Project: A Legal Aid Clinic for Refugee Women and Children, Established in Guinea, March 2003, to Protect Refugee Women and Children from Sexual Violence and Exploitation

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Table of Contents

I. Background ...................................................... 3

II. Pilot Project .................................................... 8
   A. Clinic Services ............................................. 10
      1. Education .............................................. 10
      2. Legal Advice and Representation ..................... 11
      3. Legislation ............................................. 16

III. Logistics ..................................................... 17

IV. Monitoring and Evaluation ................................... 18
   A. Weekly Panel Meetings ................................... 18
   B. ARC Project Coordinator ................................. 18
   C. Consultants ............................................. 20

Appendix

Appendix A: Educational/Training Materials ....................... 2
Appendix B: Excerpts from the Guinean Penal Code ................. 37
Appendix C: Excerpts from International Documents ............... 40
Appendix D: Procedures for Clinic Staff .......................... 43
Appendix E: Clinic’s Client Intake Form .......................... 49
Appendix F: Clinic’s Client Follow-up Form ....................... 59
**Project:** A free legal aid clinic for refugee women and children.

I. **Background**

Years of civil war and cross-border conflicts in Guinea, Liberia and Sierra Leone have left approximately 1,000,000 men, women and children as refugees and internally displaced persons in the region. Most of the refugees have ended up in refugee camps where they have remained for over a decade, many without jobs, money or land upon which to grow food. Refugees experience abject poverty due to lack of employment and lack of resources and most have become completely dependent on refugee organizations for their survival. As a result, refugees, especially women and children, are vulnerable and are easily exploited and abused. Their abusers are rarely punished for their conduct because refugees lack access to the legal system of the host country; consequently, the perpetrators have no fear of reprisals and the abusive conduct continues.

In the fall of 2001, the United Nations High Commissioner for Refugees (UNHCR) and Save the Children UK commissioned two consultants to study and evaluate the magnitude of this problem, specifically in Guinea, Sierra Leone, and Liberia. After approximately one month of research, the two consultants reported that sexual exploitation of refugee girls in West Africa was widespread and that the perpetrators included employees from aid organizations, including Save the Children and the UNHCR (*Sexual Violence and Exploitation: The Experience of Refugee Children in Guinea, Liberia, Sierra Leone, Consultants’ Report of Assessment Mission, January 2002*). The consultants’ accusations implicated the very individuals and organizations charged with the responsibility of caring for and protecting refugees. A total of 67 aid workers from 42 aid organizations were named and specifically accused of demanding sex from refugees in exchange for food and services provided by their organizations (*Consultants’ Report of Assessment Mission, January 2002, p.9*). The consultants also identified security and military forces including international and
regional peacekeepers, national forces and police units as significant categories of exploiters, as well as teachers, camp leaders, small businessmen, traders and local men with jobs. The consultants asserted that their information was derived from discussions and interviews with approximately 1500 individuals, mostly through group meetings, however (Consultants’ Report of Assessment Mission, January 2002, Executive Summary, p. 1).

The consultants submitted their report to the UNHCR in January 2002. The Report was leaked to the press and received an enormous amount of media attention. The “Key Findings” presented in the Consultants’ Report are summarized as follows:

- Sexual exploitation of refugee children, mainly girls between the ages of 13 and 18, in Liberia, Guinea and Sierra Leone is very extensive. The most vulnerable groups are girls from single parent/adult households, separated and unaccompanied children, children from child-headed households, orphans, and girls who are street traders and/or whose mothers are street traders.

- Payment for sex is typically in kind rather than in cash, e.g., food, soap, clothes, shoes, books. The girls have very little control over the use of condoms. The locations include distribution and registration sites, schools, medical clinics, markets, cars, churches, and roads.

- The exploiters are mainly men with power and money, including aid workers as well as UN employees. “Agency workers . . . are among the prime sexual exploiters of refugee children often using the very humanitarian assistance and services intended to benefit refugees as a tool of exploitation. Male national staff were reported to trade humanitarian commodities and services, including medication, oil, bulgur wheat, plastic sheeting, education courses, skills-training, school supplies, etc., in exchange for sex with girls under 18. . . . There was compelling evidence of a chronic and entrenched pattern of this type of abuse in refugee camps in Guinea and Liberia in particular.”

- Organized prostitution was found in some camps with pimps targeting adolescent girls. Allegations of trafficking for sexual exploitation were also made, e.g., Liberian refugee girls being trafficked to Western Europe.
• Incidents of sexual violence remain largely unreported. These acts were believed to occur when refugees were looking for firewood and food, when bathing or doing laundry in rivers, in bushes, in abandoned booths, dance halls, video clubs, and emergency transit booths (pp. 8-14, and Executive Summary, p. 1-2).

The consultants concluded that the underlying cause of sexual exploitation was poverty. The lack of food and the lack of alternative sources of income were cited as the primary reasons for entering into exploitative relationships. Contributing factors cited by the consultants related to the layout of relief operations. These included the cramped conditions and exposure to sex, the lack of control over employees, the lack of punishment for abuse of power and violations of the law, the lack of international staff in the camps due to security considerations, the inaccessibility of staff, the lack of regulations governing camp life, the lack of adequate laws for the protection of refugee women and children, the ineffective prosecution of reported cases, and cumbersome and corrupt legal processes (Consultants’ Report of Assessment Mission, January 2002, pp. 11-14).

In response to the Consultants’ Report, the Office of the Internal Oversight Services (OIOS) was commissioned to review the allegations and investigate the claims to determine whether the allegations could be legally substantiated and if the problem was widespread, as alleged by the consultants. (See Report of the OIOS on the investigation into sexual exploitation of refugees by aid workers in West Africa, Summary.) A number of the aid agencies and non-governmental organizations (NGO) whose employees were named in the Consultants’ Report initiated their own independent investigations. ARC International (ARC) sent its Human Resources Director and a human rights lawyer to investigate cases against ARC employees and recommend policies, procedures and programs to better protect refugee women and children from sexual violence and exploitation.

The OIOS team consisted of professional investigators, lawyers, refugee
protection and human rights specialists, translators and a pediatric trauma specialist. The OIOS team focused on cases wherein aid workers used their position of power “to request sexual favors or benefits by trading food or services that refugees are entitled to receive free of charge via the distribution system of international aid.” The OIOS investigators quickly discovered that the allegations reported by the consultants were made by third party sources, and that there had been no effort by the consultants to identify or interview the possible survivors, and that most of the allegations came from groups rather than individual interviews. Consequently, the OIOS could not verify any of the claims reported by the consultants because of the lack of information on sources and survivors. However, extensive interviews of potential witnesses and survivors enabled the OIOS team to identify 43 new potential cases of exploitation, ranging from consensual relationships as a result of the exploiter’s position of power to allegations of sodomy and rape of refugees. Further, medical staff in the camps reported to the OIOS that “crimes such as rape of children are committed in the camps with impunity. They reported that three to five incidents of rape occur in the camps on some days. UNHCR field staff also reported a high incidence of rape cases” (OIOS Report, Paragraph 37).

The OIOS team completed its investigation in July 2002, concluding that although the consultants had carelessly accused specific individuals of wrongdoing, refugee women and children in West Africa were and are the survivors of sexual exploitation. Of the 43 cases investigated by the OIOS team, 10 were substantiated with evidence. The perpetrators included a United Nations volunteer, a peacekeeper, and eight NGO employees (OIOS Report Summary, pp. 1-2).

With respect to root causes, the OIOS team reiterated those identified in the initial Consultants’ Report and observed that “many female refugees engage in exploitative relationships because of the abject poverty pervading the refugee camps in which they live” (OIOS Report, Paragraph 12). The OIOS team also
recited, as contributing factors, the lack of punishment of offenders, the ineffectiveness and abusive behavior of camp security, and the lack of a reporting procedure or legal recourse for survivors (OIOS Report, Paragraphs 36 and 47). However, with respect to commercial sex workers, there is incentive to refrain from reporting exploitation, unless and until they are betrayed by the exploiter, because most refugees who are commercial sex workers have no other means of receiving income or the goods or services being provided in exchange for sex.

The findings and conclusions made by the OIOS team were similar to those made by the various independent investigations conducted in response to the Consultants’ Report. In sum, the investigations revealed that sexual violence and exploitation of refugee women and children is real, and that there is an urgent need to address this issue. With respect to the allegations of widespread exploitation, the investigations indicated that *quid pro quo* sexual exploitation is not as common as alleged, though it does happen. The majority of the cases of exploitation seemed to involve NGO and UNHCR aid workers and Guinean Government employees who used their position of power and authority and their money to lure refugee minors into sexual relations with the express or implied promise of caring for them by providing them with food, clothing, shoes, etc. However, once the girls become pregnant, they are abandoned, which typically leads them to the life of a commercial sex worker.

All of the investigative bodies identified the lack of effective law enforcement, the lack of punishment of offenders, and the lack of access to the legal system as significant factors in the continued exploitation and abuse of refugee women and children. Men (and women) are free to engage in abusive conduct without fear of reprisals. The same conclusion was reached by the Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises. In March 2002, the U.N. asked the IASC Task Force to make recommendations that aim to eliminate sexual
exploitation and abuse by aid workers. The Task Force’s work ran parallel to that of the OIOS and included consultations with NGOs, donors, Member States, humanitarian agencies in Guinea, Liberia, and Sierra Leone, and extensive research of relevant literature, case studies, surveys and guidelines available through various U.N. bodies and humanitarian organizations.

The Task Force’s work revealed that “avenues of recourse for beneficiaries are practically non-existent.” The Task Force observed that “accountability to beneficiaries is a necessary step toward creating an environment that discourages sexual exploitation and abuse” and that a “key element in promoting accountability is to ensure that, wherever feasible, survivors have access to legal and judicial systems” (see paragraphs 9(e), 10(c), (d) of Annex I to the OIOS Report). The Task Force also noted the need to pay more attention to the responsibility of host Governments and to actively engage the host Governments and appropriate ministries in order to improve protection in camp management and strengthen mechanisms for legal redress. One of the core recommendations of the Task Force was for the international community to develop mechanisms that allow survivors of sexual exploitation and abuse to report incidents and be provided with access to legal and judicial systems.

II. Pilot Project

In response to the findings and recommendations outlined above, ARC has initiated a legal aid clinic for refugee women and children to address the need for accountability and punishment of those who commit acts of sexual violence and exploitation against refugee women and children. The Clinic will provide three primary services: (1) education on the legal rights of women and children; (2) confidential advice to women and children regarding their legal rights and options under the law; and (3) legal representation of women and children whose rights have been violated. In addition, after several months of handling cases of sexual violence and exploitation, the Clinic intends to sponsor
legislative proposals designed to improve and reinforce the protections afforded to women and children under Guinean law.

The Clinic will be administered, monitored and evaluated on an ongoing basis by ARC, the International Rescue Committee (IRC), and the UNHCR. However, the Clinic will function independently in the provision of legal advice and representation of clients before the Guinean courts. The Clinic will open in March 2003 and will be based in an office in the town of N’Zerekore, Guinea. The Clinic will be centrally located and accessible to approximately 40,000 refugees who reside in N’Zerekore, and another 20,000 refugees who live in camps near the town.

The Clinic’s staff will include three lawyers, two legal assistants, and one office manager, who will also serve as a secretary, translator, and legal assistant when needed. The three lawyers will be Guinean and licensed to practice law in Guinea. The three staff members will be refugees and will be trained on the substance of the laws that will be handled by the Clinic, including civil and criminal procedure, and the rules of evidence. The legal assistants will have a high school diploma and higher education of some kind, e.g., specialized training courses, extensive and ongoing workshop participation, or vocational training. The refugee staff members will be bilingual (French and English), and they will have experience dealing with gender-based violence issues. The office manager will have these qualifications, as well as computer skills and experience as an office manager. The refugee staff members must speak English and French fluently so that they can communicate with and serve as liaisons between the refugees, most of whom do not speak French, and the lawyers and Guinean officials, most of whom do not speak English.¹

¹ The Clinic staff has been hired. There are two female lawyers and one male lawyer, all of whom are Guinean. There is one female and one male legal assistant, both of whom are Liberian. The office manager is a Liberian male. The male lawyer will be the Managing Lawyer. He has 9 years of experience practicing criminal law in Conakry, Guinea, and he has been teaching criminal law and procedure every Saturday for the last seven years at a law school in Conakry. He also has experience managing legal assistants in a small office in Conakry. The two
A. **Clinic’s Services**

1. **Education**

Initially, Clinic lawyers, consultants, project coordinators and ARC’s country trainer will conduct the educational campaigns. After training has been completed, the Clinic’s legal assistants, ARC and IRC gender-based violence (GBV) program employees will continue with the educational sessions on a weekly or bimonthly basis. The educational programs will target refugees, community leaders, governmental and non-governmental aid workers, UNHCR employees, physical and mental healthcare providers, bar owners, hotel owners, video club owners, law enforcement personnel and Guinean officials charged with the responsibility to protect refugees, including employees of the Bureau Coordinating Refugees (BCR), the gendarmerie, the police, quarter chiefs, and military personnel involved in refugee protection and law enforcement.

The education will be provided through seminars and workshops consisting of role-plays, case studies, and dramas, as well as radio broadcasts, newspaper articles, legal publications, and informational flyers. The type of educational session employed will depend on the target group, but all sessions will include information about the Clinic’s services, the substance of the laws the Clinic will be handling, and the penalties associated therewith (see Appendix A for educational and training materials designed for the various target groups).

Educating these groups will empower refugees, and, hopefully, deter would-be offenders. It will also reinforce the referral system developed among the NGOs. For example, under the referral system, the Legal Aid Clinic should receive potential clients on referral from the UNHCR, the health posts operated

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female lawyers are recent graduates. All of the lawyers are associated with the largest law firm in Guinea (located in the capital city, Conakry) and have been relocated to N’Zerekore to work in the legal aid clinic. The three refugee staff members reside in N’Zerekore. Both of the legal assistants have professional experience in the areas of concern. The female served as an IRC focal point for female students experiencing sexual harassment by male teachers. The male legal assistant worked for IRC as a community worker and has recently completed a sexual exploitation research project for UNICEF.
by NGO partners and NGOs that provide social and psychological services for survivors of violence. Similarly, the Legal Aid Clinic should refer clients to the UNHCR and NGO partners who can assist them with medical and psychological treatment, protection issues and safety concerns. The educational sessions will also serve as training for law enforcement officers and those involved in apprehending and prosecuting criminal offenders. Medical and psychological/social service providers will also receive training as it relates to the importance of physical evidence and detailed and accurate record keeping.

2. **Legal Advice and Representation**

*Clinic’s Mandate.* The Clinic’s legal services will be limited to the following types of cases:

- Physical and sexual violence
- Domestic abuse
- Sexual exploitation
- Child prostitution and the pimping of children
- Forced prostitution
- Threats
- Paternity suits
- Child custody/kidnapping

These categories were established based on the needs identified by the various investigative teams, consultations with refugees, community leaders, the UNHCR, NGO partners, and suggestions made by refugee leaders during a conference held in December 2002.

*Laws to be Applied.* The Clinic staff will rely upon Guinean law in providing advice and prosecuting cases. Most cases will be dealt with under the Guinean penal code; however, cases of paternity and child custody will fall under the civil code. Arguments presented to the N’Zerekore court may also include references to international documents and covenants that have been adopted by Guinea. Under Guinean law, all international documents that have been ratified
by the Guinean Government become law without implementing legislation. Members of the N’Zerekore court participated in the December 2002 conference previously mentioned and agreed at that time that international documents ratified by Guinea should be accepted as law and applied as such in Guinean courts.

The difficulty the Clinic and the courts will face in applying international law arises from the lack of penalties for violations, and the inconsistencies between the Guinean penal code and relevant sections of the international covenants; this also presents a due process concern given the lack of notice. For these reasons, in the beginning, the use of international documents will be limited to filling in gaps found in the Guinean codes and to interpreting the meaning of ambiguous terms in the Guinean codes. They will be used primarily as persuasive authority. As time progresses, the Clinic intends to submit legislative proposals to deal with the inconsistencies, the lack of penalties and publication issues (see Appendix B for excerpts from relevant provisions of the Guinean penal code [civil code sections are unavailable at this time, but will be supplemented], and Appendix C for excerpts from relevant provisions of the international documents and covenants adopted by Guinea).

**Procedures for Providing Legal Advice.** Refugees may seek legal advice by walking into the N’Zerekore office and requesting assistance. They will also be permitted to send a messenger or an agent of some kind to ask for a consultation in another location, such as a safe house or women’s center. In addition, once a week, a lawyer and legal assistant team will travel to Kola and Laine refugee camps to provide legal services to refugee women and children who are unable to access services through the N’Zerekore office. The traveling teams will use the IRC offices and/or women’s centers in the camps to conduct client interviews.

Each refugee who seeks advice or assistance from the Clinic will be handled according to pre-determined Clinic procedures (see Appendix D for a
step by step list of the Clinic’s procedures). A lawyer and a legal assistant team will interview each potential client. The legal assistant will use a Client Intake Form to collect relevant facts and a detailed description of the incident from the potential client. Upon completion of the Intake Form, the legal assistant will then translate the information to the lawyer, who will then provide legal advice to the client (see Appendix E for the Clinic’s Client Intake Form). The team will also provide referral advice to the client. If the case is outside the scope of the Clinic’s mandate, the client will be informed of this fact and will be advised of how to take action independently.

During the initial interview, all clients will be advised of the confidential nature of communications and the attorney-client privilege. They will also be informed that no action will be taken without their express consent and only upon their written request. The Client Intake Form includes a consent form, which authorizes the Clinic to take action on behalf of the client. The Intake Form also includes an authorization for the Clinic to release information to UNHCR and NGO partners who can assist the client in seeking medical and psychological treatment and assistance with safety concerns.

If the client requests that charges be filed, the team will draft the necessary papers and accompany the client through the steps of pressing charges and/or filing a case in the Guinean legal system. The team will accompany the client throughout the law enforcement process, and will take all steps necessary and appropriate to ensure that law enforcement officials apprehend the accused, conduct an investigation and transfer the case to the prosecutor’s office within the time limits provided by Guinean law. The Clinic will intervene when necessary by taking the case directly to the prosecutor. Once the case has been transferred to the prosecutor, the team will work with the prosecutor to collect and present evidence and arguments to the court. The team will keep track of cases by completing a Client Follow-up Form on each case (see Appendix F for the Clinic’s Client Follow-up Form). The legal assistant
will provide status reports to the client on a weekly basis and more often during the initial steps of apprehending the suspect.

*The Advisory Panel.* The Clinic’s representation of clients in the Guinean legal system must be approved by a panel of representatives from ARC, IRC, and the UNHCR. The panel will meet with the Clinic’s Managing Lawyer on a weekly basis. During this meeting, the Managing Lawyer will provide data on potential clients, including a summary of their allegations. Panel members may collectively or unilaterally decide that a potential client’s case should not be pursued by the Clinic. This decision must be justified in writing, and must be based on one or more of the following reasons: the case does not fall within the scope of the Clinic’s mandate, the Clinic does not have adequate resources or staff to handle the case, and/or there are safety, security or other compelling reasons that override the need to prosecute the case. The panel will not engage in an assessment of the merits of a particular case and the Managing Lawyer will provide only information that is relevant to the factors listed. All information provided during these meetings will remain confidential and privileged.

The panel will also monitor the Clinic’s services and will make referrals internally and/or through other NGO partners. In addition, panel members will advise and assist the Clinic’s staff in dealing with administrative and other non-legal matters that will undoubtedly arise in the Clinic’s cases. These may include the approval of medical care for refugees who live in town and those who do not have refugee cards, registration of refugee women and children, issues involving unaccompanied minors, safety issues that may arise due to repatriation, rebel infiltrations, ethnic conflicts, an influx of refugees, geopolitical issues, etc. The weekly panel meeting will also serve as an opportunity for the Managing Lawyer to inform the UNHCR of all cases involving refugee defendants. This will enable

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2 UNHCR is the main entity responsible for the protection of refugees. IRC is the referral agent for all gender-based violence cases in the refugee camps in Guinea, and ARC has the responsibility for administering the Clinic’s services. The United Nations Children’s Fund (UNICEF)
the UNHCR to take steps to ensure that the defendant receives a fair trial and is treated humanely while incarcerated.\(^3\)

Providing legal advice and representation to the survivors of violence and exploitation will serve several important functions necessary to maintain a civil society and protect women and children, including: (1) punishment and deterrence of those who engage in criminal activities; (2) protection and retribution for the survivors; (3) deterrence of others who might engage in similar acts and protection of those who would be their survivors; and (4) the existence of a visible, reliable, and effective avenue of recourse for women and children.

The Clinic’s advocacy will also promote democracy and the rule of law within the Guinean legal system; the Clinic’s pursuit of cases throughout the law enforcement and judicial process will cause the Guinean legal system to function as designed, and will serve as training for Guinean law enforcement officers and prosecutors.\(^4\)

3. Legislation

will have a non-voting seat on the panel as an observer and advisor since it is the United Nations agency tasked with the issue of exploitation and whose mandate is the welfare of minors.\(^3\) Under Guinean law, those who are charged with a violent crime are entitled to free legal assistance. However, it is anticipated that the accused will not receive counsel through the Guinean system, primarily due to lack of resources.\(^4\) Of interest, the UNHCR and the Canadian Government are currently developing a training course for law enforcement personnel responsible for the security and protection of refugees in Guinea. The project is a pilot and is in the development phase. It will likely begin toward the end of 2003 and will be conducted over a 3-4 month period in a refugee camp approximately 6 hours from N’Zerekore. The training will be conducted by Canadian police officers who will bring in subject matter experts as needed. The legal aid clinic has offered a lawyer from the Clinic to teach the criminal law and procedure section of the course and address gender-based violence issues (and provide the details of the legal aid clinic.) The Clinic’s involvement in the UNHCR/Canada project will help to establish the Clinic’s credibility and expertise, and will foster relations with local law enforcement. If the project works, it will be repeated throughout Guinea and, eventually, will enable the Clinic to spend more time on the prosecutorial phase of criminal justice and less time worrying about law enforcement.
Women and children are not adequately protected under Guinean law. Moreover, the domestic laws of Guinea are inconsistent with many of the international conventions that Guinea has signed and ratified. The Clinic will seek to resolve these legislative deficiencies by sponsoring revisions to domestic laws that relate to the protection of women and children. These revisions will provide for more protection of women and children and will incorporate international conventions ratified by Guinea, and will provide for penalties where penalties are lacking. This will be an ongoing process for the Clinic staff, as they will learn through experience which laws need to be revised to better address the abuses presented to the Clinic staff.

The Clinic will assist the UNHCR in submitting information for country reports to the Guinean Ministry of Foreign Affairs, and to the U.N. bodies responsible for ensuring that countries fulfill their obligations to protect the rights of women and children. The Clinic will also submit data to U.N. bodies and NGOs involved in anti-corruption efforts (The Clinic’s Client Follow-up Form is comprehensive and will include information that may be useful to multiple U.N. bodies and NGOs). The Clinic may also lobby for the ratification of additional international covenants that relate to the protection of women and children. These efforts will be aided by the fact that the Clinic’s lawyers are associated with the largest law firm in Guinea (though small in comparison to Western firms), and the Senior Partner of that firm is a former Guinean Ministry official. In addition, the Clinic’s Managing Lawyer has a good reputation and is well known in Guinea for his involvement in a high profile case that received international attention and involved human rights abuses.

III. Logistics
Maintenance of Files. The office manager will create a file for every potential client who seeks advice from the Clinic. The files for cases that are not approved for further representation will only contain the Client Intake Form and will be kept separate from the clients whose cases are accepted for further representation. The office manager will also create a computerized database that will include biographical information and data relating to the allegations presented by each potential client, and will indicate whether the case has been accepted for further representation.

The files for cases that are accepted for representation will contain multiple documents, which will be separated by category and kept in chronological order in file folders labeled by the office manager, such as medical records, psychological records, client and witness statements, correspondence, pleadings, etc. The office manager and the legal assistant will ensure that client files are kept in a locked filing cabinet in alphabetical order, and that all of the folders within each client file are orderly and in the appropriate client file. The legal assistant will also ensure that the documents in each file are kept in chronological order and in the appropriate folder.

Closed files will be maintained in a separate filing cabinet, will remain confidential and will be kept for five years, at which time they will be destroyed.

Office Maintenance & Supplies. ARC will provide office supplies, such as notepads, folders, labels, expandable files, pens, highlighters, staplers, calculators, metal clips, and equipment, such as computers, printers, telephones, a copier, and a vehicle, driver and fuel twice a week to be used for trips to the refugee camps. The office manager will be responsible for restocking supplies and for ensuring that the computers and other equipment are in working order. The office manager will work closely with ARC’s office manager and logistics coordinator to ensure that equipment is kept in working order and repairs are made in a timely fashion. ARC will also reimburse taxi services.
IV. Monitoring and Evaluation

1. Weekly Panel Meetings

The weekly panel meeting will serve as an effective monitoring tool. During these meetings, the Managing Lawyer will seek the panel’s approval of new cases, and will provide a status report on existing cases, including the steps taken on behalf of clients and the results of the Clinic’s efforts. The panel will be able to keep track of all cases being handled by the Clinic, and will know where they are in the process. Therefore, if the process fails, the panel should be able to determine the cause of the failure and work with the Clinic staff on implementing measures to improve the process, which may include recommendations to the local authorities, the Government, the UNHCR and/or NGO partners.

2. ARC Project Coordinator

i. Ongoing monitoring

The ARC project coordinator serves as a panel member and therefore will be receiving weekly status reports from the Managing Lawyer. In addition, the legal assistants will be required to provide the project coordinator with weekly reports of work accomplished. These reports will include a brief description of any educational sessions presented during the week, including the target group and number of participants. The reports will also include statistics on new cases, such as sex, age, type of crime, nationality, etc. The weekly reports will enable the project coordinator to keep track of the types of cases being presented to the Clinic and to evaluate any patterns that may arise. These patterns may require a reassessment of the educational campaigns and target groups in order to address the most prevalent issues, as well as those that may remain unreported due to stigma or fear.

These reports will also enable the project coordinator to determine the work that is being accomplished by the staff on a weekly basis in order to ensure that the Clinic’s services are being provided as intended. The project coordinator
will also attend one educational session per month in order to evaluate the presentation style and communication skills of the legal assistants.

ii. Meetings with community leaders

The project coordinator will meet with refugee camp committees, refugee leaders and women’s groups on a routine basis in order to assess the community’s level of satisfaction with the Clinic’s services. The coordinator will seek ideas on ways to improve the Clinic’s legal services and educational campaigns, and will address concerns voiced by the community. The coordinator will also inquire about the Clinic’s reputation, and will ascertain whether there has been any deterrent effect and/or empowerment of refugee women as a result of the Clinic’s services (at some point, the coordinator may choose to conduct more formal surveys). The coordinator will encourage refugee leaders and women’s groups to conduct informal surveys of their respective communities to assist in the monitoring and evaluation of services.

iii. Client meetings and/or exit interviews

Once a client’s case is closed, with permission from the client, the project coordinator will conduct an exit interview to ascertain whether the client was satisfied with the services provided. The coordinator will ask the client about any problems encountered during the legal process or receipt of services from the Clinic, and will ask for ideas on ways to improve the process and the Clinic’s services. The project coordinator will address any problems identified with the Clinic’s staff and/or ARC’s Country Director. ARC has the authority to terminate and replace lawyers, as well as legal assistants, whose performance or conduct is unsatisfactory, unprofessional, involves corrupt activities, or causes a breach of confidentiality (the staff is also required to report to ARC suspicions of corrupt activities within law enforcement and the legal system, including, but not limited to, bribes that might be offered to police chiefs, prosecutors and judges).

3. **Consultants**
Two lawyers, one from the U.S. and one from Guinea, will work for ARC as consultants and will spend one month in N’Zerekore assisting with the setup of the Clinic. The consultants will return to N’Zerekore to review the data collected on the Client Follow-up Forms, and monitor and evaluate the Clinic’s progress and the effectiveness of the services being provided, and will make recommendations regarding the Clinic’s setup, services, training materials, target groups, and procedures.

In addition, the Guinean consultant and the Senior Partner of the Guinean law firm that supplied the lawyers for the Clinic will conduct performance evaluations of the Clinic’s staff, and will evaluate the level of assistance being provided by local law enforcement and the judiciary; this evaluation will require an analysis of completed Follow-up Forms and meetings with local law enforcement officers and the judiciary. These efforts will be aided by the fact that the Clinic’s Managing Lawyer, the Guinean consultant and the Senior Partner of the Conakry law firm are well known in the legal community and have long-standing relationships with the prosecutors and judges in N’Zerekore.

The Guinean consultants will submit a written report regarding these matters. The report will include the number and nature of cases filed to date, resulting prosecutions and outcomes, and an evaluation of the assistance provided by law enforcement and the judiciary on all cases to date, including a detailed explanation of problems encountered by the Clinic’s staff, how the staff handled the problems, and recommendations on how to handle such matters in the future. The Guinean consultants will also make recommendations on ways to improve the Clinic’s services, the effectiveness of the staff, and relations with Guinean officials. The U.S. consultant will assist the Guinean consultants in the preparation of this report, and will assist ARC in responding to the information provided.