2018:1 Sida Decentralised Evaluation

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Evaluation of the National Legal Aid Clinic for Women's Access to Justice Programme in Zambia

Final Report

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Commissioned by Sida

Date of final report: 15 December 2017

Published by Nordic Morning 2018

Art. no. Sida62123en

urn:nbn:se:sida-62123en

This publication can be downloaded from: http://www.sida.se/publications

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Abbreviations and Acronyms

CSO	Civil society organisation
DFID	Department for International Development (of the Government of the United Kingdom)
EU	European Union
EUR	Euro
FBO	Faith based organisation
GBV	Gender-based violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HRBA	Human rights-based approach
LAB	Legal Aid Board
LAZ	Law Association of Zambia
M&E	Monitoring and evaluation
NGO	Non-governmental organisation
NLACW	National Legal Aid Clinic for Women
NOK	Norwegian Kroner
OECD	Organisation for Economic Co-operation and Development
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OSISA	Open Society Initiative for Southern Africa
PLEED	Programme for Legal Empowerment and Enhanced Justice Delivery in Zambia
SEK	Swedish Kroner
Sida	Swedish International Development Cooperation Agency
ToR	Terms of reference
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USD	United States Dollar
VSU	Victim Support Unit
ZMW	Zambian Kwacha

Preface

This Evaluation of the National Legal Aid Clinic for Women's Access to Justice Programme in Zambia was commissioned from NIRAS Indevelop by the Embassy of Sweden in Zambia. The evaluation took place from October to November 2017 and was conducted by:

- Greg Moran, Team Leader and Human Rights and Legal Aid Expert.
- Dr. Lungowe Matakala, National Human Rights and Gender Equality Expert.
- Lovisa Arlid, Research Assistant and Gender Expert
- Johanna Lindgren Garcia, Evaluation and data support

Johanna Lindgren Garcia managed the evaluation process at NIRAS Indevelop. Ted Kliest provided the quality assurance. Pezo Mateo-Phiri managed the evaluation at the Embassy of Sweden in Zambia.

Executive Summary

The current evaluation is an evaluation of the National Legal Aid Clinic for Women's Access to Justice Programme, a project of the Law Association of Zambia's Women's Rights Committee that was established in 1990. The evaluation was conducted in the period October – November 2017 and was based on the standard evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability, with two additional criteria: (a) inclusiveness; and (b) the perspectives of the poor, the Human Rights Based Approach and gender equality. To assess progress with the Access to Justice Programme, the evaluators focused primarily on the strategic plan (2013-17), which includes four Thematic Areas:

- Access to justice;
- Gender-based violence (GBV);
- Legal literacy;
- Advocacy.

Given the situation in Zambia as it pertained to access to justice for women and children, including GBV, the thematic areas of the strategic plan and the activities listed in it were highly **relevant** at the time of adoption, built on the strengths and experience of the Clinic gained over many years, and were closely aligned to the needs and priorities of beneficiaries. With its central focus on access to justice for women and GBV, as well as the focus on increasing awareness of the law and human rights for women and children, tackling harmful customary practices, and advocating for changes to law and policy related to women, children and GBV, the programme was also very relevant for gender equality in 2013. There have been no major changes or developments when it comes to GBV and gender equality, and so the strategic plan has remained relevant since adoption and has not needed to be changed to address new or emerging issues. Although not directly affected by what is referred to as the 'shrinking space for civil society', the Clinic has faced a potential threat during 2017 in the form of a Private Member's Bill to amend the Law Association of Zambia Act to formulate and regulate various law societies or associations and repeal the Law Association of Zambia Act (Cap 31), that would in effect replace the current Law Association with a new body or bodies. While this would not directly or immediately affect the Clinic, since it has its own legal identity, it would have an effect in that the current Board is made up of members of the Women's Rights Committee and the Clinic would have less influence on future law societies or associations. The Bill has been withdrawn, but there may nonetheless be a need for a strategy to deal with it should it be reintroduced.

Measuring the **effectiveness** of the Clinic has challenges in that the results framework (as revised following a consultancy to assist the Clinic funded by Sida) does not list activities and outputs. Nonetheless, the Clinic has been effective in providing access

to justice for women and children generally (Thematic Area 1). A total of 6,523 new cases were recorded in the period 2013 to end July 2017 against a target or 1,440 cases per annum (giving a total target of 7,200 cases over the five years of the strategic plan). Most of the cases reported to the clinic are family law matters, including marital disputes, divorce, maintenance, child maintenance and custody, property settlements, and intestate succession. The Clinic also receives a significant number of cases related to land disputes, including those arising from resettlement and displacement of communities. All of the cases reported to the Clinic are from women or children, but determining how many cases involve children (including whether they are male or female) and how many involve adult women is not possible since data is not clearly disaggregated by age or sex. Although this can often be inferred from the nature of the case (for example, those involving maintenance and custody relate to children while those involving divorce and marital disputes involve adult women), data should nonetheless always be disaggregated by age and sex, particularly when gender is a core aspect of some Cooperating Partner's (such as Sida's) priorities. Similarly, the gender of participants at workshops and school outreach activities is not possible, since data on numbers of participants is also not disaggregated by sex or age. Most of the clients approaching the Clinic for assistance are poor. Although generally poor, some clients are able to contribute to the administrative costs of dealing with their matters according to a schedule of contributions approved by the Law Association. While this helps to defray some of the Clinic's expenses and contributes to the budget of the Clinic, there is no clear guideline or means test for determining who is asked to make such a contribution. In some cases, women married to wealthy men are assisted as they are 'vulnerable' when they approach the Clinic, having no independent source of income or wealth. While this argument is accepted, the Clinic needs to guard against providing services to richer members of society at the expense of poorer and more vulnerable women and children.

The Clinic provides a full range of services to clients including legal advice, internal mediation (conducted by Clinic staff), psychosocial counselling and assistance in Court-annexed mediation. Importantly, the Clinic is one of very few CSOs providing legal representation in addition to legal advice and assistance, and its track record in this area is particularly good, winning around 86% of its cases. Legal representation has been provided in 1,425 cases in the period 2014 to end October 2017. Indicating a high degree of trust and awareness amongst CSOs and government institutions of the Clinic and the services it offers, around 25% of clients are referred to the Clinic by the network of partners it has established. The Clinic has also trained around 131 paralegals and established 69 paralegal desks in communities. Paralegals provide crucial 'front-line' services to clients in need, including referring them to the Clinic or other service providers and conducting community outreach activities together with Clinic lawyers and staff. However, the new Legal Aid Policy (currently in draft form, but close to completion) creates both opportunities and challenges: while paralegals will be formally recognised once the Policy is adopted and the policy recognises 'community paralegals' as 'Level 3 paralegals', the amount of training required to achieve Level 3 recognition is reported to be 200 hours compared to the 80 hours of training

provided by the Clinic. There is some prospect of the Clinic being able to secure at least some of the costs to cover such training under the Programme for Legal Empowerment and Enhanced Justice Delivery in Zambia and GIZ's Civil Society Participation Programme, which together aim to support training of around 550 community-based paralegals to attain Level 3 status. But additional funding may nevertheless be required to ensure that those already trained are provided with further training, and that the costs of future training is supported. In addition, paralegals trained by the Clinic are meant to be supported by their communities and the Clinic provides no funds or additional assistance to them once trained. This creates a real possibility that they will stop acting as paralegals and investments in this area will be lost.

The Clinic has a specific focus on GBV under Thematic Area 2 of the strategic plan. It has performed well in this area, providing legal representation in around 90 cases per annum in addition to counselling and other services to survivors of GBV. The Clinic has also targeted community leaders, customary adjudicators (including traditional leaders) and Local Courts with specific sensitisation activities aimed at ensuring that GBV cases are referred to the proper authorities to be dealt with rather than being dealt with by customary adjudicators and Local Courts. These activities were well regarded by those consulted during the evaluation, but their impact has been diminished by the lack of funding to roll the training out to others.

In the area of legal literacy (Thematic Area 3 of the strategic plan), the Clinic has conducted 54 community workshops (44 focused on GBV); 60 school outreach workshops and activities (44 focused on GBV); 107 radio programmes (64 of which were focused on GBV); and 10 television programmes, all focused on GBV. The Clinic has also produced an impressive array of publications aimed at raising awareness of the law, GBV, and women's and child rights: 9,000 newsletters, 9,500 booklets, 15,000 brochures, 27,000 posters and 500 copies of its casebook (capturing important recent judgments) during the period under review. Publications are generally rated as very good, although future versions could reduce the use of legal terms and should guard against cartoons that might be seen as making light of serious topics. The biggest gap in this area though is the fact that the Clinic's website has not been operational since November 2016 as a result of problems with the host company. However, the issue is being attended to and it is anticipated that a new website will be functional again in early 2018.

When it comes to advocacy (Thematic Area 4), the Clinic has had a major role to play in the development of Rules of Court for GBV Fast Track Courts, the development of the Draft National Legal Aid Policy and in changes to the law of Intestate Succession related to the distribution of land falling under customary law. No strategy has been developed for advocacy though.

Although not listed as a thematic area, the Clinic has been successful in entering into partnerships with others that have increased its effectiveness across various thematic areas. These include partnerships with CSOs for specific projects as well as the inclu-

sion of the Clinic under other programmes focused on gender, women's and child rights, and access to justice that have not only secured additional funding for the Clinic, but have also increased its effectiveness in key areas.

The Clinic has implemented its activities **efficiently** and, while it has never achieved the level of funding suggested in the strategic plan (which is over-ambitious), the Clinic has secured funding from an increasing number of Cooperating Partners during the period under review. Most of this support is project support though and Sida remains the only Cooperating Partner providing core support, is the only donor to have funded the entire period of the strategic plan, and has provided close to 70% of the Clinic's funding from 2013 to 2017. And an increase in the number of Cooperating Partners supporting the Clinic does not necessarily translate into an increase in overall funding – in fact, the level of funding has remained fairly constant and has actually dipped in 2017. The main explanation for this is that most Sida funds were provided in year one of the strategic plan to ensure the Clinic had funds for vehicles and equipment required to implement the plan and on the basis that the Clinic had developed a sustainability plan (2013-17) that suggested it would be able to secure funding elsewhere, including from private sources, and reduce its overall dependence on donor-funding through various means. However, much of the sustainability plan remains to be implemented and the attempt by the Law Association to introduce a pro bono policy requiring its members to provide pro bono assistance to the Clinic has stalled. The only major delay in the release of funds occurred with funding from the Norwegian Embassy that was only released in 2015 and that impacted on the Clinic's work, particularly in the area of GBV to which these funds are dedicated. The Clinic is able to raise funds from other sources than donor funds, including income from clients, but this is a fraction of the funding it requires. Of some concern is the apparent rate of under-expenditure each year. The main reasons for this are (a) that the implementation of the strategic plan, and thus the release of funds to fund it, was delayed to July 2013 and most funds for 2013 were thus delayed until late in 2013; (b) that Sida chose to 'front-load' its funding, releasing the majority of its contribution in year one; and (c) some expenditure planned for 2013, including the purchase of vehicles and equipment, was delayed into 2014. As a result, significant levels of funding were carried over from 2013 into 2014. Since accounts have been prepared on an annual basis from 2013, but most Cooperating Partners only released funds at the end of each year of the strategic plan, this in turn creates the impression that income for 2014 and subsequent years was greater than what was actually received each year and the Clinic continues to require additional funding to cover its costs. Given that the bulk of the services provided by the Clinic relate to legal assistance and representation by lawyers, which is covered by salaries, the ratio of overhead costs to activities is very good.

The Clinic provides commendable levels of services to clients, outreach activities and advocacy given how small their staff is. It has also faced a high turnover of staff, particularly lawyers. But while this obviously causes the Clinic some concern and leads to delays in finalising cases, it is not unusual for lawyers to gain skills in a CSO be-

fore moving on to private practice or other forms of employment. In this regard, the Clinic has contributed to the development of a cadre of highly trained and skilled lawyers, with a strong background in gender equality, human rights and GBV, that has increased the capacity of Zambia's legal sector over many years. There is a need for more lawyers, legal assistants and interns, but the Clinic has limited space to house these and solutions need to be found. From a 'light touch value for money assessment' perspective, the Clinic is providing value for money, although greater value for money could be attained by requesting partners to raise awareness of its services by including information on the Clinic in their publications and workshops and on their websites. Workshops could also be improved by developing standard workshop guides and training staff on adult education, and the Clinic does not make enough use of low cost opportunities in radio and television and its website, created in 2011, has not been functioning since November 2016 as a result of problems with the host company which has reportedly deleted the content from its server. A decision has been taken to build a new website in early 2018, which should be prioritised. There is also some concern amongst the evaluators that the value for money in training paralegals will be lost if they stop providing services because they are not provided with any funds to cover their expenses.

Although measuring **impact** is difficult under the current strategic plan and results framework, there are clear examples of positive outcomes. Clients consulted by the evaluation team were very satisfied with the services provided, which is supported by the very high success levels achieved by the Clinic in cases taken to Court. Training and sensitisation of customary adjudicators and Local Court Magistrates has reportedly led to increased understanding of their roles and the limits on their jurisdiction when it comes to GBV, but the impact of these activities has been hampered though by the fact that no funds or other support has been provided to roll the training out. Community leaders also reported a reduction in harmful customary practices and GBV as a result of their increased understanding of the issue and their willingness to share their knowledge with the communities they serve. Workshops and other public education methods can also be assumed to have raised awareness, knowledge and understanding, and perhaps even have contributed to a reduction in incidents of GBV or at least to improved reporting. Public education also contributes to the outcomes in the strategic plan, with 1,518 cases reported to the Clinic as a result of legal literacy activities in the three years for which statistics are available. And it can also be assumed that the work of the Clinic has at least led to better understanding of gender equality, although it cannot in any way be measured. At the impact level, the Clinic played a key role in the development of Rules of Court for GBV Fast Track Courts, is credited with changes to the law related to intestate succession, and has been a key role-player in the development of the Legal Aid Policy. There is one area where negative impact may well be happening though – some clients are too embarrassed to admit they have no money to contribute to the costs of their cases when asked to do so. They then fail to return to the Clinic, which not only impacts on their ability to access justice, but also affects the reputation of the Clinic and increases its workload while files remain open. Based on difficulties in measuring effectiveness and impact, large-

ly as a result of problems with the results framework and the fact that the Deputy Director has little time in her busy schedule to focus on this key aspect of her work, there is a real need to free up more of her time and for greater attention to be given to this area.

In the area of **sustainability**, the Clinic remains highly dependent on donor funding even though it is officially a project of the Law Association. The Law Association has provided limited financial support and while it may provide additional office space in Lusaka soon, it needs to consider increasing its financial commitment and introducing a policy requiring its members to provide pro bono assistance to the Clinic. Even though the Clinic has been able to attract additional funding and increase its funding base during the period under review, limited funding clearly has an impact on its ability to employ new lawyers, retain personnel, increase its client base, and to open new offices to increase access to justice for women and children across the country. Nonetheless there are encouraging signs, including the fact that it has been able to secure core funding from Sida, has purchased property in Lusaka, Ndola and Livingstone, and has consistently been able to attract young and committed staff, including lawyers, to its ranks. The Clinic is also a trusted partner for Cooperating Partners, as evidenced by the increase in the number of these supporting it over the years and, given that it is one of the few organisations that provides legal representation, it will remain a 'go-to' organisation for those Cooperating Partners wishing to increase access to justice for women and children and for those focused on gender, gender equality, women's rights and child rights. The Clinic has also established and maintained networks with a very broad range of CSOs and has built relationships with government, the judiciary, law enforcement agencies, the legislature, and the main national institutions and commissions. There is also good evidence of sustainability of action, where the benefits of community outreach, public education, trained paralegals, and advocacy for law and policy development will continue for many years to come.

As a general rule, the Clinic by nature has a strong focus on **gender equality and human rights**. It is quite clearly intended to be inclusive of women and children, especially the poor and vulnerable, although the focus in the strategic plan on people living with HIV did not lead to any activities in this area as a result of lack of funding. Decision-making in terms of the Clinic's priorities, plans and activities is very much undertaken in-house and although the issues facing women and children in Zambia are well known, other organisations are not included in planning processes. Without its own functional website, it is difficult for outsiders to obtain information such as annual reports, budgets, work plans and the like online. The Clinic is accountable to its Board and Cooperating Partners. Although there are issues with reporting against the results framework, reports are generally submitted on time and are sufficiently detailed to allow the Board to perform its oversight role. While no reports of actual harm were found, the same issue regarding access to justice for the very poor and asking whether they are able to contribute to expenses is raised by the evaluators.

Based on the conclusions in Chapter 8 of the report, the following recommendations are made:

1. For the National Legal Aid Clinic for Women

In order of importance:

- The Clinic needs to continue to find ways of increasing its funding base, both from Cooperating Partners, and by implementing its sustainability plan. In that regard, the additional programme officer specialised in resource mobilisation identified by Management and the Board should be employed as a matter of priority.
- More attention needs to be given to M&E, partly by freeing up more of the Deputy Director's time to focus on this, but also to revise all statistics and data to increase accuracy, prepare standard reporting formats for lawyers and others to complete, conduct regular low- or no-cost client satisfaction surveys (including simple questionnaires, follow-up phone calls to a percentage of randomly selected clients).
- To accommodate existing lawyers and new lawyers / legal assistants / interns / students the Clinic should:
    - Engage with the Law Association to ensure that sufficient space is provided at their new complex in Lusaka
    - Enter into discussions for a satellite office at the Ndola Catholic Dioceses premises in Ndola and the Young Women's Christian Association in Lusaka at reduced rentals.
    - Implement the ideas in the sustainability strategy to raise funds or secure free supplies from recognised and credible suppliers of cement, bricks and other building materials to build additional facilities at the Ndola and Lusaka offices.
- Recognising that activities are not included in the results framework but still need to be reported on, future Annual Reports need to include both an overview of activities undertaken **and** a measure of progress towards the results in the current results framework. Wherever possible, data provided must be disaggregated by age and sex.
- The Clinic should continue to engage with the Law Association for:
    - The development / finalisation of a pro bono policy, requiring all lawyers to provide at least some hours or days per annum to assist the Clinic.
    - An increase in the annual allocation to the Clinic.
- The Clinic should prioritise the development of a manual, policy or guideline, including a means test, to determine exactly who should be provided with assistance at no charge, who should pay a reduced fee, and who should pay a higher fee based on their financial status. Such a manual, policy or guideline should clearly reflect that the poorest women are prioritised and that wealthier clients are only assisted if and when human resources allow.
- The current scale of fees to be charged to those who can afford it needs to be revised and a sliding scale introduced to ensure that appropriate fees can be secured from wealthy clients who were provided with assistance on the basis that they were unable to access funds when they approached the Clinic.
- Efforts need to be made to increase the client base in Livingstone through increased awareness raising amongst communities using no- or low-cost ideas, including requesting other CSOs in the area to raise awareness of the Clinic and the services it offers.

- The Clinic should immediately take steps to re-establish its website to increase its outreach, provide important information to the public, and publish its own activities and publications.
- The Clinic should enter into discussions with other organisations to request them to include details on the Clinic and the services it provides in all new publications, on their websites, and in any other community outreach activities (such as radio and television programmes, social media and community or other workshops).
- Consideration needs to be given to amending law or policy to allow for the Clinic to engage 'legal assistants' (as per LAB). To increase human resources, the Clinic should consider increasing the number of interns and using students from the University of Zambia who are taking Clinical Legal Education and Street Law.
- Mediation should be prioritised and any staff with aptitude in this area, not just lawyers, should be trained in mediation.
- As soon as funds allow, the Ndola Counsellor should be engaged on a full-time basis.

For consideration in the next strategic plan

- The next strategic plan needs to include a clearly defined results framework, including activities and outputs, and clearly defined and realistic specific, measurable, achievable, relevant and time-bound (SMART) indicators – particularly at the outcomes level.
- There is a need for at least one additional lawyer, and ideally two, to be included in the core budget as well as funding for an additional office.
- To increase effectiveness in advocacy, an advocacy and networking strategy should be formalised and included in the next strategic plan.
- To increase communication and outreach generally, a communication strategy should be developed that includes low-cost and no-cost means of providing outreach (such as radio call-in programmes) and the use of new forms of media.
- To increase the effectiveness of workshops, standard workshop guides and materials should be developed and translated to increase accuracy of information and training, and staff should be trained on workshop skills and using participatory adult education methodologies.
- A network of alumni should be created to specifically provide pro bono and/or financial support to the Clinic (for example, through an annual fundraising dinner).
- A basic stipend should be considered for paralegals provided they satisfy a minimum requirement (such as that they deal with X number of cases and/or X community workshops per month).

2. For the Law Association of Zambia and the Women's Rights Committee

- The Law Association and the Women's Rights Committee need to show increased ownership of the Clinic. Recognising that it may be unpopular amongst its members, this could include:
    - A policy requiring all lawyers in private practice to provide an agreed number of hours or days per annum pro bono assistance to the Clinic.
    - An increase in the annual fees to be paid to the Law Association to allow for an increased allocation to the Clinic.

- The Law Association should investigate the possibility of allowing the Clinic to employ legal assistants and make whatever changes are required to law / policy in this regard.

3. For Sida

- Funding for the Clinic must continue and consideration should be given to increasing funding to allow for at least the following additional staff to be employed: two additional lawyers; at least three legal assistants (if rules allow); and a suitable qualified assistant to the Deputy Director focused on resource mobilisation.
- Additional funding should also be considered under the new strategic plan to cover the costs of additional training that paralegals will require once the Legal Aid Policy is adopted, to cover the costs of a stipend for paralegals trained by the Clinic, and to cover the costs of rolling out the training for Local Courts and customary adjudicators.
- Sida should actively engage with other like-minded donors to contribute to a basket-fund for core support now that Norway will no longer be supporting the Clinic.
- Specific funding should be provided to cover the costs of the development of the new strategic plan, including:
    - A follow up to the baseline study to determine what changes have occurred, to determine issues that need to be prioritised, and to provide accurate baselines for the new plan.
    - A consultant to develop the plan to include clear and SMART indicators, disaggregated by at least sex and age, and realistic targets.
- The Embassy should prepare a strategy to engage with government, alone or with other like-minded donors, to lobby against any proposed changes to the law related to the Law Association should the relevant Bill be tabled again.

1 Background

1.1 NATIONAL LEGAL AID CLINIC FOR WOMEN[1]

The National Legal Aid Clinic for Women ('the Clinic') was established in 1990 as a project of the Women's Rights Committee of the Law Association of Zambia. The Law Association is a corporate body with perpetual succession and full legal status created under the Law Association of Zambia Act[2] and is mandated, among other things, to develop the law as an instrument of social justice, encourage lawyers to serve the people and to deal with legal aid and secure representation.

The Clinic's core business is to provide legal aid to women and children who cannot afford to pay the legal fees charged by private legal practitioners and to empower women and children by facilitating their access to legal rights by way of legal counselling and legal aid. The Clinic also conducts public awareness campaigns to improve legal literacy and change attitudes on women and children's rights, and advocates for law reform and the development of women and children's rights. In 2010, the Clinic was incorporated as a company limited by guarantee and thus has its own independent legal status and personality.

The **vision** of the Clinic is a Zambian society where underprivileged women and children have fair and equal access to legal rights through legal representation. Its **mission** is to empower underprivileged women and children, to know, realise and protect their human rights through the provision of appropriate and timely legal services, legal education and advocacy for policy and legal reforms.

The Clinic has a physical presence and offices in three provinces: Lusaka, Copperbelt and Southern. The Lusaka office covers Lusaka, Eastern and Central Provinces while the Livingstone office caters for Southern and Western provinces. The Ndola office is responsible for the Copperbelt, Northern and North-Western provinces.

The Women's Rights Committee makes up the Board of the Clinic and is responsible for overseeing the affairs of the Clinic on behalf of the Law Association. The Committee consists of eight members, drawn from diverse backgrounds within the legal fraternity while the Clinic's Director also serves on the Committee as an *ex-officio* member. The senior management of the Clinic includes the Executive Director, the Deputy Executive Director and the Programme Accountant.

[1] The text is this section is derived in part from the terms of reference and in part from the 'Review of Financial Records and Internal and Management Control System Report', 2017.

[2] Act No. 31, Chapter 1 of the Laws of Zambia.

1.2 PURPOSE AND OBJECTIVES

NIRAS Indevelop was contracted by Sida to conduct an evaluation of the Clinic's Access to Justice Programme in Zambia, which forms the basis of this report. According to the terms of reference (ToR) for the assignment[3], the **main purpose** of the evaluation is to help the Clinic to assess progress made under its current strategic plan (2013-2017) and to provide Sida, the Clinic and the Norwegian Ministry of Foreign Affairs with an input to discussions concerning a new phase of the programme. The **specific purpose** is:

- To help the Clinic and its partners to assess the progress made in the provision and protection of human rights through its general legal services, legal education and advocacy for policy and legal reforms.
- To assess the extent to which the programme has empowered women and children to know, realise and protect their human rights through the provision of appropriate and timely legal services on gender-based violence (GBV).
- To assess the overall impact of the Clinic's intervention programmes in its operational areas.
- To draw lessons on what has worked well and what has not worked for future programming.
- To provide Sida and its partners with an input to upcoming discussions concerning the preparation of a new phase of support to the Clinic.

The primary users of the evaluation are the Clinic's teams from all three offices; the Women's Right Committee; the Law Association of Zambia; the Swedish Embassy in Zambia; and the Norwegian Ministry of Foreign Affairs[4].

1.3 METHODOLOGY

The evaluation focused on the Clinic's implementation of its strategic plan and its accompanying results framework from 2013 up to the end of October 2017[5]. The evaluation team was made up of:

- Greg Moran, Team Leader and Human Rights and Legal Aid Expert.
- Dr. Lungowe Matakala, National Human Rights and Gender Equality Expert.
- Lovisa Arlid, Research Assistant and Gender Expert.

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[3] Attached as Annex A.

[4] Other stakeholders that will be kept informed by the Clinic about the evaluation include other Cooperating Partners working in the areas of legal aid, women's and child rights and access to justice, Government Ministries and Departments, civil society organisations (CSOs) and beneficiaries.

[5] As will be noted in the body of the report, some statistical data is only available up to end July 2017, since figures thereafter are still in the process of verification.

- Johanna Lindgren Garcia, Evaluation and data support

The geographical area covered by the evaluation was the provinces in which the Clinic has a presence, either directly or indirectly, although the evaluation also included a national focus given that advocacy has focused on national law and policy. The evaluation team specifically focused on Lusaka, Ndola and Livingstone as a 'representative sample' of those areas covered by the Clinic. Additional interviews with stakeholders in other locations (including representatives of Cooperating Partners who were outside the country at the time) were conducted telephonically or via Skype.

The evaluation began with an **inception phase** during which the process of reviewing all available documents began[6] and the inception report was prepared and finalised. **Data collection** in Zambia took place over a two-week period (6-17 November 2017), where the team spent eight days in Lusaka and approximately one day each in Livingstone and Ndola. The team conducted key informant interviews and focus group discussions with a range of internal and external stakeholders including senior Clinic staff in all three sites, the Law Association of Zambia and the Women's Rights Committee, Cooperating Partners, ministries and institutions, the Judiciary, partner NGOs, related programmes on GBV, community and traditional leaders, paralegals, beneficiaries/clients and members of the media[7]. At the end of the data collection process, the team held a feedback / validation meeting with internal stakeholders on 20 November, before returning to home base to write the draft and final reports. A **seminar** to present the key findings and recommendations to a broad range of stakeholders, including but not limited to those consulted during the on-site mission, is scheduled to take place in Lusaka on 14 December 2017.

1.4 LIMITATIONS

The major limitation facing the evaluation team was the limited amount of time available, which meant that the team was only able to visit Lusaka, Ndola and Livingstone. However, this did not detract from the evaluation as all relevant interviewees were asked for their opinions about operations in other parts of the country and annual and other reports covered all of the Clinic's activities across the country. The evaluation team also faced some difficulty in making sense of the Clinic's strategic plan, results framework and the reporting against these, which is detailed where appropriate in the remainder of this report.

[6] The document review process continued over the entire evaluation. A list of all documents consulted is attached as Annex B.

[7] A list of those consulted, excluding the names of clients, is attached as Annex C.

2 Relevance

Questions from ToR (and added in the inception report) dealt with in this Chapter
To what extent were the activities, outputs and outcomes in the strategic plan and results framework relevant at the time of design given the wider potentials and challenges of access to justice by the poor in Zambia?
To what extent has the programme conformed to the needs and priorities of the beneficiaries in particular?
How relevant was the programme in 2013 when it comes to addressing gender equality as one of its principle objectives?
What changes have occurred since 2013 that might have impacted on the relevance of the strategic plan, and what has been done to address these either in a revised plan, results framework, or through revised activities?
To what extent have changes in the political economy led to any shrinking of space for civil society organisations (CSOs) generally and the Clinic in particular, and what steps have been taken to address these?

2.1 INTRODUCTION

Zambia is officially ranked as a lower middle-income country. But while it has experienced consistent and robust economic growth over the past years, many citizens have not shared in the overall improvement of national prosperity[8] and millions of women and children still live in abject poverty, surviving on less than a dollar a day. The rates of GBV against women and children are very high: in the third quarter of 2017 alone, the Zambia Police Service recorded 5,096 cases of GBV reported nationwide[9]. The majority of GBV survivors in Zambia are indigent women and children.

Zambia has an Anti-GBV Act[10] that defines GBV as 'any physical, mental, social or economic abuse against a person because of that person's gender'[11]. Unfortunately, this progressive definition is subject to the Constitution which recognises and permits

[8] United Nations: Zambia Country Analysis Summary http://zm.one.un.org/sites/default/files/un_country_analysis_report.pdf.

[9] Zambia Police Service: 2017 GBV Third Quarter Statistics. http://www.zambiapolice.gov.zm/index.php/112-news/320-statistics-for-2017-gbv-3rd-quarter.

[10] Act No. 1 of 2011.

[11] Section 3.

the application of discriminatory African customary laws[12], which in turn allow GBV acts such as early marriage, beating of wives and children, and disinheritance of widows and orphans. Other common forms of GBV in Zambia include rape, defilement (child rape) and domestic violence. Many GBV survivors are unable to access justice due to poverty, economic dependence on the perpetrator, low levels of legal literacy, and costly and scarce legal services. As a result, many are often compelled to remain in the same domestic environment where the violations occur.

There are currently around 1,000 practicing lawyers and 500 paralegals serving 17 million people in Zambia[13]. The situation regarding lawyers is unlikely to improve in the immediate future either, with only about 40 of 300 candidate lawyers who sat for the 2017 bar examinations having succeeded. As a result, lawyers are in high demand and able to charge exorbitant fees. Although the Legal Aid Board is expected to ensure that the right to legal representation in criminal matters in Article 18 of the Constitution is fulfilled, it is understaffed, inadequately funded and inundated which huge caseloads. As a result, it does not generally provide assistance in civil matters at all, often referring those involving GBV to the National Legal Aid Clinic for Women instead.

2.2 THE STRATEGIC PLAN 2013-2017 – BRIEF OVERVIEW

The Clinic's Access to Justice Programme, which is the subject of this evaluation, is detailed in its 2013-2017 strategic plan. The strategic plan aims to build on the Clinic's achievements and successes in previous years and to increase its responsiveness to any new developments that are likely to have an impact on the lives of Zambian women. The plan was adopted early in 2013, but implementation only began in July of that year. The cycle of the plan thus runs from July of one year to June of the next, although reporting against it in all years since 2013 has been as per the calendar year (January to December).

The strategic plan lists five thematic areas, each with their own activities, although these are hidden somewhat in the body of the plan and only partly reflected in the results framework. It would also appear that between the drafting of the body of the strategic plan and the finalisation of the initial results framework, the thematic area on HIV and Aids was removed on the basis that no one had indicated any intention of funding it[14]. As a result, the plan and results framework really only include the following four thematic areas, and only these are assessed to any degree in this evaluation:

- Thematic Area 1: Access to Justice.

[12] Article 23 of Constitution of Zambia, as amended by Act No.18 of 1996 and Act No. 2 of 2016.

[13] Ministry of Justice, Zambia: Legal Aid Draft Policy 2017 page 10.

[14] No specific activities on HIV and Aids have been conducted either during the period under review.

- Thematic Area 2: Gender-based Violence (GBV).
- Thematic Area 3: Legal Literacy.
- Thematic Area 4: Advocacy.

However, the strategic plan and the results framework have a number of problems that are dealt with in some detail in Chapters 3 and 4 below.

2.3 RELEVANCE AT ADOPTION

Given the situation in Zambia as it pertained to access to justice for women and children, including in cases involving GBV, the thematic areas of the strategic plan and the activities listed in it were highly relevant at the time of adoption, built on the strengths and experience of the Clinic gained over many years, and were closely aligned to the needs and priorities of beneficiaries. It is noted that the Clinic is perhaps the only organisation or institution providing women and children with legal representation, and that the inclusion of legal representation in the programme is adjudged as particularly relevant[15]. With its central focus on access to justice for women and children and GBV, as well as the focus on increasing awareness of the law and human rights for women and children, tackling harmful customary practices, and advocating for changes to law and policy related to women and children and GBV, the programme was also very relevant for gender equality in 2013.

2.4 RELEVANCE OVER TIME

The problems facing women and children that were highlighted and included in the strategic plan have remained constant since 2013. The only 'emerging challenge' reported by some of those consulted was an apparent increase in incidents of violence by women against men. This was not generally supported though, with most of those consulted noting that while there may have been a slight increase, most violence is still perpetrated by men against women, violence by women against men is usually a result of years of abuse by the man in question, and the perception that there has been an increase is mainly because such cases are sensational and are widely reported by the media as a result. Even so, the Clinic has responded to the increase in violence by women by providing legal representation in criminal cases in addition to the representation usually only provided in civil matters.

The Access to Justice Programme covered by the strategic plan has thus remained relevant over time, including for gender equality, and there was no reason to amend the strategic plan or results framework to include new or emerging issues.

[15] The only other CSO providing legal representation that was mentioned during the on-site mission was the Legal Resource Foundation

2.5 THE SHRINKING SPACE FOR CIVIL SOCIETY

Although there are laws in place regulating CSOs in Zambia and requiring registration, civil society in Zambia is not faced with anything like the repression of civil society in other parts of the continent or region. And while the NGO Act introduced in 2009[16] aimed at regulating non-governmental organisations (NGOs) and could indeed have had a major impact on some of the Clinic's key partners, it does not directly affect the Clinic given that the Clinic is a body created by statute and thus not an NGO. The Act has in any event met with significant resistance and is now under review. No NGOs or CSOs are reported to have been forced to close by government over the previous five years, there are no limitations on CSOs receiving foreign funding, and no CSO leaders have been arrested or intimidated. As a result, the Clinic has not faced challenges usually related to the so-called shrinking space for civil society. And while there has been some general reduction in funding to Zambia from Cooperating Partners, with its focus on women and children, its activities still fit very closely with the priorities of many cooperating partners including Sweden, as reflected in the growing number of Cooperating Partners supporting it.

However, there is one development that has the potential to impact on the Clinic's future: a private member's Bill (the Law Societies Bill of 2017) that aimed to amend the Law Association of Zambia Act as a result of perceptions amongst some in government that the Law Association has become political and aligned to the opposition. If passed, the Bill would dissolve the Law Association, establish a new law society or societies, and distribute the Association's assets to the new body or bodies[17]. The issue was considered in the review of the Clinic's financial records and internal and management control system commissioned by Sida in May 2017 (described in more detail in the chapter on efficiency below), where it was noted that the Bill was withdrawn in July 2017 on the basis that it was not properly formulated. Comments to the report received from the Clinic were that, in the event that the Law Association Act is repealed in future, the Law Association (through the annual general meeting) will pass a resolution to provide for the continuation of the Clinic and to secure its assets[18].

The issue of the Bill was canvassed during the current evaluation, where it was also reported that the Clinic has been engaging Parliamentarians by meeting with them to talk about the work of the Clinic so that they see the Clinic as a separate organisation

[16] Act Number 16 of 2009.

[17] The purpose of the Bill is stated as follows: " a) the formation and regulation of various law societies or associations in Zambia; (b the repeal of the Law Association of Zambia Act, Cap 31"

[18] Pages 11 to 12.

from the Law Association, which has had some success and has raised awareness and appreciation of the Clinic and its work. It was also suggested that, while the impact of such a Bill on the Law Association would be significant, the Clinic would be shielded to some extent by the fact that it is a registered company with its own legal identity – although the Law Association might be disbanded, the Clinic would continue to exist. While that is true to some extent, the Clinic would lose its 'parent body', the Women's Rights Committee that makes up its Board would no longer exist, and the Clinic's influence on future law societies or associations would be diminished. As a result, both the Clinic and the Cooperating Partners supporting it, including Sida, should consider putting in place a strategy for countering any efforts to reintroduce the Bill. For Sida, such a strategy might include policy dialogue with government, alone or with other like-minded donors, to lobby against any proposed changes should there be any indication that the Bill will be reintroduced.

3 Effectiveness

Questions from ToR dealt with in this Chapter[19]
To what extent has the programme contributed to the capacity building of community leaders and paralegal officers and establishment of paralegal desks in selected areas?
To what extent has the programme contributed to legal literacy?
To what extent has the programme helped survivors of gender-based violence?

3.1 INTRODUCTION

'Effectiveness' is a measure of whether or not a programme has achieved (or is likely to achieve) its stated objectives, and a determination of what led to the achievement or non-achievement of the objectives. As noted in the chapter on relevance above, the Clinic's strategic plan includes four thematic areas against which effectiveness is measured in the sections that follow. Before starting though, it is necessary to point out a few issues with the Clinic's strategic plan, results framework and reporting.

The strategic plan, developed internally by senior Clinic staff, contained an original results framework suggesting targets for three years but without any baselines. The results framework sets out 'outcomes', 'intermediary outcomes' and outputs under each thematic area. However, there is some confusion as to the difference between outputs and outcomes, with many of the outputs listed (such as 'women and children have increased understanding of their legal and human rights') actually amounting to outcomes. At the same time, the description of an intermediary outcome does not always match the indicators or activities attached to it in the results framework.

Part of the reason for this confusion seems to be that the drafters of the strategic plan did not include activities in the results framework, although these are included (albeit somewhat hidden[20]) in the strategic plan itself. Since outputs are linked to activities, the inclusion of activities might have encouraged planners to consider what these outputs would be. The lack of activities and actual outputs in the results framework also makes measuring effectiveness against these difficult, especially since key targets and indicators, such as the number of paralegals trained, do not appear in the results framework at all. At the same time, many of the outcomes listed are perception-based – for example, the percentage of community members in targeted communities expressing satisfaction with community leaders' handling of matters – that can only be

[19] The ToR included additional questions under effectiveness that really relate to the overall outcome and wider societal effects (impact) of the programme. These are dealt with in Chapter 5 below.

[20] Most activities and output indicators can be found on pages 13 to 16 of the strategic plan.

measured through quantitative surveys based on a predetermined baseline. Many activities, particularly those related to public education, overlap and are included separately under various thematic areas. The plan itself was also rather ambitious and includes activities, particularly those linked to people living with HIV and Aids, that were never funded, not undertaken, and not included in the results framework.

Sida were aware of the problems with the results framework and commissioned a consultant to assist the Clinic to revise the framework during 2014. At the same time, the Embassy of Norway, which together with Sida were concerned about the lack of baselines, commissioned a separate baseline study to be undertaken. The baseline study was linked to the results framework to some degree[21], but is more broadly focused on access to justice generally and included questions that went beyond the results framework such as where community members go for legal services, awareness of paralegal desks within communities, and the reasons why survivors of GBV often do not report cases to the police or others. These are valuable questions, but the survey was concluded after the revision of the results framework and does not really provide the baselines that the results framework required. In fact, but for one or two cases where a percentage-based indicator was changed to a numerical indicator and vice versa, it is hard to see what changes were made to the results framework at all. In particular, the confusion around outcomes and outputs was not addressed, activities hidden in the strategic plan were not added to the framework, and no output indicators linked to these were inserted.

Although dated 2013-2017, implementation of the strategic plan only began in mid-2013 and will run up to mid-2018. Although targets in the original and revised results framework are listed as being for 'year one', 'year two' and 'year three', it was reported that these are for the calendar year (January to December) rather than the year of implementation, which runs from July of one year to June of the next. Both versions of the results framework also only include targets for three of the five years of the strategic plan and it has to be assumed that those in the original version cover 2013, 2014 and 2015, while those in the framework revised in 2014 cover 2015, 2016 and 2017. Reporting is also done according to the calendar year, but annual reports sometimes include notes to the effect that, while a target has not yet been reached, this is not serious since the report only covers six months' work towards the target.

Compounding the problem is that there are numerous errors in Annual Reports, where figures in one part of the report do not match those in tables or other parts of the report and where information is listed according to the activities suggested by the strategic plan rather than according to the results framework. This makes it extremely difficult for Cooperating Partners, as well as evaluators, to decipher and determine what data to use. To attempt to address this, the 2016 Annual Report includes an annex wherein the current Deputy Director has made a concerted effort to update the

[21] For example, it includes an analysis of levels of awareness of GBV but does not ask respondents to list three examples, which is the indicator in the results framework.

results framework by including the target and result for each year up to the end of 2016. This is very helpful, but again, given the fact that many activities and indicators are not listed in the results framework, it only goes partway to providing statistics against which to measure effectiveness.

The evaluation team have tried to work around these problems by identifying all of the output indicators in the strategic plan and requesting the Clinic to provide figures for each year. It is these figures supplied by the Clinic, included in the revised strategic framework attached to the 2016 Annual Report, and additional figures included in the mid-year report for 2017 and updated by the Clinic that have been used in the sections that follow. But it must be stressed that this situation clearly needs to be addressed in the next strategic plan, which must include output indicators linked to the activities to be conducted, and which must clearly distinguish between output and outcome indicators to avoid any future confusion and to assist the Clinic, cooperating partners and others to properly track progress each year. And reports then need to be provided following same logic of the results framework and report against the activities and outputs listed therein – including where these have not been conducted – to allow readers to easily make sense of all of the information provided.

3.2 THEMATIC AREA 1: ACCESS TO JUSTICE

The strategic goal for this thematic area is increased access to justice for women and children. When read together with the text in the strategic plan and the results listed in the results framework, the following activities are anticipated:

- Legal aid for women and children (including legal advice and assistance, internal mediation, court-annexed mediation, psychosocial counselling, and legal representation).
- Increasing referrals from other organisations.
- Establishing community paralegal desks and training of paralegals.

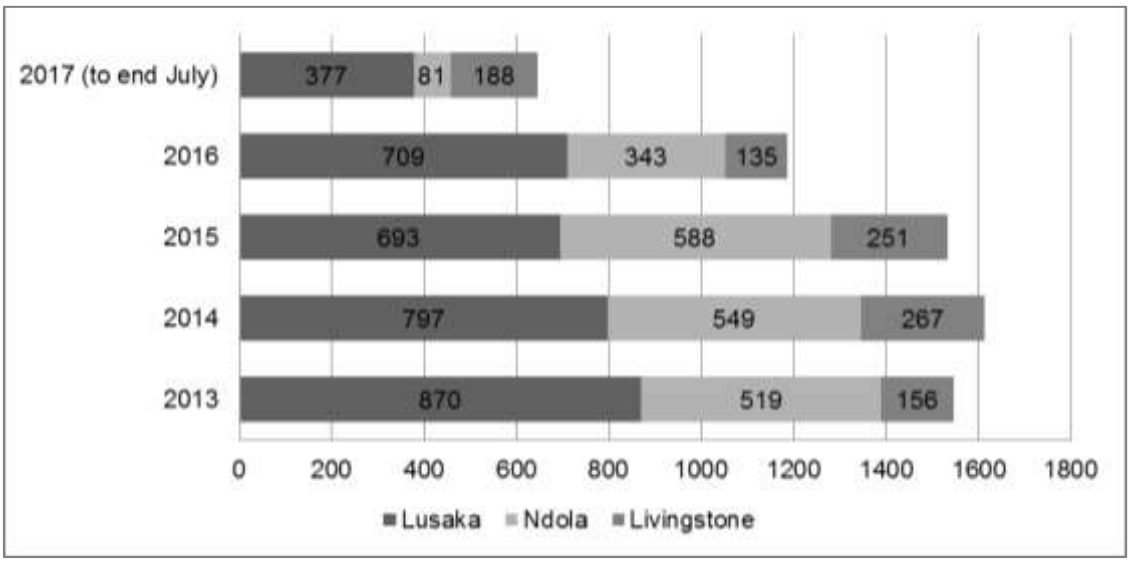
The plan also suggests that legal and human rights education for women, children and community leaders is to be included under this thematic area. But since they also make up the bulk of activities covered by both Thematic Area 2: GBV and Thematic Area 3: Legal Literacy, such activities are considered under Thematic Area 3 below.

3.2.1 Legal aid and assistance for women and children

Together with the specific focus on GBV in Thematic Area 2, legal assistance, advice and aid to women and children is at the heart of the Clinic's programmes and activities and most staff, including lawyers, interns, paralegals and even administrative staff are dedicated to these activities to varying degrees. Clients approach the Clinic directly or are referred to it by a wide range of government institutions (notably the Victim Support Units in police stations) and non-governmental partners, all of whom regard the Clinic as providing excellent services in this regard. The Clinic also sources and finds many clients during its community-outreach workshops and mobile clinics.

As illustrated in Graph 1 below, a total of 6,523 new cases were recorded in the period 2013 to end July 2017. The majority of these were recorded in the Lusaka office, while the Livingstone office has by far the least number of cases.

Graph 1: Number of new cases per annum 2013 to end July 2017[22]



Source: Clinic statistics in Annual Reports and provided to evaluators

The target set for new cases in the strategic plan is 1,440 per annum. The Clinic exceeded this target in 2013 (1,506 new cases), 2014 (1,613 new cases) and 2015 (1,532 new cases), but failed to achieve the target in 2016 (1,187 new cases). The major reason cited for this in the 2016 Annual Report is that the 2016 elections led to significant disruptions, including violence and the arrest and detention of opposition leaders that created a difficult climate in which to conduct community outreach workshops. Other methods of raising awareness of the Clinic were also interrupted by the elections, including the fact that radio and television prioritised coverage of the elections over other issues, and at least one television station with which the Clinic works had its licence suspended. Given the figures available to end July 2017 (646), the situation appears to be on track again with a relatively good prospect that the target of 1,440 cases will be achieved.

Although all of the cases reported to the Clinic are from women and children, it is also not possible to determine from the available data how many new cases involved women compared to those that relate to children, since data is not disaggregated by age or sex. Although this can be inferred from the nature of the case (for example, those involving maintenance and custody relate to children while those involving divorce and marital disputes involve adult women), data should nonetheless always be disaggregated by age and sex, particularly since gender is a core aspect of some Cooperating Partner's (such as Sida's) priorities. Similar problems are found when it comes to outreach activities, where the reports of numbers reached are also not disaggregated by sex and age. This will need to be corrected in the new strategic plan

[22] Data for the period end July to end October 2017 is still being verified.

but the Clinic should also try to determine and report on activities and results disaggregated by age or sex in all upcoming annual and other reports.

Other than cases of GBV (dealt with under Thematic Area 2 below), most of the cases reported to the clinic are family law matters, including marital disputes, divorce, maintenance, child maintenance and custody, property settlements, and intestate succession. The Clinic also receives a significant number of cases related to land disputes, including those arising from resettlement and displacement of communities in which area the Clinic is supported, together with the Zambia Land Alliance, under two grants from the Open Society Initiative for Southern Africa (OSISA) covering the period 2015-19 and totalling USD 240,000. Although the focus on land disputes was at first questioned by the evaluation team given the Clinic's mandate, women and children are particularly adversely affected by resettlement and displacement, which brings such cases under the mandate.

Most of the clients approaching the Clinic for assistance are poor. However, some are able to contribute to the costs of litigation according to a schedule of contributions approved by the Law Association. The amount, which has not been amended in the past two to three years, includes minimum and maximum amounts that vary depending on the nature of the matter[23]. Although this helps to defray some of the expenses associated with litigation and contributes to the budget of the Clinic, there is no clear guideline or means test for determining who is asked to make such a contribution. In some cases, it was reported that some clients complain to partner organisations that they were asked for a contribution when they cannot afford it, which leads to them failing to return to the Clinic, and which may partly explain why the Clinic reported that a common problem they face is with clients failing to return[24]. The scale is also fairly rigid and, in the absence of a pre-determined means test and sliding scale of contributions, it is hard to know how a decision is made as to who is requested to pay the minimum amount, the maximum, and who contributes something in between.

It was also mentioned that in some cases, the Clinic assists women who might be married to wealthy men but who, at the stage they report to the Clinic, are regarded as 'vulnerable' because they have no independent source of income or wealth and thus cannot afford a private lawyer. While this argument is accepted, the scale of contributions does not allow for more than the maximum amounts despite the fact that when the case is finalised and the women receives a large settlement, only the maximum contribution can be requested. Despite the fact that there are solid grounds for provid-

[23] For example (and based on lowest and highest contributions):
- A minimum of ZMW 150 and a maximum of ZMW 1,000 for maintenance / affiliation.
- A minimum of ZMW 150 and a maximum of ZMW 3,000 for compensation / damages.
- A minimum of ZMW 1,000 and a maximum of ZMW 3,000 for judicial separation.
- A minimum of ZMW 1,000 and a maximum of ZMW 5,000 for conveyancing.

[24] There are of course a multitude of reasons why clients fail to return – including that they may have reconciled with the person they complained about or may have been pressurized not to pursue GBV and related complaints.

ing services to such women, the Clinic needs to guard against providing services to richer members of society at the expense of poorer and more vulnerable women and children. These must remain the primary focus of the Clinic and the services it provides, and clear rules and guidelines are required for whom the Clinic can and cannot accept as clients based on (amongst other things) their income level, ownership of property, and access to credit facilities or lawyers in private practice who might be willing to waive their fee until the matter is resolved.

3.2.2 Services provided

Services provided by the Clinic range from simply advising clients on the law and their rights to referrals to other service providers better placed to assist, mediating disputes in-house, assisting in court-annexed mediation, providing psychosocial counselling, and litigation when all else fails.

Legal advice

All of those who approach the Clinic are provided with legal assistance, and so the statistics for numbers assisted are the same as those for number of new clients each year (even though the target for the number of clients provided with assistance differs from the target for new cases in the strategic plan[25]).

Internal mediation

Mediation is by far the best method for resolving complaints where there is no violence involved – as is the case in many of the family matters that make up the bulk of the Clinic's cases. The target for the number of cases resolved through internal mediation is 500 per annum. As reflected in Graph 2 below, the clinic has exceeded this target by a considerable margin in 2014 (789 cases) and 2015 (701 or 46% of cases)[26]. However, the number of cases resolved this way has dropped markedly since then, with only 156 cases in 2016 and only 29 cases in the year 2017 to end October.

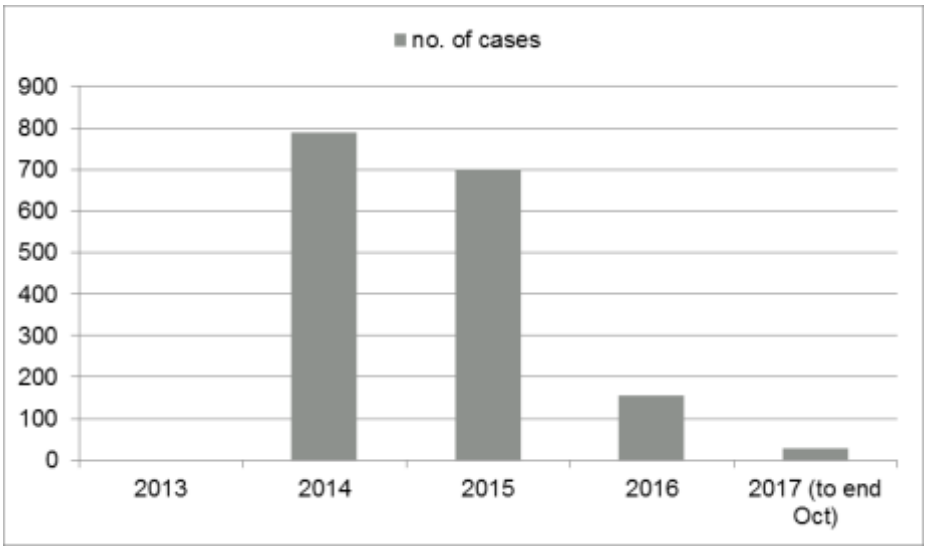
The explanations provided for this by the Clinic are (a) that earlier figures included both cases resolved through mediation and those where counselling was provided under the same heading; (b) mediation depends on the nature of the case (cases involving violence or sexual violence should never be mediated); and (c) it requires a willingness of both parties to submit to mediation, which is beyond the Clinic's control. It is noted though that none of the Clinic staff have been trained on mediation by the Clinic (although some have been trained before joining the Clinic) and that, unlike in cases requiring litigation, mediators do not need to be lawyers and other staff could be trained to mediate in certain cases. Given the advantages of mediation, including the low cost compared to litigation and the fact that both parties 'win' to some extent,

[25] The target for legal advice is generally provided by the Clinic as 1,440 cases per annum. However, the target in the body of the strategic plan is: 'provide legal services and representation to at least 7,500 women and children by December 2017', which would suggest an average of 1,500 per annum.

[26] There are no figures for mediation in 2013.

this is an area where additional attention should be focused and additional staff trained to provide such services.

Graph 2: Internal mediation, 2013 to end October 2017

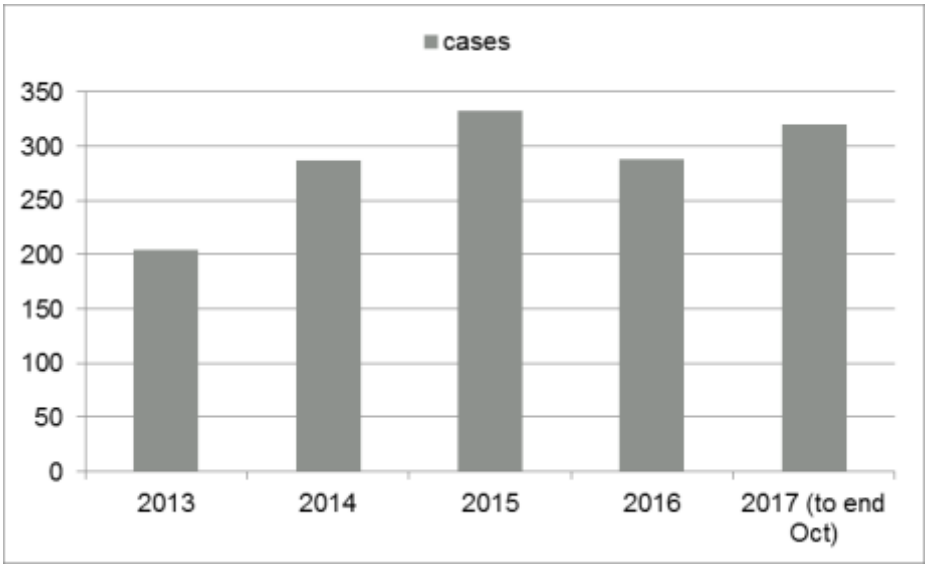


Source: Clinic statistics in Annual Reports and provided to evaluators

Psychosocial counselling

Counselling is provided to anyone who needs it, including survivors of GBV, but is also used as a method for resolving marital related complaints. Trained Counsellors are available in Lusaka (full time) and Ndola (part-time), but until very recently, there has been no Counsellor in Livingstone. In this regard, the Office Assistant in Livingstone is trained in counselling and has been providing such services, while the Senior Paralegal appointed in November 2017 is also a trained Counsellor and will be providing such services in future. According to the available data, a total of 1,432 clients have been provided with counselling services in the period under review (Graph 3).

Graph 3: Psychosocial counselling, 2013 to end October 2017



Source: Clinic statistics in Annual Reports and provided to evaluators

Measuring these figures against targets is difficult though, since the only targets that appear anywhere are 50% of cases in the 2015 Annual Report (where counselling was provided in 46% of cases) and a number of 500 cases in the 2016 report (where counselling was provided in 288 cases). In addition, figures in annual reports are not disaggregated by office. Despite these challenges in measuring accurately, this is a critical service given the mandate of the Clinic, and the Clinic has generally done well in this regard. Although the Livingstone office has not had a Counsellor for some time, the newly appointed Paralegal has experience in this regard and the only other concern raised was that the Counsellor in Ndola is only employed on a part-time basis (around two and half days per week) and is thus not always available when clients need immediate assistance.

Court-annexed mediation

Court-annexed mediation was introduced to Zambia in 2000. Under this scheme, a Court may refer a matter to mediation by trained mediators accredited by the Courts to provide such services. The strategic plan sets a target of 36 cases per annum resolved through court-annexed mediation but has not achieved this in any of the years under review: there were 21 cases in 2014, eight in 2015, 10 in 2016, and 29 cases in 2017 to end October. In fairness to the Clinic though, referrals to court-annexed mediators is beyond the control of the Clinic: it depends on whether or not the Judge or Magistrate decides to refer the case, the availability of accredited mediators, and the willingness of litigants to submit to mediation. Since the Clinic has in most cases offered mediation or tried and failed to mediate prior to deciding to litigate, few of their clients are prepared to submit to further mediation even if offered the opportunity by a Court.

Legal representation / litigation

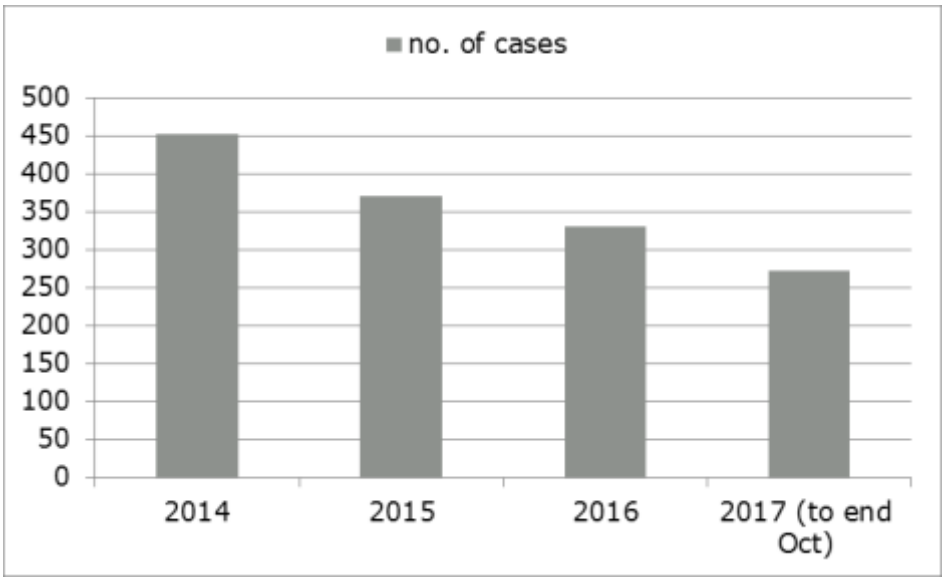
The Clinic is one of very few CSOs providing legal representation during litigation and has an impressive track record in this regard despite the fact that it only has six lawyers admitted to practice. Although it has not met the target of 480 cases per annum set in the strategic plan, representation has been provided in 1,425 cases in the period 2014 to end October 2017[27], as reflected in Graph 4 below (although the actual total would no doubt increase if the missing figures for 2013 were included).

However, as reflected by Graph 4, there has been a steady decline in cases where legal representation is provided, from 452 in 2014 to 272 cases to end October 2017. This is partly due to the lower than expected number of new cases reported to the Clinic in 2016, which in turn was linked to issues around the 2016 election that limited outreach. In addition, given the urgent litigation that followed the election, the High Court reportedly postponed many 'less urgent' matters to 2017. Cases are also increasingly dealt with through other means rather than legal representation, includ-

[27] Figures are not available for 2013 – the 2013 reports only refer to the number of judgments in finalised cases (96) as opposed to the number of cases in which representation was provided, many of which would not have been completed.

ing mediation and counselling, and many of the new cases reported in 2016 and 2017 are still at 'pre-litigation' stage, where legal representation is still to be provided.

Graph 4: Legal representation 2013 to end October 2017



Source: Clinic statistics in Annual Reports and provided to evaluators

On the other hand, as indicated in Table 1 below, the success rate in finalised cases where legal representation was provided is remarkable, which reflects comments made by members of the Judiciary consulted during the on-site mission, all of whom pointed to the high quality of services provided by the Clinic's lawyers:

Table 1 - Levels of success in finalised cases

2014			2015			2016			2017 (to end Oct.)		
Judgments	Won	%	Judgments	Won	%	Judgments	Won	%	Judgments	Won	%
142	124	85%	162	145	89%	118	99	83%	160	132	83%

Source: Clinic statistics in Annual Reports and provided to evaluators

3.2.3 Referrals from other organisations and institutions

According to the available statistics, around 25% of the Clinic's cases are referred to them by their network of partners that includes the police, Victim Support Units in police stations, one-stop centres for survivors of GBV at hospitals, the Legal Aid Board, the Courts, Local Courts and traditional leaders (especially those that have been trained by the Clinic), Legal Service Units, and from numerous NGOs and faith-based organisations (FBOs) – in fact, it is somewhat difficult to find an NGO or FBO in Lusaka, Ndola or Livingstone that does not refer cases to the Clinic.

The reasons for these referrals are clear. Unlike the police, Victim Support Units (VSUs) and the Legal Aid Board, the Clinic is able to offer services to survivors in civil matters – including damages and compensation for injuries as a result of GBV and assistance in dealing with any family law issues that might arise, such as divorce and child maintenance. And unlike almost all NGOs and FBOs, the Clinic provides legal representation and not just advice and assistance. But at the same time, the fact

that all of these refer clients to the Clinic is an indication that it is a trusted partner with a very good track record, all of which was confirmed by those consulted.

As further dealt with in Section 3.6 below, the Clinic also refers clients to other governmental and non-governmental partners for assistance in appropriate circumstances, and partners with other CSOs on specific issues and projects, all of which helps to maintain and build relationships with others and encourage further referrals.

3.2.4 Paralegals

Since 2012, the Clinic has been establishing paralegal desks and training community-based paralegals in all 10 provinces. These are tasked with providing legal advice to clients, referring matters to the Clinic or to other service providers depending on the nature of the case, and conducting community workshops together with lawyers from the Clinic, during which many new clients are also found. The training of paralegals and establishment of paralegal desks is supported by most, if not all, Cooperating Partners to some extent, including Freedom House, the European Union (under both the Programme for Legal Empowerment and Enhanced Justice Delivery in Zambia (PLEED) and the Making the Law Work for Boys and Girls project), UNDP, OSISA, and, of course, Sida.

In the period under review, a total of 131 paralegals have been trained by the Clinic (together with the Paralegal Alliance Network and University of Zambia's School of Law) and 69 paralegal desks have been established. Training usually lasts for two weeks (less in some cases) and is based on a curriculum developed by the Paralegal Alliance Network that covers a broad range of topics, some of which (such as contract and constitutional and administrative law) are of questionable importance to community-based paralegals who deal with such issues very rarely (according to those consulted). The 2016 Annual Report lists these as set out in Table 2:

Table 2 - Paralegal training curriculum

Paralegal training curriculum	
1. Introduction to paralegal work and ethics 2. Disability and the Law 3. Introduction to Law 4. Legal Process 5. Criminal Law 6. Law of Contract 7. Law of Tort 8. GBV/HIV and the Law 9. Human Rights 10. Land Law	11. Family Law 12. Employment Law 13. Succession Law 14. Principles of Alternative Dispute Resolution 15. Constitutional Law 16. Administrative Law 17. Gender-Based Violence Legislation 18. Human Rights 19. Psychosocial counselling

Paralegals are then required to write an examination administered by the University of Zambia's Law School. Given the list of topics covered, the very short time required, and the fact that many of those selected by communities to be trained have minimal formal education, it is not surprising that the pass rate for paralegals has been of some concern to Sida and others (Table 3). The Clinic is aware of these concerns, which it shares, and steps have been taken to ensure improvements, including requiring prospective paralegals to have at least completed high school, lowering the pass rate for exams, and allowing for some oral examination rather than only relying on written exams. These efforts appear to be bearing fruit and the pass rate has improved since 2013 during the period under review (Table 3).

Table 3: Pass rates for paralegals 2013-16[28]

Year	Period	Actual No	Pass	Rate
2013	18th to 27th November, 2013	40	27	68%
2013	4th quarter 2013	36	18	50%
2015	8th to 18th November	20	14	70%
2016	6-15 June, 2016	14	10	71%
Total		**110**	**69**	**62.1%**

Source: Clinic statistics provided to evaluators

However, the real problems with the training are really the huge number of topics covered in two weeks and the fact training is largely provided by law lecturers and is very technical and complicated for the level of education of trainees. The situation may be further complicated by the fact that paralegals will soon fall under the Draft Legal Aid Policy that is currently in the final stages of completion. The Draft Policy creates both opportunities and challenges for the Clinic: while paralegals will be formally recognised once the Policy is adopted the policy recognises 'community paralegals' as 'Level 3 paralegals', the amount of training required to achieve Level 3 recognition is reported to be 200 hours[29] compared to the 80 hours of training provided by the Clinic. Although some concessions are expected to be made during the further consultations, such as recognising the 80 hours completed as partly fulfilling the required total of 200 hours and exempting people with diplomas from having to complete certain modules, paralegals trained by the Clinic will no doubt require extra training, which will involve further costs that the Clinic might not be able to cover with available funding. This in turn may mean that those already trained lose their status. There is some prospect of the Clinic being able to secure at least some of the costs to cover such training under the PLEED programme and GIZ's Civil Society Participation Programme[30], which together aim to support training of around 550 community-based paralegals to attain Level 3 status. But additional funding may nevertheless be required to ensure that those already trained are provided with further training, and that the costs of future training is supported.

Perhaps a more immediate problem though is that paralegals are regarded as 'belonging' to the community that nominates them for training, and communities are meant to provide space to the paralegal to consult with clients, furniture and equipment, and cover any costs incurred for transport and communication. Other than training and some support to monitoring and evaluation provided under the PLEED programme[31], no other support is provided by the Clinic. However, not all communities provide the required support and paralegals consulted during the evaluation complained that

[28] The results of those sitting examinations in 2017 (21 paralegals) have yet to be finalised.

[29] The Draft Policy does not stipulate the number of hours, but this was widely reported to be 200 hours during consultation, which will include both theoretical and skills training. Six months training will be required for Level 2 and a year's training plus an attachment for Level 1.

[30] Reported by representatives of DIHR during the feedback seminar.

[31] This support includes provision of laptops and reporting software to 10 paralegal desks, and data bundles to enable them to send the files to the Clinic.

community leaders do not introduce them to key role-players, such as the police, schools and health clinics, which makes it difficult for them to approach or work together with these. Very little financial support, if any, is provided by the community to cover costs of transport and communication in particular and in the absence of any financial support from the Clinic, a real danger exists that paralegals will lose interest in providing services and that the investment in training them will be lost. In addition, once a paralegal has been trained they are better able to secure employment elsewhere.

3.3 THEMATIC AREA 2: GENDER-BASED VIOLENCE

The strategic plan sets out the strategic goal for Thematic Area 2 as increased access to justice for survivors of GBV. The following activities can be discerned from the text of the strategic plan and the results framework:

- Legal representation to women and children who are survivors of GBV.
- Sensitisation meetings on GBV with service providers, law and policy makers, traditional leaders, schools and communities.
- Community outreach programmes on GBV, including workshops, radio and television programmes, and publications.

Once again, community outreach, including on GBV, is the specific focus of Thematic Area 3: Legal Literacy, and is considered under that heading below.

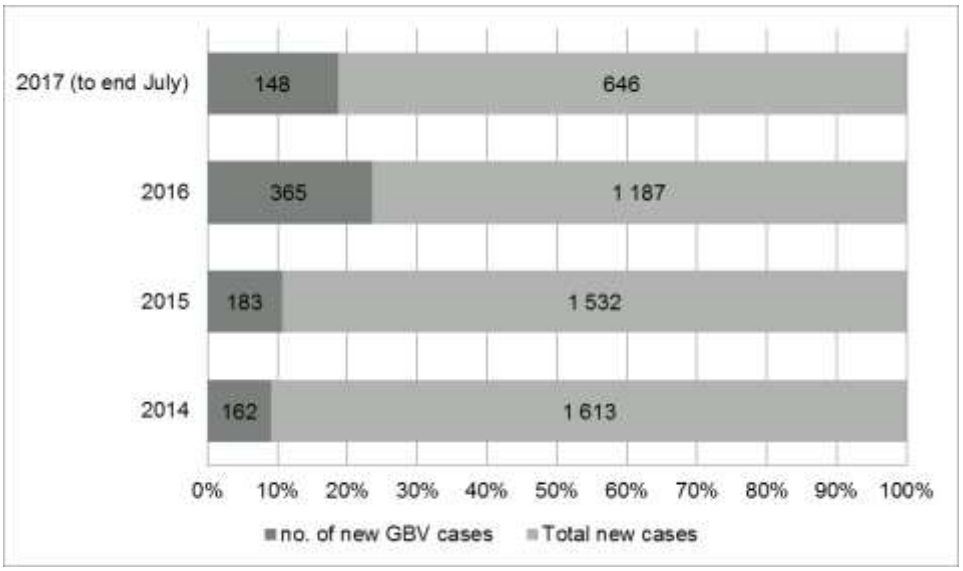
3.3.1 Legal representation for survivors of GBV

The Clinic follows the same definition of GBV as set out in the Anti-GBV Act of 2011, which includes:

- Sexual abuse - defilement, rape, incest and indecent assault, sexual harassment.
- Physical abuse - spouse battery, assault, torture, murder.
- Psychological/Emotional/mental abuse - use of insulting or abusive language.
- Economic abuse - property grabbing, failing to provide or neglect to maintain, depriving the beneficiary of property in which the victim has an interest.

Since GBV is committed against women by men and the Clinic does not provide representation in criminal cases to men, the 'legal representation' provided by the Clinic relates really to the consequences of GBV for women, such as the breakdown of marriages and the consequences flowing from that, as well as psychosocial counselling to survivors. Given this and the broad definition of GBV, all Cooperating Partners contribute to this aspect in some way, although it is a specific focus of the Embassy of Norway's funding. As indicated in Graph 5 below, GBV cases make up a significant proportion of the total number of cases dealt with by the Clinic.

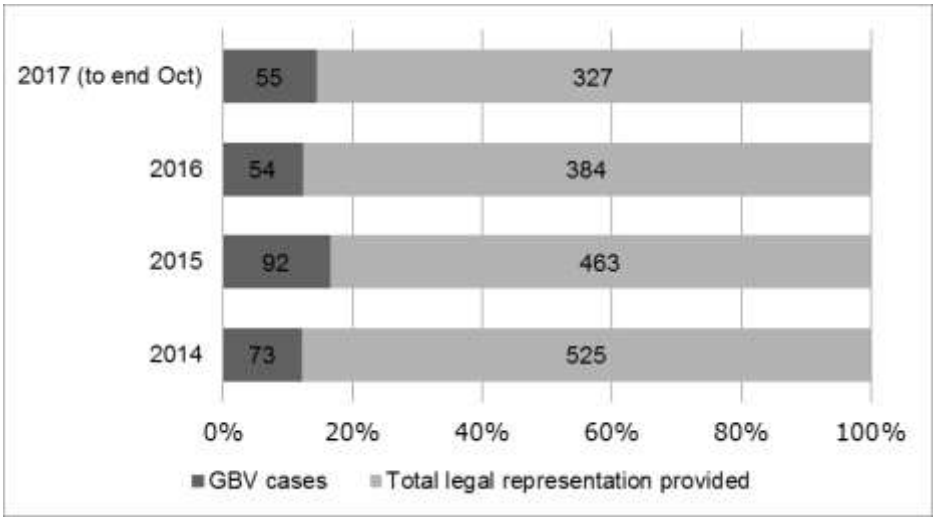
Graph 5: New GBV cases compared to total new cases per annum



Source: Clinic statistics in Annual Reports and provided to evaluators

Graph 5 also shows that there has been a fairly steady increase in the number of such cases being reported to the Clinic. This is usually a sign that increased awareness, sensitisation and training is having an effect and encouraging more GBV survivors to report rather than an indication that incidents of GBV are increasing (although it could of course indicate both an increase in incidents and an increase in reporting).

Graph 6: Legal representation in GBV cases compared to total legal representation per annum



Source: Clinic statistics in Annual Reports and provided to evaluators

As illustrated in Graph 6, legal representation in GBV cases is comparatively low compared to the overall levels of legal representation provided by the Clinic – on average, around 90 cases per annum. The reason for this is fairly simple though since most of these cases relate to the consequences of GBV, such as requests for divorce or custody of children, which are often resolved through mediation or counselling

3.3.2 Sensitisation and training of community leaders and Local Courts[32]

Customary adjudicators (including community and traditional leaders) have certain, limited powers in resolving disputes in their communities, usually through awards of compensation. Although they can deal with some of the civil claims arising from minor criminal offences, customary law and practice allows serious violations of the rights of women and children such as early marriage and property grabbing[33]. And in common with many countries in Africa, the notion that a child is 'defiled' by rape - and thus loses its 'value' - persists in Zambia. As a result, some traditional leaders deal with defilement cases by ordering the payment of compensation to the father of the child to compensate for its diminished worth. To address harmful customary practices, reduce incidents of GBV, and ensure that sexual and other forms of GBV are dealt with by the correct authority, the Clinic has conducted sensitisation of customary adjudicators and traditional leaders on the relevant law, human rights, and the rights of women and children. In 2014, three meetings were held reaching 120 customary adjudicators.

In 2015, the focus shifted to include Local Courts. These Courts make up the lowest level of the Judiciary in Zambia and play a major role in providing access to justice in the resolution of civil disputes, including customary marriages and awarding damages occasioned by criminal actions. Although they have power to deal with a limited range of criminal offences, they most certainly are not meant to deal with cases of GBV. Nevertheless, not all of the Local Court Magistrates understand the limits on their jurisdiction or where to refer survivors of GBV for assistance. To address this, the Clinic embarked on a training of trainers programme in 2015 and 2016. Training was regionally based but included participants from all provinces[34].

All in all, a total of 89 Local Court Magistrates (out of a corpse of around 500), all 10 Provincial Local Court Officers, and 77 customary adjudicators were reached in four regional workshops in 2015 and 2016. But while the training itself was regarded as effective, it was intended to be training of trainers with those trained expected to develop training plans as part of the training and then to roll training out. No funds or other support were provided for the roll out of the training though and no monitoring has ever been done to determine whether any further training has taken place. Similarly, all although the Provincial Local Court Officers were included on the under-

[32] While training of community leaders is usually reported under Outcome 2 (as suggested by the outputs listed in the body of the strategic plan) it is also suggested by the definition of intermediary outcome 1.2 under Outcome 1 in the results framework: 'Community leaders in targeted communities are aware of human rights and gender equality standards and become supportive of access to justice interventions. This is no doubt one of the contributing factors to the difficulty that Sida and others find in following reports.

[33] Property grabbing is the term given to customary practices that allow the families of a deceased man to claim all of the deceased's land and property despite the rules for distribution of property in the Intestate Succession Act that require it to be shared with the widow(s) and children.

[34] The training was conducted with the consent and participation of both the Judiciary (under which the Local Courts fall) and the Ministry of Chiefs and Traditional Affairs.

standing that they could raise awareness of the issues on their regular visits to the Courts in their provinces, no follow up has ever been done to determine whether or not they are actually doing so.

3.4 THEMATIC AREA 3: LEGAL LITERACY

The strategic goal of Thematic Area 3 is to increase legal literacy on women and children's rights among members of the public. Activities include:

- Conducting community and school outreach programmes.
- Disseminating legal information through newsletters, brochures, booklets, posters, casebooks and law journals.
- Producing and airing radio and television programmes on various topics.
- Sensitisation meetings with media houses on legal and human rights.
- Monitoring the proportion of media houses airing/broadcasting correct human rights information, and the number and type of human rights programmes aired/broadcasted by media houses.

In the period under review, the Clinic has conducted:

- 54 community workshops (during which clients are also found) compared to a target of 60 over the entire strategic plan, of which 44 were focused on GBV compared to a target of 48[35].
- 60 school workshops compared to a target of 60 over the entire strategic plan, of which 44 were focused on GBV compared to a target of 20.
- 107 radio programmes compared to a target of 216, of which 64 were focused on GBV compared to a target of 216.
- 10 television programmes, all focused on GBV, compared to a target of 10.

The Clinic has also produced a large variety of publications covering numerous human rights, legal and GBV related topics. Despite the fact that these are expensive to produce, translate and print, the Clinic has managed to produce 9,000 newsletters, 9,500 booklets, 15,000 brochures, 27,000 posters and 500 copies of its casebook (capturing important recent judgments) during the period under review, with further copies to be printed later in 2017 or early 2018. While targets for braille publications and outreach activities focused on HIV/Aids were not met since no donors were found to fund these, and there is no indication that monitoring of media houses took place, the Clinic has generally met most of the targets set in the strategic plan.

[35] It is noted that the Clinic does not report on the numbers of people reached during these or disaggregate this data by age and sex.

Publications seen by the evaluation team are generally very good and cover a range of important issues. However, although attempts have been made to simplify these and the language levels used are largely appropriate, they still include various terms and concepts that are second nature to lawyers but that far less likely to be understood by non-lawyers, especially those with limited formal education. And while the use of cartoons, graphics and photographs is commended, there is a danger that some of the cartoons used might be seen as trivialising serious issues, and photographs were found that are not relevant to the lives of ordinary people (such as those of expensive cars and houses).

Numerous workshops have been conducted, but while these are run by lawyers and paralegals who are no doubt familiar with the issues being covered, none of the staff have been trained on adult education methodologies and there are no workshop guides to ensure that the content is standardised across workshops. Perhaps the biggest gap though when it comes to public education is the fact that, other than a Facebook page that does not appear to be regularly updated, the Clinic does not currently have a website and neither is there a dedicated section on the Clinic on the Law Association website (although it is hard to tell since the link provided on this site[36] is broken). Websites offer an excellent opportunity for publications to be housed, which can then be printed by other organisations at their own cost, for a range of other education and communication messages to be provided, and for information on the Clinic and its services to be widely disseminated. Access to the internet is also rapidly increasing across Africa and Zambia is no exception to the rule.

3.5 THEMATIC AREA 4: ADVOCACY

The strategic goal of this thematic area is to improve policy and legal environment for women and children's rights. While no activities are listed in the results framework, the following activities appear to have been contemplated by the text in the strategic plan:

- Meetings with law and policy makers.
- Develop a policy to deal with legal costs associated with litigation.
- Monitoring the proportion of law reform proposals adopted by the law makers, budget allocations to government ministries dealing with women's and children's rights, number of policies established to improve women's and children's rights, number of discriminatory laws repealed or amended, and the number of new laws passed to promote women and children's rights.

The Clinic meets frequently with law and policy makers in a range of forums such as workshops and conferences, but has also specifically targeted key ministries with which it works regularly. The activity to develop a policy to deal with legal costs as-

[36] http://www.nlacw.org.zm/paralegal.html

sociated with litigation was reported to now be covered by the Clinics work towards the finalisation of the Legal Aid Policy. While true to some extent, the fact is that the Clinic has yet to develop a guideline or policy covering who qualifies for legal aid for free, who at a reduced rate, or how to secure additional costs to cover the legal costs in cases where the client is able to pay considerably more than the minimum and maximum amounts included in the schedule of contributions.

Indicators in the results framework also suggest that work in this area would include proposals for law reform and new policies to improve respect for and protection of women's and children's rights. To this end, the Clinic is reported to have played a lead role in advocating for changes to the law related to intestate succession – particularly when it comes to the distribution of land falling under customary law – and in the development of the Rules of Court for GBV Fast Track Courts for the implementation of the Anti-GBV Act.

But although the Clinic can be said to have met the objectives in this thematic area, there is no clear strategy or plan for what to do. Such a strategy might include an assessment of:

- The law, policy or practices that need to change, and the extent to which law and policy can be amended or whether new law or policy is required.
- Who would be good and credible partners.
- What networks should be established and whether both national and international partners might have a role to play.
- Who the best targets would be and how to reach them.
- Who from the Clinic would play which role.
- The timeframes required and a clear action plan.

3.6 PARTNERSHIPS

Although not listed as a thematic area, the Clinic has been successful in entering into partnerships with others that have increased its effectiveness across various thematic areas. These include partnerships with CSOs for specific projects as well as the inclusion of the Clinic under other programmes focused on gender, women's and child rights, and access to justice that have not only secured additional funding for the Clinic, but have also increased its effectiveness in key areas. For example:

- A partnership with PLAN International and the Young Women's Christian Association to secure funding from the European Union (EU) for a project called 'Making the Law Work for Boys and Girls'. Funding has been provided to the Clinic to provide legal assistance and advice, to train around 90 paralegals and establish 40 paralegal desks, which has in turn increased the Clinic's outreach.
- A partnership with Land Alliance Zambia that secured funding from OSISA to assist communities being evicted or resettled as a result of commercialisation and other land use.
- The Clinic has been included under the EU's PLEED programme, implemented by GIZ and the Danish Institute for Human Rights. This includes support to paralegals and the establishment of a Legal Services Unit in Ndola (where the Clinic

will also provide two paralegals while the LAB will provide two legal aid assistants) that will also increase outreach and effectiveness.

- The Clinic is one of the implementing partners under the Government of Zambia / United Nations Joint Programme on GBV whose overall objective is to establish an integrated and multi-sectoral mechanism for the implementation of the Anti-Gender-Based Violence Act. The Clinic is supported to contribute to achieving the second objective of the programme: To establish appropriate justice/legal systems to effectively implement the Anti-GBV Act and its corresponding outcome: GBV survivors have increased access to justice.

In all cases, those consulted (including both Cooperating Partners providing the funds and partner CSOs) were very satisfied with the services provided by, and the performance of the Clinic under these partnerships and programmes.

4 Efficiency

Questions from ToR (and added in the inception report) dealt with in this Chapter
Analysis of the value of funds budgeted and spent against the benefit of the attained outcomes (light-touch value for money assessment).
How efficient and effective are the management and implementation modalities employed by the NLACW?
Have there been any delays in the flow of funds from Cooperating Partners? Why, what impact did it have on your ability to implement activities, and what was done to address this?
How efficiently are activities implemented generally – what causes delays, what has been done to address them, how effective have these been, and what lessons have been learned?
What are the levels of over- or under-expenditure each year, and what lessons can be learned from this?
What is the ratio of overhead costs[37] to activities?

4.1 INTRODUCTION

'Efficiency' is a measure of whether the activities, outputs and results of the programme have been achieved in a cost-efficient way. It also measures whether activities were achieved on time, the causes of any delays and what was done to address them, and what impact any delays may have had on the ability of the Clinic to achieve the results set out in the strategic plan and results framework.

4.2 INCOME AND EXPENDITURE

4.2.1 Cooperating Partner funding

Although it struggled at first and has never achieved the level of funding required by the budget for the strategic plan (USD 9.15M), the Clinic has secured funding from an increasing number of Cooperating Partners during the period under review. Sida is the only Cooperating Partner providing core support, is the only donor to have funded the entire period of the strategic plan, and has provided close to 70% of the Clinic's funding in the period 2013-17. As further illustrated in Table 4, all other Cooperating Partners provide project support or support to specific activities and thematic areas of the strategic plan, covering different periods of time.

[37] Overhead costs include salaries, fuel, electricity, rental, stationary and all related expenses.

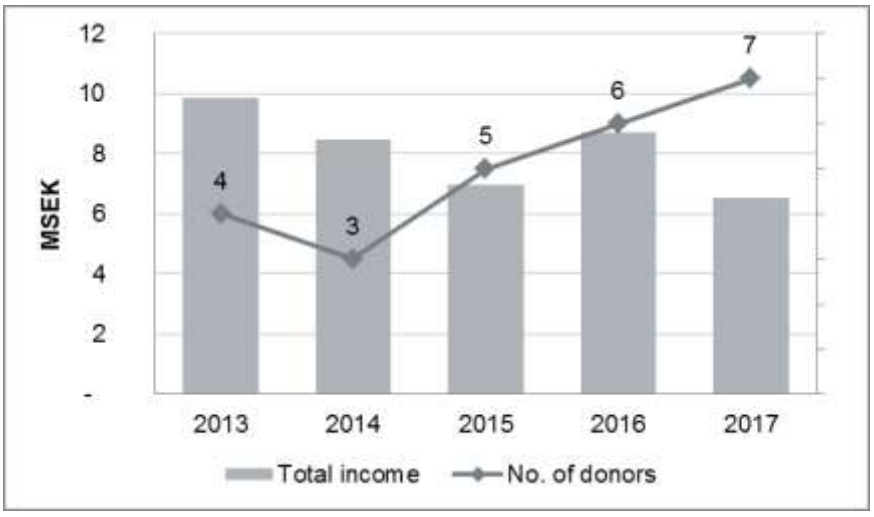
Table 4: Cooperating Partner funding: 2013-17

Funding: 2013-17					
Cooperating Partner	**Name of project**	**Objectives**	**Duration**	**Amount**	**Amount in USD[38]**
Sida / Embassy of Sweden	Core support	Core support	2013-17	SEK 25M	USD 3.8M
Royal Norwegian Embassy	Thematic Areas 1, 2 and 3	Legal representation for GBV survivors, paralegal training, legal literacy	2016-17	NOK 4 M	USD 485,000
OSISA	Food security and land governance	Legal representation, strategic interest litigation, law and policy reform	2015-19	USD 240,000	USD 240,000
UNDP	Govt of Zambia-United Nations Joint Programme on GBV	Capacity Building for customary adjudicators to handle GBV cases; Support for development of Minimum Standards for village-led GBV One Stop Centre	2015-18	USD 426,912	USD 426,912
PLAN International (EU funded)	Making the Law Work for Boys and Girls	Access to Justice through strengthened legislative and policy framework.	2015-18	EUR 102,835	USD 120,000
European Union / GIZ	PLEED	1. GBV Data Management 2. Establishment of Legal Services Unit	2016-18	EUR 77,312	USD 90,000

Source: Clinic financial reports and information provided to evaluators

However, as illustrated in Graph 7 below, an increase in the number of Cooperating Partners supporting the Clinic does not necessarily translate into an increase in overall funding.

Graph 7 – Total income from Cooperating Partners 2013-17



Source: Clinic statistics in Annual Reports and provided to evaluators

[38] Estimated amount based on Oanda.com.

The main explanation for this is that Sida chose to 'front load' its contribution so that Sida funding diminished over time, from 78% of the total commitment in 2013 to 36% in 2014, 34% in 2015, 34% in 2016, and 24% in the final year. The reasons for this approach were:

- To ensure the Clinic would have sufficient funds to cover expenses such as the purchase of vehicles and equipment needed to implement the new strategic plan.
- It was assumed, on the basis that the Clinic had developed its own sustainability plan (see text box below), that the Clinic would be able to raise funds elsewhere and that lawyers would be found to provide pro bono services.
- It was intended to provide an incentive to the Clinic to increase its sources of revenue to become less reliant on Sida.

The Clinic's Sustainability Plan 2013-2017

The Clinic developed a sustainability plan in 2013, at the request of Sida, that includes various measures to increase sustainability:

- Working towards diversifying and expanding funding sources to include both international and local financial sources to ensure financial sustainability.
- Appealing to institutions such as banks and communication companies to provide funding as part of their social responsibility.
- Requests for donation of funds, building materials and rehabilitated shipping containers to use as offices.
- Sponsorship for specific activities such as training.
- Renting unused space at the Livingstone office (once rehabilitated) and building new office space in Ndola and Lusaka for rental.
- Training for key staff on fundraising, income generation, and proposal writing.
- Establishing additional paralegal desks and training paralegals at minimal cost.
- Advocating for the Legal Aid Policy to be put in place.

While it was assumed that the Clinic would require less Sida funding over time, attempts by the Law Association to introduce a policy requiring its members to provide pro bono services has met with resistance and is currently stalled, and the sustainability plan developed by the Clinic was regarded as over-ambitious by the Clinic itself during consultations with key staff. As a result, and as further dealt with in the chapter on sustainability below, very little has been done yet to comply with it.

Further, while the Clinic has broadened its resource base by the inclusion of new Co-operating Partners, it is not sufficiently focused on new funding opportunities and let one slip by in November 2017, during the on-site mission. USAID had called for proposals under its new STOP-GBV programme. But although some preliminary work was done by the Clinic together with other partners, the partners pulled out and the Clinic could not meet USAID's deadline for submitting a proposal.

An additional point needs to be made in this regard: The Clinic recently submitted a proposal to the European Union (EU) after a call for proposals on people living with disabilities and human rights defenders for land rights. Although no final decision has been made, it appears the proposal may not succeed. This is not surprising given the

complexity of the EU's call for proposals process, which very few national CSOs are able to comply with. But it does indicate the need for the Clinic to acquire expertise in this area – either by employing a full-time fundraiser with experience in this regard (dealt with in more detail in the chapter on sustainability below) or by contracting someone to assist as the need arises. This is particularly relevant given that the EU is currently developing GBV programme and will launch a call for proposals under it in 2018. The targeted provinces differ from those where the Clinic currently has offices, but this may in turn present an opportunity to secure funds towards the establishment of a new office in another province.

4.2.2 Delays and their impact on activities

There have been no major delays in funding from Sida over the course of the strategic plan, although there was a minor, delay with the funding for 2017 because the Clinic submitted a report later than the deadline. Since report dates are included in the agreement as a 'condition', and, according to the system the release of funds is dependent on a Sida partner fulfilling all conditions before funds can be released, this occasioned some delay. Minor delays were also reported by OSISA, which were partly attributed to delays in finalising court cases (outside the Clinic's control), the complex and time-consuming process required by South African banks when paying to accounts outside of South Africa, and the fact that OSISA had started a new funding mechanism in their headquarters in New York. Neither the delay in funds from Sida in 2017 nor the delay in release of funds from OSISA were reported as having had any major impact on the ability to conduct activities.

However, there was a major delay with funding from the Royal Norwegian Embassy. Although negotiations with Norway to provide core support for the entire period of the strategic plan began some time before 2013, the process was lengthy and funds were only disbursed starting from July 2015 and are only targeted at the Clinic's work on GBV rather than as core support. Part of the reason for the delay was that the Embassy wanted proper baselines to be in place before releasing funds. This in turn led to the Embassy funding the 2014 baseline study before releasing funds for the first time in 2015. Although funds have since been released timeously, the delay had a significant impact on the amount of support available to the Clinic, which in turn impacted on their ability to meet their objectives in the period 2013-15. In addition, The Norwegian Embassy has confirmed that it will not be providing any funding to Zambia, or the Clinic, after 2017.

4.2.3 Other sources of revenue

The Clinic has been able to raise some additional revenue to support provided by Co-operating Partners as illustrated by Table 5.

Table 5: Other sources of income (ZMW and USD)

Source	2013	2014	2015	2016	Total 2013 – 16 (ZMW)	Total 2013-16 (USD)
Income from clients	2,155	460	1,465	2,675	6,755	676
Divorce petition	56,221	71,270	91,100	77,210	295,801	29,580
Legal consultation	53,685	58,380	52,085	47,440	211,590	21,159
Other settlements	59,610	154,386	153,040	144,670	511,706	51,171

Source	2013	2014	2015	2016	Total 2013 – 16 (ZMW)	Total 2013-16 (USD)
Interest received	64,679	71,514	45,883	52,075	234,151	23,415
LAZ	150,000	174,000	151,300	116,200	591,500	59,150
Sale of case books	1,100	6,500	2,700	3,500	13,800	1,380
Asset disposal	-	196,906	-	-	196,906	16,691
Sundry	-	-	6,039	269,330	275,369	27,537
Total ZMW	387,450	733,416	503,612	713,100	2,337,578	233,759
Approx. total USD	38,745	73,342	50,361	71,310	233,759	**233,759**

Source: Clinic statistics

However, the maximum amount raised in any of the years considered is USD 73,342, while the overall amount in the period 2013 to 2016 (USD 233,759) is a tiny fraction of the overall budget for the strategic plan (USD 9,15M) and only a small fraction of the total income each year (see Table 5 below).

4.3 INCOME VERSUS EXPENDITURE

As illustrated in Table 6, the total income per annum has varied from a low of ZMW 7.5M in 2015 to a high of ZMW 10.2M in 2013, while expenditure has remained relatively stable over the period listed below.

Table 6 – Income vs. Expenditure: 2013-16

Year	Total income (actual)	Total expenditure (actual)	net income
2013	10 234 501	5 209 435	5 025 066
2014	9 218 946	7 706 226	1 512 720
2015	7 488 932	7 399 575	89 357
2016	9 422 170	7 596 668	1 825 502

Table 7 – Under/over expenditure: 2013-16

Year	Total expenditure (planned)	Total expenditure (actual)	Over/under expenditure (in ZMW)	Over/under expenditure (in %)
2013	6 763 047	5 209 435	1 553 612	-23%
2014	8 983 788	7 706 226	1 277 562	-14%
2015	7 834 486	7 399 575	434 911	-6%
2016	9 383 118	7 596 668	1 786 450	-19%

Of some concern though is the apparent rate of under-expenditure each year (see table 7 above). The main reasons for this are largely (a) that the implementation of the strategic plan, and thus the release of funds to fund it, was delayed to July 2013 and most funds for 2013 were thus delayed until late in 2013; (b) that Sida chose to 'front-load' its funding, releasing 78% of its total contribution in year one; and (c) some expenditure planned for 2013, including the purchase of vehicles and equipment, was delayed into 2014. As a result, significant levels of funding were carried over from 2013 into 2014. Since accounts have been prepared on an annual basis from 2013, but most

Cooperating Partners only released funds at the end of each year of the strategic plan, this in turn creates the impression that income for 2014 and subsequent years was greater than what was actually received each year and the Clinic continues to require additional funding to meets its costs. In addition, and as explained by the Clinic's Programme Accountant, an important consideration to bear in mind when it comes to grant accounting is that expenditure during the year is systematically amortised to match income and that is what is recognised as 'revenue grant' (income). The unspent amount is treated as 'liability' under a deferred grant, so money received is never treated as 'revenue' until conditions of the grant are satisfied.

Finally, the Review of Financial Records and Internal Management Control System of the National Legal Aid Clinic for Women commissioned by Sida in 2017 (and dealt with further in section 4.5 below) also noted apparent under-expenditure on many line items in the budget that are not discussed or addressed in financial reports, before making the following recommendation:

> *Recommendation 12: We recommend that the organisation should provide notes in the main body of the financial reports. Further, notes should be provided for any expenditure exceeding budgets beyond the agreed threshold (10%). The Finance Manual should provide guidance on how to perform a budget analysis.*

The Clinic has agreed to implement this recommendation.

4.4 RATIO OF OVERHEAD COSTS TO ACTIVITIES

The ratio of overhead costs[39] to costs for activities is a common indicator for determining efficiency. The picture for the Clinic is skewed somewhat though by the fact that most of its 'activities' are legal advice, assistance and representation, all of which is covered by the salaries of professional staff. Professional staff also run and attend community and school workshops and contribute to the writing and management of publications, as well as to the overall management of the Clinic. In addition, capital expenditure on vehicles, equipment and furniture was also required to allow for activities to be undertaken. As a result, in addition to costs for activities specifically allocated to each thematic area (and that cover things like the court fees and costs of workshops and publications), the costs of programme staff and capital expenditure for activities have been added to the list of 'activities' in Table 8.

Table 8 – Ratio of overhead costs to activities

'Activities'	2013	2014	2015	2016	Total
Thematic Area 1: Access to justice	361,772	390,527	210,621	132,287	1,095,207
Thematic Area 2: GBV	100,163	54,027	1,261,905	244,713	1,660,808

[39] Overhead costs include salaries, fuel, electricity, rental, stationary and all related expenses.

'Activities'	2013	2014	2015	2016	Total
Thematic Area 3: Legal literacy	116,671	153,284	206,138	631,458	1,107,551
Thematic Area 4: Advocacy	125,423	186,738	154,532	172,515	639,208
Capital Expenditure	87,606	942,596	2,391	89,599	1,122,192
Research Costs	123,463	-	-	-	123,463
Professional staff	2,380,965	3,684,816	3,285,386	4,007,570	13,358,737
Total cost of activities	**2,934,291**	**5,411,988**	**5,120,973**	**5,278,142**	**18,745,394**
Total expenditure for the year	**5,209,435**	**7,706,226**	**7,399,575**	**7,596,688**	**27,911,924**
Activities as a % of overall expenditure	**56%**	**70%**	**69%**	**69%**	**67%**

The ratio of overhead costs to activities in the table above are impressive, and yet even these figures are misleading as the only cost incurred by the Clinic that is not specifically added to the table above is the cost of administrative staff. Since administrative staff provide support to all aspects of the Clinic's core business, the reality is that pretty much all of the Clinic's expenditure is in some way or another linked to its activities.

4.5 MANAGEMENT AND IMPLEMENTATION

The ToR for the assignment require the evaluators to consider how efficient and effective the management and implementation modalities employed by Clinic are. These issues were the subject of an in-depth Review of Financial Records and Internal Management Control System of the National Legal Aid Clinic for Women commissioned by Sida and conducted in May 2017. The main findings of the review are summarised in the executive summary as follows:

The Review of Financial Records and Internal Management Control System

The overall conclusion of the review was that the Clinic has systems and controls in place to manage their funds and operations. Key conclusions related to the specific areas to be addressed were:

Management and Organisational Structure: The Clinic has a competent Board of Directors. Weaknesses have been noted in the Board composition, frequency of meeting of Directors and Board committees, the legality of the Clinic going forwards if the bill to dissolve the body (Law Association of Zambia) under which the organisation operates were to be made into a law, as well as vacancy of some senior positions and the need to finalise policy manuals that are still in draft form.

Risk Management and Anti-Corruption Policy: The Clinic's risk management and anti- corruption culture is in operation. However, there is need to strengthen the risk management by improving the risk register, broadening the analysis of risks the organisation faces and making improvements in the anti-corruption policy.

Audit, Procurement and Financial Management: The procurement policy included in the draft Finance Manual is not thorough and does not address competitive procurement methods. It also does not set thresholds for procurement that would encourage transparency, competitiveness and value for money purchases. Improvements to budget analysis procedure and strengthening of the online payments system are highlighted, as well as the need to improve petty cash management.

Financial Review: The review of the financial records for the period 1 January to 31 December 2015 revealed that the organisation's reporting was based on actual expenses incurred for project activities. Improvements to asset management have been recommended, as well as the use of "PAID" stamps on processed vouchers and invoices as a further control to avoid duplicate payments.

Given how recently the review had been conducted, the evaluation team did not focus on many of the issues covered by it in any great detail to avoid duplication of effort and given the limited time available. However, while most of the Cooperating Partners consulted were satisfied with reporting and the implementation and management of activities supported by them, the following 'additional' issues were raised when it comes to management and implementation:

- Sida noted that they have heard complaints from clients that the Clinic takes a long time to respond. This may well be based on limited understanding amongst clients of the snail's pace at which the justice system moves. At the same time, the Clinic does not closely track client satisfaction through client surveys or other tools in order to respond to dissatisfaction in a timeously manner.
- Sida also noted that, although they had explained to the Clinic that they could not fund the entire plan, the Clinic still includes the overall budget of the strategic plan in its requests and which includes items for which funds have never been found and are unlikely to be found. In turn, and as explained in the Chapter on Impact and Outcomes below, many of the targets set in the results framework are unrealistic.
- OSISA was very happy with the work of the Clinic and the reports submitted to them, but note that reports are sometimes quite general and more specific information should be included in future.

4.6 STAFFING

4.6.1 Staff levels

The current staff complement of 40 includes 29 full-time contract employees, one part-time employee, and 10 volunteers. Of the 29 full-time employees, seven are qualified lawyers: four in Lusaka (including the Executive Director); two in Ndola; and one in Livingstone.

Overall, the Clinic does extremely well with a very limited number of lawyers. It also makes some use of interns, volunteers and articled clerks (those in the process of being admitted as lawyers_, and there is a possibility that it could enter into an arrangement with the Legal Aid Board for legal assistants to be seconded to it or the Law Association of Zambia Act could be amended to allow for these as well[40]. But while an increase in the number of admitted lawyers, articled clerks and interns, and an arrangement to allow for legal assistants to be employed, would greatly assist to manage the caseload, increase efficiency and ensure greater access to services, the Lusaka

[40] Legal assistants are people who have acquired a law degree but have yet to complete their practical training at the Zambia Institute of Advanced Legal Education and thus have yet to be admitted as practicing lawyers. The LAB Act allows these to be employed by LAB, where they are able to do most of the office work usually reserved for admitted lawyers and even to appear in the lower Courts for preliminary matters such as requests for postponements and bail applications, but they are paid a fraction of the salaries paid to admitted lawyers.

and Ndola offices, simply have no space for them. Members of Victim Support Units interviewed also mentioned the fact that they used to have an officer based at the Clinic's offices who could provide services on the spot to survivors of criminal offences, including taking statements, securing evidence and providing psychosocial support. However, the Clinic has had to do without these officers in the absence of space to house them.

There is thus clearly a need for additional office space to be found, particularly in Ndola and Lusaka. While the Law Association has indicated that it may be able to provide space at its new premises in Lusaka (once built), both offices have fairly large areas of unused land. Writers of the Clinic's sustainability plan no doubt had this in mind when including ideas like the use of refurbished containers and approaching local businesses to provide building materials, but to date, nothing has come of this. Other options include requesting partners such as the Young Women's Christian Association in Lusaka and the Catholic Dioceses in Ndola to provide accommodation for 'satellite' offices – both expressed a willingness to do so if costs were covered by the Clinic. Without additional space, it will be impossible to house more staff and this issue clearly needs to be expedited.

In addition, the major impediment to employing more lawyers is the high cost of these and the limited funds available to the Clinic. Although only Sida provides core support to cover salaries, the Clinic has been able to include the costs of personnel in some of its projects, but Cooperating Partners usually cap the amount that can be included for staff in project budgeting to around 10%, which is insufficient for additional staff to be employed on a full-time basis. As a result, there is a need for additional funds to be found if the Clinic aims to increase the number of lawyers in its employ.

4.6.2 Staff turnover

The Clinic has faced a relatively high turnover of staff in the period under review:

Table 9: Staff turnover 2013-17

	2013	2014	2015	2016	2017
Number of Employees at the beginning of the year	25	32	29	31	28
Number of Employees who were employed during the year	7		4	2	3
Number of Employees who left during the year		3	2	5	1

Source: Data provided to evaluators by the Clinic

Of the 11 who left, seven were qualified lawyers. But while the Clinic raised this as a concern, it is not uncommon for CSOs, especially those providing legal services. Very few CSOs will ever be able to compete with the salaries and earnings of lawyers in private practice, especially in countries such as Zambia where the limited number of lawyers allows them to charge exorbitant fees or command high salaries. In many cases, CSOs are incubators for young lawyers who acquire significant experience and skills in a very short time, and who rapidly become attractive to private law firms and businesses as a result. In fact, the evaluation team were told of numerous examples of lawyers who started their careers at the Clinic before moving on to greater heights as state advocates, High Court Judges and even the current Law Association President.

Although the Clinic needs to consider ways of retaining staff for as long as they can, it should also consider maximising the fact that the Clinic has contributed to the careers of many top lawyers (as well as to the development of the legal sector) over the years. For example, to increase staff retention even though salaries are low, the Clinic should consider covering the costs of additional training or degrees for lawyers on condition that they sign an agreement to remain at the Clinic for a set number of years, at a set salary. Should the lawyer leave before the end of that period, they will be obliged to repay the entire cost of the programme. In this regard, the Clinic should also conduct research to see whether there are any universities, colleges or institutes in Sweden that might provide education for free or at a reduced cost to people engaged in programmes supported by Sida, as well as whether any other opportunities exist elsewhere.

4.7 VALUE FOR MONEY ASSESSMENT

The Clinic provides excellent services to women and children in general, to survivors of GBV in particular, and conducts a considerable amount of legal literacy and advocacy on a very limited budget. Clients are provided with legal advice, assistance and representation at a fraction of the cost of such services from lawyers in private practice, advocacy efforts are undertaken with minimal costs, and publications are generally produced in a cost-effective manner. As a general rule, the Clinic is therefore providing value for money in most areas. With that in mind though, the following comments can be made:

- When it comes to publications, workshops and other outreach activities, the Clinic has met or exceeded most of the targets set in the strategic plan. But while it is largely effective in that regard, it is hard to measure whether these activities lead to any outcomes or impact – and thus, whether these activities provide any value for money. In particular, reports do not provide any information on how many people attended workshops or disaggregate this data by age and sex, and there is no record of how many people are reached by the various radio and television programmes. This latter information is usually readily available from the stations themselves or a central authority and would assist Cooperating Partners and evaluators to determine whether any value for money is being achieved. In addition, the Clinic could increase its outreach at no extra cost to itself by requesting its partners to include information on the Clinic and the services it provides in their publications, on their websites, and during their workshops and other outreach activities.
- Workshops are a tried and tested method for public awareness and education. Together with radio and television, they are the most effective means of increasing legal literacy and knowledge of human rights where levels of literacy are low. However, they are relatively expensive, both in terms of transport and related costs, and in terms of salaries paid to staff to conduct them. They are thus not always the most efficient use of resources. But while this may suggest they do not provide value for money, they also serve to raise awareness of the Clinic and its services, and to attract a significant number of new clients. As a result, even though the evaluation team was at first inclined to suggest these should be reduced, the way they are employed by the Clinic does provide value for money and they should continue. However, they should also be included in an overall com-

munication and outreach strategy that in turn can be used to raise funds specifically for education and awareness.

- As mentioned above, radio and television are excellent methods for providing outreach and attracting new clients when literacy levels are low. They also have the potential to reach enormous numbers of people at comparatively low cost. However, the Clinic often pays for these services, and the costs are high. Although a level of value for money is still achieved given the outreach, this could be enhanced by maximising opportunities for appearances on radio and television at no cost (which should also be included in the communication and outreach strategy mentioned above). For example, the Clinic should provide all radio and television stations, public and privately-owned, with a list of their professional and senior paralegal staff's contact details and an overview of the work of the Clinic and advise them that such staff can be contacted for any call-in or other discussions they may run in future. Alumni could also be asked whether they are prepared to make themselves available for these shows and their names included on these lists. The Clinic could also constantly monitor and check with radio stations what call in shows they plan to run in the coming days or weeks, and then call in to discuss the issue at hand and the role of the Clinic in addressing it.
- The Clinic has not made use of new forms of communication, such as WhatsApp, that are relatively inexpensive to reach large numbers of people.
- The costs to train a paralegal are in the region of ZMW 700 per paralegal. Although the pass rate was low, it has improved and paralegals provide ongoing assistance and attract new clients at no extra cost. But while this appears to create value for money, it raises a concern in that, since they are not paid or their expenses covered, there is a danger that paralegals will stop providing services over time, which will mean that any investment in them is lost.

5 Outcomes and Impact

Questions from the inception report[41] dealt with in this Chapter
What is the overall impact of the programme in terms of direct or indirect, negative and positive results?
What have been the outcomes of the advocacy programme? [42]
To what extent has the programme contributed to gender equality?[43]
To what extent has the programme contributed to the improvement of women's and children's rights in particular access to justice in Zambia? [44]
Are women and children who have accessed and are currently accessing services from the NLACW, through mobile clinics and community and school work satisfied with the programme?
How is impact measured – who is responsible for monitoring and evaluation, how is it done, and to what extent does the monitoring and evaluation system specifically attempt to measure impact?

5.1 INTRODUCTION

The Organisation for Economic Co-operation and Development (OECD) defines impact as: 'The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators'[45].

To some extent, this definition conflates outcomes (short-term changes directly affecting those targeted by a programme – such as the provision of legal aid) with impact (longer-term changes that affect society as a whole – such as contribution to the development of a legal aid policy). Both of these are addressed in this section.

However, measuring outcomes and impact is hampered somewhat by similar problems to those noted in the Chapter on Effectiveness above. In particular:

[41] The ToR did not specifically list any questions on impact.

[42] This question was originally included under ''effectiveness' but would seem to fit better here.

[43] Ditto.

[44] Ditto.

[45] www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

- At the outcome level, the majority of the indicators included in the results framework are almost impossible to measure without client satisfaction surveys, community satisfaction surveys or a follow up to the baseline survey. Although client and community satisfaction surveys were contemplated in the strategic plan, only one client satisfaction survey was conducted, in 2014, supported by Freedom House, but this focused only on services offered by paralegals. As a result, there are no results provided in these areas and measurement against results is impossible.
- Some indicators are also really outside of the Clinic's control. While these may be relevant at the overall objective / impact level, they should not be included at the outcomes level, not least because they are hard to measure and failure to achieve them can shine a negative light on the Clinic. In some areas, there are marked changes in targets and results that make it impossible to draw any conclusions. For example, the target for the % GBV cases managed in accordance with National Guidelines on the treatment of GBV survivors for 2015 is 90% and the result is reflected as 87%. However, the target for 2016 is 95% and the result is reflected as 18%.
- Some indicators are also very similar and include the same baselines and results[46].
- In other areas, unrealistic targets have been set. For example, the target for % GBV cases managed in accordance with National Guidelines on the treatment of GBV survivors for 2015 is 90% and the result 18% while the target for 2016 is 95% and the result 22%. Setting unrealistic targets sheds a negative light on both the Clinic and Cooperating Partners, who are also measured against the results achieved.
- Although Sida provided support to revise and improve the results framework, the work seems to have been only partly successful – changes are hard to see except in one or two cases where '%' has been replaced by 'number', but even this is inconsistent[47]. In addition, the revision of the results framework was completed before the completion of the baseline survey, and there are few (if any) links between the questions posed in the survey and the results framework.

Nonetheless, there is evidence of impact and outcomes that can be deduced from consultations and available data.

[46] For example, indicators 1.1, 1.1.1 and 3.2

[47] For example, indicator 2.3.3 remaining at 'proportion of discriminatory practices abolished or amended' and indicator 3.3 measuring 'proportion of legal literacy programmes developed to enhance respect for women & children's rights by communities' when only the 'number' is possible of determination in both cases.

5.2 POSITIVE OUTCOMES

There is no doubt that the provision of legal aid and assistance to clients has led to positive outcomes. Clients consulted by the evaluation team were generally very satisfied with the services provided[48], which is supported by the fact that the success levels of the Clinic are very high - on average, 86% of cases are decided in the Clinic's favour. Although this falls below the targets set (starting at 96% in 2013 and rising to 100% in 2015 and 2016), these targets are unrealistic and there will always be cases where clients are dissatisfied with the outcome.

Training and sensitisation of customary adjudicators (traditional leaders and headmen and headwomen) and Local Court Magistrates has reportedly led to increased understanding of their roles and the limits on their jurisdiction when it comes to GBV generally and defilement in particular. The greater impact of these activities has been hampered though by the fact that no funds or other support has been provided to roll the training out. Although the inclusion of Provincial Local Court Officers in the training was said to be having some impact, this has not been properly monitored and is difficult to prove.

Community leaders reported a reduction in harmful customary practices and GBV as a result of their increased understanding of the issue and their willingness to share their knowledge with the communities they serve. Workshops and other public education methods can also be assumed to have raised awareness, knowledge and understanding, and perhaps even have contributed to a reduction in incidents of GBV or at least to improved reporting. Public education also contributes to the outcomes in the strategic plan, with 1,518 cases reported to the Clinic as a result of legal literacy activities in the three years for which statistics are available. And it can also be assumed that the work of the Clinic has at least led to better understanding and levels of gender equality, although it cannot in any way be measured.

Although the Assessment of Clients' Evaluation of Services Provided by Paralegal Officers conducted in 2014 only focused on paralegals, the results were very favourable:

- 94% of the respondents stated that they received help from the paralegal desks and that their issues were resolved either by the officer or the service provider they were referred to. Even those whose cases were still pending expressed satisfaction with the way the cases were being handled.
- All of the respondents stated that paralegal officers acted swiftly when cases were presented before them.
- 82% stated that the paralegal officers were generally polite and friendly.

[48] Some of those consulted complained about the length of time taken to resolve matters, which points to the need to carefully explain to clients that litigation can be an extremely slow and complicated process to lower expectations in this regard.

- All of the respondents respected the advice rendered by the paralegal office.
- None of the respondents reported unfair treatment by virtue of any social or otherwise distinguishing characteristics.

5.3 EXAMPLES OF HIGHER LEVEL IMPACT

At the impact level, the Clinic played a key role in the development of Rules of Court for GBV Fast Track Courts that are now standard across the country and thus have the potential for major impact at limited cost. The Clinic is also credited with changes to the law related to intestate succession – particularly when it comes to distribution of land falling under customary law. The Clinic has also been very involved in the development of the Legal Aid Policy that will have an impact for all Zambians who cannot afford lawyers and increase access to justice for all.

According to the outcomes listed, there has been 'negative impact' in that, based on VSU statistics, there has been an increase rather than a decrease in cases of GBV. However, this is a particularly problematic indicator since an increase in reports of GBV does not necessarily indicate an increase in incidents of GBV (it could indicate that, as more women are aware of their rights and where to report, more report GBV than in previous years). And any increase in this area could in any event never be attributed to the work of the Clinic in any event.

However, there is one area where negative impact may well be happening. In the absence of a proper means test, some indigent clients are asked to contribute to the costs of their case. Although many agree at the outset, reportedly because they are too embarrassed to admit they have no money[49]. Then, they fail to return which not only impacts on their ability to access justice, but also affects the reputation of the Clinic and increases its workload while files remain open.

5.4 MONITORING AND EVALUATION

Although she is supported by a data-capturer, the Deputy Director bears the primary responsibility for monitoring and evaluation (M&E). Steps have been taken to improve, such as the provision of laptops to some paralegals to allow them to file reports. The Deputy Director has also made a concerted effort to provide an overview of results covering 2013-16 in an annex to the 2016 Annual Report, but her work is not helped by the weaknesses in the results framework. None of the Annual Reports include an assessment of results according to the logic in the strategic plan and results framework either, which makes it difficult for the Clinic to monitor its own progress and for Cooperating Partners to determine whether their support is achieving any results.

[49] Mentioned by members of CSOs consulted and during focus group discussions in particular.

While she has been trained in monitoring and evaluation, the Deputy Director has significant other responsibilities that mean she has little time to focus on this critical aspect of the Clinic's work. There is thus an obvious need to improve M&E by freeing up more time for the Deputy Director to focus on this and to develop tools and systems to ensure that all staff contribute to providing the information needed. This is recognised by the Clinic and the Board: it has been identified as a skills gap and Management and the Board have agreed to engage a programme officer to help with resource mobilisation. Various reporting tools have also been developed during 2017 and used to enhance data collection, which in turn has led to improvements in this regard.

6 Sustainability

Questions from ToR (and added in the inception report) dealt with in this Chapter
To what extent are the benefits of the programme sustainable?
Review the long-term sustainability of the programme in terms of availability of national resources necessary/required to continue the efforts begun by the Programme, once Cooperating Partners' assistance terminates.

6.1 INTRODUCTION

The OECD defines sustainability as an assessment of whether the benefits of an activity are likely to continue after donor funding has been withdrawn. As such, sustainability includes two broad questions – how sustainable would the organisation be if donor funding were to come to an end; and whether or not there has been any 'sustainability of action' – that is, are there things that the Clinic has accomplished that will continue to bear fruit even if the Clinic or its activities were to cease?

6.2 ORGANISATIONAL SUSTAINABILITY

The National Legal Aid Clinic for Women has been in existence since 1990 (although it was forced to suspend its activities for around six months in 2010 as a result of lack of funding), which in itself suggests the Clinic has acquired significant experience and skills that augur well for the future. But while it is a project of the Legal Association of Zambia's Women's Rights Committee, it has always been heavily dependent on donor-funding. Given that the commitment to the Clinic is based on a percentage of the fees paid by members of the Law Association, and in the absence of any commitment to funding from government, it is highly unlikely that the position will change in the foreseeable future. In addition, it must be noted that government's commitment to the Legal Aid Board is itself considerably below what is required, and although it continues to represent clients in both civil and criminal matters, priority is given to legal aid in criminal matters given its limited financial and human resources. The chances of it being able to fund legal aid to women and children in civil matters in future are at best slim.

Even though the Clinic has been able to attract additional funding and increase its funding base during the period under review, limited funding clearly has an impact on its ability to employ new lawyers, retain personnel, increase its client base, and to open new offices to increase access to justice for women and children across the country.

Nonetheless there are encouraging signs. Firstly, the Clinic has been able to secure core funding from Sida, which is hard to come by for most CSOs. Core funding increases predictability, certainty, sustainability, and increases the flexibility of organisations to further develop themselves and their activities. It also allows for greater impact of project funds since overhead costs are largely taken care of and more of the project funds can be used for activities. The Clinic has also purchased property in Lusaka, Ndola and Livingstone that reduces its reliance on funding for rental, and has

consistently been able to attract young and committed staff, including lawyers, to its ranks. And it has trained paralegals and established paralegal desks in many communities. Funds are also raised in other ways, albeit to a limited degree, including charging for publications and requesting a contribution from those who can afford to contribute to the costs of the services provided. And the Law Association is also currently revising the Legal Practitioner Rules, expected to be finalised in April 2018, which may allow for the Clinic to provide services on a contingency-basis – where fees are initially waived but are payable to the Clinic as a percentage of the award received. This would in turn allow the Clinic to receive a considerably greater contribution in those cases where services are provided to women in relationships with wealthy men, but who have no access to cash or resources when they approach the Clinic for assistance.

The Clinic is also quite clearly a trusted partner for Cooperating Partners, as evidenced by the increase in the number of these supporting it over the years. The fact that it is one of the few organisations in the country that provides legal representation means that it will remain a 'go-to' organisation for those Cooperating Partners wishing to increase access to justice for women and children and for those focused on gender, gender equality, women's rights and child rights. And so, continued project funding can be anticipated in the years to come. The Clinic has also established and maintained networks with a very broad range of CSOs and has built relationships with government, the judiciary, law enforcement agencies, the legislature, and the main national institutions and commissions. The Clinic has thus become a trusted partner for government (in all its forms) and the chances of interference in its work are thus greatly reduced.

In response to a request from Sida, and to attempt to decrease its reliance on its 'traditional' funding base, the Clinic developed a Sustainability Plan 2013-2017 that includes various strategies for increasing its sustainability. But while it has achieved some success with regard to the establishment of paralegal desks and advocacy for a Legal Aid Policy, the house that the Clinic purchased to house its Livingstone office is currently unoccupied (although renovations have been undertaken) so that office space has to be rented. There has also been little response from private sources of funding, and some aspects of the plan require approval from the Law Association before they can be implemented. As a result, the plan was reported to be stalled at the moment and there is a need to focus more attention in ensuring its implementation.

In addition, the Clinic missed an opportunity to submit a proposal to USAID during November 2017, where it was expecting to be a partner with the Catholic Medical Mission Board as the lead partner. When the Catholic Medical Mission Board pulled out of the process late in the day, there was reportedly no time for an additional partner to be found. The Clinic will also need to prepare for an upcoming EU call for proposals in 2018. Although the current Deputy Director has been trained in fundraising, she has little time to dedicate to fundraising given her other responsibilities. Given that monitoring and evaluation is critical and she needs more time to focus on this, it would appear that there is a need for additional support to be provided, either on a full time or part time basis, for a clear resource mobilisation strategy to be developed with specific tasks allocated to staff (and even Board members), and to develop a basic format for developing proposals that can be applied and updated to write proposals to donors. The strategy should also include research into other sources of fund-

ing, such as that provided by privately grant funds in the United States, Europe and elsewhere (such as the Ford Foundation or the Gates Foundation), many of which have a keen interest in gender and related issues. And while recognising that it will always face high turnover of professional staff, the Clinic should consider ways of retaining staff for as long as possible, and using more interns and legal assistants, as suggested in Section 4.6 above.

Finally, and recognising that it aims to contribute office space to the Clinic that will increase its sustainability, the Law Association needs to show more commitment to its own project by considering ways of increasing funding to the Clinic, supporting the Clinic more actively in its fundraising endeavours, and re-energising the stalled process to develop a pro bono policy that would require all members to contribute at least a small portion of their time to assisting the Clinic in its work.

6.3 SUSTAINABILITY OF ACTION

The Clinic has achieved a relatively high degree of sustainability of action and the benefits of many of its activities will continue even if funds were no longer available. For example, the Clinic has been an 'incubator' for a significant number of lawyers, many of whom have gone on to have illustrious careers. This has contributed to a cadre of well-trained and experienced lawyers, firmly grounded in women's and child rights, all of whom will continue to provide critical skills to Zambia even if the Clinic were to cease operations. Advocacy has also led to law and policy reform and development that will remain in place for many years to come, while public education on a range of legal, human rights and other issues is assumed to have led to more people knowing their rights and how to claim and protect them. Training of customary adjudicators and Local Courts also has the potential to reduce incidents of these dealing with serious cases of GBV long after the Clinic ceases to exist. And paralegals that have been trained by the Clinic can potentially continue to operate long after the Clinic goes out of business, since they are meant to be maintained by their communities.

More importantly perhaps, there is no formal legal aid system granting aid to women and children in civil matters in Zambia and as the leading CSO providing legal aid and assistance to women in a range of civil matters, the Clinic warrants continuing support including external funding.

7 Inclusiveness, perspective of the poor, the HRBA and gender equality

Introductory note:

The following questions were included in the terms of reference under two headings:

- Inclusiveness.
- The perspective of the poor, the human rights-based approach (HRBA) and gender equality.

Since inclusiveness is closely intertwined with the HRBA, these questions have been combined under one heading:

Questions from ToR (and added in the inception report) dealt with in this Chapter
To what extent was the programme inclusive of marginalised groups (e.g. women and children, poor and vulnerable, people who are differently abled, people living with HIV?)
Has anyone been discriminated by the programme through its implementation?
Has the programme been implemented in a transparent fashion?
Are there accountability mechanisms in the programme?
Are there any other examples of 'harm' or potential for harm (in relation to the 'do no harm' principle and if so, what has been done to address them?

As defined by Sida, the HRBA entails 'a focus on both what human rights to achieve and how to do it in a way that is based on and leads to the four human rights principles of:

- Non-discrimination and equality or equal access to rights.
- Participation in decision making processes.
- Transparency (including access to information).
- Accountability.

As a general rule, the Clinic by nature has a strong focus on gender equality and human rights. It is quite clearly intended to be inclusive of women and children, especially the poor and vulnerable. But while the strategic plan included a specific focus on people living with HIV, no specific activities have been conducted in this area and it appears to have been dropped off the programme at an early stage. Data regarding clients also makes no reference to their HIV status, which to be fair to the Clinic would be a largely inappropriate question to include when taking information from clients. Data is also not disaggregated by age or even whether the services provided were for an adult or a child, which makes an accurate assessment of services provided to women and children difficult. But many communication activities in particular have targeted schools, and all education activities have a focus on gender-based violence against women and children. The Clinic has not had a specific focus on people with disabilities, but its offices are generally accessible to them.

One area of concern though when it comes to accessing the Clinic's services is the issue of requesting clients to make a contribution if they can afford it. Although the approach is common in other legal aid systems, it is usually based on clearly defined criteria. As noted earlier in this report, clients have reportedly complained that they agree to contribute even where they are too poor to afford it out of embarrassment, which in turn can lead to a level of discrimination and a limitation on access for the very poor.

Decision-making in terms of the Clinic's priorities, plans and activities is very much undertaken in-house and although the issues facing women and children in Zambia are well known, other organisations are not included in planning processes. However, there is some inclusion of clients in decision-making processes when it comes to the course of action to be followed in their cases, such as whether or not to submit to mediation.

Without a functioning website, it is quite difficult to obtain information such as annual reports, budgets, workplans and the like online. While these are not deliberately hidden from the public, transparency could be increased by making these more readily available. The Clinic is accountable to its Board and Cooperating Partners. Although there are issues with reporting against the results framework, reports are generally submitted on time and are sufficiently detailed to allow the Board to perform its oversight role.

Linked to the HRBA is the principle of 'do no harm'. Although most commonly applied to conflict situations, the principle is also valuable when considering the degree to which care has been taken to avoid causing harm to anyone, or any group, in implementing human rights related projects and programmes. While no reports of actual harm were found, the same issue regarding access to justice for the very poor and asking whether they are able to contribute to expenses is raised by the evaluators.

8 Conclusions and recommendations

8.1 CONCLUSIONS

The Clinic has generally performed well during the period under review and there are no reasons to suggest that core funding should not be continued or even increased. The Clinic's strategic plan, while overambitious at times, was clearly based on prevailing conditions at the time it was created, reflects the most important issues facing women and children from the perspective of an organisation focused on legal aid, and built on strengths and experience gained over many years. The strategic plan and the activities of the Clinic have also remained highly relevant since the adoption of the plan in 2013.

As a general rule, the Clinic has been effective and is on track to achieve most of the core objectives of the strategic plan. A significant number of women and children have been provided with highly regarded legal aid, including advice, mediation, counselling and representation, when they would otherwise have had no assistance at all. The Clinic has been particularly effective when it comes to litigation, winning around 85% of their cases. The Clinic is clearly a valued and trusted partner for NGOs, FBOs, and government, and significant numbers of clients are referred to them from these. Greater outreach has been ensured through the training of paralegals and establishment of paralegal desks in communities in all 10 provinces, and the pass rate for paralegals has been improved, but there are concerns that these investments may be lost if at least the basic costs of paralegals are not covered by the Clinic. In addition, the Legal Aid Policy that the Clinic has contributed to has the potential to be a double-edged sword, creating formal recognition for paralegals but requiring additional investments to train them to meet the requirements.

The Clinic's focus on GBV is commendable and it has achieved impressive results in most areas. Its work with Local Courts and customary adjudicators is highly regarded and very valuable, but its impact has been diminished by a lack of funds to roll the training out further. When it comes to communication and outreach, the Clinic has performed well in most areas, but effectiveness could definitely be increased by producing standard workshop guides, training staff in adult education methods, and re-establishing its website. Publications could also be revised to remove legal terminology and make sure all graphics used are sensitive to the issues being covered and the needs and lives of readers. The Clinic has also been effective when it comes to advocacy and has made inputs into the rules for Fast Track Courts, the Legal Aid Policy, and amendments to the law on intestate succession. Advocacy is somewhat ad hoc though and could be improved by the development of an advocacy strategy to guide work in this area under the new strategic plan.

The Clinic has been able to attract an increasing number of Cooperating Partners each year, which has helped to ensure it has funding to cover at least its core business even though the budget for the strategic plan appears somewhat inflated. A major contributor in this regard is the core funding provided by Sida that has ensured basic costs are always covered. Other than delays in funding from the Royal Norwegian Embassy, there have been no major delays in funding and the Clinic has been able to operate

relatively efficiently and value for money is being achieved. But while it secures some funds from contributions from clients and other sources, the level of funding provided by the Law Association should be increased, a pro bono policy needs to be expedited, and the sometimes excellent ideas in the Clinic's sustainability plan need to be put into operation. Additional human resources are also required when it comes to fundraising, and there is a need for a comprehensive resource mobilisation plan to be put into place.

The Clinic does remarkably well with a small staff and a very small number of lawyers. Although there are options for increasing human resources at limited cost, the Clinic faces a severe shortage of space that needs to be addressed. There is some prospect of additional space being provided in Lusaka by the Law Association, but some of the ideas in the sustainability plan – such as seeking donations for brick and mortar to build new office space on available land in Lusaka and Ndola need to be prioritised. Of course, hiring new staff requires additional funds, and Sida should consider this when determining what funds to provide under the new strategic plan.

The Clinic is clearly providing much needed legal services, community education and awareness and is contributing to gender-equality and the fight against GBV. It has also contributed to higher level impact, particularly when it comes to the law of succession, the Rules for the Fast Track Courts, and the development of the Legal Aid Policy. However, outcomes and impact are almost impossible to measure given flaws in the strategic plan and results framework that really need to be addressed in the new strategic planning process. External assistance is no doubt required in this regard, and funds should really be made available to both develop the plan and to determine baselines that are specifically relevant to it. The 2014 baseline survey, while not sufficiently linked to the strategic plan or the work of the commission, nonetheless provides extremely useful data that the Clinic could use, albeit updated in a subsequent (but less exhaustive and more targeted) survey.

Although the Clinic has increased its funding base, the Law Association (as the Clinic's mother body) contributes very little in terms of finances and pro bono assistance, which needs to be addressed. The ideas in the sustainability plan need to be implemented, and there is a need for strategies to be implemented to increase retention of programme staff. Having said that, the Clinic is achieving sustainability of action in many areas. Compliance with the human rights-based approach is good, particularly when it comes to gender and services for the poor, but there is still a need for a proper guideline to be put in place to govern levels of contribution expected from clients to ensure the poor are being provided with access to justice.

With that in mind, the following recommendations are made:

8.2 RECOMMENDATIONS

8.2.1 For the National Legal Aid Clinic for Women

In order of importance:

- The Clinic needs to continue to find ways of increasing its funding base, both from Cooperating Partners, and by implementing its sustainability plan. In that regard, the additional programme officer specialised in resource mobilisation identified by Management and the Board should be employed as a matter of priority.

- More attention needs to be given to M&E, partly by freeing up more of the Deputy Director's time to focus on this, but also to revise all statistics and data to increase accuracy, prepare standard reporting formats for lawyers and others to complete, conduct regular low- or no-cost client satisfaction surveys (including simple questionnaires, follow-up phone calls to a percentage of randomly selected clients).
- To accommodate existing lawyers and new lawyers / legal assistants / interns / students the Clinic should:
    - Engage with the Law Association to ensure that sufficient space is provided at their new complex in Lusaka
    - Enter into discussions for a satellite office at the Ndola Catholic Dioceses premises in Ndola and the Young Women's Christian Association in Lusaka at reduced rentals.
    - Implement the ideas in the sustainability strategy to raise funds or secure free supplies from recognised and credible suppliers of cement, bricks and other building materials to build additional facilities at the Ndola and Lusaka offices.
- Recognising that activities are not included in the results framework but still need to be reported on, future Annual Reports need to include both an overview of activities undertaken **and** a measure of progress towards the results in the current results framework. Wherever possible, data provided must be disaggregated by age and sex.
- The Clinic should continue to engage with the Law Association for:
    - The development / finalisation of a pro bono policy, requiring all lawyers to provide at least some hours or days per annum to assist the Clinic.
    - An increase in the annual allocation to the Clinic.
- The Clinic should prioritise the development of a manual, policy or guideline, including a means test, to determine exactly who should be provided with assistance at no charge, who should pay a reduced fee, and who should pay a higher fee based on their financial status. Such a manual, policy or guideline should clearly reflect that the poorest women are prioritised and that wealthier clients are only assisted if and when human resources allow.
- The current scale of fees to be charged to those who can afford it needs to be revised and a sliding scale introduced to ensure that appropriate fees can be secured from wealthy clients who were provided with assistance on the basis that they were unable to access funds when they approached the Clinic.
- Efforts need to be made to increase the client base in Livingstone through increased awareness raising amongst communities using no- or low-cost ideas, including requesting other CSOs in the area to raise awareness of the Clinic and the services it offers.
- The Clinic should immediately take steps to re-establish its website to increase its outreach, provide important information to the public, and publish its own activities and publications.
- The Clinic should enter into discussions with other organisations to request them to include details on the Clinic and the services it provides in all new publications, on their websites, and in any other community outreach activities (such as radio and television programmes, social media and community or other workshops).

- Consideration needs to be given to amending law or policy to allow for the Clinic to engage 'legal assistants' (as per LAB). To increase human resources, the Clinic should consider increasing the number of interns and using students from the University of Zambia who are taking Clinical Legal Education and Street Law.
- Mediation should be prioritised and any staff with aptitude in this area, not just lawyers, should be trained in mediation.
- As soon as funds allow, the Ndola Counsellor should be engaged on a full-time basis.

For consideration in the next strategic plan

- The next strategic plan needs to include a clearly defined results framework, including activities and outputs, and clearly defined and realistic specific, measurable, achievable, relevant and time-bound (SMART) indicators – particularly at the outcomes level.
- There is a need for at least one additional lawyer, and ideally two, to be included in the core budget as well as funding for an additional office.
- To increase effectiveness in advocacy, an advocacy and networking strategy should be formalised and included in the next strategic plan.
- To increase communication and outreach generally, a communication strategy should be developed that includes low-cost and no-cost means of providing outreach (such as radio call-in programmes) and the use of new forms of media.
- To increase the effectiveness of workshops, standard workshop guides and materials should be developed and translated to increase accuracy of information and training, and staff should be trained on workshop skills and using participatory adult education methodologies.
- A network of alumni should be created to specifically provide pro bono and/or financial support to the Clinic (for example, through an annual fundraising dinner).
- A basic stipend should be considered for paralegals provided they satisfy a minimum requirement (such as that they deal with X number of cases and/or X community workshops per month).

8.2.2 For the Law Association of Zambia and the Women's Rights Committee

- The Law Association and the Women's Rights Committee need to show increased ownership of the Clinic. Recognising that it may be unpopular amongst its members, this could include:
    - A policy requiring all lawyers in private practice to provide an agreed number of hours or days per annum pro bono assistance to the Clinic.
    - An increase in the annual fees to be paid to the Law Association to allow for an increased allocation to the Clinic.
- The Law Association should investigate the possibility of allowing the Clinic to employ legal assistants and make whatever changes are required to law / policy in this regard.

8.2.3 For Sida

- Funding for the Clinic must continue and consideration should be given to increasing funding to allow for at least the following additional staff to be employed: two additional lawyers; at least three legal assistants (if rules allow); and

a suitable qualified assistant to the Deputy Director focused on resource mobilisation.

- Additional funding should also be considered under the new strategic plan to cover the costs of additional training that paralegals will require once the Legal Aid Policy is adopted, to cover the costs of a stipend for paralegals trained by the Clinic, and to cover the costs of rolling out the training for Local Courts and customary adjudicators.
- Sida should actively engage with other like-minded donors to contribute to a basket-fund for core support now that Norway will no longer be supporting the Clinic.
- Specific funding should be provided to cover the costs of the development of the new strategic plan – including:
    - A follow up to the baseline study to determine what changes have occurred, to determine issues that need to be prioritised, and to provide accurate baselines for the new plan.
    - A consultant to develop the plan to include clear and SMART indicators, disaggregated by at least sex and age, and realistic targets.
- The Embassy should prepare a strategy to engage with government, alone or with other like-minded donors, to lobby against any proposed changes to the law related to the Law Association should the relevant Bill be tabled again.

Annex A – Terms of Reference

Terms of Reference for the Evaluation for The National Legal Aid Clinic for Women's (NLACW) Access to Justice Programme in Zambia

Date: 10th August 2017

Case Number: UF2013/7990

1. Evaluation purpose: Intended use and intended users

The intended use of the evaluation is to help the National Legal Aid Clinic for Women (NLACW) to assess progress made under its current Strategic Plan; what works and what works less well and inform discussions on how implementation may be adjusted; and to provide Sida, NLACW and the Norwegian Ministry of Foreign Affairs with an input to discussions concerning a new phase of the programme. The evaluation will assess the performance of the NLACW during the strategic period (2013-2017).

The purpose or intended use of the evaluation more specifically is:

- To help the NLACW and its partners to assess the progress made in the provision and protection of human rights through its general legal services, legal education and advocacy for policy and legal reforms.
- To assess the extent to which the programme has empowered women and children to know, realise and protect their human rights through the provision of appropriate and timely legal services on gender-based violence (GBV).
- To assess the overall impact of the NLACW's intervention programmes in its operational areas.
- To draw lessons on what has worked well and what has not worked for future programming.
- To provide Sida and its partners with an input to upcoming discussions concerning the preparation of a new phase of support to NLACW;

The primary intended users of the evaluation are:

- The NLACW team from all three offices and Women's Right Committee
- The Law Association of Zambia (LAZ)
- The Swedish Embassy in Zambia
- The Norwegian Ministry of Foreign Affairs

The evaluation is to be designed, conducted and reported to meet the needs of the intended users and tenderers shall elaborate on how this will be ensured during the evaluation process. Other stakeholders that should be kept informed by NLACW about the evaluation include:

- Cooperating Partners

- Government Ministries and Departments
- Civil Society Organisations
- Beneficiaries

2. Evaluation object and scope

The evaluation object is the National Legal Aid Clinic for Women (NLACW), which is a project of the Law Association of Zambia (LAZ), established in 1990 by the LAZ's Women's Rights Committee to provide affordable legal aid to women and children from marginalised social sectors.

The **vision** of the project is: A Zambian Society where underprivileged women and children have fair and equal access to legal rights through legal representation. The **mission** is to empower underprivileged women and children, to know, realize and protect their human rights through the provision of appropriate and timely legal services, legal education and advocacy for policy and legal reforms.

The **overall objective** of the Clinic is to empower women by facilitating their access to legal rights by way of legal representation, counselling, legal and human rights education as a distinct but integral part of the women's movement. The **specific objectives** are:

- To expand the Clinic's programmes in order to have increased representation of women and children, and reach some of the needy areas not yet covered;
- To increase the capacity for the NLACW to deliver on the project objectives and build sustainable capacity;
- To increase access to legal representation to marginalized women and children
- To enhance the capacity of women and children to fight for their rights and prevent violations from being committed against them.

The Clinic has presence in three provinces; Lusaka, Copperbelt and Southern. Lusaka covers Lusaka, Eastern and central provinces while the Livingstone office caters for Southern and Western provinces with Ndola covering Copperbelt, Northern and North-Western provinces.

The scope of the evaluation is the performance of NLACW from 2013 to date. Since Sida provides core support, all programs including those funded by other donors shall be evaluated. The evaluation will look at the program, management, governance and other relevant aspects relating to the attainment of the results.

For further information, the strategic plan and results framework are attached as Annex D. The scope of the evaluation and the theory of change of the project/programme shall be further elaborated by the evaluator in the inception report.

3. Evaluation objective and questions

The objective of this evaluation is to assess the relevance, effectiveness, efficiency, impact and sustainability of the support to the NLACW and formulate recommendations as an input to NLACW's new strategic plan and to the upcoming discussions concerning a new phrase of the programme.

The specific evaluation questions will include, but not be limited to the following aspects:

Relevance

- Review briefly the wider potentials and challenges of access to justice by the poor in Zambia
- To which extent has the programme conformed to the needs and priorities of the beneficiaries? Are women and children who have accessed and are currently accessing services from the NLACW, through mobile clinics and community and school works, satisfied with the programme?

Efficiency

- Undertake a simple analysis of value for money; i.e. an analysis of the value of funds budgeted and spent against the benefit of the attained outcomes.
- How efficient and effective are the management and implementation modalities employed by the NLACW.

Effectiveness

- To what extent has the programme contributed to the capacity building of community leaders and paralegal officers and establishment of paralegal desks in selected areas?
- To what extent has the programme contributed to the improvement of women's and children's rights in particular access to justice in Zambia?
- To what extent have the programme contributed to legal literacy?
- To what extent has the programme helped survivors of gender-based violence?
- What has been the outcome of the advocacy programme?

Impact

- What is the overall impact of the programme in terms of direct or indirect, negative and positive results? What has been the impact of the project on gender equality?

Sustainability

- Is it likely that the benefits of the Programme are sustainable?
- Review the long-term sustainability of the Programme in terms of availability of national resources necessary/required to continue the efforts begun by the Programme, once CPs' assistance terminates.

Inclusiveness

To what extent was the programme inclusive of marginalised groups (e.g. women and children, poor and vulnerable, people who are differently abled, HIV?)

Questions are expected to be developed in the tender by the tenderer and further developed during the inception phase of the evaluation.

Further, bidders should consider including evaluation questions that address the perspective of the poor and the rights perspective in the project or programme as well as to what extent gender equality considerations have been mainstreamed in the project or programme. Question related to the rights perspective include:

- Has anyone been discriminated by the programme through its implementation?
- Has the project been implemented in a transparent fashion?
- Are there accountability mechanisms in the programme?

4. Methodology and methods for data collection and analysis

It is expected that the evaluator describes and justifies an appropriate methodology and methods for data collection in the tender. The evaluation design, methodology and methods for data collection and analysis are expected to be fully presented in the inception report.

The Embassy's approach to evaluation is utilization-focused which means the evaluator should facilitate the entire evaluation process with careful consideration of how everything that is done will affect the use of the evaluation. It is therefore, expected that the evaluators, in their tender, present i) how intended users are to participate in and contribute to the evaluation process and ii) methodology and methods for data collection that create space for reflection, discussion and learning between the intended users of the evaluation.

Evaluators should take into consideration appropriate measures for collecting data in cases where sensitive or confidential issues are addressed, and avoid presenting information that may be harmful to some stakeholder groups.

Given that NLACW works all over the country, the evaluators are expected to travel to a reasonable number of program areas. Activities are implemented all over the country, therefore, the Consultant will have to pick which areas to be targeted for collection of primary data.

5. Organisation of evaluation management

This evaluation is commissioned by the Embassy of Sweden in Lusaka. The intended user(s) are the NLACW, the Law Association of Zambia, Embassy of Sweden, and Ministry of Foreign Affairs – Norway. The intended users of the evaluation formed a steering group which has contributed to and agreed on the ToR for this evaluation. The role of the steering group is to evaluate tenders and approve the inception report and the final report of the evaluation. The steering group will be participating in the start-up meeting of the evaluation as well as in the debriefing workshop where preliminary findings and conclusions will be discussed. The Embassy of Sweden shall be responsible for the management of the Contract including all administration issues related to the evaluation. The Embassy of Sweden's primary point of contact will be the National Programme Officer for Governance and Human Rights, Ms. Pezo Phiri (pezo.mateo-phiri@gov.se).

To safeguard independence, the steering committee will play an ongoing advisory role and at a minimum reviewing the choice of the stakeholders to interview. The Embassy will reserve the right to contact the evaluation team independently for a progress update at any point during the evaluation period.

In line with the Embassy's standard approach, this evaluation will be carried out in a spirit of partnership and participation. The NLACW, Embassy of Sweden and Norwegian Foreign Affairs Ministry will be given the opportunity to comment on the inception and draft reports before final reports are submitted; ensuring reports are as accurate, relevant and useful as possible. The Embassy will provide a management response for the evaluation, per Sida's standard evaluation protocol.

6. Evaluation quality

All Embassy's evaluations shall conform to OECD/Development Assistant Committee's (DAC) Quality Standards for Development Evaluation[50]. The evaluators shall use the Sida OECD/DAC Glossary of Key Terms in Evaluation[51]. The evaluators shall specify how quality assurance will be handled by them during the evaluation process.

7. Time schedule and deliverables

The evaluation is expected to take place between October and December 2017. The maximum number of working days is approximately 30 working days including 2 weeks of in-country travel. The Consultant should provide an overall time and work plan which should include significant delivery dates for an inception report, field visits and other planned meetings.

It is expected that a time and work plan is presented in the tender and further detailed in the inception report.

The Consultant will be expected to provide a suggested schedule of work based on the following deadlines.

Deliverables	Participants	Deadlines
1. Start-up meeting Lusaka	NLACW, Embassy of Sweden and Evaluators	13th October, 2017
2. Submission of Draft inception report	Evaluators	20th October, 2017
3. Comments from intended users to evaluators	NLACW, WRC, LAZ, Embassy of Sweden and Norway	25th October, 2017
4. Inception meeting Lusaka	NLACW, Embassy of Sweden and Norway and the Evaluators	26th October, 2017
5. Finalisation and submission of Final inception report	Evaluators	1st November, 2017

[50] DAC Quality Standards for development Evaluation, OECD 2010

[51] Glossary of Key Terms in Evaluation and Results Based Management, Sida in cooperation with OECD/DAC, 2014

6. Field collection of Primary Data	Evaluators	6th to 17th November, 2017
7. Debriefing Meeting and initial feedback	NLACW, WRC, LAZ, Embassy of Sweden and Norway	20th November, 2017
8. Submission of Draft Evaluation Report	Embassy of Sweden, Norway, NLACW, WRC, LAZ	28th November, 2017
9. Comments from intended users to evaluators	NLACW, WRC, LAZ, Embassy of Sweden and Norway	1st December, 2017
10. Final draft	NLACW, WRC, LAZ, Embassy of Sweden and Norway	8th December,2017
11. Final evaluation report	Evaluators	15th December, 2017
12. Evaluation Brief	NLACW and Embassy of Sweden	15th December, 2017
13. Seminar in Lusaka	Government Ministries and Departments, CSOs, Cooperating Partners, Community Leaders	18th December, 2017

Note: The inception meeting and reports can be discussion by video conference, teleconference or other means.

The deliverables include an inception report, a draft report and a final report on the evaluation. The report should take into account an inception meeting, field work, and feedback on draft reports.

The report should be written in English in as simple and accessible language as possible.

The final report will be published and made publicly available through Sida's evaluation database.

The inception report will form the basis for the continued evaluation process and shall be approved by the Embassy before the evaluation proceeds to implementation. The inception report should be written in English and cover evaluability issues and interpretations of evaluation questions, present the methodology, methods for data collection and analysis as well as the full evaluation design. A specific time and work plan for the remainder of the evaluation should be presented which also cater for the need to create space for reflection and learning between the intended users of the evaluation.

The final report shall be written in English and be professionally proof read. The final report should have clear structure and follow the report format in the Sida Decentralised Evaluation Report Template for decentralised evaluations (see Annex C). The methodology used shall be described and explained, and all limitations shall be made explicit and the consequences of these limitations discussed. Recommendations

should be specific, directed to relevant stakeholders and categorised as a short-term, medium-term and long-term. The report should be no more than 35 pages as recommended excluding annexes. The evaluator shall adhere to the Sida OECD/DAC Glossary of Key Terms in Evaluation[52].

The evaluator shall, upon approval of the final report, insert the report into the Sida Decentralised Evaluation Report for decentralised evaluations and submit it to Sitrus (in pdf-format) for publication and release in the Sida publication data base. The order is placed by sending the approved report to sida@sitrus.com, always with a copy to the Sida Programme Officer as well as Sida's evaluation unit (evaluation@sida.se). Write "Sida decentralised evaluations" in the email subject field and include the name of the consulting company as well as the full evaluation title in the email. For invoicing purposes, the evaluator needs to include the invoice reference "ZZ610601S," type of allocation "sakanslag" and type of order "digital publicering/publikationsdatabas.

8. Evaluation Team Qualification

The team should comprise more than one consultant. An International development expert with proven record of undertaking similar works in the region and a local consultant with similar experience more specifically in the area of women's rights, institutional, organizational development, systems and procedures and M& E, access to justice in Zambia. All Evaluators must be proficient in spoken and written English and should not have any interest in NLACW's activities.

In particular the team leader should have the following profile or similar in addition to what is stipulated in the framework agreements with Sida:

Expert 1

a) Qualification and skills

Master's degree in Organizational Development, Business Administration, Women's Rights, Law, or related Social Science field.

b) General professional experience

A minimum of 12 years relevant professional experience in development programmes in developing countries (minimum 3 years in Africa), notably in monitoring and evaluating donor funded programmes in developing countries, and with the following expertise:

- Demonstrated experience in working on projects in the area of access to justice and/or women's rights.
- Experience in conducting evaluations in access to justice and human rights;

[52] Glossary of Key Terms in Evaluation and Results Based Management, Sida in cooperation with OECD/DAC, 2014

- Strong understanding of Zambian civil society dynamics;
- Strong interpersonal skills, diplomacy and tact to effectively communicate with all concerned stakeholders and professionals from diverse cultural and professional backgrounds; and
- Strong professional oral communication and writing skills, including the development of reports, oral presentations, and technical/persuasive documents.

/and Other Team members (Expert 2 and/or 3)

In addition to what is stipulated in the framework agreements the other team members shall have the following:

a) Qualification and skills

Master's degree in Law, Development studies, Project Management, Organisational Development, Business Administration or any related social science field.

b) Professional experience:

- Experience with development and design of large scale civil society programmes.
- Excellent writing skills and the ability to document clearly and succinctly for internal and external audience.
- Extensive knowledge of the Zambian justice sector

c) Language competencies

Must have good written and spoken English.

9. Resources

The maximum budget amount available for the evaluation is SEK 800 000.00 (eight hundred thousand Swedish Krona). This includes all fees and reimbursables. The Consultant should submit a detailed budget showing the appropriate costs.

The Program Officer/contact person at Swedish Embassy is Pezo Phiri, National Program Officer – Human Rights and Governance. The contact person should be consulted if any problems arise during the evaluation process.

Relevant Embassy documentation will be provided by the Embassy of Sweden in Lusaka.

Contact details to intended users (cooperation partners, Swedish Embassies, other donors etc.) will be provided by primarily by NLACW Executive Director. In addition, the Norwegian Embassy in Malawi and the Embassy of Sweden may also include organisations and other users to be contacted.

The consultant will be required to arrange the logistics such as:

- Preparation of interview guides or other relevant tools.
- Arranging for interviews in consultation with NLACW and Embassy of Sweden
- Plan field visits in consultation with NLACW and the Embassy of Sweden

- Prepare all relevant documentation to be used throughout the evaluation process

10. Annexes

Annex A: List of key documentation

1. NLACW Strategic Plan

2. NLACW Results framework

For additional Information on the NLACW
http://www.laz.org.zm/2014/07/03/womens-rights-committee/

Annex B: Data sheet on the evaluation object

Information on the evaluation object (i.e. intervention, strategy, policy etc.)	
Title of the evaluation object	End of Program Evaluation for the National Legal Aid Clinic for Women's (NLACW) Access to Justice Program in Zambia
ID no. in PLANIt	51190053
Dox no./Archive case no.	UF2013/7990
Activity period (if applicable)	2013 to 2017
Agreed budget (if applicable)	
Main sector	Human Rights and Gender Equality
Name and type of implementing organisation	LAZ – National Legal Aid Clinic for Women; Development Country based NGO
Aid type	B01 Core support to NGOs and civil society, PPPs and research institutes
Swedish strategy	Zambia 2013-2017

Information on the evaluation assignment	
Commissioning unit/Swedish Embassy	Embassy of Sweden in Lusaka
Contact person at unit/Swedish Embassy	Ms. Pezo Phiri
Timing of evaluation (mid-term review, end-of-programme, ex-post or other)	End of Program evaluation
ID no. in PLANIt (if other than above).	*5119005303*

Annex C: Decentralised evaluation report template

Annex B - Documents Reviewed

A) LIST OF DOCUMENTS CONSULTED

1. Anti-Gender Based Violence Act No. 1 of 2011, Laws of Zambia.
2. Constitution of Zambia, as amended by Act No.18 of 1996 and Act No. 2 of 2016, Laws of Zambia.
3. Moran G., 'Criminal Justice in Zambia: A best Practice Handbook for the Criminal Justice System' 2010.
4. Embassy of Sweden, 'Statement Narrative and Financial Report. End of Year Report.' June 2014.
5. Fraser E., 'Mapping of Organisations Working on VAWG in Zambia', Helpdesk Research Report No. 149. London, UK: VAWG Helpdesk, 2017.
6. Ministry of Justice, Zambia, 'Legal Aid Draft Policy', 2017.
7. Moore S., 'Review of the Financial Records and Internal and Management Control System of the National Legal Aid Clinic for Women', 2017.
8. National Legal Aid Clinic for Women, 'Organogram'.
9. National Legal Aid Clinic for Women, 'Results Framework'.
10. National Legal Aid Clinic for Women, 'Strategic Plan for 2013 – 2017'.
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Evaluation of the National Legal Aid Clinic for Women's Access to Justice Programme in Zambia

This report, which has been commissioned by the Swedish Embassy in Zambia, presents an evaluation of the National Legal Aid Clinic for Women's Access to Justice Programme, as detailed in its strategic plan (2013-17). Based on this, the Clinic's strategic plan and activities are adjudged as relevant at the time of adoption, and they have remained relevant in the period under review. The Clinic has made good progress towards the objectives in the strategic plan and has been largely effective and efficient. There are good examples of positive outcomes and some examples of impact at the higher level. While organisational sustainability has improved, the Clinic will continue to need to be supported by development partners for years to come.

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