable people in your area?	T, P	C, B	
Relevance. Gender, HRBA	Which sources/opinions were considered when identifying and defining needs: - target communities, CBOs? - partner organisations? - relevant government, professional associations, health/HIVAIDS experts, international/regional development institutions)	T, P	C, B	

	<p>Were women consulted specifically? Their needs prioritised?</p> <p>Do you think the programme responds to those needs? How (specific approach, activities)?</p>	<p>T, P</p> <p>T, P</p>	<p>C, B</p> <p>C, B</p>	
	Do you think the programme presents an appropriate solution to the identified problems and priority needs (as described above)?	T, P	C, B	
<b>Trainees, Partners</b>				
SO 1 Relevance, Effectiveness	<p>Where and when did you take the training course?</p> <p>What was the most useful aspect? Was there any aspect you think the course would be better without?</p> <p>Do you think it prepared you for assisting poor communities with human rights issues? How?</p>	<p>T</p> <p>T</p> <p>T</p>		
SO 1, 2	Did you come away with a strategic plan for your home country? What was it?	T		

	<p>Did you implement the plan [with your institution]? Briefly describe (process, outcome)</p> <p>Did you feel you/your institution had the necessary training, resources, systems, [other] to implement the plan? If not, what was lacking?</p>	<p>P, T</p> <p>P, T</p>		
SO 1 Effectiveness, Relevance	What effect did the returning trainee have on the clinic's ability to provide legal services to the community? <b>[If trainee is not head of clinic]</b>	P		
SO 1, 2	Did you develop a community outreach programme?	P, T		
SO 1	<p>Did you "train the trainer" workshops with the grass-roots CBOs?</p> <p>- How many?</p> <p>- What was covered?</p> <p>[To CBO]: Did you receive training under the programme?</p> <p>- What did you learn?</p> <p>Has that changed your awareness/understanding/actions?</p>	P, T	<p>B, C</p> <p>(B) C</p> <p>(B) C</p> <p>B, C</p>	
SO 1, 2, 4	Did you provide regular legal services to individual cli-			

	<p>ents and communities?</p> <p>What type of services did you provide? (legal advice, assistance with private or government services, litigation)?</p> <p>CBOs: What type of services have you received? Were they useful/did you get what you needed?</p>	<p>P, T</p> <p>P, T</p>	B, C	
SO 4 (3)	<p>Did you identify community-based strategic cases that address pervasive human rights issues in your country?</p> <ul style="list-style-type: none"> <li>- How were cases chosen? Role of client, community?</li> <li>- What made them strategic?</li> <li>- Status/Outcome?</li> <li>- Was HRDI involved in the process?</li> </ul> <p>Did you use international and regional human rights law, forums to support the strategic litigation cases? What source of law/how was it used?</p> <p>Decision (or current status)?</p> <p>If favourable, what impact on client? On broader group?</p>	<p>T, P</p> <p>T, P</p> <p>T, P</p> <p>T, P</p> <p>T, P</p> <p>T, P</p>	B, C	
Overall, Effectiveness	Do you think your organisation has adopted a more focused human rights approach to your interventions as a result of the programme? If so, in what way? (Examples)	T, P		

Overall Objective	What effects (if any) do you think has the programme brought to individuals, communities, institutions – either in the short- , medium- or long- term?	T, P		
Impact	What specific programme components led to the above effects?	T, P		
SO 4 Impact	Have decisions made by domestic, regional and international human rights forums been implemented in affected countries?	T, P	(C, B)	
Overall	Has the programme increased your awareness of and access to domestic, regional and international human rights forums (where appropriate)? How? (examples).	T, P	C (B)	
Overall	What do you think of the programme overall? Should it continue after HRDI closes?	P, T	B, C	

**Partner, Head of Department, Faculty, [Trainees]**

SO 2	Did HRDI assess the capacity of your institution to operate as a functional law clinic?	P		
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	Did HRDI help your institution develop and/or implement systems to improve your capacity to provide effective legal representation (where appropriate)?	P		
SO 2	Describe your collaboration with HRDI: what kind of contact, participating in meetings, supportive activities, common development of information material etc.	P/T		
SO 2	Do you provide HRDI with annual reports? [Request copy from recent year]	P/T		
SO 2  Relevance, Effectiveness, Sustainability	Has your clinic collaborated with other HRDI partner organisations (e.g., to identify common problems, develop/implement common strategies)? Pls describe.  Was the collaboration useful?  Plans to build relationships/network with other organisations going forward?	P (T)  P (T)  P (T)		
SO 1, 2, Overall  Effectiveness, Relevance	Has your clinic represented the client communities on relevant issues within the target areas? Has it proactively addressed them? (Examples)	P	C	
SO 5, (2)	Has your organisation contributed (directly or indirectly) to forums or debates on issues that affect you	T, P	C	

	at the regional and sub -regional/REC level (how? Examples).			
SO 2	Does your clinic have a work plan for the programme activities?	P/T		
	How is it developed? [Participatory process involving community, target group from the start?]	P/T	B, C	
Relevance, Gender	Is specific attention given to gender issues? Which issues? How/have they been addressed?	P/T	B, C	
Sustainability	Are your activities likely to continue after donor funding ends? If yes, what is in place – e.g.: <ul style="list-style-type: none"> <li>- work plans?</li> <li>- funds?</li> <li>- other partnerships (seeking, confirmed)?</li> </ul>	P/T		
	Are/can programme activities/interventions become self-sustaining financially?	P/T		
Overall	Are there any other outcomes from the project in the country other than those mentioned above (intended/unintended, positive/negative)?  [NB: Could be an unplanned result, or within scope of the plan but not covered in interview]	P/T		

## Annex 4 - Overview and analysis of current HRDI partner organisations

Countries	Partner organisation	Integration of HRDI Graduates	Functionality of the clinic	Legal services and outreach
<b>Great Lakes and East Africa</b>				
Burundi	Faculty of Law at the University of Burundi. (The clinic is established)	Two students have been trained by HRDI and are employed by the University of Burundi.	A law clinic at the university has been established but is not yet fully functional	The HRDI students have established contacts with a local support group for PLHIV and a local hospital ward for PLHIV where they have been provided office space to meet with PLHIV and provide legal advice.
DRC	Legal Aid Clinic at University of Goma (The clinic is fully functional)	Four HRDI LLM graduates, all still employed and working in the clinic.	Fully functional clinic.	Outreach through community groups, e.g. of women living with HIV, and in IDP camps. Services include legal awareness and advice, advocacy and legal cases.
	Lumbumbashi (The clinic is fully functional)	Three HRDI graduates trained and employed by the law faculty.	Clinic established in 2013. University contributed office space, furniture and equipment.	Legal services provided to the indigent. Weekly court visits with law students to follow cases. HRDI graduates all members of the bar so able to represent clients fully.
Kenya	Legal Aid Clinic at	Two HRDI grad-	The clinic is in the	The clinic primarily

Countries	Partner organisation	Integration of HRDI Graduates	Functionality of the clinic	Legal services and outreach
	Moi University in Kenya (The clinic expected to be established in September 2014).	uates are in the process of being retained by clinic.	process of being established as an independent legal entity with financial and operational autonomy within the university system. Registration projected for September 2014. HRDI agreement extended to the end of 2014.	works with children in conflict with the law in partnership with juvenile detention centres. Pending registration, the clinic conducts outreach and legal services through partner NGOs.
Rwanda	Legal Aid Clinic at National University of Rwanda (Fully functional clinic)	Two HRDI graduates; one still with the clinic, the other to be confirmed	Clinic since 2001, fully functional.	Outreach mainly through CBOs to raise awareness of legal rights. Services include mediation, advocacy, support for accessing services
	Independent University of Kigali (Fully functional clinic)	One HRDI graduate, heads the clinic.	Clinic established in 2001, but more as a traditional law course with some practical elements. In present form since 2013 with the return of the HRDI student.	Direct outreach in nearby community. Activities include awareness raising, mediation, legal advice and advocacy.
	Great Lakes Initiative for Human Rights and Development (Fully functional clinic)	Two HRDI graduates (one LLM and one training course) run the organisation	Established in 2011 as a human rights law NGO. Partnership with HRDI since 2013. Teaching function similar to that of ULCs through internship program.	Outreach done in collaboration with local government unit embedded in a community centre and directly in homes. Legal services include advice, mediation and strategic advocacy.
Tanzania	Legal Aid Committee of University of Dar es Salaam	Five students have been trained at HRDI but have not been retained	The clinic was established in 1967. It has received funding from HRDI but the	The clinic is providing legal services and outreach and is a strong clinic ac-

Countries	Partner organisation	Integration of HRDI Graduates	Functionality of the clinic	Legal services and outreach
	(Fully functional clinic)	at the Law clinic. Were employed on a full time contract even though the contracts were not permanent. Each graduate worked for at least one year but some for up to 5 years after the training with HRDI on a full time contract position.	funding agreement has ended. Current challenges include lack of funds for administration (fare to and from court volunteers), problem on reaching clients who can't visit office as well as weak referral system from and in between legal aid providers. <sup>30</sup>	cording to HRDIs assessment.
Uganda	Law and Development Centre, Uganda (Fully functional clinic)	Two students trained in 2006. Both continue to work at the centre.	Established in 1979 as a CLE training centre and research institution and to provide legal services to the indigent. The Legal Aid Clinic is a department of the LDC.	Every three months the clinic holds "mobile camps" to provide legal awareness and advice in remote areas and posts lawyers in the target communities for follow-up services. Clinic also operates on walk-in basis for Kampala clients.
	Public Interest Law Clinic, Makerere University (Established but pending registration, expected end of 2014)	Two HRDI graduates hired in 2012; one is still employed and the other was terminated during the first year.	The clinic was established in 2012 to provide CLE, lectures, research and eventually legal services. Registration as a legal service provider is pending; projected	The clinic conducts legal outreach and awareness through its Community Law Programme and Mobile Law Clinic, which operates in four communities around Kampala.

<sup>30</sup> The Guardian 25:th July 2014. <http://www.ippmedia.com/frontend/?l=70341>

Countries	Partner organisation	Integration of HRDI Graduates	Functionality of the clinic	Legal services and outreach
			to be completed by the end of 2014. HRDI paid two tranches of funding in 2012 then terminated the MoU. Collaboration re-initiated in 2013 without HRDI funding.	Pending registration legal services provided through local partners, including <i>pro bono</i> lawyers and NGOs.
<b>Southern Africa</b>				
Lesotho	National University of Lesotho (the clinic is not yet established)	The two HRDI trained students are not yet employed by the University	The clinic is not yet functioning. Office space is identified and there is funding for furniture and supplies.	No legal services yet, but a hospital is identified for outreach and is visited monthly, bringing food packs to children coming to get their HIV medicines.
Malawi	Legal Aid Clinic, University of Malawi (Fully functional clinic)	Two students from Malawi have received training at HRDI in 2011. Both of them are employed by the Faculty of Law at the University of Malawi, as Deputy Dean of the faculty (responsible for the Disability clinic) and as Head of Department for the Law clinic (responsible for the HIV/AIDS clinic).	The clinic is operational. The clinic with focus on PLHIV re-started in 2012 after having been dormant for several years, with seed money from HRDI. There are now five units, HIV/AIDS clinic, Disability clinic, Child rights clinic, Bail and mitigation clinic and Commercial law clinic.	The clinic has collaboration with the local CBO for the community of Shikanda, working with PLHIV and other vulnerable groups. Activities include legal consultations and awareness raising among the CBO members and the community.
Mozambique	Legal Aid Clinic, Eduardo Mondlane University (Fully functional)	There were 6 HRDI students in Mozambique. Three of them are	The clinic is fully functional, providing practical training to students at the	The outreach activities are through three projects. One project is directed to

Countries	Partner organisation	Integration of HRDI Graduates	Functionality of the clinic	Legal services and outreach
	clinic)	currently employed by the university for teaching and planning and supervising practical training and through outreach activities.	Faculty of Law. The law clinic is an integrated part of the Faculty of Law. There was no funding from HRDI during the second phase of the HRDI project.	prisoners, with weekly visits and advice to prisoners. One project is focusing on capacity building and advice to disabled people in some communities. The third project is about domestic violence. This component includes outreach services to one community, where the students have information activities directed to the people living there and provide legal consultations. The law clinic has collaboration with a CBO in the same community, working with children and financed by EU
	Centre for Human Rights, Eduardo Mondlane Univ.		The centre focuses on policy and advocacy issues.	No direct services provided.
Namibia	The Legal Assistance Centre (Fully functional clinic)		Established NGO, providing legal services. Applied for observer status at African Commission of Human and Peoples' Rights.	Outreach, providing legal services to rural areas of Namibia with support from HRDI.
Zambia	Legal aid clinic, University of Zambia. (Expected to be established in September 2014)		Construction works and procurement of equipment will be finished and the law clinic is expected to open in September 2014.	There are no services or outreach yet.

# Annex 5 – Schedule for field work

## 1. Overall schedule for field work

Day	Time	Activity
Friday 8 August	10.00-17.00	Briefing and Meeting HRDI, Pretoria
Saturday 9 August	8.30 – 13.00	Meeting HRDI, Pretoria
Monday 11 August	All day	Field visit country 1 (BA) and 2 (JR)
Tuesday 12 August	All day	Field visit country 1 (BA) and 2 (JR)
Wednesday 13 August	All day	Travel to country 3 and 4
Thursday 14 August	All day	Field visit country 3 (BA) and 4 (JR)
Friday 15 August	All day	Field visit country 3 (BA) and 4 (JR)
Monday 18 August	All day	Field visit country 5 (BA) and 6 (JR)
Tuesday 19 August	All day	Field visit country 5 (BA) and 6 (JR)
Wednesday 20 August	All day	Travel to Pretoria
Thursday 21 August	9.00-11.00	Internal consultant meeting
Thursday 21 August	11.00-13.00	Meeting HRDI, Pretoria
Thursday 21 August	13.30-17.00	Meetings with stakeholders in Pretoria
Friday 22 August	All day	Meeting and De-briefing with HRDI, Pretoria

## 2. Lesotho schedule for field work

Day	Time	Activity
Sunday 10 August		Arrival of evaluator
Monday 11 August	9.00-14.00	Briefing and meeting with partner organisation, Faculty of Law
	14.30-16.00	Meeting Itsekeng Manonyane Support Group
Tuesday 12 August	9.00-10.00	Candidate trained by HRDI, Maleboana Phafane, Clinician of the Clinic – Mamofuta Kale and Mamello Phekani
Tuesday 12 August	10.00-11.00	Legal Aid Counsel
Tuesday 12 August	14.00-15.00	Registrar – High Court

## 3. Rwanda Schedule for field work

Day	Time	Activity
Sunday 10 August		Arrival of evaluator in Kigali, travel to Gisenyi
Monday 11 August	9:30 – 12:45	Meeting with University of Goma in Gisenyi. Meeting with National University of Rwanda Legal Clinic and CBO representative – Kigali, Rwanda
Tuesday 12 August	9:30 – 12:45	Meeting with National University of Rwanda Legal Clinic and CBO representative – Kigali, Rwanda
	14:00 – 17:15	Meeting with Independent University of Kigali Legal Clinic, Dean and law students
Wednesday 13 August	10:00 – 18:00	Meeting with GLHID, Kigali, Rwanda; visit to CBO

## 5. Mozambique schedule for field work



Day	Time	Activity
Wednesday 13 August		Arrival of evaluator
Thursday 14 August	All day	Briefing and meeting with partner organisation, Faculty of Law, Law students
Friday 15 August	All day	Meeting with beneficiaries, Community based organisations
Friday 15 August	15.00-17.00	De-briefing meeting with partner organisation

#### 5. Uganda schedule for field work

Day	Time	Activity
Wednesday 13 August		Arrival of evaluator
Thursday 14 August	10:00 – 17:15	Meeting with Makerere University PILAC, Kampala Uganda; visit to two CBOs
Friday 15 August	11:00 – 12:45	Meeting with HRDI graduate no longer with PILAC, Kampala, Uganda
Friday 15 August	14:30 – 17:00	Meeting with the Law Development Centre, Kampala, Uganda

#### 6. Malawi schedule for field work

Day	Time	Activity
Sunday 17 August		Arrival of evaluator
Monday 18 August	All day	Briefing and meeting with partner organisation, Faculty of Law, Law students
Tuesday 19 August	All day	Meeting with beneficiaries, Community based organisations
Tuesday 19 August	15.00-17.00	De-briefing meeting with partner organisation

#### 7. Kenya schedule for field work

Day	Time	Activity
Sunday 17 August		Arrival of evaluator
Monday 18 August	9:30 – 17:45	Meeting with Moi University Legal Aid Clinic – Eldoret, Kenya
Tuesday 19 August	10:00 – 18:00	Meeting with Moi University Legal Aid Clinic; visit to partner NGO and juvenile detention centre – Eldoret, Kenya
Wednesday 20 August	11:00 – 13:45	Meeting with two HRDI graduates, Nairobi, Kenya

# Annex 6 – Interview letter and questions to stakeholders

Dear ...

I'm the Team Leader of an evaluation of the project on Regional Human Rights Law Clinics, financed by Swedish Sida and implemented by the Human Rights Development Initiative (HRDI) in Pretoria. The evaluation team has visited HRDI in Pretoria and also a number of law clinics. Additionally, we are interviewing via email, members of human rights institutions in Africa. It would be very helpful if you can assist us in responding to a few questions, listed below.

The objective of the project has been to protect and promote respect for the rule of law and human rights in the Great Lakes, East and Southern African Regions through increasing access to domestic, regional and international human rights forums to the poor and vulnerable groups in society. To do this, HRDI has partnered with university law clinics, trained around 50 lawyers in Human Rights by giving LLM courses in collaboration with the Centre for Human Rights at the University of Pretoria. HRDI has supported about 15 university law clinics to strengthen services to poor and vulnerable groups, through legal services and outreach assistance to community based organizations. HRDI and the project have also been actively involved in promoting human rights at regional level in Africa.

## **Interview questions:**

1. In what way have you come in contact with the HRDI project?
2. Do you think the project, focusing on university law clinics represent an appropriate approach to human rights problems in Africa?
3. Does the project, in your view, respond to the priority human rights needs of the target groups, which is poor and vulnerable people including PLHIV; and of HR lawyers and law students?
4. Has the project brought any benefits to your organization? If so, please explain.
5. According to your knowledge, is the project aligned to other initiatives or interventions by other institutions working with HR in the Great Lakes, East and Southern African Regions?
6. Do you have any other information or opinion about HRDI or the project that you would like to share with us?

I would be grateful if you can response to the above questions by email within a week.

Best regards

**Sent to:**

Anand Grover, UN Special Rapporteur on the Right to Health

Rashida Manjoo, UN Special Rapporteur On Violence against Women

Zainabo Sylvie Kayitesi (Chairperson), African Commission on Human and Peoples' Rights

Lucy Asuagbor (Chair HIV Committee), African Commission on Human and Peoples' Rights

Gerard Niyungeko (Past President), African Court on Human and Peoples' Rights

Charles Mkandawire (Registrar), SADC Tribunal

John Ruhangisa (Registrar), East African Court of Justice

Fadzai Muparutsa (Advocacy Officer), Coalition of African Lesbians

Michaela Clayton (Director), ARASA

Niraj Dawadi, OHCHR/Regional Office for Southern Africa

# Annex 7 – People interviewed

## South Africa

Asha Ramgobin, Director, HRDI  
Dan Bengtsson, Deputy Director, HRDI  
Christian Tshimbalanga, Partnerships, HRDI  
Hester Rossouw, Administration, HRDI  
Gideon Mpako, Maintenance and student's manual work, HRDI  
Pierre Brouard, Director for Centre for the Study of Aids and HRDI Board Member  
Frans Viljoen, Director, Centre for Human Rights at the University of Pretoria  
Magnus Killander, Professor and Supervisor, Centre for Human Rights at the University of Pretoria

## DRC

### Legal Aid Clinic, University of Goma (Goma<sup>31</sup>)

Eric Katusele Bayongi, Deputy Dean, Lecturer, Legal Officer, HRDI Student  
Prisca Bwihangane Minja, Lecturer and Legal Officer of the Law Clinic, HRDI student  
Patient Iraghwa Ndamiyeh, Lecturer and Legal Officer of the Law Clinic, HRDI student  
Henri Mashagiro Bonane, Lecturer and Legal Officer of the Law Clinic, HRDI student

## Lesotho

Kananelo.E. Mosito, Head of Department, Acting Dean of the Law faculty, University of Lesotho  
Mamello Priscilla Phekani, Legal Officer of the Clinic, HRDI student, University of Lesotho  
Professor Rakotsoone, Pro-vice-Chancellor, University of Lesotho  
Korato Mohau, Lecturer in Clinical Legal Education, University of Lesotho  
Lesitsi Mokeke, Registrar of the High Court and Court of Appeals  
Papali Malefane, Chief Legal Aid Counsel  
Malebeoana Phafane, HRDI student, High Court of Lesotho  
Mamofuta Kale, Clinician of the Clinic, University of Lesotho

### *Itekoleng Manomyane Support group*

Agatha Lepphoto  
Mabasiane Mochesane  
Kelebeleletsoe Leotia  
Mapolo Salemane

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<sup>31</sup> Met in Gisenyi, Rwanda

Nthau Mohabi  
Ernest Pi Thibeli

**Kenya**

*Legal Aid Clinic at Moi University, Eldoret*

Vincent Mutai, Coordinator of the Law Clinic  
Henri Lugulu, Former Dean of the Faculty of Law  
Desire Wilson Njamwea, Lecturer, Legal Officer of the Law Clinic, HRDI student  
Irene Mwendu Maithya, Lecturer, Legal Officer of the Law Clinic, HRDI student  
Maurice Odoue, Head of Department and Past Coordinator of the Law Clinic  
Ibrahim Alubala, Programme Officer, Save the Children Nairobi, HRDI student  
Milka Kuria, Civil Servant Ministry of Justice, HRDI student

**Malawi**

*University of Malawi*

Kassim Mdala Amuli, Head of Department, HRDI student,  
Timothy Chirwa, Head of the Legal Aid Clinic  
Ngeyi Kanyongolo, Law teacher  
Mwiza Jo Nkhata, Dean of the Law Faculty  
Richard Tambulasi, Principal Chancellor College  
Hilda Nicole Kaluwa, Deputy Dean of the Faculty of Law, HRDI student

*Others*

Mercy Kauange, Administrative Manager of Change Radio  
Gharton Kamahedzera, Child Health Law Clinic, University of Malawi

*Chikanda CBO*

Pastor Kasenda, chairperson  
Members of the CBO (about 15 women)

*HIV Legal Clinic Volunteers, students of the Law Faculty, University of Malawi*

Dad Chintambi  
Panji Chirwa  
Andrew Mdala  
Clemence Chamwenda  
Pilivani Masanjale  
Joshua Nkhono  
Emilia Mvula  
Ellen Chandilaga

**Mozambique**

Nadja Remane Gomes, Director of Law Clinic  
Armando Cuamba, Deputy Director of the Law Clinic, HRDI student  
Maria de Lurdes Jose Joao de ARAUJO, Member of the Law Clinic, HRDI student  
Bonifacio Ildefonso, HRDI student  
Paulino Libombo, Associacao Meninos de Mozambique

Constantino Doane, Associacao Meninos de Mozambique  
Jose Constantino Pindula, Associacao Meninos de Mozambique

**Rwanda**

*Legal Aid Clinic, National University of Rwanda (Butare)*

Laurent Shenge, Lecturer and Legal Officer of the Law Clinic, HRDI student  
Innocent Musonera, Lecturer at the Law Faculty

*Legal Aid Clinic, Independent University of Kigali (Kigali)*

Titien Habumugisha, Dean of the Faculty of Law  
Vedaste Bahati, Head of Department, Coordinator of the Law Clinic, HRDI student

*Great Lakes Initiative for Human Rights and Development (Kigali)*

Tom Mulisa, Executive Director of GLIHD, HRDI student  
Vestine Umulisa, Deputy Executive Director  
William Ndengenyika, Legal Officer of GLIHD, HRDI student  
Steven Salim Gatari, Office Administrator  
Monica Muheki, Intern  
Emmanuel Tigerwanira Muhumuza, Intern

*Association Ituze Niboye*

Beatha Uwamahoro, Representative and Member  
Leotine Mukarurangwa, Secretary and Member  
Esperance Kamparage, Member  
Jeanne D'Arc Mukandekezi, Member

*Others in Kigali*

Kanuki Dufitumukiza, Executive Secretary, NGO Forum on AIDS and Health  
Emmanuel Niyonkuru, Executive Secretary, Niboye Cell  
Sylvestre Nkudimana, Coordinator, Associations of People living with HIV in the Kicukiro District

**Uganda**

*Public Interest Legal Aid Clinic, Makerere University, Kampala*

Christopher Mbazira, Head of PILAC  
Dianah Ateenyi Ahumuza, Lecturer and Legal Officer of the Law Clinic, HRDI student  
Daphine Arinda, Law Student

*Law and Development Centre, Kampala*

Peace Catherine Tumusiime, Legal Officer, HRDI Student

*Others*

Isaac Afunaduula, Advocate, HRDI student

## Annex 8 – Documents reviewed

- African Commission on Human and Peoples' Rights, reports, minutes, submissions and speeches
- Agendas and Minutes from Annual Review Meetings
- Agendas and Minutes from Partnership Forums
- Agreement between Sweden and HRDI
- An Evaluation of the Project "Regional Human Rights Law Clinics to Increase Access to Justice for Vulnerable Groups in Africa". Andante - tools for thinking AB. Kim Forss, Charlotta Forss. Final Report. Strängnäs 2009.10.09
- Annual work plans for 2010, 2011, 2012, 2013 and 2014
- Assessment Memo
- Briefing document on each of the one month training programmes
- Briefing document for the LLM in 2011
- Briefing document for the LLM in 2012
- Completion report end of phase 1. 3 March 2010
- Correspondence with partners
- Country reports to the African commission on Human and Peoples' Rights.
- Documents on cases and claims submitted
- Documents on grassroots involvement in human rights issues
- Draft curriculum for a University Based Law Clinic, November 2013
- Draft funding proposal for Illicit Flight of Capital from Africa, 24 June 2014
- Employment contracts for HRDI staff
- External examiners reports LLM
- Final objectives and Indicators of success, 25 March 2010
- Final Stakeholder Workshop Report 23 February 2010,
- Implementation plan 25 March 2010
- Improving human rights based interventions to combat discrimination on the basis of HIV status in SADC and great Lakes regions. The Report of HRDI's Stakeholder Workshop 12-13 November 2009
- Internal and self assessments of partners
- Minutes from HRDI Board Meetings
- Notes of Regional Meeting
- Swedish strategy for support for regional and subregional development cooperation in Sub-Saharan Africa 2002-2006
- Problem tree
- Progress reports
- Project budget 2010-2014
- Project Proposal, 25 March 2010
- Terms of Reference
- The Embassy's Decision on contribution



## Evaluation of the Project 'Phase Two of a Grassroots based Project of the Human Rights Development Initiative on Regional Human Rights Law Clinics'

The overall objective of the project 'Phase Two of a Grassroots based Project of the Human Rights Development Initiative on Regional Human Rights Law Clinics' was to promote respect for the rule of law and human rights in the Great Lakes, East and Southern African Regions. The evaluation found that the overall objective is still not achieved, although there have been considerable achievements. The project was effective in training more than the targeted number of lawyers, but did not quite reach the target of 15 fully functioning university law clinics in 11 countries or establishing a network among them. The project was effective in increasing access to justice and bringing grassroots concerns to regional forums and, in some cases, in influencing the conversation regarding the human rights of PLHIV and other vulnerable groups. The evaluation recommends a 6 month extension of the project to implement the recommendations.

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