

**A Manual**  
**on**  
**HIV/AIDS Legal CLINIC**

**Prepared by:**

**Mizanie Abate**

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## **Preface**

Dear student, welcome to the HIV/AIDS Legal Clinic. This manual is prepared to acquaint students with the objectives and operations of the Clinic. Thus, students shall read it prior to the first class. More specifically, the manual is comprised of: the description of the Clinical Program; the clinical program general and specific objectives; Teaching methodology; Components of the program; Mode of assessment; Case and files handling obligations of students; Office procedures; the content and purpose of Engagement agreements; Attendance and Performance Follow-up; Code of conduct; Level of the court in which students will handle cases; criteria for the legal representation of clients; the ratio of class activity to practice; the Level of Students who will take the Clinical Programme; Supervisors' Experience; and Class Size

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## 1. Clinical Program Identification

- Title of the Program: HIV/AIDS Legal Clinic
- Program Code: \_\_\_\_\_
- Credit Hours: 3
- Pre-requisite Courses: Constitutional Law, Criminal Law, Criminal Procedure, Civil Procedure, Legal Ethics, Legal Writing, Legal Research Methods, Law of Extra-Contractual Liability, Human Rights Law, and Africa Human Rights System

## 2. Clinical Program Description

Modern legal education in Ethiopia began with the opening of the Faculty of Law at what then called the University College of Addis Ababa in 1963. This Faculty remained the only center of legal education in the country until the establishment of the Faculty of Law at the Ethiopian Civil Service College and the decision of the Government, in 1990s, to open various universities in the regions and allowed private institutions to play a role in the higher education of the country. Currently, higher-level legal education is given in more than ten public higher institutions and at least five private higher education institutions.

Although the numbers of universities offering legal education have been increasing in our country, there were problems in these universities that need immediate solutions. This has necessitated reform in the legal education. One of the problems that call for the legal reform is that the curriculums do not adequately respond to the multifarious needs of stakeholders such as government, students and the business community. Lack of responsiveness is manifested through several aspects of law curricula.

One of such problems is that the courses incorporated in the curricula lack stress on global and national concerns. As it is clear for everybody, HIV/AIDS is one of the challenges that has faced sub-Saharan African in general and Ethiopia in particular.

As the 2007 epidemic update shows, Sub-Saharan Africa remains the most affected region in the global AIDS epidemic. More than two thirds (68%) of all people HIV-positive live in this region where more than three quarters (76%) of all AIDS deaths in 2007 occurred. It is estimated that 1.7 million [1.4 million-2.4 million] people were newly infected with HIV in 2007, bringing to 22.5 million [20.9 million-24.3 million] the total number of people living with the virus. Unlike other regions, the majority of people living with HIV in sub-Saharan Africa (61%) are women.<sup>1</sup> In Ethiopia, the 2005 Demographic and Health Survey estimated national adult HIV prevalence to be 1.4%, with infection levels highest in the Gambela (6%) and Addis Ababa (4.7%) regions.<sup>2</sup>

Despite the enormous challenges that HIV/AIDS has created in our country, the old legal curricula did not incorporate any course that addresses HIV/AIDS. Cognizant of this fact, the recently implemented legal curriculum devoted a separate course on HIV/AIDS which, *inter alia*, aims at rendering legal services to People Living with HIV/AIDS (PLWHA). Rendering legal services to PLWHA contributes to curb the transmission of HIV/AIDS as these services will enable PLWHA to effectively exercise their rights and refrain from underground transmitting the virus.

This course is designed as a clinical program, called 'HIV/AIDS Clinic'. The fact that the course is modelled as a clinical program is also helpful to get ride of another problem of the old curricula by incorporating a skill -oriented course in the new legal curriculum. As clearly mentioned in the legal reform document, one of the drawbacks of the old legal curricula was lack of sufficient number of skill-oriented courses. Even in cases where there are some, law schools do not attach credits to them.

The HIV/AIDS clinic combines regular classroom instruction with specially tailored exercises and simulations designed to instil the basics of good legal practice. In class,

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<sup>1</sup> UNAIDS/WHO AIDS Epidemic Update 2007 [http://data.unaidsorg/pub/EPISlides/2007/2007\\_epiupdate\\_en.pdf](http://data.unaidsorg/pub/EPISlides/2007/2007_epiupdate_en.pdf) (accessed on 16 June 2008).

<sup>2</sup> As above.

students will explore many important lawyering issues through the lens of their cases and familiarise with the legal issues surrounding HIV/AIDS.

In the practical aspect of the course, the HIV/AIDS Clinic offers students an opportunity to represent PLWHA in a variety of substantive areas, such as civil litigation, criminal law and labour disputes. In the course of representing clients, students will develop knowledge and skills relating to substantive and procedural civil and criminal law, and factual research and investigation.

In addition to client representation, research and writing, the clinics fosters the development of other fundamental lawyering skills, such as interviewing, and counselling clients, fact investigation and development, legal drafting and oral advocacy. To further bridge theory and practice, the HIV/AIDS clinic provides students with hands-on experience working on active human rights cases and projects pertinent to HIV/AIDS. Students also teach on legal workshops about rights of a PLWHA.

### **3. Clinical Program Objectives**

#### **3.1 General Objectives**

Consistent with the essence of the legal education reform document, the general objectives of this Clinic include:

- Enriching the students with practical legal skills;
- Enabling students to assume responsibility;
- Creating a sense of voluntarism or willingness;
- Serving the community ;
- Supporting the constitutional right of “Access to Justice”; and
- Enabling students to develop the self-confidence needed to practice effectively in a competitive, fast-paced field.

### 3.2 Specific Objectives

After the completion of this program, the student will be able to:

- Identify the legal regime relevant to HIV/AIDS;
- Explain the role of the law in combating HIV/AIDS;
- Improve his/her ability to represent clients by mastering, in the content of HIV/AIDS, skills that are important to effective problem-solving and wise lawyering;
- Develop the necessary skills to teach on legal workshops about rights of a PLWHA;
- Draft documents at the request of eligible PLWHA, focusing on writing that is precise, economical, and comprehensive to their clients;
- Develop the abilities to critique own work, learn from experience and understand how personal feelings, background, personal values affect one's performance in a professional role;
- plan, execute and reflect on lawyering skills such as interviewing, counselling and drafting;
- build up the expertise to work collaboratively on legal problems;
- See the ways in which he/she can use his/her legal skills to promote justice and further the public interest;
- Develop good professional working habits;
- Learn to accept constructive criticism;
- Improve time management skills to gain control over work and to enhance ability to work under time pressure; and
- Rely less on supervisors to work effectively.

## **4. Teaching Methodology**

### **4.1 The responsibilities of the student and the supervisor**

Prior to listing down the various teaching methodologies that will be employed in this Clinic, it is significant to delineate the respective responsibilities of the student and the supervisor.

#### **4.1.1 Student Responsibility for cases**

Students will be responsible for performing the interviewing, counseling, drafting and other tasks necessary to assist their clients and will in general make all the lawyers' decisions on their cases. They will also be responsible for scheduling their work so as to meet any client deadlines and to complete their matters no later than the end of the clinical programme. Unless the supervisor is involved in screening a client to see if clinic representation is appropriate, the supervisor will most likely not meet their clients unless they introduce them to him. The supervisor will help students prepare for and analyze their work, but the primary responsibility for the cases will be for the students.

#### **4.1.2 Role of the Supervisor**

The role of the supervisor is a balancing act. On the one hand, students are practicing law under this Clinic and the supervisor is ultimately responsible for making sure that the clients are well-served. On the other hand, it is believed that students will learn most effectively if they function as the lawyer for their clients rather than serving as 'associate' with the supervisor as senior partner. In order for this model to work, students work needs to be transparent. This means, for example, that when students prepare a plan for a client meeting, they need to write the plan in

a way that lets the supervisor see what they intended to do, even if their preferred style would be more of a shorthand.

## **4.2 Specific methodologies**

### **4.2.1 Class lecture**

At the beginning of the clinical program, the supervisor is expected to refresh the memories of the students on the relevant courses they have previously taken in relation to the HIV/AIDS Clinic. In addition to that, the supervisor is also expected to give preliminary introduction on certain theoretical and practical aspects of the Clinic. Unlike the traditional lecture method, classes need to be highly participatory.

### **4.2.2 Simulations and Role Playing**

In order to help students think about the lawyering skills that they will need to represent their clients, the supervisor will present models for performing those skills. The models are not intended to be the only correct way to promote the skills. One of jobs of the students will be to understand the goals of the models and to use them in developing a comfortable and effective personal style. Then, both in class and out side of class, students will be asked to simulate the performance of those skills. The simulations are designed to let students practice skills in a controlled environment before using those skills in representing actual clients. Although most of the simulations will require students to take the role of the lawyer, students may sometimes be asked to take the role of a client so that they can see how various ways of performing lawyering tasks affect them and imagine how they might affect an actual client.

### **4.2.3 Critical Reflection (learning from your own experiences)**

Since students will not always have supervisors to help them improve, it is important to train themselves to evaluate and learn from their own experience. To help them do this, the Clinic administrators will be videotaping both simulations and (with the client's permission) actual client meetings so that students can go back over their work and learn from it. Through out the clinic experience, students must try to take responsibility for analyzing how they might more effectively deal with the issues that arise, whether they involve relationships (e.g., with their partner, clients, supervisor, government officials or clinic staff), skills, ethical issues or some other aspect of their clinic work.

### **4.2.4 Collaborative work**

Students in the Clinic generally work in pairs. The pairs will be arranged early in the semester in which the clinical program will be offered.

### **4.2.5 Extensive and immediate feedbacks at each stage**

The clinic, *inter alia*, involves drafting of documents and case analysis. Experience dictates us that, good drafters are made, not born. Students can therefore expect a lot of feedbacks on their written work, and they will find themselves revising some documents many times. One reason for multiple revisions is that the better a draft gets the more possibilities for improvement students are likely to see. Students must keep looking for ways to make the document clearer, more consistent, more user friendly, and students shouldn't be surprised if they get feedback on language in draft 3 that went unremarked upon in draft 1. In draft 1, there may have been major conceptual or structural problems that made the language in question seen unworthy of comment; in the new, improved draft, the language may leap out at careful editor.

#### **4.2.6 Observation**

Students will spend several weeks observing court proceedings and the operation of other governmental and non-governmental organizations that work on HIV/AIDS. Then a moot court will be conducted that involves students as participants. As the semester progresses, the roles of students will shift from observer to participant.

#### **4.2.7 Seminars and Workshops**

Students shall prepare seminars and workshops and make presentations on topical issues relevant to HIV/AIDS.

### **5 Components of the Clinical program**

This clinical program has three components. These are: class work, team meetings and casework.

#### **5.1 Class work**

Class will be held on \_\_\_\_\_ and \_\_\_\_\_ from \_\_\_\_to\_\_\_\_ and Class work will be heavy at the beginning of the programme in order to prepare students to see clients and represent them effectively as early in the semester as possible. Later, when the client work is heavier, students will have fewer classes and class preparation.

The class work aims at refreshing the memories of the students on the relevant courses they have previously taken in relation to the HIV/AIDS Clinical program. It also aims at giving preliminary introduction on certain practical aspects of the program and revising the theoretical and legal issues applicable to HIV/AIDS.

The pertinent areas that need to be revised are outlined as follows.

## **Chapter one: Preliminary remarks**

### 1.1 Clinical legal education: A brief overview

#### 1.1.1 What is clinical legal education?

#### 1.1.2 History of clinical legal education

#### 1.1.3 What students do and what do they learn in legal clinics

#### 1.1.4 Core concepts in clinical legal education

##### 1.1.4.1 Client-centered lawyering/counseling

##### 1.1.4.2 Reflective learning

##### 1.1.4.3 Non-directive teaching

##### 1.1.4.4 Others

### 1.2 Ethical obligations of students in the clinic

### 1.3 HIV/AIDS: Some basic information

#### 1.3.1 What is HIV/AIDS?

#### 1.3.2 Historical background of HIV/AIDS

#### 1.3.3 How is HIV transmitted?

#### 1.3.4 The Impact of HIV/AIDS

#### 1.3.5 Preventing HIV Infection

## **Chapter two: HIV/AIDS in Ethiopia**

### 2.1 The state of the HIV/AIDS epidemic in Ethiopia

### 2.2 Conditions that contribute to vulnerability to HIV infection in Ethiopia

### 2.3 The impact of AIDS on employees

- 2.4 The impact of AIDS on the economy
- 2.5 The impact of AIDS on women
- 2.6 The impact of AIDS on children
- 2.7 The impact of AIDS on disabled people

### **Chapter three: Ethiopian government response to the HIV/AIDS epidemic**

- 3.1 The obligation of governments in the time of HIV/AIDS
- 3.2 Human rights
- 3.3 Budgets
- 3.4 Prevention of mother to child transmission
- 3.5 Voluntary testing and counselling
- 3.6 Institutions established for this purpose
- 3.7 Policies, strategies and legislation

### **Chapter four: Legislative Audit on HIV/AIDS**

- 4.1 Criminal Laws and Transmission Offences
- 4.2 Anti-discrimination
- 4.3 Privacy/Confidentiality
- 4.4 Prisons/Correctional Laws
- 4.5 Employment

4.6 Equality of Status of Vulnerable Population

4.7 Regulation of Health Care Professionals and Ethical Research

4.8 Treatment, Therapeutic Goods, Testing and Other health Issues

## **Chapter five: Global and African regional human rights instruments protecting PLWHA**

5.1 Global human rights treaties

5.2 African regional human rights conventions

5.3 UNAIDS, WHO and ILO guidelines and fact sheets

5.4 AU declarations and resolutions

In order to carry out the class revision effectively, students should refer the following materials, cases and internet sources.

### **Books**

Dickson, D (2001) *HIV, AIDS and the law: Legal issues for social work practice and the law*. New York: Aldine de Gruyter.

Mann, J 'AIDS and human rights: The future of the pandemic' in Mann, J *et al* (eds) (1999) *Health and human rights* New York & London: Routledge.

Viljoen, F 'Disclosing in an age of AIDS: Confidentiality and community in conflict?' in Viljoen, F (ed) (2005) *Righting Stigma: Exploring a rights-based approach to addressing stigma* AIDS and Human Rights Research Unit: University of Pretoria.

WHO. (2003) *Leading the health sector response to HIV/AIDS* Geneva: World Health Organization.

### **Journal articles**

Bayer R, Fairchild AL (2006). Changing the paradigm for HIV testing – The end of exceptionalism. *New England Journal of Medicine* 355(7): 647-649.

Blaustone, B 'Teaching law students to self-critique and to develop critical clinical self-awareness in performance' (2006) 13 *Clinical Law Review* 143.

Cameron E (2005). Legal and human rights responses to the HIV/AIDS epidemic. Special lecture at the University of Stellenbosch, Faculty of Law, 12 October.

Dabis F et al. (2000). Prevention of mother-to-child transmission of HIV in developing countries: recommendations for practice. *Health Policy & Planning* 15(1): 34-42.

Furber AS, Hogson IJ, Desclaux A, Mukasa DS (2004). Barriers to better care for people with AIDS in developing countries. *British Medical Journal* 329: 1281-1283.

Guinan ME, Leviton L (1995). Prevention of HIV infection in women: overcoming barriers. *Journal of the American Medical Women's Association* 50: 74-77.

Gumedze, S 'HIV/AIDS and human rights: The role of the African Commission on Human and Peoples' Rights' (2004) 4 *African Human Rights Law Journal* 181.

Kirby, M 'The never-ending paradoxes of HIV/AIDS and human rights' (2004) 4 *African Human Rights Law Journal* 163.

Sloth-Nielsen, J 'Of newborns and nubile: Some critical challenges to children's rights in Africa in the era of HIV/AIDS' (2005) 13 *The International Journal of Children's Rights* 73.

Stuckey, R 'What we purport to teach in Clinical Law Courses?' (2006) 9 *International Journal of Clinical Legal Education* 9'

### **Cases**

*Dijaje Makuto v The State* (Criminal Appeal No. 31 of 1999) [2000] BWCA 21; [2001] 2 B.L.R. 130 (CA).

*Hoffmann v. South African Airways*, Case CCT 17/00 (2000); 2001 (1) SA 1 (CC); 2000 (11) BCLR 1235 (CC).

*JRB et al. v. Ministry of Defence*, Case No. 14000, Supreme Court of Justice of Venezuela (Political-Administrative Bench)(1998).

*Lefang Gare v The State* (Court of Appeal Criminal Appeal No. 48/2000) [2001] BWCA 5; [2001] 1 B.L.R. 143 (CA).

*MX v. ZY*, AIR 1997 Bom 406 (High Court of Judicature) (1997).

*N v Ministry of Defence* (2000) ILJ 1999 (Labour Court of Namibia, Case No.: LC 24/98).

*Prince v South Africa* (2004) AHRLR 105(2000) (ACHPR 2004).

*Qam Nqubi v The State* (Criminal Appeal No. 49/2000) [2001] BWCA 12; [2001] 1 B.L.R. 154 (CA).

*Shima Matlapeng v The State* (Criminal Appeal No. 45 of 2000) [2001] BWCA 8; [2001] 1 B.L.R. 161(CA).

### **Legislation**

African Charter on Human and Peoples' Rights, 1981.

African Charter on the Rights and Welfare of the Child, 1990.

Convention on the Elimination of All Forms of Discrimination against Women, 1979.

Convention on the Rights of the Child, 1989.

Criminal Procedure Code of Ethiopia, 1965.

Ethiopian Federal Civil Servants Proclamation, 2007.

Ethiopian Labour Proclamation, 2003.

International Convention on the Elimination of All Forms Racial Discrimination, 1965.

International Covenant on Civil and Political Rights, 1966.

International Covenant on Economic, Social and Cultural Rights, 1966.

Proclamation No. 276/2002, National HIV/AIDS Prevention and Control Council and the HIV/AIDS Prevention and Control Office Establishment Proclamation.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2003.

### **General comments, declarations and resolutions**

Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases OAS/SPS/ABUJA/3 (2001).

Brazzaville Commitment on scaling up towards universal access to HIV/AIDS prevention, treatment care and support in Africa by 2010, Brazzaville, Republic of Congo (2006).

Committee on Economic, Social and Cultural Rights *General Comment No. 14, The right to highest attainable standard of health* (2000).

Committee on the Elimination of Discrimination against Women *General Comment No. 24, Women and health* (1990).

Committee on the Rights of the Child *General Comment No. 4, Adolescent health and development in the context of the rights of the child* (2003).

Committee on the Rights of the Child *General Comment No. 3, HIV/AIDS and the rights of the child* (2003).

Framework Plan of Action for the Implementation of the Abuja Declaration on the Control of AIDS, Tuberculosis and Other Related Infectious Diseases in Africa: AHG/228 (XXXVII) Annex III (2001).

Human Rights Committee *General Comment No. 16, The right to privacy* (1988).

Human Rights Committee *General Comment No. 18, Non-discrimination* (1989).

Resolution on HIV/AIDS pandemic –Threat against human rights and humanity: ACHPR Res. 53 (XXIX) 01(2001).

Resolution on the Regular Reporting of the Implementation Status of OAU Declarations on HIV/AIDS in Africa: AHG/Res 247 (XXXII) (1996).

Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria: SP/Assembly/ATM/3(1) Rev 2, (2006).

Sub-Commission on the Prevention of Discrimination and Protection of Minorities Resolution, 1995/21.

Tunis Declaration on AIDS and the Child in Africa: *AHG/Decl. 1 (XXX)* (1994).

UN Commission on Human Rights, Resolution 1996/44.

Universal Declaration of Human Rights, 1948.

## **Policies and strategies**

Ethiopian Strategy Plan for Intensifying Multi-Sectoral HIV/AIDS Response 2004-2008 (2004).

Guidelines for HIV Counselling and Testing in Ethiopia (2007).

Guidelines for Prevention of Mother-to-Child Transmission of HIV in Ethiopia (2007).

Guidelines on routine HIV testing (Botswana) (2004).

Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia (1998).

Strategic Framework for the National Response to HIV/AIDS in Ethiopia 2000-2004 (2000).

## **Internet sources**

### **About HIV/AIDS**

Canadian HIV/AIDS Legal Network <http://www.aidslaw.ca/>

Joint United Nations Programme on HIV/AIDS (UNAIDS) <http://data.unaids.org/>

Office of the High Commissioner for Human Rights <http://www.ohchr.org/>

World Health Organization <http://www.who.int/hiv/>

### **About clinical legal education**

Clinical legal education- A directory of clinical legal educators  
<http://cqi2.www.law.umich.edu/GCLE/Index.asp>

Gateway to Clinical legal education <http://cqj2.www.law.umich.edu/GCLE/Index.asp>

Clinical Legal Education Association (CLEA) <http://www.cleaweb.org>

Clinical education: An annotated bibliography (Revised 2005) J.P.Ogilvy with Karen Czapanskiy <http://faculty.cua.edu/ogilvy/bibli05.CLR.HTM>

## **Other materials**

Office of the UN High Commissioner for Human Rights & Joint UN Programme on HIV/AIDS (2006). *International Guidelines on HIV/AIDS and Human Rights* (2006 consolidated version). Geneva: OHCHR & UNAIDS.

### **5.2 Team Meetings**

The case meeting consists of a student, his/her partner and the supervisor. The team will meet each week to plan and review client work and to address other issues of concern to students. The composition of each case team and a schedule of case team meeting times will be arranged early in the semester. The case team meeting gives students an opportunity to move out of the sometimes passive student role and to take charge of their learning. It is also an opportunity to practice running a meeting, an important lawyering skill requiring planning, discipline and assertiveness.

### **5.3 Casework**

Each pair of students will have two or more matters initially, such as representing a client, seeking help in drafting a pleading or a defense or prepare another document. Matters will be added throughout the programme as appropriate. Although students may know the identity of one or more clients early at the beginning of the semester, they probably will not meet with a client for several weeks- this will give them time both to master the substantive law and to work on their interviewing and counseling skills.

## 6. Mode of Assessment

Each and every aspect of the clinical program will be graded on a continuous assessment basis. The supervisor and, if possible, the stakeholders (such as clients and the relevant governmental and non-governmental organizations) should assess the students based on their performance in each and every breakdown of the outline of the program. The performance of the students individually and as part of a team will be assessed as well. In addition to that, there should be immediate feedback on the performance of the students. The total of the performances will amount to the grades of the students.

The grading criteria are set forth below.

### 6.1 Professional responsibility

6.1.1 Professional ethics: Was the student alert to ethical issues as they arose in cases? Did he or she initiate discussions of these issues with his or her partner and instructor and work to find acceptable resolutions?

6.1.2 Effort: In representing clients, did the student make a zealous attempt to do the best possible job? Did the student show initiative in trying to complete matters as professionally and expeditiously as possible?

6.1.3 Reliability: Was the student punctual with regard to appointments and assignments? Did the student leave enough time to prepare adequately for each stage of each matter? Were files of action properly organized and maintained? Were deadlines met?

6.1.4 Professional behavior/interpersonal relations: Were appropriate and effective relationships maintained with clients, government officials, office staff, the supervisor and the clinic partner? Were interpersonal tensions acknowledged and dealt with as learning opportunities?

## **6.2 Educational responsibility**

6.2.1 Case team meetings: Did the student prepare adequately for case team meetings? Did the student take the initiative in raising issues? Was the student responsive to criticism?

6.2.2 Class participations /simulations: Was the student present and prepared at all classes? Did the student prepare carefully for all simulations? Did the student contribute significantly to making the classes and simulations successful learning experiences?

6.2.3 Professional development: Did the student take advantage of opportunities to learn from readings, simulations, and actual experiences? Did the student do a thoughtful job of analyzing and reflecting on his or her own experiences and that of classmates? Did the student use course materials effectively in analyzing problems raised by cases? Did he or she show improvement in the semester?

## **6.3 Lawyering skills**

6.3.1 Interviewing and counseling: Was the student successful in eliciting the relevant information? Did the student develop an appropriate rapport with the client? Did the student help clients to define their concerns and identify and choose among options?

6.3.2 Legal research and analysis: Was the student's research and analysis of legal issues thorough and accurate? Was it accorded in a fashion that made it usable for subsequent students?

6.3.3 Writing/drafting: Was each written product accurate, organized, thorough and concise? Did the documents drafted reflect knowledge of the relevant law as well as the client's intentions and wishes? Did the pleadings and defenses written put forth a convincing case based on an appropriate legal theory?

## 7. Case handling obligations

7.1 Students must take responsibility for handling their matters expeditiously and for making and executing all decisions relating to their matters. By their last team meetings, they must take all actions necessary either to close a matter or to get it to a stage that is appropriate for transfer, whichever occurs first, unless some unforeseen circumstance necessitates early withdrawal, or unless they are interested in continuing the representation beyond the end of the semester.

7.2 Students must keep files orderly and up to date in accordance with the guidelines set forth later in this Clinic Manual.

7.3 Students must prepare a detailed work plan for each case (including target dates for each step) and submit it to the supervisor within ten days after the initial interview.

7.4 Students must submit to their supervisors, before mailing or filing, all documents by a client, another party or government agency. They must leave the supervisors a few days to review any document.

7.5 Prior to submission of a document to his/her supervisor, a student and his/her partner should carefully review it for substance, style and typos; make sure each document represents your best effort.

7.6 With respect to all initial client meetings, and with respect to later meetings if the case team decides it would be useful, students must videotape the meeting (unless the client objects to videotaping).

7.7 Students must put all documents which they prepare for a client in the appropriate filing system.

7.8 Students must keep the client fully informed of developments in the case.

## **8. Office procedures**

### **8.1 Clinic office**

Students have access to the clinic's office 24 hours a day as long as they are registered for the Clinic. Registered students may use the office at any time to tape simulations, meet with clients and other clinic-related work. Since the office will be sharing with other clinics, it is not possible for students to have permanent carrels-students must pick up their materials when they leave the office so that the space will be available for other students.

### **8.2 Rooms and Video Equipment**

The clinic administrators will schedule rooms for meetings with clients and for simulations. They will also schedule and set up video equipment if the simulation or meeting is to be taped or students wish to review a tape. Student must let the administrators know their needs as far as in advance possible. Students shouldn't confirm the times of client meetings until they are sure a room and all necessary equipment is available.

### **8.3 Word processing**

The computers in the clinic's office are available for students use. Students must speak to the Clinic administrators if they have any problems with them. Students do their own

word-processing. However, the administrators are available to help with technical problems.

#### **8.4 Copying**

There is a copier in the Clinic office which students may use of for their clinic related jobs. They must ask one of the administrators if they need help with copying.

#### **8.5 Telephones**

If students are not in the office, Clinic telephones will be answered by the Clinic administrators, who will leave messages to them.

Outgoing calls: Clinic-related local and long-distance calls may be made from the clinic offices.

#### **8.6 Supplies**

Clinic stationery and all forms of supplies are in the Clinic office.

#### **8.7 Security**

When students use the clinic, it is extremely important that they remember to lock the doors and the windows upon leaving and that they not admit anyone other than a student or teacher of one of the clinics.

#### **8.8 Transportation**

If client meetings take place away from the law school, the Clinic will reimburse students for the cost of transportation.

## **8.9 Dress**

If students will be meeting with a client at the Clinic, they should dress like a lawyer. Students must give some thought as to what will make their particular client feel respected, comfortable, and confidence in them.

## **8.10 Confidentiality**

Unless students are told otherwise, they should feel free to discuss the cases they observe and handle with the supervisor and their clinic classmates. Outside of the clinic, students should maintain strict confidentiality by giving no information that would identify the parties. Students should not use the actual names of parties in any written work.

## **9 Files**

9.1 Case files must stay in the Clinic office. If students want to work on their cases outside of the Law School, they should photocopy the necessary documents.

9.2 Files should be kept in alphabetical order in the file drawers for the Clinic.

## **10. Engagement agreements**

The legal Clinic, representing students, must enter into engagement agreement with each client who seeks legal service. Although clients generally will not be paying for the Clinic's legal services, an engagement agreement is a useful device for:

- Formalizing the scope of the work they agreed to undertake;
- Setting forth any disbursements the client will be expected to pay, example, filling fees;
- Setting forth for any other obligations the Clinic expect the client to meet;

- Establishing who the client is.

## **11. Attendance and Performance Follow-up**

Attending each and every breakdown of the program content is a mandatory requirement for the students. In particular, class attendance is critical for several reasons.

- The role plays cannot be carried out successfully if students are late or absent, so failure to show up on time will disadvantage many people besides students;
- The class work is an important part of learning to be effective as a practical one and missed classes cannot be made up;
- The emphasis in many classes will be on discussing and observation experiences so that everyone can learn from them; students need to be in class to contribute their own experiences. Students must notify the instructor if there is an emergency that requires them to miss class.

As far as the supervisor is concerned, he/she has to follow-up the performance of each student in each breakdown of the program.

## **12. Code of conduct**

Regarding liability of students, the relevant provisions of the civil and criminal codes of Ethiopia will be applicable. For administrative breaches, the code of conduct to govern the students as well as the supervisors will be defined by the clinic after further study.

### **13. Level of the Court**

The students should start practice at the lowest level of the courts. However, if the case that they are handling proceeds to a higher level of court, they should not be restricted to handle that case. In addition to this if a case proves to be too simple, the supervisor may decide that the students handle cases that are at a higher level of court.

### **14. Who should be represented?**

14.1 The Clinic may offer legal representation and other legal services to indigent PLWHA.

14.2 For the purpose of 13.1, whosoever is not possessed of sufficient means to enable him to pay all or part of payments to legal services shall be deemed to be indigent and may apply for legal services offered by the Clinic.

14.3 An application under section 13.2 shall be adduced by evidence showing his/her indigence, such as a letter written from his/her kebele attesting this fact.

### **15. The Amount of Cases to be handled by the Clinic**

The amount of cases that the clinic takes on has to be decided by the supervisor.

### **16. The ratio of class activity to practice**

The ratio of class activity to practice should be 30% to 70%.

## **17. Class Size**

The class size for this clinical program shall be 20-30 students per class.

## **18. Level of Students**

Students who are left with only three more semesters to graduate should undertake the clinical programs, provided that they have already taken all the pre-requisite courses, i.e., Constitutional Law, Criminal Law, Civil Code, Criminal Procedure Code, Civil Procedure Code, Legal Ethics, Human Rights Law, Legal Writing, Legal Research Methods, Law of Extra-Contractual Liability and African Human Rights System. In other words, the clinical programs will be offered for fourth year, second semester students and fifth year students.

## **19. Student admission criteria to the Clinical Programme**

19.1 Students to this Clinical programme shall be selected on the basis of their entrance exam and previous commutative grades.

19.2 Entrance exam and previous commutative grade shall count 50% each.

## **20. Supervisors' Experience**

20.1 As much as possible persons in charge of supervising the clinical programs have to be:

- Instructors who are or used to be in the practice;
- In default of such instructors, Committed Practitioners.

20.2 At least two supervisors shall be assigned to supervise this clinical programme.