



UNITED NATIONS  
LIBERIA



# FINAL EVALUATION

## GoL / UN Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia

Version of November 2020

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## LIST OF ABBREVIATIONS AND ACRONYMS

|           |  |
|-----------|--|
| CEDAW     | Convention on the Elimination of All Forms of Discrimination Against Women |
| CSO       | Civil Society Organization   |
| GERAAS    | Global Evaluation Reports Assessment and Analysis System                   |
| GoL       | Government of Liberia  |
| IRC       | The International Rescue Committee   |
| JP        | Joint Programme  |
| NGO       | Non-Governmental Organization  |
| ProDoc    | Project / Programme Document   |
| UN        | United Nations   |
| UNICEF    | United Nations International Children's Emergency Fund                     |
| UNDAF     | United Nations Development Assistance Framework                            |
| UNDP      | United Nations Development Programme                                       |
| UNEG      | United Nations Evaluation Group  |
| UNFPA     | United Nations Population Fund   |
| UNHCR     | United Nations High Commissions for Refugees                               |
| UNMIL     | United Nations Mission in Liberia  |
| UNSCR     | United Nations Security Council Resolutions                                |
| UN Women  | United Nations Entity for Gender Equality and the Empowerment of Women     |
| MGCSP     | Ministry of Gender, Children and Social Protection                         |
| MIA       | Ministry of Internal Affairs   |
| MICAT     | Ministry of Information Culture and Tourism                                |
| MOE       | Ministry of Education  |
| MoH       | Ministry of Health   |
| MoJ       | Ministry of Justice  |
| NPOA      | National Plan of Action  |
| OECD /DAC | Organisation for Economic Co-operation                                     |
| DAC       | Development Assistance Committee   |
| SEA       | Sexual Exploitation and Abuse (SEA)  |
| SIDA      | The Swedish International Development Cooperation Agency                   |
| SGBV      | Sexual and Gender Based Violence   |
| SWOT      | SWOT stands for Strengths, Weaknesses, Opportunities, and Threats          |
| ToC       | Theory of Change   |
| TOR       | Term of Reference  |
| VAW       | Violence Against Women   |
| WACPS     | Women and Children Protection Section                                      |

## EXECUTIVE SUMMARY

### Context of the programme

Liberia's 14-year civil conflict (1989 and 2003) was marred with cases of "violence against civilians and sexual abuse"<sup>1</sup> mainly perpetrated by fighters from every faction. Women and girls were abducted, forced to become sex slaves and used as weapons of war. Rape remains one of the most serious Human Rights violations meted against women and girls worldwide and in post war Liberia particularly. The last Convention of Elimination of all forms of Discrimination Against Women (CEDAW) review highlighted the fact that Rape and Domestic violence account for more than 70% of all SGBV reported cases in the country<sup>2</sup>. In all 15 counties of Liberia the number of reported cases of rape was extremely high and perpetrators were rarely held accountable.

### Description of the programme

The programme titled GoL/ UN Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia (SGBV/HTP JP) is an initiative of the Government of Liberia *with support from UN Mission in Liberia (UNMIL)*.

The programme duration was initially November 2016 - February 2019 but a cost extension was approved to December 2020 and is funded by the Embassy of Sweden with a total budget of USD \$ 3 million against the planned budget of USD \$ 36 millions. The programme is intended to strengthen mechanisms for the prevention of SGBV, HTPs and mitigate their impact on women, girls and boys in Liberia by delivering on five outcomes. These outcomes range from ensuring Liberians actively participate in preventing and responding to SGBV and HTPs by 2020; establishing and strengthening required services for SGBV/HTP survivors; improving policies and mechanisms to support SGBV prevention and response; enhancing awareness, participation and accountability and improving coordination mechanisms at national and sub-national levels for inclusive and effective service delivery by 2020.

### Evaluation Purpose and Objectives

The evaluation covered the actual implementation period of the SGBV/HTP JP, Jan 2017 - March 2020. The main purpose of this evaluation is to examine the extent to which the SGBV/HTP JP addressed the gaps in addressing gender equalities, SGBV and HTPs in Liberia. Also, substantial evidence for SGBV and HTPs prevention and protection in Liberia and identifies best practices was generated. The evaluation is also intended to inform the implementation of the Phase II of Government's Strategic Plan, new strategic documents such as the new Liberia United Nations Partnership Framework (LUNPAF) and future programming actions of participation UN Agencies, including the EU/UN Spotlight Initiative to End Violence Against Women and Girls. It is expected that the find-

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<sup>1</sup>Abramowitz, S & Moran M. H. (2012), International Human Rights Gender-Based Violence and Discourses of Abuse in Post conflict Liberia: A Problem of Culture? (p 123). African Studies Review Vol 55 No 2 (September 2012) pp 119-146. (Access 03/03/2020)

<sup>2</sup>[https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/LBR\\_INT\\_CEDAW\\_NGO\\_LBR\\_22047\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/LBR_INT_CEDAW_NGO_LBR_22047_E.pdf) (Access 26/02/2020)

ings be used by the UN to further refine its approaches in the promotion of EVAW agenda and to inform the development of strategic documents. The evaluation findings will be used by relevant stakeholders and will be publicly accessible through the Global Accountability and Tracking of Evaluation Use-GATE system for global learning. The main evaluation users include UN Women, UNDP, UNFPA, UNICEF, UNHCR in Liberia as well as national stakeholders such as the Ministry of Justice, Ministry of Health, Ministry of Gender, Children and Social Protection and other Line Ministries responsible for the implementation of the SGBV/HTP JP.

### **Evaluation methodology**

The evaluation employed an exploratory and multipronged approach. In line with the United Nations Evaluation Group (UNEG) norms and standards; a gender-responsive and human rights-based approach was applied throughout the evaluation process. The evaluation utilized mixed-methods to gather and integrate data from multiple sources and methods. Standard qualitative and quantitative evaluation methodologies were used, and qualitative data derived from key informant interviews, focus group discussions case studies. The data derived from programme documents, monitoring and progress reports highlighting programme approach, various activities, expenditure served as literature and a structured questionnaire was developed for the quantitative part of the evaluation. The use of mixed methods offered diverse perspectives to the evaluation but also promoted the participation of different groups of stakeholders, provided a holistic insight of the SGBV/HTP JP and allowed for triangulation of data that ensured reliability and validity as data from different sources were compared and inconsistencies reviewed. The field visit in Liberia was initially planned from 05/03/2020 - 26/03/2020. However, because of the COVID - 19 outbreak at the end of the planned inception phase, the field visit took place from 8th - 25th of August 2020. The Evaluation Team visited 7 counties as follows: Montserrado, Cape Mount, Bong, Nimba, Lofa, Margibi and Grand Bassa. A total of 92 persons were interviewed (65 women and 27 men).

### **Evaluation Findings (OVERALL SCORE of the Joint Programme: B)**

The findings of the evaluation are structured according to the analysis and assessment of the following criteria: design, relevance, efficiency, effectiveness, sustainability, GE/HR and innovation. The overall score indicates that the programme performed well but some changes were required. Despite the multitude of gaps and deficiencies, limited resources available and challenges in monitoring and coordination mechanisms in the district and communities, the SGBV/HTP JP managed to achieve some good results that serves as basis in the fight against SGBV in the country.

#### **DESIGN (Score B/C)** *Findings 1, 2, 3,5,7,12,13, 31, 32*

**Strengths:** The programme was very well designed, the objectives were clearly defined and the intervention logic was appropriate. The SGBV/HTP JP addressed in its design the concerns explicitly formulated by UNMIL within the framework of the Security

Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender-based violence and calls for the need to combat SGBV with a focus on Sexual violence against children, address impunity and provide redress, support and protection to victims. The findings from previous phases, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design the 3rd phase of this Programme. **(Scoring B)**

**Weaknesses:** The programme was designed as a community based intervention with an initial budget of USD \$36 million but implemented with USD \$ 3 million only of which 26% (almost 1/3) of the total budget was allocated to staff & personnel and contractual services only. Even if three joint monitoring visits were organized in 3 years, this was not sufficient to track the implementation of the planned activities. There was not funds allocated to consistent monitoring of activities and the SGBV/HTP JP failed to make best use of synergies at district and community levels. The yearly work plans which partly derived from the Logframe of the SGBV/HTP JP lacked baseline / target values (year 1/year 2) and activities did not match with the outputs from the Logframe. The design of monitoring reports was mostly activity based rather than results based. SGBV/HTP JP did not design a sustainability strategy, a financial sustainability plan and an Exit Strategy Plan. **(Scoring C)**

#### RELEVANCE (Score B) *Findings 1, 2, 3, 4 and 5*

**Strengths:** In covering areas such as SGBV prevention, response to survivor needs, capacity building and development of institutions, advocacy and communication, the evaluation found that the SGBV/HTP JP strategic content and objectives were very relevant for the context. The SGBV/HTP JP was built on the results and recommendations of the previous phases of the programme such as the 2013 Evaluation of the Joint Program which identified a number of gaps. The SGBV/HTP JP addressed in its design the concerns explicitly formulated by UNMIL within the framework of the Security Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender-based violence and calls for the need to combat SGBV with a focus on Sexual violence against children, address impunity and provide redress, support and protection to victims. The findings from previous phases of the Joint Programme, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design a community based Joint Programme (the 3rd phase) to address the needs and priorities in the fight against SGBV in Liberia. It is mentioned in the programme document that a mapping of actors was also conducted to identify key stakeholders, strengthen synergies and avoid overlaps and duplication. The mapping of actors was not made available during this exercise and the evaluation team could not review it. The prevention strategies and active involvement the local media coupled with alignment with international, regional and national instruments and plans for the prevention of SGBV and the fight against it justified the relevance of the SGBV/HTP JP.

**Weaknesses:** Addressing gaps such as the absence of juvenile courts in some counties, the capacity of prosecutors in addressing with adequacy SGBV / HTPs cases, the very limited understanding and knowledge of SGBV victims and families of their rights, the limited access to information related to the existing referral pathways, the very fragile economic conditions of families to follow up the cases due to long trials up to 6 months (reported by 59% of the interviewees) , the fact that most of Liberian women, girls, boys and men lack means of identification (Identifica-

tion Documents and/or Birth Certificates) which is a basic requirement in criminal investigations as well as the non-effective implementation of already existing legal frameworks on Gender Equality, WPS and instruments addressing SGBV in the country would have further enhanced the relevance of the Joint Programme. The lack of a detailed stakeholder mapping and analysis of involved actors at various levels, the lack of needs assessment on SGBV victims and survivors with disabilities in accessing justice and health challenged the relevance of the SGBV/HTP JP.

### **EFFICIENCY (Score B/C)** *Findings 6,7,8,9,10,11,12 and 13*

**Strengths:** The SGBV/HTP JP managed within a limited timeframe to make best use of existing synergies and expertise at national level and achieved some good results which are still fragile and need to be consolidated. **(Scoring B)**

**Weaknesses:** The programme was designed as a community based intervention but failed to make best use of synergies at district and community levels. Budget was disbursed in a timely manner by the Swedish Embassy but some delays in year 2 and 3 in the disbursement of funds to the implementing partners were observed which impacted the implementation of some activities that are still ongoing. 26% (almost 1/3) of the total budget was allocated to staff & personnel and contractual services and no budget was allocated to the monitoring of the SGBV/HTP JP. Some follow up mechanisms or monitoring reports were activity based designed and failed to capture the results of the activities implemented. These gaps coupled with the inconsistent follow up of the implemented activities in the communities and the limited use of synergies in the districts and communities highly challenged the efficiency. **(Scoring C)**

### **EFFECTIVENESS (Score C)** *Findings 14, 15, 16, 17, 18,19, 20, 21, 22 and 23*

**Strengths:** 69% of the involved UN Entities are satisfied with the appropriateness of the SGBV/HTP JP strategies and the achieved results. Advocacy, communications, social mobilizations and various capacity building activities in SGBV provided to journalists, media professionals, national institutions, local NGOs / CSOs contributed to the achievement of good results which need to be further consolidated. Coordination mechanism and inter-ministerial coordination at county level supported the delivery of the programme.

**Weaknesses:** Only 47% of the implementing partners and beneficiaries in the counties and communities expressed their satisfaction with the programme results. Some planned activities with community members were not implemented due to shortage of budget and the poor RBM planning. Other activities which were not planned were implemented and did not systematically match with the outputs from the Logframe. The yearly work plans of the SGBV/HTP JP which derived partly from the Logframe but lacked baseline / target values (Year 1 and year 2). Some deficiencies in the coordination mechanisms at district and community level were also identified. The programme applied also through its life cycle mostly an activity based management approach and failed to systematically apply RBM. In addition, under pillar 1, the temporary suspension of bush schools did not completely prevent girls and women from being secretly initiated in some communities. Under pillar 2, the limited capacities of clinics and hospitals in the counties initially targeted by the intervention but not reached, the limited equipment

available to gather evidence in case of rape, the challenges of some OSCs in providing appropriate medical support to the SGBV survivors as well as the limited fund or direct cash made available for SGBV survivors, challenged the effectiveness of the response provided to the SGBV survivors. Under pillar 3, there are concerning gaps in the justice system which were not addressed by the Joint Programme and did not prevent the increase of impunity.

### **SUSTAINABILITY (Score A/C)** *Findings 24, 25, 26, 27, 28, 29, 30*

**Strengths:** There is a very good likelihood of a continuation of some programme results particularly results from institution strengthening, capacity building and development of target groups after the programme is completed. The development of a SGBV Roadmap 2020-2022 by the GoL at the end of the programme enhanced further the sustainability of the programme results **(Scoring A)**.

**Weaknesses:** The lack of sustainability strategy developed by the Joint Programme, the lack of financial sustainability plan, the absence of Exit Strategy Plan, the reported turnover of technical staff capacitated and the fact that some achieved results are still requiring further technical and financial supports in order to continue after the programme ends, challenged the sustainability of the results **(Scoring C)**.

### **GENDER AND HUMAN RIGHTS: Score B** *Findings 31, 32, 33 and 34*

**Strengths:** Gender Equality and Human Rights were well incorporated in the programme design and implementation of the SGBV JP. The Joint Programme was designed, implemented and monitored to address gender inequalities, SGBV / HTPs and some gaps in the legal framework hindering the fulfillment of Women's and children's rights in Liberia. The active involvement and engagement of men and traditional leaders in the programme in the prevention of SGV / HTPs enhanced the promotion of Gender Equality and Human Rights.

**Weaknesses:** The evaluation noted that some initially targeted communities in the counties were not involved due to accessibility and mobility issues. Some messages spread in the communities were not systematically translated into some local dialects to ensure the accessibility by vulnerable groups to the information. There are not indication how people with disabilities / SGBV survivors with disabilities were involved in the SGBV/HTP JP.

### **INNOVATION (Score A)** *Findings 35, 36 and 37*

**Strengths:** The involvement of traditional leaders, men, boys and former male perpetrators of SGBV as change agents in the prevention of SGBV / HTPs were innovative in the context of Liberia. Another identified innovation was the establishment of contextualized referral pathways which enabled an improved reporting and handling of SGBV cases.



## • RECOMMENDATION

| Conclusions   | Recommendations  | Responsible   | Priority         |
|---|--|---|------------------|
| <b>1. DESIGN</b><br><i>Findings 1, 2, 3, 5, 7, 12, 13, 31, 32</i> | <b>1.1</b> ET observed and reported isolated cases in which a few social workers and GBV Taskforce members had alarming behavior making light jokes of SGBV issues, especially rape which they perceive as a common occurrence in communities. ET acknowledged that code of conduct was signed by the implementing partners and urgently recommends to monitor the respect of these signed code of conduct and take appropriate actions to mitigate this alarming issue. | UN Women<br>MOGCSP  | <b>Immediate</b> |
|   | <b>1.2</b> Some GoL representatives did not feel actively involved at the design stage even if LOA was signed. Due to turnover of technical staff in various ministries GoL should take appropriate measures to ensure continuity of collaboration between GoL and UN entities.  | MOGCSP<br>Ministry of Justice<br>MIA<br>Ministry of Health      | <b>Immediate</b> |
|   | <b>1.3</b> Ensure that at the design stage of future programmes, addressing SGBV / HTPs inclusive interventions addressing access to health and justice for SGBV victims / survivors enough budget (3-5 % of the total budget) is allocated to M&E. Ensure that M&E plan is also developed at the design stage of each programme and there are mechanisms in place to ensure effective implementation of M&E plans.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR           | <b>Immediate</b> |
|   | <b>1.4</b> Review all ongoing interventions addressing GE/SGBV/HTPs in Liberia as well as the ones covering access to health and justice services for survivors in order to ensure that there is an appropriate M&E plan and sufficient budget allocated to its implementation.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR<br>MOGCSP | <b>Immediate</b> |



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|   | <b>1.5</b> Ensure that at the design stage of further programming, sustainability plan and exit strategy plan are developed to ensure sustainability of the results. Review ongoing programmes on SGBV / HTPs to ensure sustainability plans and strategies are developed.   | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR                    | <b>Immediate</b> |
|   | <b>1.6</b> Conduct review all ongoing interventions addressing GE/SGBV/HTPs in Liberia as well as the ones covering access to health and justice services for survivors in order to ensure that an appropriate Sustainability strategy plan, Exit strategy and sustainability financial plan were designed. If no, ensure that they are developed.   | DONOR<br>UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR           | <b>Mid-term</b>  |
| <b>2. RELEVANCE</b><br><i>Findings 1, 2, 3, 4 and 5</i> | <b>2.1</b> The Joint Programme was very good aligned with various instruments on GE/ SGBV. Strengthen ongoing / further interventions on preventing SGBV and HTPs in Liberia and integrate specific actions addressing Early and Child marriage. Ensure alignment and complementarity of these interventions with the SGBV Roadmap of the GoL (2020-2022). MIA with the National Traditional Council of Liberia should collaborate and develop strong guidelines to enforce the cessation of early marriage. | UN Women<br>DONOR<br>MOGCSP<br>Ministry of Internal Affairs     | <b>Immediate</b> |
|   | <b>2.2</b> Develop a specific needs assessment of vulnerable groups and SGBV victims and survivors living with disabilities in accessing health support and justice in the county and communities. Ensure appropriate strategy and action plan are developed to actively involve them in ongoing and future programmes addressing SGBV/HTPs inclusive access to health and justice in the country.   | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR<br>MOGCSP | <b>Immediate</b> |

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| <b>3. EFFICIENCY Findings</b><br>6,7,8,9,10,11, 12 and 13 | <b>2.3</b> Conduct a survey of all social workers / GBV taskforce members in the 15 counties and assess their level of knowledge on SGBV / Rape/ FGM/ Early and Child marriage and the updated legal frameworks. Take actions (capacity building / networking / coaching etc. ) to strengthen their skills and expertise in the prevention, reporting of SGBV and response; | UN Women<br>MOGCSP<br>Ministry of Justice                                | <b>Mid-term</b>  |
|   | <b>3.1</b> Conduct a national mapping of all actors addressing SGBV in the country per area (Prevention, Response, Advocacy, access fo Health and Justice services). This will enable to make best use of synergies available in the counties, districts and communities.   | UN Women<br>MOGCSP<br>Ministry of Justice                                | <b>Immediate</b> |
|   | <b>3.2</b> Assess the knowledge and skills of staff in RBM and take actions to strengthen their capacities in RBM through various actions such coaching, mentorship or additional trainings etc.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>MOGCSP                   | <b>Immediate</b> |
|   | <b>3.3</b> Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting. All joint interventions must meet RBM requirements.   | DONOR<br>UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR                    | <b>Immediate</b> |
|   | <b>3.4</b> Ensure enough funds are allocated to M&E and M&E plans developed at the design and planning phases of programmes   | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR                    | <b>Immediate</b> |
|   | <b>3.5</b> Urgently support the GoL and the Ministry of Finance in Gender Budgeting and ensure sufficient resources to integrate SGBV into health sector strategic plans is provided. This will also help to sustain the results of the programme and other joint interventions in the country.   | UN Women<br>UNFPA<br>MOGCSP<br>Ministry of Finance<br>Ministry of Health | <b>Immediate</b> |

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|   | <b>3.6</b> Due to turnover of technical staff in the ministries GoL should take appropriate measures to ensure continuity of collaboration between GoL and UN entities. Ensure that in all capacity building activities at least 2 representatives per ministry are present so that when one departs, there is a high likelihood that one remains with acquired knowledge / skills to ensure continuity of work.                           | MOGCSP<br>Ministry of Justice<br>Ministry of Internal Affairs<br>Ministry Health | <b>Immediate</b> |
|   | <b>3.7</b> Make best use of technical capacities of involved stakeholders, implementing partners, NGOs and CBOs that have been already capacitated by UN entities to deliver activities. This will reduce the costs related to contractual services and enhance efficiency of joint interventions ( 26% / almost 1/3 of the total budget was for example allocated to staff & personnel and contractual services in this Joint Programme). | DONOR<br>UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR                            | <b>Immediate</b> |
|   | <b>3.8</b> Establish GBV taskforce or a committee at district level which will liaise between county and community. It could be chaired by the gender county coordinator and comprised of district level representatives. It will enhance monitoring and coordination mechanisms at community and district levels and ensure it is inclusive with active involvement of local NGOs and CBOs.   | UN Women<br>MOGCSP   | <b>Mid-term</b>  |
| <b>4. EFFECTIVENESS</b><br><i>Findings 14, 15, 16, 17, 18,19, 20, 21, 22 and 23</i> | <b>4.1</b> Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting design of ongoing and future programming. Ensure all joint interventions meet RBM requirements. Activity based planning, budgeting, monitoring and reporting of programmes must not be funded / supported.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR                            | <b>Immediate</b> |
|   | <b>4.2</b> Take appropriate actions against the reported FGM being secretly practiced on girls and women in some counties visited as highlighted in the report.  | UN Women<br>UNICEF<br>MOGCSP<br>MIA  | <b>Immediate</b> |
|   | <b>4.3</b> Extend the suspension of bush schools   | UN Women<br>MOGCSP<br>MIA  | <b>Immediate</b> |

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|  | <p><b>4.4</b> There is a linkage between support to survivor and Women's Economic Empowerment in the communities most affected by SGBV / Rape and FGM. There is a need to sustain the support provided to survivors so they do not depend on perpetrators and might compromise the cases (Because they return to live with them in the same house or in the community). Initiate WEE interventions with SGBV survivors families in pilot communities within the most affected counties. There is also a need to develop specific entrepreneurial programmes targeting zoes and traditional practitioners of femaleFGM to support them finding and developing alternative livelihoods.</p> | <p>UN Women<br/>DONOR<br/>MOGCSP</p>   | <p><b>Mid-term</b></p>  |
|  | <p><b>4.5</b> Regarding the rise of SGBV / Rape / FGM survivors in Liberia, ensure there are at least 2 refurbished and functional Safe Homes and shelters in each county. In addition, foster care service should be made available for survivors who cannot return home to reside (with foster families). This could begin with identification and training of families who will serve as state-certified care givers. Involvement of peace hut women and networking is critical.</p>   | <p>UN Women<br/>UNICEF<br/>Donor<br/>MOGCSP</p>                                  | <p><b>Immediate</b></p> |
|  | <p><b>4.6</b> Ensure that at least 2 well-equipped One Stop Centers in every county with health care personnel trained to take care of SGBV survivors. In remote communities where SGBV victims / survivors could not reach an OSC within the required 72h, there is a need to establish health structures or strengthen the existing ones with trained health workers in gathering evidence and necessary equipment. Appoint also a legal officer to liaise between court and One Stop Center to fast-track cases.</p>   | <p>UNFPA<br/>Ministry of Health<br/>MOGCSP<br/>Donor<br/>Ministry of Justice</p> | <p><b>Immediate</b></p> |

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|  | <b>4.7</b> SGBV JP provided trainings to health-care providers in the provision of comprehensive clinical care for victims; The trainings must be extended to all health facilities in the 15 counties. Ensure also that trained health workers are further capacitated through the facilitation of networking and learning exchange with other OSCs from other counties where best practices could be shared among them. | UNFPA<br>Ministry of Health                    | <b>Mid-term</b>  |
|  | <b>4.8</b> Develop a mandatory identification system for every citizen and aliens residing in the country. A national campaign for identification must be launched as soon as possible.   | UNDP<br>UNHCR<br>Ministry of Justice<br>LIMS   | <b>Immediate</b> |
|  | <b>4.9</b> Support decentralisation and expansion mechanisms of Criminal Court "E" to all counties of the country. In the absence of these courts, some mobile courts could be established as a pilot intervention in the counties most affected by SGBV cases.   | UNFPA<br>UNDP<br>UNICEF<br>Ministry of Justice | <b>Immediate</b> |
|  | <b>4.10</b> Recruit and train more WACPS, LNP personnel (females especially). Every county should have at least 10 WACPS officers. Provide necessary equipment, means of transportation and communication for social Workers at the MOJ, WACPS and LNP to rapidly respond to SGBV & HTP cases.  | Ministry of Justice                            | <b>Mid-term</b>  |
|  | <b>4.11</b> Provide a minimum of 2 DNA machines and an equipped laboratory for major regions in the country. Train at least 15 pathologists (one for every County)  | UNFPA<br>Ministry of Health                    | <b>Mid-term</b>  |
|  | <b>4.12</b> Urgently train judges in handling cases on SGBV / Rape / HTPs / FGM related issues.   | UNDP<br>Ministry of Justice<br>MOGCSP          | <b>Immediate</b> |

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|  | <b>4.13</b> Enhance further skills and knowledge of judges through coaching and networking programs where judges from other countries in the region come to Liberia and those from Liberia visit these countries to share experiences and identify best practices in applying legal instruments on SGBV / Rape / FGM. Ensure there is a platform developed to share these best practices.  | UNDP<br>Ministry of Justice<br>MOGCSP  | <b>Mid-term</b>  |
|  | <b>4.14</b> Enhance capacity building of Gender Focal Persons and Senior Government officials (ministers, lawmakers and directors of government institutions) on SGBV/HTP.   | UNDP<br>Ministry of Justice<br>MOGCSP  | <b>Immediate</b> |
|  | <b>4.15</b> Develop appropriate mechanisms aiming at harmonizing the existing gap and conflict between the penal law that states children should be married at 18 years, and the inheritance law, where girls as young as 16 get married (the latter is recognized in rural areas).  | UNDP<br>Ministry of Justice<br>MOGCSP  | <b>Mid-term</b>  |
|  | <b>4.16</b> Set up and maintain GBV IMS in rural areas to relay information to Central Office to avoid duplication of reported cases.  | UNDP<br>Ministry of Justice  | <b>Mid-term</b>  |
|  | <b>4.17</b> Establish a National Rape Perpetrators Database System.  | UNDP<br>Ministry of Justice  | <b>Immediate</b> |
|  | <b>4.18</b> Enhance community based organizations advocating on SGBV / FGM / Early and Child marriage prevention and response with a particular focus on existing referral pathways in each county. Ensure that the referral pathways is well disseminated and well known in schools, networking and among youth. An app could be developed as an inter-agency initiative and managed by the Ministry of Gender, Ministry of information and key national NGOs. The update would be shared on time and the data will be monitored by the Ministry of Gender. | UN Women<br>UNDP<br>UNICEF<br>Ministry of Gender<br>MIA<br>Ministry of Information | <b>Immediate</b> |

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|  | <b>4.19</b> Raise a national campaign in all the 15 counties and share practical information about the existing referral pathways in the communities and provide guidance and its accessibility. A particular attention must be given to the 72 hours timeframe to report the case in order to not compromise cases.                                       | UN Women<br>DONOR<br>MOGCSP   | <b>Immediate</b> |
|  | <b>4.20</b> Enhance the capacity of journalist on investigating and reporting of FGM issues which remains a sensitive topic in Liberia.  | UN Women<br>MOGCSP<br>MIA and<br>Ministry of<br>Information           | <b>Immediate</b> |
|  | <b>4.21</b> Follow up on trainings provided to journalists on SGBV. Initiate a networking on SGBV and Media with trained journalist & other media professionals representatives where best practices on gender reporting, challenges and possible solutions will be discussed and shared. Ensure the representativeness of media from all the 15 counties. | UN Women<br>MOGCSP<br>MIA and<br>Ministry of<br>Information           | <b>Mid-term</b>  |
|  | <b>4.22</b> Enhance the capacity of journalist on investigating and reporting of FGM issues which remains a sensitive topic in Liberia.  | UN Women<br>MOGCSP<br>MIA and<br>Ministry of<br>Information           | <b>Immediate</b> |
|  | <b>4.23</b> Ensure that advocacy and communication in the counties / communities includes a balance of non- literacy-based messaging in order to reach community with no formal education. A solution is to actively involve NGOs and CBOs with capacity on SGBV/ HTPs to support the development of messages in local dialects.                           | UNICEF<br>UN Women<br>MOGCSP<br>MIA and<br>Ministry of<br>Information | <b>Immediate</b> |

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|  | <b>4.24</b> Enhance community based organizations advocating on SGBV / FGM / Early and Child marriage prevention and response with a particular focus on existing referral pathways in each county. Ensure that the referral pathways is well disseminated and well known in schools, networking and among youth. An app could be developed as an inter-agency initiative and managed by the Ministry of Gender, Ministry of information and key national NGOs. The update would be shared on time and the data will be monitored by the Ministry of Gender. | UN Women<br>UNDP<br>UNICEF<br>Ministry of Gender<br>MIA<br>Ministry of Information | <b>Immediate</b> |
|  | <b>4.25</b> Enhance coordination mechanisms at community and district level and ensure it is inclusive with active involvement of NGOs and CBOs.   | UN Women<br>MOGCSP   | <b>Immediate</b> |
| <b>5. SUSTAINABILITY</b><br><i>Findings 24, 25, 26, 27, 28, 29, 30</i> | <b>5.1</b> Ensure that sustainability plan and exit strategy plan are developed and effectively implemented in all ongoing and future programming addressing SGBV/ HTPs. Implementation of these strategies and plans must be monitored by involved UN entities.   | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR                              | <b>Immediate</b> |
|  | <b>5.2</b> Due to turnover of technical staff in the ministries, ensure that in all capacity building activities at least 2 representatives per ministry are present.  | MOGCSP<br>Ministry of Justice<br>MIA<br>Ministry Health                            | <b>Immediate</b> |
| <b>GENDER AND HUMAN RIGHTS</b><br><i>Findings 31, 32, 33 and 34</i>    | <b>5.3</b> Ensure vulnerable groups and people living with disabilities are systematically involved at all stage of the programme.   | UN Women<br>MOGCSP   | <b>Immediate</b> |
|  | <b>5.4</b> Ensure messages spread in the communities are systematically translated into local dialects to ensure the accessibility by vulnerable groups to the information on SGBV/HTPs and their rights   | UN Women<br>MOGCSP   | <b>Immediate</b> |
| <b>INNOVATION</b><br><i>Findings 35,36 and 37</i>                      |  |  |                  |



## I. BACKGROUND AND CONTEXT

Liberia lies on a total area of 111,370 km bounded by Guinea on the North, the Atlantic Ocean to the South, Cote d'Ivoire to the East and Sierra Leone to the West<sup>3</sup>.

The country's 14-year civil conflict was marred with cases of "violence against civilians and sexual abuse"<sup>4</sup> mainly perpetrated by fighters from every faction. Women and girls were abducted, forced to become sex slaves and used as weapons of war<sup>5</sup>. Sexual and Gender Based Violence (SGBV) survivors and children born out of rape were stigmatized by family and their communities<sup>6</sup>, leaving them vulnerable and unable to contribute positively to their personal wellbeing and national development; whilst perpetrators of such acts were roaming the streets, free to threaten survivors who in most cases were afraid and ashamed to explain their ordeals<sup>7</sup>. The justice system like many other sectors experienced brain-drain and destruction of infrastructures resulting in non-function of state actors to persecute perpetrators and provide legal services to survivors<sup>8</sup>. Health practitioners, social workers and other actors were not fully capacitated to address cases<sup>9</sup> and ensure survivors are protected from further harm and shame after reporting rape cases. The Government of Liberia (GoL) and development partners, recognizing the importance of protecting women and girls and ending SGBV in the country, collaborated to address several issues of SGBV in Liberia<sup>10</sup>. These issues ranging from stigmatization of female survivors who report rape cases and children born out of rape; a fragile and almost non-functional justice system, coupled with lack of correctional facilities and inexperienced police force, the discussion and design of a Government of Liberia and United Nations Joint Programme on Sexual Gender Based Violence (SGBV/HTP JP)

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<sup>3</sup><https://africa.unwomen.org/en/where-we-are/west-and-central-africa/liberia> (Access 20/02/2020)

<sup>4</sup>Abramowitz, S & Moran M. H. (2012), International Human Rights Gender-Based Violence and Discourses of Abuse in Postconflict Liberia: A Problem of Culture? (p 123). *African Studies Review* Vol 55 No 2 (September 2012) pp 119-146. (Access 03/03/2020)

<sup>5</sup>Workanuan, W. (2018). Gender-Based Violence against Women in Liberia: A Problem of Weak Legal System, Male Dominance and Women as Weapons of War. Downloaded from: <https://www.etsu.edu/academicaffairs/scs/mals/documents/workaproject.pdf> (Access 04/03/2020)

<sup>6</sup>UNWOMEN (2013) Joint Evaluation of Joint Programmes on Gender Equality in the United Nations System . Joint Programme to Prevent and Respond to Sexual and Gender-Based Violence.

<sup>7</sup>GOL (2009). National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia.

<sup>8</sup>Pajibo, E. (2012). Accountability and Justice in Post Conflict Liberia, *African Identities*, 10:3, 301-311. DOI: 10.1080/14725843.2012.715457

<sup>9</sup>Kruk, et al. (2009). Availability of Essential Health Services in Post-Conflict Liberia. *Bulletin of the World Health Organization* 2010;88:527-534. Doi: 10.2471/BLT.09.071068

<sup>10</sup> Ministry of Planning and Economic Affairs Socio-Economic Achievements of the Government of Liberia, 2006-2011

began as an implementation framework for the National Plan of Action (NPOA) in 2007.

In 2008, the SGBV/HTP JP to prevent SGBV in Liberia started under the coordination of United Nations Mission in Liberia (UNMIL) in 2008-2011<sup>11</sup>. Phase two commenced in 2011-2013 with a bulk (75%) of the funding from the Swedish International Development Cooperation Agency (SIDA). At the end of the second phase, the need to continue progress made on the JP on SGBV was realized.

## **SGBV and the culture of impunity in Liberia**

SGBV, especially rape remains one of the most serious Human Rights violations meted against women and girls worldwide and in post war Liberia particularly. The last Convention of Elimination of all forms of Discrimination Against Women (CEDAW) review of 2015 highlighted the fact that Rape and Domestic violence account for more than 70% of all SGBV reported cases in the country.<sup>12</sup> According to statistics provided by the Ministry of Gender Children and Social Protection (MOGCSP)<sup>13</sup>, in 2015, a total of 1,555 GBV cases were recorded and reported to law enforcement officials, health care providers, non-governmental organizations (NGOs) and community based organisations (CBOs). Of the total, 68% of them were sexual violence / rape; In 2016, a total of 1,413 GBV cases were recorded and reported and 71.3% of them were sexual violence / rape; In 2017, a total of 1,685 GBV cases were reported and 69,2% were sexual violence / rape. In 2018, a total of 2,105 GBV cases were reported and 81% were sexual violence / rape; In 2019, a total of 2,708 GBV cases were reported and 79% were sexual violence / rape and this is expected in 2020 to rise further due to the COVID-19 outbreak and the lockdown as reported by Health Facilities especially the GBV One Stop Centers in Liberia. In all 15 counties of Liberia the number of reported cases of rape was extremely high and perpetrators were rarely held accountable. In addition, Female genital mutilation (FGM), also known as female genital cutting and female circumcision, is also widely practiced and acceptable in Liberia as reported in the National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia 2018 (p.11). Finally, early or child marriage is also another issue of concern in Liberia. In almost all of the communities visited in 10 counties, up to 80% (or higher in some communities up to nearly 90%) of girls aged between 13-18 years are either pregnant or have one or more children<sup>14</sup>. In spite of all efforts done by the government of Liberia<sup>15</sup>

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<sup>11</sup> UNWOMEN (2013) Joint Evaluation of Joint Programmes on Gender Equality in the United Nations System Joint Programme to Prevent and Respond to Sexual and Gender-Based Violence.

<sup>12</sup>[https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/LBR\\_INT\\_CEDAW\\_NGO\\_LBR\\_22047\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/LBR_INT_CEDAW_NGO_LBR_22047_E.pdf) (Access 26/02/2020)

<sup>13</sup> GBV statistics of MOGCSP of 2015, 2016, 2017, 2018, 2019 and 2020

<sup>14</sup> ProDoc, p.8

<sup>15</sup>National Action Plan For The Prevention and Management of Gender- Based Violence in Liberia (2018-2023)

for Gender Equality in ratifying critical international instruments including the adoption of CEDAW recommendations and the Beijing Platform; the UN Security Council Resolution (UNSCR) 1325; the UN “One Programme” and the Sustainable Development Goals (SDGs); the Agenda for Transformation (AFT); National Action Plan on the UNSCR 1325; the National Gender Policy and previous National Action Plans on GBV and the EU/UN Spotlight Initiative Programme, there are still challenges to effectively implement all these instruments<sup>16</sup>.

## 1.1 GoL/UN Programme Description

The programme with the title **GoL/ UN Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia** (SGBV/HTP JP) is an initiative by the Government of Liberia the (*Ministry of Health, Ministry of Justice, Ministry of Education, Ministry of Internal Affairs & Ministry of Information*) and United Nations agencies (*United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)* with support from UN Mission in Liberia (UNMIL).

The programme duration was initially November 2016 - February 2019 but a cost extension was approved to December 2020 and is funded by the Embassy of Sweden with a total budget of USD \$ 3 million against the planned budget of USD \$ 36 millions. The activities were intended to be implemented in all fifteen (15) Counties with emphasis in eleven (11) counties: Montserrado, Grand Cape Mount, Gbarpolu, Bomi, Margibi, Grand Bassa, Bong, Lofa, Nimba, Grand Gedeh & River Gee.

The exact number of women, men, girls and boys directly targeted by the programme is not clear. However, the programme has the very ambitious goal to fully engage communities, educational institutions and relevant stakeholders in Liberia and make them active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls’ education, teenage pregnancy and FGM), by 2020 initially, and 2021<sup>17</sup> actually. The SGBV/HTP JP is built around a community-based approach, supported by five (5) strategic pillars:

- Prevention (Safety and Protection in communities, schools/education, Preparedness and disaster risk reduction),
- Response to survivor needs,
- Institutional strengthening and Advocacy,
- Communication and Social Mobilization, and
- Coordination

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<sup>16</sup> ProDoc, p.12

<sup>17</sup> MoU was signed in November only and the actual period of the programme was updated from November 2016 – August 2021, with the actual implementation period being from Jan 2017 – March 2020

UN Women is the Administrative Agency and the Ministry of Gender Children and Social Protection acts as the lead Government Ministry.

### **Specific Objective**

The SGBV/HTP JP specific objective is to strengthen mechanisms for the prevention of SGBV, HTPs and mitigate their impact on women, girls and boys in Liberia.

The SGBV/HTP JP aims to change perceptions and attitudes and strengthen systems to address rape, early marriage, domestic violence, harmful traditional practices and their inter-linkages with sexual and reproductive rights and HIV and AIDS in Liberia by 2020. The SGBV/HTP JP is intended on the one hand, to strengthen mechanisms for the prevention of SGBV, HTPs and mitigate their impact on women, girls and boys in Liberia. On the other hand, the SGBV/HTP JP is expected to contribute to the achievement of Gender Equality outcomes by the Government of Liberia, contained in the Agenda for Transformation and the National Gender Policy as well as the Plan of Action for the Prevention and Management of GBV in Liberia. Finally, the SGBV/HTP JP focus is on ensuring the protection of women and children's rights, providing a safe environment where women and girls can realize their full potential, shielding them from the effects of vulnerability and discrimination and supporting the improvement of the socio-economic status and capacity of women.

### **Objectives**

- Strengthen the prevention of SGBV and HTPs including child marriage through community engagement and ownership;
- Strengthen response to SGBV through comprehensive services and referral and reduce vulnerability to HIV and AIDs and other STIs;
- Strengthen mechanisms to prevent and protect children (girls and boys) from sexual violence, abuse and exploitation within the school environment;
- Strengthen sub-national and national institutional support mechanisms and coordination to facilitate an effective joint programming on SGBV in line with the Decentralization Plan;
- Ensure sustained visibility on SGBV interventions at all levels, community, schools and national levels;

### **Programme Theory of Change (ToC)**

The SGBV/HTP JP theory of change is: **If** the capacity of traditional, religious, youth and community leaders, right holders and influential community members to prevent and respond to SGBV and HTPs is strengthened and **If** national and sub-national systems have the capacity to facilitate prevention and to coordinate response that addresses Gender Based Violence and Harmful Traditional practices, **If** women and girls have access to a fair justice mechanisms and redress based on relevant Gender Equality standards including legal aid support and, **If** services to survivors and families are accessible and available at all levels; **Then** by 2020, all women and girls will live in an environment

where they are protected and enjoy lives free from SGBV and Harmful Traditional practices

### **Intervention**

If the capacity of traditional, religious, youth and community leaders and influential members is strengthened to prevent and respond to SGBV and HTP, and if national and sub-national systems are strengthened to facilitate and coordinate program that addresses Gender Based Violence,

### **Impact**

Then by 2021, all women and girls will live in an environment where they are protected and enjoy lives free from SGBV and HTP

### **Programme's Outcome**

Because communities, educational institutions and stakeholders are aware, advocate, active and engaged in prevention and response to SGBV and Harmful Traditional Practices through improved service delivery, policies and operational mechanisms and improved coordination mechanisms to support SGBV prevention.

**Outcome 1:** *By 2020, communities, educational institutions and relevant stakeholders in Liberia fully engaged and active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls' education, teenage pregnancy and FGM)*

**Outcome 2:** *Availability of essential services for survivors of sexual and gender-based violence including harmful traditional practices at national and sub-national levels*

**Outcome 3:** *Improved policies and operational mechanisms to support SGBV prevention and response at national and sub-national levels*

**Outcome 4:** *Enhanced awareness, participation and accountability at national and sub-national levels*

**Outcome 5:** *Improved coordination mechanisms at community, sub-national and National levels for inclusive and effective service delivery by 2020*

A total of 22 outputs were expected from the SGBV/HTP JP as presented below. Each outcome was connected to a pillar under the lead of a specific UN Entity and GoL representatives.

## Pillar 1: Prevention (Lead is the Ministry of Gender in collaboration with UN Women)

**Outcome 1:** By 2020, communities, educational institutions and relevant stakeholders in Liberia fully engaged and active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls' education, teenage pregnancy and FGM)

Output 1.1: Community knowledge on dangers of SGBV and harmful traditional practices increased through awareness and sensitization.

Output 1.2: Community commitment in support of the prevention of Gender Based Violence strengthened.

Output 1.3: Traditional and community members have access to safe spaces to support the reduction of SGBV and Harmful Traditional Practices

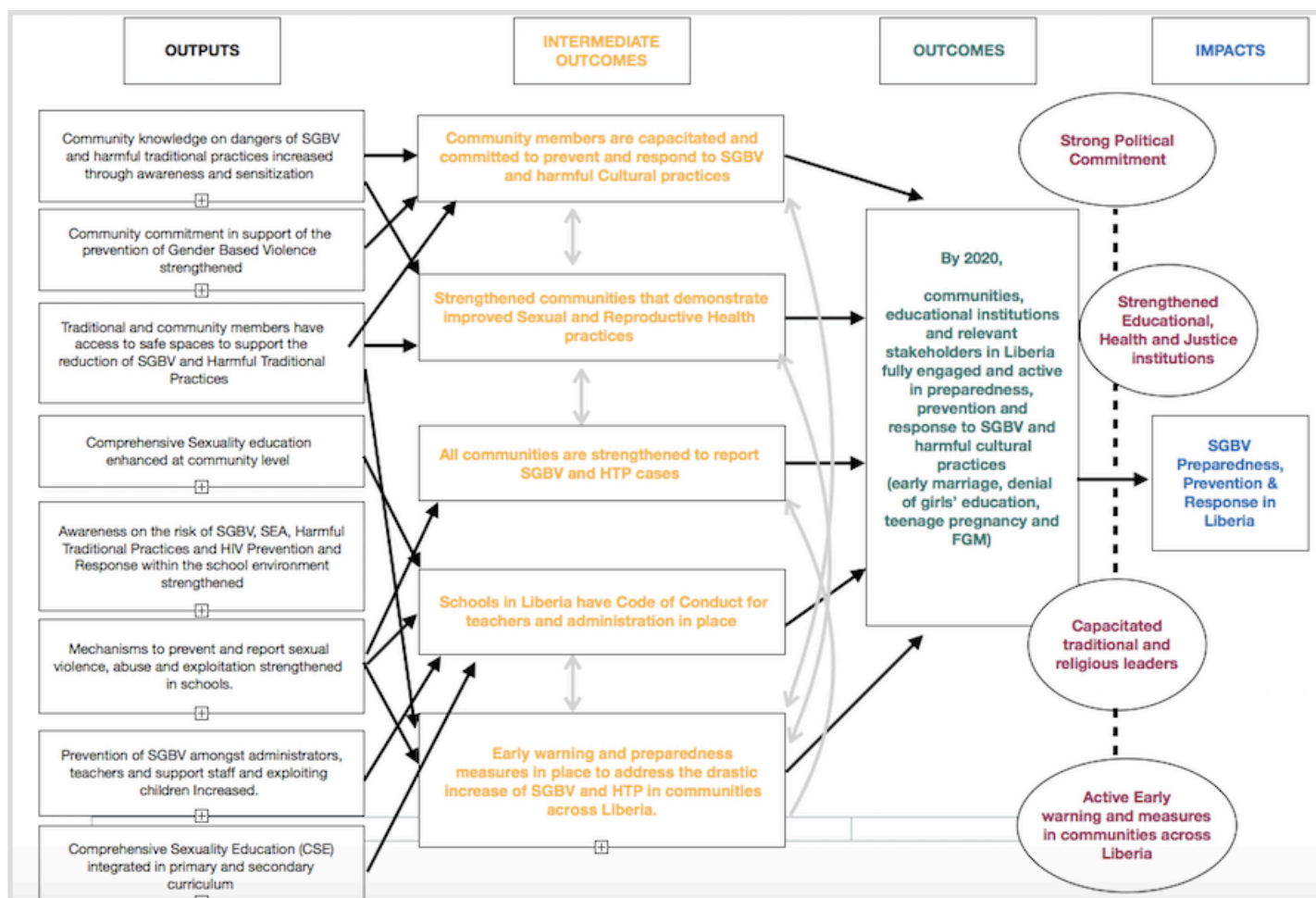
Output 1.4: Comprehensive Sexuality education enhanced at community level.

Output 1.5: Awareness on the risk of SGBV, SEA, Harmful Traditional Practices and HIV Prevention and Response within the school environment strengthened.

Output 1.6: Mechanisms to prevent and report sexual violence, abuse and exploitation strengthened in schools.

Output 1.7: Prevention of SGBV amongst administrators, teachers and support staff and exploiting children Increased.

Output 1.8: Comprehensive Sexuality Education (CSE) integrated in primary and secondary curriculum



## Pillar 2: Response (Lead is the Ministry of Justice in collaboration with Ministry of Health & UNFPA)

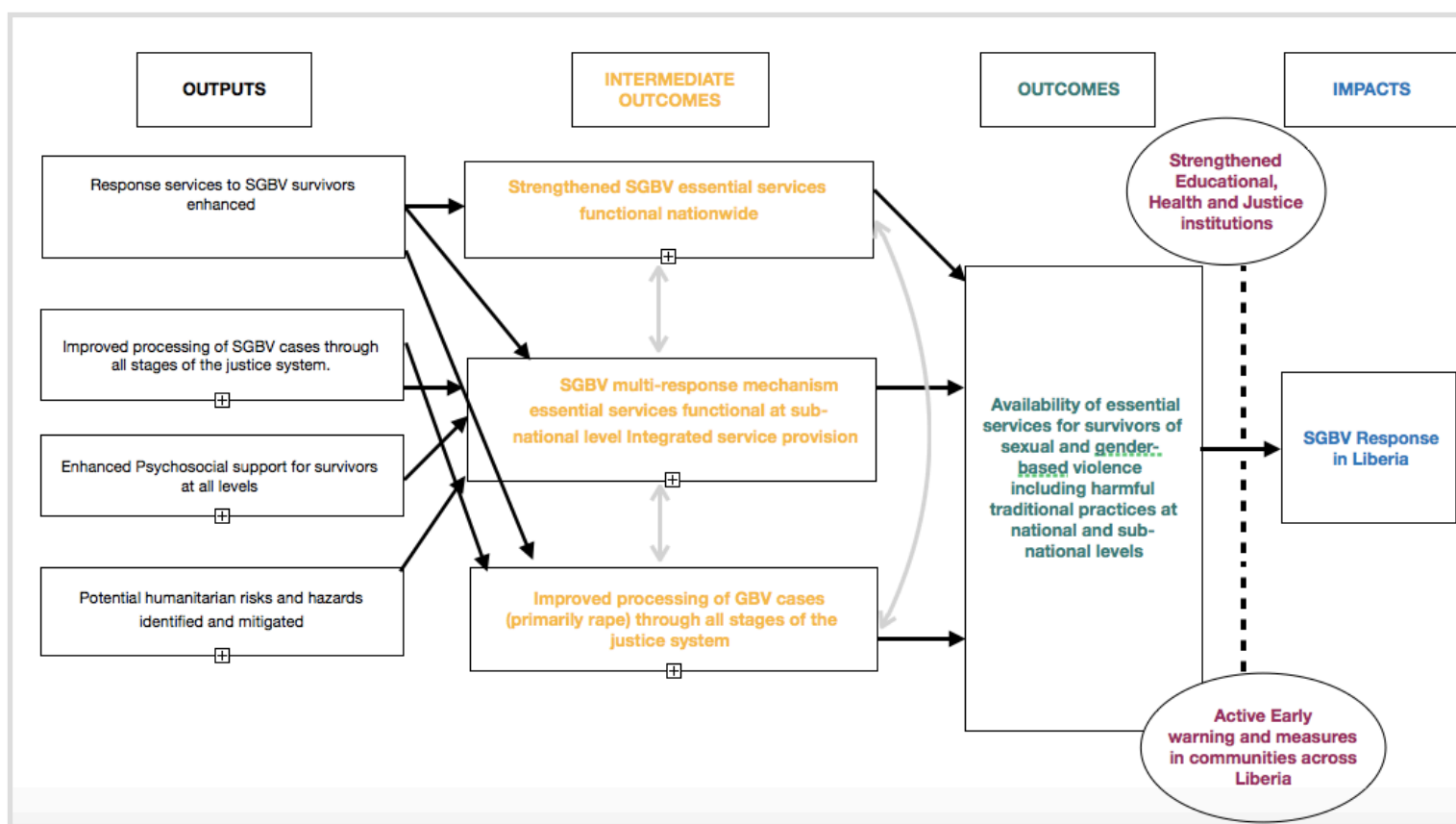
**Outcome 2:** Availability of essential services for survivors of sexual and gender-based violence including harmful traditional practices at national and sub-national levels

Output 2.1: Response services to SGBV survivors enhanced

Output 2.2: Improved processing of SGBV cases through all stages of the justice system.

Output 2.3: Enhanced Psychosocial support for survivors at all levels

Output 2.4: Potential humanitarian risks and hazards identified and mitigated



### Pillar 3: Institutional Strengthening (Lead is the Ministry of Justice in collaboration with UNDP/UNMIL)

**Outcome 3:** Improved policies and operational mechanisms to support SGBV prevention and response at national and sub-national levels

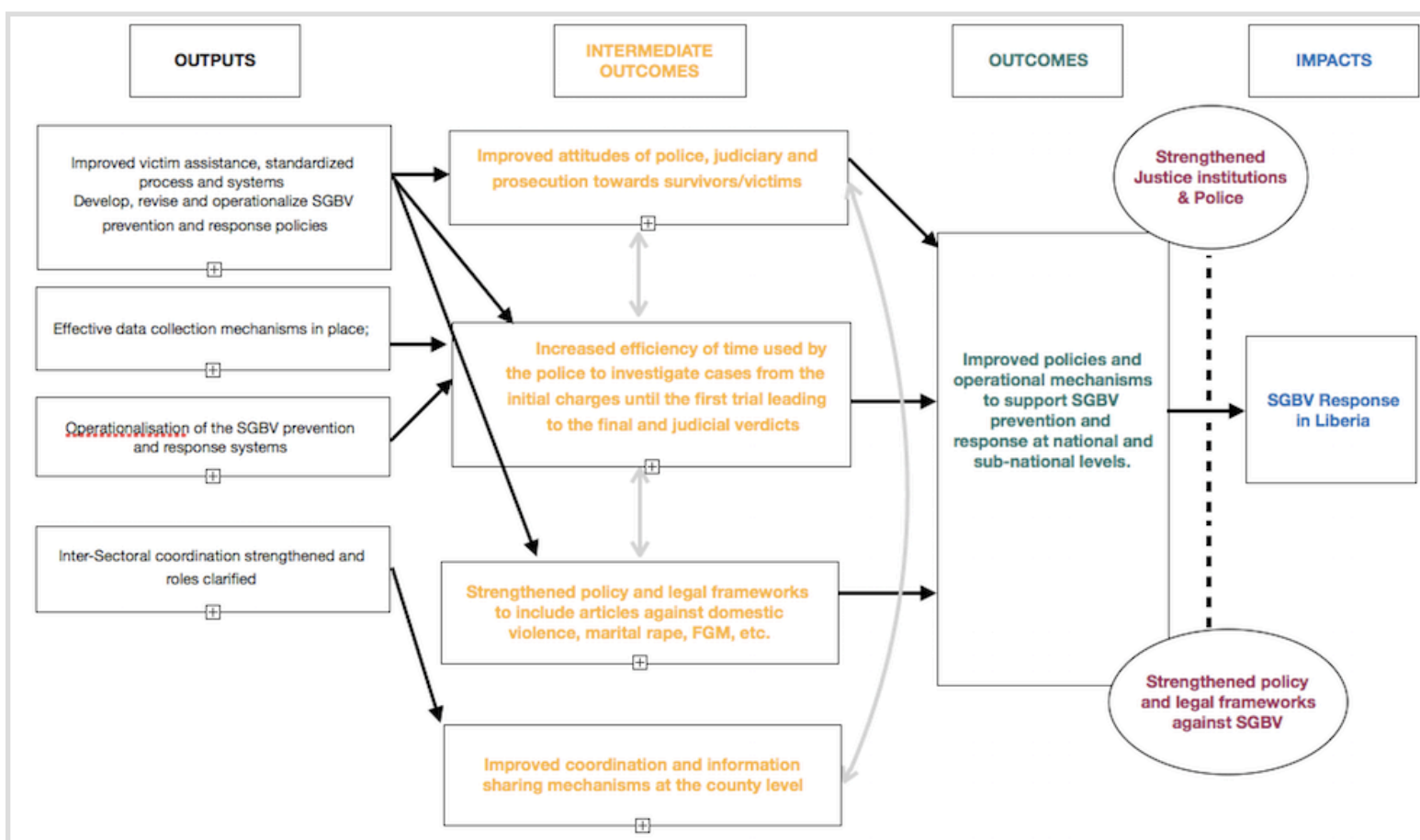
Output 3.1: ----

Output 3.2: Improved victim assistance, standardized process and systems Develop, revise and operationalize SGBV prevention and response policies

Output 3.3: Effective data collection mechanisms in place;

Output 3.4: Operationalization of the SGBV prevention and response systems

Output 3.5: Inter-Sectoral coordination strengthened and roles clarified





## Pillar 4: Advocacy, & Social Mobilization (Lead is the Ministry of Gender in collaboration with Ministry of Internal Affairs, Ministry of Information and UNICEF)

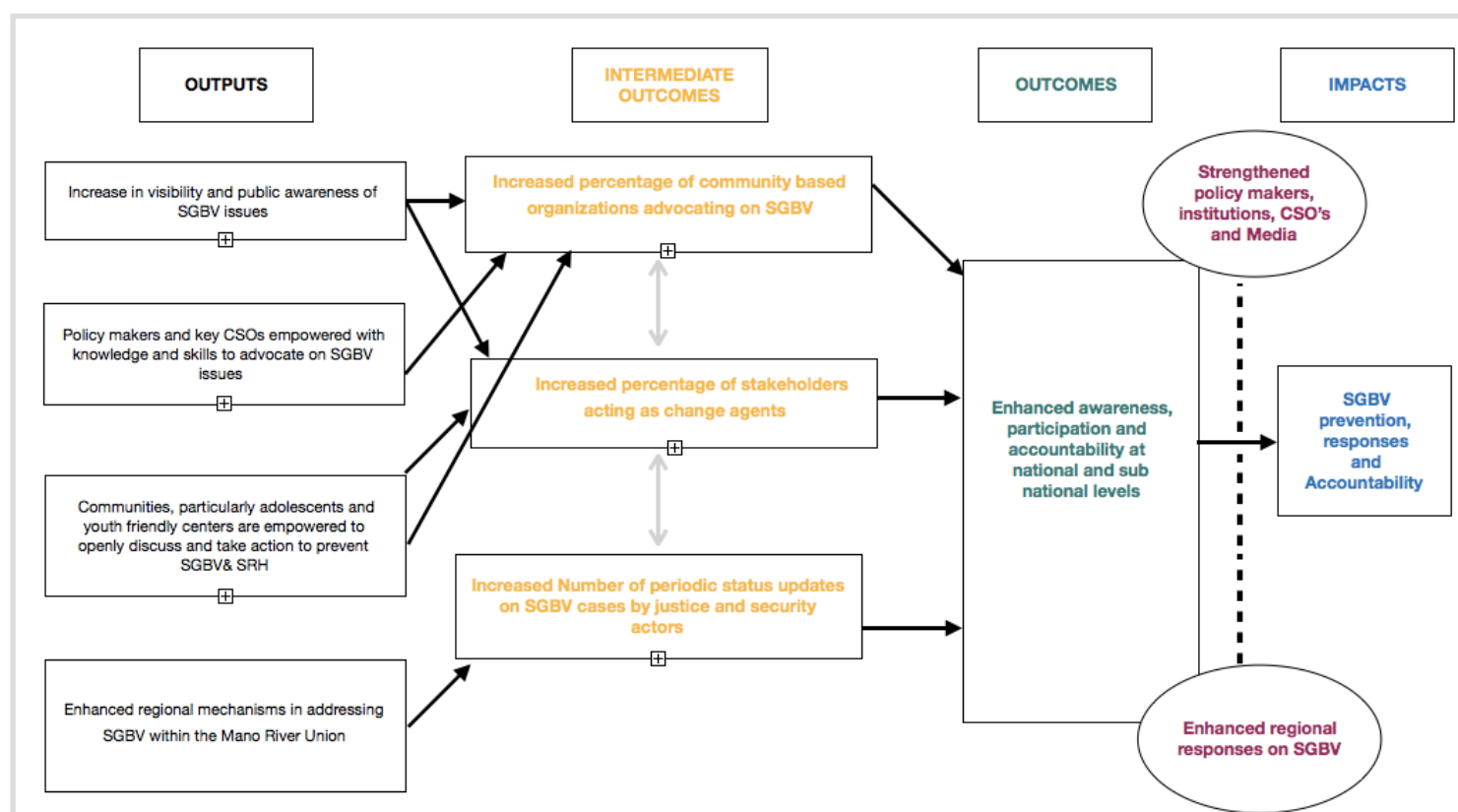
**Outcome 4:** *Enhanced awareness, participation and accountability at national and sub-national levels*

Output 4.1: *Increase in visibility and public awareness of SGBV issues*

Output 4.2: *Policy makers and key CSOs empowered with knowledge and skills to advocate on SGBV issues*

Output 4.3: *Communities, particularly adolescents and youth friendly centers are empowered to openly discuss and take action to prevent SGBV& SRH*

Output 4.4: *Enhanced regional mechanisms in addressing SGBV within the Mano River Union*

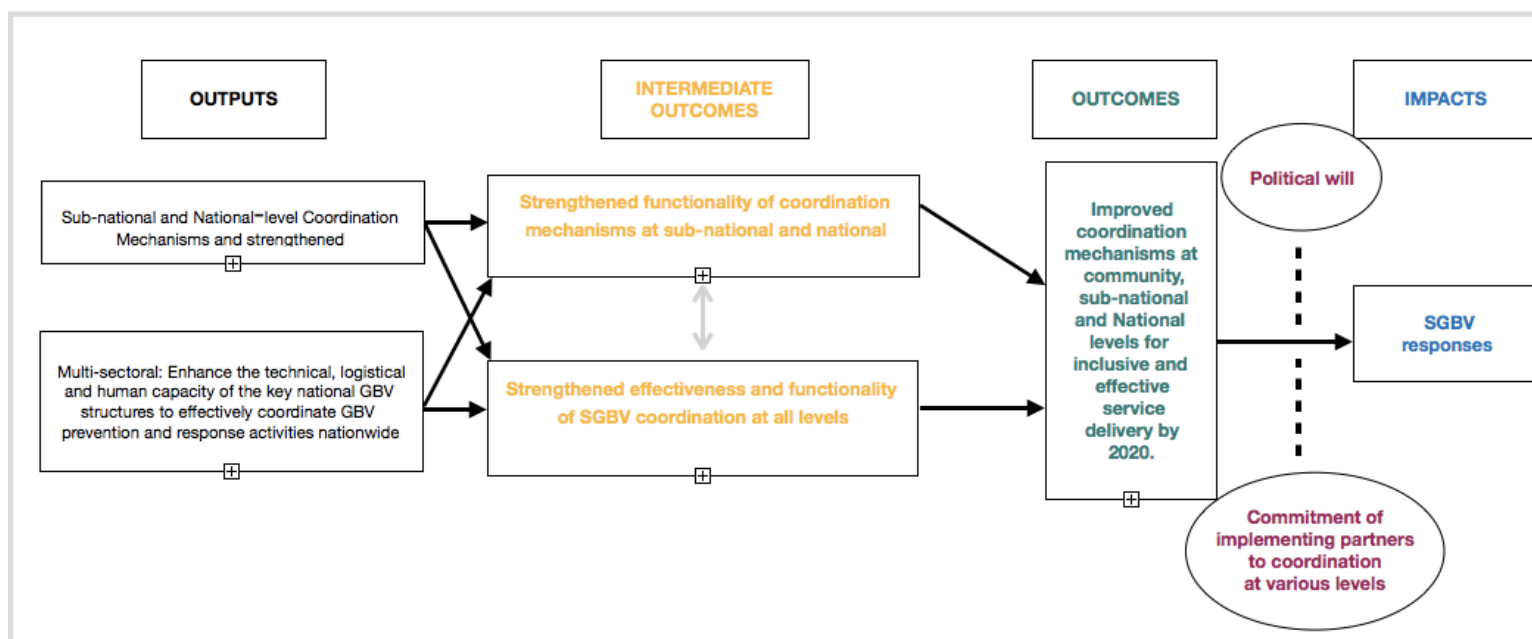


## Pillar 5: Coordination (Lead is the Ministry of Gender in collaboration with UN Women / UNMIL)

**Outcome 5:** *Improved coordination mechanisms at community, sub-national and National levels for inclusive and effective service delivery by 2020*

*Output 5.1 Sub-national and National-level Coordination Mechanisms and strengthened implementation plan*

*Output 5.2: Multi-sectoral: Enhance the technical, logistical and human capacity of the key national GBV structures to effectively coordinate GBV prevention and response activities nationwide*



The Logical Framework Matrix of the GoL/UN Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia is in annex 1 of this report.

## II. EVALUATION PURPOSE

This evaluation covered the actual implementation period of the SGBV/HTP JP, Jan 2017 – March 2020 and assessed the relevance of the intervention, strategy and approach in addressing Sexual and Gender-based Violence and Harmful Practices in Liberia; the programme success in reaching its intended results/objective; the sustainability of the results and the intervention. The effectiveness and efficiency of the project towards the achievement of impact results. The quality of the inter-agency coordination mechanisms that were established at country level; Determined whether human rights approach and Gender Equality principles were integrated adequately in the SGBV/HTP JP; Identified and validated important lessons learned, best practices and, strategies for replication

and provided actionable recommendations for the design and implementation of future interventions. Identified and validated innovative approaches in all aspects of the project; Documented and analyzed intervention weaknesses and/or challenges in order to improve next steps of UN Women, UNDP, UNFPA, UNICEF, UNHCR Liberia interventions in the area of programming on SGBV and harmful practices.

According to the ProDoc<sup>18</sup>, the SGBV/HTP JP was designed based on the 2013 Evaluation findings of the Joint Program which identified a number of gaps such as low conviction rate of SGBV cases; poor institutional readiness to support survivors, largely due to resource constraints as well as poor working conditions for staff which resulted in high staff turnovers; Weak health system readiness to prevent and respond to SGBV cases specifically through adequate integration of access to sexual and reproductive health and rights in previous SGBV interventions; Focus on sexual offences such as rape, with limited attention to prevalent and emerging GBV issues such as domestic violence, forced, child marriages; Limited efforts in promoting community based efforts on prevention of GBV; and Limited/delayed reporting, insufficient data to effectively track progress against set goals and objectives.

The purpose of this evaluation is therefore to examine the extent to which the SGBV/HTP JP addressed the above identified and assess programme progress and results of the Joint Programme. The evaluation generates substantial evidence for SGBV and HTPs prevention and protection in Liberia and identifies best practices. It is intended to inform the implementation of the Phase II of Government's Strategic Plan, new strategic documents such as the new Liberia United Nations Partnership Framework (LUNPAF) and future programming actions of participation UN Agencies, including the EU/UN Spotlight Initiative to End Violence Against Women and Girls. The findings will also be used by the UN to further refine its approaches in the promotion of EVAW agenda and to inform the development of strategic documents. In addition, the evaluation findings are also intended to support the Government of Liberia and its partners in their efforts to prevent and address SGBV in Liberia, protect the survivors and combat impunity for rape. According to the ToRs, the evaluation findings will be used by relevant stakeholders to:

- Enhance the collective capability of the Government at both national and local levels and to facilitate the implementation and monitoring of the NAP on Women Peace and Security
- Enhance leadership skills of women and further their participation in key decision-making structures, and specifically on the security sector
- Enhance participation of rural women in peacebuilding and security processes and increase equitable access to law enforcement and justice related services.

The results of the evaluation will be publicly accessible through the Global Accountability and Tracking of Evaluation Use-GATE system for global learning.

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<sup>18</sup> ProDoc, p. 4-5

The main evaluation users include UN Women, UNDP, UNFPA, UNICEF, UNHCR in Liberia as well as national stakeholders such as the Ministry of Justice, Ministry of Health, Ministry of Gender, Children and Social Protection and other Line Ministries responsible for the implementation of the SGBV/HTP JP.

### III. EVALUATION OBJECTIVES AND SCOPE

The evaluation was guided by the Organization for Economic Co-operation and Development's and Development Assistance Committee (OECD/DAC) evaluation criteria and UN Women Global Evaluation Report Assessment and Analysis System (GERAAS) criteria: relevance, effectiveness, efficiency, sustainability, and Human Rights and Gender Equality. The specific objectives of the evaluation include the following:

- Assess the relevance of the intervention, strategy and approach in addressing Sexual and Gender-based Violence and Harmful Practices in Liberia;
- Assess project's success in reaching its intended results/objective
- Assess the sustainability of the results and the intervention.
- Assess the effectiveness and efficiency of the project towards the achievement of impact results.
- Assess the quality of the inter-agency coordination mechanisms that were established at country level;
- Determine whether human rights approach and Gender Equality principles are integrated adequately in the project.
- Identify and validate important lessons learned, best practices and, strategies for replication and provide actionable recommendations for the design and implementation of future interventions.
- Identify and validate innovative approaches in all aspects of the project
- Document and analyze intervention weaknesses and/or challenges in order to improve next steps of UN Women, UNDP, UNFPA, UNICEF, UNHCR Liberia interventions in the area of programming on SGBV and harmful practices

The main evaluation questions are presented with the evaluation framework in annexure 6 of this report.

### IV. EVALUATION METHODOLOGY AND LIMITATIONS

The evaluation employed an exploratory and multipronged approach. In line with the United Nations Evaluation Group (UNEG) norms and standards, a gender-responsive and human rights-based approach was applied throughout the evaluation process.

The evaluation was conducted in a transparent, inclusive and participatory manner.

Key stakeholders of the SGBV/HTP JP and direct beneficiaries participated at the different stages of the evaluation process and were able to express their perspectives about the programme implementation process, results, achievements and any point of improvement identified.

#### **4.1 Source of data and collection methods**

The evaluation utilized a mixed-method to gather and integrate data from multiple data sources and methods. In annex, various tools that were used by the evaluation team are presented in a detailed manner. In addition, standard qualitative and quantitative evaluation methodologies were used where qualitative data derived from key informant interviews, focus group discussions and case studies. The quantitative data derived from programme documents, monitoring and progress reports highlighting programme approach, various activities, expenditure and quantitative results of the SGBV/HTP JP.

The use of a mixed methods approach offered diverse perspectives to the evaluation but also promoted the participation of different groups of stakeholders, provided an holistic insight of the SGBV/HTP JP and allowed for triangulation of data that ensured reliability and validity as data from different sources were compared and any inconsistencies followed up on.

The following methods were used to gather data for the evaluation:

##### a) Desk/Literature Review

The evaluation team reviewed during the inception phase all programme documents to have an understanding of programme context and background, goal, objectives, outcomes and milestones. The list of documents reviewed are in annexure 4.

##### b) In Depth Key Informant/Stakeholder Interviews

In-depth interviews with key stakeholders and informants were conducted to have their views on the evaluation criteria to relevance, effectiveness, efficiency, sustainability, gender & human rights, innovation and lessons learned of the SGBV/HTP JP. In annexure 8, KII interview guide is available.

##### c) Focus Group Discussions

Focus group discussions were conducted with the direct beneficiaries, SGBV survivors, former perpetrators acting as change agents, traditional leaders of the SGBV/HTP JP in the county and at community level. The purpose of the focus group discussions was to take the multiple voices of the beneficiaries and their perceptions in terms of strengths, weaknesses opportunities and threats of the programme implementation (SWOT approach) into consideration, its main achievements and the impacts on the communities. The guide and an informed consent form in annexure 8 were used.

#### d) Case Studies and most significant change stories

In-depth discussions with individual programme participants were conducted to provide specific case studies that helped to capture the micro-impacts of the programme at institutional, individual or community levels. The participants selected for case studies were identified with the support of participants from focus group discussions. The participant list is in annexure 6.

### **4.2 UNEG Ethical Guidelines and Code of Conduct for Evaluation**

The Evaluation Team committed to respect during this process the protection and confidentiality of data as recommended by UNEG<sup>19</sup> and the related code of conduct for evaluation in the UN system. The Evaluation Team members strictly respected the ethical guidelines such as a) Independence and Impartiality; b) Credibility ; c) Honesty and Integrity ; d) Accountability e) Respect for Dignity and Diversity; h) Avoidance of Harm; j) Transparency. The Evaluation Team applied also in its work the “*do no harm*” principles which requires a proper assessment of gender dynamics and cultural norms that may result in victims and witnesses being exposed to further harm, including re-traumatization and marginalization at the hands of alleged perpetrators or the victims’ families and communities. Prior to arranging an interview with a SGBV survivor (a person potentially traumatized or in a situation of vulnerability) or a witness, the Evaluation Team assessed whether the victim may experience reprisals, marginalization, stigma or violence, including at the hands of their family or community, for contacting and/or informing the evaluation team; and whether ALL evaluation team members and research assistants know how to respond appropriately to the victim or witness if she/he becomes distressed.

### **4.3 Quality Assurance**

The evaluation team ensured on the one hand, that the evaluation process was in line with the UNEG norms and standards which guarantees that the evaluation products conform to best practice and meet UN quality standards. On the other hand, as mentioned in the ToR, UN Women also assessed the extent to which the deliverables met quality standards for approval.

### **4.4 Data Analysis**

The evaluation gathered qualitative data from desk review, key informant interviews, case studies and stories. Qualitative data emerged from programme documents and reports made available providing critical information on activities, expenditure, targeted and reached beneficiaries, geographical coverage of the of programme and results. Quantitative data was obtained from a questionnaire with close-ended questions, relating to participants demographic data and other information relating to programme specifics (number of pillar meetings, monitoring visits etc).Data analysis was done conti-

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<sup>19</sup><http://www.uneval.org/document/detail/100>

nuously throughout the data gathering phase in a sequential manner. A thematic framework was developed to identify key concepts and themes emerging from the data collected using MS Excel. Data was then categorized according to the emerging concepts or issues and content wise analyzed. All data gathered during the field visits was collated, triangulated (use of a combination of qualitative and quantitative data which ensures that the limitations of one type of data are balanced by the strengths of another), and verified before conclusions are made.

#### 4.5 Scoring criteria

The following scoring framework for performance against the evaluation criteria was used during the evaluation to assess performance:

| Scoring                    | Meaning  |
|----------------------------|--|
| <b>A - Very good</b>       | The programme performed well and no changes were required.     |
| <b>B - Good</b>            | The programme performed well but some changes were required.   |
| <b>C - Satisfactory</b>    | The programme performed but significant changes were necessary |
| <b>D - No Satisfactory</b> | The programme did not perform at all on the criterion          |

#### 4.6 Review and validation process

An Evaluation Reference Group comprising representatives of the main stakeholders of the SGBV/HTP JP was constituted according to TOR. The Evaluation Reference Group, UN Women and the Regional Office (RO) are responsible for reviewing all deliverables and provide comments and input. They were actively involved in the evaluation design, process and implementation.

#### 4.7 Sample and sampling design

Various sampling techniques were used such as, purpose sampling (*Selection of direct programme partners with knowledge of the joint programme content*), Clustered sampling (*SGBV survivors, witnesses, perpetrators acting as change agents etc.*) and Quota sampling (*To ensure a minimum percentage of women, girls, men and women are required to ensure representativeness of the population or beneficiaries*)

Key informants were strategically and randomly selected on the basis of their role, influence, participation and knowledge of the SGBV/HTP JP. The evaluation team ensured a very good representativeness number of men, women, boys and girls to be interviewed at national, county and community levels. A total of 92 persons were interviewed (65 women and 27 men).

#### *Selection of Key informants:*

The evaluation team identified with the support of the programme management and the documents reviewed key stakeholders of the GoL/UN SGBV / HTPs JP based on their role played during the programme design and implementation.

#### *Selection of counties:*

The evaluation team visited 7 counties which were selected based on their exposure to SGBV (statistics available) and their accessibility during the rainy season and the programme intervention. The site visits helped to identify whether the GoL/UN SGBV / HTPs JP has performed or not in relation with the expected objectives.

#### *Selection of Beneficiaries:*

Beneficiaries were selected on the basis of their participation and exposure to the intervention and ability to provide the expected information. In addition, the evaluation applied a gender responsive approach which ensured that the programme design and implementation integrated HR & GE and duty-bearers and rights holders were actively involved without any discrimination (*Inclusion and participation principles*) and benefited from the intervention.

Finally, the evaluation analyzed whether the fair power relations between advantaged and disadvantaged groups were balanced and the degree to which power relations changed as a result of the SGBV/HTP JP.

#### **• Consultations at national level**

- In depth & semi-structured interviews with
- Donor, UN Staff and Officials from the Ministries (Ministry of Gender, Children and Social Protection; Ministry of Health; Ministry of Justice; Ministry of Education; Ministry of Internal Affairs and Ministry of Information).
- Semi structured interviews with the Gender Taskforce to assess and analyze the coordination mechanism among the stakeholders on SGBV and programme objective
- Semi structured interviews with representatives of local media, schools, NGOs and other relevant stakeholders at county and community levels

#### **• Consultations at county and community levels**

- Nine Focus group discussions with target groups, direct and indirect beneficiaries, SGBV survivors
- Semi structured interviews with traditional and religious leaders, representatives of schools, CSOs, Peace hut women and other relevant stakeholders
- Semi structured interviews with men acting as change agents in the communities to assess the level of their support in the fight against SGBV in the counties.

## **4.8 Stakeholder Analysis Matrix**

A stakeholder analysis was conducted by the evaluation team and provided an insight of the role and level of influence of stakeholders. The matrix was complemented with



additional information gathered during the field phase. The Evaluation Team identified at community level, the existence of various community structures (Observatories, Community Gatekeepers, Community Action Committees) supported by UNFPA and UNICEF but could not clarify their roles and functions within the implementation of this SGBV/HTP JP. There was a not concrete example of their specific contribution to the SGBV/HTP JP. The specific role played by the peace hut women in this Joint Programme phase III could not be determined by the Evaluation Team.

Due to the requirements related to the length of this report, the detailed stakeholder analysis matrix is presented in annex 5 of this report.

#### **4.9 Evaluation Team Members**

The Evaluation Team is responsible for the following evaluation phases: Inception phase; Data collection phase; Data analysis and syntheses phase; Validation. The Evaluation Team Member is providing technical support throughout the whole evaluation process. This evaluation was conducted by a team of two consultants as follows:

Viviane Tassi Bela: Evaluation Team Leader and Senior Gender Responsive Expert with senior expertise in the areas of Gender Equality, Women, Peace and Security (WPS Agenda / UNSCR1325), Human Rights and Evaluation (UNEG Norms and Standards). She has strong skills in Research.

Cheryl Angela Williams: Evaluation Team Member with very strong experience in Gender Equality and women peace and security. She has strong skills in Research.

Research Assistants: Alex Dukuly, Jassa Kolva, Lawrence Tomah, Josephine Nagbe with experiences in Gender Equality, Data gathering and in facilitating focus group discussions. They assisted the core Evaluation Team and were in charge of conducting specific focus group discussions in the seven (7) counties. Each research assistant was in charge of collecting data through focus group discussions in a specific county.

The Evaluation Team Leader (Viviane Tassi Bela) worked under the overall guidance of the Deputy Representative and Monitoring & Evaluation Specialist. She has the overall evaluation responsibility and accountability for the report writing, data analyses and report to UN Women, the Reference Group and the Regional Office (RO).

#### **Evaluation Reference Group (ERG):**

The Evaluation Reference Group (ERG) consisted of Donor, UN Women Regional Office based in Dakar, focal persons from the UN Women, UNDP, UNICEF, UNHCR, UNFPA, UNRCO SGBV PMU (Secretariat), Ministries of Gender, Children and Social Protection, Health, Justice, Information, Education and Internal Affairs. The ERG is an integral part of the evaluation management structure established to facilitate the participation of relevant stakeholders in the roll-out of the Evaluation in its entirety. It will provide oversight

on areas such as, raising awareness of the different information needs, quality assurance throughout the process and dissemination of the evaluation results. The ERG was composed of internal and external experts and acted as key informants; assisted in collation of relevant documents; assisted in identifying external stakeholders and played a key role in disseminating findings of the evaluation and further implementation of its outcomes.

### **Evaluation Management Group**

The Evaluation Management Group was comprised of the UN Women Evaluation Manager (Liberia), 2 colleagues from UN agencies, UN Women Regional Evaluation Specialist. The Evaluation Management Group was established to oversee the evaluation process, make key decisions and quality assurance of deliverables. The EMG assured quality of the evaluation report on the basis of UNEG standards and norms, UN SWAP Evaluation Performance Indicator and GERAAS meta-evaluation criteria.

### **Evaluation Manager (EM)**

The EM reviewed the quality of the draft evaluation report; shared the draft report with the Regional Evaluation Specialist for quality review, shared the draft report with the ERG and the EMG for quality review, consolidated feedback and shared with the evaluation team leader, who was expected to use them to finalize the inception/ evaluation report.

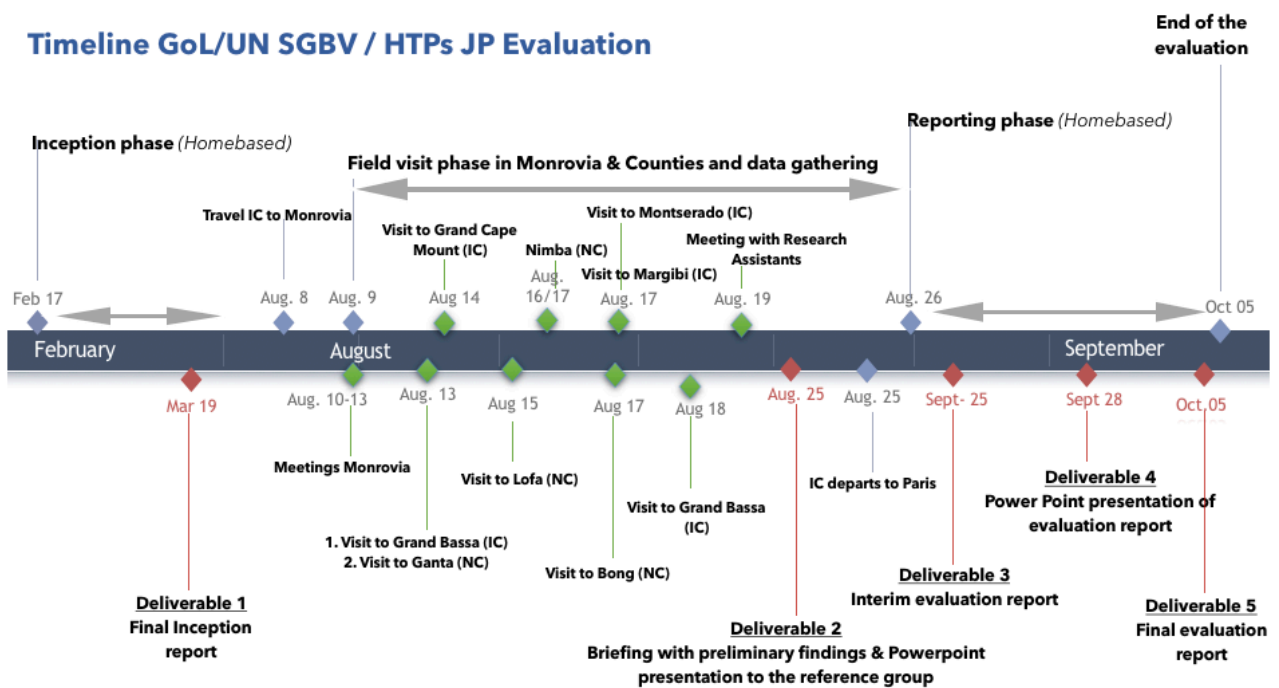
## **4.10 Field visit and geographic scope of the evaluation**

The field visit in Liberia was initially planned from 05/03/2020 - 26/03/2020. However, because of the COVID - 19 outbreak at the end of the planned inception phase, the field visit took place from 8th - 25th of August 2020. The selection criteria of the counties were based on the SGBV prevalence, the activities implemented in the counties and the location to ensure a good representativeness of the areas covered by the programme. In addition, the Evaluation Team considered the accessibility during the rainy season. The counties presented in the following graphic have been initially selected as they met the criteria: Montserrado, Cape Mount, Bong, Nimba, Grand Gedeh and Grand Bassa. However, due to the very bad road conditions during the field visits and the travel to Grand Gedeh was not possible, the Evaluation Team replaced Grand Gedeh with Lofa after consultations with UN Women. Lastly, in order to gather more data, Margibi county was also added to the selection of the counties.

- **Geographic coverage of the evaluation**



### Timeline GoL/UN SGBV / HTPs JP Evaluation



#### **4.11 Constraints and Limitations to the evaluation**

The evaluation team faced the following constraints and limitations:

- a) Due to COVID-19 restrictions and the fact that offices were closed and staff worked from home, the ET could not meet with RUNOs to discuss the evaluation process and methodology
- b) Even though the ET received some documents at the beginning of the evaluation preparations, the main MOVs were received shortly before, during and after data collection which posed serious delays to the work. This would have helped to identify gaps in availability of data and in alignment of results across the programme outputs and outcomes.
- c) The reference group was expected to be in place before the beginning of the evaluation and the inception phase. However, the evaluation team observed the very limited participation of the reference group members during the inception phase.
- d) The RO in charge of quality assurance of evaluations within UN Women in West Africa was not informed about this evaluation. Involving them almost at the end of the inception phase and after the IR was already submitted for approval delayed the inception phase up to one month.
- e) The COVID-19 outbreak challenged the timeline of the field visits planned in March 2020 which finally took place in August 2020.
- f) The accessibility to some communities and counties in rainy season challenged the field visits
- g) The availability of beneficiaries and implementing partners during the period of field visits (August 2020) was an issue which challenged the evaluation. The evaluation team did not speak with all stakeholders as some were not in the country / city during the field visit.
- h) The Logframe was not revised but replaced by work plans without baseline values and/or indicators (Example of work plans 2017 and 2018). There was a mismatch between the targets and baselines indicated in the same reports made available which created a lot of confusion and requested more time to cross check a couple of times the data.

##### Mitigating mechanisms to the above mentioned constraints

- a) The Evaluation Team actively solicited the programme management to get more information where necessary before the beginning of the field phase;
- b) The Evaluation Team conducted additional research on internet (visit of homepages of involved partners and stakeholders, media review etc.)
- c) The Evaluation Team systematically shared various documents and tools with the programme management of the SGBV/HTP JP and actively requested the involvement of reference group members for comments and input.
- d) The Evaluation Team actively involved the RO and keep them regularly updated about the evaluation process

f and g) The Evaluation Team conducted additional interviews per phone and added an additional county to the initial selection of the counties in order to ensure a better involvement of relevant stakeholders

h) The Evaluation Team reviewed the work plans and linked the implemented activities to the outputs in the logical frame in order to be able to analyze and assess the extent to which the intervention contributed to the achievements of the outcomes.



*The Evaluation Team (2) and the Research Assistants (4)*

## V. EVALUATION FINDINGS

Based on the Final Evaluation scope and criteria highlighted in the ToR attached in annex, the presentation of the findings follows the evaluation criteria of design, relevance, efficiency, effectiveness, sustainability, gender equality / human rights and innovation. The specific questions articulated in the Evaluation Matrix are answered in a detailed manner.

### A. DESIGN

*Under this criterion, the evaluation analyzed and assessed the following elements: GoL/UN Joint Programme design, intervention logic, targets, appropriateness of indicators, synergies and integration of Gender Equality and Human Rights.*

|                 |              |   |
|-----------------|--------------|---|
| <b>Scoring:</b> | <b>B / C</b> | B: The programme performed well but some changes were required<br>C: The programme performed but significant changes were necessary |
|-----------------|--------------|---|

A SWOT analysis which is a technique used to identify strengths, weaknesses, opportunities, and threats related to an intervention was applied to assess the validity of the design of the SGBV/HTP JP.

- **Strengths:** The Joint Programme was very well designed, the objectives were clearly defined and the intervention logic was appropriate. The SGBV/HTP JP addressed in its design the concerns explicitly formulated by UNMIL within the framework of the Security Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender-based violence and calls for the need to combat SGBV with a focus on Sexual violence against children, address impunity and provide redress, support and protection to victims. The findings from previous phases of the SGBV/HTP JP, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design a community-based Joint Programme (the 3rd phase) to address the needs and priorities in the fight against SGBV in Liberia. In its approach, SGBV/HTP JP used coordination mechanisms and the effective partnerships at national level to reduce or avoid duplication and strengthen synergies at national level. The SGBV/HTP JP managed to make best use of existing synergies and expertise at national level and achieved some good results which are still fragile and need to be consolidated. Gender Equality and Human Rights were well incorporated in the programme design of the SGBV/HTP JP. The Joint Programme was designed, implemented and monitored to address gender inequalities, SGBV / HTPs and some gaps in the legal framework hindering the fulfillment of Women's and children's rights in Liberia. **(Score A)**

- **Weaknesses:**

The Joint programme was designed as a community based intervention with an initial budget of USD \$ 36 millions but implemented with 3 millions USD of which 26% (almost 1/3) of the total budget was allocated to staff & personnel and contractual services only.

There was not funds allocated monitoring of activities and the SGBV JP failed to make best use of synergies at district and community levels. Some deficiencies and gaps were identified in the design of the work plans. The yearly work plans which derived partly from the Logical Framework of the GoL/UN Joint Programme lacked baseline / target values (year 1/year 2) and activities did not match with the outputs from the Logical Framework which challenged the performance assessment. The design of monitoring reports were mostly activity based rather than results based. SGBV JP failed to design a sustainability strategy, financial sustainability plan and Exit Strategy Plan. **(Score D)**

- **Opportunity:**

SGBV JP with its innovative approach in involving traditional leaders and former perpetrators in the prevention of SGBV and HTPs, the strengthening of the justice system, the enhancement of legal framework and the referral pathways in addressing SGBV in Liberia as well as the social mobilization against impunity are good basis for further interventions dealing with SGBV in the country. **(Score B)**

- **Threats / Risks:**

The lack of sustainability strategy developed by the Joint Programme, the lack of financial sustainability plan, the absence of Exit Strategy Plan, the reported turnover of technical staff capacitated the very limited funds allocated by the national budget for Gender Equality related issue and the fact that some achieved results are still requiring further technical and financial supports in order to continue after the programme ends are putting the achieved results at risks. **(Score D)**

## B. RELEVANCE

*The extent to which the objectives of the SGBV/HTP JP are responsive to the needs and priorities of the SGBV survivors, partners and stakeholders and are aligned with government and UN priorities, policies and strategies.*

**Scoring:**

**B**

The programme performed well but some changes were required

The SGBV JP was built on the results and recommendations of the previous phases of the programme such as the 2013 Evaluation of the Joint Program which identified a number of gaps. The SGBV/HTP JP addressed in its design the concerns explicitly formulated by UNMIL within the framework of the Security Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender-based violence and calls for the need to combat SGBV with a focus on Sexual violence against children, address impunity and provide redress, support and protection to victims. The findings from previous phases of the Joint Programme, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design a community-based Joint Programme (the 3rd phase) to address the needs and priorities in the fight against SGBV in Liberia. It is mentioned

in the programme document that a mapping of actors was also conducted to identify key stakeholders, strengthen synergies and avoid overlaps and duplication. The mapping of actors was not made available during this exercise and the evaluation team could not review it. The prevention strategies and active involvement the local media coupled with alignment with international, regional and national instruments and plans for the prevention of SGBV and the fight against it justified the relevance of the SGBV JP. However, it was reported that the Joint Programme faced challenges in its design stage due to the government transition and the internal changes also occurring within the UN system in 2016. A detailed stakeholder mapping and analysis of involved actors at various levels, the development of an inclusive strategy of people with disabilities in the Joint Programme as well as an appropriate revision or adjustment of the programme content and priorities would have enhanced the relevance of the SGBV JP.

**Question 1:** How relevant for the context are the areas in which the programme focused on (SGBV prevention, response to survivor needs, capacity building and development of institutions, Advocacy and communication?)

**Finding 1: In covering areas such as SGBV prevention, response to survivor needs, capacity building and development of institutions, advocacy and communication, the evaluation found that the SGBV/HTP JP strategic content and objectives were very relevant for the context.**

Liberia currently ranks 177 out of 188 countries on the overall measures used to determine the gender inequality index. SGBV, especially rape remains one of the most concerning Human Rights violations meted against women and girls in the country. According to statistics provided by the Ministry of Gender Children and Social Protection (MOGCSP)<sup>20</sup>, in 2015, a total of 1,555 GBV cases were recorded and reported to law enforcement officials, health care providers, non-governmental organizations (NGOs) and community-based organizations (CBOs). The high prevalence of impunity of SGBV cases as highlighted by 83% of interviewees, the low level of availability and accessibility of initial services for SGBV including medical and psychological services that are provided to survivors (reported by 72% of the interviewees) and the access to adequate information in effectively reporting and handling cases (reported by 54% of the interviewees) are reported challenges in addressing SGBV and HTPs in the country. In covering areas such as SGBV Prevention, Response to survivor needs, Capacity Building and Development of institutions, Advocacy and Communication, the evaluation found that the SGBV/HTP JP strategic content and objectives were very relevant for the Liberian context.

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<sup>20</sup> GBV statistics of MOGCSP of 2015, 2016, 2017, 2018, 2019 and 2020



**Question 2:** To what extent is the programme aligned to Liberia's national plans and strategies against SGBV, the UNDAF and action plan, UNSCR 2190, international strategies and resolutions?

**Finding 2: The SGBV/HTP JP is very well aligned with the National, Regional and International legal Frameworks and instruments on Gender Equality, SGBV Prevention and Response as well as to the UNDAF and action plan, UNSCR 2190.**

The evaluation found that the SGBV/HTP JP was built on lessons learnt from past phases I and II and the 2013 evaluation findings and recommendations aimed at addressing identified gaps<sup>21</sup> such as low conviction rate of SGBV cases; Poor institutional readiness to support survivors, largely due to resource constraints as well as poor working conditions for staff which resulted in high staff turnovers; Weak health system readiness to prevent and respond to SGBV cases specifically through adequate integration of access to sexual and reproductive health and rights in previous SGBV interventions; Focus on sexual offences such as rape, with limited attention to prevalent and emerging GBV issues such as domestic violence, forced, child marriages; Limited/delayed reporting, insufficient data to effectively track progress against set goals and objectives.

The SGBV/HTP JP was also aligned on the one hand, to the national gender equality, Women, Peace and Security (WPS) agenda and SGBV prevention and response frameworks and policies in Liberia. On the other hand, the evaluation noted an alignment of the SGBV/HTP JP to the United Nations Development Assistance Framework (UNDAF) and action plan particularly the Peace, Security, Rule of Law and the Human Development and Essential Social Services pillars as well as the UNSCR2190.

The linkage between the five outcomes of the SGBV/HTP JP and national priorities on SGBV prevention and response was strengthened by the consultative meetings held in 2016 and 2017 with the former Government of Liberia and various dialogues conducted in 10 communities at the early stage of the programme planning as well as the agreements with the current Government of Liberia through signed Letter of Agreements (LoA) in 2018 enhanced the relevance of the intervention. Some of the Joint Programme outputs contributed also significantly to the prevention and response frameworks of SGBV /HTPs such as the adoption of the Domestic Violence Act of 2019; The National Action Plan for the Prevention and Management of GBV in Liberia, Phase III (2018-2023) and the establishment of referral pathways in the counties and of One Stop Centers; The revision and operationalization of SGBV prevention and response policies (The National Standard Operating Procedures (SOPs) for Prevention and Response to Gender based Violence in Liberia (2019-2023) and the National Standard Operating Procedures for Prevention of and Response to Gender Based Violence in Liberia (2020-2024); The signed agreements with the traditional leaders and the suspension of bush schools<sup>22</sup> in the country in 2019).

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<sup>21</sup> ProDoc, p. 5

<sup>22</sup> Bush schools are secret and traditional societies for initiating boys and girls into adulthood

## **Box 1: Alignment of the GoL/UN Joint Programme to the National, Regional and International frameworks**

### **National Policy framework and legislation**

- The National Sexual and Reproductive Health Policy (2010), providing for access to quality health services for survivors of sexual violence and the establishment of a reporting mechanism to facilitate intra-governmental co-ordination in the management of SGBV cases;
- The National Action Plan for the Prevention and Management of GBV in Liberia, Phase III 2018 – 2023
- The Children's Law, 2011
- The National Gender Policy (2012);
- The Reconciliation Roadmap (2012), incorporating recommendations of the Truth and Reconciliation Commission to enhance women's psychosocial recovery and economic empowerment as a form of redress for sexual violence;
- The National Human Rights Action Plan of Liberia (2013), which incorporates recommendations regarding SGBV received during the UPR process;
- National Child Welfare and Protection Policy, 2017
- National Comprehensive prevention Strategy on SGBV (2019)
- The Domestic Law 2019 providing legal sanctions for sexual violence by explicitly criminalizing spousal rape and other forms of sexual violence perpetrated by any close relative of the victim.
- The Liberian National development plan (2019-2023), the Pro-poor Agenda for Prosperity and Development (PAPD)
- The National Action Plan for the Inclusion of Persons with Disabilities
- National Health and Social Welfare Plan, covering the period 2011-2021
- UN Partnership Framework (2020-2024)

### **Institutional Framework**

- The Sex Crimes Unit (SCU) of the Ministry of Justice oversees the prosecution of sexual offenses at Criminal Court "E" and at the regional justice and security hubs. The Ministry of Justice has assigned trained SGBV prosecutors in eight counties and established an SGBV sub-unit in the Gbarnga hub.
- The Ministry of Justice also oversees the operations of the Women and Children Protection Sections (WACPS) of the Liberia National Police (LNP)
- The SGBV Unit of MOGCSP mandated to monitor and report on SGBV cases of SGBV throughout the country.
- The Gender-Based Violence Inter-Agency Task Force, which brings together UN, government, and local and international NGOs to address pressing gender-based violence issues in the country.

### **Guidelines**

- Standard Operating Procedures for SGBV Services at "One Stop Centers"

### **International legislation**

- CEDAW (1979)
- The Beijing Platform for Action (1995)
- The Universal Declaration for Human Rights (1948)
- UNSCR 1325 (2000)
- African Charter on Human and People's Rights (1981)

**Question 3:** Were the programmatic strategies appropriate to address the identified survivors needs of SGBV and in regard to their access to the justice and health

**Finding 3: The programmatic strategies were appropriate in addressing the identified needs and priorities of SGBV survivors in regard to their access to Justice and health. However, a few gaps were identified and challenges were also reported in the implementation of these strategies at various levels.**

The satisfaction level of the involved UN entities (69%) in regard to the appropriateness of the SGBV/HTP JP strategies and the achieved results contradicts with the average percentage of satisfaction level from the implementing partners and beneficiaries in the counties and communities (47%). This is explained by various factors, ranging from delays in implementation to limited GoL staff in the counties for effective execution of their duties to complement the work of Programme.

The strategy of the Joint Programme in regard to the needs of SGBV survivors in accessing justice was to strengthen the capacity of justice actors, to enhance the response mechanism and to provide women, girls, boys and men in the communities with information about their rights and justice services available. The programmatic strategies were appropriate to a certain extent in addressing the identified needs and priorities of SGBV survivors in regard to their access to Justice and health. However, a few gaps were identified, and challenges were also reported in the implementation of these strategies at various levels. Liberia has already some legal frameworks on Gender Equality, Women, Peace and Security and in addressing SGBV in the country. The non-effective implementation of these legal instruments is the major concern that needed to be urgently addressed.

The evaluation noted also the lack of confidence of women and men in the Liberian National Police (LNP) and the criminal justice system, the high prevalence of impunity in reported SGBV cases with a concerning high number of cases compromised or pending in courts, the capacity of prosecutors in addressing with adequacy SGBV / HTPs cases, the very limited understanding and knowledge of SGBV victims and families of their rights, the language barriers (illiteracy) and the very fragile economic conditions of families<sup>23</sup> to follow up the cases due to long trials up to 6 months (reported by 59% of the interviewees) are further concerning challenges faced by SGBV survivors in accessing justice in Liberia. The absence of juvenile courts in some counties such as in Margibi county for example and the fact that most of Liberian lack means of identification (Identification Documents and/or Birth Certificates) which is a basic requirement in criminal investigations, are other gaps. In criminal trials the prosecution relies on the suspect being identified. In the absence of an ID, the main identification evidence used in some reported cases is the visual evidence through witnesses which is often considered

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<sup>23</sup>Due to the fact that SGBV victims and their families are living in remote communities with mobility constraints and could not often afford to cover the basic costs, some families of SGBV survivors are tending to find "arrangements" with the families of the perpetrators. This compromises many SGBV cases

unreliable. The justice system is therefore struggling with identification issues and the DNA machine available in the country is reported not to be functional. Lastly, even if the SGBV/HTP JP successfully managed to strengthen the referral pathways in various counties and supported partners from justice with equipment and logistical support, strategies supporting the identification process of the Liberian population, capacity building of prosecutors to handle with adequacy reported SGBV cases, various challenges were identified such as weak legal system to persecute perpetrators of SGBV; Insufficient resources to implement existing legal frameworks; Fragile protection measures for witnesses and survivors; Compromising within the Justice System and Families.

In regard to the access of SGBV victims and survivors to health facilities, the lack of adequate capacity of existing health structures in the counties and communities challenged the programmatic strategies to address the identified survivors needs of SGBV in the targeted counties. The evaluation found also that the SGBV/HTP JP in its design developed a holistic approach to support the SGBV survivors through access to medical services and to survivor funds as well as in providing psycho social assistance to the SGBV survivors. The SGBV/HTP JP managed to support 12 One Stop Centers (OSCs) and enhanced their capacity to provide services to SGBV survivors. In spite of the support provided to the OSCs, the limited capacities of clinics and hospitals in the counties and communities initially targeted by the intervention but not reached, the limited equipment available to gather evidence in case of rape and the challenges of some OSCs in providing appropriate medical support to the SGBV survivors as well as the limited fund or direct cash made available for SGBV survivors, challenged the effectiveness of the response provided to the SGBV survivors.

As far as the access to Safe Homes of SGBV survivors is concerned, the evaluation found that SGBV survivors are in most cases obliged to return to the place they used to live in even if perpetrators were a member of family and community. Their temporary stay in the Safe Homes which are existing in 7 counties (Montserrado, Nimba, Bong, Lofa, Margibi, River Gee and Grand Bassa counties) enables SGBV survivors to receive initial psycho social support and to receive protection as long as the case is going through the justice system. The duration of the stay in the Safe Homes was often shorter (3 weeks only) than the official indication provided in this regard (3 up to 6 months). According to 73% of the interviewees, a stay in the Safe Homes where Mental Health and Psychological First Aid are initially provided is in general limited to 3 weeks only with some exceptions where the SGBV survivors could stay longer and access these services for a couple of more weeks. This limitation is explained by the limited capacity of the functional Safe Homes and as a direct consequence of the high demand for such structures. There are no additional services available after the stay of the SGBV survivors in the Safe Homes. This concerning void is challenging the response provided because most of the SGBV survivors are then back to the communities and families where they are obliged in most cases, to live with the perpetrators. In some limited cases the SGBV survivors are sent in another county to live with other family members and to exact additional pressure from the perpetrator and the community.

The evaluation could not assess the appropriateness of the mental health services and psycho social support provided as no data were provided but noted that the operational Safe Homes are all well-equipped and children friendly designed. Lastly, the extent to which Early / Child marriage which is also an HTP was addressed by the JP is unclear. It is reported that 36% of girls in Liberia are married before their 18th birthday and 9% are married before the age of 15. The health consequences of child marriage such as trauma because sexual activity of girls who are not yet physically or psychologically ready to deal with it and childbirth or obstetric Fistula in some cases, are alarming. Even if Liberia has committed to eliminate child, early and forced marriage by 2030 in line with target 5.3 of the Sustainable Development Goals and the GoL through the Ministry of Gender, Children and Social Protection which officially launched a campaign to end child marriage in the country in December 2016, more need to be done to address it.

***Pictures of an operational Safe Homes refurbished in the County of Margibi in 2019***



***Pictures of a non operational and non refurbished Safe Homes in Robertsport, in the County of Grand Cape Mount in 2020***





**Question 4:** Are the activities and outputs of the programme consistent with the overall global and national priorities on SGBV?

**Finding 4:** The evaluation found that 9 outputs out of the 22 outputs existing of the logical framework as well as several activities from the work plans were consistent with the overall national and global priorities on SGBV.

SGBV/HTP JP was designed with five (5) outcomes, 22 outputs and several activities were implemented.

Under Outcome 1, the evaluation found that the following outputs and activities are consistent with national priorities and frameworks such as the National Child Welfare and Protection Policy (2017), the National Comprehensive prevention Strategy on SGBV (2019), the National Action Plan for the Prevention and Management of GBV in Liberia, Phase III (2018 - 2023) and the National Comprehensive prevention Strategy on SGBV (2019). Output 1.1 and its *trainings on "GBV and understanding Masculinity for Liberian Boys and Girls and Engaging them in ending violence against women in three counties in 20 communities*; Output 1.5 and its *24 radio talk shows on SGBV, the capacity building of 180 students with the establishment of buddy systems in 12 public schools as well as the training provided to 40 teachers from 20 schools*; Output 1.6 with a targeted 30 schools with established secure reporting mechanism; Output 1.8 with targeted 88 Schools in the Counties implementing CSE integrated curriculum, were all consistent with the global priorities on SGBV such as the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and its general recommendations 3, 19 (Articles 2 (f), 5 and 10 (c) and 31. There is also significant consistency to the Convention on the Rights of the Child.

Under Outcome 2, output 2.1 with the focus on strengthening of 12 OSCs in all the 15 Counties and the access of 2,222 SGBV survivors to psychosocial support at one stop centers and output 2.2 with a targeted 70 convictions and an increase of SGBV cases including HTP domestic violence cases reported and referred for prosecution, are consistent to the Domestic Law 2019 providing legal sanctions for sexual violence by explicitly criminalizing spousal rape and other forms of sexual violence perpetrated by any close relative of the victim. It is also consistent to the UN Assembly, Declaration on the Elimination of Violence against women (1993) and its article 4-i which calls upon States to take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitize them to the needs of women. There is also significant consistency with the Beijing Platform for Action (1995) and the sections D1.o; and UNSCR1325, article 11 and UNSCR 1820, article 4.

Output 2.3 and the refurbishment of 2 Safe Homes in Bong and Margibi and one Safe home in Margibi are consistent to the Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices.

Under Outcome 3, the evaluation found that output 3.2 with the revision of legal framework (SOPs) and adoption in 2019 of the Domestic Violence Act as well as Output 3.4 are both consistent the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

In regard to Outcome 4, the evaluation found that the output 4.1 focusing on public awareness raising on SGBV as a crime is consistent with national agenda and legal frameworks against SGBV in Liberia.

**Question 5:** Was Theory of Change applied? What is the logic behind it?

**Finding 5: An analysis of the ToC revealed a clear logic and robust interconnections between the strategy of the intervention, the process to be adopted in the fight against SGBV and HTPs in Liberia, the relevant stakeholders to involve, the target groups and the expected impact at the end of the intervention.**

The Joint Programme applied a Theory of Change namely, **If** the capacity of traditional, religious, youth and community leaders, right holders and influential community members to prevent and respond to SGBV and HTPs is strengthened and if national and sub-national systems have the capacity to facilitate prevention and to coordinate response that addresses Gender Based Violence and Harmful Traditional practices, **If** women and girls have access to a fair justice mechanisms and redress based on relevant Gender Equality standards including legal aid support and, **If** services to survivors and families are accessible and available at all levels; **Then** by 2020, all women and girls will live in an environment where they are protected and enjoy lives free from SGBV and Harmful Traditional practices.

An assessment of the intervention logic of the SGBV/HTP JP by comparing the ToC at design with the logframe and narrative for the intervention highlighted that the JP outputs are logically connected (from cause-to-effect) to direct outcomes and direct outcomes are logically connected to expected impact. The analysis of the ToC further revealed that the focus of the JP is on prevention of SGBV and HTPs, strengthening national and community-based structures, ensuring better access to justice and health services in the responses to SGBV victims and survivors. There is a clear logic and robust interconnections between the strategy of the intervention, the process to be adopted in the fight against SGBV and HTPs in Liberia, the relevant stakeholders to involve, the target groups and the expected impact at the end of the intervention.

The Joint Programme's Theory of Change was constructed based on the results from the previous phases I and II, the results of the evaluation conducted in 2013 and the community dialogues held in 10 communities. The ToC clearly described the processes of change by outlining the causal pathways from outputs through intended changes resulting from the use of outputs by key stakeholders and intermediate states towards impact in the fight against SGBV / HTPs and improved living conditions of SGBV survivors. An International Consultant was hired to provide technical support to the programme design. However, it was reported that some technical staff from the involved ministries

and a few staff from the involved UN entities joined the programme after the design was completed and could not report on how the design process and the formulation of ToC took place. In addition, the Evaluation Team was not able to assess the extent to which all stakeholders were actively involved in the discussion, formulation and agreement of the ToC of the SGBV/HTP JP. Lastly, in spite of the fact that the change processes between outcomes/outputs required certain conditions to hold and actions were necessary in the fast changing context of Liberia to ensure meaningful changes, the ToC remained over time, unchanged and no revised.

## C. EFFICIENCY

*The extent to which the programme delivered maximum results for the resources and inputs (funds, expertise, time, etc.).*

|                 |            |   |
|-----------------|------------|---|
| <b>Scoring:</b> | <b>B/C</b> | The programme performed well in regard to the achieved results and made best use of expertise and synergies at national level <b>(Scoring B)</b> . However, significant changes were necessary in regard to the lack of budget allocated to programme monitoring, the underused of synergies at district and community levels and the fact that 1/3 of the total budget was allocated to staff and contractual services only <b>(Scoring C)</b> . |
|-----------------|------------|---|

The SGBV/HTP JP managed to make best use of existing synergies and expertise at national level and achieved some good results which are still fragile and need to be consolidated. However, the SGBV/HTP JP was designed as a community-based intervention but failed to make best use of synergies at district and community levels. Budget was disbursed in a timely manner by the Swedish Embassy but on yearly basis making it difficult for the JP to plan its activities for the 3-year period. Some delays in year 2 and 3 in the disbursement of funds to the implementing partners were observed which impacted the implementation of some activities that are still ongoing. Finally, the evaluation found that 26% (almost 1/3) of the total budget was allocated to staff & personnel and contractual services and no budget was allocated to the monitoring of the SGBV/HTP JP. These gaps coupled with the inconsistent follow up of the implemented activities in the communities and the limited use of synergies in the communities highly challenged the efficiency of the SGBV/HTP JP.

**Question 6:** To what extent the programme team made use of / build upon pre existing synergies, data sources and partnerships to increase project efficiency?

**Finding 6: SGBV/HTP JP managed to make best use of the technical resources available with the involved UN Entities which ensured the complementarity of expertise during programme implementation.**

According to the programme document made available, the SGBV/HTP JP mentioned that a mapping of actors was conducted to strengthen synergies and avoid overlaps



and duplication. However, a report of the mapping exercise was not made available for review.

The evaluation found that the SGBV/HTP JP managed to make best use of the technical resources available with the involved UN Entities which ensured the complementarity of expertise during programme implementation. The SGBV/HTP JP tried to deliver as “One UN” through joint collaboration and used the pillar 5 (Coordination) to strengthen their collaboration and enhance their complementarity. Some organizations like UN women reported for example being also a member of the Gender platform in Liberia where donors and other key stakeholder are discussing interventions around SGBV. The organization is advocating within this specific platform for SGBV to be addressed in other Human Rights interventions in the country. UNDP mentioned being actively part of the rule of law networking in the country where good practices are shared. The agency is actively advocating for issues related to SGBV in the networking and managed to collaborate with other stakeholders. UNFPA and UNICEF managed to integrate activities from the Joint Programme into their ongoing / core activities and made best use of the limited financial and human resources. The Evaluation Team acknowledged also that the SGBV/HTP JP collaborated with the Gender Observatory Groups who are volunteering to support efforts addressing SGBV in the communities and several other measures were also used by the Joint Programme such as an inclusive coordination structure at national level and the joint monitoring visits. These helped to reduce risks of duplication and inefficient interventions.

**Question 7:** Have resources been allocated strategically and appropriately utilized to achieve programme’s outputs, outcomes and objectives?

**Finding 7: A few delays in years 2 and 3 in the disbursement of funds to the implementing partners were reported and have impacted the implementation of some activities and the achievement of programme outputs, outcomes and objectives. The evaluation noted also that 26% (almost 1/3) of the total budget was allocated and utilized to staff & personnel and contractual services**

The financial analysis of the SGBV/HTP JP is based on the financial data sheets provided by UN Women. The JP was initially planned with a total budget of 36 millions and only USD \$ 3 million were acquired and received to achieve the GoL/UN Joint Programme outcomes. No other funds apart from Swedish Embassy (SIDA) and UN Women have been secured.

For year 1 (2016-2017), the JP had a projected budget of USD \$ 1,086,838,39. The Funding for year 2 (2018-2019) had a projected budget of USD \$ 1,197,461,38 and the funding for year 3 (2020-2021) had a project budget of USD \$ 1,103,022.96. The Total contribution from the Swedish Embassy (SIDA) was USD \$ 3, 387,322.73. UN Women provided additional funds of USD \$ 67, 771.87. The total contribution from both SIDA and UN Women was USD \$ 3,455.093.27.

Further analysis of the budget showed that the funds were allocated on annual basis and the work plans developed also annually. This annual allocation of funds to the Out-

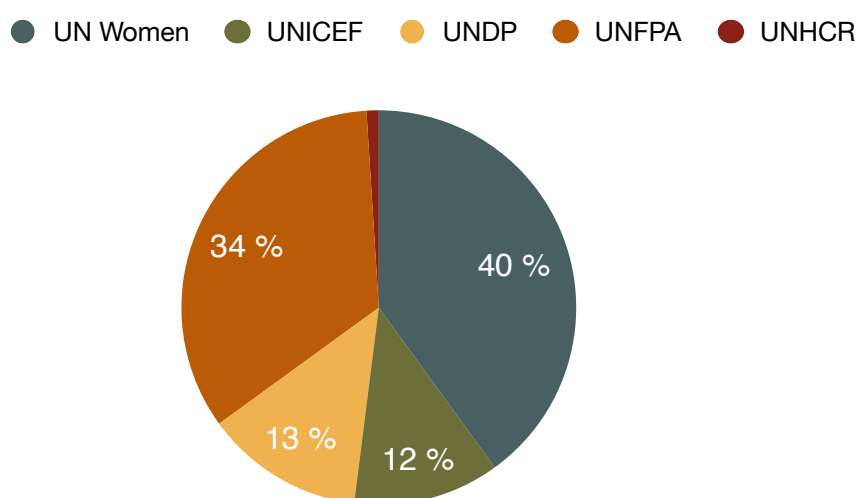
come Leads and involved UN entities challenged the planning of the activities for the three years period and provided the possibility to plan on a yearly basis only.

The evaluation observed a very slow absorption of the availed resources in year 1 and there were only a few SGBV activities implemented. A few delays in year 2 and 3 in the disbursement of funds to the implementing partners were reported. This impacted the implementation of some activities.

The SGBV/HTP JP allocated USD \$ 906 689,67 or 26% (almost 1/3) of the total budget to staff, personnel and contractual services only and there was not budget allocated to monitoring. These gaps challenged the Cost / Efficiency of the SGBV/HTP JP.

By May 2020, a total of USD \$ 339,639.57(9.83%) had not been used. This amount included support to the remaining activities of the SGBV/HTP JP and a No-Cost Extension was requested by UN Women in 2019 to ensure the further implementation of the remaining activities beyond December 2019.

**Figure 1:** Distribution of disbursements in the GoL /UN Joint Programme on SGB



**Question 8:** Was the programme implemented without significant delays and the outputs delivered in a timely manner? What were the limitations?

**Finding 8:** The budget was disbursed in a timely manner by the Swedish Embassy but some delays were observed in years 2 and 3 in the disbursement of funds to the implementing partners which have impacted the delivery of some outputs. The lack of the revision of the programme logframe and the design of inadequate work plans without output numbers, output indicators, baseline and target values in year one and in year two of the programme implementation highly challenged the timely delivery of most of the outputs.

The evaluation found that the SGBV/HTP JP has a total of 22 outputs. Only one output (output 3.5) or 5% of the outputs was delivered in a timely manner. 59% of the outputs (13) were partly delivered in a timely manner and 36% (8) of the outputs were not

delivered because of a few constraints and challenges identified such as the limitation of funds acquired to implement the SGBV/HTP JP, long procurement procedures, the lack of the necessary revision of the log frame, the fact that the work plans designed and developed by the SGBV/HTP JP in year one and year two did not systematically match with the outputs and indicators provided in the log frame or did not at all refer to them in some cases and have failed to consider the output indicators, baseline and target values against which the achievement of the outputs should have been assessed.

Under Outcome 1 (*By 2020, communities, educational institutions and relevant stakeholders in Liberia fully engaged and active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls' education, teenage pregnancy and FGM)*), output 1.1 and output 1.5 were both partly delivered. The output indicators 1.1.1, 1.1.2, 1.5.1 were partly achieved while output indicators 1.1.3, 1.1.4 and 1.5.2 were not achieved. The output 1.2 (*Community commitment in support of the prevention of Gender Based Violence strengthened*), output 1.3 (*Traditional and community members have access to safe spaces to support the reduction of SGBV and Harmful Traditional Practices*), output 1.6 (*Mechanisms to prevent and report sexual violence, abuse and exploitation strengthened in schools*), output 1.7 (*Prevention of SGBV amongst administrators, teachers and support staff and exploiting children Increased*), and output 1.8 (*Comprehensive Sexuality Education (CSE) integrated in primary and secondary curriculum*) were not delivered and all of their indicators not achieved. The evaluation noted the absence of baseline and target values of the output 1.4 (*Comprehensive Sexuality education enhanced at community level*).

Under outcome 2 (*Availability of essential services for survivors of sexual and gender- based violence including harmful traditional practices at national and sub-national levels*), the SGBV/HTP JP delivered some elements of the Output 2.1 (*Response services to SGBV survivors enhanced*) and successfully achieved the output indicator 2.1.6. The output indicators 2.1.1, 2.1.2, 2.1.3, 2.1.5 were partly achieved while the output indicator 2.1.4 was not achieved. With regard to the Output 2.2 (*Improved processing of SGBV cases through all stages of the justice system*), the evaluation found that it was delivered and the output indicators 2.2.1, 2.2.2, 2.2.3, 2.2.5 were successfully achieved while the output indicator 2.2.4 and 2.2.6 were partly achieved. The review of the output 2.3 (*Enhanced Psychosocial support for survivors at all levels*) revealed that it was partly delivered with the output indicators 2.3.2 and 2.3.3 partly achieved. The output indicators 2.3.1 was not achieved. The Output 2.4 (*Potential humanitarian risks and hazards identified and mitigated*) was also partly delivered with output indicator 2.4.2 partly achieved and output indicator 2.4.1 not achieved.

Under outcome 3 (*Improved policies and operational mechanisms to support SGBV prevention and response at national and sub-national levels*), the evaluation found that the output 3.5 was successfully delivered. The output 3.2 was partly delivered with its output indicators 3.2.2 and 3.2.4 which were successfully achieved. The output indicators 3.2.1 and 3.2.3 were not achieved. It was found that Output 3.3 (*Effective data collection mechanisms in place*) was also partly delivered with the output indicator 3.3.1 which was successfully achieved, output indicators 3.3.2 and 3.3.4 were not achieved. Output indi-

cator 3.3.3 did not have baseline and target values but the Evaluation Team noted some activities implemented noted that the MGCSP, as the national coordinating Ministry lead for GBV prevention and response in Liberia, led the process to revise the GBV IMS information sharing protocol. This document sets out the guiding principles and describe procedures for sharing anonymous consolidated data on reported cases of GBV with the MGCSP. Finally, the output 3.4 (*Operationalization of the SGBV prevention and response systems*) was partly delivered with output indicators 3.4.7 which was partly achieved while the output indicators 3.4.1, 3.4.3, 3.4.4, 3.4.5 and 3.4.6 were not achieved.

Under outcome 4 (*Enhanced awareness, participation and accountability at national and sub-national levels*), the evaluation found that Output 4.1 (*Increase in visibility and public awareness of SGBV issues*) was partly delivered with the output indicators 4.1.1, 4.1.2, 4.2.2 were both partly achieved while the output indicator 4.2.1 was not achieved. The review of the output 4.2 (*Policy makers and key CSOs empowered with knowledge and skills to advocate on SGBV issues*) demonstrated that it was partly delivered with the output indicator 4.2.2 partly achieved while the output indicator 4.2.1 was not achieved. Output 4.3 (*Communities, particularly adolescents and youth friendly centers are empowered to openly discuss and take action to prevent SGBV& SRH*) was also partly delivered with output indicator 4.3.1 partly achieved. The output indicator 4.4.4 did not have baseline and target values to be assessed and there are not elements to demonstrate its achievement.

Under outcome 5 (*Improved coordination mechanisms at community, sub-national and National levels for inclusive and effective service delivery by 2020*), the evaluation found that the output was partly delivered with the output indicator 5.2.1, 5.2.2 and 5.2.4 successfully achieved and the output indicators 5.1.1, 5.2.3, 5.2.6 and 5.2.7 partly achieved. The output indicator 5.2.5 was not achieved.

The Evaluation Team conducted a very detailed assessment of the achievement level of each outcome and output. The results are presented in annexure 2 of this report.

**Question 9:** How have GoL/UN programme management mitigated the impact?

**Finding 9: The SGBV/HTP JP applied several measures to mitigate the impacts of the limited funds allocated to the JP, the lack of funds allocated to monitoring, the delays in the disbursements of funds and in the implementation of some activities etc. to ensure Cost/Efficiency and efficiency of the utilization of the resources.**

The SGBV/HTP JP enhanced coordination mechanisms at National Level with Donor, Lead ministries from the GoL, Outcome Leads/Involved UN entities and the steering committee which contributed to the efficient use of resources by strengthening synergies and avoiding duplications. In the retreats took place in 2017 and 2018, they reviewed the work plans, discussed the priorities of activities and ensured accountability. In addition, in the monthly meetings held at national level, they also emphasized on performance review and facilitated lessons learnt among the stakeholders. The evaluation found also that three (3) Joint Monitoring visits were organized to the targeted counties

and the steering committee was able to review the implementation of the JP and adjust their approach in order to ensure better performance. However, the Joint monitoring visits to the counties were very limited (A total of 3 only in 3 years period of the JP) to have a significant impact on the efficiency. At community level, the taskforce which is composed of all GBV actors nationwide in the 15 counties and are chaired by the Ministry of Gender and Co- chaired by the Ministry of Health met also on regular basis at the county level to coordinate their efforts, share information about the programme implementation and attempted to strengthen synergies. They use these meetings to monitor also the implementation of the activities but the limited resources made available to mitigate occurring challenges or adjust their interventions in the communities brought some burdens.

In regard to the timeliness in delivery, the evaluation found that timely implementation was a challenge throughout the SGBV/HTP JP period due to various changes occurred at the design and planning stages (political transition in the country and time for the new GoL to take place, internal changes within the UN system with the withdrawal of UNMIL, the difficulty to mobilize necessary funds etc). Another identified cause of the delays was related to the procurement and the delay in the disbursements of funds to the implementation partners. As a result of these delays in disbursements, some activities are still being implemented and the JP took limited actions to mitigate them.

**Question 10:** Are there activities which were planned but not implemented? Why?

**Finding 10: The logical framework of the SGBV/HTP JP demonstrated that some planned activities were not implemented. There was a huge mismatch between the planned activities highlighted in the logframe, the ones presented in the work plans and the ones implemented.**

Due to financial constraints and the fact that the Joint Program was planned for USD \$ 36 million but implemented with USD \$ 3 million only, the review of the Logframe of the SGBV/HTP JP demonstrated that some planned activities were not implemented. The programme management and outcome leads reviewed the priorities and designed on yearly basis work plans aiming at achieving some of the expected results. In this process, the logframe was not systematically considered and the evaluation found that some of the planned activities in the work plans did not match with the ones proposed in the logframe and new activities were added without clear alignment to the outputs. Based on the ProDoc, the logframe and the various work plans provided, the evaluation found that there are several activities which were planned but not implemented because of the limited funding acquired for the programme implementation which required the readjustment of some planned activities to the budget available. The evaluation identified ongoing activities being implemented as follows:

Under pillar 1 (Prevention), activities within the output 1.5 and output indicator 1.5.2: # of schools with established and functional GBV and SRH clubs are still ongoing.

Under Pillar 3, output 3.3. and indicator 3.3.4, there was a delay in acquiring the office site. It was reported by the Crime Unit that in 2019 when assessment of project site commenced a family brought to the attention of the court that the property conveyed to them by the Margibi County Authority was illegal and that they were the legitimate owners. It is expected to be completed in 2020/2021. Under output 3.4, according to the 2019 annual report, it was reported that the Ministry of Justice is in the process of establishing a Sex Crimes Unit in Margibi County. The site is now available to commence the construction meanwhile, the Procurement Unit of the Ministry of Justice is finalizing the procuring process for building design in order to proceed with the bidding process. The establishment of a functional unit in Margibi by the Ministry of Justice has not been done due to the delay in acquiring the land. The land issue was finally settled towards the end of the 4th quarter. Processes are now underway to begin establishment.

**Question 11:** Is the programme and its components cost-effective? Could activities and outputs have been delivered with fewer resources without compromising programme quality?

**Finding 11: The evaluation found that the programme and its components were cost-effective. Activities and outputs could not have been delivered with fewer resources without compromising programme quality.**

The investment by output had a high concentration on pillar 1 (prevention) with USD \$ 1,457.094,64 of the total budget with controversial findings related to the observed results. Under this pillar, the capacity building of community members and traditional leaders on the prevention of SGBV and HTPs in the 11 FGM practicing Counties<sup>24</sup> have led on the one hand, to a better understanding of the negative impacts of FGM and the development of the 7 Count policy temporary suspending all Sande interventions including FGM for a year period. On the other hand, it was found during this evaluation, that FGM activities and other HTPs are still secretly practiced in some counties like Lofa Nimba and Grand Cape Mount. Moreover, awareness raising at community level and the enhancement of community members on SGBV prevention which is very critical was challenged on the one hand by some community members who publicly expressed their support to SGBV perpetrators when they were released and returned to the communities. This, coupled with the high prevalence of impunity have intimidated the victims and families in further reporting SGBV cases and enforced the ongoing “arrangements” which were observed between the victims and the perpetrators.

On the other hand, the Evaluation Team noted an increase of the reported SGBV cases since the beginning of the SGBV/HTP JP implementation. According to the GBV statistics provided by the Ministry of Gender, In 2017, 1,685 GBV cases were reported of which 69,2 % were sexual violence. In 2018, a total of 2,105 GBV cases were reported. Of the total, 81% were sexual violence. In 2019, a total of 2,708 GBV cases were reported in 2019 of which, 79% were sexual violence. In 2020, before the COVID-19 outbreak

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<sup>24</sup> Lofa, Bong, Nimba, Margibi, Bomi, Grand Cape Mount, Montserrado, Grand Bassa, Rivercess, Gbarpolu, and Sinoe counties.

and the Lockdown of March 2020, there were already 635 GBV cases reported in the months of January, February and March 2020. The data provided by the Ministry of Gender <sup>25</sup> showed that 71% of the reported cases occurred in Montserrado County only which is the highest percentage registered in the past years. The reasons identified are twofold. On the one hand, the SGBV/HTP JP has enhanced the reporting systems and more cases are being now reported through the referral pathways put in place. On the other hand, the root causes of SGBV in Liberia identified during this evaluation such as the high prevalence of impunity, the traditional norms and cultural values, the expression of toxic masculinity, the existing traditional rites in some counties and cultural / occultist groups requesting some perpetrators to have sexual intercourse with babies and young children, the very fragile socio economic situation of men considered as bread winners but left without sources of regular income, the abuse of drugs and alcohol are still persisting and not enough addressed.

The response pillar or pillar 2 with USD \$ 979.584,96 of the total budget achieved good results which are still very fragile. The evaluation identified the referral pathways which are contextualized, the support provided to the existing 12 One Stop Centers (OSCs) with trained staff in 7 counties (Montserrado, Bong, Margibi, Grand Bassa, Riverge, Grand Gedeh and Bomi), the access of SGBV survivors (100 girls and 150 female adults above 18 years) in Bong and Margibi counties<sup>26</sup> to the Survivors Trust Fund and the refurbishment of the Safe Homes in some counties are achievements which have led to the good results observed are still fragile in regard to their sustainability.

Under pillar 3 dealing with the strengthening of institution USD \$ 790.792,02 of the total budget was allocated and good results were also observed such as the revision of the legal frameworks (the revision of the SOP) and the adoption of the Domestic Violence Act in 2019. Additional logistical and technical supports provided to the Health and Justice systems enabled to observe an improvement of the rapid and coordinated medical, counseling and prosecutorial response services to survivors of SGBV.

A budget of USD \$ 421.788,07 of the total budget was allocated to pillar 4 on Advocacy & Social Mobilization and very good results were achieved. The evaluation identified also good impact. The very good results achieved through capacity building of media and the countrywide advocacy events and campaigns against SGBV have led to demonstration in Monrovia in August 2020 against SGBV and impunity. On the 9<sup>th</sup> of September 2020, a 2-day National Anti-Rape and Sexual Gender-Based Violence (SGBV) Conference was organized by the GoL to validate the National Roadmap on Rape and SGBV to address SGBV for the next two years (2020 - 2022). The Anti-SGBV Roadmap guide future investment on addressing rape and other forms of SGBV. On 11<sup>th</sup> of September 2020, the President of the Republic, of Liberia issued a proclamation declaring rape as a national emergency and ensuring zero tolerance stance on rape and SGBV in

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<sup>25</sup>GBV statistics 2020 of the Ministry of Gender, p. 3

<sup>26</sup>Annual Report of 2019



the country.<sup>27</sup> Under the National Rape Emergency, the President declared initial measures that included the appointment of a Special Prosecutor for rape; the setting up of a National Sex Offender Registry; the establishment of a National Security Taskforce on SGBV, and the allotment of an initial amount of USD \$2 Million to address the fight against rape and SGBV in the country.

The results achieved under Pillar 5 with USD \$ 375.846,5 of the total budget are mixed. The SGBV/HTP JP had too many actors and implementing partners involved with limited budget available to effectively coordinate all of them at national, county, district and community levels as planned in the programme document and as highlighted in the section presenting the results of the stakeholder analysis. On the one hand good results of coordination mechanisms put in place were observed at national level. On the other hand, the coordination mechanisms implemented at county achieved mixed results. At district and community levels very limited results were observed.

**Question 12:** How the programme's organizational structure, management and coordination mechanisms contributed to the programme implementation at national, county and community levels?

**Finding 12: The programme organizational structure, management and coordination mechanisms established at national level were very effective and led to the achievement of the observed results. However, at county, district and community levels, the mechanisms were not effective enough and some gaps were identified in the district and community levels.**

The SGBV/HTP JP had a functional Management Structure established in 2017 with two organs: The Steering Committee (SC) at national level, the GBV taskforce at county level with some coordination structures planned to be established at district level with some responsibilities in the communities. Interviews conducted by the Evaluation Team revealed that a Programme Management Unit was established and was responsible of the overall programme and fund management. It was also in charge of ensuring that the responsible parties are implementing activities according to the programme design; Checking on progress and watching for plan deviations; Monitoring progress in the achievement of results and overseeing the management of risks; Reporting on progress including measures to address challenges and opportunities.

At county level, the evaluation found that coordination mechanisms were established through the GBV taskforce in the targeted counties which roles and responsibilities included reporting, case management and follow-up, Planning, linkage to community-based structures and monitoring of the SGBV/HTP JP implementation. The GBV Taskforce was facilitated by the Ministry of Gender. Moreover, the Evaluation Team acknowledged also that a County Gender Coordinator established a County Survivor Trust Funds Committee (CSTFC) at the county level composed of a County Gender Coordinator,

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<sup>27</sup>[https://www.emansion.gov.lr/2press.php\\_news\\_id=5221&related=7&pg=sp&fbclid=IwAR3CCyHRyv-GN7LahjwhwHN7PZDoO8Zx2Wgqe9M\\_DEcsW6\\_7B63L8aN5POEU](https://www.emansion.gov.lr/2press.php_news_id=5221&related=7&pg=sp&fbclid=IwAR3CCyHRyv-GN7LahjwhwHN7PZDoO8Zx2Wgqe9M_DEcsW6_7B63L8aN5POEU) (Access 11/09/2020)



SGBV Focal Person (MOH), County Attorney or Public Defender or representative from the sex crimes unit, WACPS/LNP, Lead Agency Representative, Lead CBO/CSO Representative (representative from rural women's structures) representative that is working in the area of GBV survivor support or the Safe Home Manager (in counties that have safe homes). The purpose of the CSTFC was to ensure that survivors from all points of the referral pathway are provided assistance; that a survivor does not receive support for the same issue from different actors; and that the funds are not mismanaged<sup>28</sup>. At district level, the SGBV/HTP JP planned to establish a Committee which should have been chaired by the gender county coordinator and comprised of district level representatives. Coordination structure was also intended to provide direct linkage and support to community based coordination structures. Additional district committees chaired by the District commissioners and inclusive of representatives of traditional systems should have been put in place. However, it was reported that the SGBV/HTP JP was unable to establish taskforces at the district level and the evaluation could not find evidence that a Committee and coordination structure were both established and functional at district level. This programme's organizational structure, management and coordination mechanisms contributed to the programme implementation at national, county and community levels.

**Question 13:** Does the programme have solid monitoring mechanisms in place to measure progress towards achievement of results and to adapt rapidly to changing country context? To what extent both GoL/UN and donor reporting commitments have been fulfilled?

**Finding 13: 68% of the implementing partners pointed monitoring mechanisms and the non-consistency of field visits to the communities to track the implementation of the programme activities as a major concern.**

The evaluation found that the SGBV/HTP JP did not allocated budget for M&E and did not develop a monitoring plan (M&E Plan) which should have helped to effectively track and assess the results of the intervention throughout the life of the JP. 68% of the implementing partners pointed monitoring and follow up mechanisms as well as the non-consistency of field visits to the communities to track the implementation of the programme activities as a major concern. Even if the programme management attempted to mitigate this gap by using funds allocated to coordination for the monitoring of the activities and by integrating where possible the monitoring activities into the functional activities of the involved UN Entities, this was not sufficient enough to improve further the Cost/Efficiency of the JP and ensure good quality of monitoring.

At national level, the SGBV/HTP JP used its coordination mechanisms and monthly meetings with the Outcome Leads to monitor the programme activities and track the progress of the programme implementation. The donor annual meeting was used for example to highlight the key achievements and discuss the results of the JP but also for Joint Monitoring and Supervision. Bi-lateral meetings with the programme manager was

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<sup>28</sup>Survivor's Trust Fund Management and Distribution Guidelines of the SGV JP

also initiated and held with the aim at reviewing and discussing the progress of the programme implementation. The Evaluation Team acknowledged also that joint monitoring visits which were conducted to the counties (A total of 3 in 3 years) and provided the stakeholders with an opportunity to have an insight of the programme implementation in the targeted counties and identify the main challenges faced by the implementing partners.

At community level, it was reported that the GBV taskforce which is composed of all GBV actors nationwide with structures operating at the national and sub-national levels in the 15 counties had regularly coordination meetings and used these meetings to monitor the implementation of the programme activities. Some Taskforce members mentioned that they usually meet once a month (49%) while others highlighted rather meetings are held twice monthly (32%). It was reported that all GBV taskforce members did not attend all the monthly meetings. The evaluation found also that the GBV taskforce members face numerous challenges related to the reporting and monitoring mechanisms in place. They mentioned for example that they stopped going to the communities for monitoring as they gradually stopped receiving funds for transportation to make field visits. They emphasized also challenges to report to their ministries and to share the minutes of these meetings with the central office due to issues related to their limited time as they are working also in the communities (51%) or regular power cut in the counties (28%). The Evaluation Team acknowledged that county coordinators worked closely with the GBV Division and provided them with regular updates on the activities implemented and the main challenges they faced. However, it was found that these updates remained often unanswered. This lack of feedback challenged their efforts and impacted the collaboration between the counties and the central office.

## D) EFFECTIVENESS

*(The extent to which the programme's objectives were achieved and the programme's success in producing the expected outputs and achieving milestones as per the programme design document was met)*

**Scoring:**

**C - Satisfactory**

The programme performed but significant changes were necessary

69% of the involved UN Entities are satisfied with the appropriateness of the SGBV/HTP JP strategies and the achieved results against 47% for the implementing partners and beneficiaries in the counties and communities. However, some deficiencies and gaps were identified by the Evaluation Team. The Evaluation found that the yearly work plans provided by the SGBV/HTP JP which derived partly from the Logical Framework of the Joint Programme lacked baseline (year 1 and year 2) and baseline / target values and activities did not match with the outputs from the Logical Framework which made the review and analysis process highly challenging. Finally, the evaluation found that the quality of some of the results is fragile and needs to be sustained in order to achieve the

programme objectives and meet the expectations in regard to the fight against SGBV in Liberia.

**Question 14:** To what extent the programme's outcomes and results were achieved and the beneficiaries / partners satisfied with the results?

**Finding 14:** The evaluation found that an average of 69% of the involved UN Entities and donor are satisfied with the appropriateness of the SGBV/HTP JP strategies and the achieved results against 47% for the implementing partners and beneficiaries in the counties and communities.

The pillar 1 received an investment of USD \$ 1,457.094,64 of the total budget but mixed results were identified. On the one hand, the evaluation found that the implementation of activities such as social cultural audits with community and traditional leaders, their empowerment and their active involvement in the fight against SGBV/HTPs achieved contributed to the temporary suspension of bush schools where stereotypes and biases against women and girls were spread and some harmful rites such as FGM practiced. However, the suspension of these bush schools did not completely prevent girls and women from being secretly initiated and the activities around FGM are still secretly ongoing in some counties and communities in Lofa, Bong and in Grand Cape Mount. Other activities under this pillar aimed at raising awareness in the communities and at enhancing the reporting mechanisms. These activities have strengthened the engagement of community members and structures such as the Observatories, Community Gatekeepers, Community Action Committees in the prevention and fight against SGBV / HTPs. However, some of these empowered community members were also among the ones praising and supporting perpetrators being released as reported in Grand Bassa, Bong, Lofa and Grand Cape Mount. There are also mixed findings of the achieved results in regard to the engagement of schools and teachers empowered in some counties to prevent SGBV / HTPs from happening and to report them.

The evaluation team identified a few cases in Grand Cape Mount, Bong and Grand Bassa in which teachers were accused of rape on their students but released because the cases were compromised. Finally, there are activities such as Printing and Distribution of Code of Conduct, Establishment of school documentation mechanism, Implementation of revised CSE integrated curriculum, Prepositioning of GBV supplies, 'out of school' youth outreach where the evaluation could not identify results.

Under pillar 2 on the response with USD \$ 979.584,96 of the total budget, the evaluation found that the SGBV/HTP JP achieved good results which are still fragile. SGBV and HTPs have serious and life-threatening consequences for survivors that can be direct or indirect, immediate or manifested in the long term. The implementation of some activities such as the establishment and / or refurbishment of One Stop Centers and service delivery in some counties, Information and Education on GBV services, training of medical personnel in clinical management of rape enabled SGBV survivors to access specific treatment and receive health support. The implementation of activities related

to the operation of Safe Homes, Protection, medical, and/or psychosocial support to survivors, Training of Health practitioners and community support structures members in trauma support in handling cases of survivors provided SGBV survivors with psychosocial assistance which is very critical as they are undergoing often mental health/psychosocial consequences which range from distress to anger, self-blame, and feelings of isolation. The activities related to the establishment of Survivor Trust Fund which ensured that the immediate needs of survivors of gender-based violence were met and long-term needs were covered, addressed the socio-economic consequence and impact of SGBV on the families who reported that they faced serious financial cost throughout the recovery and reporting processes and were supported by the Survivor Trust Fund even if the financial assistance provided was very limited. The total funds allocated to the endowment fund varied from year to year. The evaluation found also that activities related to the operational support and incentives to WACPS to gather information and investigate cases as well as Operational Support to Sex Crimes Unit for Prosecutorial Services supported the legal and security areas of the SGBV response. These observed results are still fragile and challenged by concerning issues such as the limited funding of the survivor trust fund, the challenging access to justice to SGBV survivors, the 72 hours timeframe to report a case which is in some cases not possible (Communities less accessible), the high impunity rate of reported SGBV cases in the counties, the limited duration of SGBV survivors in the Safe Homes and the void after the stay of survivors in the safe homes obliged to return to the communities and live beside the released perpetrators.

Under pillar 3 related to the strengthening of institution with USD \$ 790.792,02 of the total budget, good results which are very fragile were also observed. The revision of the SOPs, the strengthening of the Justice system through equipment and strengthening of the referral pathway as well as the successful adoption of the Domestic Law Act 2019 are major results under this pillar which enhanced further the legal framework of SGBV and SRH in Liberia. There are still activities under this pillar being implemented and their results could not yet be identified.

The Advocacy & Social Mobilization pillar (pillar 4) had a budget of USD \$ 421. 788,07 and achieved very good results. Positive impacts were already observed. The implementation of the activities related to production of radio & TV spots, Media partnerships and networking as well as specific campaigns and initiatives have led to a very high percentage of SGBV knowledge on women, men, boys and girls interviewed from the target group. 93% of the target group and beneficiaries knew what SGBV is about. 51% of them reported that they heard about it on radio or through campaigns dealing with rape and 34% heard about it in their work or through someone who talked about it.

With regard to Pillar 5 with its USD \$ 375.846,5 of the total budget, 71% of the involved stakeholders and outcome leads indicated their satisfaction with the good results in coordination mechanisms achieved at national level. The implementation of the coordination plans with strategic review meetings, On-going periodic meetings, Planning Meeting as well as activities related to joint supervision significantly contributed to these

results. However, the SGBV sub-national and district level coordination systems did not achieved good results as highlighted under finding 13.

**Question 15:** To what extent national institutions, local NGOs and CSOs have been capacitated in SGBV ?

**Finding 15:** The evaluation found that various capacity building and development activities were provided to national institutions, local NGOs and CSOs have been capacitated in SGBV and the impacts of these efforts contributed to the achievement of good results which need to be further consolidated.

From gender sensitive reporting for media professional to skills development of health and social workers, strengthening of police officers, prosecutors in the provision of rapid and coordinated medical counselling and prosecutorial services to survivors of SGBV, SGBV/HTP JP provided various capacity building activities as follows:

| NO | TRAINING DESCRIPTION   | DATE               | No of BENEFICIARIES |
|----|--|--------------------|---------------------|
| 1. | Training for attorneys & victim support officers of the Ministry of Justice  | May 23 - 24, 2018  | N/A                 |
| 2. | Training of police officers, prosecutors, health and social workers in the provision of rapid and coordinated medical counselling and prosecutorial services to survivors of SGBV  | N/A                | 173                 |
| 3  | Training of women leaders and other practitioners of five peace huts in Bong, Grand Bassa, Margibi, Nimba and Montserrado Counties each; in standard case management, causes, contributing factors and impact of SGBV, and how to report such violations through the referral pathway. | N/A                | 30                  |
| 4. | Training of teachers from 20 schools in counseling, coaching and mentoring of adolescents including the dissemination of Comprehensive Sexuality Education (CSE) information to inland school adolescent and youth in Maryland   | Nov 5 - 8, 2019    | N/A                 |
| 5. | Clinical Management of Rape training conducted by UNFPA, MOH and PIL for health care providers in Ganta, Nimba County  | Sept 17 - 21, 2019 | 23                  |
| 6. | GBV IMS Training for national GBV service providers in Bomi, Gbarpolu and Grand Cape Mount County on GBV incident data collection, storage analysis and information sharing  | N/A                | 660                 |
| 7  | SGBV trainings for male and female journalists in Ganta, Nimba County  | November, 2017     | N/A                 |

|   |  |            |    |
|---|--|------------|----|
| 8 | SGBV trainings for male and female journalists in Buchanan, Grand Bassa Count, to increase the level of awareness and enhance the skills of media practitioners in reporting issues relating to gender equality and women's rights | July, 2018 | 33 |
|---|--|------------|----|

As results, the evaluation found that these activities have strengthened to a certain extent the capacity of community members in the prevention and fight against SGBV / HTPs. Training of medical personnel in clinical management of rape enabled SGBV survivors to be better supported when accessing specific treatment and receiving health support. Lastly, capacity building of journalists and other media professional on reporting SGBV and rape have enabled them to become more careful when publicizing issues related to rape, domestic violence, and other HTPs

**Question 16:** To what extent the prevention mechanisms of SGBV and harmful cultural practices including child marriage have been strengthened ?

**Finding 16: The prevention mechanisms of SGBV and HTPs have been strengthened by the Joint Program even if more needs to be done to achieve good results. The temporary suspension of bush schools did not completely prevent girls and women from being secretly initiated and the activities around FGM are still secretly ongoing in some counties and communities. The extent to which specific actions were taken by the programme against Early and Child marriage is unclear.**

Socio cultural audits with traditional leaders were implemented in the communities to assess the situation around FGM and their knowledge level and skills. Capacity building activities implemented have empowered them and ensured their active involvement in the fight against FGM. The temporary suspension of bush schools where stereotypes and biases against women and girls were spread and some harmful rites such as FGM practiced. However, the suspension of these bush schools did not completely prevent girls and women from being secretly initiated and the activities around FGM are still secretly ongoing in some counties and communities in Lofa, Bong and in Grand Cape Mount. Awareness raising in the communities have strengthened the engagement of community members and structures such as the Observatories, Community Gatekeepers, Community Action Committees in the prevention and fight against SGBV / HTPs.

As far as Early and child marriage is concerned, there are limited evidence from the SGBV/HTP JP highlighting the extent to which this issue was tackled by the Joint Programme. Available data<sup>29</sup> demonstrates that 36% of girls in Liberia are married before their 18th birthday and 9% are married before the age of 15. The programme document (p.8) revealed that in almost all of the communities in 10 counties, up to 80% (or higher in some communities up to nearly 90%) of girls aged between 13-18 years are either pregnant or have one or more children. The health consequences of child marriage such as trauma because sexual activity of girls who are not yet physically or

<sup>29</sup><https://www.girlsnotbrides.org/child-marriage/liberia/>

psychologically ready to deal with it, childbirth or obstetric Fistula in some cases, are alarming.

**Question 17:** To what extent the programme's organizational structures, coordination mechanism at community levels and inter-ministerial coordination supported the delivery of the programme?

**Finding 17: Coordination mechanism and inter-ministerial coordination at county level supported the delivery of the programme. However, at district and community levels, the evaluation identified some deficiencies in the programme organizational structures and coordination mechanism which challenged the delivery of the programme.**

A Joint UN/GoL Steering committee co-chaired by the Minister of Gender & the RC/DSRSG was established in 2017 to support cohesion and synergy as well as the overall strategic direction of the program. According to the revised Programme Document of 2018, a technical coordination apex body co-chaired by the Ministry of Justice and the Lead UN Agency, and inclusive of the Chief Prosecutor, sex crimes unit, LNP, Ministry of Health, Ministry of Gender as well as relevant UN agencies and NGOs was intended to be established to support intra-inter departmental synergy, information sharing, case management and corrections. The evaluation noted that the GBV taskforce established undertook this role at national and county levels.

At county level, coordination mechanisms were established through the GBV taskforce in the 15 counties which roles and responsibilities included reporting, case management and follow-up, Planning, linkage to community-based structures and monitoring of the SGBV/HTP JP implementation. The Evaluation Team acknowledged also that a County Gender Coordinator established a County Survivor Trust Funds Committee (CSTFC) at the county level composed of a County Gender Coordinator, SGBV Focal Person (MOH), County Attorney or Public Defender or representative from the sex crimes unit, WACPS/LNP, Lead Agency Representative, Lead CBO/CSO Representative (representative from rural women's structures) representative that is working in the area of GBV survivor support or the Safe Home Manager (in counties that have safe homes). The purpose of the CSTFC was to ensure that survivors from all points of the referral pathway are provided assistance; that a survivor does not receive support for the same issue from different actors; and that the funds are not mismanaged.

At district and community levels, the evaluation concerning deficiencies in the programme's organizational structures and coordination mechanism which challenged the delivery of the programme. The SGBV/HTP JP initially planned to establish a Committee which should have been chaired by the Gender county coordinator and comprised of district level representatives. Coordination structure was also intended to provide direct linkage and support to community-based coordination structures. Additional district committees chaired by the District commissioners and representatives of traditional systems should have been put in place. However, the evaluation found that the Joint Programme was unable to establish taskforces at the district level and the eva-



uation could not find evidence that a Committee and coordination structure were both established and functional at district level.

**Question 18:** What contributions are GoL and the participating UN agencies making towards the implementation of global norms and standards against violence on women and girls (i.e CEDAW)?

**Finding 18: GoL and the participating UN agencies contributed to the implementation of global norms and standards against violence on women and girls such as CEDAW, the Beijing Platform for Action (1995), UNSCR1325 / WPS agenda and the Sustainable Development Goals (SDG 5).**

In regard to the Convention of Elimination of all forms of Discrimination Against Women (CEDAW), the last review highlighted the fact that rape and domestic violence account for more than 70% of all SGBV reported cases in the country.<sup>30</sup> The persistence of adverse cultural practices and traditions, as well as patriarchal attitudes and deep-rooted stereotypes regarding the roles and responsibilities of women and men in society and in the family, which are perpetuated by secret tribal societies such as the Sande and the Poro were also identified as concerning issues by the CEDAW committee.

The evaluation found that SGBV/HTP JP actively contributed to the implementation of the general recommendations No.33 as well as the joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices, provided in the CEDAW report on Liberia (CEDAW/C/LBR/CO/7-8) from 2015 .

As far as the contribution of SGBV/HTP JP towards the implementation of UNSCR 1325 and global WPS agenda is concerned, the evaluation found that the programme, particularly its pillars 2 and 3 contributed through activities related to the enhancement of the referral pathways and the justice system strengthening to the article 11 of the which emphasizes the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, and war crimes including those relating to sexual and other violence against women and girls (...). Lastly, the Joint Programme results are contributing to the implementation of both the Beijing Platform for Action (1995) and the Sustainable Development Goals (SDG 5).

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<sup>30</sup>[https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/LBR\\_INT\\_CEDAW\\_NGO\\_L-BR\\_22047\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/LBR_INT_CEDAW_NGO_L-BR_22047_E.pdf) (Access 26/02/2020)



**Question 19:** Has GoL/UN SGBV JP built synergies with other programmes being implemented at national, county and community levels by United Nations, International NGOs and the Government of Liberia?

**Finding 19: SGBV/HTP JP built mainly synergies with the Liberia Spotlight Initiative (2018-2022) which is jointly implemented by UN agencies (UN Women, UNDP, UNFPA, UNICEF and OHCHR).**

The Liberia Spotlight Initiative (2018-2022) is jointly implemented by UN agencies (UN Women, UNDP, UNFPA, UNICEF and OHCHR). The Joint Programme aims to reduce the prevalence of SGBV and HTPs and increase women's and girls' access to SRHRs, in accordance with its objectives<sup>31</sup>. The Liberia Spotlight Initiative which is being currently implemented is targeting the five most-affected counties (Nimba, Grand Gedeh, Lofa, Grand Cape Mount and Montserrado) which are also the counties covered by the SGBV/HTP JP. The joint programme management reported that some activities which were not implemented within the framework of this Joint Programme due to limited resources available are planned to be implemented within the Liberia Spotlight Initiative which has more resources available. The similarities of some pillars of the Liberia Spotlight Initiative (Pillar 2: Strengthening Institutions, Pillar 3: Prevention of SGBV/HTPs and to some extent Pillar 4: Quality and Essential Services (United Nations Population Fund) with the SGBV/HTP JP enabled the complementarity of actions and synergies between the two interventions.

**Question 20:** To what extent identified gaps in the legal and policy frameworks were successfully addressed?

**Finding 20: There are concerning gaps in the justice system which leads to increase of impunity such as the absence of Juvenile courts in some counties (Lower sentence for Juvenile - Perpetrator age reduction- / Lack of ID and Birth Certificates).**

The evaluation found that there are concerning gaps in the justice system which leads to increase of impunity such as the absence of Juvenile courts in some counties (Lower sentence for Juvenile, the absence of Rehabilitation or correction facilities for juveniles, Perpetrator age reduction / Lack of ID and Birth Certificates). To address this issue, the National Identification Registry (NIR) Act was enacted by the (previous) Liberian government in 2011 to address identification problems experienced in the country. The law called for the establishment of a NIR responsible for issuing biometric identification cards to citizens and residents, for proper identification. In adhering to the requirements of the act, the Bureau of Immigration and Naturalization commenced the issuing of Biometric ID cards in Monrovia on 30<sup>th</sup> October 2017. The process has been decentralized to other counties where citizens are enrolled and issued ID cards. Resident cards are also issued to non-Liberians nationwide. All these elements challenge the observed results related to the fight against impunity of SGBV in Liberia.

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<sup>31</sup>2019 Annual Narrative Progress Report of Spotlight

**Question 21:** To what extent advocacy, communication and social mobilization has enabled to speak out on SGBV in Liberia (National, county and community levels)?

**Finding 21: Advocacy, communications and social mobilizations has enabled to speak out on SGBV in Liberia.**

The evaluation found that the SGBV/HTP JP developed in November 2017 a Communication Strategy and Action Plan which provided strategic framework through which key communication objectives of the programme were intended to be achieved. The key communications objectives were twofold: Increased awareness, involvement and accountability at national, institutional, community and individual levels; Awareness and action of policymakers and key civil society organizations. The strategy defined also key audiences (*Government of Liberia. This includes administrative and technical level personnel, Judiciary, Legislature & Senate and House of Representatives, Non-Governmental Organizations and development partners, Media, communities, Elders, Traditional and religious leaders, civil society and community-based organizations, Liberian diaspora, The African Union, ECOWAS and MANO River Union*) as well as the communication channels (High level events and campaigns Media conferences, meetings with editors and media personnel, radio, tv and other media networks, Mobilization and buy-in meetings with Elders and Chiefs, Traditional and Religious, Councils of Liberia, Women's and Youth Groups, Susu clubs and school groups, Websites and social media etc.) used to reach these groups. Lastly, advocacy, communication and social mobilization strategy of the SGBV/HTP JP influenced policy changes in regard to prevention and response to SGBV in Liberia. It influenced also political and financial commitments of GoL through the development of the SGBV roadmap and the USD \$ 2 millions promised by the GoL to be allocated to its implementation in the country. However, the extent to which the action plan covering the period August 2017 – July 2018 included in the communication strategy as well as the indicated revision of the action plan in 2018 was implemented could not be verified within the framework of this evaluation due to various constraints highlighted in the section of this report dealing with limitations.

**Demonstration in Monrovia against SGBV, end impunity / strengthen the Justice System (25/08/2020)**



**Question 22:** From your perspective, how will the quality of these results help to achieve the programme's objectives and meet the expectations in regard to the fight against SGBV in Liberia?

**Finding 22: The quality of the Joint Programme results needs to be consolidated in order to achieve the programme objectives and meet the expectations in regard to the fight against SGBV in Liberia.**

Even if the quality of the results of the SGBV/HTP JP are still fragile and need to be further consolidated in order to achieve the programme objectives and meet the expectations in regard to the fight against SGBV in Liberia, they have contributed to a certain extent in changing perceptions and attitudes from traditional leaders and behavior of media professionals in covering SGBV cases. These results contributed also in strengthening the response to rape, early marriage, domestic violence, harmful traditional practices and their inter-linkages with sexual and reproductive rights and HIV / AIDS in the country. The consolidation of the Joint Programme results through the implementation of specific actions provided in the section of the recommendations of this report will help to meet the expectations in regard to the fight SGBV in Liberia.

**Question 23:** Are you aware of other similar projects or interventions being funded by the Embassy of Sweden / or implemented in Liberia by other UN agencies or international NGOs and the government of Liberia? Please describe.

**Finding 23: The main identified programme on SGBV in Liberia being currently implemented in the country is the Liberia Spotlight Initiative. There are also a few interventions identified where SGBV is being addressed or mainstreamed as cross cutting issues.**

The Liberia Spotlight Initiative (2018-2022) is jointly implemented by UN agencies (UN Women, UNDP, UNFPA, UNICEF and OHCHR), Associated UN Agencies: United Nations High Commissioner for Refugees, International Organization for Migration, the GoL representatives (Ministry of Gender, Children and Social Protection; Ministry of Health; Ministry of Justice; Law Reform Commission; Ministry of Education; Ministry of Internal Affairs) and Independent National Human Rights Commission, National Traditional Council of Chiefs and Elders and Non-governmental organizations and CSOs: 16 CSOs and CBOs listed in the CSO national reference group. It aims to reduce the prevalence of SGBV and HTPs and increase women's and girls' access to SRHRs, in accordance with its objectives<sup>32</sup>. The SGBV/HTP JP operates in the five most-affected counties (Nimba, Grand Gedeh, Lofa, Grand Cape Mount and Montserrado) and focuses on six pillars (Pillar 1: Legislative and Policy Frameworks ; Pillar 2: Strengthening Institutions; Pillar 3: Prevention of SGBV/HTPs; Pillar 4: Quality and Essential Services (United Nations Population Fund); Pillar 5: Data Availability and Capacities; Pillar 6: Women's Movement).

Beside the Liberia Spotlight Initiative, the evaluation noted that the Swedish Embassy and SIDA are financing programmes addressing Gender Equality and SGBV. The Donor

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<sup>32</sup>2019 Annual Narrative Progress Report of Spotlight

of the SGBV JP provides also financial support to KTK (NGO that builds capacity of CSOs working on GE and SGBV prevention). The Swedish Embassy / SIDA is also supporting UNICEF Country Programme which has a SGBV child rights focus and Action Aid and UNFPA SSHR with access to contraception, safe abortion sexual reproductive health. The evaluation further found that SGBV is also addressed as cross cutting issues in other interventions. UNHCR revealed for example through its work with the Government to cater for some 8000+ refugees in 5 locations, namely: Montserrado, Nimba, Grand Gedeh, River Gee and Maryland Counties, they are also implementing internal mechanisms to identify SGBV cases and report them. Since January 2020, 20 SGBV cases were identified and reported. In addition, they are also collaborating with gender officers from the government in all the locations to track and follow up on SGBV cases. For UNDP, SGBV is also addressed in the Joint UNDP/OHCHR Rule of Law Programme titled "Strengthening the Rule of Law in Liberia: Justice and Security for the Liberian People" Phase II (2020-2023), which focus is on further strengthening Liberian justice and security institutions, as well as building capacities at the grass-root level to ensure proper access to justice for local communities. A particular focus is on the needs of women and girls.

The extent to which other international Non-Governmental Organizations are addressing SGBV in their work could not be identified due to the absence of information in this regard from the Ministry of Gender in charge of coordinating countrywide efforts related to Gender Equality and SGBV prevention and response in the country.

## E. SUSTAINABILITY

*The likelihood of a continuation of programme results after the programme is completed*

|                 |            |   |
|-----------------|------------|---|
| <b>Scoring:</b> | <b>A/C</b> | <b>A:</b> The programme performed well and no changes were required<br><b>C:</b> The programme performed but significant changes were necessary |
|-----------------|------------|---|

There is a very high likelihood of a continuation of some programme results particularly results from institution strengthening, capacity building and development of target groups after the programme is completed. The development of a SGBV Roadmap 2020-2022 by the GoL at the end of the Joint Programme enhanced further the sustainability of the programme results **(Scoring A)**. However, the lack of sustainability strategy developed by the SGBV/HTP JP, the lack of financial sustainability plan, the absence of Exit Strategy Plan, the reported turnover of technical staff capacitated and the fact that some achieved results are still requiring further technical and financial supports in order to continue after the programme ends, challenged the sustainability of the results **(Scoring C)**.

**Question 24:** What are the main changes you observed during and after the programme's implementation?

**Finding 24: Capacity building of journalists and media professionals on reporting SGBV and rape have led to a more gender sensitive reporting. In addition, the active involvement of men, traditional and religious leaders in the fight against HTPs and the adoption of the Domestic Violence Act in 2019 brought critical changes towards the fight against FGM. Finally, the strengthening of the SGBV referral pathways in the counties have strengthened the process of handling and responding to SGBV and rape in the counties.**

The evaluation observed that capacity building of journalists and other media professional on reporting SGBV and rape have enabled them to become more careful when publicizing issues related to rape, domestic violence, and other HTPs. They reported analyzing beforehand the implications of the issue before reporting it and ensuring the SGBV survivors best interest, safety and protection are prioritized. Before the implementation of the SGBV/HTP JP, it was reported that local and national media were not well aware of the consequences of publicizing SGBV issues in an inappropriate way. For example, before the implementation of the capacity building activities, It was reported that in some cases journalists used to publicly blame the SGBV victims/survivors and provided confidential information which indirectly helped the perpetrator to escape. With capacity building implemented by the SGBV/HTP JP, important changes have been observed in the reporting of SGBV and HTPs issues. In addition, the evaluation noted that 93% of the target groups knew about SGBV.

Another major identified change is around HTPs such as the practice of FGM; 81% of the interviewees revealed that before implementing SGBV/HTP JP in the country it was not possible to discuss issues related to FGM in Liberia which was a taboo and any discussion with traditional and religious leaders around it was challenging due to their high level of resistance. In conducting socio-cultural audits and in raising awareness against HTPs / and FGM in particular, traditional and religious leaders became aware of the negative consequences and risks of this practice on women and girls. Since the implementation of the programmes activities, the discussion around FGM is no longer a taboo. As a result, the evaluation acknowledged on the one hand, the temporary suspension of the Bush Schools in Liberia where FGM and other HTPs on women and girls were practiced. On the other hand, FGM is now part of the adopted Domestic Violence Act of 2019 which was not legally addressed in Liberia. These achievements around FGM need to be further consolidated through additional extensions of the suspension of the Bush Schools and by offering other options to these traditional schools to achieve the expected sustainability.

**Question 25:** What is the likelihood that the results of the programme will be further used after its end. How?

**Finding 25:** There is a high likelihood for some programme results to be further used after the programme ends while a few achieved results require additional technical and financial supports to be further used after the end of the SGBV/HTP JP.

93% of target groups knew about SGBV. The issues addressed in trainings and workshops are claimed practically by all target groups to be the ones which has enabled them to change their attitudes. There is an observed multiplier effect of the SGBV/HTP JP activities had the most direct influence on raising awareness on SGBV / Rape and FGM.

Under Pillar 1, the results achieved after the completion of awareness raising and capacity building of traditional leaders on FGM and the negative impacts of this practice on women and girls have led to some traditional leaders abandoning this practice and supporting awareness raising against it. Even if this result is still fragile in regard to FGM activities and other HTPs which were reported as secretly practiced in some counties like Lofa Nimba and Grand Cape Mount, the likelihood to further collaborate with them in preventing mechanisms addressing SGBV and HTPs in the countries is very good and must be used in other interventions such as the Liberia Spotlight Initiative.

Pillar 2: The results achieved in the strengthening of the existing 12 One Stop Centers (OSCs) with trained staff in 7 counties (Montserrado, Bong, Margibi, Grand Bassa, River Gee, Grand Gedeh and Bomi) and the refurbishment of some Safe Homes which provides medical treatment, safety and psycho social support to SGBV survivors will be further used after the programme ends by SGBV survivors and their families refusing to find “arrangements” in the communities and seeking for justice. However, the turnover of the technical staff, the lack of appropriate financial plan to ensure sustainable funding of the Survivor’s Trust Funds and the maintenance of the OSCs and Safe homes requiring further technical and financial support challenge the likelihood of their effective use on long term.

With regard to Pillar 3, the revision of the legal frameworks (the revision of the SOP) and the adoption of the Domestic Law Act in 2019 as well as logistical and technical supports provided to the Health and Justice systems enabled to observe an improvement of the rapid and coordinated medical, counseling and prosecutorial response services to survivors of SGBV. However, these achievements need to be further consolidated and their implementation further supported as highlighted in the section dealing with recommendations in this report.

Regarding Pillar 4, the very good results achieved through capacity building of media and social mobilization have already led to sustainable impacts such as the Anti-SGBV Roadmap 2020-2022 concretized to address SGBV by 2022 - guided by the PAPD



(2018), the Revised National Gender Policy (2017), the National GBV Action Plan (2019). The SGBV roadmap of the GoL guides future investment on addressing rape and other forms of SGBV. On 11th of September 2020, the President of the Republic of Liberia issued a proclamation declaring rape as a national emergency and ensuring zero tolerance stance on rape and SGBV in the country. Under the National Rape Emergency, the President declared initial measures that included the appointment of a Special Prosecutor for rape; the setting up of a National Sex Offender Registry; The establishment of a National Security Taskforce on SGBV, and the allotment of an initial amount of \$2 Million to address the fight against rape and SGBV in the country.

**Question 26:** Which components / elements of the programme should be carried over into the next phase, and are there any recommendations for their improvement?

**Finding 26: The evaluation found that the work commenced by the pillar 1 (prevention) and some elements of pillar 2 (Response), Pillar 3 and pillar 4 (Advocacy and social mobilization) should be carried over into the next phase of the programme or should be integrated in some pillars of the Liberia Spotlight Initiative.**

Prevention of SGBV and HTPs is very critical in the context of Liberia particularly because the country experienced 14 years of war which exacerbated traditional gender norms, gender-based power inequalities, the toxic masculinity, attitudes and beliefs about male sexual self-control and women's sexual autonomy. Transformation of norms and behavior that underpin SGBV is a long process which requires time and challenge gender stereotypes and prevailing values and socio-cultural norms.

Pillar 1 and its Output 1.1, Output 1.3 and Output 1.5 should be carried over in the next phase. A particular focus should be given on the active involvement of men and traditional leaders in awareness raising activities at community and district levels as well as capacity budding of boys and girls from both non-formal education and formal education on the prevention and reporting of SGBV (Rape) / HTPs (FGM / Early and Child marriage) are important for normative change. These elements of Pillar 1 could be merged with Pillar 4 and its output 4.1 particularly the activities around capacity building of media institutions on reporting of SGBV and particularly on FGM issues which not enough covered by the local media.

Under pillar 2, activities around the establishment and refurbishment of Safe Homes in all the counties as well as the strengthening of the OSCs are very critical elements to be carried over into the next phase or to other SGBV interventions as they are very critical elements of the referral pathways in the counties which need to be further consolidated.

Lastly, the operational mechanisms to support SGBV prevention and response at national and sub-national levels of pillar 3 should be further enhanced with an urgent focus on appropriated actions and mechanisms to end prevailing impunity of rape and other SGBV / HTPs cases.

**Question 27:** How would you assess the partnerships between GoL/ UN agencies and other stakeholders? (Government, UN, Donor, NGOs, CSOs, traditional and religious leaders, the media). How this partnership supported the achievement and sustainability of the observed results?

**Finding 27: Coordination within UN went well according to 71% of the respondents. The SGBV/HTP JP achieved good results in coordination mechanisms and partnerships at national level. Partnerships with other involved UN entities and GoL through a steering committee and peer monitoring ensured program review, exchange and learning. There are mixed results at district and community levels.**

The selection of partners was based on the results from the stakeholders mapping and analysis conducted at the programme design stage and based on their active involvement in the previous phases of the SGBV/HTP JP. The evaluation found that the selection of CSOs was appropriate particularly because some of the CSOs collaborated already with the involved UN agencies in various interventions and were capacitated in the areas of Human Rights, Gender Equality and Law enforcement. They are key players in the country in the fight against SGBV and HTPs. At county level, the establishment of the GBV Taskforce composed of various actors (Government representatives in the counties, NGOs, CSOs and CBOs) was appropriate and the collaboration among them was reported as « very good » by 68% of the GBV taskforce members in the visited counties. 51% of the GBV taskforce members in the counties rated as « good » their partnerships with the involved UN agencies and mentioned that the lack of feedback, the limited transparency during the programme implementation, the long procurement processes and the inconsistent monitoring mechanisms and follow up challenged the partnerships. Lastly, 47% of the implementing partners and beneficiaries in the counties and communities are satisfied with the appropriateness of the SGBV/HTP JP strategies and the achieved results. This influenced also the partnerships.

**Question 28:** To what extent capacity building and development efforts are likely to be used after the end of the programme and how?

**Finding 28: There is a good likelihood that capacity building and development efforts will be used after the end of the programme. However, FGM remains difficult to be covered by media professionals and effectively handled by prosecutors.**

At community level, empowerment of traditional leaders in preventing HTPs and FGM cases will be further used after the end of the programme particularly in awareness raising interventions against FGM in Liberia. At county level, the strengthening of SGBV taskforce and other target groups such as schools, media institutions, national authority representatives, etc. are intended to be used after the end of the programme.

Concerning capacity efforts of media professionals in reporting, a short comparative analysis of various media coverage available on SGBV between 2018 and 2020 demonstrated an increase of the quality of the SGBV reporting in Liberia. Some of the interviewed journalist reported that before attending capacity building capacities faci-



tated by the SGBV/HTP JP, their skills or knowledge of SGBV / rape and referral pathways were very limited. They did not know how to effectively report on a gender sensitive manner on the issues without revealing sensitive information. These acquired capacities will be further used even if the programme ends. However, the evaluation found that journalists are still facing challenges in covering HTPs / FGM issues as it is “a cultural thing”. They mentioned the difficulty in collecting information from people around FGM because people are still not openly talking about FGM and even FGM survivors are afraid to talk about it as they believe, if they report, “something bad will happen to them because they disclose something they sworn secrecy to keep”.

Capacity building of health workers (Clinical Management of Rape training conducted by UNFPA, MOH and PIL for health care providers in Ganta, Nimba County) enabled them to handle rape cases and address serious and life-threatening consequences faced by SGBV / FGM survivors. The acquired skills are already used and the process will continue after the ends of the Joint Program. The same applies to capacity building of WACPS, police officers, prosecutors, attorneys & victim support officers of the Ministry of Justice in gathering information and investigating cases. However, retaining of institutional memory due to changes of technical staff within GoL (Technical Staff Turnover) might challenge these development efforts and the likelihood to be further used after the end of the programme.

**Question 29:** How would you assess the level of ownership, interest and commitment among the government, community/traditional leaders, school leaders and other stakeholders to take the programme achievements forwards?

**Finding 29: The level of ownership, interest and commitment among the government, community/traditional leaders, school leaders and other stakeholders to take the programme achievements forward is mixed.**

The Government of Liberia has the responsibility for ending SGBV and HTPs in the country in accordance with international commitments. It is also responsible for the safety of SGBV / FGM survivors. The obligation of states to prevent violence against women and girls and to provide comprehensive services to SGBV / HTPs / FGM survivors was established by the General Recommendation No. 19 of the UN Committee on the Elimination of Discrimination against Women in 1992. Enhancing the legal and policy frameworks is very critical in regard to the prevention and response mechanisms to SGBV and HTPs in Liberia. Improving existing legislation and policies in Liberia directly or indirectly linked to SGBV and HTPs or adopting new ones like the Domestic Violence Act of 2019 are important milestones which highlights the level of commitment and ownership of the GoL. Bridging the gap between law and practice through the strengthening of accountability mechanisms and the extent to which the GoL is addressing obstacles related to the effective implementation of such frameworks is another very critical indicator to assess the extent to which the GoL is demonstrating ownership and is committed to the fight against SGBV in the country.

The evaluation found that GoL and its partners are making efforts in bridging the gap between law and practice. There also identified efforts in enhancing the rule of law and ending impunity for SGBV / FGMs. However, the failures of police and justice personnel put girls and women at high risk of violence and prevent access to justice. Perpetrators of SGBV must be held accountable under national and international law. In addition, the high prevalence of impunity requires robust technical and financial resources to support the implementation of existing frameworks. On the one hand, the fact that GoL is providing enabling environment for partners, NGOs and CSOs to address SGBV and HTPs issues in the country is very critical. In addition its political commitment translated into the development of the Anti SGBV Roadmap (2020-2022) with 2 millions allocated for its implementation is another important indicator of its ownership and commitment.

It was found for example that the budget line for Gender Equality /SRH related issues of the Ministry of Health is 0,04% of the national budget. The Ministry of Gender Children and Social Protection (MGCSP) was allotted USD \$ 1,967,459.00 from the National Budget of USD \$ 525,907,000.00 for Fiscal Year (FY) 2019/2020 which amounted to 0.37% of the National Budget. The budget is clearly not sufficient in face of the alarming situation of SGBV in the country. With regard to the level of commitment and ownership of traditional leaders, the evaluation found that traditional leaders in Liberia have demonstrated very high level of ownership and commitment in the fight against FGM. Their active involvement in various activities aiming at preventing FGM in the country and their support in the suspension of Bush schools in 2019 highlighted their high level of commitment. The fact that it was reported that FGM is secretly still going on raised some concerns.

The evaluation could not assess the level of ownership and commitment of NGOs and CBOs at district and community levels due to the availabilities of some of them during field visits and the challenges faced during this evaluation in interviewing all of them.

**Question 30:** Did the intervention design include an appropriate sustainability strategy after the end of this phase III?

**Finding 30: The evaluation found that the SGBV/HTP JP did not develop an appropriate Sustainability Strategy, Exit Strategy Plan and Financial sustainability plans where necessary to ensure the sustainability of the programme results.**

Sustainability plan is a document which provides guidance and describes how an intervention or programme will be sustained in the long term. The development of a sustainability plan is very critical as it outlines how implementing partners and other stakeholders plan to achieve objectives that create sustainability. This document coupled with an exit strategy plan and a financial sustainability plan focusses on financial sustainability, community sustainability, and organizational sustainability. The Swedish Embassy / SIDA as donor and the SGBV/HTP JP steering committee failed to develop the appropriate sustainability, exit strategy and financial sustainability plans.

## F. GENDER EQUALITY AND HUMAN RIGHTS

*The extent to which the programme was designed, implemented and monitored to promote the meaningful participation of both rights holders and duty bearers and to minimize negative effects of social exclusion.*

**Scoring:** **B** The programme performed well but some changes were required.

Gender Equality and Human Rights were well incorporated in the programme design and implementation of the SGBV/HTP JP. The Joint Programme was designed, implemented and monitored to address gender inequalities, SGBV / HTPs and some gaps in the legal framework hindering the fulfillment of Women's and children's rights in Liberia. The active involvement and engagement of men and traditional leaders in the programme in the prevention of SGBV / HTPs enhanced the promotion of Gender Equality and Human Rights. However, the evaluation noted that some initially targeted communities in the counties were not involved due to accessibility and mobility issues. In addition, some messages spread in the communities were not systematically translated into some local dialects to ensure the accessibility by vulnerable groups to the information. There are no indications how the programme integrated vulnerable groups and how people with disabilities / SGBV survivors with disabilities were involved in the SGBV/HTP JP.

**Question 31:** To what extent the joint GoL/UN programme's theory of change(ToC) has clearly considered gender and human rights issues?

**Finding 31: An analysis of the theory of change demonstrated that gender equality and human rights issues were clearly considered.**

An analysis of the theory of change demonstrated that gender equality and human rights issues were clearly considered. The ToC described the processes of change by outlining the causal pathways from outputs through intended changes resulting from the use of outputs by key stakeholders and intermediate states towards impact in the fight against SGBV / HTPs and improved living conditions of SGBV survivors. The analysis of the ToC further revealed that the focus of the JP is on prevention of SGBV and HTPs, strengthening national and community based structures, ensuring better access to justice and health services in the responses to SGBV victims and survivors.

**Question 32:** To what extent are GE&HR a priority in the overall intervention budget?

**Finding 32: GE / HR was a high priority in the overall intervention budget.**

Gender Equality and Human Rights were both a high priority in the programme specific and general objectives as highlighted throughout this report. The SGBV/HTP JP objectives were to strengthen mechanisms for the prevention of SGBV, HTPs and

mitigate their impact on women, girls and boys in Liberia. The SGBV/HTP JP aimed also at changing perceptions and attitudes and strengthen systems to address rape, early marriage, domestic violence, harmful traditional practices and their inter-linkages with sexual and reproductive rights and HIV and AIDS in Liberia by 2020. The entire budget of USD \$ 3, 387,322.73 with additional funds of USD \$ 67, 771.87 were used for the activities supporting the advancement of GE/HR in the counties .

**Question 33:** Were there any constraints or facilitators (e.g. political, practical, bureaucratic) to addressing SGBV during implementation? What level of effort was made to overcome these challenges?

**Finding 33: On one hand, the political transition in 2016 challenged the programme design and the implementation of activities in year 1. On the other hand GoL is providing an enabling environment which facilitates its partners and civil society organizations to address SGBV and HTPs in the country.**

The political transition at the programme design in 2016 challenged the Joint Programme because all actors from the previous GoL changed at national and county levels. Within UN, some internal changes occurred and new staff was hired. The implementation of activities was delayed and the Joint Programme mitigated these challenges as highlighted in a detailed manner under the sections “efficiency” and “lessons learnt” of this report.

**Question 34:** Were the processes / activities implemented free from discrimination to all stakeholders and minority groups were also involved?

**Finding 34: The processes and activities implemented were free from discrimination; minority groups were also involved. However, the extent to which people living with disabilities were targeted by the SGBV/HTP JP remains unclear.**

Practically all the interviewees mentioned that SGBV/HTP JP was implemented free from discrimination to all stakeholders and minority groups were also involved. They did not perceive any discrimination in the decision-making processes at national level and all relevant stakeholders in the fight against SGBV and HTPs in Liberia. However, the evaluation noted that some initially targeted communities in the counties were not involved due to accessibility and mobility issues. In addition, some messages spread in the communities were not systematically translated into some local dialects to ensure the accessibility by vulnerable groups to the information. There are no indications on how people / SGBV victims and survivors with disabilities were involved in the SGBV/HTP JP.

## G. INNOVATION

*The extent to which internal and external factors have positively and negatively affected the implementation of activities and achievement of results allows for lessons learnt and to identify good practices.*

**Scoring:** **A**

The programme performed well and no changes were required.

There are a few elements of the programme approach in addressing SGBV and HTPs that were very innovative in regard to the context in which the programmers activities were implemented.

**Question 35:** To what extent are the programme's approaches, strategies and practices innovative?

**Finding 35: Finding 35: The involvement of traditional leaders, men, boys and former male perpetrators of SGBV as change agents in the prevention of SGBV / HTPs were innovative in the context of Liberia. Another identified innovation was the establishment of contextualized referral pathways which enabled an improved reporting and handling of SGBV cases.**

Liberia has a patriarchal socio-cultural system with some traditional norms and values which shape gender roles and power relations between men, women, boys and girls; and enhance gender inequality in the country. The 14-year conflict the country went through exacerbated these norms and the post-traumatic disorder from the civil war and Human rights abuses have led to toxic perception of women, girls, men and boys and to violence. Involving men and boys or former male perpetrators of SGBV as change agents in the prevention of SGBV / HTPs and launching the HeforShe campaign is quite new in Liberia and an innovation. Some interviewees, mentioned that they learnt in trainings that boys are also SGBV victims/survivors (Sodomy) but they are often neglected. This was a new understanding of how SGBV affect boys and girls / men and women. Another identified innovation is the involvement of traditional leaders and the collaboration of zoes in the fight against FGM particularly because FGM was considered a taboo and not discussed publicly. Lastly, the establishment of contextualized referral pathways enabled to improve the reporting mechanisms and handling of SGBV cases . This was innovative too.

**Question 36:** What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Liberia

**Finding 36: Shortage of resources to enhance work has led to lapses in the implementation of activities under the pillars of the Joint programme.**

Activities such as engagement with key community gate keepers, county level GBV Task-force and buddy Clubs in schools had started and monitoring of activities were ongoing

even if some deficiencies were noted. The Evaluation found out that lack of resources (communication, mobility, etc), poor road network to facilitate the implementation of activities have slowed the execution of activities in the prevention pillar, aimed at mitigating the impact of SGBV on women and girls. Even though there are conflicting reports of increase in SGBV cases, discussions with GBV Taskforce members and other participants revealed that the level of compromise of rape cases were high in communities due to the stigmatization of survivors, prior to the SGBV/HTP JP. However, with repeated radio talk shows, jingles, setting up of buddy clubs and other community engagements around the country, school-going children and parents begin to understand the consequences of rape / GBV.

**Question 37:** Which lessons relating to SGBV prevention, mitigation and response could be distilled for their broader relevance to other UN led interventions in the country confronting comparable challenges and opportunities?

**Finding 37:** There are a few lessons relating to resource allocation, SGBV prevention, mitigation and response which could be distilled for broader relevance to other UN led interventions in the country.

One of the major lessons learnt is that financial, technical and human resources should be managed well and monitored to ensure they are effectively used for the implementation of the planned activities. Other lessons learnt can be linked to proper budgetary plans, allocation of resources for the period of the SGBV/HTP JP, and a well mapped out sustainability plan with the GoL at the center. Budgetary plans should include special resources for GBV actors in rural areas with poor road network and limited access to communication. Section VII. of this report provides detailed lessons learnt.

## VI.CONCLUSIONS AND RECOMMENDATIONS

### Overall JP SCORE: B

Despite a multitude of gaps and deficiencies, limited resources available and challenges in monitoring and coordination mechanisms in the district and communities, the JP managed to achieve some good results that serves as basis in the fight against SGBV in the country. However, it is very critical to consolidate these results by: a) strengthening accountability and oversight for performance, b) capacity building and development of the justice system and referral pathways c) capacity building for effective implementation of legal instruments addressing SGBV in the country; d) alignment of further interventions with the anti SGBV roadmap of the GoL. As requested by UN Women Liberia, the Evaluation Team developed additional recommendations to the Liberia Spotlight Initiative placed in Annexure 9 of this report.

### DESIGN (Score B/C) *Findings 1, 2, 3,5,7,12,13, 31, 32*

**Strengths:** The programme was very well designed, the objectives were clearly defined and the intervention logic was appropriate. The SGBV/HTP JP addressed in its design the concerns explicitly formulated by UNMIL within the framework of the Security Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender-based violence and calls for the need to combat SGBV with a focus on Sexual violence against children, address impunity and provide redress, support and protection to victims. The findings from previous phases, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design the 3rd phase of this Programme. **(Scoring B)**

**Weaknesses:** The programme was designed as a community based intervention with an initial budget of USD \$36 million but implemented with USD \$ 3 million only of which 26% (almost 1/3) of the total budget was allocated to staff & personnel and contractual services only. Even if three joint monitoring visits were organized in 3 years, this was not sufficient to track the implementation of the planned activities. There was not funds allocated to consistent monitoring of activities and the SGBV/HTP JP failed to make best use of synergies at district and community levels. The yearly work plans which partly derived from the Logframe of the SGBV/HTP JP lacked baseline / target values (year 1/ year2) and activities did not match with the outputs from the Logframe. The design of monitoring reports was mostly activity based rather than results based. SGBV/HTP JP did not design a sustainability strategy, a financial sustainability plan and an Exit Strategy Plan. **(Scoring C)**



## RELEVANCE (Score B)

### *Findings 1, 2, 3, 4 and 5*

**Strengths:** In covering areas such as SGBV prevention, response to survivor needs, capacity building and development of institutions, advocacy and communication, the evaluation found that the SGBV/HTP JP strategic content and objectives were very relevant for the context. The SGBV/HTP JP was built on the results and recommendations of the previous phases of the programme such as the 2013 Evaluation of the Joint Program which identified a number of gaps. The SGBV/HTP JP addressed in its design the concerns explicitly formulated by UNMIL within the framework of the Security Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender-based violence and calls for the need to combat SGBV with a focus on Sexual violence against children, address impunity and provide redress, support and protection to victims. The findings from previous phases of the Joint Programme, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design a community based Joint Programme (the 3rd phase) to address the needs and priorities in the fight against SGBV in Liberia. It is mentioned in the programme document that a mapping of actors was also conducted to identify key stakeholders, strengthen synergies and avoid overlaps and duplication. The mapping of actors was not made available during this exercise and the evaluation team could not review it. The prevention strategies and active involvement the local media coupled with alignment with international, regional and national instruments and plans for the prevention of SGBV and the fight against it justified the relevance of the SGBV/HTP JP.

**Weaknesses:** Addressing gaps such as the absence of juvenile courts in some counties, the capacity of prosecutors in addressing with adequacy SGBV / HTPs cases, the very limited understanding and knowledge of SGBV victims and families of their rights, the limited access to information related to the existing referral pathways, the very fragile economic conditions of families to follow up the cases due to long trials up to 6 months (reported by 59% of the interviewees), the fact that most of Liberian women, girls, boys and men lack means of identification (Identification Documents and/or Birth Certificates) which is a basic requirement in criminal investigations as well as the non-effective implementation of already existing legal frameworks on Gender Equality, WPS and instruments addressing SGBV in the country would have further enhanced the relevance of the Joint Programme. The lack of a detailed stakeholder mapping and analysis of involved actors at various levels, the lack of needs assessment on SGBV victims and survivors with disabilities in accessing justice and health challenged the relevance of the SGBV/HTP JP.



## EFFICIENCY (Score B/C)

*Findings 6,7,8,9,10,11,12 and 13*

**Strengths:** The SGBV/HTP JP managed within a limited timeframe to make best use of existing synergies and expertise at national level and achieved some good results which are still fragile and need to be consolidated. **(Scoring B)**

**Weaknesses:** The programme was designed as a community based intervention but failed to make best use of synergies at district and community levels. Budget was disbursed in a timely manner by the Swedish Embassy but some delays in year 2 and 3 in the disbursement of funds to the implementing partners were observed which impacted the implementation of some activities that are still ongoing. 26% (almost 1/3) of the total budget was allocated to staff & personnel and contractual services and no budget was allocated to the monitoring of the SGBV/HTP JP. Some follow up mechanisms or monitoring reports were activity based designed and failed to capture the results of the activities implemented. These gaps coupled with the inconsistent follow up of the implemented activities in the communities and the limited use of synergies in the districts and communities highly challenged the efficiency. **(Scoring C)**

## EFFECTIVENESS (Score C)

*Findings 14, 15, 16, 17, 18,19, 20, 21, 22 and 23*

**Strengths:** 69% of the involved UN Entities are satisfied with the appropriateness of the SGBV/HTP JP strategies and the achieved results. Advocacy, communications, social mobilizations and various capacity building activities in SGBV provided to journalists, media professionals, national institutions, local NGOs / CSOs contributed to the achievement of good results which need to be further consolidated. Coordination mechanism and inter-ministerial coordination at county level supported the delivery of the programme.

**Weaknesses:** Only 47% of the implementing partners and beneficiaries in the counties and communities expressed their satisfaction with the programme results. Some planned activities with community members were not implemented due to shortage of budget and the poor RBM planning. Other activities which were not planned were implemented and did not systematically match with the outputs from the Logframe. The yearly work plans of the SGBV/HTP JP which derived partly from the Logframe but lacked baseline / target values (Year 1 and year 2). Some deficiencies in the coordination mechanisms at district and community level were also identified. The programme applied also through its life cycle mostly an activity based management approach and failed to systematically apply RBM. In addition, under pillar 1, the temporary suspension of bush schools did not completely prevent girls and women from being secretly initiated in some communities. Under pillar 2, the limited capacities

of clinics and hospitals in the counties initially targeted by the intervention but not reached, the limited equipment available to gather evidence in case of rape, the challenges of some OSCs in providing appropriate medical support to the SGBV survivors as well as the limited fund or direct cash made available for SGBV survivors, challenged the effectiveness of the response provided to the SGBV survivors. Under pillar 3, there are concerning gaps in the justice system which were not addressed by the Joint Programme and did not prevent the increase of impunity.

### **SUSTAINABILITY (Score A/C)** *Findings 24, 25, 26, 27, 28, 29, 30*

**Strengths:** There is a very good likelihood of a continuation of some programme results particularly results from institution strengthening, capacity building and development of target groups after the programme is completed. The development of a SGBV Roadmap 2020-2022 by the GoL at the end of the programme enhanced further the sustainability of the programme results **(Scoring A)**.

**Weaknesses:** The lack of sustainability strategy developed by the Joint Programme, the lack of financial sustainability plan, the absence of Exit Strategy Plan, the reported turnover of technical staff capacitated and the fact that some achieved results are still requiring further technical and financial supports in order to continue after the programme ends, challenged the sustainability of the results **(Scoring C)**.

### **GENDER AND HUMAN RIGHTS: Score B** *Findings 31, 32, 33 and 34*

**Strengths:** Gender Equality and Human Rights were well incorporated in the programme design and implementation of the SGBV JP. The Joint Programme was designed, implemented and monitored to address gender inequalities, SGBV / HTPs and some gaps in the legal framework hindering the fulfillment of Women's and children's rights in Liberia. The active involvement and engagement of men and traditional leaders in the programme in the prevention of SGV / HTPs enhanced the promotion of Gender Equality and Human Rights.

**Weaknesses:** The evaluation noted that some initially targeted communities in the counties were not involved due to accessibility and mobility issues. Some messages spread in the communities were not systematically translated into some local dialects to ensure the accessibility by vulnerable groups to the information. There are not indication how people with disabilities / SGBV survivors with disabilities were involved in the SGBV/HTP JP.

## INNOVATION (Score A)

### Findings 35, 36 and 37

**Strengths:** The involvement of traditional leaders, men, boys and former male perpetrators of SGBV as change agents in the prevention of SGBV / HTPs were innovative in the context of Liberia. Another identified innovation was the establishment of contextualized referral pathways which enabled an improved reporting and handling of SGBV cases.

**Weaknesses:** \_\_\_\_

### • RECOMMENDATIONS

| Conclusions   | Recommendations  | Responsible  | Priority         |
|---|--|--|------------------|
| <b>1. DESIGN</b><br><i>Findings 1, 2, 3, 5, 7, 12, 13, 31, 32</i> | <b>1.1</b> ET observed and reported isolated cases in which a few social workers and GBV Taskforce members had alarming behavior making light jokes of SGBV issues, especially rape which they perceive as a common occurrence in communities. ET acknowledged that code of conduct was signed by the implementing partners and urgently recommends to monitor the respect of these signed code of conduct and take appropriate actions to mitigate this alarming issue. | UN Women<br>MOGCSP   | <b>Immediate</b> |
|   | <b>1.2</b> Some GoL representatives did not feel actively involved at the design stage even if LOA was signed. Due to turnover of technical staff in various ministries GoL should take appropriate measures to ensure continuity of collaboration between GoL and UN entities.  | MOGCSP<br>Ministry of Justice<br>MIA<br>Ministry of Health | <b>Immediate</b> |
|   | <b>1.3</b> Ensure that at the design stage of future programmes, addressing SGBV / HTPs inclusive interventions addressing access to health and justice for SGBV victims / survivors enough budget (3-5 % of the total budget) is allocated to M&E. Ensure that M&E plan is also developed at the design stage of each programme and there are mechanisms in place to ensure effective implementation of M&E plans.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR      | <b>Immediate</b> |

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|   | <b>1.4</b> Review all ongoing interventions addressing GE/SGBV/HTPs in Liberia as well as the ones covering access to health and justice services for survivors in order to ensure that there is an appropriate M&E plan and sufficient budget allocated to its implementation.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR<br>MOGCSP | <b>Immediate</b> |
|   | <b>1.5</b> Ensure that at the design stage of further programming, sustainability plan and exit strategy plan are developed to ensure sustainability of the results. Review ongoing programmes on SGBV / HTPs to ensure sustainability plans and strategies are developed.   | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR                    | <b>Immediate</b> |
|   | <b>1.6</b> Conduct review all ongoing interventions addressing GE/SGBV/HTPs in Liberia as well as the ones covering access to health and justice services for survivors in order to ensure that an appropriate Sustainability strategy plan, Exit strategy and sustainability financial plan were designed. If no, ensure that they are developed.   | DONOR<br>UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR           | <b>Mid-term</b>  |
| <b>2. RELEVANCE</b><br><i>Findings 1, 2, 3, 4 and 5</i> | <b>2.1</b> The Joint Programme was very good aligned with various instruments on GE/ SGBV. Strengthen ongoing / further interventions on preventing SGBV and HTPs in Liberia and integrate specific actions addressing Early and Child marriage. Ensure alignment and complementarity of these interventions with the SGBV Roadmap of the GoL (2020-2022). MIA with the National Traditional Council of Liberia should collaborate and develop strong guidelines to enforce the cessation of early marriage. | UN Women<br>DONOR<br>MOGCSP<br>Ministry of Internal Affairs     | <b>Immediate</b> |
|   | <b>2.2</b> Develop a specific needs assessment of vulnerable groups and SGBV victims and survivors living with disabilities in accessing health support and justice in the county and communities. Ensure appropriate strategy and action plan are developed to actively involve them in ongoing and future programmes addressing SGBV/ HTPs inclusive access to health and justice in the country.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR<br>MOGCSP | <b>Immediate</b> |

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| <b>3. EFFICIENCY Findings</b><br>6,7,8,9,10,11, 12 and 13 | <b>2.3</b> Conduct a survey of all social workers / GBV taskforce members in the 15 counties and assess their level of knowledge on SGBV / Rape/ FGM/ Early and Child marriage and the updated legal frameworks. Take actions (capacity building / networking / coaching etc. ) to strengthen their skills and expertise in the prevention, reporting of SGBV and response; | UN Women<br>MOGCSP<br>Ministry of Justice                                | <b>Mid-term</b>  |
|   | <b>3.1</b> Conduct a national mapping of all actors addressing SGBV in the country per area (Prevention, Response, Advocacy, access fo Health and Justice services). This will enable to make best use of synergies available in the counties, districts and communities.   | UN Women<br>MOGCSP<br>Ministry of Justice                                | <b>Immediate</b> |
|   | <b>3.2</b> Assess the knowledge and skills of staff in RBM and take actions to strengthen their capacities in RBM through various actions such coaching, mentorship or additional trainings etc.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>MOGCSP                   | <b>Immediate</b> |
|   | <b>3.3</b> Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting. All joint interventions must meet RBM requirements.   | DONOR<br>UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR                    | <b>Immediate</b> |
|   | <b>3.4</b> Ensure enough funds are allocated to M&E and M&E plans developed at the design and planning phases of programmes   | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR                    | <b>Immediate</b> |
|   | <b>3.5</b> Urgently support the GoL and the Ministry of Finance in Gender Budgeting and ensure sufficient resources to integrate SGBV into health sector strategic plans is provided. This will also help to sustain the results of the programme and other joint interventions in the country.   | UN Women<br>UNFPA<br>MOGCSP<br>Ministry of Finance<br>Ministry of Health | <b>Immediate</b> |

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|   | <b>3.6</b> Due to turnover of technical staff in the ministries GoL should take appropriate measures to ensure continuity of collaboration between GoL and UN entities. Ensure that in all capacity building activities at least 2 representatives per ministry are present so that when one departs, there is a high likelihood that one remains with acquired knowledge / skills to ensure continuity of work.                           | MOGCSP<br>Ministry of Justice<br>Ministry of Internal Affairs<br>Ministry Health | <b>Immediate</b> |
|   | <b>3.7</b> Make best use of technical capacities of involved stakeholders, implementing partners, NGOs and CBOs that have been already capacitated by UN entities to deliver activities. This will reduce the costs related to contractual services and enhance efficiency of joint interventions ( 26% / almost 1/3 of the total budget was for example allocated to staff & personnel and contractual services in this Joint Programme). | DONOR<br>UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR                            | <b>Immediate</b> |
|   | <b>3.8</b> Establish GBV taskforce or a committee at district level which will liaise between county and community. It could be chaired by the gender county coordinator and comprised of district level representatives. It will enhance monitoring and coordination mechanisms at community and district levels and ensure it is inclusive with active involvement of local NGOs and CBOs.   | UN Women<br>MOGCSP   | <b>Mid-term</b>  |
| <b>4. EFFECTIVENESS</b><br><i>Findings 14, 15, 16, 17, 18,19, 20, 21, 22 and 23</i> | <b>4.1</b> Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting design of ongoing and future programming. Ensure all joint interventions meet RBM requirements. Activity based planning, budgeting, monitoring and reporting of programmes must not be funded / supported.  | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR                            | <b>Immediate</b> |
|   | <b>4.2</b> Take appropriate actions against the reported FGM being secretly practiced on girls and women in some counties visited as highlighted in the report.  | UN Women<br>UNICEF<br>MOGCSP<br>MIA  | <b>Immediate</b> |

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|  | <b>4.3</b> Extend the suspension of bush schools   | UN Women<br>MOGCSP<br>MIA   | <b>Immediate</b> |
|  | <b>4.4</b> There is a linkage between support to survivor and Women's Economic Empowerment in the communities most affected by SGBV / Rape and FGM. There is a need to sustain the support provided to survivors so they do not depend on perpetrators and might compromise the cases (Because they return to live with them in the same house or in the community). Initiate WEE interventions with SGBV survivors families in pilot communities within the most affected counties. There is also a need to develop specific entrepreneurial programmes targeting zoes and traditional practitioners of femaleFGM to support them finding and developing alternative livelihoods. | UN Women<br>DONOR<br>MOGCSP   | <b>Mid-term</b>  |
|  | <b>4.5</b> Regarding the rise of SGBV / Rape / FGM survivors in Liberia, ensure there are at least 2 refurbished and functional Safe Homes and shelters in each county. In addition, foster care service should be made available for survivors who cannot return home to reside (with foster families). This could begin with identification and training of families who will serve as state-certified care givers. Involvement of peace hut women and networking is critical.   | UN Women<br>UNICEF<br>Donor<br>MOGCSP                                 | <b>Immediate</b> |
|  | <b>4.6</b> Ensure that at least 2 well-equipped One Stop Centers in every county with health care personnel trained to take care of SGBV survivors. In remote communities where SGBV victims / survivors could not reach an OSC within the required 72h, there is a need to establish health structures or strengthen the existing ones with trained health workers in gathering evidence and necessary equipment. Appoint also a legal officer to liaise between court and One Stop Center to fast-track cases.   | UNFPA<br>Ministry of Health<br>MOGCSP<br>Donor<br>Ministry of Justice | <b>Immediate</b> |

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|  | <b>4.7</b> SGBV JP provided trainings to health-care providers in the provision of comprehensive clinical care for victims; The trainings must be extended to all health facilities in the 15 counties. Ensure also that trained health workers are further capacitated through the facilitation of networking and learning exchange with other OSCs from other counties where best practices could be shared among them. | UNFPA<br>Ministry of Health                    | <b>Mid-term</b>  |
|  | <b>4.8</b> Develop a mandatory identification system for every citizen and aliens residing in the country. A national campaign for identification must be launched as soon as possible.   | UNDP<br>UNHCR<br>Ministry of Justice<br>LIMS   | <b>Immediate</b> |
|  | <b>4.9</b> Support decentralisation and expansion mechanisms of Criminal Court "E" to all counties of the country. In the absence of these courts, some mobile courts could be established as a pilot intervention in the counties most affected by SGBV cases.   | UNFPA<br>UNDP<br>UNICEF<br>Ministry of Justice | <b>Immediate</b> |
|  | <b>4.10</b> Recruit and train more WACPS, LNP personnel (females especially). Every county should have at least 10 WACPS officers. Provide necessary equipment, means of transportation and communication for social Workers at the MOJ, WACPS and LNP to rapidly respond to SGBV & HTP cases.  | Ministry of Justice                            | <b>Mid-term</b>  |
|  | <b>4.11</b> Provide a minimum of 2 DNA machines and an equipped laboratory for major regions in the country. Train at least 15 pathologists (one for every County)  | UNFPA<br>Ministry of Health                    | <b>Mid-term</b>  |
|  | <b>4.12</b> Urgently train judges in handling cases on SGBV / Rape / HTPs / FGM related issues.   | UNDP<br>Ministry of Justice<br>MOGCSP          | <b>Immediate</b> |



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|  | <b>4.13</b> Enhance further skills and knowledge of judges through coaching and networking programs where judges from other countries in the region come to Liberia and those from Liberia visit these countries to share experiences and identify best practices in applying legal instruments on SGBV / Rape / FGM. Ensure there is a platform developed to share these best practices.  | UNDP<br>Ministry of Justice<br>MOGCSP  | <b>Mid-term</b>  |
|  | <b>4.14</b> Enhance capacity building of Gender Focal Persons and Senior Government officials (ministers, lawmakers and directors of government institutions) on SGBV/HTP.   | UNDP<br>Ministry of Justice<br>MOGCSP  | <b>Immediate</b> |
|  | <b>4.15</b> Develop appropriate mechanisms aiming at harmonizing the existing gap and conflict between the penal law that states children should be married at 18 years, and the inheritance law, where girls as young as 16 get married (the latter is recognized in rural areas).  | UNDP<br>Ministry of Justice<br>MOGCSP  | <b>Mid-term</b>  |
|  | <b>4.16</b> Set up and maintain GBV IMS in rural areas to relay information to Central Office to avoid duplication of reported cases.  | UNDP<br>Ministry of Justice  | <b>Mid-term</b>  |
|  | <b>4.17</b> Establish a National Rape Perpetrators Database System.  | UNDP<br>Ministry of Justice  | <b>Immediate</b> |
|  | <b>4.18</b> Enhance community based organizations advocating on SGBV / FGM / Early and Child marriage prevention and response with a particular focus on existing referral pathways in each county. Ensure that the referral pathways is well disseminated and well known in schools, networking and among youth. An app could be developed as an inter-agency initiative and managed by the Ministry of Gender, Ministry of information and key national NGOs. The update would be shared on time and the data will be monitored by the Ministry of Gender. | UN Women<br>UNDP<br>UNICEF<br>Ministry of Gender<br>MIA<br>Ministry of Information | <b>Immediate</b> |

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|  | <b>4.19</b> Raise a national campaign in all the 15 counties and share practical information about the existing referral pathways in the communities and provide guidance and its accessibility. A particular attention must be given to the 72 hours timeframe to report the case in order to not compromise cases.                                       | UN Women<br>DONOR<br>MOGCSP   | <b>Immediate</b> |
|  | <b>4.20</b> Enhance the capacity of journalist on investigating and reporting of FGM issues which remains a sensitive topic in Liberia.  | UN Women<br>MOGCSP<br>MIA and<br>Ministry of<br>Information           | <b>Immediate</b> |
|  | <b>4.21</b> Follow up on trainings provided to journalists on SGBV. Initiate a networking on SGBV and Media with trained journalist & other media professionals representatives where best practices on gender reporting, challenges and possible solutions will be discussed and shared. Ensure the representativeness of media from all the 15 counties. | UN Women<br>MOGCSP MIA<br>and<br>Ministry of<br>Information           | <b>Mid-term</b>  |
|  | <b>4.22</b> Enhance the capacity of journalist on investigating and reporting of FGM issues which remains a sensitive topic in Liberia.  | UN Women<br>MOGCSP<br>MIA and<br>Ministry of<br>Information           | <b>Immediate</b> |
|  | <b>4.23</b> Ensure that advocacy and communication in the counties / communities includes a balance of non- literacy-based messaging in order to reach community with no formal education. A solution is to actively involve NGOs and CBOs with capacity on SGBV/HTPs to support the development of messages in local dialects.                            | UNICEF<br>UN Women<br>MOGCSP MIA<br>and<br>Ministry of<br>Information | <b>Immediate</b> |

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|  | <b>4.24</b> Enhance community based organizations advocating on SGBV / FGM / Early and Child marriage prevention and response with a particular focus on existing referral pathways in each county. Ensure that the referral pathways is well disseminated and well known in schools, networking and among youth. An app could be developed as an inter-agency initiative and managed by the Ministry of Gender, Ministry of information and key national NGOs. The update would be shared on time and the data will be monitored by the Ministry of Gender. | UN Women<br>UNDP<br>UNICEF<br>Ministry of Gender<br>MIA<br>Ministry of Information | <b>Immediate</b> |
|  | <b>4.25</b> Enhance coordination mechanisms at community and district level and ensure it is inclusive with active involvement of NGOs and CBOs.   | UN Women<br>MOGCSP   | <b>Immediate</b> |
| <b>5. SUSTAINABILITY</b><br><i>Findings 24, 25, 26, 27, 28, 29, 30</i> | <b>5.1</b> Ensure that sustainability plan and exit strategy plan are developed and effectively implemented in all ongoing and future programming addressing SGBV/ HTPs. Implementation of these strategies and plans must be monitored by involved UN entities.   | UN Women<br>UNDP<br>UNFPA<br>UNICEF<br>UNHCR<br>DONOR                              | <b>Immediate</b> |
|  | <b>5.2</b> Due to turnover of technical staff in the ministries, ensure that in all capacity building activities at least 2 representatives per ministry are present.  | MOGCSP<br>Ministry of Justice<br>MIA<br>Ministry Health                            | <b>Immediate</b> |
| <b>GENDER AND HUMAN RIGHTS</b><br><i>Findings 31, 32, 33 and 34</i>    | <b>5.3</b> Ensure vulnerable groups and people living with disabilities are systematically involved at all stage of the programme.   | UN Women<br>MOGCSP   | <b>Immediate</b> |
|  | <b>5.4</b> Ensure messages spread in the communities are systematically translated into local dialects to ensure the accessibility by vulnerable groups to the information on SGBV/HTPs and their rights   | UN Women<br>MOGCSP   | <b>Immediate</b> |
| <b>INNOVATION</b><br><i>Findings 35,36 and 37</i>                      |  |  |                  |

## VII. LESSONS LEARNED

### **Relevance:**

- Alignment with Needs / Priorities of the Government of Liberia in preventing and addressing SGBV and HTPs and HTPs

Sixty-one percent of the GoL representatives mentioned that GoL was not actively involved in the programme design and the programme was already planned with the former GoL. The evaluation found out that through the signing of LOA an active involvement of the new GoL in the programme planning was ensured in spite of the change of the administration. Roles and Responsibilities with the GoL within the JP were clearly stated and MoU with the Lead Ministries of this JP signed.

- Theory of Change (ToC)

The evaluation team was not able to assess the extent to which all stakeholders were actively involved during the design phase in the discussion, formulation and agreement of the ToC of the Joint Programme and the extent to which the programme intervention responded to stakeholder priorities and needs. Even if an International Consultant was hired to provide technical support to the programme design, it was reported that some key technical staff from the ministries and a few staff from the involved UN entities joined the programme after the design was already completed and could not report on how the design process and formulation of ToC took place.

### **Efficiency:**

- Budget analysis

The programme was designed and planned without necessary funds available and the framework with the very ambitious goal and objectives remained unchanged even if after a certain period of time, it was clear that there are not other supports. Logframe and frameworks should have been revised and indicators reviewed. Approximately 1/3 of the budget was allocated to contractual services only which is very high. The high administrative expenses were caused by the huge number of involved stakeholders. The efficiency would have been enhanced by limiting the involved stakeholders and reducing the budget allocated to contractual services.

- Synergies

A Strong M&E should have helped to improve the observed results in the communities / counties. Enough funds (3-5% of the programme budget) should have been allocated to the M&E. It would have enhanced the efficiency if a Monitoring Plan would have been designed and implemented by the Joint Programme.

- Joint Programming, Monitoring and Coordination

This Joint Programme suffered from the lack of M&E plan established and fund allocated to M&E at the design and planning stages. The evaluation identified some overlaps between SGBV/HTP JP and the EU/UN Spotlight Initiative in the communities.

Coordination mechanisms of JP at subnational, district and community levels including with CSOs, Gender Task forces and GBV observatories in the communities were not consistent. Due to high number of stakeholders involved in the Joint Programme, a stronger coordination and monitoring mechanisms at district and community levels should have been strengthened in order to ensure better performance management. A stakeholder mapping and analysis at the design stage coupled with a detailed description of the roles of CSOs in the JP at community and district levels would have enhanced the efficiency of the SGBV/HTP JP. The evaluation noted also that there has been some duplications of activities in the same counties covered by the SGBV/HTP JP and the Liberia Spotlight Initiative which challenged the coordination of activities implemented by the different agencies.

In regards to the Joint Programming, some elements challenged mutual accountability for involved UN entity and outcome partners where each outcome lead expressed accountability mainly for its outcome rather than for the SGBV/HTP JP as a whole. A stronger programme management, coordination at various levels would have helped to address this challenge. The evaluation acknowledged that there is a joint UN workplan for all agencies linked to the United Nations Sustainable Development Cooperation Frameworks (UNSDCF). The Joint Program dealt with some overlaps on the implementation of the Domestic Violence law from UNDP, UNFPA and UN Women. OHCHR is facilitating discussion on how all agencies implementing the Domestic Violence Act under various Programmes can synergize and collaborate to have joint implementation of this Act and avoid overlaps.

### **Effectiveness:**

The work plans provided by the GoL/UN Joint Programme derived partly from the Logical Framework of the GoL/UN Joint Programme. The work plans of year 1 and year 2 lacked baseline and target values. Activities were not systematically aligned with the outputs from the logframe. This challenged the tracking process.

### **Sustainability:**

The program should have had a Sustainability Strategy and an Exit Strategy Plan developed particularly because it was the 3rd phase of the programme and the resources acquired were very limited as planned an indicator of the end of the JP. The elements highlighted in the programme document under the section "Sustainability and Exit strategy" are not presenting a sustainability plan. The national budget of the GoL allocated to Gender Equalities / SRH / SGBV related issues is limited in regard to the urgency of actions needed in this regard.

### **Gender Equality / Human Rights:**

The SGBV/HTP JP was designed, implemented and monitored to address gender inequalities, SGBV / HTPs and some gaps in the legal framework hindering the fulfillment of Women's and children's rights in Liberia. The active involvement and engagement of men and traditional leaders in the programme in the prevention of SGV / HTPs enhanced the results. Gender Equality and Human Rights were well incorpo-

rated in the programme design and implementation of the SGBV/HTP JP. However, the evaluation noted that some communities were not involved due to accessibility and mobility issues. Some messages spread in the communities were not systematically translated into some local dialects to ensure the accessibility by vulnerable groups to the information. There are no indications on how people with disabilities / SGBV survivors with disabilities were involved in the SGBV/HTP JP.

### **Innovation:**

The active Involvement, engagement and collaboration with traditional and religious leaders on the fight against HTPs and FGM was innovation in the Liberia context as well as the active involvement of male and former perpetrators acting as agents of change in the communities and addressing toxic masculinity. The establishment of referral pathways which are contextualized by county is another identified innovation of the SGBV/HTP JP.

### **• Other Lessons learnt from the SGBV JP to inform other SGBV interventions like the Liberia Spotlight Initiative with recommendations.**

- Even it is isolated cases, the evaluation identified alarming behavior of some social workers making jokes about SGBV and some not demonstrating serious commitment to SGBV / Rape / FGM issues. SGBV / HTPs which are very sensitive issues.
- The SGBV/HTP JP refurbished some Safe Homes but the evaluation found that there is still an inadequate number of functional Safe Homes or shelters and very limited accessibility to the functional ones for most survivors in most counties.
- The budget planned for the Health Ministry in regard to SGBV related work is reported to be 0.04% of the national budget only. There is an urgent need to support GoL and the Ministry of Finance in Gender Budgeting and provides sufficient resources to integrate SGBV into health sector strategic plans.

### **Access to Justice and Impunity in Liberia**

- Some counties lack Criminal Court and Juvenile Courts are not established in all the counties.
- There is an urgent need to establish a victim and witness protection programme for SGBV / FGM victims and witnesses. During the evaluation, some interviewees reported that witnesses are fearing reprisal particularly because SGBV perpetrators are often released and return to the communities. Protection mechanisms of witness must be established to ensure that victim/survivors are protected.
- Most of Judges in Liberia lack capacity in effectively handling SGBV / Rape and Early Marriage cases in the country.
- There is no functional DNA machine in the country. The machine given by donors has never worked. Under the Liberia Spotlight Initiative, a DNA machine is being purchased but there are no trained experts to operate DNA machines in the country. Furthermore, there are only two pathologists in the country. The country needs equipped laboratories and trained experts to help with forensic evidence.

- The evaluation found that in many cases perpetrators, equipped with the knowledge that if they are below 18, will receive lesser punishments, are reducing their age. They lack IDs and Birth certificates and it is difficult to estimate their age. They are using the gaps in the system particularly in the counties without juvenile courts claiming that they are minors to escape prosecution. The justice ministry reported that they are working with the National Elections Commission (NEC) to obtain voter registration cards, asking people in communities, obtaining driver's license and even going through medical documents so they can be prosecuted according to their real ages. There is an urgent need to launch a national campaign enabling the population to access IDs or getting birth certificates. There is also a need to develop a data management system where rapists/perpetrators can be identified wherever they move in the country.
- It was found that judges have issues sentencing a perpetrator when he is the sole beneficiary of the survivor. An example was given about a survivor in Lofa who was raped and impregnated by her stepfather who was her sole support. She refused to report the case because she did not want to be the cause of his incarceration
- There is a linkage between support to survivor and Women's Economic Empowerment in the communities most affected by SGBV / Rape and FGM. There is a need to sustain the support provided to survivors so they do not depend on perpetrators and might compromise the cases (Because they return to live with them in the same house or in the community).
- There are reported challenges from GoL in implementing the Domestic Violence Act. There is a conflict between the penal law that states children should be married at 18 years, and the inheritance law, where girls as young as 16 get married (the latter is recognized in rural areas).
- Observation
  - Risk of confidentiality of database on SGBV survivors, as paper-based database is used and nurses are using commercial internet cafés to transport information to Monrovia. There is no recording of cases composing "Corruption of Minors".