

Mid-Term Evaluation of the Performance of the National Legal Aid Clinic for Women (NLACW) under the Clinic's Strategic Plan 2007 – 2011

Mid Term Evaluation

NORAD COLLECTED REVIEWS 6/2009

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Commissioned by NLACW and cooperating partners

Norad collected reviews

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LAW ASSOCIATION OF ZAMBIA

Women's Rights Committee

National Legal Aid Clinic for Women

FINAL Report

**Mid-Term Evaluation of the
Performance of the
National Legal Aid Clinic for Women (NLACW)
under the Clinic's
Strategic Plan 2007 – 2011**

**Lusaka,
June 2009**



and





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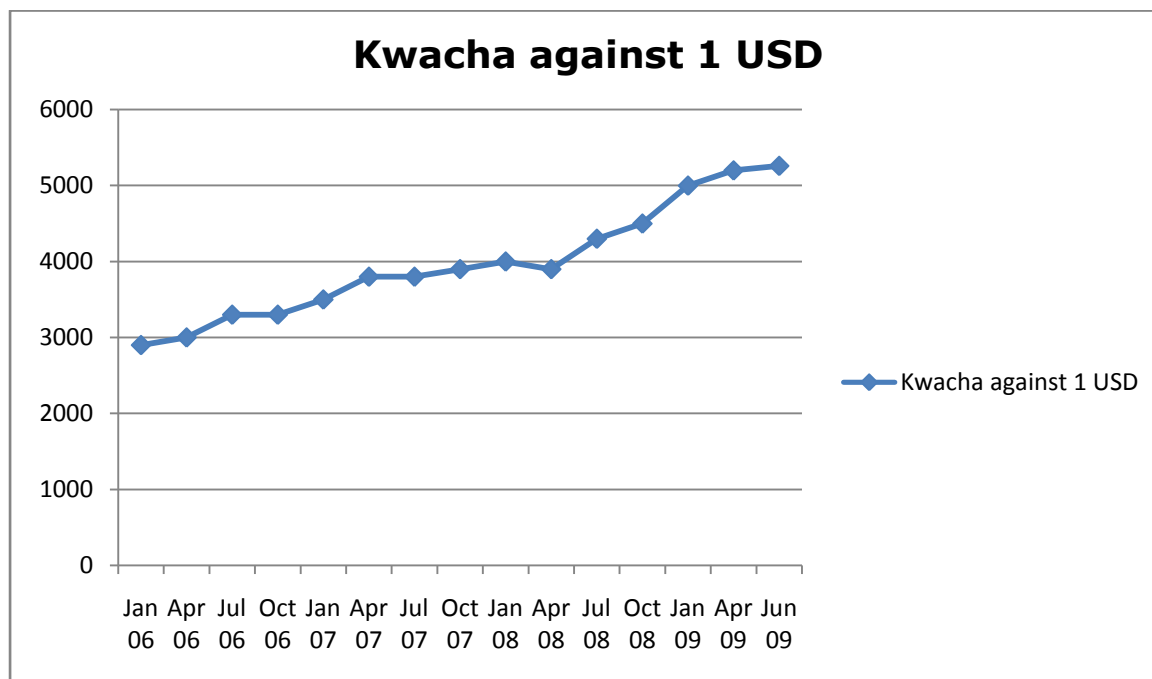


List of Abbreviations Used in the Report

GRZ	Government of the Republic of Zambia
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
ICT	Information and Communication Technology
IT	Information Technology
LAB	Legal Aid Board
LAZ	Law Association of Zambia
LLB	Bachelor in Law
LRF	Legal Resource Foundation
NGO	Non-Governmental Organisation
NGOCC	Non-Governmental Organisations Coordinating Council
NLACW	National Legal Aid Clinic for Women, also referred to as “the Clinic”
QQT	Standard for formulation of indicators (quality, quantity, time)
SLO	Senior Legal Officer
SMART	Standard for formulation of planning objectives (specific, measurable, achievable, realistic and time-bound)
SWOT	Strengths, Weaknesses, Opportunities and Threats (situation analysis tool)
ToR	Terms of Reference
USD	United States Dollar
VSU	Victim Support Unit
WLSA	Women and Law in Southern Africa
WRC	Women’s Rights Committee
YWCA	Young Women Christian Association
ZLDC	Zambia Law Development Commission
ZMK	Zambian Kwacha



Exchange Rate of Zambian Kwacha Against the United States Dollar





Acknowledgements

This report contains the findings of an evaluation of the performance of the National Legal Aid Clinic for Women (NLACW) from 2007 to June 2009. The evaluation was carried out during June 2009 by Mssrs. Kalungu J. Sampa, Team-Leader, and Mwila Chilakata, both of Talent Africa, and by Mr. Stephan Sindern-Forster of Sindern-Forster Services, who joined the mission on 8th June 2009. The NLACW is mostly funded by the governments of Norway, Sweden and the Netherlands, and the evaluation is a condition of the funding agreements between NLACW and its cooperating partners. The evaluation was paid out of NLACW funds.

At this point, the evaluators would like to thank the many institutions and individuals, whom they contacted during the evaluation mission, for their valuable support. They would also and in particular like to thank the management of the Clinic for all logistical support during the evaluation and for making the numerous appointments.

The evaluators need to state that all errors and misrepresentation possibly contained in this report are of the authors of this report, who are Messrs. Kalungu J. Sampa and Stephan Sindern-Forster, and not of the organisations and individuals contacted during the evaluation.

Lusaka, June 2009



Executive Summary

This report presents the findings of an evaluation of the National Legal Aid Clinic's performance from 2007 to 2009 under its strategic plan 2007 – 2011. The evaluation was carried out by Talent Africa Consultancy and Sindern-Forster Services, both free-standing consulting firms based in Lusaka, during June 2009. The evaluation was funded by the Clinic.

Major findings are:

- The Clinic appears to work as a redistribution machine, which by recourse to the law in the case of marital and inheritance issues supports vulnerable women and children in Zambia. It thus supports the rule of law in Zambia. On average the total benefits so redistributed to the target groups accumulate to more than ZMK 100 billion in a year against an annual budget of ZMK 5.2 billion.
- The provision of legal services provided by the Clinic is generally very much appreciated by members of the target groups and by the courts (judges and magistrates). During the period under review over 15,000 cases were handled with over 2,635 taken to court, 9,500 cases settled excuria. There is general consensus that the work of the Clinic responds very well to the needs of the indigent members of the communities.
- The community outreach programme is one of the best implemented programmes of the Clinic. It covers radio programmes, community and school programmes as well as mobile clinics. School programmes on average directly reach over 3,000 pupils in a year. The radio programmes are estimated to reach over 200,000 people in a week, and community programmes reach on average 1,500 people in a year. In addition, the Clinic networks with several but relevant government institutions and NGOs in the same field.
- In terms of advocacy, the Clinic actively participates in key institutions dealing with law reform (such as the Zambia Law Development Commission) and it participates in making submissions to Parliamentary Committees especially the Legal Affairs, Governance, Human Rights and Gender Matters Committees
- In the fields of governance and management, the Clinic did not perform according to its strategic plan 2007 – 2011, which was basically due to misconceptions about the corporate culture of the clinic in the plan itself.
- The clinic has not performed well in the development of monitoring tools and in the actual monitoring of activities, mainly due to capacity constraints in terms of personnel (skeleton staff especially in 2007 and 2008) and ability to develop monitoring tools and undertaking monitoring itself.
- The Lusaka office and the Secretariat operate as one office unlike the arrangements in the Ndola and Livingstone offices which are headed by a SLO and operate autonomously from the Secretariat. This has partly contributed to the overload on the management.
- Sustainability of the clinic lies majorly in its meeting its strategic commitments and achieving its results. Furthermore with one of the major funder declaring to discontinue its support to the Clinic from 2010 onwards due to the shift in the funder's funding policy, the clinic's operations do not seem threatened as there are still other funders committed to supporting the Clinic. The clinic has also contribution (in kind), though minimal, from LAZ members who take up some of the cases on pro bono basis.
- There is great need and demand for the services of the clinic in both the areas it is currently operating and in those that it is not yet present. This demand for



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expansion whilst being a felt need, the clinic needs to attend to some of its weak areas e.g. in the areas of governance, monitoring, staff levels and capacity, etc before embarking on expansion.

Key recommendations further elaborated in the following report are:

- That the Clinic gives itself a clear and simple corporate governance charter, which facilitates the work of the Clinic, minimizes risk and maintains transparency,
- That the Clinic's management sets itself for further expansion, freeing the Executive Director of the Clinic to focus more on strategic management, and, in particular, strengthens the Clinic's fundraising capacity in a way suitable for the Clinic, without losing its autonomy to its sponsors.
- That the Lusaka Office should be made to operate autonomously from the secretariat just like Ndola and Livingstone Offices.
- In order for it to sustain its operations at the desired level, the clinic must consider diversifying in its resource mobilization, widening of sources of funding and trimming excess personnel and activities to suit the available resources.
- That expansion of clinic programmes to other towns be considered only after the consolidation of the governance, management team and strengthening of the three district offices.
- The clinic must consider creating capacity in monitoring and evaluation of programmes and should develop simplified monitoring system to assist in the collection of programme information necessary for decision making and reviewing results.
- That the sustainability of the Clinic should be guaranteed through fund-raising, not through income-generating measures and this needs to be supported by a consolidation of the Clinic's operations.



Background to This Evaluation Report

The NLACW is a project of the Law Association of Zambia (LAZ, the association of legal practitioners in Zambia). It is mandated to provide affordable legal aid services to vulnerable members of the Zambian society – especially to women and children.

There is no doubt that the objective of NLACW is highly relevant for Zambia. The country is presently classified by the World Bank as a low-income country under stress. About 68% of the population of approximately 12 million lives below the poverty line¹, earns less than USD 1 per day, with women more affected than men. The dominance of women among the poor has resulted in a feminisation of poverty and very high dependency ratios among women, and the present economic crisis has aggravated the problem further.

This problem is further compounded by violence against women, which reflects the patriarchal social structure prevailing in Zambia. The Zambia Demographic Health Survey 2003 shows that an alarmingly high percentage of women and children is exposed to gender-based violence from male members of the society². The Victim Support Unit of the Zambia Police Service recorded the following trend from 2001 - 2004:



¹ Living Conditions Monitoring Survey, 2004

² NGOCC: *Shadow Report 2004*, Lusaka, 2005



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The justice system in Zambia is characterised by the existence of a legal system which is not synonymous with availability of justice, and it is further compounded by the coexistence of statutory and customary law. The customary law varies from tribe to another, but has one common factor: it legalises discrimination against women, who are generally treated in customary law as minors or appendages of their husbands or male relatives. The amended 1996 Constitution purports to protect citizens from discrimination on grounds of sex and marital status, but article 23 of the same Constitution exempts all forms of discrimination arising from customary, family and personal law.

It is also important to mention at this point that many cultural practices in Zambia (such as early marriage, incest, tattooing, sexual cleansing, widow inheritance, dry sex, male infidelity and polygamy) expose women to higher risk of HIV/AIDS infections. The Human Rights Watch Report³ notes that HIV/AIDS prevalence among girls under the age of 18 years is 5 times higher than among boys of the same age.

The cost of legal services has increased beyond the reach of the poor: lawyers' fees are based on the hour, ranging from ZMK 200,000 to more than ZMK 500,000, making legal services inaccessible to the majority of the Zambian population and, in particular, to women. GRZ operates a Legal Aid Board (LAB), but due to scarce allocation of funds and internal mismanagement LAB is not working as well as expected.

According to LAZ, the work of NLACW is supporting the "sacrosanct principle of equality of law"⁴. But there is also an economic aspect to the work of NLACW: vulnerable members of the society benefitting from the services of NLACW can be prevented from becoming destitute, becoming a cost to society and are enabled to lead a productive and fulfilling life.

NLACW was created by LAZ in 1990, pursuant to section 4 (9) of the LAZ Act chapter 31 of the laws of Zambia. The Clinic started as an advice desk at the Young Christian Women Association (YWCA), offering lunch time legal advice for women only, but it soon won support from various cooperating partners, amongst them legal and bar associations from overseas, the governments of Norway, Sweden and the Netherlands, and its annual budget has since risen to more than USD 1 million in 2008. LAZ records a contribution of about USD 11,600 p.a. to the Clinic, and NLACW generates income from its operations in the range of USD 15,000. Today, NLACW employs about 20 members of staff, has three offices, one in Lusaka, one in Ndola and the third in Livingstone. The workload of the Clinic has equally increased. At the time of writing this report, the Clinic had over 4,000 active cases.

The Clinic's connection with cooperating partners brought some formalisation of its operations with it: the Clinic started operating strategic plans to help to realise its goals and expansion strategy. The first plan covered a period of three years from 2003 to 2005, and the present plan was developed in 2006, covering a period from 2007 to 2011. From this strategic plan, the Clinic developed a three-year project proposal (hereinafter called the "Proposal", corresponding to the funding horizons of cooperating partners. Towards the end of the lifespan of this Proposal, the Clinic is to conduct an evaluation to assess what has been achieved and how to continue up to the end of the strategic plan period.

³ Human Rights Watch: *Suffering in Silence*, Lusaka, 2002

⁴ LAZ: *Report on the Access to Justice Stakeholders' Conference*, Lusaka, March 2008



I. Terms of Reference and Methodologies Applied During the Evaluation

II.1 Terms of Reference Governing the Evaluation

II.1.1 Scope of the Evaluation

The Consultants are required:

- a) To review the operations of the clinic over the last three years both in terms of the institution and members of staff.*
- b) To assess the achievements and challenges of the period under review.*
- c) To critically analyse corporate governance at the Clinic with the aim of determining whether the necessary policies and procedures are in place and are being implemented in day to day operations of the clinic and whether there are clear terms of reference for all the offices.*
- d) To analyse the strategies used in the implementation of the objectives by the Clinic over the last three years in relation to its core programmes being litigation, advocacy, outreach programmes and publications. This should bring out the impact on the end user thereby stating whether or not the said strategies are effective for the achievement of the goals of the institution. The Consultants will also analyse the monitoring tools being used by the clinic to determine their effectiveness and ability to provide necessary guidance in forwards planning of its core activities.*
- e) To offer advice on the way forward for the institution detailing how best the Clinic can achieve its goals and objectives.*
- f) To offer advice on the way forward regarding sustainability of the Clinic both in terms of financial and political sustainability (linked to the revision of the management structure).*

II.1.2 Methodology

The evaluation will involve both primary and secondary methods of data collection to objectively inform the issues for investigation. Therefore:

- a) The Consultants will analyze the relevant documentation in all the offices of the Clinic under review.*
- b) The Consultant shall conduct structured or semi-structured interviews with members of staff in all the offices, members of the WRC and LAZ Secretariat, cooperating partners, some networking partners to include VSU and beneficiaries of the Clinic both current and former clients.*
- c) The Consultant shall undertake an on the spot assessment through visiting both the Ndola and Livingstone offices.*
- d) After analysing the information gathered, the Consultants shall hold a dissemination workshop for members of the Women's Rights Committee and the Clinic management before the report is finalised and submitted to the cooperating partners.*



II.1.3 Process

- a) *The Consultants shall constitute a team to work with during the process of the evaluation from the Clinic management and WRC where available.*
- b) *The Consultant shall draw up a time schedule for the evaluation which shall be discussed and agreed with Clinic management.*
- c) *The Consultants shall conduct the evaluation within a period of 20 days and produce a report.*
- d) *The Consultant shall be availed access to all the required information as and when needed.*

II.1.4 Expected Output

At the end of the process,

- a) *The Consultants are expected to prepare a draft report fully complying with the terms of reference herein for consideration and comment by the Clinic management and WRC.*
- b) *The said report shall be submitted both electronically and in hard copy 18 days after the commencement of the evaluation.*
- c) *The Consultants shall thereafter hold a debriefing session with the Clinic management and members of the WRC.*
- d) *The Clinic management shall supply to the Consultants within four days of receipt of the report and after the debriefing any comments and answers to queries over the report.*
- e) *After the debriefing and supply of comments to the Consultants, they shall be required to finalise the report and submit six bound copies and one unbound copy of the evaluation report to the Clinic.*
- f) *The Consultants shall prepare a summary of the evaluation report for posting to the Clinic website to be accessed by the general public.*

II.1.5 Conclusion

It is hoped that the evaluation process will be concluded within the month of May and the report to be ready by the end of June 2009. Its recommendations shall be used by the organisation as a basis for formulating its project proposal for the next phase of funding.

II.2 Methodologies Applied during the Evaluation

An evaluation is more than a monitoring exercise, the latter being merely an assessment of how an institution has performed against its plan (monitoring): an evaluation, however, also examines whether the underlying plan itself is sound and prescribes the most efficient and effective ways to achieve agreed goals. For this reason, the evaluation team subjected the Clinic's Strategic Plan and its Project Proposal to a critical examination, which is given in the next chapter, before reporting on the progress made during the planning horizon.



II.2.1 Primary Data Collection Methods

In accordance with the ToR ruling the evaluation, the Consultants developed several structured interview guides depending on the nature of interview partners. The interview partners were grouped in four categories:

1. Clients; i.e.: complainants bringing a case to the Clinic
2. Networking partners (including communities, judges and magistrates)
3. Clinic staff
4. Cooperating partners (excluding LAZ and WRC)

Additional interviews held with members of LAZ, WRC and the Executive Director of the Clinic did not follow a pre-structured interview guide, but were mainly unstructured, focusing on topics as they emerged during the evaluation process.

Interview Guideline for Clients

1. Name of client
2. Gender of client
3. Nature of complaint
4. Value of the dispute in ZMK
5. How did the client get in contact with the Clinic?
6. What procedures were applied?
7. How much did the client pay to the Clinic for the services?
8. What are your comments?

Interview Guideline for Networking Partners

1. Name of organisation
2. Name of respondent
3. Gender of respondent
4. Position in the organisation
5. Describe your understanding of NLACW's objectives
6. Describe the relationship between your institution and NLACW
7. For how long has the relationship existed?
8. What strengths have you seen in the Clinic's operations?
9. How can the observed strengths be made stronger?
10. What weaknesses have you seen in the Clinic's operations?
11. How can the observed weaknesses be resolved?
12. What further comments would you like to make?



Interview Guideline for Clinic Staff

1. Name of member of staff
2. Gender
3. Position presently held in the Clinic
4. Date of joining the Clinic
5. Position held in the Clinic at date of joining
6. Qualifications held
7. What are your tasks in the Clinic?
8. Do you have a job description?
9. To whom do you report?
10. Who are your subordinates (if any)?
11. What is your take-home pay?
12. What allowances and benefits are you entitled to?
13. How do you see your career in the Clinic?
14. How do you describe the climate in the Clinic?
15. What further comments would you like to make?

Interview Guide for Cooperating Partners

1. Name of the institution
2. Name of the officer interviewed
3. Job title of the officer interviewed
4. How long has your institution supported the Clinic?
5. To what amounts has your institution supported the Clinic?
6. What strengths have you observed in the Clinic's operations?
7. How can the observed strengths be made even stronger?
8. What weaknesses have you observed in the Clinic's operations?
9. How can the weaknesses be resolved?
10. Do you foresee policy changes in your institution affecting the Clinic?
11. What comments would you like to make?



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ITINERARY OF THE EVALUATORS				
Date	Place	Institution	Contact Person	Position
2 nd June	Travel to Ndola			
3 rd June	Ndola	Ndola High Court	Judge Wanki	Judge in Charge
	Ndola	Ndola Magistrate Court	Mr. Limbani Kelvin	Principle Resident Magistrate
	Ndola	Ndola Magistrate Court	Mr. Iduma Ikechuku	Acting Senior Resident Magistrate
	Ndola	NLACW	Mrs. Christine S.K. Singine	Secretary
	Ndola	NLACW	Ms. Yvonne Chileshe	Assistant Secretary /Receptionist
	Ndola	NLACW	Mrs. Mebbie Chikwete	Accounts Clerk
	Ndola	NLACW	Ms. Chitalu Chali	Intern
	Ndola	NLACW	Mrs. Dorcas M. Malama	Senior Legal Officer
4 th June	Ndola	NLACW	Mrs. Selita Zyambo	Client
	Ndola	NLACW	Mrs. Zodwa Mwale	Client
	Ndola	NLACW	Mrs. Agnes Chibanga	Client
	Ndola	Women Shelter & YWCA	Mrs. J. Halende	Branch Chairperson
	Ndola	Caritas – Ndola	Mr. Albert Bwalya Chanda	Coordinator (PSP)
	Ndola	NLACW	Mrs. Febbie Mtonga	Client
	Ndola	NLACW	Mrs. Agnes Kambafwile	Client
	Ndola	NLACW	Mrs. Faides Phiri	Client
	Ndola	NLACW	Mrs. Precious Kaunda Kabamba	Client
	Ndola	NLACW	Mr. Christian Chanda-Banda	Client
	Ndola	NLACW	Mrs. Joyce Nachula-Soneka	Client
5 th June	Luanshya	NLACW	Mr. Jacob Chileshe	Community member
	Luanshya	NLACW	Ms. Nalucha Mwala	Community member
	Luanshya	NLACW	Mr. Peter Bwalya	Community member
	Luanshya	NLACW	Mr. Chimfwembe	Community member
	Luanshya	NLACW	Ms. Rachael M. Chibuye	Community member
	Luanshya	NLACW	Ms. Theresa S. Chishimba	Community member
05 June	Return from Ndola			
08 June	Travel to Livingstone			
09 June	Livingstone	Legal Resource Foundation	Mr. A. Nkweto Chewe	Advocate
	Livingstone	Livingstone High Court	Mrs. Muyovwe	High Court Judge
	Livingstone	Livingstone Subordinate Court	Mr. Momba	Act Principal Resident Magistrate
	Livingstone	VSU	Mr. Mubita Nawa	Superintendent
	Livingstone	YWCA	Mrs. Dorothy	Regional Coordinator, Southern Province
	Livingstone	Caritas	Mrs. Maria Gorreti Mulife	Paralegal



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ITINERARY OF THE EVALUATORS				
Date	Place	Institution	Contact Person	Position
10 June	Livingstone	NLACW	Mr. Gilbert A. Phiri	Act. Snr. Legal Officer
	Livingstone	NLACW	Mr. Basil Phiri	Client
	Livingstone	NLACW	Mrs. Grace Mooka	Client
	Livingstone	NLACW	Mrs. Dily Malichi	Client
	Livingstone	NLACW	Mrs. Rachael Mukwanka	Client
	Livingstone	NLACW	Mrs. Lilian Sikazule	Client
	Livingstone	NLACW	Ms. Stella Sindowe	Client
	Livingstone	NLACW	Mrs. Nandila Ilkui	Client
	Livingstone	NLACW	Mrs. Beauty Luwenochiba	Office Assistant
	Mukuni Village	Community	Mr. Saki Saki and 8 others	Convenor
	Livingstone	Radio Zambezi	Mr. Swethen Hangala and 4 others	Director
	Livingstone	Youth Community Training Centre	Mrs. Dorothy Bwalya	Local Coordinator
11 June	Travel to Sesheke			
	Sesheke	Community	Mrs. Esther Matrine Chisanga and 10 others	Coordinator of meeting
	Return from Livingstone			
12 June	Return to Lusaka			
15 June	Lusaka	Lusaka Magistrate Court	Mrs. Sharon Nawa	Principal Resident Magistrate
	Lusaka	NLACW	Mrs. A. Chanda	Executive Director
16 June	Lusaka	VSU – Central Police	Mr. V. Hatimbula	Inspector, Head of VSU
	Lusaka	LAZ	Dr. O. Banda Mr. Steven Lungu Mrs. Kondwa Sakala Chibiya Mrs. M. Chalwe	Hon. Treasurer President Convenor WRC Hon. Secretary
16 June	Lusaka	ZLDC	Mrs. A. Nhekairo	Director
16 June	Lusaka	WLSA	Mrs. Matrine Buuku Chuulu	Regional Coordinator
17 June	Lusaka	WLSA	Mrs. H. Kumalo	Act. National Coordinator
	Lusaka	Norwegian Embassy	Ms. Namayuba Chiyota	Desk Officer
	Lusaka	Netherlands Embassy	Mrs. Katherine Cammerman	Desk Officer
	Lusaka	Danish Church Aid	Mrs. Anna Muru	Programme Officer
	Lusaka	NLACW	Mrs. Lilian Hamanyati	Accountant
	Lusaka	NLACW	Mrs. Sharon Kasoma Ng'uni	Learner Legal Practitioner



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ITINERARY OF THE EVALUATORS				
Date	Place	Institution	Contact Person	Position
18 June	Lusaka	NLACW	Mrs. Reena Mulenga	Client
	Lusaka	NLACW	Mrs. Mary Lupiya	Client
	Lusaka	NLACW	Mrs. Leah Kangwa	Client
	Lusaka	NLACW	Mrs. Judith Mbewe	Client
	Lusaka	NLACW	Mrs. Catherine Ng'andu	Client
	Lusaka	NLACW	Mrs. Vivian Chibandika	Client
	Lusaka	NLACW	Mrs. Rebecca Mwale	Client
	Lusaka	NLACW	Mrs. Ireen Nambule	Client
	Lusaka	NLACW	Mrs. Ndashe Kafubula	Client
	Lusaka	NLACW	Mrs. Jessi Longolongo	Client
	Lusaka	NLACW	Mrs. Susan Mwelwa	Personal Assistant to Ex. Director
	Lusaka	NLACW	Mrs. Alice Honto	Receptionist, Typist, Counselor
	Lusaka	NLACW	Ms. Leah Chimimba	Programme Officer
	Lusaka	NLACW	Ms. Martha Kashala	Learner Legal Practitioner
19 June	Lusaka	NLACW	Mrs. Rhoda Bwalya	Legal Officer
	Lusaka	NLACW	Mrs. Anne Chanda	Executive Director
	Lusaka	NLACW	Mrs. Maureen Tresha	Legal Officer
	Lusaka	NLACW/VSU	Mrs. Jessy Chilangwa	Sergeant
22 June	Lusaka	Swedish Embassy	Mrs. Njavwa Nkandu	Desk Officer
23 June	Lusaka	Report Writing		
24 June	Lusaka	Report Writing		
25 June	Lusaka	Report Writing		
26 June	Lusaka	NLACW	Mrs. Anne Chanda	Executive Director
29 June	Lusaka	NLACW	Mrs. Anne Chanda	Executive Director
		LAZ		

The utilisation of primary data for the purpose of an evaluation can be problematic in as much as statements made by individuals or groups might be distorted by the interviewees or wrongly recorded or simply misunderstood by the interviewers. Interviewees might fear the truth would offend the organisation from which they benefitted or the truth might put themselves into an awkward position.

However, interviewing more people independently and separately on the same issue usually reveals distortions and minimises the possibility of gross misinterpretations. Misunderstandings on the side of the interviewers were minimised by the multicultural composition of the of the evaluation team.



II.2.2 Secondary Data Reviewed During the Evaluation

1. The following documents were analysed during the evaluation process:
2. NLACW: *Strategic Plan 2002 – 2006*, Lusaka, April 2001
3. NLACW: *2007 – 2011 Strategic Plan of Action*, Lusaka, October 2006
4. NLACW: *Project Proposal*, Lusaka, undated (most likely towards end of 2006)
5. NLACW: *2007 Annual Report*, Lusaka, (undated)
6. NLACW: *2008 Annual Report*, Lusaka, (undated)
7. LAZ: *Report on the Access to Justice Stakeholder' Conference held on 18th March 2008 at Protea Hotel in Chisamba*, Lusaka, (undated)
8. NLACW: *Women's Legal News. Newsletter of the NLACW*. Edition No. 4 Issue No. 005, January to June 2005, Lusaka
9. NLACW: *Women's Legal News. Newsletter of the NLACW*. Edition No. 4 Issue No. 006, January to December 2006, Lusaka
10. NLACW: *Para-Legal Trainer's Manual*, Lusaka, 2002
11. NLACW: *Accounting System*, Lusaka, (undated)
12. PAX Consultants: *NLACW/WRC/LAZ - Financial Statements for the Year Ending 31 December 2008*, Lusaka, April 2009
13. NLACW: *Variance Analysis January to December 2008*, Lusaka (undated)
14. NLACW: *Job Descriptions of staff*, Lusaka (undated)
15. NLACW: *Annual staff evaluation Report*, Lusaka (undated)
16. NLACW: *Contract of employment*, Lusaka, 2003



III. Evaluation of the Clinic's Strategic Plan 2007 – 2011

III.1 The Strategic Plan 2007 - 2011

The Clinic's Strategic Plan 2007 – 2011 appears at the first glance to be a well and professionally laid-out document. It contains all essential parts of a strategic plan, such as:

- an extensive situation analysis (called the "environmental scan" in the plan),
- a profile and assessment of NLACW, which culminates in a SWOT analysis of the organisation,
- the plan also gives depth to the assessment of NLACW by listing the key recommendations of an external evaluation of NLACW carried out during 2005,
- the plan spells out the NLACW mission and vision, from where it develops strategic objectives and implementation programmes,
- it also makes a recommendation as to the optimal organisational structure,
- all strategic objectives, expected outputs, strategies and activities are correctly formulated according to the SMART standard for objectives,
- the four logical frameworks developed for the four key-strategic objectives contain operational objectives, expected outcomes, strategies and related activities, which stay in a clear means-end relationship to each other, thereby seemingly guaranteeing consistency and vision orientation throughout the planning
- the plan also shows professionally designed indicators in QQT format,
- indicates means of verification,
- it names the assumption surrounding the planning work, and
- last but not least the plan gives comprehensive GANTT charts for all activities, showings tasks against timelines, though it does not mention who would be responsible for the execution of the specific activities.

However, in the considered professional opinion of the evaluating Consultants, the plan fails to capture the organisational culture of the Clinic in order to promote acceptable institutional and organisational development in the Clinic⁵. This serious omission leads to arbitrarily and inappropriately chosen activities for the Governance and Management Programme, which turned out to be entirely incompatible to NLACW's corporate culture.

Organisational culture is defined as the way, in which organisations pursue their goals. Large organisations working in a rather stable environment (large manufacturing firms, governments, local governments, etc.) usually display strong traits of a formal, bureaucratic culture with clear-cut organisational arrangements, written corporate governance structures, job descriptions, conditions of service, annual performance assessments, written policies, management systems and procedures, all things prescribed by the strategic plan for NLACW.

Other, equally large and successful organisations don't operate these procedures at all,

⁵ see: DFID: *Promoting Institutional and Organisational Development*, London, March 2003



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because bureaucratic procedures usually go along with inflexibility towards changes in the environment of these organisations. Instead these organisations operate a club culture or a task-oriented institutional culture⁶, where the formalisation of corporate governance structures or business operations would rather constitute a hindrance towards fast adaptation to the market or to the requirements emanating from given tasks.

As a matter of fact, bureaucratically structured organisations turn out to be the losers in competition in an ever faster business changing environment. Chrysler and General Motors are only the most recent examples, the numerous attempts to reorganise public administrations into more service delivery oriented organisations are further witness to the problems of formally structured organisations.

Even in Zambia there are many cases of very successful businesses without any formal, bureaucratic culture in them (e.g. SEDECO Ltd., The POST newspaper, MUVI TV Ltd., JJB Electronics, Specialised Systems Ltd., Dar Farms Ltd., LRF, etc.).

Zambian law firms in particular, from which the Clinic derives its organisational culture, are usually small entities without formal, bureaucratic traits. The lawyers are supported by Personal Assistants (if at all) and a very small number of office staff. Strategic plans and written corporate governance guidelines generally do not exist in Zambian law firms, and written job descriptions, salary scales based on salary surveys, are also conspicuously absent. The necessary regulations are taken straight from the various acts applying to business (the Companies Act, the Minimum Wages Acts, etc.) without being written down in the firms. In most cases, the legal practitioners of a Zambian law firm are also the managers, and they spend as little time as possible on business administration work.

Without having regard to the existing business culture in the Clinic, the strategic plan, in its specific design itself an alien element to the corporate culture of the Clinic, now prescribes a multitude of activities, which are basically all against the corporate culture of law firms in Zambia⁷.

This is a serious oversight in the Clinic's current strategic plan. Instead of having taken note of the fact, that the Clinic failed to achieve similar objectives contained already in the previous strategic plan covering the period from 2002 to 2006⁸, and investigating thoroughly, why the Clinic failed against the previous plan in these areas, the current plan even increases and details further the amount of bureaucratic activities.

In summary, the Clinic made a strategic mistake in accepting the Strategic Plan 2007 – 2011. But it is the Consultants, who are to blame for not considering the corporate culture of the Clinic in their assessment of the Clinic and talking the Clinic into accepting procedures, which are not compatible with the Clinic's style and culture. As Charles Handy says: "It was always a myth that there is one best way to manage, but it has been a pervasive myth and a damaging one, to both individuals and organisations. ... We need a law of requisite variety in management as well as a theory of cultural propriety." The Consultants responsible for the design of the Clinic's strategic plan could have known better.

⁶ see: Charles Handy: *Gods of Management – The Changing Work of Organisations*, Arrow Books Ltd., The Random House Group Ltd., London, 1991

⁷ Activities GAM1: A1.1, A1.2, A1.3, A1.4, A1.5, A2.1, A2.2, A2.3, A3.2, A3.3, A3.4, A5.4 (see Page 1 of the GANTT charts of the current strategic plan), GAM2: A1.1 – A1.5 (see Page 2 of the GANTT charts)

⁸ NLACW: *Strategic Plan 2002 – 2006*, Lusaka, 2001, see the paragraphs on "Capacity Building for the NLACW", in particular 6.6.2 Activities and Results, R1



III.2 The Project Proposal 2007 - 2009

The Clinic's Project Proposal, covering the period from 2007 to 2009, was written to match the cooperating partners' funding horizons, which are shorter than the planning period of the strategic plan 2007 – 2011.

The format of the proposal differs significantly from that one of the strategic plan: Whilst the objectives hierarchy contained in the plan has been maintained, the descriptions of lower laying activities are much shorter, don't follow the SMART standard for objectives, the activities are not presented in GANTT charts, and objectively verifiable indicators, means of verification and assumptions are generally missing. This in itself is a clear indication that the Clinic does not have the organisational culture to operate the strategic plan as a living and working document.

The Consultants understand that a three-years budget was prepared on the basis of this Project Proposal, which was passed on to the cooperating partners for funding.



IV The Performance of the Clinic Under its Strategic Plan 2007 - 2011

IV.1 Governance and Management Programme

The incompatibility of the role of the corporate culture implied in the Clinic's strategic plan and of the Clinic's mix of club and task-oriented culture (terminology see: Ch. Handy, page 19) becomes obvious when comparing the Clinic's performance in governance and management with the planned targets.

IV.1.2 The Clinic's Governance System

A detailed comparison of NLACW's performance against the strategic plan in the field of governance shows that:

1. The plan lists some items under the governance programme, which fall rather under management (computerisation of account, preparation of annual reports, submission of taxes and levies).
2. Most of the activities referring to governance have not been executed.



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Comparison: NLACW's Performance against Plan in the Governance Programme GAM 2				
No.	Activity	Start	End	Performance
A.1.1	Review existing governance procedures and policies	Apr 07	Jun 07	not done
A.1.2	Develop new governance procedures and policies	Apr 07	Jun 07	not done
A.1.3	Develop a corporate governance manual	Jul 07	Dec 07	not done
A.1.4	Conduct orientation of WRC on the new governance and procedures	Apr 08	Jun 08	not done
A.1.5	Facilitate regular meetings and retreats for WRC	continuous		Meetings done on an informal, irregular basis. No retreats done
A.2.1	Hold quarterly programmes review and planning meetings	continuous		Done on ad hoc & irregular basis
A.2.2	Hold annual review and planning workshop	always in Jan		Done by NLACW only
A.2.3	Conduct mid-term review	always during 2 nd quarter of any year		only done during 09
A.2.4	Facilitate the review of the strategic plan	Apr 09	Jun 09	done by means of this evaluation
A.3.1	Facilitate the preparation of annual accounts	always from Oct – Mar of the year		done
A.3.2	Facilitate the computerisation of accounts in all NLACW offices	Oct 07	Dec 07	not successful in Ndola and Lusaka, nothing in Livingstone
A.3.3	Facilitate external audit of accounts	always from Jan – Mar of the year		This is done by the Secretariat, not by WRC (!)
A.3.4	Prepare periodic financial and narrative reports for donors and cooperating partners	always during 2 nd and 4 th quarter of any year		done by Secretariat, but mostly with delays
A.3.5	Prepare and submit statutory taxes and levies	continuous		done
A.3.6	Prepare NLACW annual reporting for wider distribution	always in the 1 st quarter of the year		done
A.4.1	Develop a monitoring and evaluation system	Apr 07	Sep 07	not done
A.4.2	Facilitate periodic monitoring exercises and visits	intermittently		not done except in 2008 with the absence of WRC
A.4.3	Facilitate period review of NLACW strategic plan	Jul 08	Dec 08	not done

To understand the rather low performance of the Clinic's supervisory board (i.e. the WRC), the evaluators had to investigate the nature of WRC and report the following findings.



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LAZ, the parent body of the Clinic is a statutory board created by an Act of Parliament. Its mandate, among other things, is to represent the concerns of the legal fraternity in legal matters and to sanction unprofessional conduct of its members. Members of LAZ are legal practitioners in Zambia, who apply for membership to LAZ and pay annual subscriptions. LAZ is governed by a Council with 16 elected members chaired by a President, has an Executive Secretariat with 4 officers, who are all Councilors, and works through committees. It maintains an office in Lusaka and employs a limited number of staff, but its Councilors and its Conveners (the heads of the Committees under the Council) work on a rather honorary basis (sitting allowances only).

As in all voluntary organisations, it is an honour to serve as a member of the Council or as a Convenir, but the incumbents earn their living as legal practitioners, and this conflicts at times with LAZ's and its committees' business. To foster the commitment of its honorary officers, LAZ uses instruments of club culture. LAZ displays photographs of all its serving Presidents in its corridors and its offices exudes the atmosphere of a clubhouse for senior members of society.

Based on this set-up, the Women's Rights Committee developed an initiative (the National Legal Aid Clinic for Women) to support vulnerable women and children by means of making legal services available to them against a nominal fee. From very modest beginnings, 1980s, as a lunch-time advisory desk at the premises of YWCA in 1990, this initiative turned into the present set-up of the Clinic with about 20 full-time employees and an annual budget of more than USD 1m, mostly funded by cooperating partners. LAZ's financial contribution (about USD 10,000 pa) to the Clinic is small compared to the cooperating partners' contributions.

LAZ is committed to the objectives of the Clinic. It holds its members outside the Clinic to equally provide legal services to disadvantaged women in society on a pro bono basis⁹. However, pursuant to its mandate to safeguard the interests of its members, LAZ does not want to see the Clinic providing legal services to well-to-do clients, who can afford to access legal services against the usual fees.

As far as the direct support to the Clinic is concerned, LAZ and its WRC are signatories to the bank accounts of the Clinic, and also recruit directly all senior members of the Clinic's staff¹⁰.

As the Clinic was growing and changing from a small project into a big project with substantial external support, cooperating partners got concerned about the governance system of the Clinic and worried that LAZ would not show enough ownership in the Clinic. The strategic plan translated these concerns into the activities presented in the table above, but LAZ failed to follow up in the prescribed manner.

The Evaluators agree with the authors of the strategic plan that something needs to be done to consolidate corporate governance in the Clinic, but reiterate that the formats presented in the plan are not compatible with LAZ's corporate culture. It is inappropriate to expect corporate governance manuals and other formalised procedures in a basically voluntary organisation with a club culture. The recommendations contained in this report will present some alternatives to the activities contained in the strategic plan, which contribute to improved corporate governance in the Clinic, but are compatible with the set-up of LAZ.

⁹ On request of the Consultants, LAZ has prepared a list of members providing such pro bono services (including services to NLACW), which record more than 50 law firms participating in the scheme.

¹⁰ Support staff to the Clinic may be recruited by the Executive Director of the Clinic, but only on behalf of the supervising board.



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IV.1.2 Management

Comparison: NLACW's Performance against Plan in the Management Programme GAM 1				
No.	Activity	Start	End	Performance
A.1.1	Conduct an organisational capacity assessment	Jan 07	Jun 07	not done
A.1.2	Revise the organisational structure which includes lines of communication	Jan 07	Sep 07	Partially done
A.1.3	Conduct a job audit (job descriptions) and review conditions of services	Jan 07	Sep 07	informally done by the Executive Director
A.1.4	Conduct a periodic salary survey	Jan 07	Sep 07	informal inquiries
A.1.5	Implement new conditions of service	Oct 07	Mar 08	Partially done salaries adjusted
A.2.1	Review existing management policies, systems and procedures	Jan 07	Dec 07	Done partially – through amendments
A.2.2	Revise and develop management policies, systems and procedures	Jul 07	Dec 07	not done
A.2.3	Conduct in-house training for staff on new management policies, systems and procedures	Oct 07	Jun 08	not done
A.2.4	Facilitate the operations of existing and new offices of NLACW	Jan 07	Dec 07	informal continuous process
A.2.5	Conduct regular team building sessions and annual retreats	intermittent		one team building retreat (unprofessionally done)
A.2.6	Review and improve internal and external communication	Jan 07	Dec 07	informal activities with limited success
A.2.7	Facilitate staff meetings in all NLACW offices annually	continuous		always done on an informal basis
A.2.8	Facilitate annual inter-office activities such as exchange visits for staff	intermittent		Not done
A.2.9	Facilitate the payment of subscriptions to professional bodies, networks and coalitions of interest to NLACW	intermittent		done
A.3.1	Recruit and appoint new qualified personnel	always at the beginning of the year		done according to need, but not on a regular basis as described in the plan
A.3.2	Facilitate annual performance appraisals for staff	always at the end of the year		continuous informal assessment
A.3.3	Conduct an overall Training Needs Assessment for LACW	Apr 07	Jun 07	not done
A.3.4	Prepare a Staff Development Plan	Jan 08	Jun 08	not done
A.3.5	Facilitate short and long term training for staff (both professional and support staff)	continuous		informally done according to need, but not sufficient
A.4.1	Rehabilitation of existing offices	Jul 07	Jun 08	done, but insufficient (esp. the Livingstone office)
A.4.2	Facilitate the acquisition of new offices	Apr 09	Sep 07	Serious problem with the acquired Livingstone Office; Livingstone Office moved from unsuitable acquisition to centre
A.4.3	Facilitate regular building and asset management	always at the end of the year		informally and unprofessionally done; fraud in Livingstone
A.4.4	Facilitate maintenance of the ground at all NLACW offices	during Apr – Jun in 07, 08, 09		minimal
A.5.1	Prepare project proposals for resource mobilization	Jan 07 Jul 08	Jun 07 Sep 08	Done (only one 2007/09), but insufficiently and with delays
A.5.2	Hold annual partner meetings	intermittently		done
A.5.3	Widen the resource basis – e.g. reserve funds	Jan 07	Dec 07	Done to some smaller extent – e.g. DCA
A.5.4	Develop a sustainability plan	Oct 07	Mar 08	not done



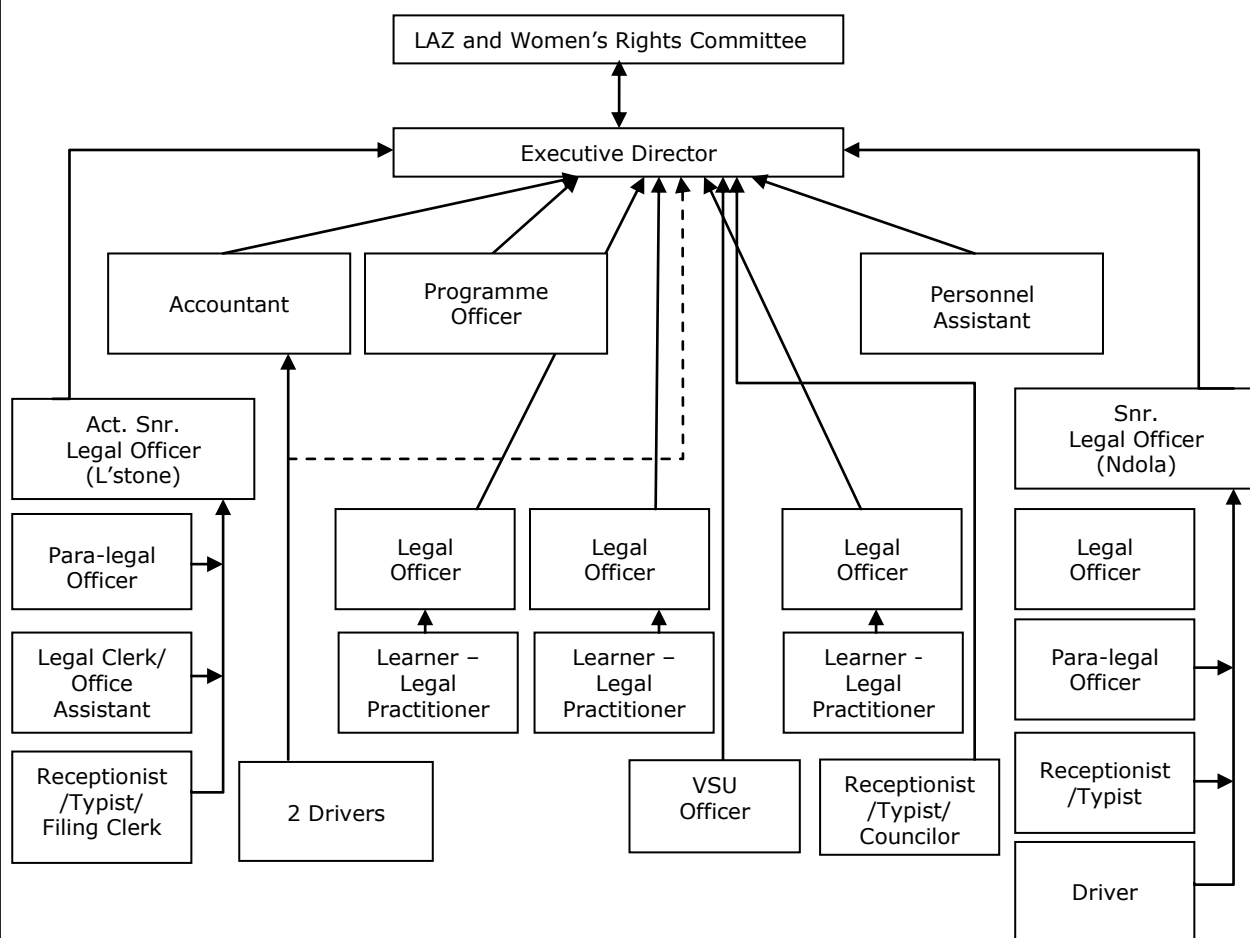
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As in the previous section on the Governance Programme, the performance of the Clinic in the field of management as measured against the plan is rather disappointing. But one glance at the actual organisational set-up and the reporting lines demonstrates again, that the strategic plan misdirected the Clinic into a formal corporate culture, which is incompatible with the organisations evolved style of running its affairs.

The organisational chart below shows that almost all officers (including the Receptionist/Typist/Councilor in the Lusaka Office) are directly reporting to the Executive Director; only the officers below the Heads in the Ndola and Livingstone offices report to their heads of station. The organisation does not show any separation between the Clinics's Secretariat and the Lusaka Office. This is a clear indication of the Clinic's "club culture", with the Executive Director forming the power centre of the organisation.

The club culture is mixed with elements of a task-orientation culture: the Executive Director, apart from her management, outreach and advocacy tasks, is also representing clients in court, and the Receptionist / Typist also counsels clients coming with their problems to the clinic. On the other hand, Legal Officers are delegated to perform outreach activities as and when necessary. The heads of the Ndola and Livingstone offices also represent clients in court. Formal job descriptions can stifle this task orientation.

Actual Organisational Structure of the Clinic



Note: Cleaners and Caretakers not included in diagramme



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During the interviews, no officer complained about the reporting structure; the Legal Officers in particular appeared to enjoy the competent guidance of the Executive Director in legal matters, and the Lusaka Office Receptionist/Typist/Councilor refused point blank to be supervised by anybody else below the Executive Director.

When interviewed about the organisational structure, the Executive Director stated that her direct involvement in the supervision of any officer's work is necessary in order to maintain an acceptable standard of work in the operations of the Clinic. She admitted that at times she is drowned into small issues (instructing staff on how to file documents correctly, etc.) and that she does not find sufficient time to concentrate on important management tasks. She complains about inefficiency and laziness among the staff, which she found in the Clinic and which has been recruited by the WRC. In her view, she should be empowered by WRC to recruit all staff below her.

As required by the terms of reference, the Consultants made an assessment of the competencies of the Clinic's staff and present the following findings.

- The **Executive Director** appears to be very well qualified in law and very energetic and committed to the Clinic's objectives, but might need more management training (coaching on the job).
- The **Legal Officers** all appear to be competent – The Consultant, not being legal practitioners, rely here on the responses of the judges and magistrates interviewed during the evaluation, who in unison affirmed that the Legal Officers of the Clinic make good pleas for the clients and are not the cause of delays in the proceedings.
- The **Accountant** is not able to perform according to requirements, though the workload is not very high (not more than 200 transaction entries in a month). She is not sufficiently trained to operate the computer needed for the accounting system and continues to do accounting in a manual system. The cash books written by her contravenes basic accounting standards (i.e. figures are overwritten, not cancelled and rewritten; see copy of one cash book page on the next page). The Consultants requested the Accountant to produce a budget-actual report from January to May 2009, giving her almost two weeks to do so; she failed, blaming power outages, while the accounting system is essentially manual. Representatives of cooperating partners mentioned delays in financial reporting.
- The **Programme Officer** is tasked to write reports and publications, to plan for the Clinic, to spearhead outreach programmes, monitor progress against the strategic plan, to produce publications and to mobilise resources. Measured against the tasks, she underperforms in all areas, which might be due to her relatively low educational qualifications (Diploma in journalism and marketing) and little or no training in most of her jobs she is tasked to perform such as monitoring, resource mobilization, planning and budgeting.
- The **Personal Assistant** is responsible for taking dictations, draft correspondence, filing in the Executive Director's office, making bookings, handling e-mail, faxes, supervises the cleaners, holds petty cash and lodgement fees, deals with the banks and attends to calls. She holds a certificate in secretarial work, and has done short computer training at ZAMNET and Computer Access. She is very happy to work at the Clinic, but cannot handle the case database and is not very good in filing, complains about the workload.
- The **Receptionist/Typist/Counselor** holds a certificate in typing and another certificate in counseling from KARA Counseling. She appears to be competent in her tasks.



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A Copy from the Clinic's Cashbook May 2009

MAY 2009

Date	Details	Cash in	Cash out	Balance
	Balance b/forward	873		873
15.5.09	Cheque # 000299	2997600		2,998,473
06.5.09	E. Ndlovu - Postage		16,300	2,982,173
06.5.09	E. Ndlovu - Postage		19,000	2,963,173
13.5.09	D. Ngala - postage & parking		9,400	2,953,773
13.5.09	Welch of gate - car park		30,000	2,923,773
14.5.09	D. Ngala - Postage		10,600	2,913,173
14.5.09	E. Ndlovu - Court fees		130,000	2,783,173
15.5.09	D. Ngala - postage		8,400	2,774,773
19.5.09	E. Ndlovu - Court fees		485,000	2,289,773
19.5.09	L. Hatembo - sundries		58,500	2,231,273
19.5.09	A.C. Chanda - Airtime		100,000	2,131,273
20.5.09	E. Ndlovu - postage		49,800	2,081,473
20.5.09	E. Ndlovu - Court fees		325,000	1,756,473
20.5.09	L. Hatembo - Stationery		68,000	1,688,473
21.5.09	E. Ndlovu - postage		26,400	1,662,073
21.5.09	E. Ndlovu - Court fees		445,000	1,217,073
22.5.09	E. Ndlovu - Court fees		325,000	892,073
27.5.09	E. Ndlovu - Court fees		106,000	786,073
27.5.09	E. Ndlovu - postage		10,600	775,473
27.5.09	Repairs - Toilet		16,000	759,473
27.5.09	S. Mwelima - (farewell gift)		300,000	459,473
28.05.09	M. Kshata - Taxi fare		45,000	414,473
28.5.09	M. Kshata - Taxi fare		25,000	389,473
28.5.09	S. Mwelima - Taxi fare		15,000	374,473
29.5.09	L. Hatembo - Sundries		6,000	368,473
29.5.09	E. Ndlovu - Court fees		320,000	48,473
			2,950,000	



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These findings support the complaints made by the Executive Director on the substandard performance of some staff in the Clinic. The findings can also explain the dilemma, into which the strategic plan has put the Director. If she would have followed the sequence of the activities proposed by the plan and set out to invest time or financial resources in revising the organisational structure and establish properly formalised job descriptions¹¹ (at the expense of the core business – viz, providing legal services to vulnerable women and children), she would have found herself still with incompetent key personnel (especially in the Secretariat) and would have been forced to return to what she is always doing, namely maintaining a tight supervision over the work of all staff.

The present organisational structure has of course serious disadvantages: it does not give the Executive Director sufficient time to attend to important tasks such as forward planning, resource mobilisation and expansion of the Clinic's activities into all provinces of Zambia. The Consultants feel that these shortcomings are not a necessary result of the prevailing corporate culture in the Clinic.

The Clinic has computerised its operations and installed an intranet for that purpose. It has also trained the Accountant in PASTEL®. However, the staff lacks basic maintenance skills to operate the computers: weekly routines such as disk clean-up and disk defragmentation, updating of anti-virus software and regular anti-virus scans are not done, the accessibility of files on the intranet is not well managed. There are also no provisions to keep the system going in times of power supply interruptions: UPS or solar-powered energy supply (with backup batteries and inverters) are not in place, rendering the whole system rather ineffective.

The computerisation of the accounts is a particular worry. While the clinic maintains that it runs both a computerised and a manual accounting system, the Consultants have not seen the computerised system working.

Though not contained in the terms of reference, the Consultants would like to comment on the salary scale and the conditions of service enjoyed by staff of the Clinic, because this issue caused concern among some cooperating partners.

The time provided for the evaluation did not allow a full and methodologically sound investigation into this field, which would have required:

1. An assessment of the total emolument paid to each member of staff, consisting of the basic pay, fixed and variable allowances (including the interest charged on loans), fringe benefits (as defined in the respective Conditions of Service) less statutory deductions,
2. the inclusion of allowances which are not accounted for as emoluments but as programme costs,
3. A salary survey into emoluments paid by comparable organisations to staff in comparable positions.

Therefore, the Consultants only captured the monthly take-home pay (less deductions for advances) of the Clinic's employees and compared these with those take-home pays (again less deductions for advances) from some NGOs active in the same fields, take-home pay of legal officers in Government and private law firms. The result of this admittedly quick comparison of salaries shows that:

¹¹ The Clinic has task lists for each officer on file, which are incorrectly headed as job descriptions.



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- in fact some NGOs pay a lower take-home pay for comparable positions (about ZMK 1 to 2 m less per month) than the Clinic, but in some cases, these NGOs make payments to their officers, which don't appear in their accounts as salaries, but as programme costs (thereby again increasing the actual take-home pay),
- that GRZ pays about the same take-home pay to their legal officers. The basic salaries paid in GRZ are substantially lower: a Legal Officer's basic salary is about ZMK 4 m, for a Snr. Legal Officer it stands at ZMK 5.5 m, and a Chief Legal Officer get about 6.5 m. However, all legal officers in the civil service enjoy a non-practising allowance of up to ZMK 6 m (for a Chief Legal Officer) on top of their basic salaries. In addition they usually receive numerous allowances (sitting allowances for workshops they attend, other allowances for participation in special events, hefty allowances (USD 250.00 per day) for trips outside the country on top of their take-home pay, which are accounted for as programme costs and not as salaries, and, last not least, the interest charged by GRZ on long-term loans to civil servants (e.g. loans for houses, which can amount to several hundred millions of Kwacha) are low (recently raised from 5% to 10% of the principal loan, whereas the base rate of commercial loans is now pegged at 22%) and always lower than the rate of inflation,
- that legal practitioners in private law firms earn substantially more (at least ZMK 5m to 10m per month),
- that lower ranking officers (e.g. the Office Assistants/Receptionists/Filing Clerks in the Clinic are comparatively better paid (about ZMK 500,000) than in other organisations.

The members of staff indicated that they have not seen or have not been given conditions of service, though the Clinic has conditions of service on file. The Clinic does not pay any allowances, but as fringe benefits refunds 100% of medical expenses and pays a gratuity of 25% at the end of contracts, which is exactly in line with statutory requirements.

The Consultants therefore concluded that the emoluments paid by the Clinic are not inadequate or excessive; as a matter of fact, all legal officers working in the Clinic receive about a third less than what they could earn in private law firms.



IV.2 Legal Services Programme

The major activities planned under legal services programme meant to be performed between January 2007 and the time of the Evaluation June 2009 were the following: facilitating the litigation process of the NLACW, facilitating the mediation process for clients of the NLACW, conducting a needs assessment of the provision of legal services, developing expansion plan for the NLACW, recruit, lawyers, paralegals and support staff. Others were to acquire office space, equipment, furniture and vehicles, conduct community awareness programmes on the work of the NLACW.

The majority of the activities have been fulfilled to satisfactory levels, however there are few activities that are yet to be completed or lagging in their implementation such as conducting a needs assessment of provision of legal services and completion of recruitment of paralegals and purchasing of office equipment and furniture.

Legal services especially litigation are the corner stone of the clinic and the main purpose of the organisation¹² that is, to provide legal services to disadvantaged women and children in society. By its creation of being born out of the WRC which is a committee of LAZ meant the clinic could majorly perform tasks that its creators are competent in and that is in the area of legal services. Budget-wise legal services consume over half of the clinic's programme budget¹³.

The clinic in all the three offices has demonstrated great capacity to offer litigation and legal services processes covering a wide range of issues among them: representation in courts of law, legal advice, mediation and legal education.

The most common types of cases handled by the clinic are: matrimonial cases, divorce, maintenance, custody, property sharing, succession matters and legal separation. Others are contracts, tenancy and landlord disputes and land issues. Cases of matrimonial and inheritance nature comprise 90 to 95 percent of cases handled by the clinic while 5 to 10 percent is left to other cases. The matrimonial and inheritance cases are cases mostly faced by indigent women and children.

In 2008 the number of clients seeking non contentious legal advice totaled 9,000 as compared to 5,119 in 2007 and 3,680 in 2006, and 1,322 cases were resolved through mediation. As regards to court representation in 2007 1,313 new cases were commenced in court adding to the then existing backlog of 1,457 cases from 2006¹⁴

Year	Total no. of cases/clients	Taken to court	Settled excuria	Active files
2008	9,000	1,322	8,000	4,000
2007	5,119	1,313	1,069	2770
2006	3,680	?	?	?

The clinic has had very high successful rate with court cases as there have been few negative judgment received from the court. Out of the total 1,313 cases commenced in 2007, 1,069 cases were resolved through excuria settlement, 28 judgements with 23

¹² See NLACW 2008 Annual report section on legal services

¹³ See NLACW 2009 revised budget

¹⁴ See NLACW 2007 & 2008 Annual Reports – section on legal services



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favourable and 5 cases against NLACW clients¹⁵. The ability to assess the cases well and advise the clients on cases well have contributed to the great ratio of success. On average 65 cases are completed by way of receipt of judgment per year and approximately 80 percent of those cases would receive positive judgment.

When the evaluators interviewed the judges and magistrates they all affirmed that the NLACW lawyers' caliber is high, and that they prepare and present their cases before the court well. One Judge stated that the Lawyers from the clinic rarely make adjournments unless their clients do not show up at courts.

The NLACW's lawyers handle 20 – 30 cases pay month. On average an advocate handles 160 cases per year. Outreach programmes have well contributed and are still contributing to the increase in the number of clients coming to the clinic. A healthy match between the outreach programmes and the number of cases/clients (especially new) has to be made in order to maintain efficiency and reduce overloads. In 2008 the clinic recruited two advocates for the Lusaka office and one paralegal officer for Livingstone but, most definitely, more advocates and paralegal officers are needed for all the three offices. The establishment for the clinic regarding the lawyers is very small as demonstrated in the table below. With this small clinic establishment, all advocates, including the Executive Director participate actively in outreach programmes such as school and community workshops, mobile clinic visits and radio programmes in addition to their core business of representing clients in court.

Lusaka Office	Ndola	Livingstone
3 Lawyers 3 lawyer students	2 Lawyers	1 Lawyer

Expansion

All the clients and most of the networking partners the evaluation consultants interviewed expressed a great wish for the clinic to expand their services geographically, in programmes and by making itself more visible and known to the public. The strategic plan also mentions of the clinic opening new offices in other parts of country¹⁶. The clinic however is yet to put in place an expansion plan (as stated in the strategic plan) that will guide its expansion of all its programmes, litigation, legal services, outreach programmes and new operation areas. The clinic is cautious on its expansion so that it ensures expansion suits the human, financial and material resources available to the clinic. The clinic is in need of extra human resource as the current establishment, overloads all the advocates with cases. Also, expansion without carefully assessing and matching the demand or need with capacities may bring up inefficiencies and burn out on part of the staff.

Office space

The Lusaka and Ndola offices are operating from the clinic's own offices whilst the office in Livingstone is a rented one. In Livingstone the clinic owns premises where it used to operate from before it moved to the current rented offices but the structure is in a poor and deplorable state as it has huge cracks with unprofessional workmanship around it. The location of the building is also not centrally located and clients had problems locating it. The house has been earmarked for sale by the clinic after which the clinic may acquire another building. Currently the clinic hopes to sell the building between K250m and K300m but that value may even come down the longer it takes to sell it off.

¹⁵ See NLACW Annual Report 2007, Lusaka page 9

¹⁶ See NLACW Strategic Plan 2007 – 2011, Gantt charts page 3



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As regards to office furniture and equipment, the Livingstone office lacks adequate and suitable furniture (chairs and tables) for both staff and clients, the office has only one computer currently being used by the secretary. The other offices for the Acting Senior Legal Officer and the paralegal officer do not have computers.

Ndola office on the other hand has adequate office equipment; furniture, computers, printers and copier except for the boardroom which has old and worn out chairs and table.

The Lusaka office has most of its offices well furnished with the exception of the library and two offices of the advocates and the Learner Legal Practitioners which would require new furniture, computers and repainting. The clinic has plan to complete most of these purchases in the month of July. As litigation is the cornerstone of the clinic and this relies much on advocates, the offices of the advocates should be made very conducive for working with minimal impediments and stress.

The Lusaka office has installed intranet and internet facilities; however they are not optimally utilized in facilitating communication and information exchange within and outside clinic offices. During the time of the evaluation, IT experts were working on linking the computers to the intranet. The evaluators also discovered that the clinic has not yet to put in place information technology support system to maintain equipment and update software on a regular basis. Furthermore most clinic staff lacked adequate knowledge and skill in basic IT which would enable them to undertake simple IT tasks such as routine antivirus updates, defragmentation of files, desk top cleaner should be performed at regular interval to keep the life span of equipment high.



IV.3 Community Outreach Programme

Activities under the community outreach programme included conducting community and schools workshops, facilitating mobile clinics in selected areas and conducting paralegal training countrywide. Others included conducting stakeholder mapping to identify activities and programmes with like minded institutions and undertaking joint outreach activities, undertaking television and radio programmes, developing and distributing IEC materials and participating in national and international significant events, commemorations and celebrations.

Community outreach programme is one of the programmes that was well carried out in all the three provinces the clinic has its presence.

The clinic has offices only in Ndola, Lusaka and Livingstone towns, yet it understands the great demand and need for its programme throughout the country. As stated above, the clinic has a small establishment to be present wherever the needs are; and in order to reach out to those areas where it does not have a permanent presence, the clinic reaches out through workshops, mobile clinic visits and radio programmes as educational and awareness tools to enlighten the communities on their rights and protection of them.

Community workshops and Mobile clinics

The purpose of community workshops is to increase the awareness of the communities on their rights especially the rights to do with women and children. The community outreach workshops are mainly held in rural areas and are aimed at both men and women. In 2007 the clinic held six workshops while in 2008 it held four workshops. The topics discussed during such workshops included HIV and AIDS and human rights, marriage and divorce, inheritance, abuse and women as wells as children's rights. On average 1500 people are reached each year through the community workshops and mobile clinics.

Through these workshops, the clinic raises legal and human rights awareness especially the rights of women and children. Although the workshops can only accommodate a limited number of participants, between 40 to 100 and in few cases 250 people, they are effective in imparting legal awareness, and the ripple effect, of workshop participants being messengers and 'facilitators' of the messages deep into communities is good. One of the areas visited by the evaluators where a community workshop had been done is Chief Mukuni's area, which is divided in 32 sections. Participants in the March 2009 community workshop told the evaluation consultants that within three months after the workshop, they had reached 16 sections holding meetings with community members, church groups and individuals on what they had learnt in the workshop participants.

Six mobile clinic visits were conducted in 2007 and four in 2008 servicing on average 27 people per day. The number of mobile clinics held each year match the number of community workshop held because both of them are held simultaneously. The mobile clinic visits were undertaken in rural areas and geographically difficult areas where people especially women found it difficult to travel to the offices of the clinic. The mobile clinic visits although narrow in scale, provided on sport legal advice and answered queries and distributed materials. Many of the mobile clinic visits were undertaken together with the clinic's networks. Some of the areas visited were Luangwa town, Mufulira, Luanshya, Livingstone Central and distance learning college on the Copperbelt.



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The workshops and mobile clinics have proven to be impactful on communities as observed by the respondents' good knowledge on human rights and rights of the women and children. The evaluation Consultants noticed that the workshops and mobile clinics as much as they are strategies for awareness and legal education; they also play a part of advertising and marketing the work the clinic. This increased awareness among the community members brings to the clinic offices more clients, and the clinic has to find ways of coping with increased number of clients.

One observed challenge which comes with the workshops is that sometimes participants expect to be given allowances beyond transport refund. The clinic responds to such requests by clearly stating at the beginning of the workshop that their programme does not support such allowances.

School programmes

School programmes are a key part in the clinic's outreach programme not only because they are a direct focus of one of their key target groups, but also that they focus and shape the adults of tomorrow who would be influential in many matters including human rights and may affect policies in the future. This programme is aimed at empowering school children in legal and human rights. 25 workshops were conducted in 2008 and 12 workshops in 2007. 2008 also saw the expansion of school programme to Sesheke district in Western province. The workshops discuss topics ranging children's rights, child abuse to human trafficking. In 2008 over 1,847 pupils were reached directly, while 25,000 pupils were indirectly reached through the information, educational and communication (IEC) materials. In 2007 over 3,112 pupils were reached directly and 10,000 indirectly. Many schools visited have since formed human rights clubs and the clinic supports them with IEC materials.

As much as the programmes are being introduced in schools, there should be good mechanisms of nurturing them and making regular supportive visits to clubs and schools. The evaluation however did not hear such follow ups. The fact that children phase out as they advance to higher grades and new ones enter, the school programme should devise mechanisms to enable new students' inclusion in the programme.

Radio programmes

The radio programmes have been carried out in all the three districts using Zambia National Broadcasting Corporation (ZNBC) in Lusaka, Radio Ichengelo on the Copperbelt and Zambezi FM in Southern province. The main objective of the radio programmes is to share information with the public in order to raise awareness on women and children's rights.

The structure and format of radio programmes is similar in all the three provinces. The 13 series programmes which are of hour's length are either recorded especially the first in the series or broadcast live (phone in) especially those towards the end of the series giving an opportunity to the listeners to contribute to the programme by way of asking questions or making comments. ZNBC programmes are carried out live through out.

The estimated listenership is 200,000 people per week at active audience and 40,000 people per week at weak audience. These figures apply to community radio stations which have a coverage area of 120 to 200 kilometer radius. However ZNBC which is countrywide has even a wider listenership.

One of the radio stations Zambezi FM in Livingstone indicated the following topics, among others, as the ones discussed during radio programmes;



- Gender based violence
- Intestate Succession Act and the roles of the administrator
- Tested Succession
- Defilement and incest
- Matrimonial causes Act
- Women's property rights
- Property sharing
- Constitution
- Customary and statutory land tenure
- Customary and statutory marriage and divorce
- Human trafficking
- Custody and maintenance

The clinic invites members of its networks to be part of radio programmes. The radio programmes have been effective as indicated by the radio stations who stated that they receive requests from listeners to air them again. The increased number of people visiting the clinics e.g. (5,119 in 2007 as compared to 3,680 in 2006) has partly been attributed to the radio programmes as evidenced by some responses from clients that they heard about the clinic from the radio.

There is no doubt the outreach programmes are being implemented effectively and much within the mandate of the Gantt chart in the strategic plan, however there has not been a demonstrated consistent mechanism of monitoring the activities under outreach programme. Annual reports have indicated the output and success indicators of activities implemented but there is a gap as to what information is collected, feedback obtained, and corrective measures taken to activities not performed as expected, during the year. The weakness here comes due to the weak capacity of the clinic to monitor activities and the inability of the clinic to develop a comprehensive monitoring and evaluation mechanism as stipulated in the strategic plan. The desk of the programme officer which is supposed to spearhead the monitoring of activities indicated that only one unstructured monitoring was carried out.



IV.4 Information, Advocacy and Networking

Activities under this programme comprised working with Legal Service Providers (LSP) in establishing and updating libraries in all NLACW offices, developing a management information system which would include personnel records and other Human Resource documents and developing and installing a Wide Area Network (WAN) and maintaining and updating database. Others were to conduct periodic reviews of information management systems and to conduct in-house training on Information and Communication Technology (ICT)/Information Technology (IT), publishing a bi-annual newsletter and preparing and publishing of casebooks. Other activities were to develop and maintain links between NLACW and other stakeholders and facilitate participation of NLACW in selected Local, Region and International partners' and other stakeholders' activities. Package and widely distribute relevant materials to NLACW operational areas, stakeholders and partners

All the three offices for NLACW have established 'mini' libraries but they need upgrading in terms of materials especially law reference materials. The Livingstone office for instance did not have the current laws Zambia at the time of the evaluation.

NLACW has installed a wide Area Network for Lusaka offices what is required is to enhance capacity of the staff to manage and utilize the service in communication and information management. The NLACW newsletter comes once year covering a wide range of issues mostly pertaining to women's and children's rights. Initially the newsletter was planned to be produced twice a year, however this was changed to once a year as the volume of the newsletter was increased from eight pages to 16 pages and stories were not always readily available to fill the newsletter. The evaluation consultants however felt that two newsletters in year was a manageable target and the clinic's failure to meet that target was due lack of commitment on the part of the programme officer and to some a smaller the overload on the officer

The clinic in many of its activities collaborates well with strategic organisations that enhance the work of the clinic and achievement of its objectives. Among the key organisations are the Victim Support Unit (VSU) whom the clinic have a standing arrangement where the VSU always seconds an officer to be stationed at the clinic office in Lusaka. This has helped the clinic to attend to issues of criminal nature or those requiring police intervention promptly thereby increasing the clinic's efficiency. Other networks are the Young Women Christian Association (YWCA), Women and Law in Southern Africa (WILSA), Legal Resources foundation (LRF), Ministry of Community and Social welfare, Caritas, Judiciary and Justice for Widows and Orphans

The clinic participated in national and international events, commemorations and celebrations that were concerned with women's and children's rights. Such events included International Women's day, 16 days of activism against gender violence, International Human Rights day, International Aids day and the child justice forum.

Advocacy

Although the NLACW does not engage in direct advocacy, its Director actively sits on the committee under the Zambia Law Development Commission (ZLDC) which spearheads the law reforms that are of human rights nature. Between 2007 and 2009 the clinic Worked with ZDLC in discussing and putting together various laws concerning the women and children one such law was a law on women and children regarding gender based violence.

The clinic operates the style of advocacy which differs from the conventional approach of



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mass communication and mobilization of opinions in order to seek or influence change. The clinic working in the field of legal aid undertakes advocacy through an approach that encourages law reform. This is done through institutions and structures such as Parliament and ZLDC. The Clinic presents its views and submission to Parliament select Committees such as the one on Legal Affairs, Governance, Human Rights and Gender Matters.

The Clinic sits on the ZLDC Committee and actively participates in the law reform initiatives. Specific submissions on proposition to amend the Intestate Act, on Human Trafficking and on the enactment of law on Gender Based Violence have been made to ZLDC during the period under review. Below are some other representations that the Clinic made to ZLDC:

- On legislation that would include divorce, property settlement and custody of children.
- On Human Trafficking
- On the then proposed amendments to the Intestate succession Act;
- On the possible introduction of a law on HIV and AIDS.
- On Matrimonial Causes Act
- On Women, Land Acquisition and Customary law
- On the Penal/code
- On the NGO Bill

The discussions on the law reform that NWLAC participates in at ZLDC lead to preparations of the bills for submission to the Ministry of Justice who in turn redraft and present to Parliament. The clinic makes very valuable contribution to the ZLDC committee because it provides practical expertise as it is privy to what is on the ground as on a daily basis interacts with women and children facing problems of inheritance and matrimonial nature.

Law reform is a long process and has many stages and goes through high levels of bureaucratic scrutiny making it hard to see the result of advocacy. The Clinic however seems to have a great interest in actively participating and contributing to the process of law reform wherever it deems fit.

Monitoring and evaluation tools for the Clinic activities.

The clinic has wide range of activities in the three provinces that it operates. These activities need constant management if the annual plans have to be well effected. On management level the Director, the Accountant, Programme Officer and the Senior Legal Officers in the provinces with the rest of the staff meet to review annual activities and to plan for the following year. Individual provincial offices hold weekly meetings (staff meeting) to review and share activities. This is regular with the Ndola and Livingstone offices. The SLOs in the provinces make monthly reports to the Director on all the Clinic's management and operational activities. The reports contain information on finances, litigation, counselling, networking, outreach activities, personnel, challenges and any other related issues. In addition to monthly reports SLOs make half yearly and yearly reports to the Director.

The Director is supposed to undertake quarterly visitations to the provincial offices but this has not been possible as the Director in 2007 and 2008 only managed to undertake two and one trip respectively, to the provinces and these trips which were office specific. The evaluators discovered that the Director during those times was almost alone (at the secretariat as an advocate) and the Clinic did not have Legal Learner practitioners. Furthermore the evaluators discovered that the Director has undertaken trips to the provinces that were activity (outreach programmes and litigation) specific and took



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advantage of such trips to hold meetings with staff.

At the secretariat the office does not hold formal and scheduled management meetings but occasionally meetings held and often times consultations among senior members of staff. This often occurs when an issue needing attention arises.

With regard to monitoring activities, the Clinic has no specific and formalized monitoring tools. The Clinic cited undertaking only one monitoring activity in Luanshya using the questionnaire. The Evaluators discovered that the clinic does not have adequate capacity in monitoring and the evaluation of activities and in the development of appropriate tool of such.

As monitoring of programmes is key to the Clinic's assessment of achievements, the Clinic needs to immediately device means of strengthening the monitoring aspect of the programmes. The strengthening could be in form of building capacity in staff especially the Programme Officer and the SLOs heading the district officers. Holding of well structured programme and management meetings at regular intervals would assist the clinic in planning, prompt response to issues and management of errors and emergencies.



IV.5 Summary of Findings

Altogether, the NLACW appears to work as a redistribution machine, which by recourse to the law assists vulnerable women and children in Zambia. The following table attempts to demonstrate the monetary values redistributed by the Clinic to its clients.

NLACW Input – Output Statement for the Year 2008	
Input: about USD 1 m (USD 1 = ZMK 5,250)	ZMK 5,250 m
No of 2008 cases in court:	1,322
Average dispute value ¹⁷ :	ZMK 106.5 m
Average dispute value x no of cases:	ZMK 140,793.0 m
Assumed success rate in court pleadings	80 %
Output: Total successful claims:	ZMK 112,634.4 m

This results in a rate of return of 2,145 % on the annual investment in 2008. One officer of a cooperating partner interviewed during the evaluation put it like that: "The Clinic sits on a gold mine".

The demand for the Clinic's services is more than what the Clinic can deliver at present, and the present governance and management structures in the Clinic constitute a major obstacle to any expansion of the Clinic's work.

An attempt to rectify these constraints by means of a strategic plan for the period 2007 – 2009 failed because the plan proposed activities which are not compatible with the corporate culture in both LAZ/WRC and the Clinic.

However, the Clinic together with its board failed to review the strategic plan and propose alternative measures compatible with the existing corporate culture. This has led to concerns amongst the cooperating partners, who fund the Clinic's operations. One major funder has declared to discontinue funding from 2010 onwards, at it is trimming its staff at the embassy and shifting to give money to development cooperation.

¹⁷ As calculated on the basis of information given by the 25 clients interviewed by the Consultants.



V Recommendations

In view of the findings of the evaluation discussed above, especially with reference to the disparities between the strategic plan and the corporate/governance culture of the clinic, the weak positions of some management officers and overload of work on the Executive Director, increased demand for the expansion of the services of the clinic and reduced funding; the evaluation consultants make the following recommendation:

1. That a simple governance guideline detailing the responsibilities and roles of the WRC, among them appointment of the Executive Director, approval and regular review of plans and budgets, appointment of the auditors and receive the management letters be developed and adopted (see proposed Corporate Governance Charter below).

(Proposed)

Corporate Governance Charter of the National Legal Aid Clinic for Women

In order to install best corporate governance practices in the operations of our project, the NLACW in Zambia, to promote good management, to prevent fraud, to minimize risk and to instill confidence amongst the Clinic's cooperating partners, we, the Committee Members of the Women's Rights Committee (WRC) of the Law Association of Zambia (LAZ), acting rightfully as the Board of NLACW, have resolved the following:

- The WRC shall, together with the Executive Director of NLACW, represent the affairs of NLACW to government agencies, cooperating partners and all other outside institutions dealing with the NLACW.
- The WRC shall appoint the Executive Director of the NLACW.
- The WRC shall have a seat in the Appointments Committee of NLACW, but shall leave the privilege of establishing the shortlist of applications for any position below the Executive Director to the Executive Director of the Clinic.
- The WRC shall exercise the right to approve any long-term and annual budgets of the Clinic.
- The WRC shall approve the acquisition and disposal of assets of the Clinic.
- The WRC shall approve any loan or credit arrangements of a third party with the Clinic.
- The WRC shall maintain the right to be signatory to all cheques issued by the Clinic, and the Committee shall designate a person permanently available in Lusaka as signatory.
- The WRC shall in its quarterly meetings inspect budget-actual reports prepared by the Clinic.
- The WRC shall appoint the Auditors for the annual audits and shall receive the so appointed Auditors' management letters, whose contents will be communicated and discussed with the executive of NLACW.

For LAZ

For WRC

The Honourable Treasurer

The Convener

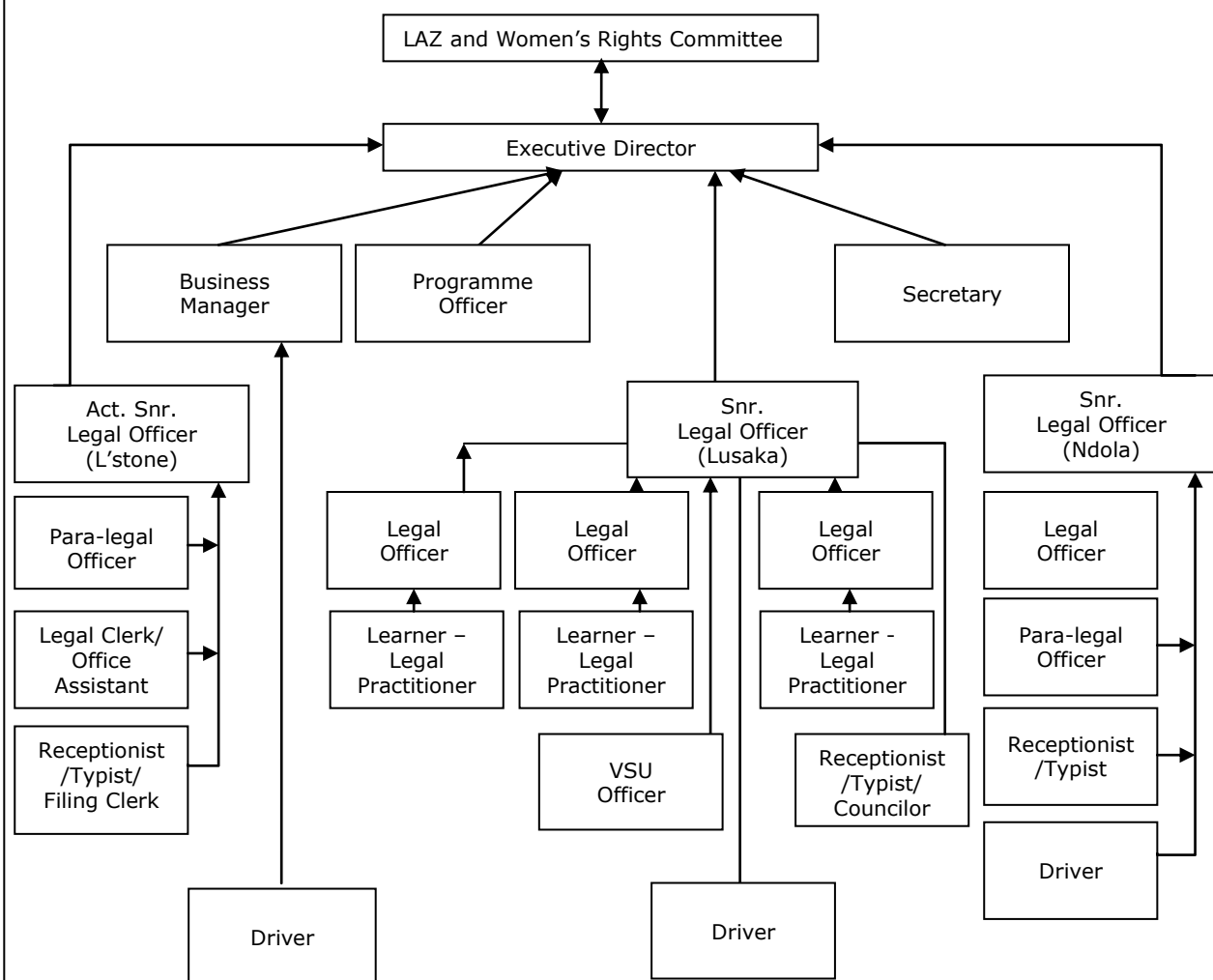
The Secretary



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2. Going by the corporate culture of the LAZ, WRC should allow the Executive Director to employ her own staff whom she should feel are qualified enough, supportive and committed to the work of the clinic.
3. The strategic plan be simplified to suit the organisational structure of the clinic and substantially reviewed.
4. The clinic should shed off excess staff that is not performing and immediately appoint a Business Manager who must possess a degree in business management/accounting, be conversant with computerized accounting e.g. pastel, be experienced in drafting and budgeting and experienced in fundraising; and immediately fill the vacant position of the SLO in the Lusaka office. All the staff under the Lusaka office should be reporting to the SLO who in turn be reporting to the Executive Director.
5. The Clinic's Secretariat and Lusaka office be separated and the latter should be given as much autonomy as the other two offices Ndola and Livingstone operate.

Proposed Organisational Structure for the Clinic (from August 2009 onwards)



Note: Cleaners and Caretakers not included in diagramme



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Task lists (not job descriptions) for the positions are given below:

Task Lists and Entry Requirements for NLACW Organs and Positions

The Board		
	Tasks, Reporting and Supervision	Entry-Requirements
WRC	policy formulation, risk control, legal representation of NLACW to outsiders <u>Reporting:</u> to LAZ, Cooperating Partners <u>Supervision:</u> Executive Director, Financial Director	Member of LAZ, Member of WRC

The Secretariat		
Position	Tasks, Reporting and Supervision	Entry-Requirements
Executive Director	support to policy formulation (preparation), execution of NLACW Board policies, net-working, support to fund-raising, support to outreach programmes, representation in High Court cases <u>Reporting:</u> to the Board <u>Supervision:</u> Business Manager, Programme Officer, Personal Secretary, Heads of Regional Offices	Master Degree in Law, admitted to the bar in Zambia, management knowledge and experience, excellence in written and verbal presentations
Business Manager	overall financial management (budgeting, accounting, quick-responding financial reporting), fund raising, HR management <u>Reporting:</u> to Executive Director, the Board <u>Supervision:</u> Programme Officer, Heads of Regional Offices	Master Degree in Business Management, computer literate (PASTEL), 10 year financial management experience in a medium sized enterprise, fund-raising experience
Programme Officer	outreach programme design, programme management, over-all and operational monitoring <u>Reporting:</u> Executive Director	Bachelor Degree in Social Sciences or Social Work, computer-literate (MS Office, Excel, Access), excellent report writing qualifications
Personal Secretary	support to the Executive Director, administration and logistics of the Secretariat, petty cash, filing <u>Reporting:</u> Executive Director <u>Supervision:</u> Support staff	Secretarial (not stenographer or typist) qualifications, computer-literate (MS-Office)
Support Staff	cleaning, guarding, driving <u>Reporting:</u> Personal Secretary	relevant certificates and licenses



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Regional Offices (Lusaka, Ndola, Livingstone)		
Snr. Legal Officer	support to policy formulation (preparation), execution of NLACW directives in regional office, financial management of regional office, net-working, support to fund-raising, support to programmes, representation of clients in court <u>Reporting:</u> Executive Director, Business Manager <u>Supervision:</u> regional office staff	LLB, (admitted to the bar), management certificate, computer-literate (MS Office)
Legal Officers	representation of clients in court, support to programmes <u>Reporting:</u> Snr. Legal Officer <u>Supervision:</u> Learner Legal Practitioners, Paralegal Officers	LLB, (admitted to the bar), computer-literate (MS Office)
Learner Legal Practitioner	support to legal and senior Legal Officers, counseling clients <u>Reporting:</u> Legal Officers	LLB, computer-literate (MS Office)
Paralegal Officer	support to legal and senior Legal Officer, support in programmes, counseling clients <u>Reporting:</u> Legal Officer	Certificate or Diploma in LAW, Certificate in Counseling
Office Assistant	receiving clients, administration of regional office, filing, typing, <u>Reporting:</u> Snr. Legal Officer <u>Supervision:</u> Support staff	Certificate Stenographer, computer-literate (MS-Office)
Support Staff	cleaning, guarding, driving <u>Reporting:</u> Office Assistant	relevant certificates and licenses

6. Train and refocus the position of Programmes Office to concentrate on formulating and implementing outreach programmes. The Programme Officer must very proficient in monitoring and evaluation and in report writing.
7. That expansion of clinic programmes to other towns be considered only the consolidation of the governance, management team and strengthening of the three offices.
8. Two modes of funding should be accepted: One offs (e.g. refurbishment of the entire Livingstone Office) or basket funding into the clinic against submission of one overall annual statement of the clinic (no separate reporting to individual sponsors).
9. Acquire furniture and equipment especially for Livingstone office, library and advocates, and as soon as possible sell off the old and deplorable structure in Livingstone and use the money towards purchasing of new offices.
10. Update financial manual/policy to include issues around the computerization of the finances.
11. The clinic should develop a simplified monitoring system to assist in the collection of programme information necessary for decision making and reviewing results.



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12. Instead of formal, comprehensive job descriptions, the Clinic should develop short general summaries of task going along with all positions in the Clinic(see previous pages). These summaries (or very brief "job descriptions") should always state, that the actual tasks of any incumbent will be contained in monthly task allocation lists, clearly showing who will be supposed to do what.
13. The monthly task allocation lists will form the basis of performance appraisals for all staff.
14. The sustainability of the Clinic should be guaranteed through fund-raising, not through income-generating measures (such as renting out property; property management is not the business of the Clinic!). In view of reduced funding as a result of policy shift by one of the major donors, the Clinic together with the WRC should immediately embark on resource mobilization and widening of sources of funding. The emphasis should be on the principle 'Better several smaller grants than one big grant' in order to maintain autonomy.
15. The Clinic should make holding of management meetings and programme meetings mandatory and at regularly healthy intervals e. g. quarterly for management and monthly for programmes.
16. The clinic should strengthen the monitoring and evaluation aspect through capacity creation or building of most senior members of the Clinic especially the E. D. Programme Officers and SLOs running the district offices.
17. The sustainability of the Clinic needs to be supported by a consolidation of the Clinic's operations (first consolidation, and then further expansion!). It is of paramount importance to follow the sequence recommended below.

Recommended Implementation Schedule for Consolidation 2009							
☺☺ = Implementation			2009				
#	Activity	Resp.	Aug	Sep	Oct	Nov	Dec
1	Adoption of Governance Charter	WRC	☺☺				
2	Retrenchment of incompetent staff	ExDir	☺☺☺☺	☺☺☺☺			
3	Recruitment of Business Mgr	ExDir	☺☺☺☺	☺☺☺☺			
4	Recruitment of Snr. Legal Officer, Lusaka	ExDir	☺☺☺☺	☺☺☺☺			
5	Installation of power back-ups in Secretariat	ExDir	☺☺☺☺				
6	ICT Training in: 1. Comp. maintenance, 2. Virus protection, 3. Database (Access)	ExDir	☺☺☺☺	☺☺☺☺	☺☺☺☺	☺☺☺☺	
7	Accounting manual	ExDir, Bus Mgr		☺☺☺☺			
8	Full computerization of accounts and financial reporting	Bus Mgr		☺☺☺☺	☺☺☺☺		
9	Fund-raising training	ExDir		☺☺☺☺	☺☺☺☺		
10	Consolidate budget for 2009	Bus Mgr		☺☺☺☺	☺☺☺☺	☺☺☺☺	☺☺☺
11	Reprogramming and budgeting for fund raising for 2010 and beyond	Bus Mgr			☺☺☺☺	☺☺☺☺	☺☺☺



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