

VIII. ANNEXES

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ANNEX I. Logical framework matrix of the GoL/UN Programme against Sexual and Gender-based Violence and Harmful Traditional Practices in Liberia

IF the capacity of traditional, religious, youth and community leaders, right holders and influential community members to prevent and respond to SGBV and harmful traditional practices (HTPs) is strengthened and **IF** national and subnational systems have the capacity to facilitate prevention and to coordinate response that addresses gender-based violence and HTPs, **IF**

women and girls have access to fair justice mechanisms and redress based on relevant gender equality standards, including legal aid support and, **IF** services to survivors and families are accessible and available at all levels, **THEN** by 2020, all women and girls will live in an environment where they are protected and enjoy lives free from SGBV and HTPs.

PILLAR 1: PREVENTION		
OUTCOME 1	By 2020, communities, educational institutions and relevant stakeholders in Liberia fully engaged and active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls' education, teenage pregnancy and FGM)	
OUTCOME LEVEL INDICATOR	Indicator 1.A:	# of community members with capacity and commitment to prevent and respond to SGBV and harmful cultural practices. Baseline: 390 / Target: 5,000
	Indicator 1.B:	# of communities demonstrating improved sexual and reproductive health (SRH) practices
	Baseline:	48 / Target: 100
	Indicator 1.C:	Proportion of schools implementing the code of conduct for teachers and school administration in Liberia
	Baseline:	0 / Target: 1,500
	Indicator 1.D:	Number of cases/experiences reported in schools Baseline: 0 / Target: 500
	Indicator 1.E:	Percentage of SGBV and HTPs cases reported generally in all communities
	Baseline:	Put baseline statistics for 2017 (Rape=506, DV=127)-up to Q3 Target: 10 percent increased reporting of cases
	Indicator 1.F:	Early warning and preparedness measures in place to address the drastic increase of SGBV and HTPs in communities across Liberia. Baseline: 0 / Target: 3
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	
Output 1.1: Community knowledge on dangers of SGBV and harmful traditional practices increased through awareness and sensitization.	Output indicator 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
	Output Indicator 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
	Output Indicator 1.1.3	# of medical schools, Liberia National Parents Teachers' Association & Judiciary Institute with integrated SGBV module Baseline: 0 Target: 3,000
	Output Indicator 1.1.4	# of communities in SGBV high risk areas reached on SGBV prevention Baseline: 10,293 communities across the 15 counties Target: 5,150 communities reached

Output 1.2 Community commitment in support of the prevention of GBV strengthened	Output Indicator 1.2.1 # of trained community structures with developed and functional action plans on prevention of SGBV and HTPs <u>Baseline:</u> 0 <u>Target:</u> 3,000 communities with implemented action plans
	Output Indicator 1.2.2 # of traditional & religious leaders empowered as agents of change. <u>Baseline:</u> 3,000 traditional leaders / 500 religious leaders <u>Target:</u> 2,500 Leaders (1,250-M 1,250-F)
Output 1.3 Traditional and community members have access to safe spaces to support the reduction of SGBV and HTPs	Output Indicator 1.3.1 # of multi-purpose community resource/cultural centres constructed, equipped and operational in high risk areas <u>Baseline:</u> 0 <u>Target:</u> resource/cultural centres constructed, equipped and operational in high risk areas.
	Output Indicator 1.3.2 # of women and young people (boys and girls) who accessed skills improvement trainings and obtained empowerment opportunities <u>Baseline:</u> 0 <u>Target:</u> 15,000 8,500-F, 6,500-M
Output 1.4. Comprehensive sexuality education (CSE) enhanced at community level.	Output Indicator 1.4.1 # of out of school youth with adequate knowledge on SGBV and SRH <u>Baseline:</u> -- <u>Target:</u> --
	Output Indicator 1.4.2 # of people accessing SRH services in high risk areas <u>Baseline:</u> -- <u>Target:</u> --
Output 1.5 Awareness on the risk of SGBV, SEA, HTPs and HIV prevention and response within the school environment strengthened	Output Indicator 1.5.1 % of Liberian school students and teachers trained on GBV prevention and SRH <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 12,000 students and teachers trained
	Output Indicator 1.5.2 # of schools with established and functional GBV and SRH clubs <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 2,000 Prevention of Sexual Exploitation and Abuse Clubs
Output 1.6 Mechanisms to prevent and report sexual violence, abuse and exploitation strengthened in schools	Output Indicator 1.6.1 # of schools with established secure reporting mechanisms <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 5,000 additional schools
Output 1.7 Prevention of SGBV amongst administrators, teachers and support staff and exploiting children Increased	Output Indicator 1.7.1 At least 80% administrators and teachers trained and signed the code of Conduct <u>Baseline:</u> 0 schools signed code of conduct <u>Target:</u> 100,000 copies of code of conduct signed
	Output Indicator 1.7.2 # of cases reported against school administrators or teachers as perpetrators <u>Baseline:</u> 0 cases <u>Target:</u> 50
Output 1.8 CSE integrated in primary and secondary curriculum	Output Indicator 1.8.1 # of schools implementing revised CSE integrated curriculum <u>Baseline:</u> 5,127 Schools in Liberia <u>Target:</u> 5,000 schools revised CSE integrated curriculum

PILLAR 2: RESPONSE

OUTCOME 2	Availability of essential services for survivors of SGBV, including HTPs, at national and subnational levels.	
OUTCOME LEVEL INDICATOR	Indicator 2.A:	100% SGBV essential services functional nationwide
	Target:	8 / Baseline: 7 counties have OSCs providing different essential services
	Indicator 2.B:	% of SGBV multi-response mechanism essential services functional at subnational level
	Target:	Integrated service provision in all 15 counties /Baseline: 15 counties have stand-alone services provided by the Justice and Health Sectors in the counties
	Indicator 2.C:	Improved processing of GBV cases (primarily rape) through all stages of the justice system
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	
Output 2.1: Response services to SGBV survivors enhanced	Output Indicator 2.1.1	Functional OSC established in all counties Baseline: 12 existing OSCs in 7 counties Target: 20 OSCs established (establish 8 additional OSCs in 8 counties in 5 years)
	Output Indicator 2.1.2	# of OSCs with essentials drugs including Post Exposure Preventive (PEP) Kits prepositioned Baseline: 12 OSCs Target: 20 OSCs established and have essential drugs, including PEP Kits
	Output Indicator 2.1.3	# of medical personnel trained in clinical management of rape and available Baseline: 25 existing nurses and midwives in 12 OSCs Target: 50 medical personnel trained and deployed in 20 OSCs within four years (at least two nurses by centre)
	Output Indicator 2.1.4	Minimum initial services package (MISP) harmonized with national SGBV standard operating procedures (SOPs) Baseline: 0 Target: 1 comprehensive integrated package
	Output Indicator 2.1.5	# of SGBV survivors accessing information on the existing services through referral pathway Baseline: 1,200 Target: 8,000
	Output Indicator 2.1.6	# of SGBV survivors accessing immediate protection, medical, and/or psychosocial support at OSCs Baseline: 1,200 per year Target: 10,000 in 5 years (2,000 per year)
	Output Indicator 2.2.1	# of SGBV cases prosecuted per county (disaggregated by sex and age) Baseline: 45 annually (3 per county annually) Target: 75 annually (at least 5 per county)
Output 2.2: Improved processing of SGBV cases through all stages of the justice system	Output Indicator 2.2.2	# of SGBV cases indicted by county per year (disaggregated by sex and age). Baseline: 100 annually Target: 10% increase
	Output Indicator 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). Baseline: 898 (Jan-Sep 2017) Target: 200
	Output Indicator 2.2.4	15 WACPS Offices at county level functional with capacities enhanced Baseline: 14 WACPS offices across 14 counties seats/capital with capacities built Target: 1 functional office

Output 2.2: Improved processing of SGBV cases through all stages of the justice system	Output Indicator 2.2.5 Survivor Trust Fund established and implemented <u>Baseline:</u> 0 <u>Target:</u> Survivor Trust Fund established and adopted
	Output Indicator 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)
Output 2.3 Enhanced psychosocial support for survivors at all levels	Output Indicator 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)
	Output Indicator 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)
	Output Indicator 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
Output 2.4 Potential humanitarian risks and hazards identified and mitigated.	Output Indicator 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 Indicator 2.4.2 # of GBV supplies (rape kits) prepositioned to respond to emergencies <u>Baseline:</u> -- <u>Target:</u> 15 counties

PILLAR 3: INSTITUTIONAL STRENGTHENING

OUTCOME 3:	Improved policies and operational mechanisms to support SGBV prevention and response at national and subnational levels.	
OUTCOME LEVEL INDICATOR	Indicator 3 A:	Improved attitudes of police, judiciary and prosecution towards survivors/victims
	Indicator 3.B:	Average # of days the case is investigated by the police; # of days from the initial charges until the first trial leading to the final verdict, # and types of judicial verdicts
	Indicator 3.C:	Strengthened policy and legal framework to include articles against domestic violence, marital rape, FGM, etc.
	Indicator 3.D:	# and type of coordination and information-sharing mechanisms at the county level
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	
Output 3.2 Improved victim assistance, standardized process and systems Develop, revise and operationalize SGBV prevention and response policies	Output Indicator 3.2.1	# of revisions and implementation of the Hinterland Guideline <u>Baseline:</u> 0 <u>Target:</u> One revised guideline
	Output Indicator 3.2.2	SOPs revised, adopted and rolled-out <u>Baseline:</u> 0 <u>Target:</u> 2 revised SOPs
	Output Indicator 3.2.3	Survivor and witness support protocol developed <u>Baseline:</u> 0 <u>Target:</u> One protocol developed
	Output Indicator 3.2.4	Relevant SGBV prevention and response framework in place <u>Baseline:</u> 0 <u>Target:</u> Effective revised legal framework on SGBV

Output 3.3 Effective data collection mechanisms in place	Output Indicator 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
	Output Indicator 3.3.2 Operationalize and integrated the central database system across all 15 counties <u>Baseline:</u> 0 <u>Target:</u> 15 counties
	Output Indicator 3.3.3 GBV IMS Information Sharing Protocol endorsed and adhered to <u>Baseline:</u> -- <u>Target:</u> --
	Output Indicator 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
Output 3.4: Operationalization of the SGBV prevention and response systems	Output Indicator 3.4.1 Synergize national policies and frameworks with regional and global policies
	Output Indicator 3.4.2 Regional protocol on SGBV and HTPs adopted <u>Baseline:</u> 0 <u>Target:</u> 1 Regional SGBV Protocol
	Output Indicator 3.4.3 # of forensic investigation and DNA pathologists <u>Baseline:</u> 0 <u>Target:</u> 1 expert
	Output Indicator 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
	Output Indicator 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
	Output Indicator 3.4.6 Establish and operate sex crime circuit courts in 15 counties <u>Baseline:</u> 2 <u>Target:</u> 15 circuit courts
	Output Indicator 3.4.7 # of health facilities and referral hospitals providing integrated SGBV and SRH services <u>Baseline:</u> 12 <u>Target:</u> 27
Output 3.5 Inter-sectoral coordination strengthened and roles clarified	Output Indicator 3.5.1 Develop and operationalize an SOP on inter-sectoral coordination at national and Subnational levels <u>Baseline:</u> 0 <u>Target:</u> One guideline

PILLAR 4: ADVOCACY & SOCIAL MOBILIZATION

OUTCOME 4:	Enhanced awareness, participation and accountability at national and subnational levels		
OUTCOME LEVEL INDICATOR	Indicator 4 A:	: % of CBOs advocating on SGBV prevention and response	
	Indicator 4.B:	Percentage increase in the number of stakeholders acting as change agents	
	Indicator 4.C:	Number of periodic status updates on SGBV cases by justice and security actors	
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT		
Output 4.1 Increase in visibility and public awareness of SGBV issues	Output Indicator 4.1.1 % of the public aware of SGBV as a crime Baseline: 75% in the South-Eastern Region Target: 80%		
	Output Indicator 4.1.2 # of media institutions with capacity to report SGBV Baseline: 31 Target: 150		
Output 4.2 Policymakers and key CSOs empowered with knowledge and skills to advocate on SGBV issues	Output Indicator 4.2.1 # of trainings on advocacy on SGBV issues provided to policymakers Baseline: 7 Target: 73		
	Output Indicator 4.2.2 # of adolescent groups/ CSO with SGBV on their manifesto Baseline: 0 Target: 75 CSOs		
Output 4:3 Communities, particularly adolescents and youth-friendly centres, are empowered to openly discuss and take action to prevent SGBV & SRH	Output Indicator 4.3.1 # of adolescent and youth dialogues held on SGBV issues # of youth-friendly centres with the capacity to facilitate dialogues on SGBV and SRH amongst adolescents and youths Baseline: 023(?) Target: 23		
Output 4:4 Enhanced regional mechanisms in addressing SGBV within the Mano River Union	Output Indicator 4.4.1 Regional protocol on SGBV and HTPs adopted Baseline:--- Target: ---		

PILLAR 5: COORDINATION

OUTCOME 5:	Improved coordination mechanisms at community, subnational and national levels for inclusive and effective service delivery by 2020.	
OUTCOME LEVEL INDICATOR	Indicator 3 A:	90% functionality of coordination mechanisms at subnational level
	Indicator 3.B:	100% functionality of coordination mechanisms at national level
	Target:	National Baseline: 1 National GBV Taskforce, 1 JP Technical Committee, 1 JP Steering Committee Subnational
	Baseline:	15 Subnational GBV Taskforces
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	
Output 5.1 Subnational and national-level coordination mechanisms and strengthened implementation plan	Output Indicator 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)	
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	Output Indicator 5.2.1 SGBV Joint Programme Program Management Unit established and functional <u>Baseline:</u> 0 <u>Target:</u> 1	
	Output Indicator 5.2.2 Percentage of the GBV Division capacity to coordinate national and subnational structures enhanced <u>Baseline:</u> 40% <u>Target:</u> 90%	
	Output Indicator 5.2.3 Number of pillar meetings held monthly <u>Baseline:</u> 3/month <u>Target:</u> 3/month	
	Output Indicator 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	
	Output Indicator 5.2.5 # Periodic annual surveys on SGBV conducted and results published <u>Baseline:</u> 0 <u>Target:</u> Bi-annual	
	Output Indicator 5.2.6 # of joint monitoring and supervision missions conducted <u>Baseline:</u> 0 <u>Target:</u> Biannual	
	Output indicator 5.2.7 GBV data collection, dissemination and management at county and national levels <u>Baseline:</u> 15 counties <u>Target:</u> 15 counties	

ANNEX II. ASSESSMENT OF THE LOGICAL FRAMEWORK MATRIX OF THE GOL/UN JOINT PROGRAMME AGAINST SEXUAL AND GENDER-BASED VIOLENCE AND HARMFUL TRADITIONAL PRACTICES IN LIBERIA

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 address 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.

GREEN: Indicator and target are (successfully) met and the result is (fully) achieved

ORANGE: Indicator and target are partly met The expected results are not yet achieved or the process of achieving them is ongoing

RED: Unsatisfactory (indicator / target / output is not met and the expected results not achieved. The colour is also used when indicator and target values are missing

PILLAR 1: PREVENTION					
OUTCOME 1	By 2020, communities, educational institutions and relevant stakeholders in Liberia fully engaged and active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls’ education, teenage pregnancy and FGM)				
OUTCOME LEVEL INDICATOR	Indicator 1.A:	# of community members with capacity and commitment to prevent and respond to SGBV and harmful cultural practices. Baseline: 390 / Target: 5,000			
	Indicator 1.B:	# of communities demonstrating improved sexual and reproductive health (SRH) practices			
	Baseline:	48 / Target: 100			
	Indicator 1.C:	Proportion of schools implementing the code of conduct for teachers and school administration in Liberia			
	Baseline:	0 / Target: 1,500			
	Indicator 1.D:	Number of cases/experiences reported in schools Baseline: 0 / Target: 500			
	Indicator 1.E:	Percentage of SGBV and HTPs cases reported generally in all communities			
	Baseline:	Put baseline statistics for 2017 (Rape=506, DV=127)-up to Q3 Target: 10 percent increased reporting of cases			
	Indicator 1.F:	Early warning and preparedness measures in place to address the drastic increase of SGBV and HTPs in communities across Liberia. Baseline: 0 / Target: 3			
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT		COUNTIES	LEAD & PARTICIPATING AGENCIES	STATUS
Output 1.1: Community knowledge on dangers of SGBV and HTPs increased through awareness and sensitization	Output indicator 1.1.1 Periodic Sociocultural audits with community and traditional leaders in the four selected counties Baseline: 0 Target: 6 monthly audits in each of the 15 counties Results: Target Partly met ■ Consultation meeting and dialogues held in March 2018 in Gbarnga, Bong County with 150 paramount chiefs led to the temporary suspension of Sande (traditional women’s bush school). The policy statement was signed on 25 June 2019 by traditional leaders and local authorities from the GOL and verified by the ET as follows: Nimba County (5); Margibi County (5); River Cess County (5) Montserrado County (5); Bomi County (5); Grand Bassa County (5); Lofa County (5); Grand Cape Mount County (5); Grand Gedeh County (5); Gbarpolu County (5); other prominent traditional leaders (3); Office of the National Council of Chiefs and Elders of Liberia [NACELL] (4); MIA (3).The exact number of paramount chiefs met, and dialogues held and number of communities reached could not be verified by the ET due to lack of means of verification (MoVs) such as supporting documents. The ET noted that authorities from the 11 counties were present at the dialogue held in Bong County.		Grand Cape Mount, Grand Bassa, River Cess and Gbarpolu counties	UN WOMEN (lead), MGCSP, MIA, MICAT, West African Network for Peace Building (WANEP), NACELL	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	COUNTIES	LEAD & PARTICIPATING AGENCIES	STATUS
Output 1.1: Community knowledge on dangers of SGBV and HTPs increased through awareness and sensitization	Output Indicator 1.1.2 # of community SGBV engagement modules and dissemination tools developed <u>Baseline:</u> 0 <u>Target:</u> 1 module developed, 3,000 copies and visibility materials produced per annum <u>Results:</u> Target partly met <ul style="list-style-type: none"> The ET found that one training manual on gender and advocacy was developed by WANEP. However, the date when the manual was developed, the number of copies disseminated, and visibility materials produced per annum could not be verified as evidence was not made available Gender and advocacy transformation training: The ET could not verify the date and number of participants at the training as evidence was not made available Training manual and SGBV guideline developed and produced by WANEP but the ET could not verify the date the manual was developed, and the number of copies disseminated due to lack of MoVs 	All 15 counties	UN WOMEN (lead), MGCSP, MIA & MICAT	
	Conduct trainings on 'GBV and understanding masculinity for Liberian boys and girls' and engaging them in ending VAW in three counties in 20 communities <u>Baseline:</u> NC <u>Target:</u> Training on GBV around masculinity conducted in 20 communities <u>Results:</u> Baseline value was missing but the target was partly met <ul style="list-style-type: none"> The monitoring report of the Steering Committee team of the JP on SGBV/HTP (23–24 May 2018) highlighted a training conducted for County Attorneys and Victim Support Officers on case handling (MoVs and information around data of the training, content, location and number of participants were not made available to the ET) Nearly 173 actors, including police officers, prosecutors, health and social workers, have been trained in the provision of rapid and coordinated medical counselling and prosecutorial services to survivors of SGBV (information provided in the monitoring report of May 2018 was insufficient. The ET could not verify the exact number of women and men at the mentioned meetings and also could not analyse the training content related to masculinity as MoVs were not made available) Work plan 2019–2020 of HeForShe Crusaders Liberia aimed at addressing masculinity in communities was made available. The ET noted that various activities are 'ongoing' and could not assess the extent to which the activity was implemented 	Grand Cape Mount, Grand Bassa, River Gee and Nimba counties	UN WOMEN (lead), MGCSP & CSOs	
	Strengthen community-based gatekeeping measures to protect children from violence, exploitation and trafficking and ensure better linkages between community, NGOs and GOL to provide gender sensitive services <u>Baseline:</u> NC <u>Target:</u> NC <u>Results:</u> The baseline and target values were both missing. ET could not verify the extent to which community-based, gatekeeping measures were put in place/strengthened to protect children from violence, exploitation and trafficking and the extent to which better linkages between community, NGOs and the GoL to provide gender-sensitive services was ensured, due to lack of evidence/MoVs	Montserrado, Margibi, Grand Bassa, River Cess, Grand Cape Mount, Bong, Gbarpolu, Lofa, Nimba counties	UNICEF (lead), MGCSP, MIA, MICAT	
	Increased community knowledge on SGBV and HTPs prevention through quarterly open days meetings in five targeted communities per county using drama, cultural performance and football matches in four counties <u>Baseline:</u> NC <u>Target:</u> NC <u>Results:</u> The baseline and target values were both missing. Though it was reported that open days were organized quarterly in 5 targeted communities per county, the ET could not verify the extent to which this activity was implemented and impacted the lives of community dwellers. MoVs are missing	Maryland, River Gee, Nimba and Grand Gedeh counties	UNFPA (lead), MGCSP, MIA, MICAT, NACELL	
	Provide technical and material support to five established social transformation forums at community level (in each county) under the leadership of community gatekeepers in 4 counties <u>Baseline:</u> NC <u>Target:</u> Material support provided to five established social transformation forums in each of the four counties <u>Results:</u> The baseline values was missing and the target not met The ET could not verify the extent to which material support was provided to five established social transformation forums in each of the four counties due to lack of evidence/MoVs			

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	COUNTIES	LEAD & PARTICIPATING AGENCIES	STATUS
Output 1.1: Community knowledge on dangers of SGBV and HTPs increased through awareness and sensitization	<p>Establish five additional and support existing 23 youth friendly centres in nine counties to promote SGBV prevention and SRH information and services to adolescents</p> <p>Baseline: NC</p> <p>Target: Five additional youth friendly centres in nine counties to promote SGBV prevention and SRH information and services established; 23 existing supported</p> <p>Results: Baseline value missing but target partly met</p> <p>Interviewees reported that additional SGBV clubs were established in 11 schools in one county (Lofa). However, detailed MoVs are not available to verify this reported achievement and to verify if SGBV clubs were established also in other 8 counties</p>	Montserrado, Margibi, Bong and Nimba counties	UNFPA (lead) Ministry of Youth and Sports Ministry of Youth and Sports (MOYS), MOH, Olan Parenthood Association of Liberia (PPAL) & CSOs	
	<p>Conduct quarterly outreach on SGBV service provision in the catchment communities of the 12 existing OSCs</p> <p>Baseline: NC</p> <p>Target: NC</p> <p>Results: The baseline and target values were both missing. The indicator could not be assessed by the ET.</p> <p>The ET found that a training of 40 teachers from 20 schools in counselling, coaching and mentoring of adolescents, including the dissemination of CSE information to in-school adolescents and youths through 20 health rooms to be established in 20 schools in Grand Gedeh, River Gee, Maryland and Grand Kru counties, was conducted in Maryland County from 5-8 November 2018. MoVs verified by the ET</p>	Montserrado (5) Grand Gedeh (1), Grand Bassa (1), Margibi (1), River Gee (1), Bong (1) and Bomi (1) counties	UNFPA (lead), MGCSP, MOH & CSOs	
	<p>Development of the National GBV Action Plan</p> <p>Baseline: NC</p> <p>Target: National GBV Action Plan developed</p> <p>Results: Target met</p> <p>Baseline value missing</p> <p>The GBV National Action Plan Phase III (2018–2023) was developed and a copy provided to the ET</p>			
	<p>Output Indicator 1.1.3</p> <p># of medical schools, Liberia National Parents Teachers' Association & Judiciary Institute with integrated SGBV module</p> <p>Baseline: 0</p> <p>Target: 3,000</p> <p>Results: Target not met</p> <p>Evidence/MoV highlighting the percentage of medical schools, Liberia National Teachers Association & Judiciary Institute with integrated SGBV module were not available</p>			
	<p>Output Indicator 1.1.4</p> <p># of communities in SGBV high risk areas reached on SGBV prevention</p> <p>Baseline: 10,293 communities across the 15 counties</p> <p>Target: 5,150 communities reached</p> <p>Results: Target not met</p> <p>The ET was not able to verify the exact number of communities reached in the 15 counties on SGBV prevention due to lack of evidence/MoV.</p> <p>However, the ET found that:</p> <ul style="list-style-type: none"> An action plan was developed by the HeForShe Crusaders in Liberia in 2019 on how men and boys can be engaged to end GBV in schools and communities. The extent to which this action plan was implemented, and the fact that 5,150 communities in 15 counties were reached during the programme implementation could not be verified by the ET due to the lack of evidence. WANEP work plan and progress report for the period of May–December 2019 shared with the ET highlighted the implementation of the following activities: <p>A two-day national consultative meeting held with 61 (32 male and 29 female) traditional leaders, female zoes and practitioners in Ganta City, Nimba County; 61 traditional practitioners and female zoes reached within six schools in Liberia; 210 female zoes and practitioners interviewed from 14 chiefdoms within the administrative districts of Bong County through the inventory exercises. The reported activities, exact counties covered, and number of leaders targeted could not be verified by the ET due to lack of participants' list (MoVs).</p>			

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 1.2 Community commitment in support of the prevention of GBV strengthened	Output Indicator 1.2.1 # of trained community structures with developed and functional actions plans on prevention of SGBV and HTPs <u>Baseline:</u> 0 <u>Target:</u> 3,000 communities with implemented action plans <u>Results:</u> Target not met <i>The ET could not find evidence/MoVs demonstrating that communities developed functional actions to prevent SGBV and HTPs. However, the ET identified the following:</i> <ul style="list-style-type: none"> ■ A draft of the "Zero Tolerance Policy of the University of Liberia" developed on 14 September 2018. 	
	Output Indicator 1.2.2 # of traditional & religious leaders empowered as agents of change <u>Baseline:</u> 3,000 traditional Leaders / 500 religious Leaders <u>Target:</u> 2,500 Leaders (1,250-M 1,250-F) <u>Results:</u> Target not met <i>The ET could not verify the exact number of traditional and religious leaders empowered as agents of change due to lack of evidence/MoVs not made available</i> However, the ET found the following: <ul style="list-style-type: none"> ■ According to WANEP progress report of 2019: A two-day training aimed at enhancing women's capacity on the documentation of SGBV cases was hosted for 30 women leaders and other practitioners of five peace huts in Bong, Grand Bassa, Margibi, Montserrado and Nimba counties. Their skills were enhanced in standard case management, causes, contributing factors and impact of SGBV and how to report such violations through the referral pathway. However, the reported activities, exact counties covered and the sex-disaggregated number of leaders reached could not be verified by the ET due to lack of MoVs. ■ Two-day strategic conference on the "Role of faith-based leaders in addressing SGBV and HTPs" was held in Buchanan, Grand Bassa County on 3-4 September 2018. The conference was organized by Inter Faith Based Leaders Against Violence (IFBLAV) and brought together scores of religious leaders from all sectors of the religious sphere, CSOs as well as traditional leaders from the 16 tribes of Liberia. The ET could not verify the exact number of participants due to lack of evidence (MoVs) as participants' list was not made available 	
Output 1.3 Traditional and community members have access to safe spaces to support the reduction of SGBV and HTPs	Output Indicator 1.3.1 # of multi-purpose community resource/cultural centres constructed, equipped and operational in high risk areas <u>Baseline:</u> 0 <u>Target:</u> resource/cultural centres constructed, equipped and operational in high risk areas <u>Results:</u> Target not met <i>The ET could not verify the number of resource centres constructed, equipped and operational in high risk areas due to lack of evidence (MoVs) made available</i>	
	Output Indicator 1.3.2 # of women and young people (boys and girls) who accessed skills improvement trainings and obtained empowerment opportunities <u>Baseline:</u> 0 <u>Target:</u> Total 15,000 (8,500 females & 6,500 males) <u>Results:</u> Target not met The ET noted that: The WANEP 2019 progress report highlighted that Youth Alive Liberia implemented advocacy and public awareness activities in 10 counties (Montserrado, Bomi, Bong, Margibi, Cape Mount, Nimba, Lofa, Grand Gedeh, Maryland and River Cess). <ul style="list-style-type: none"> ■ The report highlighted advocacy and public awareness activities implemented in the above-mentioned ten counties, specifically in awareness creating and advocacy for care and treatment as well as behaviour change for youths and adolescents, advocacy and public awareness on HIV/AIDS in churches, mosques, market places and in communities and economic empowerment opportunities for women and girls living with HIV/AIDS through seed grants. Even though pictures showing YAL training participants in a church in Peace Island, Montserrado, a radio talk show programme at Gbasue FM in Weala, Margibi County, and group discussions during training of male and female adolescents were included in the report, the exact number of women and young people (boys and girls) empowered was not provided, therefore the ET could not validate the activity 	
Output 1.4 CSE enhanced at community level	Output Indicator 1.4.1 # of 'out of school' youth with adequate knowledge on SGBV and SRH <u>Baseline:</u> -- <u>Target:</u> -- <u>Results:</u> The baseline and target values were both missing. The indicator could not be assessed by the ET	
	Output Indicator 1.4.2 # of people accessing SRH services in high risk areas <u>Baseline:</u> -- <u>Target:</u> -- <u>Results:</u> The baseline and target values were both missing. The indicator could not be assessed by the ET.	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 1.5 Awareness on the risk of SGBV, SEA, HTPs and HIV prevention and response within the school environment strengthened	Output Indicator 1.5.1 % of school students and teachers trained on GBV prevention and SRH <u>Baseline:</u> 5,127 schools <u>Target:</u> 12,000 students and teachers trained <u>Results:</u> Target partly met The ET found that: <ul style="list-style-type: none"> ■ 72 public awareness sections were conducted in 11 communities in Montserrado, Margibi and Grand Bassa counties and extended to five churches, seven mosques and general market places. According to the WANEP 2019 report, an average of eight sessions in each community were carried out in the three counties ■ A total of 24 radio talk shows on SGBV prevention/transmission/treatment and access to health services, as well as the link between SGBV and HIV/AIDS transmission, were held in four different radio stations in three counties. In Montserrado the talk shows were held at Freedom FM and Kool FM; Radio Gbehzohn in Grand Bassa County; and in Margibi County, at the Voice of Firestone FM and Radio Gbasue. In each of the 4 radio stations, the discussion was divided into six parts (WANEP Report, 2019). The ET could not verify the number of women and young people (boys and girls) reached due to lack of evidence (MoVs) 	
	Output Indicator 1.5.2 # of schools with established and functional GBV and SRH clubs <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 2,000 PSEA clubs <u>Results:</u> Target not met The ET was not able to assess the percentage of schools that established functional GBV and SRH Clubs due to lack of evidence The ET found that: <ul style="list-style-type: none"> ■ A total of 180 students in 12 public schools (Tellewoyan Public School, Balakpalasu Public School, J. W. Pearson High School, Ganta Child Friendly School, Cestos High, Government Central, William V. S. Tubman High School, Lango Lippaye Public School, KRTTI Demonstration, Frank E. Tolbert Public School and Sims Community School, in Lofa, Nimba, Margibi, Grand Bassa, River Cess and Montserrado counties, were selected for the establishment of buddy systems. The report stated that the clubs consist of 15 members (boys and girls) per school. The training took place from 1-30 June 2017 with 50 members of a school being trained per day. ■ The 2019 annual report indicated that 15 schools (8 in Bong and 7 in Margibi) have 246 school health club members, (including teachers and students) with enhanced capacities to undertake programs on awareness on HIV/AIDS, GBV, SRH and SEA with a 30% knowledge gain following the capacity-building session on menstrual hygiene, prevention of SEA and prevention and protection from HIV/AIDs. The ET could not verify this due to lack of MoVs and evidence 	
Output 1.6 Mechanisms to prevent and report sexual violence, abuse and exploitation strengthened in schools	Output Indicator 1.6.1 # of schools with established secure reporting mechanism <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 5,000 schools <u>Results:</u> Target not met The 2019 annual report of the SGBV JP indicated that 10 new schools established buddy systems alongside the 20 schools which were established in 2018. Thus, in total there are now 30 schools with buddy systems that have a secured reporting mechanism The ET could not verify the extent to which schools have established secure reporting mechanisms	
Output 1.7 Prevention of SGBV amongst administrators, teachers and support staff and exploiting children increased	Output Indicator 1.7.1 At least 80% administrators and teachers trained and signed the code of conduct <u>Baseline:</u> 0 schools signed code of conduct <u>Target:</u> 100,000 copies of code of conduct signed <u>Results:</u> Target not met No MoV/evidence was provided	
	Output Indicator 1.7.2 # of cases reported against school administrators or teachers as perpetrators <u>Baseline:</u> 0 cases <u>Target:</u> 50 <u>Results:</u> Target not met No MoV/evidence was provided	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 1.8 CSE integrated in primary and secondary curriculum	Output Indicator 1.8.1 # of schools implementing revised CSE integrated curriculum <u>Baseline:</u> 5,127 schools in Liberia <u>Target:</u> 5,000 schools revised CSE integrated curriculum <u>Results:</u> Target not met The 2019 annual report indicated that 88 schools in the counties are implementing CSE integrated curriculum Training of 40 teachers from 20 schools in counselling, coaching and mentoring of adolescents, including the dissemination of CSE information to in-school adolescents and youth, was conducted in Maryland County. The training was held 5-8 November (UNFPA activity report 5-8 November 2018). The training brought together 11 participants from Grand Gedeh County, 10 participants from River Gee County, 10 participants from Grand Kru County and nine participants, including one Peace Corps Volunteer (county health team) from Maryland County. The participant list was verified by the ET	

Other activities reported but not linked to the above-mentioned output and indicators

According to the 2019 WANEP Progress Report:

- 10 Women within 4 people living with HIV (PLHIV) support groups provided seed grants to initiate VSLA activities for onward economic empowerment in an effort to establish small businesses (WANEP Progress Report of 2019)
- 10 women from seven support groups (PLHIV) strengthened through the provision of seed grants for economic empowerment (WANEP Progress Report 2019)
- Regional Dialogue with Traditional Leaders to end Child Marriages in Africa held in Nairobi (12–16 August 2018). The ET could not verify this action under the JP on SGBV/HTPs or the Spotlight Initiative Program (Activity Report 2018)

PILLAR 2: RESPONSE		
OUTCOME 2	Availability of essential services for survivors of SGBV, including HTPs, at national and subnational levels.	
OUTCOME LEVEL INDICATOR	Indicator 2.A:	100% SGBV essential services functional nationwide
	Target:	8 / Baseline: 7 counties have OSCs providing different essential services
	Indicator 2.B:	% of SGBV multi-response mechanism essential services functional at subnational level
	Target:	Integrated service provision in all 15 counties /Baseline: 15 counties have stand-alone services provided by the Justice and Health Sectors in the counties
	Indicator 2.C:	Improved processing of GBV cases (primarily rape) through all stages of the justice system
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 2.1: Response services to SGBV survivors enhanced	Output Indicator 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) <u>Results:</u> Target partly met <ul style="list-style-type: none"> ■ The ET observed during field visits that some counties have functioning OSCs whilst some are in not-so-good condition ■ The 2019 annual report of the JP on SGBV/HTPs indicated that 12 OSCs in all 15 counties remain functional for the period under review MoVs highlighting the exact number of OSCs established and refurbished per county were not available	
	Output Indicator 2.1.2 # of OSCs with essentials drugs, including PEP Kits prepositioned <u>Baseline:</u> 12 OSCs <u>Target:</u> 20 OSCs established and have essential drugs, including PEP kits <u>Results:</u> Target partly met <ul style="list-style-type: none"> ■ According to the 2019 annual report of the JP on SGBV/HTPs, 6 OSCs were supported in 6 counties (Grand Bassa, Margibi, Bong, River Gee, Grand Gedeh and Bomi) and benefited from service delivery of drugs (PEP, antibiotic etc.), Dignity Kit (Clothes, toothpaste, toothbrush, food items: Ovaltine, milk, biscuits etc.), infection prevention and control supplies (Clorox, Detol, Tile soap, etc.), non-medical supplies (adapter, stabilizers, extension cords), and communication cards for case follow-up and reporting. Other materials, such as window curtains, bed sheets, patients' gowns, and drip sheets, were distributed as well. The under-achievement was due to the limited funds available for implementing this intervention However, there are no sufficient documents (MoV) to confirm supply of essential drugs, including PEP Kits	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS															
Output 2.1: Response services to SGBV survivors enhanced	Output Indicator 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) <u>Results:</u> Target partly met Clinical Management of Rape training was conducted by UNFPA, MOH and PIL for 23 health care providers (17 RNs, 3 RMs, 3 CMs) in Ganta Nimba County 17-21 September 2019. The participants were (all registered nurses and screeners) from 22 medical facilities in eight counties (Lofa, Bomi, Nimba, Bong, Grand Gedeh, Montserrado, Grand Cape Mount and River Gee). The facilitators and co-facilitators were health experts from UNFPA, MOH, PIL and the OSC at the Redemption Hospital. The overall objective of the training was to strengthen health workers’ capacity on the clinical response to SGBV. Regular health talks were conducted in the Out-patient Department of referral hospitals, health centres and OSCs in 2018 with support from the MOH. The Clinical Management of Rape Training Manual and list of participants trained were made verified by the ET																
	Output Indicator 2.1.4 Minimum Initial Services Package (MISP) harmonized with national SGBV SOPs <u>Baseline:</u> 0 <u>Target:</u> 1 comprehensive integrated package <u>Results:</u> Target not met No MoV/evidence was provided for the ET to verify the output indicator																
	Output Indicator 2.1.5 # of SGBV survivors accessing information on the existing services through referral pathways <u>Baseline:</u> 1,200 <u>Target:</u> 8,000 SGBV survivors <u>Result:</u> Target partly met According to the 2019 annual report of the JP on SGBV/HTPs, a total of 2,222 SGBV survivors accessed response support through the 12 OSCs in seven counties (Montserrado, Grand Bassa, Margibi, Bomi, Bong, River Gee and Grand Gedeh) with trained and motivated staff, in 2018 The 73 staff from 12 OSCs received facilitation services from MGCSP and MOH. Those who received transportation support include supervisors, examiners, social workers, WACPS officers and cleaners assigned at the 12 OSCs in seven counties The ET could not verify the exact number and the counties reached due to lack of MoVs or evidence																
	Output Indicator 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> 8,000 SGBV survivors in 5 years (2,000 per year) <u>Result:</u> Target met The increase in SGBV cases reported are being addressed and survivors are receiving medical and psychosocial attention Reports from GBV statistical data of 2018, 2019 and beginning of 2020 and other documents show that more survivors are accessing healthcare and psychosocial counselling. In the 3rd quarter GBV statistical report, 89% (458) of SGBV survivors were referred to 14 health centres, clinics and hospitals in Liberia. Also, 87.8% (448) were referred to partners and County Gender Coordinators for psychosocial services																
	Output Indicator 2.2.1 # of SGBV cases prosecuted per county (disaggregated by sex and age) Baseline: 45 annually (3 per county) Target: 75 sexual violence cases prosecuted annually (at least 5 per county) Result: Target met The 2019 annual report of the SGBV indicated that: <table><tr><td>Montserrado – Total 136 cases</td><td>Hub I</td><td>Hub II</td><td>Hub III</td></tr><tr><td>132 females</td><td>Total 90 cases</td><td>Total 28 cases</td><td>Total 38 cases</td></tr><tr><td>4 males</td><td>86 females and 4 males</td><td>All females</td><td>All females</td></tr><tr><td>70 convictions and prosecution</td><td>15 convictions</td><td>4 won the case</td><td>2 cases won</td></tr></table>	Montserrado – Total 136 cases	Hub I	Hub II	Hub III	132 females	Total 90 cases	Total 28 cases	Total 38 cases	4 males	86 females and 4 males	All females	All females	70 convictions and prosecution	15 convictions	4 won the case	2 cases won
Montserrado – Total 136 cases	Hub I	Hub II	Hub III														
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70 convictions and prosecution	15 convictions	4 won the case	2 cases won														
Output 2.2 Improved processing of SGBV cases through all stages of the justice system	Output Indicator 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 <u>Result:</u> Target met MoVs provided (see 2.2.3)																

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 2.2 Improved processing of SGBV cases through all stages of the justice system	<p>Output Indicator 2.2.3</p> <p># of GBV cases, including HTPs and domestic violence, reported and referred for prosecution per county per year (disaggregated by sex and age)</p> <p><u>Baseline:</u> 898 (Jan-Sep 2017)</p> <p><u>Target:</u> 200 cases</p> <p><u>Result:</u> Target met</p> <p>In 2017, the Sex Crimes Units covered the prosecution of SGBV cases in Montserrado County and the Hubs region. Hub 1 (Bong, Lofa and Nimba counties); Hub II (Maryland, River Gee and Grand Kru counties; Hub III (Grand Gedeh and Sinoe counties). The following were achieved:</p> <ul style="list-style-type: none"> ■ 52 cases were tried from which 40 convictions were obtained, along with four hung juries and eight acquittals. Whilst at Criminal Court "E" in Montserrado County, the unit tried 11 cases, which resulted in eight convictions and three acquittals. <p>In addition to the unit's operation in Montserrado County, indictments were drawn in 82 cases whilst 78 cases were presented to the Grand Jury at Criminal Court "A" for indictments. Sixty-eight (87%) were complaints of statutory rape, two (2.5%) were complaints of gang rape; four (5%) were complaints of rape, two (2.5%) were complaints of sexual assault and two (2.5%) were complaints of sodomy. The unit, also in Montserrado, received 89 calls through its hotlines managed by Case Liaison Officers. 26 calls were related to complaints of sexual violence and 59 calls were related to follow-ups and inquiries</p> <p>In 2018, the SGBV Crimes Unit achieved the following:</p> <ul style="list-style-type: none"> ■ The justice and security Hubs I, II and III regions had a total of 111 cases of which 102 convictions were obtained, with two hung verdicts, one mixed trial and six acquittals ■ Criminal Court "E" in Montserrado prosecuted 83 cases (82 convictions and one acquittal) through plea negotiation and full-scale trials ■ Meanwhile, six cases were prosecuted through full scale trial and 77 cases were prosecuted by means of guilty plea/confessed judgment. 96 indictments were drawn but 55 cases were presented to the Grand Jury. ■ In the Justice and Security Hubs 1, 2 and 3 regions, a total 28 cases were prosecuted. Results obtained were 20 convictions, five acquittals, two hung verdicts and one mixed trial. Additionally, 54 cases were presented to the Grand Jury, and all of the cases received True Bills. ■ County Attorneys, SGBV Prosecutors, Case Liaison Officers and Victim Support Officers on the provision of legal investigative services at the OSCs <p>In the October–November 2019 report of the SGBV Crimes Unit, the following was achieved in 2019:</p> <ul style="list-style-type: none"> ■ A total of 70 survivors accessed legal investigative services at the C.B. Dunbar and C.H. Rennie Hospitals ■ 31 cases were documented in Bong County and 39 in Margibi County ■ In collaboration with the police and nurses, 50 cases were built and sent to prosecution. The categories and number of sexual crimes committed were statutory rape – 36 cases; rape – seven, and gang rape – 27 cases. ■ According to the 2019 annual report of the JP on SGBV/HTPs, in Montserrado 65 domestic violence cases were reported and a total of 17 cases referred 	
	<p>Output Indicator 2.2.4</p> <p>15 WACPS offices at the county level functional with capacities enhanced</p> <p><u>Baseline:</u> 14 WACPS offices across 14 counties seats/capital with capacities built</p> <p><u>Target:</u> 1 functional office</p> <p><u>Result:</u> Target partly met</p> <p>Logistical support ranging from assorted stationery, six laptops and a printer, and 15 motorbikes was provided to Margibi -2 (Kakata RIA), Sinoe-1, Lofa-1, Montserrado (zone 8, zone 10, zone 9), Harper-1, to improve the functionality of WACPS offices was provided. Equipment and supplies procured for WACPS office were distributed in the various counties including Margibi, Montserrado, Grand Cape Mount, Grand Bassa, Bong and Nimba.</p> <p>A total of 50 WACPS officers from six counties (Grand Cape Mount – four males and one female; Bomi – four males and two females; Gbarpolu – two males and three females; Montserrado – 10 males and seven females; Margibi – six males and two females; Grand Bassa – two males and three females) received training in the professional handling of SGBV-related cases and other forms of violence against women and children. Though the participants' list was not added to the WACPS training report submitted to the ET, pictures of participants trained during and after sessions confirmed the activity</p> <p>The ET noted that 8 WACPS offices at county level are functional with capacities enhanced to protect women and girls from SGBV. Items ranging from office furniture (filing cabinets), to stationaries were procured and delivered to WACPS offices and depots in Montserrado, Margibi, Bomi, Bong, Grand Bassa, Nimba, Maryland and Lofa counties. Eight motorbikes, were purchased and delivered to WACPS offices but the ET could not verify the extent to which 1 functional office was established and the target met, due to lack of evidence</p>	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 2.2 Improved processing of SGBV cases through all stages of the justice system	Output Indicator 2.2.5 Survivor Trust Fund established and implemented <u>Baseline:</u> 0 <u>Target:</u> Survivor Trust Fund established and adopted <u>Result:</u> Target met According to the 2019 annual report of the JP on SGBV/HTPs, Survivor Trust Fund guidelines were established in 2018 and implemented during the reporting year (2019) during which 1,121 survivors have benefited. However the number of survivors who benefited could not be verified by the ET due to lack of additional evidence and MoVs In addition to the Survivor Trust Fund, the evaluation identified the existence of another fund: The Prosecution Fund for SGBV. The prosecution fund, though supported by the joint programme, was managed by UNDP and was specifically given to the SGBV Crimes Unit for survivors and witnesses support during trials	
	Output Indicator 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) <u>Result:</u> Target partly met According to the 2019 annual report of the JP on SGBV/HTPs, up to 2019 a total of 1,121 survivors benefited from the Survivor Trust Fund in all 15 counties. In 2019 39 survivors benefited from the trust fund in Margibi County and 31 survivors in Bong Counties	
Output 2.3 Enhanced psychosocial support for survivors at all levels	Output Indicator 2.3.1 # of health and mental health practitioners (nurse examiner, psychosocial counsellor, mental health worker & victim advocate) provided with trauma support training in handling cases of survivors <u>Baseline:</u> 100 <u>Target:</u> 200 (50 annually) <u>Result:</u> Target not met No MoV was provided for the output indicator	
	Output Indicator 2.3.2 # of community support structures (Child Welfare Committees (CWCs), peace huts women, community leaders & heads of CBOs/CSOs) provided with support trainings to refer all SGBV survivors <u>Baseline:</u> 0 <u>Target:</u> 140 in 4 years (35 annually) <u>Result:</u> Target partly met The 2019 annual report of the SGBV highlighted that: <ul style="list-style-type: none"> ■ A total of 50 support structures and members were provided with training to refer all SGBV survivors as follows: <ul style="list-style-type: none"> ■ 20 members from the CWC in Bong and Margibi counties benefited from training on awareness-raising on SGBV and HP prevention/monitoring and reporting. These community gatekeepers are complementing the work of the GBV observatories. As statutory committees, the CWCs are very influential in carrying out advocacy against SGBV/ HTPs being perpetrated against children and other vulnerable groups ■ The skills of 30 women leaders and practitioners from 5 peace huts are now enhanced in standard case management, causes, contributing factors and impact of SGBV, and how to report such violations through the referral pathway. This has enhanced survivors' trust in the peace huts, so that they report cases more readily. The ET could not verify the exact number of support structures and members provided with trainings due to lack of MoVs 	
	Output Indicator 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 Gedeh) <u>Result:</u> Target partly met According to the MoVs made available, in 2019: <ul style="list-style-type: none"> ■ 2 safe homes in Bong and Margibi and a OSC were refurbished by Plan International Liberia through UNFPA and handed over to the GoL. The safe home in Margibi was refurbished and visited by the ET ■ The safe home in Lofa County was refurbished by PIL through UNFPA — under the Spotlight Initiative — and handed over to the MoH in 2020. This was verified by the ET, who visited the safe home during data collection in Lofa 	
Output 2.4 Potential humanitarian risks and hazards identified and mitigated	Output Indicator 2.4.1 # of trainings for key national stakeholders on disaster preparedness and risk reduction that address SGBV and HTPs <u>Baseline:</u> 0 <u>Target:</u> 500 stakeholders trained across Liberia <u>Result:</u> Target not met No MoV was provided for this output indicator	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 2.4 Potential humanitarian risks and hazards identified and mitigated	Output Indicator 2.4.2 # of GBV supplies (Rape Kits) prepositioned to respond to emergencies <u>Baseline:</u> -- <u>Target:</u> 15 counties <u>Result:</u> Target partly met Baseline value missing According to the MoVs made available, in 2018, 25 rape treatment kits/reproductive health kits were procured and distributed to all 12 OSCs, based on the caseload of the facilities. Each kit treats 50 survivors. The extent to which the 15 counties were reached could not be verified due to lack of MoVs	

PILLAR 3: INSTITUTIONAL STRENGTHENING

OUTCOME 3:	Improved policies and operational mechanisms to support SGBV prevention and response at national and subnational levels.	
OUTCOME LEVEL INDICATOR	Indicator 3 A:	Improved attitudes of police, judiciary and prosecution towards survivors/victims
	Indicator 3.B:	Average # of days the case is investigated by the police; # of days from the initial charges until the first trial leading to the final verdict, # and types of judicial verdicts
	Indicator 3.C:	Strengthened policy and legal framework to include articles against domestic violence, marital rape, FGM, etc.
	Indicator 3.D:	# and type of coordination and information-sharing mechanisms at the county level

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 3.2 Improved victim assistance, standardized process and systems Develop, revise and operationalize SGBV prevention and response policies	Output Indicator 3.2.1 # Revision and implementation of the Hinterland Guideline <u>Baseline:</u> 0 <u>Target:</u> One revised guideline <u>Result:</u> Target not met No MoV was provided for this output indicator	
	Output Indicator 3.2.2 SOPs revised, adopted and rolled-out <u>Baseline:</u> 0 <u>Target:</u> 2 revised SOPs <u>Result:</u> Target met <ul style="list-style-type: none"> ■ The ET found that the National Standard Operating Structure for the Prevention and Response to GBV in Liberia (2019–2023), which is a multisectoral plan designed by government ministries, UN systems, international and national NGOs, CSOs and CBOs in GBV prevention in Liberia, was revised in 2018 and validated in 2019. Due to emerging issues in SGBV — including rule of law — that needed to be included in the document, there was another revision in 2019. The two revisions led to the final version and validation of the SOP for 2020–2024 ■ The main purpose of the national SOP is to clarify objectives and standardize operations and establish a framework of accountability. The document also looks at the strengthening of coordination and referral procedures. Copies of the revised SOPs were shared with the ET	
	Output Indicator 3.2.3 Survivor and witness support protocol developed <u>Baseline:</u> 0 <u>Target:</u> One protocol developed <u>Result:</u> Target not met No MoV was provided for this output indicator	
	Output Indicator 3.2.4 Relevant SGBV prevention and response framework in place <u>Baseline:</u> 0 <u>Target:</u> Effective revised legal framework on SGBV <u>Result:</u> Target met <ul style="list-style-type: none"> ■ The GOL, in collaboration with development partners, developed a policy and legal framework for gender-based violence, which includes the Rape Law of 2006, the Domestic Violence Act, the National Gender Policy and the National Action Plan for GBV. The National Plan of Action on GBV (GBV – NPOA [Phase III 2018–2023]) was revised and adopted in 2018 with the goal “to prevent and or address GBV in a comprehensively systematic manner: and act with multisectoral and multidimensional approaches, while providing holistic care and services to GBV survivors. This plan includes a results framework of GBV with responsible agencies for specific activities. It depicts a schematic results chain that shows how SGBV prevention and response will achieve the desired results on a timely basis”. ■ The Domestic Violence Act, which was enacted into law in August 2019, considers all forms of domestic violence punishable by law, including rape. The ET received MoVs/evidence to substantiate this output indicator ■ The ET noted also that the Alien and Nationality Law was endorsed by different stakeholders and shared with the National Legislature in 2019, pending approval of the amendments suggested 	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 3.3 Effective data collection mechanisms in place	Output Indicator 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 <u>Result:</u> Target met According to the 2019 annual report of the JP on SGBV/HTPs: <ul style="list-style-type: none"> ■ 1 standardized data collection tool is in existence and 62 GBV local service providers (LNP/WAPS, GBV health care providers from referral hospitals and health centres, NGOs involved with GBV service provision, MOJ, LISGIS) utilizing the tool ■ The GBV intake and assessment form, a confidential form to collect information from survivors of GBV, was shared with the ET. Although county Gender Taskforce teams acknowledged they have forms for their respective counties, forms for Grand Cape Mount, Nimba and Lofa counties were the only ones provided to the ET 	
	Output Indicator 3.3.2 Operationalize and integrate the central database system across all 15 counties <u>Baseline:</u> 0 <u>Target:</u> 15 counties <u>Result:</u> Target not met The ET acknowledged that GBV IMS trainings were conducted for GBV service providers in 3 counties (Bomi, Gbarpolu and Grand Cape Mount) on GBV incident data collection, storage analysis and sharing. The aim of the training was to standardize the approach to data collection for GBV service providers. A total of 660 trainers were provided skills to roll out the process of GBV IMS training in the county. <i>The extent to which the training provided to the 660 trainers has helped in operationalizing and integrating the central database system in the 15 counties could not be verified by the ET due to lack of MoVs and documentation</i>	
	Output Indicator 3.3.3 GBV IMS Information Sharing Protocol endorsed and adhered to <u>Baseline:</u> -- <u>Target:</u> -- <u>Result:</u> No baseline and target values to assess this indicator The ET noted that the MGCSP, as the lead ministry for GBV prevention and response, led the process to revise the GBV IMS information-sharing protocol. This document sets out the guiding principles and describes procedures for sharing anonymous consolidated data on reported cases of GBV with the MGCSP. In addition, the 2019 annual report indicated that a GBV information management protocol is being developed following training of service providers. A firm, which was hired to set up the server in collaboration with the MGCSP, will in quarter 1 of 2020 embark on digitizing the GBV incidence recorder to enhance reporting by GBV actors and facilitate real-time data collection. During the reporting period, the joint programme supported the MGCSP by bringing on board the technical expertise required for developing the platform to drive this digital move.	
	Output Indicator 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 <u>Result:</u> Target not met <i>No MoV was provided for this output indicator</i>	
Output 3.4: Operationalization of the SGBV prevention and response systems	Output Indicator 3.4.1 Synergize national policies and frameworks with regional and global policies. Output Indicator 3.4.2 Regional Protocol on SGBV and HTPs adopted <u>Baseline:</u> 0 <u>Target:</u> 3 experts <u>Result:</u> Target not met <i>No MoV was provided for this output indicator</i>	
	Output Indicator 3.4.3 # of Forensic investigation and DNA Pathologists <u>Baseline:</u> 0 <u>Target:</u> 1 expert <u>Result:</u> Target not met	

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 3.4: Operationalization of the SGBV prevention and response systems	Output Indicator 3.4.4 Sex Crimes Unit established and functional in 15 counties <u>Baseline:</u> 3 regional hubs units <u>Target:</u> 7 crimes units <u>Result:</u> Target not met <ul style="list-style-type: none"> ■ During interviews and focus group discussions (FGDs) in the counties, the ET learned that more than seven counties have access to a Sex Crimes Unit: one each in Montserrado and Nimba counties, one in Bong County that is also serving Lofa County, one in Grand Gedeh that is also responsible for Sinoe and one in Maryland, also responsible for River Gee. There is no evidence demonstrating that the units were established within the framework of this programme. The ET did not receive MoVs or evidence ■ The establishment by the MoJ of a functional unit in Margibi County has been delayed because of an issue in acquiring the land, which was finally settled towards the end of the 4th quarter of 2019. Processes are now underway to begin establishment. (Source JP on SGBV/HTPs Annual Report of 2019) 	
	Output Indicator 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 <u>Result:</u> Target not met The ET did not receive any MoV for this output indicator	
	Output Indicator 3.4.6 Establish and operate sex crime circuit courts in 15 counties <u>Baseline:</u> 2 <u>Target:</u> 15 circuit courts <u>Result:</u> Target not met <ul style="list-style-type: none"> ■ During interviews and FGDs, it was disclosed that Criminal Court “E” currently operates in Montserrado, Nimba and Bong counties. The extent to which these circuit courts were established within the framework of this programme could not be verified by the ET 	
	Output Indicator 3.4.7 # of health facilities and referral hospitals providing integrated SGBV and SRH services <u>Baseline:</u> 12 <u>Target:</u> 27 <u>Result:</u> Target no met However, during field visits and key informant interviews (KIs) it was identified that 12 OSCs indicated in the baseline were further supported and equipped under the JP on SGBV/HTPs to provide services to SGBV survivors. The 12 OSCs lacked basic equipment and capacity to further provide services to SGBV survivors. The joint programme decided therefore to strengthen their capacity and did not expand to additional health facilities as planned because of the very limited budget allocation	
Output 3.5 Inter-sectoral coordination strengthened and roles clarified	Output Indicator 3.5.1 Develop and operationalize an SOP on inter-sectoral coordination at national and subnational levels <u>Baseline:</u> 0 <u>Target:</u> One guideline <u>Results:</u> Target met The revised SOP (2020–2024) provides a roadmap for inter-sectoral coordination at the national and subnational levels	

PILLAR 4: ADVOCACY & SOCIAL MOBILIZATION

OUTCOME 4:	Enhanced awareness, participation and accountability at national and subnational levels		
OUTCOME LEVEL INDICATOR	Indicator 4 A:	: % of CBOs advocating on SGBV prevention and response	
	Indicator 4.B:	Percentage increase in the number of stakeholders acting as change agents	
	Indicator 4.C:	Number of periodic status updates on SGBV cases by justice and security actors	
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT		STATUS
Output 4.1 Increase in visibility and public awareness of SGBV issues	Output Indicator 4.1.1 % of the public aware of SGBV as a crime Baseline: 75% in the South-Eastern Region Target: 80% Result: Target partly met ■ In 2018, community leaders (traditional and religious leaders, female zoes, GBV observatories, educational institutions and other relevant stakeholders) received skills and knowledge to address SGBV and HTPs, and now serve as agents of change in their communities. The extent to which they are active in the South-Eastern Region could not be verified due to lack of evidence ■ Two SGBV trainings were conducted for male and female journalists around Liberia. The first one was in Ganta Nimba County, November 2017, on “gender-sensitive reporting”; the second one was held in Buchanan, Grand Bassa County, for 40 journalists to increase the awareness of the media on gender equality and to enhance journalists’ knowledge and skills on reporting about issues related to gender equality and women’s rights The extent to which the percentage of the public is aware of SGBV as a crime in the South-Eastern Region could not be verified due to lack of MoVs and evidence		
	Output Indicator 4.1.2 # of media institutions with capacity to report SGBV Baseline: 31 Target: 150 Result: Target partly met MoVs were provided to the ET to prove that media practitioners from various institutions were trained to report SGBV. The list of participants showed that 31 journalists (19 women, 11 men and 1 sex unknown) from 31 media institutions attended the training		
Output 4.2 Policymakers and key CSOs empowered with knowledge and skills to advocate on SGBV issues	Output Indicator 4.2.1 # of trainings on advocacy on SGBV issues provided to policymakers Baseline: 7 Target: 73 Result: Target not met The ET did not receive any MoV for this output indicator The 2019 annual report indicated that the capacity-building was not carried out during the reporting year due to limited funds		
	Output Indicator 4.2.2 # of adolescent groups/CSOs with SGBV in their manifesto Baseline: 0 Target: 75 CSOs Result: Target partly met The ET did not receive any MoV to verify this output indicator, but during discussions and interviews with CSO representatives the ET was told that some CSOs include SGBV in their manifestos. The establishment of buddy clubs in 12 public schools with 15 members from each school indicate that the target was partly met. Buddy club members from schools in Lofa, Nimba, Margibi, Grand Bassa, River Cess and Montserrado counties reported that they were trained 1-30 June 2017		

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 4:3 Communities, particularly adolescents and youth-friendly centres, are empowered to openly discuss and take action to prevent SGBV & SRH	Output Indicator 4.3.1 # of adolescent and youth dialogues held on SGBV issues # of youth-friendly centres with the capacity to facilitate dialogues on SGBV and SRH amongst adolescents and youths <u>Baseline:</u> 023 (?) <u>Target:</u> 23 adolescent groups <u>Result:</u> The target was partly met Baseline and target not clear /Identical The ET noted that a 2018 report of the joint programme shows that 84 students (52 girls and 32 boys) participated in community engagements. The main outcome of these engagements was that students agreed to engage their school administrators to allow them the space to talk about harmful practices and how they can protect themselves against these practices. They identified some types of violence being experienced in their schools and communities, such as teachers having sex with students, bullying, child marriages, rape and attempted rape. The ET could not verify the number of youth-friendly centres established or adolescent groups engaged in SGBV and SRH dialogue	
Output 4:4 Enhanced regional mechanisms in addressing SGBV within the Mano River Union	Output Indicator 4.4.1 Regional Protocol on SGBV and HTPs adopted <u>Baseline:</u> --- <u>Target:</u> --- <u>Result:</u> The baseline and target values were both missing. The indicator could not be assessed by the ET In the 2019 annual report provided, it was highlighted that this output was not implemented during the reporting period and funds were realigned to support child survivors under output 4.3 in consultation with the donor (an email was made available as proof)	

PILLAR 5: COORDINATION

OUTCOME 5:	Improved coordination mechanisms at community, subnational and national levels for inclusive and effective service delivery by 2020.		
OUTCOME LEVEL INDICATOR	Indicator 3 A:	90% functionality of coordination mechanisms at subnational level	
	Indicator 3.B:	100% functionality of coordination mechanisms at national level	
	Target:	National Baseline: 1 National GBV Taskforce, 1 JP Technical Committee, 1 JP Steering Committee Subnational	
	Baseline:	15 Subnational GBV Taskforces	
OUTPUTS	INDICATOR PER OUTCOME/OUTPUT		STATUS
Output 5.2 Multi-sectoral: Enhance the technical, logistical and human capacity of the key national GBV structures to effectively coordinate prevention and response activities nationwide	Output Indicator 5.1.1 # of effective and functional SGBV coordination structures at county level # of functional SGBV coordination structures at district level established <u>Baseline:</u> 9 @ county level / 0 @ district level <u>Target:</u> 15 @ county level / 90 @ district level (2 districts/county annually) <u>Results:</u> Target partly met At the county level, coordination structures/GBV Taskforce composed of implementing partners and other stakeholders in SGBV/HTPs were functional in all 7 counties visited by the ET. GBV Taskforce members reported that some logistical support was provided and the GBV division at the MGCSP and the county offices also received logistical support and supplies, including stationery, communication cards, internet modem and subscription, along with means of transportations in some cases. This facilitated the coordination work and follow-up of some activities in some communities, even if a few challenges were reported. Monetary and technical support was also provided to the GoL through the MGCSP for activities to commemorate the 16 Days of Activism. At district level, the extent to which the SGBV coordination structures were established and functional in 90 districts could not be verified by the ET due to lack of additional data		UNFPA (Lead) MGCSP
	Output Indicator 5.2.1 JP on SGBV/HTPs Program Management Unit established and functional <u>Baseline:</u> 0 <u>Target:</u> 1 <u>Result:</u> Target met The Program Management Unit was established in 2017 and continues functioning with staff coordinating the day-to-day activities of the JP on SGBV/HTPs. These activities range from donor reporting, steering committee and technical committee meetings, annual work plan preparation and provision of technical support to the MGCSP GBV Division.		

OUTPUTS	INDICATOR PER OUTCOME/OUTPUT	STATUS
Output 5.2 Multi-sectoral: Enhance the technical, logistical and human capacity of the key national GBV structures to effectively coordinate prevention and response activities nationwide	Output Indicator 5.2.2 Percentage of the GBV Division's capacity to coordinate national and subnational structures enhanced <u>Baseline:</u> 40% <u>Target:</u> 90% <u>Result:</u> Target met Based on the MoVs received/reviewed, training aimed at ensuring institutional readiness and capacity development of state actors to prevent and respond to SGBV and HTPs was organized. GoL/UN Women contracted the services of a national consultant to strengthen the capacities of technical staff of the GBV Division. Other technical staff of the MGCSP, key technical actors and County Gender Coordinators and their teams from the 15 counties were also trained. The training focused on ameliorating their coordination skills and ensuring they effectively monitor the response and prevention of SGBV at national and subnational levels	
	Output Indicator 5.2.3 Number of pillar meetings held monthly <u>Baseline:</u> 3/month <u>Target:</u> 3/month <u>Result:</u> Target partly met <ul style="list-style-type: none"> ■ The JP on SGBV/HTPs programme management reported that the pillar meetings were basically held at national level. It was further reported that some counties held pillar meetings during UNMIL's presence in those counties as UNMIL facilitated those meetings (especially rule of law and protection meetings). At the national level, until the last quarter of 2019, only the health pillar meeting was held regularly. Other pillar meetings were revitalized in late 2019 ■ At the county level, and according to the MoVs received and reviewed as well as information provided by KIIs, different pillar meetings were organized on the one hand after the monthly GBV Taskforce meetings were held. On the other hand, the ET noted that the frequency of the meetings varied from one county to one another. In some counties, the actors met only once a month and in others they reported meeting twice a month. 	
	Output Indicator 5.2.4 Number of national and subnational taskforce meetings held <u>Baseline:</u> 1 national and 15 subnational meetings per month <u>Target:</u> 1 national and 15 subnational meetings per month <u>Result:</u> Target met Monthly GBV Taskforce meetings were organized by the GBV Division at the central level and in all 15 counties	
	Output Indicator 5.2.5 # Periodic annual surveys on SGBV conducted and results published <u>Baseline:</u> 0 <u>Target:</u> Bi-annual surveys <u>Result:</u> Target not met <i>The ET did not receive any MoV for this output indicator</i>	
	Output Indicator 5.2.6 # of joint monitoring and supervision missions conducted <u>Baseline:</u> 0 <u>Target:</u> Biannual missions <u>Result:</u> Target partly met According to the 2019 annual report, 1 joint monitoring and supervision mission was carried out in June 2019. With this, key achievements, challenges and gaps were identified, recommendations provided and mitigation measures identified for better implementation. The recommendations have also been used to inform programming of the Spotlight Initiative, which is using the JP on SGBV/HTPs as a benchmark. MoVs for the joint monitoring mission and steering committee assessment conducted in 10 and two counties respectively in 2018 were shared with the ET	
	Output indicator 5.2.7 GBV data collection, dissemination and management at county and national levels <u>Baseline:</u> 15 counties <u>Target:</u> 15 counties <u>Result:</u> Target partly met State actors at the national and subnational levels received training on SGBV data collection, dissemination and management. GBV IMS trainings were conducted for GBV service providers in Bomi, Gbarpolu and Grand Cape Mount counties on GBV incident data collection, storage analysis and sharing. The aim of the training was to standardize the approach to data collection for GBV service providers. A total of 660 trainers were provided skills to roll out the process of GBV IMS training in the county. The extent to which the training provided to the 660 trainers has helped in operationalizing and integrating the central database system in the 15 counties could not be verified by the ET due to lack of MoVs and documentation	

ANNEX V: STAKEHOLDER ANALYSIS MATRIX

WHO	WHAT (THEIR ROLE IN THE INTERVENTION)	WHY (GAINS INVOLVEMENT IN THE EVALUATION)	HOW (INFORMATIONAL REFERENCE GROUP, MANAGEMENT GROUP, DATA COLLECTION, ETC)	WHEN (IN WHAT STAGE OF EVALUATION)	PRIORITY (IMPORTANCE OF INVOLVEMENT IN EVALUATION PROCESS)
Duty bearers who have decision-making authority over the intervention, such as governing bodies	MGCSP	Implement national policies and strategies on SGBV prevention / protection Ensure effective gender-responsive health and justice systems are in place	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation of preliminary findings	High
	MoH	To reform and manage the sector to effectively and efficiently deliver comprehensive quality health services that are equitable, accessible and sustainable for all	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation of preliminary findings	High
	MoE	To provide quality education for all and prepare future leaders who are capable of handling the task of nation building, protecting national heritage and enhancing socioeconomic growth and development for the sustenance of the Liberian state	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation of preliminary findings	High
	MIA	To successfully conduct and improve local government through supervision and direction of activities of the political sub-divisions and the central government; to manage and resolve all tribal matters arising out of tribal conflicts and relationships	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation of preliminary findings	Medium
	MICAT	To develop and disseminate factual information about Liberia's culture and tourism at home and abroad	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation of preliminary findings	Medium
	MoJ	Responsible for providing effective, efficient and excellent public safety and legal services, which promote the rule of law, ensure the safety and security of the public and uphold the interests of the government and people of the Republic of Liberia	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation of preliminary findings	High
Duty bearers who have direct responsibility for the intervention	Swedish Embassy (Donor)	High commitment for feminist diplomacy in Liberia and contribution to SDG5 and agenda 2030	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection	High
	UN Women	Promotion of HR/GE and contributes to SDG5 and agenda 2030 Ensures that policies, strategies and plans against SGBV are in place	Programme management Data collection and validation Quality assurance	Inception phase as reference group member Data collection Validation Quality assurance	High
	UNDP	Implementation of the SDGs as well as the country's national development priorities set out in the National Vision 2030, Liberia Rising and the GoL's newest Pro-Poor Agenda. UNDP plays a major role in coordination	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation	High
	UNFPA	Contributes & ensures that gender-responsive health system is in place and actions are taken against obstetric fistula and other forms of GBV	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation	High

	UNHCR	Contributes and ensures that HR of women, men, boys and girls among refugees and IDPs are respected and they are protected against sexual SGBV	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation	High
Implementing structures	UNICEF	Contributes & ensures that women and children, particularly girls, feel safe, survivors get support and justice, positive norms are promoted and social norms that perpetuate GBV are transformed, especially in emergencies	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation	High
	Plan International Liberia	A child-centred community development organization that empowers young people and communities to change causes of discrimination against girls, exclusion and vulnerability; drive change in practice and policy; responds to crises to overcome diversity			
	LNP WACPS	Ensures safety of women, men, girls and boys and enforces laws against perpetrators of SGBV	Informational Reference Group Data collection and validation	Inception phase as reference group member Data collection Validation	High
	HeForShe Crusaders	Change of mindset and right to justice for survivors	Data collection	Data collection	High
	Women's NGOs Secretariat of Liberia (WONGOSOL)	The umbrella for all local women NGOs	Data collection	Data collection Phase validation	High
	International Rescue Committee	Aims to empower the GOL and strengthen CSOs to rebuild trust between citizens of Liberia and service providers; to effectively manage health and social welfare services and provide the basic needs of the Liberian people	Data collection	Data collection Validation	High
	Duport Road Health Center	A local health facility that houses one of the five One Stop Centers in Monrovia	Data collection	Data gathering phase and validation	Medium
	Bassa Women Development Association	Local NGO involved in advocating for women's rights, EVAW/G, etc.	Data collection	Data collection phase and validation	Medium
	Youth Alive Liberia	Local organization that aims to plan, implement and evaluate youth development, SRH activities, including HIV/AIDS prevention, HR, including awareness on SGBV and peacebuilding for young people	Data collection	Data Collection phase and validation	Medium
	National Civil Society of Liberia	A consortium that harnesses the potential of national CSOs; regulates, coordinates; builds capacity and fosters partnership	Data collection	Data Collection and validation	High
	National Council of Chiefs and Elders of Liberia	Aims to foster peace and unity for all people living within the borders of Liberia, uphold culture and traditional values and promote gender balance and equity. It is against this backdrop that the partnership with the council seeks to promote positive traditional practices and gradually abolish harmful practices	Data collection	Data Collection and validation	High
	Inter-Faith Based Leaders Against Violence	A group of religious leaders from various denominations working within religious institutions (churches, mosques, etc.) to educate community members on the effects of SGBV and harmful practices	Data collection	Data Collection and validation	Medium

WHO	WHAT (THEIR ROLE IN THE INTERVENTION)	WHY (GAINS INVOLVEMENT IN THE EVALUATION)	HOW (INFORMATIONAL REFERENCE GROUP, MANAGEMENT GROUP, DATA COLLECTION, ETC)	WHEN (IN WHAT STAGE OF EVALUATION)	PRIORITY (IMPORTANCE OF INVOLVEMENT IN EVALUATION PROCESS)
Secondary duty bearers such as the private sector or parents	Liberia Broadcasting Corporation (state-owned radio station that disseminates and relays information to the population nationwide)	Inform about issues related to SGBV in the counties and communities	Data collection	Data Collection phase and validation	High
	ECOWAS Radio Formerly UNMIL Radio, ECOWAS Radio transmits regionally all national and UN-related (newsworthy) information	Gender-sensitive communication about the work done / results achieved by UN agencies and GoL for GE/HR and SGBV prevention and protection	Data collection	Data Collection phase and validation	High
	Schools / Parents	Guarantee that schools are SGBV free	Data collection	Data Collection	High
Rights holders (individually or through CSOs acting on their behalf) who are the intended and unintended beneficiaries of the intervention	Traditional and religious leaders; SGBV survivors; former SGBV perpetrators acting individually, or as CSOs, as change agents in communities	Commit against SGBV and ensure access to health and justice for SGBV survivors	Data collection	Data collection	High

ANNEX VII. EVALUATION FRAMEWORK AND MATRIX

EVALUATION CRITERIA	MAIN EVALUATION QUESTIONS	DATA INDICATORS	DATA COLLECTION METHODS	DATA SOURCE
RELEVANCE The extent to which the objectives of the joint GoL/ UN programme are responsive to the needs and priorities of SGBV survivors, partners and stakeholders, and are aligned with government and UN priorities, policies and strategies	<ol style="list-style-type: none"> How relevant for the context are the areas in which the programme focused (SGBV prevention, response to survivor needs, capacity-building and development of institutions, advocacy and communication?) 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? Were the programmatic strategies appropriate to address the identified SGBV survivors' needs and in regard to their access to justice and health? Are the activities and outputs of the programme consistent with the overall global and national priorities on SGBV? Was a theory of change applied? What is the logic behind it? 	<ul style="list-style-type: none"> Alignment with national policies and plans on SGBV prevention / UNSCR 2190 and the UNDAF Alignment with Regional Framework on SGBV Alignment with government priorities as well as with UN in Liberia Number of officials in the counties from justice and health sectors, as well as CSOs, with improved skills and knowledge on SGBV prevention and reporting mechanisms Women and men / boys and girls, as well as perpetrators, with improved knowledge on SGBV Respondent perceptions Level of achievement of objectives and outcomes Project design 	<ul style="list-style-type: none"> Desk review and analysis of programme documents In-depth & semi-structured interviews with key stakeholders and beneficiaries Online survey 	<ul style="list-style-type: none"> UN agencies, GoL and officials from involved ministries Involved partners from the private Sector, media, CSOs, NGOS, faith-based organizations (FBOs) and CBOs National and international strategies and plans, UNDAF and action plan on SGBV Relevant reports dealing with SGBV in Liberia Websites of UN agencies, local media, ministries and partners Communication materials of partners and government on SGBV GOL /UN ProDoc
EFFECTIVENESS The extent to which the programme's objectives were achieved and the programme succeeded in producing the expected outputs and achieving milestones as per the programme design document (ProDoc)	<ol style="list-style-type: none"> To what extent were the programme's outcomes and results achieved and beneficiaries / partners satisfied with the results? To what extent have national institutions, local NGOs, FBOs and CSOs been capacitated in SGBV ? To what extent have prevention mechanisms of SGBV and harmful cultural practices, including child marriage, been strengthened? To what extent did the programme's organizational structures, coordination mechanisms at community levels and inter-ministerial coordination support the delivery of the programme? What contributions are the GoL and participating UN agencies making towards the implementation of global norms and standards against violence on women and girls (i.e. CEDAW)? Has the GoL/UN programme built synergies with other programmes being implemented at national, county and community levels by UN, international NGOs and the GoL? To what extent were gaps identified in the legal and policy frameworks successfully addressed? To what extent have advocacy, communication and social mobilization enabled stakeholders to speak out on SGBV in Liberia (national, county and community levels)? 	<ul style="list-style-type: none"> Evidence that duty bearers are responsive for the prevention of SGBV and accountable for the protection of girls / boys from harmful cultural practices, including child marriage Evidence that SGBV survivors are assisted (medical, legal and psychosocial support) & actions are in place to protect them and prevent them from being discriminated against Evidence that former male perpetrators are active change agents against SGBV - Evidence that traditional leaders, communities and schools are aware of SGBV and are actively part of the response Percentage of men, women, girls and boys capacitated in SGBV Evidence of qualitative media coverage on SGBV at national and community levels (Period 2016-2020) 	<ul style="list-style-type: none"> Analysis of programme's results and the programme baseline Interviews and online survey with officials from involved ministries, CSOs and NGOS FGDs with SGBV survivors, women and men in the communities Analysis of training report Analysis of monitoring visit reports Site visits to the selected counties / communities Analysis of other relevant data 	<ul style="list-style-type: none"> UN Women, UNDP, UNFPA, UNICEF, UNHCR and UNMIL staff Officials from the ministries, media, CSOs, NGOs All relevant stakeholders and the websites of their organizations Programme documents Various training reports and materials available Monitoring and progress reports M&E plans Reports from implementing partners Beneficiaries

EVALUATION CRITERIA	MAIN EVALUATION QUESTIONS	DATA INDICATORS	DATA COLLECTION METHODS	DATA SOURCE
EFFICIENCY The extent to which the programme delivered maximum results for the resources and inputs (funds, expertise, time, etc.)	<ol style="list-style-type: none"> 1. To what extent did the programme team made use of / build upon pre-existing synergies, data sources and partnerships to increase project efficiency? 2. Have resources been allocated strategically and appropriately utilized to achieve the programme's outputs, outcomes and objectives? 3. Was the programme implemented without significant delays and the outputs delivered in a timely manner? What were the limitations? How did the project team mitigate their impacts? 4. Is the programme and its components cost-effective? Could activities and outputs have been delivered with fewer resources without compromising programme quality? 5. How have the programme's organizational structure, management and coordination mechanisms contributed to implementation at national, county and community levels? 6. How did the joint GOL/UN programme improve efficiency in terms of reducing duplication? 7. 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? 	<ul style="list-style-type: none"> ■ Risk assessments and mitigation strategies ■ Level / degree of involvement of stakeholders in coordination mechanisms ■ The extent to which resources / inputs were allocated in a timely manner and used to achieve programme's outcomes and objectives ■ The extent to which synergies available were efficiently used by programme management ■ Level of cost effectiveness and timeliness of the programme execution ■ Level of use of pre-existing partnerships, data sources and synergies ■ Any existing cost or time saving measures put in place by the programme management to maximize results with the secured budget and agreed timeframe 	<ul style="list-style-type: none"> ■ Project expenditure and delivery trends ■ Analysis of means of verification ■ Project work plans and budget revisions ■ Review and analysis of ProDoc ■ Review and analysis of monitoring & progress reports ■ Coordination reports ■ Interviews with officials from ministries, UN staff and stakeholders ■ Online survey 	<ul style="list-style-type: none"> ■ UN Women, UNDP, UNFPA, UNICEF, UNHCR and UNMIL staff ■ Financial reports ■ Monitoring and coordination reports ■ Mid term evaluation report ■ Reports from implementing partners ■ Work plan and budget ■ Stakeholders and beneficiaries
SUSTAINABILITY The likelihood of a continuation of programme results after the programme is completed	<ol style="list-style-type: none"> 1. To what extent are capacity-building and development efforts likely to be used/sustained after the end of the programme? 2. What are the sociopolitical, financial and institutional factors that contribute to the persistence of achieved direct outcomes? 3. What is the level of ownership, interest and commitment among the government, community/traditional leaders, school leaders and other stakeholders to take the programme achievements forward? 4. How have partnerships (with governments, UN, donors, NGOs, CSOs, local media, traditional leaders, media) been established to foster sustainability of the programme results? 5. Did the intervention design include an appropriate sustainability and exit strategy after the end of the programme? 6. How was the sustainability strategy planned and has it been proven successful? 7. The extent to which the joint GoL/ UN programme made a substantive contribution to the high-level changes and expected accomplishments by the government, donors and UN Agencies 	<ul style="list-style-type: none"> ■ Existing or updated legal frameworks in place to better address the gaps in responding to SGBV and HTPs ■ Evidence that SGBV and HTPs are integrated in the early warning / response mechanisms or the early warning systems for disaster preparedness and emergency ■ Evidence of operational services to prevent and protect girls and boy from sexual violence, abuse and exploitation in communities and counties ■ Evidence that schools have strategies in place to address SGBV ■ Accountability frameworks 	<ul style="list-style-type: none"> ■ Documentary analysis of ProDoc ■ Monitoring and progress reports ■ Analysis of any studies or reviews generated by the project and stakeholders' site visits 	<ul style="list-style-type: none"> ■ Reports from implementing partners ■ Beneficiaries ■ Stakeholders ■ Homepages of partners

EVALUATION CRITERIA	MAIN EVALUATION QUESTIONS	DATA INDICATORS	DATA COLLECTION METHODS	DATA SOURCE
GENDER AND HUMAN RIGHTS The extent to which the programme was designed, implemented and monitored to promote the meaningful participation of both rights holders and duty bearers and to minimize negative effects of social exclusion	<ol style="list-style-type: none"> 1. To what extent has the joint GoL/UN programme's theory of change (ToC) clearly considered gender and human rights issues? 2. To what extent are GE & HR a priority in the overall intervention budget? 3. 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? 4. Were the processes / activities implemented free from discrimination to all stakeholders and were minority groups also involved? 	<ul style="list-style-type: none"> ■ Degree / level to which GE & HR principles were taken into consideration in all the project phases (design, planning, implementing, M&E and reporting) ■ Evidence of gender-responsive budgeting in place ■ Evidence of active involvement of marginalized groups during the project intervention ■ Proportion of female zoes, men / traditional leaders, former perpetrators capacitated in SGBV prevention and acting as change agents at national, county and community levels 	<ul style="list-style-type: none"> ■ Stakeholder analysis ■ Review & analysis of ProDoc ■ Analysis of financial reports / Budget ■ Semi-structured interviews and FGDs 	<ul style="list-style-type: none"> ■ UN staff ■ Financial reports ■ Monitoring and coordination reports ■ Reports from implementing partners, relevant stakeholders and beneficiaries ■ Revised legal frameworks and plans
INNOVATION The extent to which internal and external factors have positively and negatively affected implementation of activities and achievement of results and allow for lessons learned and to identify good practices	<ol style="list-style-type: none"> 1. To what extent are the programme's approaches, strategies and practices innovative? 2. What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Liberia? 3. 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? 	<ul style="list-style-type: none"> ■ Existence of appropriate /quality of legal frameworks and plans to address SGBV in Liberia ■ Achievement of results and proportion of success stories 	<ul style="list-style-type: none"> ■ Semi-structured interviews ■ Literature review ■ Observation ■ Preliminary findings 	<ul style="list-style-type: none"> ■ Various semi-structured interviews, focus groups and case studies ■ Review of secondary data and analysis of relevant reports ■ Observation ■ Debriefings ■ Testimonies

ANNEX IX. SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

Overall JP SCORE: B

Despite a multitude of gaps and deficiencies, limited resources available and challenges in monitoring and coordination mechanisms in the district and communities, the JP 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

The following recommendations were developed based on the findings and conclusions of the JP on SGBV/HTPs. The recommendations were discussed with UN Women, which is in charge of the programme's management, and presented in the draft version of this report to the members of the Evaluation Reference Group for input and feasibility analysis. Comments were

provided and incorporated where possible in this final version. The following recommendations are intended to be used for future programming and interventions. They are presented by evaluation criterion. Additional recommendations were developed and presented by pillar as requested by UN Women Liberia and the donor.

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
1. DESIGN FINDINGS 1, 2, 3, 5, 7, 12, 13, 31, 32	1.1 The ET observed and reported isolated cases in which a few social workers and GBV Task-force 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.	UN Women MGCSP	Immediate
	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.	MGCSP MoJ MIA MoH	Immediate
	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.	UN Women UNDP UNFPA UNICEF UNHCR Donor	Immediate
	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.	UN Women UNDP UNFPA UNICEF UNHCR Donor MGCSP	Immediate
	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.	UN Women UNDP UNFPA UNICEF UNHCR	Immediate
	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.	Donor UN Women UNDP UNFPA UNICEF UNHCR	Mid-term
2. SUSTAINABILITY FINDINGS 1, 2, 3, 4 AND 5	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. Ensure alignment and complementarity of these interventions with the SGBV Roadmap of the GoL (2020-22). The MIA should collaborate with the National Traditional Council of Liberia to develop strong guidelines to enforce the cessation of early marriage.	UN Women Donor MGCSP MIA	Immediate
	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.	UN Women UNDP UNFPA UNICEF UNHCR DONOR MGCSP	Immediate
	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.	UN Women MGCSP MoJ	Mid-term

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
3. EFFICIENCY FINDINGS 6, 7, 8, 9, 10, 11, 12 AND 13	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.	UN Women MGCSP MoJ	Immediate
	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.	UN Women UNDP UNFPA UNICEF UNHCR MGCSP	Immediate
	3.3 Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting. All joint interventions must meet RBM requirements.	Donor UN Women UNDP UNFPA UNICEF UNHCR	Immediate
	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.	UN Women UNDP UNFPA UNICEF UNHCR Donor	Immediate
	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 AND 23	4.1 Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting design of ongoing and future programming. Ensure all joint interventions meet RBM requirements. Activity-based planning, budgeting, monitoring and reporting of programmes must not be funded/supported.	UN Women UNDP UNFPA UNICEF UNHCR Donor	Immediate
	4.2 Take appropriate actions against the 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
	4.4 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 the support provided to survivors so they 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.	UN Women Donor MGCSP	Mid-term

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18,19, 20, 21, 22 AND 23	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.	UN Women UNICEF Donor MGCSP	Immediate
	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.	UNFPA MoH MGCSP Donor MoJ	Immediate
	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.	UNFPA MoH	Mid-term
	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.	UNDP UNHCR MoJ Liberia IMS	Immediate
	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.	UNFPA UNDP UNICEF MoJ	Immediate
	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.	MoJ	Mid-term
	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).	UNFPA MoH	Mid-term
	4.12 Urgently train judges in handling cases of SGBV/rape/HTPs/FGM-related issues.	UNDP MoJ MGCSP	Immediate
	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.	UNDP MoJ MGCSP	Mid-term
	4.14 Enhance capacity-building of Gender Focal Persons and senior government officials (ministers, lawmakers and directors of government institutions) on SGBV/HTPs.	UNDP MoJ MGCSP	Immediate
	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).	UNDP MoJ MGCSP	Mid-term
	4.16 Set up and maintain a GBV IMS in rural areas to relay information to the central office to avoid duplication of reported cases.	UNDP Ministry of Justice	Mid-term
	4.17 Establish a national rape perpetrators database system.	UNDP MoJ	Immediate
	4.18 Enhance 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, Ministry of Information, Culture and Tourism (MICAT) and key national NGOs. Updates would be shared in real time and the data would be monitored by the MGCSP.	UN Women UNDP UNICEF MGCSP MIA MICAT	Immediate

CONCLUSIONS	RECOMMENDATIONS	RESPONSIBLE	PRIORITY
4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18,19, 20, 21, 22 AND 23	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.	UN Women Donor MGCSP	Immediate
	4.20 Enhance the capacity of journalists investigating and reporting on FGM issues, which remain a sensitive topic in Liberia.	UN Women MGCSP MIA MICAT	Immediate
	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.	UN Women MGCSP MIA and MICAT	Mid-term
	4.22 Enhance the capacity of journalists on investigating and reporting about FGM issues, which remain a sensitive topic in Liberia.	UN Women MGCSP MIA MICAT	Immediate
	4.23 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 development of messages in local dialects.	UNICEF UN Women MGCSP MIA MICAT	Immediate
	4.24 Enhance 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, networks and among youth. An app could be developed as an inter-agency initiative and managed by the MGCSP, MITRAC and key national NGOs. Updates would be shared in real time and the data would be monitored by the MGCSP.	UN Women UNDP UNICEF MGCSP MIA MICAT	Immediate
	4.25 Enhance coordination mechanisms at community and district level and ensure they are inclusive by ensuring active involvement of NGOs and CBOs.	UN Women MGCSP	Immediate
5. SUSTAINABILITY 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
INNOVATION FINDINGS 35,36 AND 37			

RECOMMENDATIONS ON THE LIBERIA SPOTLIGHT INITIATIVE

GENERAL RECOMMENDATION	RESPONSIBLE	PRIORITY
1. SGBV is the most concerning HR violation and source of abuse in Liberia and a highly sensitive issue. The evaluation identified concerning behavior of some social workers, who were making jokes about SGBV and not demonstrating a serious commitment to SGBV/rape/FGM issues. There is therefore an urgent need to conduct SEA risk analysis of all interventions dealing with SGBV/HTPs and take appropriate actions to prevent the joint programme's staff, including contractual services and implementing partners operating on behalf of UN/GoL in the communities, districts or counties, from being part of the problem. A code of conduct must be established and signed by all individuals delivering programme activities on behalf of the UN, including implementing partners. The principles of the 'Do no harm' approach must be taken seriously by all involved partners.	UN Women, UNDP, UNFPA, UNICEF and OHCHR	Immediate
2. For SGBV survivors, ensure further alignment to health and justice services via the newly developed SGBV Roadmap 2020–2022 of the GoL.	UN Women, UNDP, UNFPA, UNICEF, OHCHR	Immediate
3. Ensure there is an appropriate M&E plan and sufficient budget allocated to monitoring and follow-up of implementation of activities in the communities.	UN Women, UNDP, UNFPA, UNICEF, OHCHR	Immediate
4. Ensure that there is an appropriate sustainability strategy plan, exit strategy and sustainability financial plan developed, which implementation will be monitored by involved UN entities.	UN Women, UNDP, UNFPA, UNICEF, OHCHR	Immediate
5. Ensure vulnerable groups and people living with disabilities are systematically involved at all stages of the programme.	UN Women, UNDP, UNFPA, UNICEF, OHCHR	Immediate
6. Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting.	UN Women, UNDP, UNFPA, UNICEF, OHCHR	Immediate
10. Make best use of technical capacities of involved stakeholders, implementing partners, NGOs and CBOs that have been already capacitated by UN entities to deliver activities. This will reduce the costs related to contractual services and enhance efficiency of joint interventions.	UN Women, UNDP, UNFPA, UNICEF, OHCHR	Immediate
11. Enhance coordination mechanisms at community and district level and ensure they are inclusive via the active involvement of NGOs and CBOs.	UN Women, UNDP, UNFPA, UNICEF, OHCHR	Immediate

FINDING NUMBERS	SPECIFIC RECOMMENDATIONS	RESPONSIBLE	PRIORITY
Finding 26	12. Pillar 1 of the Liberia Spotlight Initiative (Legislative and policy frameworks) must address the reported challenges in implementing the Domestic Violence Act. In addition, the conflict between the penal law that states children should not be married before 18 years, and the inheritance law, where girls as young as 16 can get married (the latter is recognized in rural areas) must be addressed.	OHCHR UN Women	Mid-term
Finding 26	13. Pillar 2 (Strengthening institutions) of the Liberia Spotlight Initiative must further enhance capacity-building and development with the justice system aiming at ending the high prevalence of impunity. Capacity-building activities of judges on handling cases of SGBV / FGM / child marriages is very critical.	UNDP UN Women	Immediate
Finding 26	14. Pillar 3 of the Liberia Spotlight initiative (Prevention) must integrate the following element in its programmatic content and approach: <ul style="list-style-type: none"> ■ Enhance community knowledge on SGBV / rape / FGM and child marriage ■ Raise further awareness on prevention of SGBV, SEA, HTPs and on the response within the school environment. Active involvement of men and traditional leaders in awareness-raising activities at community and district levels is critical ■ Strengthen media institutions in reporting on SGBV, particularly on FGM issues, which are not adequately covered by the local media. 	UN Women MGCSP	Immediate
	15. Under Pillar 4 (Quality and essential services) and Pillar 5 (Data availability and capacities), the following activities are critical: <ul style="list-style-type: none"> ■ Ensure functional safe homes and shelters are established in each county ■ Ensure that at least 2 well-equipped OSCs, including health care personnel trained to take care of SGBV survivors, are established in the counties covered by the programme ■ Ensure data are made available to the MoJ in establishing a recommended national rape perpetrators database system ■ Ensure that existing health centres in communities where the access to OSCs could take longer than 72 hours include structures established and competent in gathering evidence and providing treatment for SGBV victims /survivors. 	UNFPA MoH	Immediate