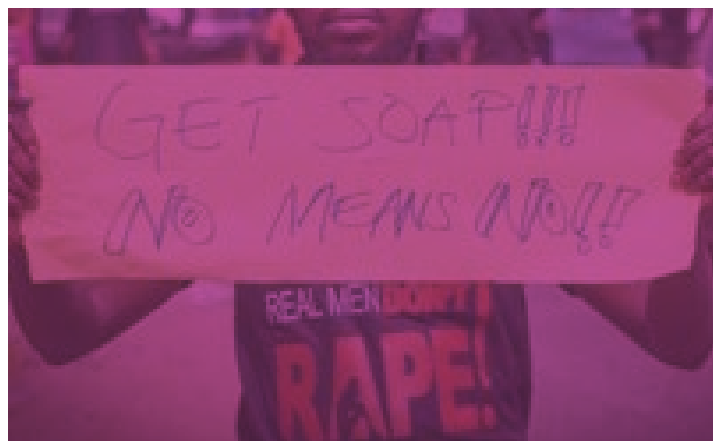


FINAL EVALUATION

GOVERNMENT OF LIBERIA/
UN JOINT PROGRAMME

AGAINST SEXUAL
AND GENDER-
BASED VIOLENCE

AND HARMFUL
TRADITIONAL
PRACTICES IN
LIBERIA



VERSION OF
NOVEMBER 2020

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	1
ABBREVIATIONS	4
EXECUTIVE SUMMARY	5
1. CONTEXT OF THE PROGRAMME	5
2. DESCRIPTION OF THE PROGRAMME	5
3. EVALUATION PURPOSE AND OBJECTIVES	6
4. EVALUATION METHODOLOGY	6
5. EVALUATION FINDINGS (OVERALL SCORE OF THE JOINT PROGRAMME: B)	7
6. BACKGROUND AND CONTEXT	10
6.1 SGBV and the culture of impunity in Liberia	11
7. GOL/UN PROGRAMME DESCRIPTION	12
7.1 Specific objective	13
7.2 Objectives	13
7.3 Programme theory of change (ToC)	14
7.4 Intervention	14
7.5 Impact	14
7.6 Programme's outcome	14
8. EVALUATION PURPOSE	19
9. EVALUATION OBJECTIVES AND SCOPE	21
10. EVALUATION METHODOLOGY AND LIMITATIONS	22
10.1 Source of data and collection methods	22
10.2 UNEG ethical guidelines and code of conduct	23
10.3 Quality assurance	23
10.4 Data analysis	23
10.5 Scoring criteria	24
10.6 Review and validation process	24

10.7	Sample and sampling design	24
10.8	Stakeholder analysis matrix	25
10.9	Evaluation Team members	26
10.10	Evaluation Reference Group	26
10.11	Evaluation Management Group	26
10.12	Evaluation Manager	27
10.13	Field visit and geographic scope of the evaluation	27
10.14	Constraints and limitations to the evaluation	28
11.	EVALUATION FINDINGS	30
11.1	Design	30
11.2	Relevance	31
11.3	Efficiency	39
11.4	Effectiveness	52
11.5	Sustainability	62
11.6	Gender equality and human rights	68
11.7	Innovation	70
	CONCLUSIONS AND RECOMMENDATIONS	72
12.	OVERALL JP ON SGBV/HTPS SCORE: B	72
	RECOMMENDATIONS	76
	LESSONS LEARNED	83
1.	RELEVANCE	83
2.	THEORY OF CHANGE (TOC)	83
3.	EFFICIENCY	83
4.	EFFECTIVENESS	84
5.	SUSTAINABILITY	84
6.	GENDER EQUALITY/HUMAN RIGHTS	85
7.	INNOVATION	85
8.	ACCESS TO JUSTICE AND IMPUNITY	85
9.	OBSERVATION	86

ABBREVIATIONS

AfT	Agenda for Transformation	MoH	Ministry of Health
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	MoJ	Ministry of Justice
CRC	Committee on the Rights of the Child	NGO	Non-governmental organization
CSE	Comprehensive sexuality education	NGP	National Gender Policy
CSTFC	County Survivor Trust Funds Committee	OSC	One-Stop Centre
CSO	Civil society organization	PIL	Plan International Liberia
CWC	Child Welfare Committee	ProDoc	Project/programme document
DAC	Development Assistance Committee	RBM	Results-based management
ERG	Evaluation Reference Group	UNSCR	United Nations Security Council Resolution
ET	Evaluation team	SEA	Sexual exploitation and abuse
EU	European Union	SDGs	Sustainable Development Goals
EVAW	End violence against women	SGBV	Sexual and gender-based violence
FGD	Focus group discussion	SIDA	The Swedish International Development Cooperation Agency
FGM	Female genital mutilation	SOP	Standard operating procedure
GBV	Gender-based violence	SRH	Sexual and reproductive health
GE	Gender equality	SRHR	Sexual and reproductive health rights
GERAAS	Global Evaluation Reports Assessment and Analysis System	SWOT	Strengths, weaknesses, opportunities and threats
GoL	Government of Liberia	ToC	Theory of change
HR	Human rights	ToR	Terms of reference
HTP	Harmful traditional practice	UN	United Nations
IMS	Information management system	UNICEF	United Nations Children's Fund
IRC	The International Rescue Committee	UNDAF	United Nations Development Assistance Framework
JP on SGBV/HTPs	Government of Liberia/United Nations Joint Programme Against Sexual and Gender-based Violence and Harmful Traditional Practices in Liberia	UNDP	United Nations Development Programme
KII	Key informant interview	UNEG	United Nations Evaluation Group
LOA	Letter of agreement	UNFPA	United Nations Population Fund
LNP	Liberia National Police	UNHCR	United Nations High Commissions for Refugees
Logframe	Logical framework	UNMIL	United Nations Mission in Liberia
LUNPAF	Liberia United Nations Partnership Framework	UNSCR	United Nations Security Council Resolution
M&E	Monitoring and evaluation	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
MGCSP	Ministry of Gender, Children and Social Protection	VAWG	Violence against women and girls
MIA	Ministry of Internal Affairs	WACPS	Women and Children Protection Section
MICAT	Ministry of Information Culture and Tourism	WEE	Women's economic empowerment
MoE	Ministry of Education	WPS	Women's peace and security
MoF	Ministry of Finance and Development Planning		

EXECUTIVE SUMMARY

1. Context of the programme

Liberia's 14-year civil conflict (1989-2003) was marred by cases of "violence against civilians and sexual abuse"¹ perpetrated mainly 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 committed against women and girls worldwide and particularly in post-war Liberia. The last review of the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) highlighted the fact that rape and domestic violence account for more than 70 percent of all cases of sexual and gender-based violence (SGBV) reported in the country.² In all 15 counties of Liberia the number of reported cases of rape was extremely high and perpetrators were rarely held accountable.

2. Description of the programme

The programme, Government of Liberia (GoL)/ United Nations (UN) Joint Programme against Sexual and Gender-based Violence and Harmful Traditional Practices (HTPs) in Liberia (JP on SGBV/HTPs) is an initiative of the GoL with initial support from the UN Mission in Liberia (UNMIL).³

The programme duration was initially November 2016 to February 2019 but a cost extension was approved until December 2020, funded by the Embassy of Sweden. The total working budget of the JP on SGBV/HTPs was US\$3 million against a planned budget of \$36 million.

The programme is intended to strengthen mechanisms for the prevention of SGBV and HTPs, and to mitigate their impact on women, girls and boys in Liberia by delivering on five outcomes. These outcomes are:

- ▶ Ensure that Liberians actively participate in preventing and responding to SGBV and HTPs by 2020.
- ▶ Establish and strengthen required services for survivors of SGBV/HTPs.
- ▶ Improve policies and mechanisms to support SGBV prevention and response.
- ▶ Enhance awareness, participation and accountability.
- ▶ Improve coordination mechanisms at national and subnational levels for inclusive and effective service delivery by 2020.

1 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. (Accessed 3 March 2020). <https://femlaw.queensu.ca/sites/webpublish.queensu.ca/files/flswww/files/files/flSQInternationalHumanRights%2C%20Gender-Based%20Violence%20and%20Local%20Discourses%20of%20b.pdf>

2 LBR - All Documents (Accessed 26/02/2020). [https://tbinternet.ohchr.org/Treaties/CEDAW/SharedDocuments/Forms/AllItems.aspx?RootFolder=/Treaties/CEDAW/Shared Documents/LBR](https://tbinternet.ohchr.org/Treaties/CEDAW/SharedDocuments/Forms/AllItems.aspx?RootFolder=/Treaties/CEDAW/Shared%20Documents/LBR)

3 UNMIL formally withdrew on 30 March 2018.

3. Evaluation purpose and objectives

The evaluation covered the actual implementation period of the JP on SGBV/HTPs, Jan 2017–March 2020. Its main purpose is to examine the extent to which the JP on SGBV/HTPs addressed the gaps in addressing gender inequalities, SGBV and HTPs in Liberia. Also, substantial evidence for SGBV and HTPs prevention and protection in Liberia and identified best practices were generated. The evaluation is also intended to inform the implementation of phase II of the ProPoor Agenda for Prosperity and Development, strategic documents such as the new Liberia UN Partnership Framework (LUNPAF) and future programming of participating UN agencies, including the European Union (EU)/UN Spotlight Initiative to End Violence Against Women and Girls. It is expected that the findings will be used by the UN to further refine its approaches in the promotion of the End Violence against Women (EVAW) agenda and to inform the development of strategic documents, will be used by other relevant stakeholders, and will be publicly accessible through the Global Accountability and Tracking of Evaluation Use system for global learning.⁴ The main evaluation users include UN Women, UN Development Programme (UNDP), UN Population Fund (UNFPA), UN Children’s Fund (UNICEF) and the UN High Commissioner for Refugees (UNHCR) in Liberia, as well as national stakeholders such as the Ministry of Justice (MoJ), Ministry of Health (MoH), Ministry of Gender, Children and Social Protection (MGCSP) and other line ministries responsible for the implementation of the JP on SGBV/HTPs.

4. Evaluation methodology

The evaluation employed an exploratory and multi-pronged approach. In line with the norms and standards of the UN Evaluation Group (UNEG), 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, with qualitative data derived from key informant interviews (KIIs), focus group discussions and case studies. Data derived from programme documents, monitoring and progress reports highlighting the programme approach, various activities, expenditure informed the qualitative 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 and also promoted the participation of different groups of stakeholders, providing an holistic perspective of the JP on SGBV/HTPs. It also allowed for triangulation of data, where data from different sources were compared and inconsistencies reviewed, which ensured reliability and validity. The field visit was initially planned for 5 March to 26 March 2020. However, because of the COVID-19 outbreak at the end of the planned inception phase, the field visit took place from 8 August to 25 August 2020. The Evaluation Team (ET) visited seven counties: Montserrado, Cape Mount, Bong, Nimba, Lofa, Margibi and Grand Bassa. A total of 92 persons were interviewed (65 women and 27 men).

4 <https://gate.unwomen.org>

5. Evaluation findings (Overall score of the joint programme: B)

The findings of the evaluation are structured according to analysis and assessment of the following criteria: design, relevance, efficiency, effectiveness, sustainability, gender equality (GE)/human rights (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, challenges in monitoring and lack of coordination mechanisms in districts and communities, the JP on SGBV/HTPs managed to achieve some good results, which serve as a solid base in the fight against SGBV in Liberia.

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 JP on SGBV/HTPs addressed in its design the concerns explicitly formulated by UNMIL within the framework of UN Security Council Resolution (UNSCR) 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing redress, support and protection to victims. Findings from previous phases of the programme, results from baseline surveys, community dialogues conducted in 10 counties and the UN Development Assistance Framework (UNDAF) were also used to design this third phase of the joint programme. (Scoring B)

WEAKNESSES: The JP on SGBV/HTPs was designed as a community-based intervention with an initial budget of \$36 million but it was implemented with \$3 million only, of which 26 percent of the total budget was allocated to staff & personnel and contractual services only. Even if three joint monitoring visits were organized in three years, this was insufficient to track implementation of the planned activities. There were no funds allocated to consistent monitoring of activities and the JP on SGBV/HTPs failed to make best use of synergies at district and community levels. The yearly work plans, which derived partly from the joint programme's logical framework (logframe) lacked baseline/target values (years 1 and 2) and activities did not match the logframe's outputs. The design of monitoring reports was mostly activity based rather than results based. Finally, the JP on SGBV/HTPs did not design a sustainability strategy, a financial sustainability plan or an exit strategy plan. (Scoring C)

RELEVANCE (Score B)

Findings 1, 2, 3, 4, 5

STRENGTHS: In covering areas such as SGBV prevention, response to survivor needs, capacity-building, development of institutions, and advocacy and communication, the strategic content and objectives of the JP on SGBV/HTPs were very relevant for the context. The joint programme was built on the results and recommendations of previous phases, such as the 2013 evaluation, which identified a number of gaps. The JP on SGBV/HTPs addressed in its design the

concerns explicitly formulated by UNMIL within the framework of UNSCR 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing redress, support and protection to victims. 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 that would address needs and priorities in the fight against SGBV in Liberia. It is mentioned in the programme document (ProDoc) that a mapping of actors was also conducted to identify key stakeholders, strengthen synergies and avoid overlaps and duplication. That mapping was not made available during this exercise so the ET could not review it. The prevention strategies and active involvement of 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 JP on SGBV/HTPs.

WEAKNESSES: Addressing gaps such as the following would have further enhanced the relevance of the joint programme:

- ▶ Absence of juvenile courts in some counties.
- ▶ The limited capacity of prosecutors to adequately address cases of SGBV/HTPs.
- ▶ The very limited understanding and knowledge of SGBV victims and families of their rights.
- ▶ Limited access to information related to the existing referral pathways.
- ▶ The very fragile economic conditions of families, which constrains follow-up of cases due to trials lasting as long as six months (reported by 59 percent of interviewees).
- ▶ The fact that most Liberian women, girls, boys and men lack means of identification (identification documents and/or birth certificates), which is a basic requirement in criminal investigations.
- ▶ The non-effective implementation of already existing legal frameworks on GE, women's peace and security (WPS) and instruments addressing SGBV in the country.

The lack of detailed stakeholder mapping and analysis of involved actors at various levels, as well as the absence of a needs assessment on SGBV survivors with disabilities in accessing justice and health, also challenged the relevance of the JP on SGBV/HTPs.

EFFECTIVENESS (Score C)

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

STRENGTHS: Sixty-nine percent of involved UN entities are satisfied with the appropriateness of the strategies of the JP on SGBV/HTPs as well as with the

results achieved. Advocacy, communications, social mobilizations and various capacity-building activities in SGBV provided to journalists and other media professionals, national institutions, local non-governmental organizations (NGOs)/civil society organizations (CSOs) contributed to the achievement of good results, which need to be further consolidated. Coordination mechanisms and inter-ministerial coordination at county level supported the delivery of the joint programme.

Weaknesses: Only 47 percent of implementing partners and beneficiaries in the counties and communities expressed satisfaction with the programme results. Some planned activities with community members were not implemented due to shortage of budget and poor use of results-framework. Other activities that were not planned were implemented and did not systematically match the outputs from the logframe. The yearly work plans of the JP on SGBV/HTPs derived partly from the logframe but lacked baseline/target values (years 1 and 2). Some deficiencies in the coordination mechanisms at district and community level were also identified. Through its life cycle the programme applied 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, a number of factors challenged the effectiveness of the response provided to SGBV survivors, including: the limited capacities of clinics and hospitals in the counties initially targeted by the intervention but not reached, limited equipment available to gather evidence in cases of rape, the challenges faced by some One-Stop Centres (OSCs) in providing appropriate medical support to SGBV survivors, and the limited funds or direct cash made available for those survivors. Under pillar 3, there are concerning gaps in the justice system that were not addressed by the joint programme undermined justice for both the survivors and the perpetrators.

SUSTAINABILITY (Score A/C)

Findings 24, 25, 26, 27, 28, 29, 30

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

WEAKNESSES: The lack of a sustainability strategy, a financial sustainability plan, and an exit strategy plan, the reported turnover of technical staff trained with the support from the joint programme, and the fact that some achieved results still require further technical and financial support 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, 34

STRENGTHS: GE and HR were well incorporated in the programme design and implementation of the JP on SGBV/HTPs. The joint programme was designed, implemented and monitored to address gender inequalities, SGBV/HTPs and some gaps in the legal framework hindering the fulfilment of women's and children's rights in Liberia. The active involvement and engagement of men and traditional leaders in prevention activities of the programme enhanced the promotion of GE and HR.

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 accessibility by vulnerable groups to the information. There are no indications of how people with disabilities/SGBV survivors with disabilities were involved in the JP on SGBV/HTPs.

INNOVATION (Score A)

Findings 35, 36, 37

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

⁵ <https://africa.unwomen.org/en/where-we-are/west-and-central-africa/liberia> (Accessed 20 February 2020).

⁶ 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).

⁷ 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).

⁸ 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.

6. Background and context

Liberia occupies a total area of 111,370 sq km bounded by Guinea on the north, the Atlantic Ocean to the south, Côte d'Ivoire to the east and Sierra Leone to the west.⁵

The country's 14-year civil conflict was marred by cases of "violence against civilians and sexual abuse"⁶ perpetrated mainly by fighters, from every faction. Women and girls were abducted, forced to become sex slaves and used as weapons of war.⁷ Survivors of SGBV and children born out of rape were stigmatized by their families and communities,⁸ leaving them vulnerable and unable to contribute positively to their personal wellbeing or to national development, while perpetrators of such acts remained free to threaten

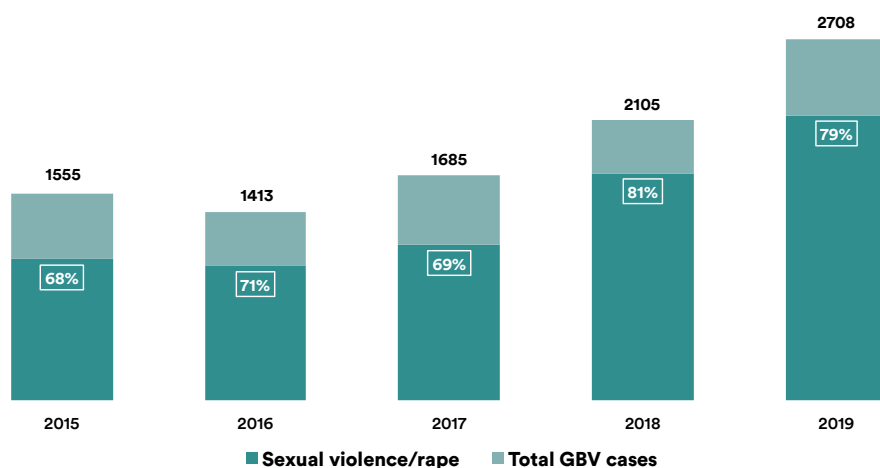


survivors, who in most cases were too afraid and ashamed to explain their ordeals.⁹ Like many other sectors, the justice system experienced brain-drain and destruction of infrastructure, resulting in the inability of state actors to persecute perpetrators and provide legal services to survivors.¹⁰ Health practitioners, social workers and other actors were not fully prepared to address cases¹¹ and to ensure survivors were protected from further harm and shame after reporting rape. Recognizing the importance of protecting women and girls and ending SGBV in the country, the GoL and development partners collaborated to address several issues surrounding SGBV.¹² These issues include stigmatization of female survivors who report rape cases and children born out of rape and a fragile and almost non-functional justice system, coupled with lack of correctional facilities and inexperienced police force. In this context, the discussion and design of the JP on SGBV/HTPs began as an implementation framework for the National Plan of Action in 2007.

In 2008, the joint programme started under the coordination of UNMIL. Phase two (2011-13) commenced in 2011 with the bulk (75 percent) of funding from the Swedish International Development Cooperation Agency (SIDA). At the end of the second phase, the need to continue the progress made on the joint programme was realized.

6.1 SGBV and the culture of impunity in Liberia

SGBV, especially rape, remains one of the most serious HR violations committed against women and girls worldwide, and in post-war Liberia particularly. The last review of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) highlighted the fact that rape and domestic violence account for more than 70 percent of all cases of SGBV reported in the country.¹³ According to statistics provided by the MGCSP,¹⁴ in 2015 a total of 1,555 GBV cases were recorded and reported to law enforcement officials, health care providers, NGOs and CBOs. Of those, 68 percent were acts of sexual violence/rape. In 2016, 1,413 GBV cases were recorded and reported, 71.3 percent of them being sexual violence/rape. In 2017, 1,685 GBV cases were reported, 69.2 percent of them sexual violence/rape. In 2018, 2,105 GBV cases were reported and 81 percent were sexual violence/rape. In 2019, 2,708 GBV cases were reported with 79 percent being acts of sexual violence/rape. Reports from health facilities, especially the OSCs, indicate that these figures will rise further in 2020 due to the COVID-19 pandemic and lockdown. In all 15 counties of Liberia the number of reported cases of rape was extremely high and perpetrators were rarely held accountable.



⁹ GOL (2009). National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia.

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

¹¹ 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.

¹² Ministry of Planning and Economic Affairs Socio-Economic Achievements of the Government of Liberia, 2006-2011.

¹³ LBR - All Documents (Accessed 26/02/2020). [https://tbinternet.ohchr.org/Treaties/CEDAW/Shared Documents/Forms/AllItems.aspx?RootFolder=/Treaties/CEDAW/Shared Documents/LBR](https://tbinternet.ohchr.org/Treaties/CEDAW/SharedDocuments/Forms/AllItems.aspx?RootFolder=/Treaties/CEDAW/Shared Documents/LBR)

¹⁴ GBV statistics of the MGCSP of 2015, 2016, 2017, 2018, 2019 and 2020.

In addition, FGM, also known as female genital cutting and female circumcision, is also widely practised and acceptable in Liberia.¹⁵ Finally, early or child marriage is also another issue of concern in the country. In almost all of the communities visited by the ET in 10 counties, up to 80 percent (in some communities up to nearly 90 percent) of girls aged 13-18 years were either pregnant or had one or more children.¹⁶ In spite of all the efforts of the GoL to realize GE, including ratifying critical international instruments and adopting CEDAW recommendations, along with the Beijing Platform and UNSCR 1325; and despite myriad initiatives, including the UN “One Programme” and Sustainable Development Goals (SDGs), the EU/UN Spotlight Initiative, Liberia’s Agenda for Transformation (AfT), the National Action Plan on UNSCR 1325, the National Gender Policy (NGP) and previous National Action Plans on GBV, challenges still remain to effectively implement these instruments.¹⁷

7. GoL/UN programme description

The JP on SGBV/HTPs is an initiative of the GoL (MoH, MoJ, MoE, MIA and MICAT) and UN agencies (UNICEF, UNDP, UNFPA, UNHCR, and UN Women, with support from UNMIL).

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

The exact number of women, men, girls and boys directly targeted by the joint programme is not clear. However, the JP on SGBV/HTPs has the very ambitious goal of fully engaging communities, educational institutions and relevant stakeholders, and to 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 actually.¹⁸ The JP on SGBV/HTPs is built around a community-based approach, supported by **five strategic pillars**:

PREVENTION	RESPONSE	INSTITUTIONAL STRENGTHENING	ADVOCACY & SOCIAL MOBILIZATION	COORDINATION
Accountability at all levels Behavioral change and Perceptions Structural Issues (Promoting positive symbols of change) Community Engagement and participation Life Skills Education Economic empowerment In-school protection mechanisms	Legal and Protection, Medical, Psychosocial, and Survivor Support Preparedness (Capacity to respond and coordination) Rehabilitation of perpetrators	Accountability Capacity building, Evidence Gathering, Coordination & Advocacy Resources Survivor centered approach sensitivity; Develop/Modify Standard Operating Procedures	Social mobilization campaigns; Constituency & capacity building (CSOs) Targeted messaging Commitments on non-violence Sub-regional mechanisms (MRU, ECOWAS) Positive ceremonial aspects	Accountability Improved synergy b/w national and sub-national systems on SGBV; Information Management Joint Monitoring

¹⁵ National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia 2018, p.11.

¹⁶ Project Document of the Government of Liberia/United Nations Joint Programme on Sexual and Gender-based Violence and Harmful Traditional Practices 2016- p8 UN Women Liberia; Ministry of Gender, Children & Social Protection,

¹⁷ Ibid. p.12.

¹⁸ The 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 MGCSP acts as the lead government ministry.

7.1 Specific objective

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

The programme aims to change perceptions and attitudes, and strengthen systems to address rape, early marriage, domestic violence, HTPs and their inter-linkages with sexual and reproductive health rights (SRHR) and HIV and AIDS in Liberia, by 2020. The JP on SGBV/HTPs is intended, on the one hand, to strengthen mechanisms for the prevention of SGBV, HTPs and mitigate their impact on women, girls and boys. On the other hand, the joint programme is expected to contribute to the achievement of GE outcomes by the GoL, contained in the Agenda for Transformation (AfT) and the NGP as well as in the Plan of Action for the Prevention and Management of GBV in Liberia. Finally, the JP on SGBV/HTPs is focused 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 socioeconomic status and capacity of women.

7.2 Objectives

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

7.3 Programme theory of change (ToC)

The theory of change of the JP on SGBV/HTPs 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 subnational systems have the capacity to facilitate prevention and to coordinate a response that addresses GBV and HTPs, If women and girls have access to fair justice mechanisms and redress based on relevant GE 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 HTPs.

7.4 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 subnational systems are strengthened to facilitate and coordinate program that addresses GBV,

7.5 Impact

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

7.6 Programme's outcome

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

A total of 22 outputs were expected from the JP on SGBV/HTPs as presented below.

Each outcome was connected to a pillar under the lead of a specific UN entity and GoL representatives.

Outcome 1: By 2020, communities, educational institutions and relevant stakeholders in Liberia are 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 SGBV, including HTPs, at national and subnational levels.

Outcome 3: Improved policies and operational mechanisms to support SGBV prevention and response at national and subnational levels.

Outcome 4: Enhanced awareness, participation and accountability at national and subnational levels.

Outcome 5: Improved coordination mechanisms at community, subnational and national levels for inclusive and effective service delivery by 2020.

PILLAR 1: PREVENTION (LEAD IS THE MGCSP IN COLLABORATION WITH UN WOMEN)

OUTCOME 1: By 2020, communities, educational institutions and relevant stakeholders in Liberia are 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 the dangers of SGBV and HTPs is increased through awareness and sensitization.

Output 1.2: Community commitment in support of the prevention of GBV is strengthened.

Output 1.3: Traditional leaders and community members have access to safe spaces to support the reduction of SGBV and HTPs.

Output 1.4: Comprehensive sexuality education (CSE) is enhanced at community level.

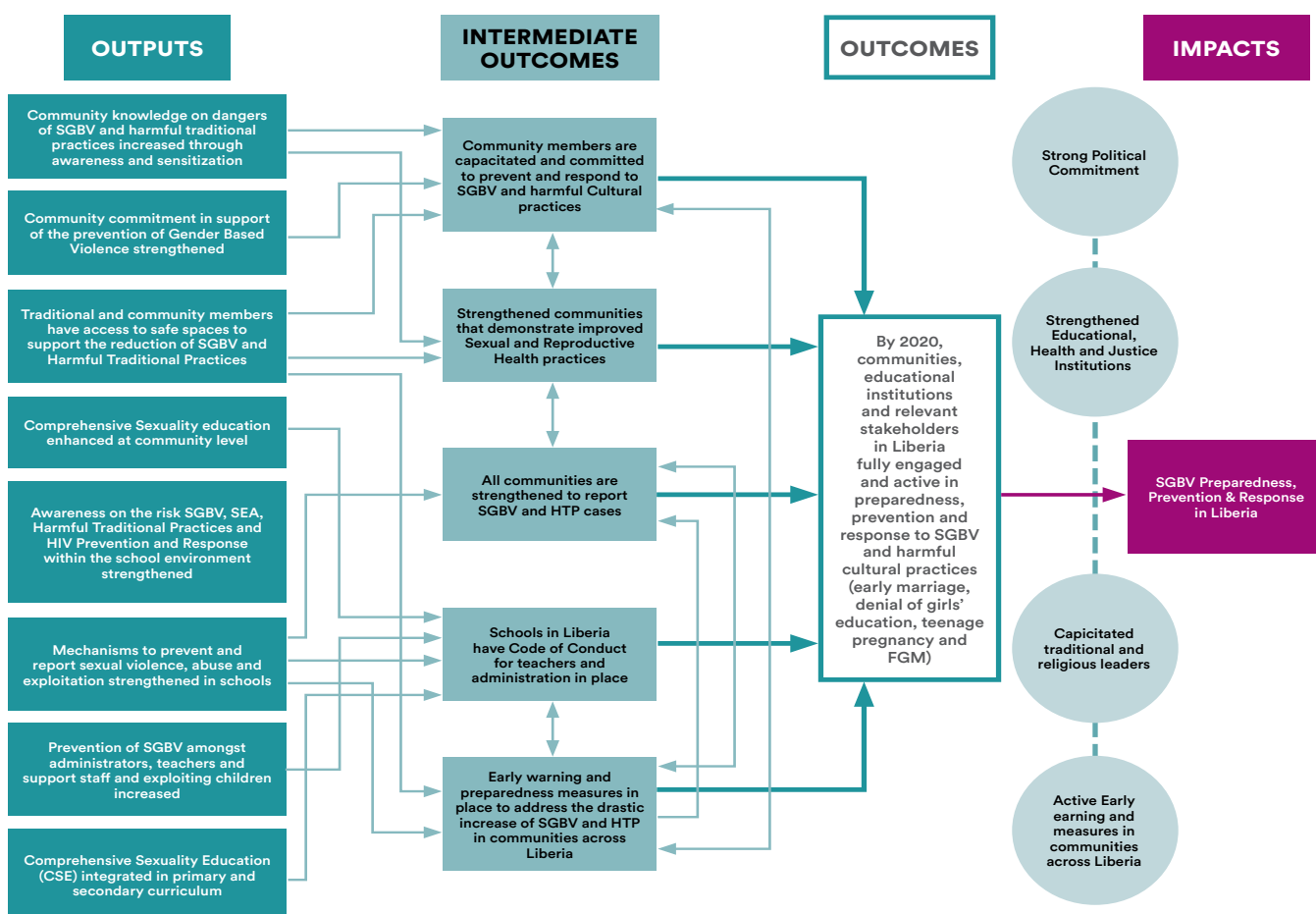
Output 1.5: Awareness on the risk of SGBV, sexual abuse and exploitation (SEA), HTPs and HIV prevention and response within the school environment is strengthened.

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

Output 1.7: Prevention of SGBV amongst administrators, teachers, support staff and children is increased.

Output 1.8: CSE integrated in primary and secondary curriculum.

TABLE 1 — OUTCOME AND OUTPUTS, PILLAR 1 - PREVENTION



PILLAR 2: RESPONSE (LEAD IS THE MOJ IN COLLABORATION WITH MOH AND UNFPA)

OUTCOME 2: Availability of essential services for survivors of SGBV, including HTPs, at national and subnational levels.

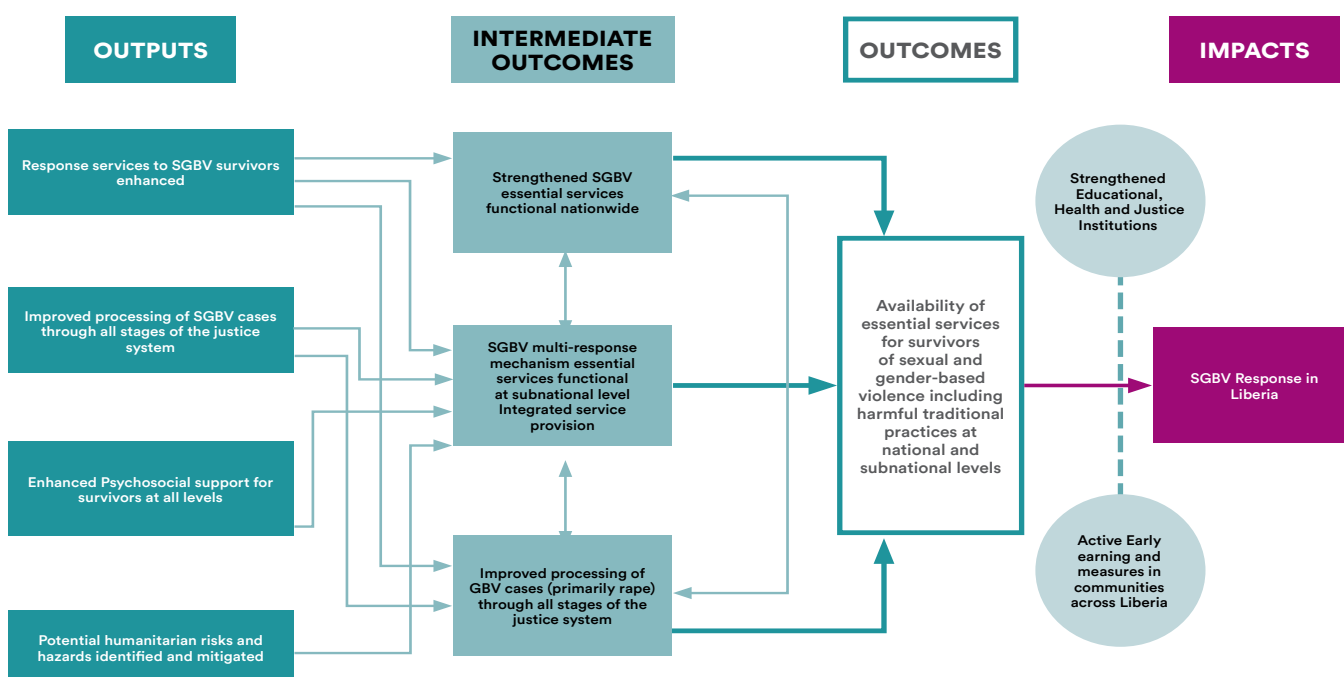
Output 2.1: Response services to SGBV survivors enhanced.

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.

TABLE 2 — OUTCOME AND OUTPUTS, PILLAR 2 - RESPONSE



PILLAR 3: INSTITUTIONAL STRENGTHENING (LEAD IS THE MOJ IN COLLABORATION WITH UNDP/UNMIL)

OUTCOME 3: Improved policies and operational mechanisms to support SGBV prevention and re-sponse at national and subnational levels.

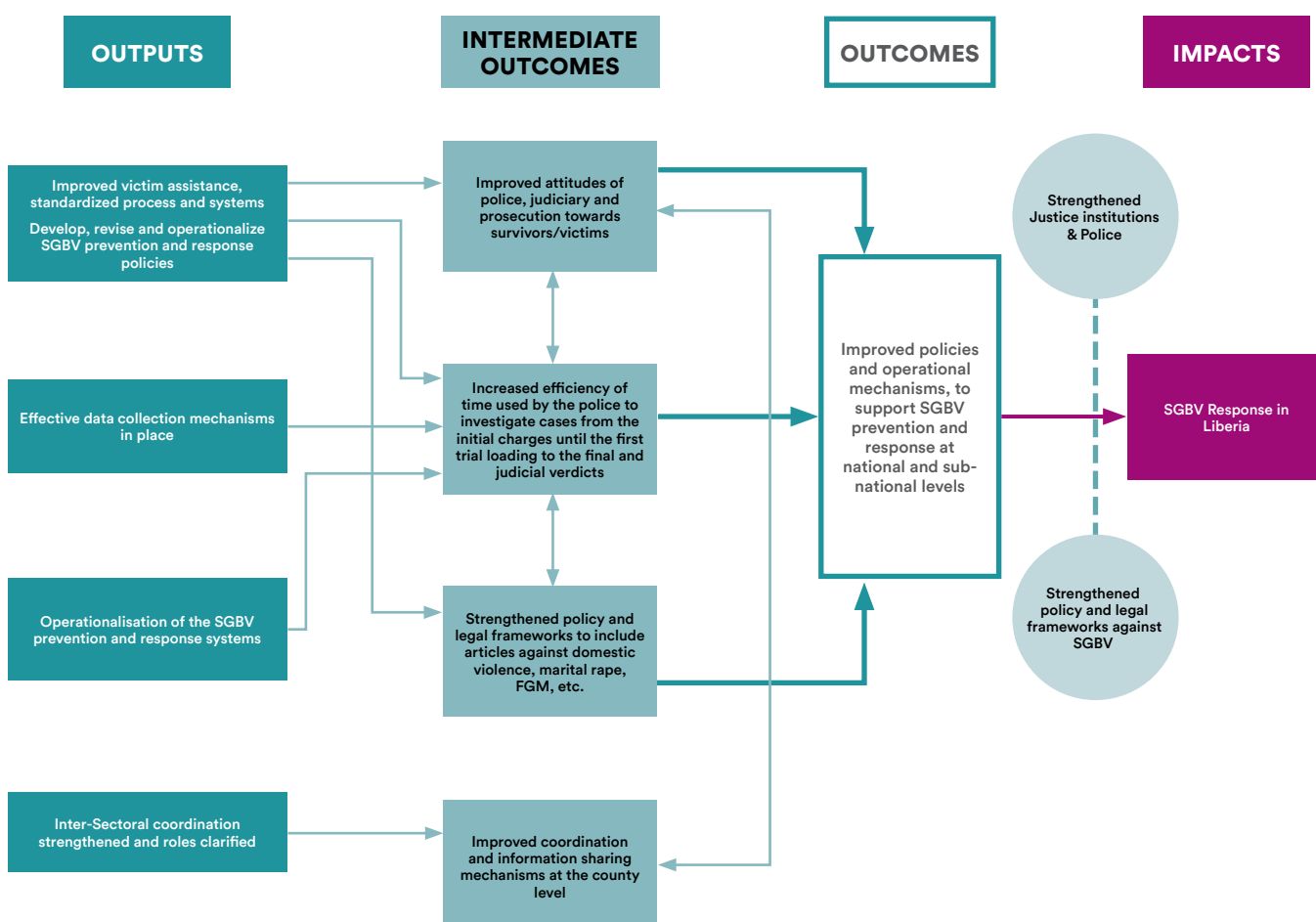
Output 3.2: Improved victim assistance, standardized processes and systems; developed, revised and operationalized SGBV prevention and response policies.

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.

TABLE 3 — OUTCOME AND OUTPUTS, PILLAR 3 – INSTITUTIONAL STRENGTHENING



PILLAR 4: ADVOCACY & SOCIAL MOBILIZATION (LEAD IS THE MGCSP IN COLLABORATION WITH MIA, MICAT AND UNICEF)

OUTCOME 4: Enhanced awareness, participation and accountability at national and subnational levels.

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

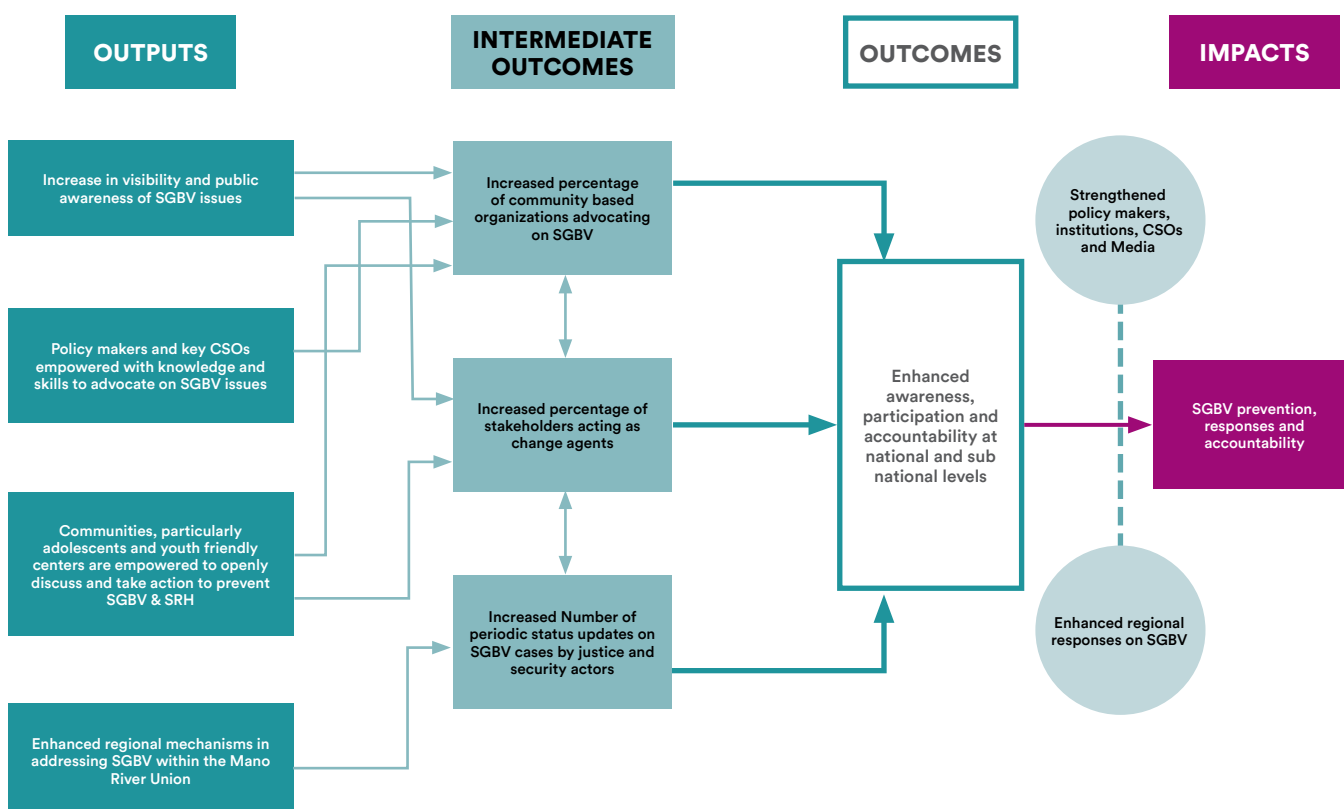
Output 4.2: Policymakers and key CSOs empowered with knowledge and skills to advocate on SGBV issues.

Output 4.3: Communities, particularly

adolescents and youth-friendly centres, are empowered to openly discuss and take action to prevent SGBV & and improve SRH.

Output 4.4: Enhanced regional mechanisms exist for addressing SGBV within the Mano River Union.

TABLE 4 — OUTCOME AND OUTPUTS, PILLAR 4 – ADVOCACY AND SOCIAL MOBILIZATION



PILLAR 5: COORDINATION (LEAD IS THE MGCSP IN COLLABORATION WITH UN WOMEN/UNMIL)

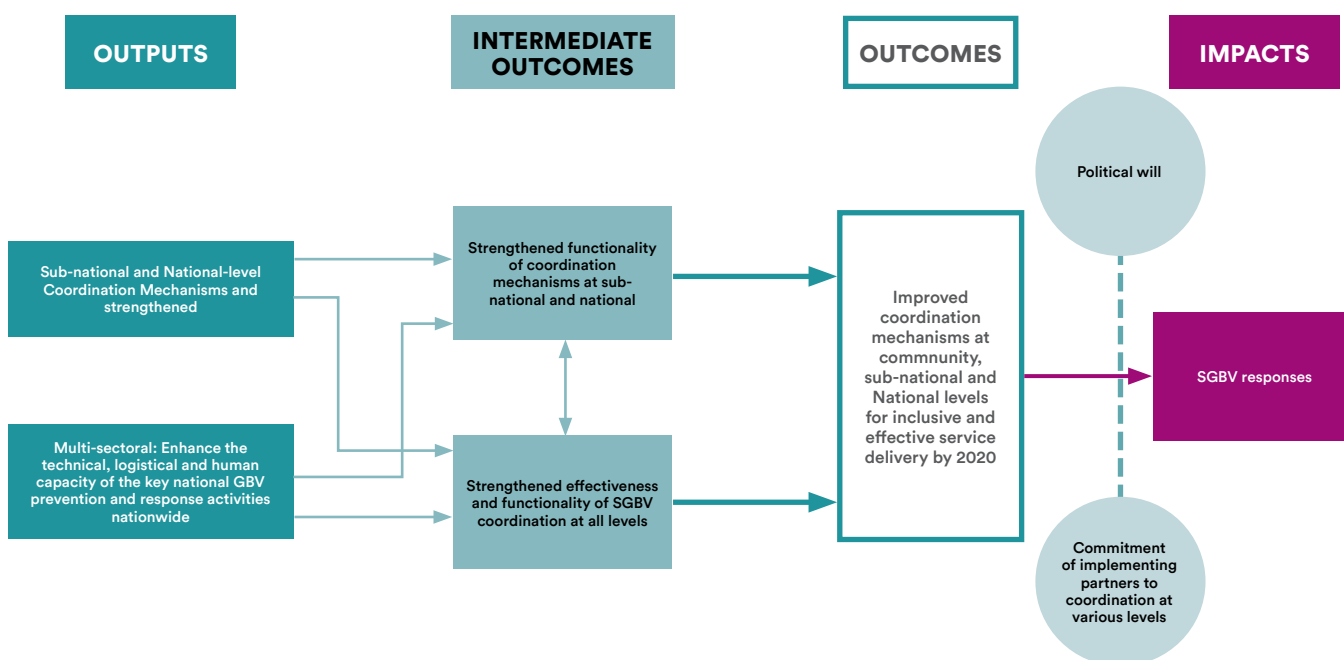
OUTCOME 3: Improved coordination mechanisms at community, subnational and national levels for inclusive and effective service delivery by 2020.

Output 5.1: Subnational and national-level coordination mechanisms in place and implementation plan strengthened.

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.

TABLE 5 — OUTCOME AND OUTPUTS, PILLAR 5 - COORDINATION



The logframe matrix of the JP on SGBV/HTPs is in annex 1 of this report.

8. Evaluation purpose

This evaluation covered the actual implementation period of the JP on SGBV/HTPs, Jan 2017–March 2020, and assessed the:

- ▶ Relevance of the intervention, strategy and approach in addressing SGBV and HTPs in Liberia.
- ▶ Programme success in reaching its intended results/objective.
- ▶ Sustainability of the results and the intervention.
- ▶ Effectiveness and efficiency of the project towards the achievement of impact results.
- ▶ Quality of the inter-agency coordination mechanisms that were established at country level.

The evaluation also:

- ▶ Determined whether a HR-based approach and GE principles were adequately integrated.
- ▶ 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 analysed intervention weaknesses and/or challenges in order to improve next steps of UN Women, UNDP, UNFPA, UNICEF and UNHCR interventions in Liberia in the area of programming on SGBV and harmful practices.

According to the ProDoc,¹⁹ the JP on SGBV/HTPs was designed based on the findings of the 2013 joint programme, which identified a number of gaps, such as the low conviction rate in 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 SRH 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 and child marriages; limited efforts in promoting community-based efforts on prevention of GBV; and limited/delayed reporting and 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 JP on SGBV/HTPs addressed the findings above and to assess programme progress and results. The evaluation generates substantial evidence for the prevention and protection of SGBV and HTPs in Liberia, and identifies best practices. It is intended to inform the implementation of phase II of the GoL Strategic Plan: the Pro Poor Agenda for Development and Prosperity, new strategic documents such as the Liberia United Nations Partnership Framework (LUNPAF) and future programming actions of participating UN agencies, including the Spotlight Initiative. The findings will also be used by the UN to further refine its approaches in the promotion of the EVAW agenda and to inform the development of strategic documents. In addition, the evaluation findings are also intended to support the GoL and its partners in their efforts to prevent and address SGBV in Liberia, protect survivors and combat impunity for rape. According to the terms of reference (ToR), 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 National Action Plan on Women Peace and Security.
- ▶ Leadership skills of women and further their participation in key decision-making structures, specifically in the security sector.

¹⁹ ProDoc, p. 4-5.

- ▶ The 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 system for global learning.

The main evaluation users include UN Women, UNDP, UNFPA, UNICEF and UNHCR as well as national stakeholders such as the MoJ, MoH, MGCSP and other line ministries responsible for the implementation of the JP on SGBV/HTPs.

9. Evaluation objectives and scope

The evaluation was guided by the evaluation criteria of the Organization for Economic Co-operation and Development Assistance Committee and criteria of the UN Women Global Evaluation Reports Assessment and Analysis System (GERAAS): relevance, effectiveness, efficiency, sustainability, and HR and GE. The specific objectives of the evaluation include the following:

- ▶ Assess the relevance of the intervention, strategy and approach in addressing SGBV and HTPs in Liberia.
- ▶ Assess the 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 the HR approach and GE 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 analyse intervention weaknesses and/or challenges in order to improve next steps of UN Women, UNDP, UNFPA, UNICEF and UNHCR interventions in Liberia in the area of programming on SGBV and HTPs.

The main evaluation questions are presented with the evaluation framework in annex 7 of this report.

10. Evaluation methodology and limitations

The evaluation employed an exploratory and multi-pronged approach. In line with 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 JP on SGBV/HTPs and direct beneficiaries participated at different stages of the evaluation process and were able to express their perspectives about the joint programme's implementation process, results, achievements and any point of improvement identified.

10.1 Source of data and collection methods

The evaluation used a mixed-methods approach to gather and integrate data from multiple data sources and methods. In annex 8, various tools used by the evaluation team are presented in a detailed manner. In addition, standard qualitative and quantitative evaluation methodologies were used where qualitative data was derived from KIIs, focus group discussions and case studies. The quantitative data derived from programme documents, monitoring and progress reports highlighting the programme approach, various activities, expenditure and quantitative results of the JP on SGBV/HTPs.

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

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

Desk/literature review

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

In-depth key informant/stakeholder interviews

In-depth interviews with key stakeholders and informants were conducted to obtain their views on the relevance of the evaluation criteria in assessing the joint programme's effectiveness, efficiency, sustainability, gender and human rights approach, innovation and lessons learned.

The key informant interview guide is available in annex 8.

Focus group discussions

Focus group discussions (FGDs) were conducted with direct beneficiaries, SGBV survivors, former perpetrators acting as change agents, traditional leaders of the JP on SGBV/HTPs in counties and at community level. The purpose of these discussions was to take into consideration the multiple perceptions of the beneficiaries in terms of the programme implementation's

strengths, weaknesses, opportunities and threats (SWOT approach), its main achievements and the impacts on communities. The guide and the informed consent form used are in annex 8.

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 annex 6.

10.2 UNEG ethical guidelines and code of conduct

During this process the ET committed to respect the protection and confidentiality of data as recommended by UNEG²⁰ and the related code of conduct for evaluation in the UN system. Team members strictly respected the UNEG ethical guidelines such as, **a) independence and impartiality, b) credibility, c) honesty and integrity, d) accountability, e) respect for dignity and diversity, f) avoidance of harm, g) transparency.** The ET applied also in its work the “do no harm” principles, which require 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 ET assessed whether the victim might experience reprisals, marginalization, stigma or violence, including at the hands of their family or community, for contacting and/or informing the team; and whether ALL ET members and research assistants knew how to respond appropriately to the victim or witness if she/he became distressed.

10.3 Quality assurance

The ET ensured, on the one hand, that the evaluation process was in line with UNEG norms and standards, which guarantee 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.

10.4 Data analysis

The evaluation gathered qualitative data from a desk review, key informant interviews, case studies and stories. Qualitative data emerged from programme documents and reports made available that provided critical information on activities, expenditure, targeted and reached beneficiaries, geographical coverage of the joint programme and results. Quantitative data was obtained from a questionnaire using close-ended questions relating to participants’ demographic data and other information concerning programme specifics (number of pillar meetings, monitoring visits, etc). Data analysis was done continuously 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 Microsoft Excel. Data was then categorized according to the emerging concepts or issues and analysed. All data gathered during the field visits was collated, triangulated (use of a

²⁰ <http://www.uneval.org/document/detail/100>.

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 were made.

10.5 Scoring criteria

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

TABLE 6 — SCORING FRAMEWORK

SCORING	MEANING
A - VERY GOOD	The programme performed well and no changes were required.
B - GOOD	The programme performed well but some changes were required.
C - SATISFACTORY	The programme performed but significant changes were necessary.
D - NOT SATISFACTORY	The programme did not perform at all based on the criteria.

10.6 Review and validation process

An Evaluation Reference Group (ERG) comprising representatives of the main stakeholders of the JP on SGBV/HTPs was constituted according to the TOR. The ERG, 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.

10.7 Sample and sampling design

Various sampling techniques were used, such as purpose sampling (selection of direct programme partners with knowledge of the joint programme’s content), clustered sampling (SGBV survivors, witnesses, perpetrators acting as change agents, etc.) and quota sampling (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 JP on SGBV/HTPs. The ET ensured a very good representation 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

With support from programme management and the documents reviewed, the ET identified key stakeholders of the joint programme based on their role played during design and implementation.

Selection of counties

The ET visited seven counties that were selected based on their exposure to SGBV (according to statistics available), the programme intervention that had been conducted in these counties and their accessibility during the rainy season. The site visits helped to identify whether the JP on SGBV/HTPs 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 joint programme's design and implementation integrated HR and GE, and that duty-bearers and rights holders were actively involved without any discrimination (inclusion and participation principles) and benefited from the intervention.

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

Consultations at national level

- ▶ In-depth and semi-structured interviews with the donor, UN staff and officials from ministries (MGCSP, MoH, MoJ, MoE, MIA and MICAT).
- ▶ Semi-structured interviews with the Gender Taskforce which is composed of all GBV actors nationwide with structures operating at national and subnational levels in the 15 counties to assess and analyse the coordination mechanism among the stakeholders on SGBV, and the joint programme's 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.

10.8 Stakeholder analysis matrix

A stakeholder analysis was conducted by the ET and provided insight of the role and level of influence of stakeholders. The matrix was complemented by additional information gathered during the field phase. The ET 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 the JP on SGBV/HTPs. There was no concrete example of their specific contribution to the JP on SGBV/HTPs. The specific role played by the peace hut women in this joint programme, phase III, could not be determined by the ET.

The detailed stakeholder analysis matrix is presented in annex 5 of this report.

10.9 Evaluation Team members

The ET is responsible for the following evaluation phases: inception, data collection, data analysis and syntheses and validation. An ET member provided technical support throughout the whole evaluation process. This evaluation was conducted by the following consultants:

Viviane Tassi Bela: ET Leader and Senior Gender-responsive Expert, with senior expertise in the areas of GE, WPS/UNSCR 1325), human rights and evaluation (UNEG norms and standards). She has strong skills in research.

Cheryl Angela Williams: ET Member, with very strong experience in GE and WPS. She has strong skills in research.

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

The ET Leader worked under the overall guidance of the Deputy Representative and M&E 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 RO.

10.10 Evaluation Reference Group

The ERG consisted of the donor, UN Women RO, based in Dakar, focal persons from UN Women, UNDP, UNICEF, UNHCR, UNFPA, UN Resident Coordinator Office and the SGBV Programme Management Unit (Secretariat), MGCSP, MoH, MoJ, MICAT, MoE and MIA. 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 provided 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 who: 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.

10.11 Evaluation Management Group

The Evaluation Management Group was comprised of the UN Women Evaluation Manager (Liberia), two colleagues from UN agencies and the UN Women Regional Evaluation Specialist. The group was established to oversee

the evaluation process, make key decisions and provide quality assurance of deliverables. It assured the quality of the evaluation report on the basis of UNEG standards and norms, UN System-wide Action Plan Evaluation Performance Indicators and GERAAS meta-evaluation criteria.

10.12 Evaluation Manager

The Evaluation Manager reviewed the quality of the draft evaluation report, shared the draft report with the Regional Evaluation Specialist, the ERG and the Evaluation Management Group for quality review, consolidated feedback and shared it with the ET Leader, who was expected to use it to finalize the inception/evaluation reports.

10.13 Field visit and geographic scope of the evaluation

The field visit was initially planned from 5 March to 26 March 2020. However, because of the COVID-19 outbreak at the end of the planned inception phase, the field visit took place from 8 August to 25 August 2020. In order to ensure representativeness of the areas covered by the programme, the selection criteria of the counties were based on the SGBV prevalence, the activities implemented in the counties and their location. In addition, the ET considered accessibility during the rainy season. The counties presented in the following graphic were 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, which meant that travel to Grand Gedeh was not possible, the ET replaced Grand Gedeh with Lofa after consultations with UN Women. Lastly, in order to gather more data, Margibi County was also added.



MAP 1 — GEOGRAPHIC COVERAGE OF THE EVALUATION

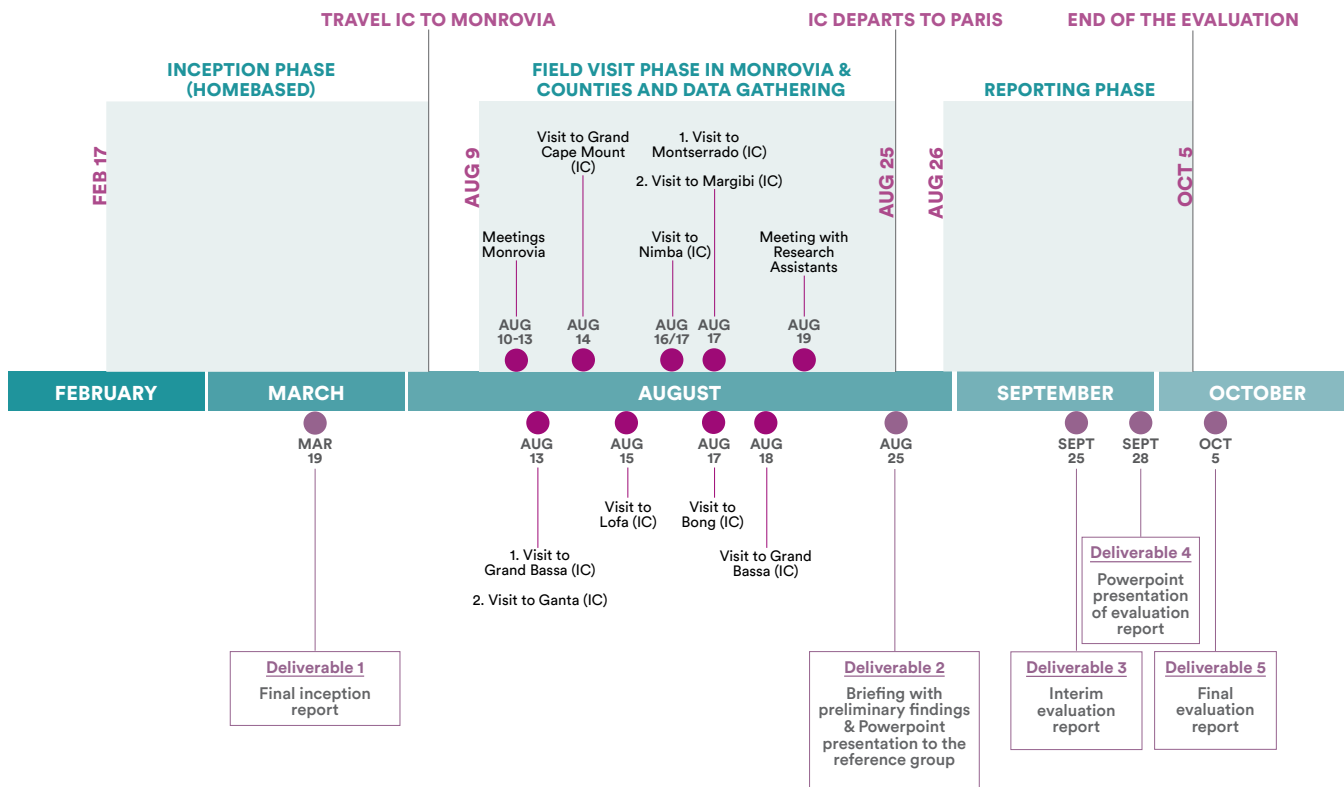


FIGURE 1 — TIMELINE OF THE EVALUATION

10.14 Constraints and limitations to the evaluation

The ET faced the following constraints and limitations:

- ▶ Due to COVID-19 restrictions, which meant that offices were closed and staff worked from home, the ET could not meet with Responsible UN Organizations to discuss the evaluation process and methodology.
- ▶ Even though the ET received some documents at the beginning of the evaluation preparations, the main means of verification were received shortly before, during and after data collection, which posed serious delays to the work. Having timely access to these documents would have helped to identify gaps in availability of data and in alignment of results across the programme outputs and outcomes.
- ▶ The Evaluation Reference Group was expected to be in place before the beginning of the evaluation and the inception phase. However, the ET observed very limited participation of reference group members during the inception phase.
- ▶ The RO in charge of quality assurance of evaluations within UN Women in West Africa was not informed about this evaluation. Involving them near the end of the inception phase and after the inception report had been submitted for approval delayed the inception phase by up to one month.
- ▶ The COVID-19 outbreak challenged the timeline of the field visits planned in March 2020; they finally took place in August 2020.

- ▶ Difficulty in accessing some communities and counties during the rainy season challenged the field visits.
- ▶ The availability of beneficiaries and implementing partners during the period of field visits (August 2020) challenged the evaluation. The ET did not speak with all stakeholders as some were not in the country/city during the field visit.
- ▶ The logframe was not revised but replaced by work plans without baseline values and/or indicators (examples are 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 required more time to cross check the data.

Mitigating mechanisms to the above mentioned constraints:

- ▶ The ET actively solicited programme management to get more information where necessary before the beginning of the field phase.
- ▶ The ET conducted additional research via the internet (visit of homepages of involved partners and stakeholders, media review, etc.).
- ▶ The ET systematically shared various documents and tools with the programme management and actively requested the involvement of evaluation reference group members for comments and input.
- ▶ The ET actively involved the RO, keeping it regularly updated about the evaluation process.
- ▶ The ET conducted additional interviews per phone and added an additional county to the initial selection of counties in order to ensure better involvement of relevant stakeholders.
- ▶ The ET reviewed the work plans and linked the implemented activities to the outputs in the logframe in order to be able to analyse and assess the extent to which interventions contributed to the achievements of the outcomes.



THE TWO MEMBERS OF THE EVALUATION TEAM AND FOUR RESEARCH ASSISTANTS.

11. Evaluation findings

Based on the final evaluation scope and criteria highlighted in the ToR attached as annex 3, the presentation of the findings follows the evaluation criteria of design, relevance, efficiency, effectiveness, sustainability, GE/HR and innovation. The specific questions articulated in the evaluation matrix are answered in a detailed manner.

11.1 Design

SCORING

B The programme performed well but some changes were required.

C The programme performed but significant changes were necessary.

Under this criterion, the evaluation analysed and assessed the following elements: programme design, intervention logic, targets, appropriateness of indicators, synergies and integration of GE/HR.

A SWOT analysis was applied to assess the validity of the design of the JP on SGBV/HTPs.

STRENGTHS: The joint programme was very well designed; the objectives were clearly defined and the intervention logic was appropriate. The JP on SGBV/HTPs addressed in its design the concerns explicitly formulated by UNMIL within the framework of UNSCR 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing redress, support and protection to victims. The findings from previous phases of the JP on SGBV/HTPs, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design a third phase of the programme that was community-based, in order to address the needs and priorities in the fight against SGBV in Liberia. In its approach, the JP on SGBV/HTPs used coordination mechanisms and effective partnerships at national level to reduce or avoid duplication and to strengthen and make best use of existing synergies and expertise. In doing so, it achieved some good results, which are still fragile and need to be consolidated. GE/HR were well incorporated in the programme design. The joint programme was designed, implemented and monitored to address gender inequalities, SGBV/HTPs and some gaps in the legal framework hindering the fulfilment 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 \$36 million but implemented with \$3million, of which 26 percent (almost one-third) of the total budget was allocated to staff & personnel and contractual services only. No funds were allocated to monitor activities, and the JP on SGBV/HTPs failed to make best use of synergies at district and community levels. Some deficiencies and gaps were also identified in the design of the work plans. The yearly work plans, which derived partly from the logframe of the GoL/UN joint programme, lacked baseline/target values (years 1 and 2) and activities did not match the outputs from the logframe, which challenged the performance assessment. The design of monitoring reports were mostly activity-based rather than results-based. The JP on SGBV/HTPs failed to design a sustainability strategy, financial sustainability plan and exit strategy plan. **(Score D)**

OPPORTUNITY: The programme's innovative approach of involving traditional leaders and former perpetrators in the prevention of SGBV and HTPs,

strengthening of the justice system and enhancement of legal framework and the referral pathways in addressing SGBV and social mobilization against impunity provide a good basis for further interventions to fight SGBV in the country. **(Score B)**

THREATS/RISKS: The lack of a sustainability strategy, financial sustainability plan and exit strategy plan, the reported turnover of technical staff who had received capacity-building, the very limited funds allocated by the national budget for GE-related issues and the fact that some achieved results require further technical and financial support in order to endure after the programme ends put the achieved results at risk. **(Score D)**

11.2 Relevance

This section assessed the extent to which the objectives of the JP on SGBV/HTPs were responsive to the needs and priorities of SGBV survivors, partners and stakeholders, and were aligned with government and UN priorities, policies and strategies.

The JP on SGBV/HTPs was built on the results and recommendations of previous phases of the programme, including the 2013 Evaluation of the Joint Programme, which identified a number of gaps. The JP on SGBV/HTPs addressed in its design the concerns explicitly formulated by UNMIL within the framework of SCR 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing redress, support and protection to victims. The findings from previous phases, results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design a community-based third phase of the joint programme to address needs and priorities in the fight against SGBV. 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 for review during this exercise.

SCORING

B | The programme performed well but some changes were required.

The prevention strategies and active involvement of the local media coupled with alignment with international, regional and national instruments and plans for the prevention of SGBV and the fight against it testified to the relevance of the JP on SGBV/HTPs. However, it was reported that the joint programme faced challenges in its design stage due to a government transition and internal changes 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 as well as an appropriate revision or adjustment of the programme content and priorities would have enhanced the relevance of the JP on SGBV/HTPs.

Question 1: How relevant for the context are the areas that 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 strategic content and objectives of the JP on SGBV/HTPs were very relevant for the context.

Liberia currently ranks 177th out of 188 countries on the overall measures used to determine

the gender inequality index. SGBV, especially rape, remains one of the most concerning HR violations meted out against women and girls in the country.

According to statistics provided by the MGCSP),²¹ in 2015, 1,555 GBV cases were recorded and reported to law enforcement officials, health care providers, NGOs and CBOs. The high prevalence of impunity in SGBV cases, as highlighted by 83 percent of interviewees, the low level of availability and accessibility of initial services for SGBV — including medical and psychological services — provided to survivors (72 percent of interviewees) and lack of access to adequate information in effectively reporting and handling cases (54 percent of 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 strategic content and objectives of the JP on SGBV/HTPs were very relevant to the Liberian context.

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 JP on SGBV/HTPs is very well aligned with national, regional and international legal frameworks and instruments on GE, SGBV prevention and response, as well as to the UNDAF, its action plan and UNSCR 2190.

The evaluation found that the JP on SGBV/HTPs was built on lessons learnt from past phases I

and II and the findings and recommendations of the 2013 evaluation aimed at addressing identified gaps,²² such as:

- ▶ The low conviction rate in 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 turnover.
- ▶ Weak health system readiness to prevent and respond to SGBV cases, specifically through adequate integration of access to SRHR in previous SGBV interventions, focus

²¹ GBV statistics of MGCSP of 2015, 2016, 2017, 2018, 2019 and 2020.

²² ProDoc, p. 5.

on sexual offences such as rape, with limited attention to prevalent and emerging GBV issues, such as domestic violence, forced and child marriages, limited/delayed reporting and insufficient data to effectively track progress against set goals and objectives.

The JP on SGBV/HTPs was also aligned to the national gender equality, WPS agenda and SGBV prevention and response frameworks and policies in Liberia, as well as to international initiatives. The latter include UNSCR 1290 and the UNDAF and action plan, particularly the latter's pillars on peace, security, and rule of law, and on human development and essential social services.

The link between the five outcomes of the JP on SGBV/HTPs and national priorities on SGBV prevention and response was strengthened by consultative meetings held in 2016 and 2017 with the former GoL, various dialogues conducted in 10 communities at the early stage of programme planning and the 2018 LOA signed with the current GoL. Some outputs of the joint programme also contributed significantly to the prevention and response frameworks of SGBV/HTPs, such as:

- ▶ Adoption of the Domestic Violence Act of 2019 and National Action Plan for the Prevention and Management of GBV in Liberia, Phase III (2018-2023).
- ▶ Establishment of OSCs and referral pathways in the counties.
- ▶ Revision and operationalization of SGBV prevention and response policies — The National Standard Operating Procedures 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).
- ▶ Signed agreements with traditional leaders and the suspension of bush schools²³ in the country (in 2019).

Question 3: Were the programmatic strategies appropriate to address the identified needs of survivors of SGBV and in regard to their access to 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 percent) in regard to the appropriateness of the strategies of the JP on SGBV/HTPs and the achieved results contradicts the average percentage of satisfaction of the implementing partners and beneficiaries in the counties and communities (47 percent). 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 the joint programme.

²³ Bush schools are secret and traditional societies for initiating boys and girls into adulthood.

TABLE 7 — NATIONAL SEXUAL AND REPRODUCTIVE HEALTH POLICY, FRAMEWORK AND LEGISLATION

NATIONAL SEXUAL REPRODUCTIVE HEALTH POLICY, FRAMEWORK AND LEGISLATION

- The National Sexual and Reproductive Health Policy (2010), which provides for access to quality health services for survivors of sexual violence and the establishment of a reporting mechanism to facilitate intra-governmental coordination 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 received during the UPR process regarding sexual and gender-based violence (SGBV)
- 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
- 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 of the Ministry of Justice (MoJ) oversees the prosecution of sexual offenses at Criminal Court “E” and at the regional justice and security hubs. The MoJ has assigned trained SGBV prosecutors in eight counties and established an SGBV sub-unit in the Gbarnga hub
- The MoJ also oversees the operations of the Women and Children Protection Sections of the Liberia National Police
- The SGBV Unit of the Ministry of Gender, Children and Social Protection is mandated to monitor and report on SGBV cases throughout the country
- The Gender-based Violence Inter-Agency Task Force, which brings together UN, government, and local and international NGOs to address pressing GBV issues in the country

GUIDELINES

- Standard Operating Procedures for SGBV Services at “One-Stop Centres”

INTERNATIONAL LEGISLATION

- CEDAW (1979)
- The Beijing Platform for Action (1995)
- The Universal Declaration of Human Rights (1948)
- UNSCR 1325 (2000)
- African Charter on Human and People’s Rights (1981)
- Maputo Protocol of African Charter on Human and Peoples Rights and the Rights of Women in Africa (2005)
- African Charter on the Rights and Welfare of the Child

The strategy of the programme regarding 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 already has some legal frameworks to address GE, WPS and SGBV. The non-effective implementation of these legal instruments is the major concern that needed to be urgently addressed.

The evaluation noted also that the lack of confidence of women and men in the LNP and the criminal justice system, the high prevalence of impunity in reported SGBV cases — with a concerningly high number of cases compromised or pending in courts — the lack of capacity of prosecutors in addressing adequately 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 families²⁴ that limited follow-up of their cases due to trials lasting as long as six months (reported by 59 percent of interviewees) are further concerning challenges faced by SGBV survivors in accessing justice in Liberia. The absence of juvenile courts in some counties, Margibi County for example, and the fact that most Liberians 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 of witnesses, which is often considered unreliable. The justice system is therefore struggling with identification issues while the DNA machine available in the country is reported to not be functional. Lastly, even if the JP on SGBV/HTPs successfully managed to strengthen the referral pathways in various counties and supported justice partners with equipment and logistical support, strategies supporting the identification process of the Liberian population and capacity-building of prosecutors to handle with adequacy SGBV cases, various challenges were identified, such as a weak legal system to prosecute perpetrators of SGBV, insufficient resources to implement existing legal frameworks, fragile protection measures for witnesses and survivors, and compromises between 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 joint programme's strategies to address the needs of identified survivors of SGBV in the targeted counties. The evaluation found also that in its design the JP on SGBV/HTPs developed a holistic approach to support SGBV survivors, through access to medical services and to survivor funds, as well as by providing psychosocial assistance to survivors. The JP on SGBV/HTPs managed to support 12 OSCs, enhancing their capacity to provide services to SGBV survivors. In spite of that support, 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 direct cash made available for survivors, challenged the effectiveness of the response provided to them.

²⁴ Due to the fact that some SGBV victims and their families are living in remote communities with mobility constraints and could not often afford to cover basic costs, some families of SGBV survivors tend to make "arrangements" with the families of the perpetrators. This compromises many SGBV cases.

As far as access of SGBV survivors to safe homes is concerned, the evaluation found that survivors are in most cases obliged to return to their former homes even if perpetrators are a member of their family or community. Their temporary stay in a safe home, which exist in seven counties (Montserrado, Nimba, Bong, Lofa, Margibi, River Gee and Grand Bassa) enables SGBV survivors to receive initial psychosocial support and protection as long as the case is in the justice system. However, the duration of survivors' stay in the safe home was often shorter (three weeks) than the official indication provided (three-six months). According to 73 percent of interviewees, a stay in a safe home, where mental health and psychological First Aid are initially provided, is in general limited to three weeks, with some exceptions when the SGBV survivor could stay for a couple more weeks. This limitation is explained by the insufficient capacity of the functional safe homes to meet the high demand. No additional services are available to SGBV survivors after their stay in a safe home. This concerning void challenges the response provided because most SGBV survivors then return to the communities and families where they are obliged, in most cases, to live with the perpetrators. In some limited cases, survivors are sent to another county to live with other family member to avoid additional pressure from the perpetrator and the community.

The evaluation could not assess the appropriateness of the mental health services and psychosocial support provided as no data were provided, but noted that the operational safe homes are all well-equipped and designed to be child friendly. Lastly, the extent to which early/child marriage, which is also an HTP, was addressed by the JP on SGBV/HTPs is unclear. It is reported that 36 percent of girls in Liberia are married before their 18th birthday and 9 percent are married before the age of 15. The health consequences of child marriage, such as trauma due to sexual activity of girls who are not yet physically or psychologically prepared for 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 SDGs and the GoL — through the MGCSP — officially launched a campaign to end child marriage in the country in December 2016, more needs to be done to address the issue.

PICTURES OF SIGNBOARDS OF OPERATIONAL SAFE HOMES IN MARGIBI AND LOFA COUNTIES, REFURBISHED IN 2019.





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

Finding 4: Nine of the 22 outputs of the logical framework, as well as several activities from the work plans, were consistent with overall national and global priorities on SGBV.

PICTURES OF A NON-OPERATIONAL AND NON-REFURBISHED SAFE HOME IN ROBERTSPORT, GRAND CAPE MOUNT COUNTY, IN 2020

The JP on SGBV/HTPs was designed with 5 outcomes and 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 20 communities in three counties.
- ▶ **Output 1.5** and its 24 radio talk shows on SGBV, 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**, which targeted 30 schools with an established secure reporting mechanism.
- ▶ **Output 1.8**, which targeted 88 schools in the counties implementing CSE integrated curriculum, were all consistent with the global priorities on SGBV, such as CEDAW and its general recommendations 3, 19 (Articles 2 (f), 5 and 10 (c) and 31. There is also significant consistency with the Convention on the Rights of the Child.

Under outcome 2, output 2.1 with its focus on strengthening 12 OSCs in all 15 counties and the access of 2,222 SGBV survivors to psychosocial support at OSCs, and output 2.2, which targeted 70 convictions and an increase of SGBV cases — including HTPs domestic violence cases reported and referred for prosecution — are consistent with the Domestic Law 2019 in 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 latter is also consistent with 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 VAWG receive training to sensitize them to the needs of women. There is also significant consistency with the Beijing Platform for Action (1995) section D1.0, UNSCR 1325, article 11 and UNSCR 1820, article 4.

Output 2.3 and the refurbishment of two safe homes in Bong and Margibi counties and one safe home in Nimba are consistent with the joint general recommendation No. 31 of the CEDAW/general comment No. 18 of the Committee on the Rights of the Child (CRC), on harmful practices.

Under outcome 3, the evaluation found that output 3.2, revision of legal framework (SOPs) and adoption in 2019 of the Domestic Violence Act, as well as output 3.4, are both consistent with CEDAW.

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

Question 5: Was a theory of change (ToC) applied? What is the logic behind it?

Finding 5: 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, the relevant stakeholders to involve, the target groups and the expected impact at the end of the intervention.

The joint programme applied the following ToC: 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 subnational systems have the capacity to facilitate prevention and to coordinate responses that addresses GBV and HTPs, and if women and girls have access to fair justice mechanisms and redress based on relevant GE 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 HTPs.

An assessment of the intervention logic of the JP on SGBV/HTPs by comparing the ToC at design with the logframe and narrative for the intervention highlighted that the joint programme's outputs are logically connected (from

cause to effect) to direct outcomes and direct outcomes are logically connected to expected impact. The analysis further revealed that the focus of the JP on SGBV/HTPs is on prevention of SGBV and HTPS, strengthening national and community-based structures and 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 ToC was constructed based on the results of previous phases I and II, the results of the evaluation conducted in 2013 and 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 the ToC took place. In addition, the ET was unable to assess the extent to which all stakeholders were actively involved in the discussion, formulation and agreement of the ToC. 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 was not revised.

11.3 Efficiency

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

The JP on SGBV/HTPs managed to make best use of existing synergies and expertise at national level and achieved some good results, which remain fragile and need to be consolidated. However, while the joint programme was designed as a community-based intervention, it failed to make best use of synergies at district and community levels. The budget was disbursed in a timely manner by the Swedish Embassy but on a yearly basis, making it difficult for the JP on SGBV/HTPs to plan its activities for the three-year period. Some delays in disbursement of funds to the implementing partners in years 2 and 3 were observed, which impacted the implementation of some activities that were implemented. Finally, the evaluation found that 26 percent (almost one-third) of the total budget was allocated to staff & personnel and contractual services but no budget was allocated to the monitoring of the JP on SGBV/HTPs. These gaps, coupled with 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 programme.

SCORING	
B	The programme performed well in regard to the achieved results and made best use of expertise and synergies at national level
C	However, significant changes were necessary in regard to the lack of budget allocated to programme monitoring, the under use of synergies at district and community levels, and the fact that one-third of the total budget was allocated to staff and contractual services only

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

Finding 6: The JP on SGBV/HTPs managed to make best use of the technical resources available with the involved UN entities, which ensured the complementarity of expertise during pro-programme implementation.

According to the ProDoc made available, 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 JP on SGBV/HTPs 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 joint programme tried to deliver as “One UN” through joint collaboration and used pillar 5 (coordination) to strengthen collaboration and enhance 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 discuss interventions around SGBV. The organization is advocating within this specific platform for SGBV to be addressed in other HR interventions in the country. UNDP mentioned being actively involved in networking around the issue of the rule of law, where good practices are shared and where the agency is actively advocating for issues related to SGBV and has managed to collaborate with other stakeholders. UNFPA and UNICEF managed to integrate activities from the JP on SGBV/HTPs in their ongoing/core activities and made best use of the limited financial and human resources. The ET acknowledged also that the joint programme collaborated with gender observatory groups, which are volunteering to support efforts addressing SGBV in the communities. Several other measures were also used by the joint programme, such as an inclusive coordination structure at national level and 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 the programme’s outputs, outcomes and objectives?

Finding 7: A few delays in the disbursement of funds to the implementing partners were re-reported in years 2 and 3, which affected the implementation of some activities and the achievement of programme outputs, outcomes and objectives. The evaluation noted also that 26 percent (almost one-third) of the total budget was allocated and utilized to staff & personnel costs and contractual services.

The financial analysis of the JP on SGBV/HTPs is based on the financial data sheets provided by UN Women. The joint programme was initially planned with

a total budget of \$36 million but only \$3 million was raised through resource mobilization to achieve its outcomes. This amount was provided by the Embassy of Sweden which was the sole Donor of the Joint Program.

For year 1 (2016–2017), the JP on SGBV/HTPs had a projected budget of \$1,075,969.17. Year 2 (2018–2019) had a projected budget of \$1,185,486.39 and year 3 (2020–2021) had a project budget of \$1,082,558.71. The total contribution from (SIDA) was \$3,387,322.73 and from Responsible UN Agencies equalled \$565,480, for a total contribution of \$3,444,014.27.

Further analysis of the budget showed that funds were allocated on an annual basis and work plans also developed annually. This annual allocation of funds to the outcome leads and involved UN entities challenged the planning of activities for the three-year period, limiting planning to a yearly basis only.

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

The JP on SGBV/HTPs allocated \$906,689.67 or 26 percent (almost one-third) of the total budget to staff & personnel and contractual services only, and no budget was allocated to monitoring. These gaps challenged the cost/efficiency of the joint project.

By May 2020, a total of \$339,639.57 (9.83 percent) of funding was unused, including support to the remaining activities of the JP on SGBV/HTPs. A no-cost extension was requested by UN Women in 2019 to ensure implementation of the remaining activities beyond December 2019.

■ UN Women ■ UNICEF ■ UNDP ■ UNFPA ■ UNHCR

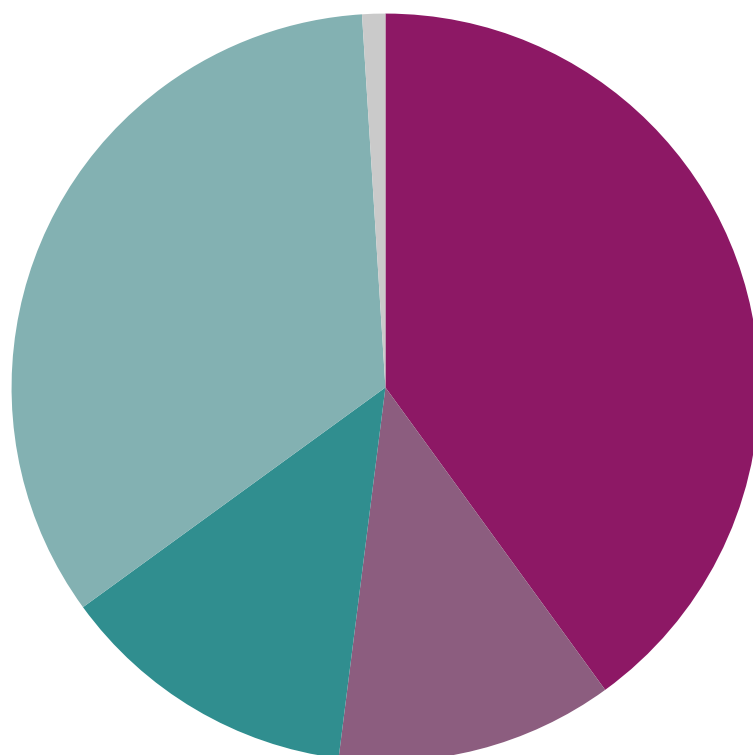


FIGURE 2: DISTRIBUTION OF DISBURSEMENTS IN THE GOL/UN JOINT PROGRAMME ON SGBV/HTPS

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 de-lays were observed in years 2 and 3 in the disbursement of funds to the implementing partners, which impacted the delivery of some outputs. The lack of revision of the programme

logframe and the design of inadequate work plans — (minus, output indicators, baseline and target values) — in years one and two highly challenged the timely delivery of most outputs.

The evaluation found that the JP on SGBV/HTPs had 22 outputs, only one of which (output 3.5) or 5 percent of outputs, was delivered in a timely manner. Fifty-nine percent of outputs (13) were partly delivered in a timely manner and 36 percent (8) of outputs were not delivered because of a few constraints and challenges identified, such as:

- ▶ The limited funds acquired for implementation.
- ▶ Long procurement procedures.
- ▶ Lack of a necessary revision of the logframe.
- ▶ The fact that the work plans designed and developed by the JP on SGBV/HTPs in years one and two did not systematically match the outputs and indicators provided in the logframe, or did not at all refer to them in some cases, and failed to consider the output indicators, baseline and target values against which the achievement of the outputs should have been assessed.

OUTPUT 1 ACHIEVED?

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)

PARTIALLY	1.1.1 - Periodic social cultural audits with community and traditional leaders conducted	Baseline: 0 Target: 6 monthly audits in each of the 15 counties
	1.1.2 - # of community SGBV engagement modules and dissemination tools developed	Baseline: 0 Target: 1 Module developed, 3,000 copies and visibility materials produced per annum
	1.5.1 - % of Liberian school students and teachers trained on GBV prevention and SRH	Baseline: 5,127 schools across Liberia Target: 12,000 students and teachers trained

MISSING BASELINE AND TARGET VALUES? | 1.4

OUTPUT 2 ACHIEVED?

Availability of essential services for survivors of SGBV, including HTPs, at national and subnational levels

YES	2.1.6 - # of SGBV survivors accessing immediate protection, medical, and/or psychosocial support at OSCs	<u>Baseline:</u> 1,200 per year <u>Target:</u> 10,000 in 5 years (2,000 per year)
	2.2.1 - # of SGBV cases prosecuted per county (disaggregated by sex and age)	<u>Baseline:</u> 45 annually (3 per county annually) <u>Target:</u> 75 annually (at least 5 per county)
	2.2.2 - # of SGBV cases indicted by county per year (disaggregated by sex and age).	<u>Baseline:</u> 100 annually <u>Target:</u> 10% increase
	2.2.3 - # of GBV cases, including HTPs and domestic violence cases, reported, and referred for prosecution per county per year (disaggregated by sex and age).	<u>Baseline:</u> 898 (Jan-Sep 2017) <u>Target:</u> 200
	2.2.5 - Survivor Trust Fund established and implemented	<u>Baseline:</u> 0 <u>Target:</u> Survivor Trust Fund established and adopted
PARTIALLY	2.1.1 - Functional OSC established in all counties	<u>Baseline:</u> 12 existing OSCs in 7 counties <u>Target:</u> 20 OSCs established (establish 8 additional OSCs in 8 counties in 5 years)
	2.1.2 - # of OSCs with essentials drugs including Post Exposure Preventive (PEP) Kits prepositioned	<u>Baseline:</u> 12 OSCs <u>Target:</u> 20 OSCs established and have essential drugs, including PEP Kits
	2.1.3 - # of medical personnel trained in clinical management of rape and available	<u>Baseline:</u> 25 existing nurses and midwives in 12 OSCs <u>Target:</u> 50 medical personnel trained and deployed in 20 OSCs within four years (at least two nurses by centre)
	2.1.5 - # of SGBV survivors accessing information on the existing services through referral pathway	<u>Baseline:</u> 1,200 <u>Target:</u> 8,000
	2.2.4 - 15 WACPS Offices at county level functional with capacities enhanced	<u>Baseline:</u> 14 WACPS offices across 14 counties seats/capital with capacities built <u>Target:</u> 1 functional office
	2.2.6 - # of survivors accessing the Survivor Trust Fund	<u>Baseline:</u> 0 <u>Target:</u> 3,000 survivors in 4 years (750 annually at 50 per county or proportional to county population)
	2.3.2 - # of community support structures (CWCs, peace huts women, community leaders & heads of CBOS/CSO) provided with support trainings to refer all SGBV survivors	<u>Baseline:</u> 0 <u>Target:</u> 140 in 4 years (35 annually)
	2.3.3 - # of safe homes refurbished, and functional	<u>Baseline:</u> Two GoL functional safe homes in Lofa & Nimba counties; 5 existing but non-functional safe homes <u>Target:</u> 8 safe homes (5 to be refurbished & supported to be functional and one additional to be constructed in Grand Geddeh
2.4.2 - # of GBV supplies (rape kits) prepositioned to respond to emergencies	<u>Baseline:</u> -- <u>Target:</u> 15 counties	
NO	2.1.4 - Minimum initial services package (MISP) harmonized with national SGBV standard operating procedures (SOPs)	<u>Baseline:</u> 0 <u>Target:</u> 1 comprehensive integrated package
	2.3.1 - # of health & mental health practitioners (nurse examiner, psychosocial counsellors, mental health workers & victim advocates) provided with trauma support trainings in handling cases of survivors	<u>Baseline:</u> 100 <u>Target:</u> 200 (50 annually)
	2.4.1 - # of trainings for key national stakeholders on disaster preparedness and risk reduction that address GBV and HTPs	<u>Baseline:</u> 0 <u>Target:</u> 500 stakeholders trained across Liberia

OUTPUT 3 ACHIEVED?

Improved policies and operational mechanisms to support SGBV prevention and response at national and subnational levels

YES	3.2.2 - SOPs revised, adopted and rolled-out	<u>Baseline:</u> 0 <u>Target:</u> 2 revised SOPs
	3.2.4 - Relevant SGBV prevention and response framework in place	<u>Baseline:</u> 0 <u>Target:</u> Effective revised legal framework on SGBV
	3.3.1 - Operationalization of standardized data collection tools used by all actors	<u>Baseline:</u> No toolkit exists <u>Target:</u> 1 Standardized data toolkit
PARTIALLY	3.3.3 - GBV IMS Information Sharing Protocol endorsed and adhered to	<u>Baseline:</u> -- <u>Target:</u> --
	3.4.7 - # of health facilities and referral hospitals providing integrated SGBV and SRH services	<u>Baseline:</u> 12 <u>Target:</u> 27
NO	3.2.1 - # of revisions and implementation of the Hinterland Guideline	<u>Baseline:</u> 0 <u>Target:</u> One revised guideline
	3.2.3 - Survivor and witness support protocol developed	<u>Baseline:</u> 0 <u>Target:</u> One protocol developed
	3.3.2 - Operationalize and integrated the central database system across all 15 counties	<u>Baseline:</u> 0 <u>Target:</u> 15 counties
	3.3.4 - Case numbering and tracking system in place for prosecution and the courts	<u>Baseline:</u> 0 <u>Target:</u> Tracking system in place
	3.4.1 - Synergize national policies and frameworks with regional and global policies	<u>Baseline:</u> 0 <u>Target:</u> 1 Regional SGBV Protocol
	3.4.3 - # of forensic investigation and DNA pathologists	<u>Baseline:</u> 0 <u>Target:</u> 1 expert
	3.4.4 - Sex Crimes Unit established and functional in 15 counties	<u>Baseline:</u> 3 regional hubs have units <u>Target:</u> 7 crimes units
	3.4.5 - # of forensic investigation and DNA laboratories established and functional (police and medical) including pathologists	<u>Baseline:</u> 0 <u>Target:</u> 1 laboratory
	3.4.6 - Establish and operate sex crime circuit courts in 15 counties	<u>Baseline:</u> 2 <u>Target:</u> 15 circuit courts

MISSING BASELINE AND TARGET VALUES? | 3.3.3

OUTPUT 4 ACHIEVED?

Enhanced awareness, participation and accountability at national and subnational levels

YES	4.2.1 - # of trainings on advocacy on SGBV issues provided to policymakers	<u>Baseline:</u> 7 <u>Target:</u> 73
PARTIALLY	4.1.1 - % of the public aware of SGBV as a crime	<u>Baseline:</u> 75% in the South-Eastern Region <u>Target:</u> 80%
	4.1.2 - # of media institutions with capacity to report SGBV	<u>Baseline:</u> 31 <u>Target:</u> 150
	4.2.2 - # of adolescent groups/ CSO with SGBV on their manifesto	<u>Baseline:</u> 0 <u>Target:</u> 75 CSOs
	4.3.1 - # of adolescent and youth dialogues held on SGBV issues	<u>Baseline:</u> 023(?) <u>Target:</u> 23

MISSING BASELINE AND TARGET VALUES? | 4.4.1

OUTPUT 5 ACHIEVED?

Improved coordination mechanisms at community, subnational and national levels for inclusive and effective service delivery by 2020

YES	5.2.1 - SGBV Joint Programme Program Management Unit established and functional	<u>Baseline:</u> 0 <u>Target:</u> 1
	5.2.2 - Percentage of the GBV Division capacity to coordinate national and subnational structures enhanced	<u>Baseline:</u> 40% <u>Target:</u> 90%
	5.2.4 - Number of national and subnational taskforce meetings held	<u>Baseline:</u> 1 national per month, 15 subnational per month <u>Target:</u> 1 national and 15 subnational meetings per month
PARTIALLY	5.1.1 - # of effective and functional SGBV coordination structures at the county level # of functional SGBV coordination structures at the district level established	<u>Baseline:</u> 9 @ county level / 0 @ district level <u>Target:</u> 15 @ county level / 90 @ district level (2 districts/counties annually)
	5.2.3 - Number of pillar meetings held monthly	<u>Baseline:</u> 3/month <u>Target:</u> 3/month
	5.2.6 - # of joint monitoring and supervision missions conducted	<u>Baseline:</u> 0 <u>Target:</u> Biannual
	5.2.7 - GBV data collection, dissemination and management at county and national levels	<u>Baseline:</u> 15 counties <u>Target:</u> 15 counties
NO	5.2.5 - # Periodic annual surveys on SGBV conducted and results published	<u>Baseline:</u> 0 <u>Target:</u> Bi-annual

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

Question 9: How has the management of the JP on SGBV/HTPs mitigated the impact of the limited funds allocated to the joint programme?

Finding 9: The management of the JP on SGBV/HTPs applied several measures to mitigate the impacts of the limited funds allocated to the joint programme, the lack of funds allocated to monitoring, delays in the disbursements of funds and in the implementation of some activities, etc., to ensure cost/efficiency and that resources were efficiently utilized.

At the national level, JP on SGBV/HTPs management enhanced coordination mechanisms with the donor, GoL lead ministries, outcome leads/involved UN entities and the Steering Committee – the overall Coordination and decisionmaking body of the Joint Program co-chaired by the UN Resident Coordinator and the Minister of Gender, which contributed to the efficient use of resources by strengthening synergies and avoiding duplication. During retreats in 2017 and 2018, programme management reviewed the work plans, discussed the priorities of activities and ensured accountability. In addition, in monthly national-level meetings, they also emphasized performance review and facilitated lessons learnt. The evaluation found also that three joint monitoring visits were organized to the targeted counties, and that the steering committee was able to review the joint programme's implementation and adjust its approach in order to ensure better performance. However, joint monitoring visits to the counties were very limited (three only in the three years of the JP on SGBV/HTPs) to have a significant impact on efficiency. At community level, the taskforce, which is composed of all GBV actors nationwide in the 15 counties, chaired by the MGCSP and co-chaired by the MoH, met also on a regular basis at the county level to coordinate efforts, share information about implementation and attempt to strengthen synergies. It used these meetings to also monitor implementation of activities, but the limited resources made available to mitigate occurring challenges or adjust interventions in the communities created some burdens.

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

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

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

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

- ▶ Under pillar 1 (prevention), activities within output 1.5 and output indicator 1.5.2: number of schools with established and functional GBV and SRH clubs.

Under output 3.4, according to the 2019 annual report, it was reported that the MoJ is in the process of establishing a Sex Crimes Unit, which oversees the prosecution of sexual offenses at Criminal Court "E" and at the regional justice and security hubs, in Margibi County. 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 Sex Crimes Unit that when the assessment of the project site commenced in 2019, a family brought to the attention of the court that they were the legitimate owners. The land issue was finally settled towards the end of the 4th quarter, and the site is now available to commence construction. Meanwhile, the procurement unit of the MoJ is finalizing the process for the building's design in order to proceed with the bidding process. The activity is expected to be completed in 2020-21.

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 joint 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 was focused on pillar 1 (prevention), with \$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 practising counties²⁵ led, on the one hand, to better understanding of the negative impacts of FGM and the development of the 7-count policy temporarily suspending all Sande (a secret, tribal society) interventions, including FGM, for one year. On the other hand, it was found that FGM activities and other HTPs are still secretly practised in some counties, like Lofa Nimba and Grand Cape Mount. Moreover, awareness-raising at community level, including on the very critical SGBV prevention, was challenged by some community members, who publicly expressed their support for SGBV perpetrators when they were released into the communities. This, coupled with the high prevalence of impunity, have intimidated victims and families against further reporting of SGBV cases and enforced the ongoing “arrangements” that were observed between the victims and perpetrators.

On the other hand, the ET noted an increase in reported SGBV cases since implementation of the JP on SGBV/HTPs began. According to GBV statistics provided by the MGCSP, In 2017, 1,685 GBV cases were reported, of which 69.2 percent were cases of sexual violence. In 2018, 2,105 GBV cases were reported. Of those, 81 percent were sexual violence. In 2019, 2,708 GBV cases were reported, of which, 79 percent were sexual violence. In 2020, before the COVID-19 outbreak and the lockdown of March 2020, there were already 635 GBV cases reported in the months of January, February and March 2020. Data provided by the MGCSP,²⁶ showed that 71 percent of reported cases occurred in Montserrado County, which is the highest percentage registered in any country in recent years. The reasons identified are twofold: on the one hand, the JP on SGBV/HTPs has enhanced reporting systems and more cases are being reported through the referral pathways put in place. On the other hand, the root causes of SGBV identified during this evaluation, such as the high prevalence of impunity, traditional norms and cultural values; the expression of toxic masculinity; 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 socioeconomic situation of men considered as bread winners but left without sources of regular income, and the abuse of drugs and alcohol persist and are inadequately addressed.

With \$979,584.96 of the total budget, pillar 2 (response), achieved good results, which are still very fragile in terms of their sustainability. These include the referral pathways, which are contextualized for each country, the support provided to the existing 12 OSCs, with trained staff in seven counties (Montserrado, Bong,

²⁵ Lofa, Bong, Nimba, Margibi, Bomi, Grand Cape Mount, Montserrado, Grand Bassa, Rivercess, Gbarpolu, and Sinoe counties.

²⁶ GBV statistics 2020 of the MGCSP, p. 3.

Margibi, Grand Bassa, Rivergee, Grand Gedeh and Bomi), the access of SGBV survivors (100 girls and 150 female adults above 18 years) in Bong and Margibi²⁷ counties to the Survivors Trust Fund and the refurbishment of safe homes in some counties.

Under pillar 3, strengthening of institutions \$790,792.02 of the total budget was allocated and good results were also observed, such as revision of the legal frameworks (including the SOP) and adoption of the Domestic Violence Act in 2019. Additional logistical and technical support provided to the health and justice systems enabled an observable improvement of the rapid and coordinated medical, counselling and prosecutorial response services available to survivors of SGBV.

\$421,788.07 of the total budget was allocated to pillar 4 (advocacy & social mobilization) and very good results, and impact, were achieved. The very good results achieved through capacity-building of media and the countrywide advocacy events and campaigns against SGBV led to a demonstration in Monrovia in August 2020 against SGBV and impunity. On 9 September 2020, a 2-day National Anti-Rape and 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 roadmap guides future investment on addressing rape and other forms of SGBV. On 11 September 2020, President George Weah issued a proclamation declaring rape a national emergency and ensuring a zero tolerance stance on rape and SGBV.²⁸ Under the National Rape Emergency, the President announced 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 rape and SGBV.

The results achieved under pillar 5, which received \$375,846.50 of the total budget, are mixed. The JP on SGBV/HTPs had too many actors and implementing partners involved considering the 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 from the coordination mechanisms put in place were observed at national level. On the other hand, the coordination mechanisms implemented at county level achieved mixed results. At district and community levels very limited results were observed.

²⁷ SGBV JP Annual Report of 2019

²⁸ https://emansion.gov.lr/2press.php?news_id=5221&related=7&pg=sp (Accessed 27 November 2020).

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

Finding 12: The joint programme's 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 at district and community levels.

A functional management structure was established for the JP on SGBV/HTPs in 2017 with two organs: the Steering Committee at national level and the GBV Taskforce at county level, with some coordination structures planned to be established at district level and some responsibilities vested in the communities. Interviews conducted by the ET revealed that a Programme Management Unit was established and given responsibility for overall programme and fund management. The unit is also in charge of ensuring that the responsible parties are implementing activities according to the programme design; checking on progress and watching for deviations from plans; monitoring progress in the achievement of results and overseeing the management of risks, and reporting on progress, including measures to address challenges and opportunities.

At county level, coordination mechanisms were established through the GBV Taskforce in the targeted counties. Their roles and responsibilities included reporting, case management and follow-up, planning, links with community-based structures and monitoring of implementation. The GBV Taskforce was facilitated by the MGCSP. The ET noted also that a County Gender Coordinator established a County Survivor Trust Funds Committee (CSTFC), 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 working in the area of GBV survivor support or the safe home manager (in counties with safe homes). The purpose of the CSTFC is 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 joint programme's funds are not mismanaged.²⁹ At district level, the JP on SGBV/HTPs planned to establish a committee to be chaired by the County Gender Coordinator and comprised of district level representatives. The coordination structure was also intended to provide direct links 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 JP on SGBV/HTPs was unable to establish taskforces at the district level and the evaluation could find no evidence that a committee and coordination structure were established and functional at district level.

²⁹ Survivor's Trust Fund Management and Distribution Guidelines of the JP on SGBV/HTPs.

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 have both GoL/ UN and donor reporting commitments been fulfilled?

Finding 13: Sixty-eight percent of the implementing partners pointed to monitoring mechanisms and inconsistent field visits to communities to track implementation of programme activities as a major concern.

The evaluation found that the JP on SGBV/HTPs did not allocate a budget for M&E and did not develop a monitoring plan, which would have helped to effectively track and assess the results of the intervention throughout the

life of the joint programme. Sixty-eight percent of the implementing partners pointed to the lack of monitoring and follow-up mechanisms, as well as inconsistent field visits to communities to track implementation of programme activities, as a major concern. Even if the programme management attempted to mitigate this gap by using funds allocated to coordination for monitoring of activities, and by integrating where possible monitoring activities into the functional activities of the involved UN entities, this was insufficient to further improve the cost/efficiency of the JP on SGBV/HTPs and ensure good quality monitoring.

At national level, the joint programme used its coordination mechanisms and monthly meetings with the outcome leads to monitor programme activities and track the progress of implementation. The annual donor meeting was used, for example, to discuss the programme's results and to highlight key achievements, but also for joint monitoring and supervision. Bilateral meetings with the joint programme manager were also held with the aim of reviewing and discussing implementation progress. The ET noted that joint monitoring visits were made to the counties (three visits in three years) and provided stakeholders with an opportunity to gain insights on programme im-plementation in the counties and identify the main challenges faced by implementing partners.

At community level, it was reported that the GBV Taskforce, which is composed of all GBV actors nationwide with structures operating at national and subnational levels in the 15 counties, regularly held coordination meetings, which they used to monitor implementation activities. Some taskforce members (49 percent) mentioned that they usually meet once a month, while others said that meetings are held twice monthly (32 percent). It was reported that not all GBV Taskforce members attended all the monthly meetings. The evaluation found also that the 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 also emphasized challenges in reporting to their ministries and sharing the minutes of their field visit meetings with the central office due to time constraints, as they are working also in the communities (51 percent) or because of regular power cuts in the counties (28 percent). The ET acknowledged that county coordinators

worked closely with the GBV Division of the Ministry of Gender, Children and Social Protection and provided them with regular updates on the activities implemented and the main challenges they faced. However, it was found that these updates often remained unanswered. This lack of feedback challenged coordinators' efforts and impacted collaboration between the counties and the central office.

11.4 Effectiveness

This section assessed the extent to which the joint programme's objectives were achieved and the JP on SGBV/HTPs succeeded in producing the expected outputs and achieving milestones as per the design document.

SCORING

C Satisfactory: The programme performed but significant changes were necessary.

Sixty-nine percent of the involved UN entities are satisfied with the appropriateness of the strategies of the JP on SGBV/HTPs and the achieved results, versus 47 percent of implementing partners and beneficiaries in the counties and communities. However, some deficiencies and gaps were identified by the ET. Yearly work plans provided by the JP on SGBV/HTPs, which derived partly from the logframe of the joint programme, lacked baselines (years 1 and 2) and baseline/target values, and activities did not match outputs from the logframe, which made the review and analysis process highly challenging. Finally, the evaluation found that the quality of some results is fragile and needs to be sustained in order to achieve the programme objectives and meet expectations in regard to the fight against SGBV in Liberia.

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

Finding 14: An average of 69 percent of the involved UN entities and donor are satisfied with the appropriateness of the strategies of the JP on SGBV/HTPs and the achieved results, versus 47 percent of implementing partners and beneficiaries in the counties and communities.

Pillar 1 received \$1,457,094.64 of the total budget but achieved mixed results. On the one hand, implementation of activities, such as sociocultural audits with community and traditional leaders and their empowerment and active involvement in the fight against SGBV/HTPs 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 practised. However, the suspension of these bush schools did not completely prevent girls and women from being secretly initiated, as activities around FGM are secretly ongoing in some counties and communities in Lofa, Bong and Grand Cape Mount counties.

Other activities under this pillar aimed at raising awareness in communities and at enhancing reporting mechanisms. These activities have strengthened the engagement of community members and structures such as the observatories, community gatekeepers and 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 the release of perpetrators, as reported in Grand Bassa, Bong, Lofa and Grand Cape Mount counties. There are also mixed findings in regard to the engagement of schools and teachers empowered in some counties to prevent SGBV/HTPs and to report cases that occur.

The ET identified a few cases in Grand Cape Mount, Bong and Grand Bassa in which teachers were accused of raping their students but released because the cases were compromised. Finally, concerning activities such as printing and distribution of the Teachers code of conduct enables teachers to conduct themselves in the classroom as well as eliminate corporal punishment in schools, establishment of school documentation mechanisms, implementation of the revised CSE integrated curriculum, prepositioning of GBV supplies and 'out of school' youth outreach, the evaluation could not identify results.

Pillar 2 (response) with \$979,584.96 of the total budget, 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 only in the long term. Implementation of some activities, such as the establishment and/or refurbishment of OSCs and service delivery in some counties, information and education on GBV services and 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 and training of health practitioners and members of community support structures in trauma support in handling cases of survivors provided SGBV survivors with psychosocial assistance. This is critical as survivors are often undergoing mental health/psychosocial consequences that range from distress to anger, self-blame and feelings of isolation. Activities related to the establishment of the Survivor Trust Fund, which ensured that the immediate needs of survivors of GBV were met and long-term needs were covered, addressed the socioeconomic consequence and impact of SGBV on 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 the 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, challenges SGBV survivors face in accessing justice, the 72-hour timeframe in which to report a case, which is in some cases not possible (in less accessible communities), the high impunity rate of reported SGBV cases in the counties and the limited duration of stay for SGBV survivors in safe homes, who then return to the communities and live beside the released perpetrators.

Under pillar 3 (strengthening of institutions), which received \$790,792.02 of the total budget, good — but fragile — results were also observed. Revision of the SOPs, strengthening of the justice system through procuring equipment, and strengthening of the referral pathway, as well as the successful adoption of

the Domestic Law Act 2019, are major results that enhanced further the legal framework of SGBV and SRH in Liberia. Some activities under this pillar are still being implemented so their results could not yet be identified.

The advocacy & social mobilization pillar (pillar 4) had a budget of \$421,788.07 and achieved very good results. Positive impacts have already been observed. Implementation of the activities related to production of radio and TV spots, media partnerships and networking, as well as specific campaigns and initiatives, have led to very high SGBV knowledge among women, men, boys and girls interviewed from the target group. Ninety-three percent of the target group and beneficiaries knew what SGBV was about, 51 percent reported that they heard about it on radio or through anti-rape campaigns and 34 percent heard about it in their work or from someone who talked about it.

Regarding pillar 5, with \$375,846.50 of the total budget, 71 percent of involved stakeholders and outcome leads indicated their satisfaction with the good results achieved with coordination mechanisms at national level. Implementation of coordination plans with strategic review meetings, on-going periodic meetings and planning meetings, as well as activities related to joint supervision, significantly contributed to these results. However, the SGBV subnational and district level coordination systems did not achieve good results, as highlighted in Finding 13.

Question 15: To what extent have the capacities of national institutions, local NGOs and CSOs in addressing SGBV been strengthened?

Finding 15: Various capacity-building and development activities were provided to national institutions, local NGOs and CSOs, which have had their capacities strengthened in addressing SGBV. The impacts of these efforts contributed to the achievement of good results, which need to be further consolidated.

From gender-sensitive reporting for media professionals to skills development of health and social workers, strengthening of police officers and prosecutors in the provision of rapid and coordinated medical counselling and prosecutorial services to survivors of SGBV, the JP on SGBV/HTPs provided various capacity-building activities as indicated in the table below:

TABLE 8: CAPACITY-BUILDING ACTIVITIES OF THE JP ON SGBV/HTPS

NO	TRAINING DESCRIPTION	DATE	NO OF BENEFICIARIES
1	Training for attorneys and victim support officers of the MoJ.	23-24 May 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 counselling, coaching and mentoring of adolescents, including dissemination of CSE information to inland school adolescent and youth in Maryland.	5-8 Nov 2019	N/A
5	Training on clinical management of rape conducted by UNFPA, MOH and PIL for health care providers in Ganta and Nimba counties.	17-21 Sept 2019	23
6	GBV IMS training for national GBV service providers in Bomi, Gbarpolu and Grand Cape Mount counties 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 County, to increase awareness and enhance their skills in reporting about issues relating to GE and women's rights.	July 2018	33

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 professionals on reporting about SGBV and rape have enabled them to become more careful when publicizing issues related to rape, domestic violence as well as HTPs.

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

Finding 16: The prevention mechanisms of SGBV and HTPs have been strengthened by the joint programme even if more needs to be done to achieve good results. The temporary suspension of bush schools did not prevent girls and women from being secretly initiated, as hidden activities

around FGM are still ongoing in some counties and communities. The extent to which specific actions were taken against early and child marriage is unclear.

Sociocultural audits with traditional leaders were implemented in the communities to assess the situation concerning FGM and leaders' knowledge level and skills. Capacity-building activities implemented have empowered the leaders and ensured their active involvement in the fight against FGM. Results included the temporary suspension of bush schools, where stereotypes and biases against women and girls were spread and some harmful rites such as FGM practised. However, the suspension of these bush schools did not prevent girls and women from being secretly initiated as activities around FGM are secretly ongoing in some counties and communities in Lofa, Bong and Grand Cape Mount counties. Awareness-raising in the communities has strengthened the engagement of community members and structures, such as the observatories, community gatekeepers and community action committees, in the prevention and fight against SGBV/HTPs.

As far as early and child marriage is concerned, there is limited evidence from the joint programme highlighting the extent to which this issue was tackled. Available data³⁰ reveals that 36 percent of girls in Liberia are married before their 18th birthday and 9 percent are married before the age of 15. The ProDoc (p.8) revealed that in almost all of the communities in 10 counties up to 80 percent (or nearly 90 percent in some communities) of girls aged between 13 and 18 years are either pregnant or have one or more children. The health consequences of child marriage, such as trauma caused by sexual activity of girls who are not yet physically or psychologically ready to deal with it, childbirth or obstetric Fistula in some cases, are alarming.

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

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

Finding 17: The coordination mechanisms 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 organizational structures and the coordination mechanisms, which challenged programme delivery.

A joint UN/GoL steering committee co-chaired by the MGCSP and the Resident Coordinator (RC) /Deputy Special Representative to the Secretary General (DSRSG) was established in 2017 to support cohesion and synergy as well as the overall strategic direction of the programme. According to the revised ProDoc of 2018, a technical coordination apex body co-chaired by the MoJ and the lead UN agency, and inclusive of the Chief Prosecutor, Sex Crimes Unit, LNP, MoH, MGCSP and relevant UN agencies and NGOs, was intended to be established to support intra-inter departmental synergies, 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. Their roles and responsibilities included reporting, case management and follow-up, planning, links to community-based structures and monitoring implementation. The ET noted also that a County Gender Coordinator established a County Survivor Trust Funds Committee (CSTFC) 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 (from rural women's structures) representative working in the area of GBV survivor support or the safe home Manager (in counties with safe homes). The purpose of the CSTFC is 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 joint programme funds are not mismanaged.

At district and community levels, the evaluation noted deficiencies in the programme's organizational structures and coordination mechanism that challenged the delivery of the JP on SGBV/HTPs. The joint programme initially planned to establish a committee, which should have been chaired by the Gender County Coordinator and comprised of district level representatives. The coordination structure was also intended to provide direct links 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 but saw no evidence that a committee or coordination structure were established and functional at district level.

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

Finding 18: The GoL and participating UN agencies contributed to the implementation of global norms and standards against VAWG such as CEDAW, the Beijing Platform for Action (1995), UN-SCR 1325/WPS agenda and the SDGs (SDG 5).

Regarding CEDAW, the last review highlighted the fact that rape and domestic violence account for more than 70 percent of all reported SGBV cases in the country.³¹ 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 the JP on SGBV/HTPs actively contributed to the implementation of general recommendation No. 33 as well as joint general recommendation No. 31 of CEDAW/general comment No. 18 of the CRC (2014) on harmful practices, provided in the CEDAW report on Liberia (CEDAW/C/LBR/CO/7-8) from 2015.

Concerning the contribution of the JP on SGBV/HTPs towards the implementation of UNSCR 1325 and the global WPS agenda, the evaluation found that the joint programme, particularly pillars 2 and 3, contributed, through activities related to the enhancement of the referral pathways and justice system strengthening, to article 11, which emphasizes the responsibility of all states to end impunity and 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's results are contributing to the implementation of both the Beijing Platform for Action (1995) and the SDGs (SDG 5).

Question 19: Has the JP on SGBV/HTPs built synergies with other programmes being implemented at national, county and community levels by the UN, international NGOs and the GoL?

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

The Liberia Spotlight Initiative (2018–2022) is jointly implemented by 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.³² The Initiative is targeting the five most affected counties (Nimba, Grand Gedeh, Lofa, Grand Cape Mount and Montserrado), which are also the counties covered by the JP

³¹ <https://tbinternet.ohchr.org/Treaties/CEDAW/SharedDocuments/Forms/AllItems.aspx?RootFolder=/Treaties/CEDAW/SharedDocuments/LBR> (Accessed 26 February 2020).

³² 2019 Annual Narrative Progress Report of Spotlight.

on SGBV/HTPs. Joint programme management reported that some activities that were not implemented within the framework of the JP on SGBV/HTPs due to limited resources are planned to be implemented within the initiative, which has more resources available. The similarities of some pillars of the initiative (pillar 2: strengthening institutions, pillar 3: prevention of SGBV/HTPs and to some extent pillar 4: quality and essential services with the JP on SGBV/HTPs enabled the complementarity of actions and synergies between the two interventions.

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

Finding 20: There are concerning gaps in the justice system, such as the absence of juvenile courts in some counties (resulting in lower sentence for juveniles – younger perpetrators committing crimes, lack of ID and birth certificates, which contributes to impunity.

The evaluation found that there are concerning gaps in the justice system, such as the absence of juvenile courts in some counties (resulting in lower sentences for juveniles, the absence of rehabilitation or correction facilities for juveniles, younger perpetrators committing crimes, lack of ID and birth certificates) which contributes to impunity. To address this issue, the National Identification Registry Act was enacted by the (previous) Liberian government in 2011. The law called for the establishment of a national identification registry responsible for issuing biometric cards to citizens and residents, for proper identification. The Bureau of Immigration and Naturalization commenced issuing biometric identification cards in Monrovia on 30 October 2017, and the process has been decentralized to other counties, where citizens are enrolled and issued the cards. Resident cards are also issued to non-Liberians nationwide. All these elements challenge the fight against impunity for SGBV in Liberia.

Question 21: To what extent have advocacy, communication and social mobilization efforts enabled populations targeted by the joint programme to speak out on SGBV in Liberia (national, county and community levels)?

Finding 21: Advocacy, communications and social mobilization have enabled targeted communities to speak out on SGBV in Liberia.

The evaluation found that the JP on SGBV/HTPs developed in November 2017 a Communication Strategy and Action Plan, which provided a strategic framework through which key communication objectives of the programme

were intended to be achieved. The key communications objectives were two-fold: increased awareness, involvement and accountability at national, institutional, community and individual levels; awareness and action of policymakers and key CSOs. The strategy also defined key audiences: GoL,

including administrative and technical personnel, judiciary, members of the Senate and House of Representatives, NGOs and development partners, media, communities, elders, traditional and religious leaders, civil society and CBOs, 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, women’s and youth groups, *Susu*³³ clubs and school groups, websites and social media, etc.) used to reach these groups. Lastly, the advocacy, communication and social mobilization strategy of the JP on SGBV/HTPs influenced policy changes in regard to prevention and response to SGBV. It also influenced the political and financial commitments of the GoL through the development of the SGBV Roadmap and the \$2 million promised by the GoL for implementation of the joint programme. However, the extent to which the action plan covering the period from August 2017 to 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 section 5.14 of this report.

33 An informal financial savings group at the community level that allows members to save on a daily or weekly basis and allows for a certain number of persons to receive funds rotationally.



DEMONSTRATION IN MONROVIA AGAINST SGBV AND TO END IMPUNITY AND STRENGTHEN THE JUSTICE SYSTEM (25 AUGUST 2020).

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

Finding 22: The quality of the joint programme’s results needs to be strengthened in order to achieve the programme’s objectives and meet the expectations in regard to the fight against SGBV in Liberia.

Even if the quality of the results of the JP on SGBV/HTPs are still fragile and need to be further strengthened in order to achieve the programme objectives and expectations in regard to the fight against SGBV in Liberia, they have contributed to a certain extent in changing perceptions and attitudes of traditional leaders and behaviour of media professionals in covering SGBV cases. These results contributed also to strengthening the response to rape, early marriage, domestic violence and HTPs, and their inter-linkages with SRR and HIV/AIDS in the country. Consolidation of the joint programme’s results through the implementation of specific actions provided in the recommendations of this report will help to meet expectations.

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 GoL? Please describe.

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

The Liberia Spotlight Initiative (2018–22) is jointly implemented by UN Women, UNDP, UNFPA,

UNICEF and OHCHR and associated UN agencies UNHCR and the International Organization for Migration as well as GoL representatives (MGCSP, MoH, MoJ, Law Reform Commission, MoE, MIA), the Independent National Human Rights Commission, National Council of Chiefs and Elders of Liberia, NGOs 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 the access of women and girls to SRHRs, in accordance with its objectives.³⁴ The initiative 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 pillar 5: data availability and capacities; pillar 6: women’s movement).

Beside the Liberia Spotlight Initiative, the evaluation noted that the Embassy of Sweden, donor of the joint programme, and SIDA are financing programmes addressing GE and SGBV. The Embassy also provides financial support to KTK (an NGO that builds the capacity of CSOs working on GE and SGBV prevention). The Embassy is also supporting the UNICEF Country Programme, which focuses on SGBV and child rights, Action Aid and UNFPA’s SRHR, which provides access to contraception and safe abortion and other SRH services. The evaluation further found that SGBV is also addressed as a cross-cutting issue in other interventions. For example, UNHCR is working with the GoL to cater for 8,000-plus refugees in five locations: Montserrado, Nimba, Grand Gedeh, River Gee and Maryland counties, where they are implementing mechanisms to identify and report SGBV cases. Since January 2020, 20 SGBV cases were identified and reported. In addition, UNHCR is also collaborating with gender officers from the GoL in all 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). It focuses on further strengthening justice and security institutions, as well as building capacities at the grassroots level to ensure proper access to justice for local communities. A particular focus is the needs of women and girls.

The extent to which international NGOs are addressing SGBV in their work could not be identified due to the absence of information from the MGCSP, which is in charge of coordinating countrywide efforts related to GE and SGBV prevention and response in the country.

³⁴ Ibid.

11.5 Sustainability

This refers to the likelihood that the programme results will endure after the programme is completed.

SCORING

- | | |
|----------|---|
| A | The programme performed well and no changes were required. |
| C | The programme performed but significant changes were necessary. |

There is a very high likelihood that some results will endure after the programme is completed, particularly results from institution strengthening, capacity-building and development of target groups. The development of the SGBV Roadmap 2020-2022 by the GoL at the end of the joint programme further enhanced the sustainability of the programme results (Scoring A). However, the lack of a sustainability strategy, financial sustainability plan and exit strategy plan, the reported turnover of technical staff who had received capacity-building, and the fact that some achieved results will require further technical and financial support 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 other media professionals on reporting about SGBV and rape have led to 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

Do-mestic Violence Act in 2019 brought critical changes in the fight against FGM. Finally, strength-ening of the SGBV referral pathways in the counties has improved the process of handling and responding to SGBV and rape in the counties.

The evaluation observed that capacity-building of journalists and other media professionals on reporting about SGBV and rape enabled them to become more careful when publicizing issues related to rape, domestic violence as well as HTPs. They reported analysing beforehand the implications of the issue before reporting it, and ensuring that the SGBV survivors' best interests, safety and protection were prioritized. Before implementation of the JP on SGBV/HTPs, 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, it was reported that in some cases journalists used to publicly blame SGBV victims/survivors and provided confidential information that indirectly helped perpetrators to escape. After capacity-building implemented by the joint programme, important changes were observed in their reporting. In addition, the evaluation noted that 93 percent of the target groups knew about SGBV.

Another major identified change is around HTPs, such as the practice of FGM. Eighty-one percent of interviewees revealed that before implementing the JP on SGBV/HTPs, any discussion with traditional and religious leaders about issues related to the taboo subject of FGM was challenging due to the leaders' high level of resistance. However, in conducting sociocultural audits and in

raising awareness against HTPs, 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 programme's activities, discussion around FGM is no longer avoided. As a result, the evaluation noted the temporary suspension of bush schools, where FGM and other HTPs directed at women and girls were practiced. Additionally, FGM, which had not been legally addressed in Liberia, is included in the adopted Domestic Violence Act of 2019. These achievements around FGM need to be further consolidated through additional extensions of the suspension of bush schools and by offering other options to these traditional schools to achieve sustainability.

Question 25: What is the likelihood that the results of the programme will be further used after it ends. How?

Finding 25: There is a high likelihood that some programme results will be further used after the programme ends, while a few achieved results require additional technical and financial support in order to be continued.

Ninety-three percent of target groups knew about SGBV after implementation of the joint programme. Practically all target groups claim that the issues addressed in trainings and workshops are the ones that have enabled them to change their attitudes. There is an observed multiplier effect of the activities that 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 its negative impacts on women and girls have led some traditional leaders to abandon the practice and support advocacy against it. Even if this result is still fragile in regard to FGM activities and other HTPs, which were reported as being secretly practised in counties including Lofa Nimba and Grand Cape Mount after the programme's implementation, the likelihood of further collaborating with these leaders to prevent mechanisms addressing SGBV and HTPs in the countries is very good and is an opportunity that must be seized in other interventions, such as the Liberia Spotlight Initiative.

Pillar 2: The results achieved in the strengthening of the existing 12 OSCs — staff trained in seven counties (Montserrado, Bong, Margibi, Grand Bassa, River Gee, Grand Gedeh and Bomi) and refurbishment of some safe homes, which provide medical treatment, safety and psychosocial support to SGBV survivors — will be used after the programme ends by SGBV survivors and their families who are seeking justice and refusing to accept "arrangements" in communities. However, the turnover of technical staff, lack of an appropriate financial plan to ensure sustainable funding of the Survivors Trust Funds and the further technical and financial support needed for the OSCs and safe homes challenge the likelihood of their effective use in the long term.

Regarding pillar 3, revision of the legal frameworks (the revision of the SOP) and adoption of the Domestic Violence Act in 2019, as well as logistical and technical support provided to the health and justice systems, enabled improvement of

the rapid and coordinated medical, counselling and prosecutorial services for survivors of SGBV. However, these achievements need to be further consolidated and their implementation further supported as highlighted in the recommendations section of this report.

Under pillar 4, the very good results achieved through capacity-building of journalists and other media professionals and social mobilization have already led to sustainable impacts, such as the SGBV Roadmap 2020–2022, which built upon the Pro-poor Agenda for Prosperity and Development (2018), the revised NGP (2017) and the National GBV Action Plan (2019). The SGBV Roadmap guides future investment for addressing rape and other forms of SGBV. On 11 September 2020, President George Weah issued a proclamation declaring rape a national emergency and ensuring a zero tolerance stance on rape and SGBV. Under the National Rape Emergency, the President declared initial measures, including appointment of a Special Prosecutor for rape; the setting up of a National Sex Offender Registry; establishment of a National Security Taskforce on SGBV, and the allotment of an initial \$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 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 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, toxic masculinity and attitudes and beliefs about male sexual self-control and women's sexual autonomy. Transformation of the norms and behaviour that underpin SGBV is a long process as it challenges gender stereotypes and prevailing values and sociocultural norms.

Pillar 1 and its output 1.1, output 1.3 and output 1.5 should be carried into the next phase. Particular focus should be given to the active involvement of men and traditional leaders in awareness-raising activities at community and district levels, as well as to capacity-building of boys and girls via both non-formal and formal education on the prevention and reporting of SGBV (rape)/HTPs (FGM/early and child marriage), which 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 about SGBV, specifically FGM issues, which are not covered adequately by the local media.

Under pillar 2, activities around the establishment and refurbishment of safe

homes in all the counties, as well as strengthening of the OSCs, are very critical elements to be carried into the next phase or to other SGBV interventions as they are elements of the referral pathways in the counties, which need to be further consolidated.

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

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

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

The selection of partners was based on the results from the stakeholder mapping and analysis conducted at the programme design stage and on stakeholders' active involvement in previous phases of the JP on SGBV/HTPs. The evaluation found that the selection of CSOs was appropriate particularly because some CSOs were already collaborating with the involved UN agencies in various interventions and received capacity-building in the areas of HR, GE and law enforcement. They are key players in the country in the fight against SGBV and HTPs. At county level, establishment of the GBV Taskforce composed of various actors (GoL representatives in the counties, NGOs, CSOs and CBOs) was appropriate and collaboration among them was reported as "very good" by 68 percent of taskforce members in the visited counties. Fifty-one percent of GBV Taskforce members in the counties rated as "good" their partnerships with the involved UN agencies, mentioning that lack of feedback, limited transparency during programme implementation, long procurement processes and inconsistent monitoring mechanisms and follow-up challenged the partnerships. Lastly, 47 percent of implementing partners and beneficiaries in the counties and communities are satisfied with the appropriateness of the strategies of the JP on SGBV/HTPs and the achieved results. This also influenced the partnerships.

Question 28: To what extent are capacity-building and development efforts 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 programme ends. However, journalists continue to have difficulties reporting on FGM, which is also not yet being effectively handled by prosecutors.

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

Concerning capacity-building efforts of journalists and other media professionals, a short comparative analysis of various media coverage available on SGBV between 2018 and 2020 demonstrated an increase in the quality of SGBV reporting. Some of the interviewed journalist reported that before attending capacity-building sessions facilitated by the JP on SGBV/HTPs, their skills or knowledge of SGBV/rape and referral pathways were very limited. They did not know how to effectively report in a gender-sensitive manner on these issues without revealing sensitive information. These acquired capacities will continue to be used even if the programme ends. However, the evaluation found that journalists are still facing challenges in covering issues of HTPs/FGM as it is “a cultural thing”. They face difficulty collecting information from people because they still do not openly talk about FGM. Even FGM survivors are afraid to talk about it as they believe that if they report an incident, “something bad will happen to them because they will be disclosing something that they swore to keep secret”.

Capacity-building (training on clinical management of rape conducted by UNFPA, MoH and Plan International Liberia (PIL) for health care providers in Ganta, Nimba County) enabled health workers to handle rape cases and address serious and life-threatening consequences faced by SGBV/FGM survivors. The acquired skills are already being used, a process that will continue after the end of the joint programme. The same applies to capacity-building of WACPS, police officers, prosecutors, attorneys and victim support officers of the MoJ in gathering information and investigating cases. However, retaining institutional memory might challenge these achievements post-programme due to changes in technical staff within the GoL (technical staff turnover).

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 GoL is responsible 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 VAWG and to provide comprehensive services to SGBV/HTPs/FGM survivors was established by 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 directly or indirectly linked to SGBV and HTPs, or adopting new ones like the Domestic Violence Act of 2019, are important milestones that highlight 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 level of the GoL's ownership and commitment to the fight against SGBV.

The evaluation found that the GoL and its partners are making efforts to bridge the gap between law and practice. It also identified efforts in enhancing the rule of law and ending impunity for SGBV/HTPs. 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, that the GoL is providing an enabling environment for partners, NGOs and CSOs to address issues of SGBV and HTPs in the country is very critical. In addition, its political commitment translated into the development of the SGBV Roadmap (2020-2022), with \$2 million allocated for implementation, another important indicator of the GoL's ownership and commitment.

On the other hand, it was found, for example, that the budget line for GE/SRH-related issues in the MoH is 0.04 percent of the national budget. The MGCSP was allotted \$1,967,459.00 from the national budget of \$525,907,000.00 for fiscal year 2019–20, which amounts to 0.37 percent of the national budget. The budget is clearly not sufficient in the face of the alarming situation of SGBV. The evaluation found that traditional leaders have demonstrated a very high level of ownership and commitment in the fight against FGM, which was highlighted by their active involvement in various activities aiming at preventing the practice and their support in the suspension of bush schools in 2019. Reports that FGM is secretly continuing did, however, raise 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 unavailability of some of them during field visits along with the challenges faced in interviewing all of them.

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

Finding 30: The evaluation found that the JP on SGBV/HTPs did not develop an appropriate sustainability strategy, exit strategy plan or financial sustainability plan to ensure the sustainability of programme results.

A sustainability plan is a document that provides guidance and describes how an intervention or programme will be maintained in the long term. It is 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, community and organizational sustainability. The Swedish Embassy/SIDA, as donor, and the JP on SGBV/HTPs steering committee failed to develop these plans.

11.6 Gender equality and human rights

This section assessed 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.

GE and HR were well incorporated in the design and implementation of the JP on SGBV/HTP, which was designed, implemented and monitored to address gender inequalities, SGBV/HTPs and gaps in the legal framework hindering the fulfilment of women's and children's rights in Liberia. The active involvement and engagement of men and traditional leaders in prevention activities of the programme enhanced the promotion of GE and HR. 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 accessibility of vulnerable groups to the information. There are no indications how the programme integrated vulnerable groups or how people with disabilities/SGBV survivors with disabilities were involved in the JP on SGBV/HTPs.

Question 31: To what extent has the joint programme's theory of change (ToC) clearly considered gender and HR issues?

Finding 31: An analysis of the ToC demonstrated that GE and HR issues were clearly considered.

An analysis of the ToC demonstrated that GE and HR 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, as well as intermediate states towards impact in the fight against SGBV/HTPs and improved living conditions for SGBV survivors.

Analysis of the ToC further revealed the focus of the joint programme on prevention of SGBV and HTPs, strengthening national and community-based structures and ensuring better access to justice and health services in the responses to SGBV victims and survivors.

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

Finding 32: GE and HR were a high priority in the overall intervention budget.

GE and HR were both high priorities in the programme specific and general objectives as highlighted throughout this

report. The objectives of the JP on SGBV/HTPs were to strengthen mechanisms for the prevention of SGBV and HTPs and to mitigate their impact on women, girls and boys. The JP on SGBV/HTPs aimed also at changing perceptions and attitudes and at strengthening systems to address rape, early marriage, domestic violence and HTPs and their inter-linkages with SRR and HIV and AIDS in Liberia, by 2020. The entire budget of \$3,344,014.00, with additional funds of \$565,480.00 was used for activities supporting the advancement of GE and HR in the country.

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, the GoL is providing an enabling environment that facilitates its partners and CSOs to address SGBV and HTPs in the country.

The political transition at the programme design stage in 2016 challenged the joint programme because all actors from the previous GoL changed at national and county levels. Within the UN, some internal changes occurred and new staff were hired.

The implementation of activities was delayed but the JP on SGBV/HTPs mitigated these challenges as detailed under section 6.3 (efficiency) and Lessons learned (p.87) of this report.

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

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

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

11.7 Innovation

SCORING

A The programme performed well and no changes were required.

This section assessed the extent to which internal and external factors positively and negatively affected the implementation of activities and the achievement of results, permitting us to extract lessons learnt and identify good practices.

A few elements of the joint programme's approach to addressing SGBV and HTPs were very innovative in regard to the context in which the activities were implemented.

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

Finding 35: The involvement of traditional leaders, men, boys and former male perpetrators of SGBV as change agents in the prevention of SGBV/HTPs was innovative in the context of Liberia. Another innovation

identified was the establishment of contextualized referral pathways, which enabled improved reporting and handling of SGBV cases.

Liberia has a patriarchal sociocultural system, with traditional norms and values that shape gender roles and power relations between men, women, boys and girls, and enhance gender inequality. The 14-year conflict exacerbated these norms and post-traumatic disorder and HR abuses following the civil war have led to toxic perceptions of the roles 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, by for example, launching the HeForShe campaign, is innovative in Liberia. Some interviewees mentioned that they learnt in trainings that boys are also victims/survivors of SGBV

(sodomy) but that they are often neglected. This was a new understanding of how SGBV affect boys and girls/men and women. Another innovation identified 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 that enabled improved reporting mechanisms and handling of SGBV cases was also innovative.

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: A shortage of resources has led to lapses in the implementation of activities.

Activities such as engagement with key community gatekeepers, county level GBV Taskforces and buddy clubs in schools had started and monitoring of

activities was ongoing even if some deficiencies were noted. The evaluation found that lack of resources (communication, mobility, etc), and a poor road network to facilitate the implementation of activities slowed the execution of activities in the prevention pillar, aimed at mitigating the impact of SGBV on women and girls. Although there are conflicting reports of increases in SGBV cases, discussions with GBV Taskforce members and other participants revealed that prior to the JP on SGBV/HTPs the level of compromise around rape cases was high in communities due to the stigmatization of survivors. However, with repeated radio talk shows, jingles, setting up of buddy clubs and other community engagements, 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 that 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 to implement planned activities.

Other lessons learnt can be linked to proper budgetary plans, allocation of resources for the period of the JP on SGBV/HTPs, and a well mapped-out sustainability plan with the GoL at the centre. Budgetary plans should include special resources for GBV actors in rural areas having poor road network and limited access to communication. The Lessons learned section begins on p. 87 of this report.

CONCLUSIONS AND RECOMMENDATIONS

12. Overall JP on SGBV/HTPs 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 on SGBV/HTPs managed to achieve some good results that serves as a 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 ET developed additional recommendations to the Liberia Spotlight Initiative, placed in annex 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 JP on SGBV/HTPs addressed in its design the concerns explicitly formulated by UNMIL within the framework of UNSCR 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing 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 third phase of this programme. **(Scoring B)**

WEAKNESSES: The joint programme was designed as a community-based intervention, with an initial budget of \$36 million but implemented with \$3 million only of which 26 percent (almost one-third) of the total budget was allocated to staff & personnel and contractual services only. Even if three joint monitoring visits were organized in three years, this was not sufficient to track the implementation of the planned activities. There were no funds allocated to consistent monitoring of activities and the JP on SGBV/HTPs failed to make best use of synergies at district and community levels. The yearly work plans, which partly derived from the logframe of the JP on SGBV/HTPs, lacked baseline/target values (years 1 and 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. The JP on SGBV/HTPs did not design a sustainability strategy, a financial sustainability plan or 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 strategic content and objectives of the JP on SGBV/HTPs were very relevant for the context. The joint programme was built on the results and recommendations of the previous phases of the programme, such as the 2013 Evaluation of the Joint Programme, which identified a number of gaps. The JP on SGBV/HTPs addressed in its design the concerns explicitly formulated by UNMIL within the framework of UNSCR 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing 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 third phase) to address needs and priorities in the fight against SGBV in Liberia. It is mentioned in the ProDoc 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, so the ET could not review it. The prevention strategies and active involvement of the local media, coupled with the joint programme's alignment with international, regional and national instruments and plans for the prevention of SGBV and the fight against it, justified the relevance of the JP on SGBV/HTPs.

WEAKNESSES: Addressing gaps such as the absence of juvenile courts in some counties, the capacity of prosecutors to address adequately cases of SGBV/HTPs, 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 cases due to trials lasting up to six months (reported by 59 percent of interviewees), the fact that most 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 GE, 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 and the lack of a needs assessment on SGBV victims and survivors with disabilities in accessing justice and health challenged the relevance of the JP on SGBV/HTPs.

EFFICIENCY (Score B/C)

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

STRENGTHS: The JP on SGBV/HTPs 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. The budget was disbursed in a timely manner by the Swedish Embassy but some delays in years 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. Twenty-six percent (almost one-third) of the total budget was allocated to staff & personnel and contractual services, and no budget was dedicated to monitoring of the JP on SGBV/HTPs. Some follow-up mechanisms or monitoring reports were designed to be activity based 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 of the joint programme. **(Scoring C)**

EFFECTIVENESS (Score C)

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

STRENGTHS: 69 percent of the involved UN entities are satisfied with the appropriateness of the strategies of the JP on SGBV/HTPs and the achieved results. Advocacy, communications, social mobilization and various capacity-building activities in SGBV provided to journalists and other media professionals, national institutions and local NGOs/CSOs contributed to the achievement of good results, which need to be further consolidated. Coordination mechanisms and inter-ministerial coordination at county level supported the delivery of the programme.

WEAKNESSES: Only 47 percent of 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 that were not planned were implemented and did not systematically match with the outputs from the logframe. The yearly work plans of the JP on SGBV/HTPs derived partly from the logframe but lacked baseline/target values (years 1 and 2). Some deficiencies in the coordination mechanisms at district and community level were also identified. The joint programme also applied 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 SGBV survivors, as well as the limited fund or direct cash made available for SGBV survivors, challenged the effectiveness of the response provided to survivors. Under pillar 3, there are concerning gaps in the justice system that 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 the 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 a sustainability strategy, a financial sustainability plan and exit strategy plan, the reported turnover of technical staff who had received capacity-building and the fact that some achieved results require further technical and financial support 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: GE and HR were well incorporated in the programme design and implementation of the JP on SGBV/HTPs. The joint programme was designed, implemented and monitored to address gender inequalities, SGBV/HTPs and gaps in the legal framework hindering the fulfilment of women's and children's rights. The active involvement and engagement of men and traditional leaders in prevention activities of the programme enhanced the promotion of GE and HR.

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 accessibility by vulnerable groups to the information. There is no indication of how people with disabilities/SGBV survivors with disabilities were involved in the JP on SGBV/HTPs.

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 was 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
1. DESIGN FINDINGS 1, 2, 3, 5, 7, 12, 13, 31, 32	<p>1.1 The ET observed and reported isolated cases in which a few social workers and GBV Taskforce members displayed alarming behaviour, making jokes about SGBV issues, especially rape, which they perceive as a common occurrence in communities. The ET noted that a code of conduct was signed by the implementing partners and urgently recommends monitoring respect of the signed code of conduct and that appropriate actions are taken to mitigate this alarming issue.</p>	<p>UN Women MGCSP</p>	<p>Immediate</p>
	<p>1.2 Some GoL representatives did not feel actively involved at the design stage, even if a letter of agreement (LOA) was signed. Due to turnover of technical staff in various ministries, the GoL should take appropriate measures to ensure continuity of collaboration between it and UN entities.</p>	<p>MGCSP MoJ Ministry of Internal Affairs (MIA) MoH</p>	<p>Immediate</p>
	<p>1.3 Ensure that at the design stage of future programmes addressing SGBV/HTPs, including interventions addressing access to health and justice for SGBV victims/survivors, enough budget (3-5% of the total budget) is allocated to monitoring and evaluation (M&E). Ensure that an M&E plan is also developed at the design stage of each programme and that mechanisms are in place to ensure effective implementation of M&E plans.</p>	<p>UN Women UNDP UNFPA UNICEF UNHCR Donor</p>	<p>Immediate</p>
	<p>1.4 Review all ongoing interventions addressing GE/SGBV/HTPs in Liberia, as well as those 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.</p>	<p>UN Women UNDP UNFPA UNICEF UNHCR Donor MGCSP</p>	<p>Immediate</p>
	<p>1.5 Ensure that at the design stage of further programming a 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.</p>	<p>UN Women UNDP UNFPA UNICEF UNHCR</p>	<p>Immediate</p>
	<p>1.6 Conduct a review of 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 not, ensure that they are developed.</p>	<p>Donor UN Women UNDP UNFPA UNICEF UNHCR</p>	<p>Mid-term</p>

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
2. RELEVANCE FINDINGS 1, 2, 3, 4, 5	<p>2.1 The joint programme was very well 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.</p> <p>Ensure alignment and complementarity of these interventions with the SGBV Roadmap of the GoL (2020-22). The MIA should collaborate with the National Council of Chiefs and Elders of Liberia to develop strong guidelines to enforce the cessation of early marriage.</p>	UN Women Donor MGCSP MIA	Immediate
	<p>2.2 Develop a specific needs assessment of vulnerable groups and SGBV victims and survivors living with disabilities in accessing health support and justice in the counties and communities. Ensure an appropriate strategy and action plan are developed to actively involve them in ongoing and future programmes addressing inclusive access to health and justice in the country.</p>	UN Women UNDP UNFPA UNICEF UNHCR Donor MGCSP	Immediate
	<p>2.3 Conduct a survey of all social workers/GBV Taskforce members in the 15 counties and assess their level of knowledge on SGBV/rape/female genital mutilation (FGM)/early and child marriage and updated legal frameworks. Take action (capacity-building/networking/coaching, etc.) to strengthen their skills and expertise in the prevention, reporting and response to SGBV</p>	UN Women MGCSP MoJ	Mid-term
3. EFFICIENCY FINDINGS 6, 7, 8, 9, 10, 11, 12, 13	<p>3.1 Conduct a national mapping of all actors addressing SGBV in the country per area (prevention, response, advocacy, access to health and justice services). This will enable all national and international actors to make best use of synergies available in the counties, districts and communities.</p>	UN Women MGCSP MoJ	Immediate
	<p>3.2 Assess the knowledge and skills of staff in RBM and take action to strengthen their capacities through various actions, such as coaching, mentorship or additional trainings, etc.</p>	UN Women UNDP UNFPA UNICEF UNHCR MGCSP	Immediate
	<p>3.3 Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting. All joint interventions must meet RBM requirements.</p>	Donor UN Women UNDP UNFPA UNICEF UNHCR	Immediate
	<p>3.4 Ensure enough funds are allocated to M&E and that M&E plans are developed at the design and planning phases of programmes.</p>	UN Women UNDP UNFPA UNICEF UNHCR Donor	Immediate

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
3. EFFICIENCY FINDINGS 6, 7, 8, 9, 10, 11, 12, 13	3.5 Urgently support the GoL and the Ministry of Finance and Development Planning (MoF) in gender budgeting and ensure that sufficient resources to integrate SGBV into health sector strategic plans are provided. This will also help to sustain the results of the JP on SGBV/HTPs and other joint interventions in the country.	UN Women UNFPA MGCSP MoF MoH	Immediate
	3.6 Due to turnover of technical staff in the ministries, the GoL should take appropriate measures to ensure continuity of collaboration between GoL and UN entities. Ensure that in all capacity-building activities at least two 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.	MGCSP MoJ MIA MoH	Immediate
	3.7 Make best use of technical skills of involved stakeholders, implementing partners, NGOs and CBOs that have been already received capacity-building from UN entities in order to deliver activities. This will reduce the costs related to contractual services and enhance efficiency of joint interventions. (26% of the total budget of the joint programme was, for example, allocated to staff & personnel and contractual services).	Donor UN Women UNDP UNFPA UNICEF UNHCR	Immediate
	3.8 Establish a GBV Taskforce or committee at district level to enhance monitoring and coordination mechanisms at community and district levels. It will liaise between county and community, and could be chaired by the Gender County Coordinator and comprised of district level representatives. Ensure it is inclusive and operates with the active involvement of local NGOs and CBOs.	UN Women MGCSP	Mid-term
4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18, 19, 20, 21, 22, 23	4.1 Ensure RBM is effectively applied in pro-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 UNDP UNFPA UNICEF UNHCR Donor	Immediate
	4.2 Take appropriate actions against the re-reported FGM being secretly practised on girls and women in some counties visited, as highlighted in this report.	UN Women UNICEF MGCSP MIA	Immediate
	4.3 Extend the suspension of bush schools.	UN Women MGCSP MIA	Immediate

4. EFFECTIVENESS
FINDINGS 14, 15, 16, 17, 18, 19, 20, 21, 22, 23

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
	<p>4.4 There is a link between support to survivors and women’s economic empowerment (WEE) in the communities most affected by SGBV/rape and FGM. There is a need to sustain this support so survivors do not have to depend on perpetrators, which might compromise cases (because they return to live with them in the same house or in the community). Initiate interventions for WEE 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 FGM to support them finding and developing alternative livelihoods.</p>	<p>UN Women Donor MGCSP</p>	<p>Mid-term</p>
	<p>4.5 Regarding the growing number of SGBV/rape/FGM survivors in Liberia, ensure there are at least two 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 caregivers. Involvement of peace hut women and networking is critical.</p>	<p>UN Women UNICEF Donor MGCSP</p>	<p>Immediate</p>
	<p>4.6 Ensure that at least two well-equipped OSCs exist in every county with health care personnel trained to take care of SGBV survivors. In remote communities where SGBV victims/survivors cannot reach an OSC within the required 72 hours, establish health structures or strengthen the existing ones with equipped health workers trained in gathering evidence. Appoint a legal officer to liaise between courts and OSCs to fast-track cases.</p>	<p>UNFPA MoH MGCSP Donor MoJ</p>	<p>Immediate</p>
	<p>4.7 The JP on SGBV/HTPs provided training to health-care providers in the provision of comprehensive clinical care for victims. The training must be extended to all health facilities in the 15 counties. Ensure also that trained health workers further build their capacities through networking and learning exchanges with OSCs from other counties, during which best practices could be shared.</p>	<p>UNFPA MoH</p>	<p>Mid-term</p>
	<p>4.8 Develop a mandatory identification system for every citizen and alien residing in the country. A national identification campaign must be launched as soon as possible.</p>	<p>UNDP UNHCR MoJ Liberia infor-mation man-agement sys-tem (IMS)</p>	<p>Immediate</p>

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18, 19, 20, 21, 22, 23	<p>4.9 Support decentralization and expansion mechanisms of Criminal Court “E” to all counties. In the absence of these courts, mobile courts could be established as a pilot intervention in the counties most affected by SGBV cases.</p>	UNFPA UNDP UNICEF MoJ	Immediate
	<p>4.10 Recruit and train more personnel from the Women and Children Protection Section (WACPS) of the Liberia National Police (LNP), 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 cases of SGBV and HTPs.</p>	MoJ	Mid-term
	<p>4.11 Provide a minimum of two DNA machines and an equipped laboratory for major regions in the country. Train at least 15 pathologists (one for every county).</p>	UNFPA MoH	Mid-term
	<p>4.12 Urgently train judges in handling cases of SGBV/rape/HTPs/FGM-related issues.</p>	UNDP MoJ MGCSP	Immediate
	<p>4.13 Further enhance skills and knowledge of judges through coaching and networking exchange programmes with judges from other countries in the region, 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.</p>	UNDP MoJ MGCSP	Mid-term
	<p>4.14 Enhance capacity-building of Gender Focal Persons and senior government officials (ministers, lawmakers and directors of government institutions) on SGBV/HTPs.</p>	UNDP MoJ MGCSP	Immediate
	<p>4.15 Develop appropriate mechanisms aimed at harmonizing the existing gap and conflict between the penal law, which states that children under 18 years cannot be married, and the inheritance law, which recognizes girls as young as 16 as married (the latter are recognized in rural areas).</p>	UNDP MoJ MGCSP	Mid-term
	<p>4.16 Set up and maintain a GBV IMS in rural areas to relay information to the central office of the Ministry of Justice to avoid duplication of reported cases.</p>	UNDP MoJ	Mid-term
	<p>4.17 Establish a national rape perpetrators database system.</p>	UNDP MoJ	Immediate

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18, 19, 20, 21, 22, 23	<p>4.18 Empower, through finance and capacity trainings, CBOs 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 are well disseminated and well known in schools, networking and among youth. A mobile phone app could be developed as an inter-agency initiative and managed by MGCSP, MICAT and key national NGOs. Updates would be shared in real time and the data would be monitored by the MGCSP.</p>	UN Women UNDP UNICEF MGCSP MIA MICAT	Immediate
	<p>4.19 Raise a national campaign in all 15 counties including practical information about the existing referral pathways in communities and how and when to access them. Emphasis should be put on the 72-hour timeframe within which to report an incident, in order to not compromise cases.</p>	UN Women Donor MGCSP	Immediate
	<p>4.20 Enhance the capacity of journalists investigating and reporting on FGM issues, which remain a sensitive topic in Liberia.</p>	UN Women MGCSP MIA MICAT	Immediate
	<p>4.21 Follow up on trainings provided to journalists on SGBV. Initiate a network on SGBV and media with trained journalists and other media representatives, where best practices on gender reporting, challenges and possible solutions would be discussed and shared. Ensure the representation of media from all 15 counties.</p>	UN Women MGCSP MIA MICAT	Mid-term
	<p>4.22 Ensure that advocacy and communication in the counties/communities includes a balance of non-literacy-based messaging in order to reach communities lacking formal education. A solution is to actively involve NGOs and CBOs with capacity on SGBV/HTPs to support the de-velopment of messages in local dialects.</p>	UNICEF UN Women MGCSP MIA MICAT	Immediate
	<p>4.23 Enhance coordination mechanisms at community and district level and ensure they are inclusive by ensuring active involvement of NGOs and CBOs.</p>	UN Women MGCSP	Immediate
5. SUSTAINABILITY FINDINGS 24, 25, 26, 27, 28, 29, 30	<p>5.1 Ensure that a 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.</p>	UN Women UNDP UNFPA UNICEF UNHCR Donor	Immediate
	<p>5.2 Due to turnover of technical staff in the ministries, ensure that in all capacity-building activities at least two representatives per ministry are present.</p>	MGCSP MoJ MIA MoH	Immediate

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
5. GENDER AND HUMAN RIGHTS FINDINGS 24, 25, 26, 27, 28, 29, 30	5.3 Ensure vulnerable groups and people living with disabilities are systematically involved at all stages of the joint programme.	UN Women MGCSP	Immediate
	5.4 Ensure messages spread in the communities are systematically translated into local dialects to ensure accessibility by vulnerable groups to information on SGBV/HTPs and on their rights.	UN Women MGCSP	Immediate
5. INNOVATION FINDINGS 35, 36, 37			

LESSONS LEARNED

1. Relevance

(Alignment with needs/priorities of the GoL in preventing and addressing SGBV and HTPs).

Sixty-one percent of GoL representatives mentioned that the GoL was not actively involved in the design of the JP on SGBV/HTPs and that the programme was planned with the former GoL. However, through the signing of a LOA the active involvement of the new GoL in programme planning was ensured despite the change of administration. In the letter, roles and responsibilities of the GoL and other partners in the JP on SGBV/HTPs were clearly stated; an MoU was also signed with the lead GoL ministries (MGCSP and MoH).

2. Theory of change (ToC)

The ET was unable 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 JP on SGBV/HTPs 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 JP on SGBV/HTPs after the design was completed and therefore could not report on how the design process, including the formulation of the ToC, took place.

3. Efficiency

Budget analysis

The programme was designed and planned without necessary funds available and its very ambitious goal and objectives remained unchanged even after it was clear that no other support was forthcoming. The logframe and frameworks should have been revised and indicators reviewed. Roughly one-third 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. Efficiency would have been enhanced by limiting the involved stakeholders and reducing the budget allocated to contractual services.

Synergies

A strong M&E plan (funded with 3-5 percent of the programme budget) could have improved the observed results in the communities/counties. Efficiency would have been improved if a monitoring plan was designed and implemented by the joint programme.

Joint programming, monitoring and coordination

The JP on SGBV/HTPs suffered from the lack of an M&E plan and funding allocated to M&E in the design and planning stages. The evaluation identified some overlaps in communities between the joint programme and the EU/UN Spotlight Initiative.

The coordination mechanisms of the JP on SGBV/HTPs at subnational, district and community levels, including with CSOs, gender taskforces and GBV observatories, were inconsistent. Due to the high number of stakeholders involved, 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 joint programme at community and district levels, would have enhanced the efficiency of the joint programme. The evaluation noted also some duplication of activities in counties covered by both the JP on SGBV/HTPs and the Liberia Spotlight Initiative, which challenged the coordination of activities implemented by different agencies.

In regards to joint programming, some stakeholders challenged the mutual accountability for involved UN entities and outcome partners because the outcome lead expressed accountability mainly for its own outcome rather than for the JP on SGBV/HTPs as a whole. Stronger programme management and coordination at various levels would have helped to address this challenge.

The evaluation noted that there is a joint UN workplan for all agencies linked to the UN Sustainable Development Cooperation Frameworks. The JP on SGBV/HTPs dealt with some overlaps in the implementation of the Domestic Violence Law involving UNDP, UNFPA and UN Women.

OHCHR is facilitating discussions on how all agencies implementing the Domestic Violence Act under various programmes can synergize and collaborate to ensure joint implementation and avoid overlap.

4. Effectiveness

The work plans provided by the JP on SGBV/HTPs derived partly from the logframe of the joint programme. Work plans of years 1 and 2 lacked baseline and target values, and activities were not systematically aligned with the outputs from the logframe. This challenged the tracking process.

5. Sustainability

The programme should have developed a sustainability strategy and an exit strategy plan, particularly because it was the third phase of the programme and the resources acquired by for the JP on SGBV/HTPs were much more limited than planned. The elements highlighted in the ProDoc under the section 'sustainability and exit strategy' do not present a sustainability plan. The national budget of the GoL allocated to GE/SRH/SGBV related issues is limited relative to the urgency of actions needed in this regard.

6. Gender equality/Human rights

The JP on SGBV/HTPs was designed, implemented and monitored to address gender inequalities, SGBV/HTPs and gaps in the legal framework hindering the fulfilment of women's and children's rights in Liberia. The active involvement and engagement of men and traditional leaders in prevention activities of the programme enhanced the results. GE and HR were well incorporated in the programme design and implementation of the JP on SGBV/HTPs. 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 accessibility of vulnerable groups to the information. There are no indications on how people with disabilities/SGBV survivors with disabilities were involved in the JP on SGBV/HTPs.

7. Innovation

The joint programme's active involvement, engagement and collaboration with traditional and religious leaders on the fight against HTPs and FGM was innovative in the Liberia context, as was the active involvement of males and former perpetrators acting as agents of change in the communities and addressing toxic masculinity. The establishment of referral pathways that are contextualized by county is another identified innovation of the JP on SGBV/HTPs.

Other lessons learnt to inform other SGBV interventions, like the Liberia Spotlight Initiative, are,

- ▶ Even though they were isolated cases, the evaluation identified alarming behaviour among some social workers, who were making jokes about SGBV and trivializing issues of SGBV/HTPs
- ▶ The JP on SGBV/HTPs refurbished some safe homes but the evaluation found that there is still an inadequate number of functional safe homes and shelters and very limited accessibility to the functional ones for most survivors in most counties.
- ▶ The budget planned for the MoH in regard to SGBV-related work is reported to be only 0.04 percent of the national budget. There is an urgent need to support the GoL and MoF in gender budgeting and provide sufficient resources to integrate SGBV into health sector strategic plans.

8. Access to justice and impunity

- ▶ Some counties lack the Criminal Court E and juvenile courts.
- ▶ There is an urgent need to establish a victim and witness protection programme for survivors of SGBV/FGM and witnesses. During the evaluation, some interviewees reported that witnesses fear reprisal particularly because SGBV perpetrators are often released and return to communities. Mechanisms for witness must be established to ensure that victims/survivors are protected.

- ▶ Most judges in Liberia lack capacity in effectively handling SGBV/rape and early marriage cases.
- ▶ 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 Liberia. The country needs equipped laboratories and experts trained to work with forensic evidence.
- ▶ The evaluation found that in many cases perpetrators are using the gaps in the system, particularly in counties without juvenile courts, to escape prosecution. They know that if they are below 18 years of age they will receive lesser punishments, so are claiming reduced ages, and because they lack IDs and birth certificates it is difficult to ascertain their age. The MoJ reported that it is working with the National Elections Commission to obtain voter registration cards, asking people in communities, obtaining driver's license and even going through medical documents so that alleged perpetrators can be prosecuted according to their real ages. There is an urgent need to launch a national campaign enabling the population to access birth certificates or other IDs. There is also a need to develop a data management system so rapists/perpetrators can be identified wherever they move in the country.
- ▶ It was found that judges hesitate to sentence a perpetrator when he is the sole supporter of the survivor. For example, a survivor in Lofa County was raped and impregnated by her stepfather, who was her sole supporter. She refused to report the case because she did not want to be the cause of his incarceration.
- ▶ There is a link between support to survivors and WEE in the communities most affected by SGBV/rape and FGM. There is a need to sustain that support so survivors do not have to depend on perpetrators, which might lead to them compromising the cases (because they return to live with the perpetrator in the same house or community).
- ▶ There are reported challenges for the GoL in implementing the Domestic Violence Act. There is a conflict between the penal law, which states that children should not be married before 18 years, and the inheritance law, which recognizes (especially in rural areas) girls as young as 16 as married.

9. Observation

There is a risk to the confidentiality of the database of SGBV survivors, as a paper-based database is used and nurses are using commercial internet cafés to send information to Monrovia.

