Examining Promising Practice for Young Survivors:

An Integrated Review of Sexual and Gender-Based Violence Programming in Liberia

DECEMBER 18, 2012
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(Cover Photo: Landis, 2012)
Despite the substantial changes that have taken place, sexual and gender based violence is still a major concern.

(GoL/UN Joint Programme on SGBV, 2011, p. 47)
“...because it was him [my father] that did the act.... So that’s how I ran away. I ran away from that place and go to the police station, and the police transferred me to the Ministry of Justice. And now they went there to arrest him...”

~ Female SGBV Survivor, age 17, Monrovia, 2012

“First, I came I was crying, but people talked to me, and I forget about the past.”

~Female SGBV Survivor, age 16, Monrovia, 2012
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List of Acronyms

CLO: Case Liaison Officer
CPC: Child Protection in Crisis Network
CWC: Child Welfare Committee
GBV: Gender-based Violence
GoL: Government of Liberia
LNP: Liberian National Police
MoGD: Ministry of Gender and Development
MoHSW: Ministry of Health and Social Welfare
MoJ: Ministry of Justice
NAP: GBV National Action Plan
NGO: Nongovernmental organization
PLG: Program Learning Group
SEA: Sexual Exploitation and Abuse
SGBV: Sexual and Gender-Based Violence
SOPs: Standard Operating Procedures
TRC: Truth and Reconciliation Commission
UN: United Nations
UNICEF: United Nations Children’s Fund
UNPOL: United Nations Police
VSO: Victim Support Officer
WACPS: Women and Children Protection Section
I. EXECUTIVE SUMMARY

From May-August 2012, the Child Protection in Crisis (CPC) Network (http://www.cpcnetwork.org/), through its country-level Program Learning Group (PLG) in Liberia, conducted an integrated review of sexual and gender-based violence (SGBV) programs in Liberia, in order to examine the methods and outcomes of current SGBV prevention and response interventions, and identify promising practices that can inform the development of future program and policy initiatives. In order to engage in this process, the study employed three primary methodologies: 1) a structured document review of program-related reports and materials; 2) key informant interviews with representatives from Government Ministries, UN agencies, and NGOs; and 3) interviews with young SGBV survivors in Montserrado country, who were participating in programs offered by a local NGO providing case management, psychosocial support, and other direct response services.

Data gathered through these methods resulted in the collection of 279 documents, in addition to interviews with 40 key informants and 10 young female SGBV survivors. In analyzing this data, promising practice was evaluated based on the following three types of evidence: 1) program evaluations demonstrating measurable change; 2) expert consensus; and 3) survivor perceptions.

Findings from the document review found that, of the 279 documents submitted, only 12 were evaluations, and of this number, only five demonstrated measurable change. Of these five documents, none demonstrated a reduction in violence, but rather described change primarily in terms of shifts in knowledge or awareness of SGBV and related issues, or in terms of an increase in the number of respondents who accessed particular services. In light of the
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small number of evaluations demonstrating change that were submitted to the review, the document set does not provide a strong basis upon which to evaluate the presence of promising practice. In addition, the limited number of evaluations submitted to the review suggests a need for an increase in the level of monitoring and evaluation conducted as part of SGBV prevention and response initiatives, and a greater emphasis among practitioners on the development of interventions that seek to produce a reduction in violence.

While the document set provided a limited basis for understanding promising practice, findings from key informant interviews suggested four primary areas of programming as effective: 1) training and sensitization; 2) direct services to survivors; 3) the promotion of community-based protection structures; and 4) empowerment and skill-building. *Training and sensitization* was described as contributing to an increase in public awareness about available services, as well as to an increase in the reporting of SGBV cases to the police. However, cultural perceptions as well as a tendency to “compromise” cases at the community level were identified as barriers to effectiveness of awareness-raising activities, as well as to rates of reporting and service utilization among survivors.

In terms of *direct services to survivors*, key informants described the national structure and legal framework for responding to SGBV cases to be strong, and mentioned that essential services were in place at the national and county levels. However, access to these services was reported to vary significantly by location, with substantial barriers to access reported in rural locations. The greatest number of challenges were reported to exist within the justice sector.

The *promotion of community-based protection structures* was emphasized as an effective means of contributing to the sustainability of prevention and response initiatives,
typically taking the form of support to Child Welfare Committees (CWCs) as well as the formation of community-based groups for women, men, and children. Key informants typically described the impact of these structures in terms of instances in which community-based groups facilitated the identification of SGBV cases as well as their subsequent reporting to the police. In the case of men’s groups, a few key informants described their impact in terms of positive feedback on men’s behavior reported by women in the community.

*Empowerment and skill-building interventions* were described as being both prevention and response initiatives, often taking the form of literacy and life skills training, as well as economic empowerment or livelihoods programs. Frequently, these programs were combined with some type of training and sensitization on SGBV. In some cases, the impact of these programs were described by key informants in measureable ways, including such things as an increase in the number of program participants who were able to start businesses or further their formal education as a result of their participation in particular interventions.

In the case of *all* the promising practices mentioned by key informants, however, the impact of these activities was rarely described in measureable terms, with the exception of some of the empowerment and skill-building initiatives. In this way, findings from the key informant interviews, while informative in terms of mapping out the current types of programs being conducted, as well as potential successes and challenges of these approaches, still suggest the need for additional monitoring and rigorous evaluation efforts in order to increase the degree to which promising practices can be identified.

Findings from the survivor interviews suggest that all 10 survivors experienced high rates of access to essential services, including medical care, psychosocial support, and referrals
to the police and court. All survivors reported improved psychosocial well-being as a result of the services they received, and reported their interaction with service providers to be positive. In addition, six out of the ten survivors reported that their perpetrators had been convicted in court, with two other survivors mentioning that their cases had been taken to court or were currently under investigation by the SGBV Crimes Unit.

While not intended to serve as a representative sample of all SGBV cases in Liberia, these survivors provide an example of how programming is being carried out within the context of a particular organization in Monrovia. And, in light of the positive outcomes reported by survivors, their feedback suggests that the existing service delivery system in Liberia can work well, if implementing organizations are equipped with the necessary staff and resources, and if survivors are able to gain access to these services. However, the services described by survivors would also benefit from comprehensive monitoring and evaluation efforts, in order to further understand the impact of these initiatives, and determine ways in which they can be made more effective.

Through examining the three types of evidence considered in this study—*evaluations documenting measureable change, expert consensus, and survivor perceptions*—findings from this review reveal that the Government of Liberia (GoL) and its partners have been incredibly active in terms of establishing structures and systems to respond to the issue of sexual and gender-based violence (SGBV), and are to be commended for their efforts to implement comprehensive and multi-sectorial prevention and response initiatives. At the same time, findings also suggest that there is a limited evidence base upon which to determine promising practice, suggesting that additional monitoring and evaluation efforts of SGBV programs are
needed, in order to examine the impact of these approaches, and to inform the development of effective program and broader policy initiatives. Ultimately, the study suggests that, by developing programs that demonstrate measureable change, the GoL and its partners will increase their ability to contribute to a reduction in violence.

II. BACKGROUND/NATIONAL STRUCTURE

Sexual and gender-based violence (SGBV) was an issue of grave concern during Liberia’s years of civil war (Republic of Liberia TRC, 2008; UNDP, 2007; Gender Based Violence Interagency Taskforce, 2006; GOL/UN Joint Programme on SGBV, 2011), including the systematic use of rape as a weapon of war (Specht, 2006; Okereke, 2011). According to the Republic of Liberia Truth and Reconciliation Commission Report, “all factions engaged in armed conflict...committed sexual and gender based violence against women including rape, sexual slavery, forced marriages, and other dehumanizing forms of violations” (Republic of Liberia TRC, 2008, p. 4).

Since the war ended, rape and other forms of sexual violence have continued to be widespread (Human Rights Watch, 2011; Save the Children, 2006; Save the Children, 2009; Warner, 2007; Save the Children, 2008; UNMIL, 2008; GOL/UN Joint Programme on SGBV, 2011). In August 2011, the UN Secretary-General commented on “the high number of reported rapes [in Liberia], particularly those involving young victims” (United Nations, 2011, p. 9). A 2011 report by Human Rights Watch notes that rates of rape against women and girls in Liberia remain “alarmingly high”, and that “the majority of victims” are below the age of 16 (Human Rights Watch, 2011, p. 3).
These statements are supported by data from the Liberian Ministry of Gender and Development (MoGD), which suggest that, in 2011, almost 50% of all reported cases of GBV involved survivors between the ages of 5 and 14, and approximately 5% involved survivors four years old and younger (MoGD, 2011a, p. 3). Of the total GBV cases reported in 2011, 61.9% were rape, 5.8% were sexual assault, and 5.5% were gang rape, and 75% of the perpetrators were reported to be either relatives, neighbors, or intimate partners of survivors (MoGD, 2011a, pp. 2-3). Rape remains the most commonly reported crime to the Liberian National Police (LNP) (GOL/UN Joint Programme on SGBV, 2011).

While it is widely recognized that reported data on GBV does not capture the full incidence or prevalence of these issues, in light of the large number of cases that go unreported, official statistics on rape and sexual violence in Liberia are still worth mentioning. For, even if these figures are incomplete in terms of reflecting the full nature of GBV within Liberia, they do suggest that a large number of children are experiencing rape and other forms of sexual and gender-based violence, and that these violations are frequently occurring within children’s homes and communities, and perpetrated by people they know. As such, the need for evidence-based prevention and response initiatives for children affected by rape and other forms of sexual and gender-based violence remains constant, calling for additional research as well as program and policy development.

In response to these issues, the Government of Liberia (GoL) has placed the prevention of sexual and gender-based violence (SGBV), as well as the development of comprehensive response initiatives, among its top priorities as it engages in the post-conflict reconstruction process. This commitment has resulted in a series of new laws and national structures that have
enabled a government-led prevention and response system to emerge, the key components of which are described below:

**Rape Amendment Act of 2006**

On January 17, 2006, the GoL adopted the Rape Amendment Act, formally titled “An act to amend the New Penal Code Chapter 14 Section 14.70 and to provide for gang rape” (Government of Liberia, 2006), in order to more accurately reflect the type of sexual violence that took place during the war and to provide a legal basis for prosecuting those behaviors (GOL/UN Joint Programme on SGBV, 2011). The new act raises the legal age of consent for sexual activity to 18, and provides a more expansive definition of rape to include the use of “foreign objects” or “any body parts” by perpetrators, as well as the “intentional penetration” of “any opening” of a survivor’s body without consent. The law also defines “gang rape”, listing it as a first-degree offense along with rape that causes “permanent disability or serious bodily injury” or that involves the use of a “firearm or other deadly weapon” (Government Liberia, 2006). Rape of an individual under the age of 18 is also classified as a first-degree offense, provided that the perpetrator is over 18 years of age. The law also significantly strengthens the penalties for those who are convicted, including a maximum sentence of life in prison for first-degree rape, and ten years for second-degree rape. In addition, the law specifies that rape cases should be heard “in camera” to protect survivors from having to be in the courtroom with perpetrators when their cases go to trial (Government of Liberia, 2006).

**GBV National Action Plan**

In addition to adopting new legislation, the government developed a comprehensive framework for addressing the issue of GBV, which is used as the basis for all national
prevention and response initiatives. The “National Action Plan for the Prevention and Management of Gender Based Violence in Liberia” was first developed in 2006, with an initial phase that lasted from 2006-2010, and a second phase that was revised in 2010 and established for the period 2011-2015. Both phases of the plan emphasize the need for a “multi-sectorial and multidimensional approach to GBV” (MoGD, 2011b, p. v), and divide program initiatives into five “pillars”, or thematic areas, which include: 1) psychosocial; 2) health; 3) legal/justice; 4) protection; and 5) coordination (MoGD, 2011b).

**GBV Interagency Taskforce**

In order to oversee the implementation of the National Action Plan, the Government of Liberia established the Gender-Based Violence Interagency Taskforce in 2006, a coordination body that is led by the Ministry of Gender and Development (MoGD), and co-chaired by the Ministry of Health and Social Welfare (MoHSW). The GBV Taskforce facilitates coordination of prevention and response activities at the national and county levels. At the national level, the GBV Taskforce holds monthly meetings in addition to “pillar” meetings across the five sectorial areas of the National Action Plan, and this structure is replicated at the county level.

**GBV Unit at the Ministry of Gender and Development**

The GBV Unit was established in 2006, and is based out of the Ministry of Gender and Development, where it facilitates the National GBV Taskforce and works to “ensure coordination and complementarity among and between Agencies and pillars” (MoGD, 2011b, p. vi) involved in the GBV National Action Plan. In addition, the GBV Unit manages a national GBV database, and disseminates monthly and annual reports on GBV cases and program
interventions, using information collected at the national and county levels. The GBV Unit also provides counseling and support to GBV survivors and engages in family mediation.

**Government of Liberia/UN Joint Programme on SGBV**

The GoL/UN Joint Programme on Prevention and Response to Sexual and Gender Based Violence was established in 2008 to “support the operationalization of the National GBV Plan of Action” (GoL/UN Joint Programme on SGBV, 2008, p. 6), through coordinating the activities of UN agencies and Government Ministries involved in SGBV prevention and response initiatives. The Joint Programme is structured around the five “pillars” of the GBV Plan of Action, with a designated UN agency and Government Ministry leading activities within each pillar. The Joint Programme was also developed to coincide with the priorities contained in the GoL’s Poverty Reduction Strategy (PRS), which addresses SGBV in its provisions pertaining to “Consolidating Peace and Security” and “Strengthening Governance and Rule of Law” (GoL/UN Joint Programme on SGBV, 2008, p. 6).

**Criminal Court “E”**

Another key government structure designed to respond to cases of SGBV includes “Criminal Court E”, which was established in 2008, and represents a specialized court to hear and process SGBV cases (Government of Liberia, 2008). Housed in the Temple of Justice in Monrovia, Criminal Court E was designed as a way to expedite the prosecution of SGBV cases, and to provide a greater level of sensitivity to the needs of survivors, including such measures as the use of “in camera” hearings, which prevents survivors from needing to physically appear in court or be seen by perpetrators during their trial. Although the primary court is located in
Monrovia, special divisions of the court were established at the circuit court level to hear cases in other regions of the country (Government of Liberia, 2008).

**Women and Children Protection Section (WACPS)**

The Women and Children Protection Section (WACPS) of the Liberian National Police (LNP) was formed in 2005, and represents the designated branch of the LNP that handles cases involving women and children (UNICEF, 2005). WACPS was established to respond to cases of abuse, neglect, or other protection concerns involving women and children, in order to ensure that cases are processed in an expedited manner, and with the unique needs of women and children in mind. Although the headquarters for WACPS is located in Monrovia, WACPS units have been placed in police depots at the county level. WACPS officers receive specialized training on the handling of cases involving women and children, and UNICEF as well as NGO partners have invested heavily in these training activities. The United Nations Police (UNPOL) serves in an advisory capacity to WACPS, providing support and capacity building in the handling of women and children’s cases. As part of this process, special protocols have been developed for responding to SGBV incidents.

**SGBV Crimes Unit**

In 2009, the Sexual and Gender Based Violence (SGBV) Crimes Unit was established in Monrovia, serving as the designated branch of the Ministry of Justice (MoJ) for the prosecution of SGBV cases. The unit is comprised of prosecutors as well as case liaison officers (CLOs) who work with the police and other actors to ensure that evidence is collected correctly, and that the unit’s emergency hotline is effectively managed (Abdulai, 2010). In addition, the unit employs victim support officers (VSOs) who provide direct services and psychosocial support to
survivors. The SGBV Crimes Unit also engages in extensive outreach and sensitization initiatives in Monrovia and the counties.

**Standard Operating Procedures (SOPs) and Referral Pathway**

In 2009, the Ministry of Gender and Development (MoGD) established National Standard Operating Procedures (SOPs) for SGBV prevention and response efforts. Developed jointly between key government actors, UN agencies, and NGOs, these guidelines specify the roles and responsibilities for all actors involved in the security, legal, health, and psychosocial sectors, and specify protocols for coordination as well as monitoring and evaluation mechanisms (MoGD, 2009). These National SOPs have also been adapted at the county level, in order to ensure that the protocols remain contextually appropriate, although county-level SOPs remain modeled after the national guidelines.

The National SOPs also establish a “Referral Pathway”, which describes the core services that survivors of SGBV should receive, and divides interventions into those that should take place within 72 hours of an incident of sexual assault, and those connected with longer-term services. Initial service provision focuses on seeking medical care as soon as possible, reporting the case to the police, and providing the survivor with physical safety, followed by the provision of psychosocial support and eventually preparing a case for court. Longer-term services emphasize such things as ongoing psychosocial care, livelihood opportunities, relocation or follow-up medical care (MoGD, 2009). At the county level, the Referral Pathway is adapted to include the specific names and contact information of organizations providing services in each of these areas.
III. METHODOLOGY

From May-August 2012, the Child Protection in Crisis (CPC) Network \(^1\) (http://www.cpcnetwork.org/), through its Program Learning Group (PLG) in Liberia, conducted an integrated review of sexual and gender-based violence (SGBV) programs in Liberia, in order to examine the methods and outcomes of current SGBV prevention and response interventions, and identify \textit{promising practices} that can inform the development of future program and policy initiatives. Focusing on programs and services being carried out through the \textit{formal system}\(^2\), this study was guided by the following primary research questions:

1. How is the formal system responding to the needs of children affected by sexual and gender-based violence (SGBV)?

2. What \textit{promising practices} are evident in the prevention and response initiatives of key actors?

In seeking to answer these questions, the study employed three primary methodologies: 1) a structured document review; 2) key informant interviews; and 3) interviews with SGBV survivors. To supplement these activities, and to promote further triangulation of the data, a small number of observations of SGBV programs were also conducted. A description of these methods, as they were carried out within the context of this study, is described below:

\begin{itemize}
  \item \textbf{Data Collection Process}
\end{itemize}

At the start of the study, a request for documents and key informant interviews was distributed to organizations involved in SGBV programming in Liberia, including NGOs,

\(^1\) The Child Protection in Crisis (CPC) Network is “a collaboration of humanitarian agencies, local institutions and academic partners working to improve the protection of children in crisis-affected settings” (CPC Website, \(^2\) For the purposes of this report, the term “formal system” refers to government-led SGBV prevention and response initiatives, as well as the contribution to these efforts provided by UN agencies and NGOs
Government Ministries, and UN agencies. An attempt was made to contact all organizations in the Program Learning Group (PLG), the GBV Taskforce, as well as all Government and UN agencies involved in SGBV prevention and response initiatives, and snowball sampling was used to identify additional participants.

The initial request described the goals and objectives of the study, and invited organizations to submit program-related documents and reports for consideration in the review, and to participate in key informant interviews. The request for participation was initially sent out by email, and follow-up calls were made to individual agencies in order to discuss the study over the phone and arrange for the potential interviews. Among those who were willing and available to participate in the project, a key informant interview was conducted, during which time the potential for organizations to submit documents for the review was also discussed.

All key informant interviews were conducted in Monrovia, although respondents discussed programs and initiatives being implemented throughout the country. Monrovia was selected as the primary research site, in light of its status as the country’s capital and largest city, and the location in which the majority of the actors involved in SGBV programming have their main offices.

Key informant interviews explored the components of SGBV prevention and response initiatives being carried out by individual organizations, as well as national protocols, approaches, and coordination mechanisms. In addition, interviews addressed challenges and barriers to service provision, gaps in existing services, and systemic issues that impact service utilization. In total, 40 key informant interviews were conducted with representatives from
NGOs, UN agencies, and Government Ministries. An overview of the number of key informants by type of agency is depicted below:

**KEY INFORMANTS BY TYPE OF AGENCY**

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Number of Key Informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>12</td>
</tr>
<tr>
<td>UN</td>
<td>7</td>
</tr>
<tr>
<td>NGO</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
</tr>
</tbody>
</table>

These key informants reflect 30 organizations or Government Ministries. In a number of cases, organizations or Government Ministries had more than one unit conducting a distinct area of programming related to SGBV, and so a representative from each relevant unit was interviewed, if possible, although more than one individual from a particular unit was not interviewed as a key informant.

In terms of the types of documents collected, eligibility criteria was established to include materials referring to single-agency programs as well as those pertaining to national policies and approaches. In addition, it was determined that only documents in English would be considered, as well as those produced during the time period of 2005-present. Within these parameters, eligible documents included: program reports or evaluations; programming guidelines; training and sensitization materials; program-related research; as well as forms and other resource materials used as part of the service delivery and referral process. A preference for evaluation studies and program-related research was stated to organizations, although they were invited to submit any materials that they had available and that they deemed essential for
reflecting the current state of SGBV programming, either at the level of their agency, or within the broader context of prevention and response initiatives in Liberia.

The majority of the documents analyzed in the review were submitted by key informants, although not all key informants submitted documents, and a small number of materials were submitted by organizations who were unable to participate in key informant interviews. Initially, 299 documents were submitted by 27 organizations. If the same document was submitted by more than one agency, however, the duplicates were removed from the final document set. Of the total documents submitted, 20 were duplicates and so were removed, leaving a total of 279 documents considered as part of the review.

Interviews were also conducted with children who have participated in SGBV response initiatives, in order to explore their experience with particular programs, as well as the referral networks used to access services. In light of the study’s emphasis on programming for children, as well as the fact that female children comprise the majority of child survivors who report their cases and access services, the decision was made to interview only females under the age of 18 who had participated in SGBV response programming. Both formal and non-formal interviews were conducted with respondents, and the focus of discussions maintained an emphasis on program-related issues (service utilization, program quality, potential gaps in programming, perceived outcome of participation in programming, etc.), but did not probe about the nature or facts of particular cases of violence or abuse, although if respondents chose to discuss these issues they were given the space to do so.

Respondents were selected in consultation with a local NGO that provides psychosocial support and other forms of assistance to survivors of SGBV. Before commencing with formal
interviews, the researcher visited the program site and engaged informally with children receiving services there. In addition, interviews and regular site visits to the location took place over a 4-week period, providing the researcher with the opportunity to establish rapport, and to identify children who would be comfortable participating in interviews. In total, formal interviews were conducted with 10 female survivors, and additional non-formal interviews were conducted with other children participating in programs offered by the organization.

In keeping with the “Do No Harm” imperative, interviews were not conducted with children who were currently experiencing symptoms of psychosocial distress, in order to avoid triggering additional symptoms as a result of their participation in an interview. Also, the voluntary nature of their participation was emphasized to participants, as well as the fact that interviews could be discontinued at any time if children did not feel comfortable continuing. The study protocol also included measures to refer children for follow-up psychosocial support as needed, if their experience with the study triggered emotional discomfort.

Observations of SGBV program activities were also conducted, in order to triangulate findings gathered through interviews and the document review. Although comprising the smallest portion of the study, these visits provided a means of following up on specific interventions discussed during key informant interviews, and observation sites were decided upon in consultation with key informants. Activities carried out by government ministries as well as NGOs were observed, including training and sensitization initiatives, as well as direct services for SGBV providers.
Evaluation Framework

In light of the study’s emphasis on promising practice, criteria were developed by which promising practice could be identified within the data. In order to incorporate findings emerging from all data sources, the evaluation framework sought to examine promising practice based on the following three types of evidence:

1. *Program evaluations demonstrating measurable change*;

2. *Expert consensus*; and

3. *Survivor perceptions*.

With regard to the first type of evidence, “program evaluations” were defined as scientific studies carried out according to sound methodological principles seeking to examine the impact of a particular program or initiative. And, studies were determined to “document change” if they provided quantitative evidence tied to the activity of a particular program at either the “outcome” or “impact” level along the causal pathway. Materials submitted by agencies as part of the document review were used as the data source for this type of evidence. This type of evidence was considered to have the strongest ability to shape future program development, in light of the emphasis placed by donors on demonstrating measurable results from program initiatives.

“Expert consensus” was defined as agreement among key actors involved in SGBV prevention and response programming regarding the types of interventions that are believed to be effective. Findings from key informant interviews were used as the basis for this type of evidence, and transcripts were analyzed for both areas of convergence and divergence in expert opinion.
“Survivor perceptions” were defined as the views of SGBV survivors regarding the impact or effectiveness of particular programs or services. Survivor interviews were used as the basis for this type of evidence, with attention given to the degree to which there was consensus among survivor feedback.

IV. RESULTS

Based on the criteria outlined above, findings from all data sources were examined for evidence of promising practice. A description of this process for each of the three primary types of evidence is described below:

**Program Evaluations Documenting Measurable Change**

**Description and Analysis**

As a first step, the 279 documents included in the final document set were cataloged and sorted by type as well as agency of submission. In order to sort the documents by type, an index was developed that specified how each type of document would be defined. The primary document types, as well as their definitions are listed below:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Reports</td>
<td>Program evaluation reports, program reports that included a logframe and reported progress at some point along the causal pathway, or data sheets containing evaluation results</td>
</tr>
<tr>
<td>Program Overview</td>
<td>Program reports without evaluation, program descriptions, program activity reports, program planning</td>
</tr>
<tr>
<td>Guidelines/ Policies</td>
<td>Program guidelines, manuals, policies, including both national and international interventions</td>
</tr>
<tr>
<td>Training</td>
<td>Training guides or materials</td>
</tr>
<tr>
<td>Sensitization</td>
<td>Materials used for outreach and sensitization</td>
</tr>
<tr>
<td>Assessment Reports</td>
<td>Findings from field assessments investigating SGBV programming (actors, availability of services, gaps, etc.)</td>
</tr>
<tr>
<td>Research</td>
<td>Research on SGBV or related issues that was not program-specific, but related to incidence, trends, country contextual information, etc.</td>
</tr>
<tr>
<td>Forms</td>
<td>Forms used by agencies in implementing SGBV or Child Protection programming</td>
</tr>
<tr>
<td>Other</td>
<td>Any other materials not fitting in the categories above</td>
</tr>
</tbody>
</table>
Based on these criteria, documents were sorted, and the quantity of each type of document was recorded. The final breakdown of documents by type is as follows:

<table>
<thead>
<tr>
<th>Type of Material</th>
<th>Number Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Reports</td>
<td>12</td>
</tr>
<tr>
<td>Program Overview</td>
<td>53</td>
</tr>
<tr>
<td>Guidelines/Policies</td>
<td>38</td>
</tr>
<tr>
<td>Training</td>
<td>63</td>
</tr>
<tr>
<td>Sensitization</td>
<td>23</td>
</tr>
<tr>
<td>Assessment Reports</td>
<td>7</td>
</tr>
<tr>
<td>Research</td>
<td>24</td>
</tr>
<tr>
<td>Forms</td>
<td>41</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>279</strong></td>
</tr>
</tbody>
</table>

Once the evaluation documents had been identified, they were further analyzed in order to determine if they documented measurable change. In the initial sorting, documents were considered “evaluations” if they gave results of a program evaluation study, or if they were program reports that contained a logical framework and described progress at either the output, outcome, or impact levels. In the cases of evaluation studies and reports, only those providing quantitative results at either the outcome or impact levels were considered to have demonstrated change. Using these criteria, some program reports were included as evaluation documents along with program evaluation reports. Of the 12 documents categorized as evaluations, five were evaluation reports, six were program reports, and one document was an excel sheet containing quantitative findings from a program evaluation survey that was conducted. The decision to include this data sheet as an evaluation document was based on the fact that it provided quantitative findings and graphs from program evaluation questions, even though it was not written up in the form of a final report.
Among the 12 evaluation documents examined, seven were determined *not to document measurable change*, including four program reports that described progress at the output level (ex. # of trainings conducted, # of PEP kits distributed, etc.), but did not describe these activities in terms of their relationship to change at either the outcome or impact levels. One evaluation study provided quantitative data at the output level (# of staff hired, # of community groups formed, etc.), but included only qualitative statements to suggest changes in behavior or attitudes as a result of the program. These statements were not quantified, nor presented in a systematic manner (ex. Focus group participants “said they are more aware of SGBV”, etc.). In addition, two evaluation studies were submitted that discussed the structure and function of programs in qualitative terms, but did not incorporate quantitative figures or address potential change as a result of the programs.

The five remaining evaluation documents *were found to document measurable change*, in light of the fact that they included quantitative figures at the *outcome level*, describing changes in such things as attitudes, behavior, or the overall well-being of participants as a result of a particular program (ex. % of respondents who reported an increase in knowledge about SGBV, % of respondents who reported improved living conditions, etc.). Of these documents, two were evaluation studies, two were program reports, and the excel sheet listing quantitative findings from an evaluation survey was also included.

In terms of the types of programs described in these documents, one evaluation study examined a community-based program for women and adolescent girls that provided *training and sensitization* on sexual and reproductive health and SGBV, along with *livelihood opportunities*. The study reported outcomes such as an increase in the percentage of
respondents who accessed sexual and reproductive health services, as well as the percentage who reported having increased economic opportunities as a result of the program.

The other evaluation study reflecting measureable change examined the effectiveness of an _SEA awareness campaign_, and reported a high percentage of study respondents who were aware of the campaign and a high percentage who believed it to be effective. The study also provided high percentages of respondents who were aware of SGBV in areas where the campaign had been carried out, however did not have baseline data to use for comparison.

Among the program reports documenting change, one surrounded a community-based program for adolescent girls and women that involved forming cooperative groups, engaging participants in small enterprise development, and providing training and sensitization on SGBV in schools and with community leaders. Measureable change described in the report includes statistics such the percentage of participants who were able to meet their basic needs as a result of their involvement in the program, and percentages of those reporting changes in knowledge and awareness of SGBV.

The other program report described a multi-sectorial initiative involving a broad spectrum of components, such as community-based training and sensitization on SGBV, the provision of materials to health centers, livelihood training for adolescent girls, male engagement groups, as well as other services. Measureable change described in the report included such things as: pre/post test results from SGBV training and sensitization activities; pre/post project survey results on knowledge and attitudes surrounding SGBV; the percentage of girls who have attained the next grade level in school since receiving an educational grant.
provided through the program; and the percentage of men who participated in male engagement groups who reported improved gender relations at home and in the community.

The excel sheet that provides responses from a program evaluation study describes respondent attitudes and beliefs surrounding SGBV, and includes a comparison group of those who participated in the agency’s programming, and those who did not. The excel sheet includes graphs and percentages depicting the difference in responses between program participants and non-participants, reflecting a higher level of awareness of SGBV issues and gender sensitivity among those who participated in program activities. While the use of this document would be strengthened if it had been submitted as part of a full report, it represents the only evaluation document submitted to the review for which a comparison group was used as part of the evaluation strategy. The document was described as evaluating a program that included community-based training and sensitization, case management for survivors, as well as capacity building for other service providers.

The following table summarizes the program types included in these five evaluations documenting measureable change, as well as examples of the types of change that was reflected in each document:

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Examples of Measureable Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document 1: Training on SGBV and reproductive health, livelihoods</td>
<td>• % who reported increased access to RH services</td>
</tr>
<tr>
<td></td>
<td>• % who reported increased economic opportunities</td>
</tr>
<tr>
<td>Document 2: SEA awareness campaign</td>
<td>• % who reported awareness of campaign</td>
</tr>
<tr>
<td></td>
<td>• % who reported awareness of SGBV</td>
</tr>
<tr>
<td>Document 3: Small enterprise development and SGBV training</td>
<td>• % who are able to meet basic needs as a result of program</td>
</tr>
<tr>
<td></td>
<td>• % who reported awareness about SGBV</td>
</tr>
</tbody>
</table>
**Assessment of Promising Practice**

While these five evaluation documents included measurable change at the *outcome* level, measureable change at the *impact* level was absent from all of the evaluation documents examined. Two of the evaluation studies included quotes from focus groups that suggested a decrease in violence, however these statements were not described in a systematic way or associated with measureable figures. As such, more research would be needed in order to draw conclusions from these statements with regard to the impact of programming on SGBV incidents.

In addition, the type of change that was measured in the five evaluation documents was primarily reflected at the level of changes in *attitudes and awareness* about SGBV, or an increase in access to services, but not necessarily in terms of changes in behavior. An overview of the number of evaluations that demonstrated change is depicted in the diagram on the following page.
In terms of the first criteria for determining promising practice, the limited number of evaluations demonstrating measurable change submitted to the study make it difficult to draw significant conclusions regarding the impact of SGBV programming, and suggest that additional research as well as monitoring and rigorous evaluation efforts are needed in order to strengthen the existing evidence base with regard to promising practice. In addition, the analysis suggests a need for additional evaluations examining change at the impact level, in particular with regard to behavior change that ultimately results in a reduction in violence. While changes at the impact level may be taking place at the community level as a result of programs, the degree to which this is happening, as well as the types of approaches that are most effective, cannot be determined based on the documents submitted to the review.
EXAMINING PROMISING PRACTICE FOR YOUNG SGBV SURVIVORS IN LIBERIA

Expert Consensus

Overview

In order to evaluate the presence of promising practice based on “expert consensus”, the next step in the study involved examining the findings of key informant interviews. Transcripts from key informant interviews were analyzed for common themes and patterns, with findings divided into two primary areas: 1) the types of programs key informants were implementing; and 2) programs or initiatives deemed to be particularly effective, either at the agency or national level. In this way, informants’ feedback on their programming as well as on the effectiveness of national initiatives was incorporated into the analysis.

As a first step, findings from key informant interviews were analyzed in order to get a sense of the types of programs that key informants were directly involved in implementing. After reviewing all transcripts from key informant interviews, responses were categorized into 13 primary program areas, which are listed along with their definitions in the table below:

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management for Survivors</td>
<td>Referral to services, follow-up with police and court, family mediation, relocation/reintegration, etc.</td>
</tr>
<tr>
<td>Promotion of Community-based Protection Groups</td>
<td>Community-based groups that engage in monitoring and reporting of SGBV or other protection issues</td>
</tr>
<tr>
<td>Community-based Training and Sensitization</td>
<td>Training and sensitization activities at the community level on SGBV</td>
</tr>
<tr>
<td>School-based Training and Sensitization</td>
<td>Any training or sensitization activity on SGBV taking place within a school context for teachers, PTAs, or students. Includes ongoing clubs/groups as well as one-time training or sensitization sessions.</td>
</tr>
<tr>
<td>Women’s Groups</td>
<td>Women’s Groups/Empowerment Groups</td>
</tr>
<tr>
<td>Men’s Groups/Male Engagement</td>
<td>Men’s Groups/Engagement Groups</td>
</tr>
<tr>
<td>Children’s Groups/Clubs (outside of school)</td>
<td>Any groups or clubs held for children outside of a school context</td>
</tr>
</tbody>
</table>
Once these categories had been developed, key informant interviews were examined to determine the number of actors who reported being currently involved in each type of programming. In most cases, key informants reported current involvement in more than one program area. Based on these calculations, the most commonly reported type of activity was community-based training and sensitization, which was reported by 22 key informants, followed by school-based training and sensitization, which was reported by 14 key informants. Case management to survivors was mentioned by 12 key informants, and legal/criminal justice services were mentioned by 11 key informants. Economic Empowerment/Livelihoods as well as Education/Literacy/Life Skills were each mentioned by 9 key informants. Three categories were mentioned by 7 key informants, including: Promotion of Community-Based Protection Groups; Children’s Groups/Clubs; and Counseling and Psychosocial Support. The following two categories were each mentioned by 6 key informants: Men’s Groups/Male Engagement and Medical Services. Women’s Groups were mentioned by five key informants, while “other” programs not fitting in the categories above were mentioned by four key informants, including such things as research, advocacy, or coordination.
The following table contains an overview of these figures:

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Number of KI who reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based Training and Sensitization</td>
<td>22</td>
</tr>
<tr>
<td>School-based Training and Sensitization</td>
<td>14</td>
</tr>
<tr>
<td>Case Management for Survivors</td>
<td>12</td>
</tr>
<tr>
<td>Legal/Criminal Justice</td>
<td>11</td>
</tr>
<tr>
<td>Economic Empowerment/Livelihoods</td>
<td>9</td>
</tr>
<tr>
<td>Education/Literacy/Life Skills</td>
<td>9</td>
</tr>
<tr>
<td>Promotion of Community-based Protection Groups</td>
<td>7</td>
</tr>
<tr>
<td>Children's Groups/Clubs (outside of school)</td>
<td>7</td>
</tr>
<tr>
<td>Counseling and Psychosocial Support</td>
<td>7</td>
</tr>
<tr>
<td>Men's Groups/Male Engagement</td>
<td>6</td>
</tr>
<tr>
<td>Medical Services</td>
<td>6</td>
</tr>
<tr>
<td>Women's Groups</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

Upon further analysis, these activities fell into four primary program areas: 1) Training and Sensitization; 2) Direct Services to Survivors; 3) Promotion of Community-based Protection Structures; and 4) Empowerment and Skill-building. Activities in the “other” category were not placed into a program group, due to their small number, and so only the four primary program areas will be discussed in greater detail. These four main program areas were ranked by the number of key informants who reported engaging in activities in each area. If key informants were involved in more than one type of activity in a particular program area (ex. community-based sensitization and school-based sensitization), they were only counted once in order to avoid duplication. In total, 29 key informants reported involvement in training and sensitization activities; 25 key informants reported involvement in direct services; 17 key informants
reported involvement in the promotion of community-based groups; and 12 key informants reported involvement in empowerment activities, as depicted in the table below:

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Rank</th>
<th>Number of KI who reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Sensitization</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>Direct Services to Survivors</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Promotion of Community-based Protection Structures</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Empowerment and Skill-building</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

Once the four primary program areas had been identified, the responses of key informants within each area were analyzed in order to determine both the types of activities being carried out, as well as the degree to which promising practice could be identified. A description of this process for each of the four primary program areas is described in the section below. For each primary program area, the discussion is divided into three primary sections:

1. **Description of activities**, which summarizes the primary types of programs currently being implemented by key informants in a particular area.

2. **Reported successes and challenges**, which summarizes the successes and challenges of particular program approaches, incorporating feedback across all key informants, whether or not they were directly involved in a particular activity.

3. **Assessment of promising practice**, which, based on the responses provided in the previous two sections, discusses the degree to which promising practices in each area can be identified.
Program Area 1: Training and Sensitization

Description of Activities

More key informants reported involvement in training and sensitization activities than any other program area. Included in this category were both community- and school-based training and sensitization activities, and 29 key informants reported involvement in these initiatives. Training and sensitization on SGBV was focused on prevention, as well as on informing communities how to access the referral pathway.

Key informants described a variety of community-based training and sensitization activities, including such things as community forums, workshops, or sensitization campaigns. Another commonly described approach to community-based training and sensitization involved the use of peer educators, whereby individuals from a particular community would receive training on SGBV, and carry out subsequent sensitization activities in their community. These efforts were described by key informants involved in this area of programming as a means of promoting the sustainability of prevention initiatives and fostering community ownership. In addition to doing general community sensitization, four key informants mentioned training religious leaders, in order for them to engage in subsequent awareness-raising activities within their respective churches, mosques, or communities. One key informant from a local NGO that brings Christian and Muslim leaders together for dialogue around GBV issues said,

“We get Christian leaders and then the Muslim leaders involved in a particular town….and give them some education as it relates to these issues [GBV]. Then, we set them up as a group that we will collaborate with, in order to continue to sensitize their people in the churches and the mosques about gender based violence...”

School-based training and sensitization was described by key informants in a variety of ways, including incorporating messaging on SGBV as part of “life skills” or human rights
programs within school settings, or providing training to student clubs, PTAs, and school personnel. Respondents reported a high prevalence of “sex for grades” as well as other types of sexual abuse and exploitation within schools, and noted this as a significant issue of concern. One key informant from a Government Ministry that implements SGBV clubs in schools described them as a means of equipping children to serve as peer educators and to assist with the referral of SGBV cases involving their peers. She said,

“So it is like once or twice every month they meet and discuss all the preventive methods their students need to take. And then they serve as liaisons...so whereas when their colleague has some problem, concerning SGBV, they are there, they are not there as investigators, they would just give a friend moral support...”

In partnership with UNICEF, the Ministry of Education is also implementing the “Child Friendly Schools” initiative, which includes components for the prevention of SGBV as part of its overall aim of establishing “child friendly” school environments. The Ministry of Gender and Development, along with UNICEF and the Ministry of Education are working to implement the “SARA” Curriculum, which was mentioned by three key informants, and includes books, DVDs, and posters as a means of discussing issues of SEA and GBV prevention through following the story of a girl named “SARA.” The curriculum has been used in other regions of the world to highlight these issues, and was adapted for West Africa.

In terms of curriculum and outreach materials, the GBV Taskforce serves as a monitoring body for the standardization of training and sensitization materials, and requests members to submit potential materials for review prior to their use. A “standard training package” on SEA and GBV was released by the Taskforce soon after its implementation, although organizations are also free to develop their own materials, provided that they do so in consultation with
Taskforce members. Five key informants mentioned the role of the GBV Taskforce in standardizing training materials.

**Reported Success and Challenges**

Across key informants, there was a general sense that training and sensitization efforts have been *effective*, particularly in the area of informing people of the components of the *referral pathway*. A common theme stated by informants was that, as a result of training and sensitization “people know where to go” if they need help, and 20 key informants specifically mentioned that training and sensitization has made people more aware of available services. However, as one key informant from an international NGO noted, knowing where to go, and ensuring that people would report cases or access services, was not automatically correlated. She said, “People in a way know where to report and whom to report to. Whether something would be done about it or not is not is not an issue, but just basically they know you can go to the police.”

However, 23 key informants stated that training and sensitization has contributed to an increase in rates of the reporting of SGBV cases to the police and other service providers. As one key informant from a local NGO said,

“But now with this extensive education, information, communication--and dissemination of information and materials on rape, it's a gradual change. You can see the change because they will report it. It never used to be reported."

Another key informant from a local NGO said that, as a result of the community-based sensitization that has taken place, communities are reporting cases to the police. He said, “And also interestingly...even if [our organization] is not there, or other child protection agencies are not in the community, they also report abuse cases.” One key informant from a UN agency
described the impact that school-based training and sensitization can have, describing a case that took place in 2010 in which two teachers were arrested as a result of engaging in SEA against students, and “the community reported it to the police.”

In addition to discussing the overall effectiveness of training and sensitization in terms of impacting rates of reporting and service utilization, some key informants emphasized certain types of training and sensitization that they deemed to be particularly effective. The use of peer educators fell into this category, and was described as being more effective than agency-led awareness raising efforts. For example, one key informant from a UN agency, who regularly engages in community sensitization, said,

“After we started involving the students, religious leaders themselves... we realize that the message now is gaining momentum.... once you teach someone and allow the person to do what you taught them, the information sticks and they can be able to pass it onto others. So that is one of the greatest lessons that I have learned... we should give out the information so that people themselves can be able to implement. It helps in the preventive way easily.”

Another key informant from a local NGO emphasized the sustainability of the peer educator model, stating that monitoring visits carried out by his organization found that peer educators were continuing to engage in sensitization on their own, and that these efforts were well-received by their peers. Commenting on peer educators observed during his agency’s post-training monitoring visits, he said, “We watch the community dwellers in action. And we see the difference.” The this theme was also supported by another key informant from an international NGO, who said that her organization chooses locations for training and sensitization activities based on recommendations from community members, and that her organization likes to support people to “build awareness in their own communities.”
Another way in which training and sensitization was discussed by key informants is with regard to its impact on cultural perceptions around rape, sex, and gender that are counter to international and national law, and that serve as barriers to reporting and service utilization. 28 key informants mentioned that additional training and sensitization is needed in order to address cultural perceptions, suggesting that, on one hand, training is a recognized approach for responding to cultural perceptions, while at the same time suggesting that training and sensitization efforts to date have not made a sufficient impact on these issues.

Cultural perceptions were described by key informants most frequently with regard to the issue of “statutory rape”, which the national law defines as sex between an adult and anyone below the age of 18. Respondents reported that this principle is often in conflict in areas where early marriage is practiced, typically involving a young girl and a much older man. Regarding this issue, one key informant from a UN agency said there is “no harmony with the national law and customary law”, and emphasized the need to engage “traditional leaders” in order to bring about change.

In addition, local perceptions were also reported to conflict with international and national standards regarding the issue of sexual exploitation and abuse (SEA), in light of the fact that girls, particularly those from families with limited financial resources, at times become sexually involved with older men in exchange for financial support or other benefits. While national and international law defines this interaction as “statutory rape” as well as a form of SEA, respondents reported that this type of arrangement is often viewed as acceptable and even desirable at the community level. As a result, respondents reported that training and sensitization was at times met with resistance. For example, one key informant from a UN
agency who engages in training and sensitization at the community level on SEA reported that her training efforts have at times been met with resistance. She said,

“Like at the community they are saying, ‘This is favor, we don’t see it as an abuse. Because if I am a girl and my parents cannot support me, then having this big guy who is giving me support for sex, I don’t see it as a problem because automatically I will always have sex, so why should I just have sex with someone who will not give me anything. Let me have sex with someone who is willing to give me something in return.’ So they see it as favor.”

Respondents also indicated that local perceptions surrounding the rape of children versus adults also impacted reporting rates. For example, some key informants stated that there is a much greater level of public condemnation of the rape of young children, but that public perceptions are much more varied when it comes to cases of older children and adults. As one key informant, who works for an international NGO, explained:

“11, 12. 13 is the borderline. So when there is a 10 year old girl, 11 year old, 12 year old, 8 year old, everyone is unanimous this is not acceptable. It will be discussed. It will be taken seriously by the elders. At every level by the police. At every level there will be cooperation with the authorities on prosecution. Now when it comes to a 15 year old there is widespread disagreement in terms of what it is. So that makes the work difficult.”

In this way, respondents suggested that training and sensitization efforts have been effective in the sense of increasing the level of stigma against those who rape young children, and encouraging cases to come forward. However, increasing reporting and service utilization rates among older children and adults was identified as a particularly challenging issue. A variety of perceptions were described as contributing to this scenario, including a belief that “only a virgin” could be raped, or the notion that rape was taken less seriously if it involved girls or women who were sexually active, in part due to a commonly described acceptance of early sexual activity.
In this way, some key informants suggested that current statistics, that show children as the majority of survivors, while alarming, potentially are also a reflection of the fact that less women feel comfortable coming forward. As one key informant from a UN agency said,

“I think it’s important to emphasize on this issue. Because, simply people could say they are raping only children, and that’s important but I really have the feeling unfortunately the adults are not reporting.... It would be too simple.... Because for me there is two reasons.... The first one, maybe, is that it is clearly understood that raping, having sex with children is forbidden, which is good. I mean, we cannot consider that negative, and reported cases to the police, we cannot say it’s negative.... And for adults, so little cases reported, so small number, I would say that maybe it’s too common and it’s maybe a shame to report.”

This notion was supported by other key informants, who reported that older girls and women experienced a greater degree of stigma when reporting cases. As one key informant from a Government Ministry said,

‘The child is going to grow up. The child is likely to change from one community to another. Say a 25-year-old woman, a 30-year-old woman, would risk the chances of losing a husband or that kind of thing and would not like to get exposed. We’ve had victims come here and say, ‘Look I just want to seek medical attention. I don’t want to prosecute.’”

Assessment of Promising Practice

In terms of identifying promising practice in the area of training and sensitization, feedback from key informants suggests that these activities have made an impact in terms of increasing overall awareness of available services, and of increasing reporting rates to the police. However, there is also some suggestion that training and sensitization efforts have made less of an impact in terms of increasing reporting and service utilization rates among older children and women, as cultural perceptions continue to represent a barrier to reporting these cases, and to the subsequent utilization of services. On one hand, the fact that the rape of young children is more commonly reported, and viewed as a serious concern at the
community level can be seen as a way in which training and sensitization efforts have had an impact. However, if older children and women face increased barriers to reporting and accessing services, then it also suggests that training and sensitization efforts have had less of an impact in this area.

In terms of evaluating the impact of training and sensitization, it is also notable that key informants described the success of training and sensitization primarily in terms of contributing to public awareness of available services, and reporting cases to the police, but not in terms of contributing to a reduction in acts of violence. In addition, there was less mention of whether training and sensitization had contributed to more people accessing services, and so, even if people are aware that available services exist, the degree to which this awareness has contributed to an increase in service utilization is unclear. In this way, the impact of training and sensitization on reducing SGBV incidents, and increasing access to services, cannot be determined based on the feedback from key informant interviews.

The notion that training and sensitization has increased reporting rates to the police is supported by recent data from the Ministry of Gender and Development (MoGD), which states that there has been an increase in reporting rates to the police from 2009-2011 (MoGD, 2011a). However, while this increase may be associated with training and sensitization efforts, a conclusive link between these activities cannot be drawn, as a variety of other factors could have contributed to this shift as well. In addition, in light of the high number of cases that go unreported, as referred to previously, using reporting rates as a reflection of the impact of training and sensitization has limited value, as these rates leave out an unknown portion of SGBV survivors who are not bringing their cases forward.
Program Area 2: Direct Services to Survivors

Description of Activities

Direct services to survivors was the second most frequently reported program area by key informants, with 25 key informants reporting activities in this area. Programming in this area focused on the provision of services in the referral pathway, including such things as case management, counseling and psychosocial support, medical services, and legal and criminal justice programming. *Case Management for survivors* was described as a broad range of activities that were targeted to the unique needs of a particular survivor, resulting in referrals to necessary services such as health care and counseling, and facilitating access to the police and the court system. As one key informant from a local NGO described,

“So as they [the survivor] go through this process--so it's just actually facilitating, counseling and making sure that the victim is cared for and the writing is done. And, also, the perpetrator is actually accountable for what they have done through the legal system.”

One key informant from an international NGO mentioned that his agency is commonly contacted by the police to follow up on children who are referred to safe homes, in order to ensure that they receive necessary care, and to engage in family mediation to prevent the cases from being “compromised”, an issue which is described in greater detail in a subsequent section of the report. Another key informant from a local NGO mentioned that his agency is involved in following up on cases referred to the police, in order to ensure that they are handled correctly.

*Psychosocial Support* was described in a variety of ways by key informants. As one key informant from an international NGO said, the nature of “psychosocial” programming is very agency dependent. She said, “I think in some cases organizations really are doing psychosocial
support and in other cases they’re doing a very sort of medicalized counseling support. And in most cases, you’re probably talking about more case management support.”

Another key informant from an international NGO described their approach to psychosocial programming for SGBV survivors as “emphasizing the social” component, and focusing on reintegration activities. Among other key informants who reported providing psychosocial support, their activities included direct counseling as well as other supportive services. Key informants reported involvement in varying types of medical services, including the provision of direct medical care to SGBV survivors as well as providing supplies to health clinics and training healthcare workers.

Legal and criminal justice programing was described by key informants in a variety of ways, including the investigation and prosecution of SGBV cases, as well as training and capacity building efforts for the police on SGBV issues. One key informant from a UN agency mentioned their organization is involved in helping to recruit additional police officers at the county level, while another key informant from a UN agency reported working directly with the LNP in an advisory capacity, and providing training and technical assistance in areas related to how to effectively investigate and handle SGBV cases. In some instances, key informants were involved in court monitoring in order to see how SGBV cases were being handled at the court level, particularly in light of the fact that inefficiencies with the court system were described as a significant problem by the majority of key informants. A key informant from an international NGO described using court monitors to sit in during trials to monitor for procedural issues as well as potential interference with the trial by family members or court officials. The level of court monitoring carried out by this program was described to be on a “basic” level, consisting
primarily of monitoring court protocols and the treatment of survivors rather than engaging in in-depth legal analysis. Another key informant from a local NGO described monitoring cases at Criminal Court “E” in order to follow-up on instances where cases were dropped or delayed. Another key informants from an international NGO who mentioned legal support described his agency as helping to connect survivors with attorneys, and to follow up on cases that have gone to court.

Reported Success and Challenges

Regarding the impact of direct services to survivors, responses among key informants were varied, depending on the type of activity described. On one hand, there was a general sense among key informants that the national structures put in place by the government were strong. However, when it came to the implementation of these issues, discussion of successes and challenges became increasingly complex. On a macro level, the GBV Taskforce was described as effective by 28 key informants, who mentioned the presence of a GBV Taskforce in all counties as a positive step in terms of increasing coordination, and standardizing services. As one key informant from an international NGO said, “Before, organizations were just working on their own”, but mentioned that as a result of the national coordination structures, agencies are engaging in a greater sense of partnership and avoiding duplication of services.

However, views on coordination were also varied, with some respondents noting the effectiveness of coordination being dependent on the particular organizations operating in various locations, and that, in some cases it worked well, while in others it was less effective. As one key informant from an international NGO said, “Coordination is only as strong as its partners.” The context-specific nature of coordination was described by another key informant
from a Government Ministry, who said, “The coordination is just here and there. Actors are just doing their own activities.” While the GBV Taskforce is present in all 15 counties, one key informant from an international NGO noted that there is less capacity at the county and district levels in some locations as opposed to that which exists at national level.

The Standard Operating Procedures (SOPs) and Referral Pathway were also mentioned as strengths of the national structure by 24 key informants, who stated that a clear system was established in terms of having designated agencies to provide key services, and that people at the community level generally knew where to go to access care. At the same time, however, a common theme expressed by respondents was that, while a clear Referral Pathway was in place, there were significant gaps in terms of access to necessary services for those in rural areas, with 23 key informants mentioning that essential services in Monrovia were much easier to access than in more remote regions. As such, even if people “know where to go”, the distance required to reach that help, or the expense that transportation would require, was described by respondents as creating a barrier to services in rural locations.

In this way, facilitating case management was described as being much more challenging in rural areas, with 19 key informants specifically mentioning transportation as a common barrier to accessing the police, court, and other needed services. In response to the challenges of transportation, as well as the multiple service providers that survivors must visit in order to receive necessary care, the GoL/UN Joint Programme on SGBV has begun to pilot “one stop” facilities, which will enable survivors to receive all necessary services (police, medical care, psychosocial support, legal services) in one facility. Four key informants specifically mentioned the development of “one-stop” facilities as a promising practice, and the
establishment of these units is also mentioned in the National Action Plan (MoGD, 2011b). In addition, the GoL/UN Joint Programme on SGBV has also established an Endowment Fund, a program that was mentioned by a small number of key informants, which makes targeted financial assistance available to SGBV survivors with special needs, in order to help cover the cost of transportation as well as other expenses. The amount given to survivors varies based on the particular details of each case, with some potential to provide more long-term support, although the majority of the fund is used for short-term expenses.

With regard to medical care for survivors, there was a general sense that access to free medical care for SGBV survivors was available in Monrovia at the clinics designated by the Referral Pathway. In addition, key informants emphasized that all major actors involved in service provision emphasize the importance of seeking early medical care following an incident of sexual assault, and particularly within the first 72 hours. While these were described as strengths of the current system, issues of access in rural locations, as mentioned above, were described as a primary barrier to the provision of medical care. As one key informant from a government agency said, “At least all of the counties have facilities. When you talk about access or how to get there, it’s an issue for some communities or for some counties. The distances are too far.” This official went on to say that the Ministry of Health and Social Welfare is now putting in place a policy to work towards no one needing to “walk more than one hour to reach a health facility”, and described this as a positive step that the GoL is taking.

Other challenges with regard to the provision of health services for survivors that were mentioned by key informants include high turnover among health care workers, as well as a shortage of qualified medical personnel to collect evidence and complete the medical report
which is used by the police, and which is necessary for the prosecution of SGBV cases if a survivor’s case goes to trial. These challenges are all mentioned in the National GBV Action Plan, which states, “…access to health continues to be a challenge because of the limited health facilities in the districts that provide clinical management of rape and basic drugs, coupled with inadequate road networks, lack of transport, poorly equipped facilities and limited skilled staff” (MoGD, 2011b, p. 28).

With regard to psychosocial support, there was a general sense among key informants that additional psychosocial services were needed, however, 17 key informants mentioned the presence of safe homes as an effective source of psychosocial support, particularly for children. Safe homes are included as a core activity under the “Psychosocial Pillar” of the National GBV Action Plan (MOGD, 2011b), and are designed to support female survivors of all ages with high-risk security concerns. Safe homes provide temporary shelter and access to counseling and other essential services until more permanent care and living arrangements can be identified. The location of safe homes is kept confidential, except to agency staff and other key implementing partners, and detailed protocols are put in place in order to ensure that the safety and security of survivors is preserved at all times. The GBV Taskforce developed guidelines for the implementation of safe homes, which are used as a basis for monitoring and accreditation by the Ministry of Health and Social Welfare. The guidelines established by the GBV Taskforce also provide standard forms, which are used in case management as well as monitoring and evaluation activities by implementing agencies.

In previous years, safe homes were largely operated by NGOs, with support from UN agencies and the Ministry of Health and Social Welfare. While NGOs continue to operate a
number of safe homes, the GoL has begun directly operating safe homes as well, and has been taking over ownership of safe homes if NGOs phase out of their programming in a particular area. During key informant interviews, respondents reported that the government has initial plans to open five safe homes, three of which are currently operational. The need for additional safe homes was emphasized by some key informants, who mentioned that there are areas in which no safe homes exist, resulting at times in SGBV survivors being placed in transit centers, which are temporary facilities designed for a broader population and which do not offer the same degree of support and protection that is needed to appropriately respond to the needs of survivors. The need for additional safe homes is also emphasized in the GBV National Action Plan, which mentions a target of constructing 30 safe homes during the period 2011-2015 (MoGD, 2011b).

In addition to describing a need for additional safe homes, some key informants also reported a need for additional counseling and psychosocial services for SGBV survivors. The need for additional psychosocial programming is also emphasized in the GBV National Action Plan, which notes that psychosocial programming is often “the least recognized aspect of health”, and that access to “gender sensitive psychosocial services” is not yet available in all counties (MoGD, 2011b, p. 18). Promoting access to counseling and psychosocial support for survivors is mentioned as a key priority under the “Psychosocial Pillar” of the GBV National Action Plan for 2011-2015, with outputs focusing on the establishment of new counseling centers and services, as well as the training of social workers, counselors, and health facility staff (MoGD, 2011). A small number of key informants also mentioned that the five new
psychosocial centers are currently being constructed with support from the UN/GOL Joint Programme on SGBV, and that additional psychosocial centers are planned in the future.

In terms of access to the police, there was a general consensus among key informants that the development of the Women and Children Protection Section (WACPS) of the Liberian National Police (LNP) represents a positive development in terms of increasing the degree to which child-friendly and survivor-friendly services from the police were available to SGBV survivors. WACPS was described as effective by 22 key informants, who mentioned things such as the specialized training that WACPS officers have received on the handling of SGBV cases as well as on working with child survivors. In addition, key informants noted that WACPS places a priority on hiring female staff, and that in Monrovia, the WACPS depot is housed in a separate building from the main police headquarters, and includes private rooms designed to provide a greater level of confidentiality. There was a general sense among key informants that WACPS officers take cases of SGBV seriously. As one key informant from an international NGO said,

“What I heard is that when they are called, they don’t compromise. They’re real strong. This is what I’ve heard. As soon as you involve them, you cannot move back. It seems to be really strong. Unless the family itself withdraws, but from what I’ve heard, they are very strong.”

However, as with other service areas included in the Referral Pathway, access to the WACPS depots in rural areas was described as a challenge, with survivors at times needing to travel long distances in order to reach the nearest police depot. In addition, key informants noted that WACPS depots in rural areas at times face resource constraints, such as limited staff, lack of access to motorcycles to investigate cases, lack of sufficient materials to investigate cases, and space limitations that do not afford the same degree of confidentiality or specialized services as compared to the primary WACPS depot in Monrovia.
Access to justice for survivors of SGBV was described in a variety of ways by key informants. On one hand, 31 key informants reported that the national legal framework for addressing SGBV is strong, and represents a positive step in terms of creating a basis for the prosecution of sexual violence. In addition, the development of the SGBV Crimes Unit in Monrovia was described by 18 key informants as an effective structure for responding to SGBV cases, and the development of “Criminal Court E” for the hearing of SGBV cases was referred to as an important step towards expediting the hearing of cases and working to ensure that survivor-friendly measures are put in place in terms of the procedural and logistical details whereby cases are handled. However, both the SGBV Crimes Unit and “Criminal Court E” have primary locations only in Monrovia, leading key informants to mention that SGBV cases outside of Monrovia face additional challenges, making the commonly reported theme of limited access to essential services in rural locations applicable to the justice sector as well.

Regardless of location, however, the effectiveness of the court system were described by key informants as a primary challenge, with 21 key informants mentioning inefficiencies within the court system as a significant barrier to justice. For, on one hand, although the laws and policies regarding rape and sexual violence are very strong, and institutions are in place to investigate and prosecute SGBV cases, the rates of prosecution, and the number of cases who end up going to trial, were reported by respondents to be quite low. Respondents stated that this promoted “impunity”, and can also prevent the degree to which the law is seen as a deterrent.

The reasons for these low rates of prosecution were described in a variety of ways by key informants. The most frequently mentioned factor was the practice of “compromising
cases”, an issue mentioned by 37 key informants. According to key informants, cases were “compromised” in a variety of ways. The most common form of “compromise” was reported to take place at the family and community level, with relatives or community members placing pressure on a survivor not to bring their case to the police, or to withdraw their case if it has already been reported, in order to protect the perpetrator from prosecution.

Respondents noted that this is due in large part to the fact that rape and other forms of sexual abuse are primarily carried out by someone a survivor knows, often a relative, neighbor, or family acquaintance. As a result of these community and family connections, respondents reported that there was often a greater emphasis on the impact that prosecution would have on the perpetrator, or on the family as a result of the community pressure that would result if the perpetrator was sent to jail, rather than the impact of a particular SGBV incident on a survivor. This was described as being particularly true in light of the strong penalties specified by the Rape Amendment Act. As one key informant from an international NGO said:

“The maximum penalty is life in prison. So people tell the girl, ‘You know this guy is going to be locked up for life. It’ll be a problem in the community. You don’t need to do that. Why should you do that.’ They look at it as something small. They don’t look at it as something which is damaging that person. They will tell you, ‘You are not the first. It has happened. Just move forward.’”

In light of its perceived potential contribution to the compromising of cases, some respondents stated that the Rape Amendment Act is “too strong”, and that it actually serves as a disincentive to reporting. However, the vast majority of respondents interviewed reported that the strong penalties for rape as specified in the law are necessary in order to sufficiently criminalize rape and enable the law to serve as a deterrent. As one key informant from a Government Ministry mentioned, the notion that the rape law is “too strong” is “just an
excuse” used by communities and that the real problem lies not with the law, but in people’s behavior.

Another reported reason that cases are often compromised is if the perpetrator is the breadwinner in a family, as losing this source of income would be particularly detrimental to the financial wellbeing of the survivor and the family as a whole. In lieu of going to the police or taking cases to court, “compromised” cases were reported to often involve perpetrators offering money to the survivor’s family or providing other forms of assistance. Respondents mentioned that perpetrators also at times take survivors to access medical treatment as part of the arrangement.

Another type of “compromise”, although one that was mentioned less frequently by key informants, involves perpetrators offering bribes to police or judges, in order to interfere with the prosecution of a case. Although the police and all government actors have strong policies against accepting bribes or participating in the “compromising” of cases, respondents noted that these practices have continued to take place. For example, one respondent said that a police officer who accepts a bribe could purposely ask questions in a way to intimidate the survivor, or fail to accurately document the testimony in a way that would stand up in court. As one key informant described,

“If the perpetrator gives something to the police, then when the girl is reporting, they question her, they ask her for things which are difficult to answer. It’s not difficult to scare a girl from a rape report. You just make it difficult for her with the way you ask the questions.”

In addition to compromising cases, key informants also noted that a lack of sufficient evidence often interfered with cases being brought to court, or being able to proceed during trial. In some cases, this was a result of insufficient documentation and evidence gathering by
police or medical staff. In other cases, this was deemed a result of evidence getting destroyed through such actions as a survivor bathing or washing clothes prior to reporting their case to the police or a medical provider. As a result of these risks, training for WACPS officers has placed considerable emphasis on evidence gathering techniques, as well as correct case documentation procedures. In addition, sensitization messages to the public have emphasized the need for survivors not to bathe or alter their clothes prior to reporting their cases.

Also, the length of time it typically takes to process cases was also identified as a challenge. Respondents reported that there were often considerable delays in the processing of cases, at times lasting as long as two years. During this time, respondents reported that survivors can “lose interest in the process”, or also become overwhelmed by the financial and logistical challenges associated with traveling to court, depending on the distance they live from where the case is being tried. In addition, there is also a policy that cases that remain on a court’s docket for more than two terms can be summarily dropped, and as a result, rape cases have also been dropped before they’re even heard, if they are not brought to trial in an expedient manner. In Monrovia, where the SGBV Crimes Unit and Criminal Court E are located, the delays in processing cases were reported to be less than in other parts of the country where these structures do not exist. However, even in Monrovia, delays were reported, and respondents mentioned a need for additional judges. At the county level, where cases are heard by magisterial courts, respondents reported that SGBV cases are placed on the docket with all types of cases, and that judges at times give SGBV cases a “low priority” in light of the fact that other types of cases are deemed to be more lucrative.


Juror qualifications were also described as a primary challenge by key informants, as described by one key informant from a UN agency, who said that there is a need to develop selection criteria in order to ensure that jurors are qualified. Another key informant from a Government Ministry said that many jurors are “not literate” and often don’t have an understanding of the law and its components, and so are unable to evaluate the case accordingly. Another key informant, from a Government Ministry, mentioned that jurors often are only sympathetic to rape cases if they see a survivor experienced significant bleeding or other physical injuries, and described this as a serious problem in light of the varying physical impact of rape on particular survivors, and that this alone should not be used to determine is a rape occurred. He said,

“We say every human being got different body composition, different body made up. So you may be abused by 10 men, you don’t bleed, one man you bleed a lot. Yeah, you see? And because of the body composition maybe your system, your cells multiplication and all of that, you know? But, in Liberia, those factors are now considered, are not considered.”

In light of these challenges, there was varying opinion among key informants regarding whether or not the Rape Amendment Act ultimately has had an impact. On one hand, there was a sense among some key informants that the existence of the law had changed perceptions, and increased the degree to which rape was seen as a crime. This was reported by 17 key informants, as described by one key informant from an international NGO, who said, "In the past, it [rape] was not taken as something illegal. With the new laws, GBV laws and so forth, this is really changing people’s perceptions." Other key informants noted, however, that in rural areas there is less awareness of the Rape Law and its components, and mentioned that additional training and sensitization is needed. As a key informant from a UN agency said,
"We have a lot of laws, but the implementation aspect is serious concern and ...another issue is the awareness on these particular laws. You come to realize that if you went to do awareness on one of these laws, especially in remote areas, there are a lot of people that do not even know about it."

As a result of these issues, as well as the challenges described above, some key informants described the law as not having a real impact. As one key informant from a Government Ministry said, “The laws are there, but they are not effective.” However, reason that the law was not deemed effective by those who held this view was not based on flaws in the law itself, but as a result of the multiple systemic factors that interfere with the degree to which it can serve its intended function. As a key informant from an international NGO said,

"Actually, the Rape Law is pretty progressive. The legal framework is okay in Liberia. We don’t have a problem with the legal framework. And if we want it improved, it’s possible to get it improved. As I told you the government is very accommodating. Is very accommodating. Any improvement which would may be necessary in these laws we have can be done relatively easily. The problem is at implementation."

**Assessment of Promising Practice**

In terms of evaluating promising practice in the area of *direct services to survivors*, feedback from key informants suggests that a strong national structure has been put in place, both in terms of establishing a legal framework, and in terms of establishing coordination mechanisms and designated service providers at the national and county levels. However, the effectiveness of coordination efforts, and the level of access to services was described as varying significantly, based on the organizations that were present in particular areas, and access to all services was reported to be limited in many rural areas.

The establishment of WACPS within the LNP, and the formation of the SGBV Crimes Unit and Criminal Court E were also described as promising practices, as these units have been designed to provide services that are child-friendly, and catered to the unique needs of
survivors. However, as previously mentioned with regard to other services, these units were described as being most effective in Monrovia, with access varying significantly in rural areas. These challenges were also highlighted in a 2009 research study examining the effectiveness of WACPS, which states,

“As the WACPS are based mainly in county capitals, reporting crimes which have taken place in other places is an enormous challenge for victims of SGBV. The police has little presence in rural areas, and transportation is scarce. In rural areas, reporting a crime thus requires the victim to make the journey to the nearest WACPS in order to report it. This can be both practically and economically challenging…. Once a crime has been reported, the police need to investigate. However, as the police has little mobility due in large part to lack of vehicles and fuel, victims often have to pay for the police to come and investigate. Depending on where the crime took place, this can be quite an investment required on the part of victims of GBV” (De Carvalho and Schia, 2009a, p. 3).

In addition, inefficiencies with the court system were described by key informants as a significant barrier to survivors accessing justice, and were suggested to be a contributing factor to cases being “compromised”, and limiting the degree to which the legal framework, although well-designed, serves as a deterrent. These perspectives are supported by 2011 data from the Ministry of Gender and Development, which suggest that, out of the total reported cases of GBV in 2011, 22% were taken to court, and only 1% resulted in the conviction of a perpetrator (MoGD, 2011a). The climate of impunity described by key informants is also emphasized by De Carvalho and Schia, who deem it in part to be due to a divide between the “dual system of customary and statutory law” that exists in Liberia, and that “that more work is needed in order to harmonize these systems and determine “how they can work together and complement each other” (De Carvalho and Schia, 2009b, p. 1).

In terms of particular program approaches, safe homes were consistently referred to as being effective sources of protection and psychosocial support, although, access, as with other
services, was reported to be an issue, although the Government is in the process of building new safe homes to address this issue. A few innovative approaches, such as the development of “one stop” facilities being piloted as part of the National Action Plan, represent potential promising practices, as enabling survivors to receive necessary services in one location would address many of the transportation and logistical challenges that have been reported in accessing services. The same can be said of the Government’s plans to develop psychosocial centers, which responds to the reported lack of sufficient psychosocial programming for survivors in certain locations. In addition, the Endowment Fund, which provides targeted financial support to survivors also represents an innovative response in terms of addressing the financial constraints that survivors experience in accessing necessary services.

However, while these approaches represent ways in which key actors are responding to constraints within the system, and are suggestive of promising practice, additional research and evaluation is needed in order to determine the impact of these initiatives, as well as ways in which they can be adapted in order to be made more effective. In general, key informants did not discuss the effectiveness of direct services based on measureable change, suggesting that the need to establish a stronger evidence base upon which to evaluate the effectiveness of SGBV programming.

**Program Area 3: Promotion of Community-based Protection Structures**

**Description of Activities**

The promotion of community-based protection groups was reported as a current area of programming by 17 key informants, including such things as supporting the establishment of community-based monitoring bodies as well as the formation of community groups for women,
men, and children. In terms of monitoring bodies, a frequently mentioned type included Child Welfare Committees (CWCs), which are community-based groups intended to monitor and report child rights violations, including SGBV. The establishment of these units was described by key informants as being carried out in cooperation with the Ministry of Gender and Development, and key informants noted that the structure for setting up CWCs is contained in the new Children’s Act of 2011 that was passed by the Senate in 2011 (Government of Liberia, 2011), and signed into law in 2012 (UNICEF, 2012). Another type of community-based group mentioned by four key informants was the GBV Observatory, a new initiative being implemented by the Ministry of Gender and Development and the GoL/UN Joint Programme on SGBV, which is being piloted in 6 counties and seeks to establish designated groups at the community level to monitor and report cases of GBV, and help survivors access needed services (Heritage, 2012).

The formation of children’s clubs or groups at the community level was described primarily in terms of establishing girls’ discussion groups, or co-ed groups that focused on gender issues and SGBV. In some cases, agencies had groups specifically for girls as well as co-ed clubs, while other agencies ran only co-ed clubs. Regardless of the format, the purpose of the groups generally involved facilitating discussion and awareness around SGBV and gender issues, while the groups for girls often included a focused component on sexual and reproductive health.

Male engagement programs took on a variety of forms, including discussion groups, more formal training groups, as well as forming male-led committees in communities to monitor for protection concerns. While male engagement programs often targeted adult men,
some key informants reported implementing activities for male youth, as in the case of one international NGO that organized a workshop on GBV for male youth. A key informant from this NGO commented on the need for this approach, saying, “you cannot talk with the girls and forget about the boys because according to them the boys are the perpetrators most of the time.”

Women’s groups were generally described as a means of bringing women together at the community level to facilitate discussion, provide sensitization on SGBV, and establish women as agents of protection who engage in monitoring and reporting of SGBV in their communities. Women’s groups took on a variety of forms, but primarily were described as involving sensitization and training around SGBV and other key issues, as well as promoting women as protection groups in the community. In the case of one international NGO, the women’s groups followed a standard curriculum that included phases, ultimately culminating in the group carrying out a collective income-generating project.

Reported Success and Challenges

Key informants described the success of these community groups in terms of their ability to identify and report cases of SGBV as well as other protection concerns. Regardless of their format, these groups were described as being the “eyes and ears” in a community, and ultimately contributing to a greater level of access to needed services. As one key informant from an international NGO said,

“That is an important lesson that the availability of structures and the strengthening of structures at local level will enhance reductions [in cases of SGBV] or enhance services provided to SGBV survivors.”
With regard to children’s groups, the use of drama, art, and other creative approaches was commonly mentioned as an effective approach, the evidence of which was described in terms of children’s ability to reflect their learning through creative expression. For example, one key informant, who works for an international NGO, described engaging girls in “poems and skits” on various protection and child rights issues, and mentioned that the children say “very powerful things.” She gave the example of one skit where a girl said that parents and teachers “should not abuse her because she’s big in the body” and that “she’s still a girl.”

Male engagement was a strongly-emphasized program approach among key informants, and was commonly described as “essential” for addressing the issue of SGBV. One international NGO, who implements a structured male engagement program described significant behavior change in participants, and mentioned that the wives and girlfriends of the men participating in the groups have also reported a change in their partner’s behavior as a result of his involvement in the program. In an event where they called women and men together to discuss the impact of the program, she said the women said things such as “We feel better. We are no longer being beaten or abused.” In the case of another international NGO that implements groups for both men and women, the key informant representing that agency said that the men’s groups were “formed at the request of the women”, suggesting that there was considerable community buy-in for this process as well.

Engaging communities in protection efforts was also described by the majority of key informants as being essential in order for programs to have an impact. As one key informant from a local NGO said, “Coordination is important and working with the community themselves...because if they are not willing...you cannot go further.” This was described as
particularly true with regard to securing the support of local leaders. As one key informant from a local NGO said,

"When I got there, let's say I go straight to the town chief. And before I could know it, he gave me his support. Then, naturally, I will still want to get the entire leadership of the community... So I learned that if you get the heads of the community involved in your activities, it's easier to go through."

In a similar fashion, a key informant from a UN agency involved in the formation of women’s groups noted the importance of selecting participants in cooperation with local leadership, saying, “...When we arrive in a community, the implementing partner presents the project to the chief and then with in collaboration with the community they will identify a group of women...”

**Assessment of Promising Practice**

In terms of evaluating promising practice in the area of community-based protection structures, establishing community-based structures to promote protection was consistently emphasized as an effective means of addressing SGBV. And, working with local leadership in order to implement SGBV programs was described as being essential in order to prevention and response initiatives to be both sustainable and effective. Key informants described instances in which community members reported cases of SGBV as a result of these groups being in place, and described the way in which community leaders helped facilitate the establishment of these groups, thereby providing case examples of instances in which this approach worked well. In addition, key informants described the impact of male engagement initiatives in terms of the response from women in communities where these efforts have been implemented, as evidenced by the women highlighted earlier who said that they “feel better” and that they “are no longer being abused” as a result of the male engagement programs in their community.
In this way, incidental reports provided by key informants suggest that promoting community-based structures have been effective. However, this impact was described in ways that are difficult to measure, and were not described in terms of results from evaluations investigating the effectiveness of these efforts. The challenges of establishing an evidence base for community-based child protection mechanisms have been highlighted by Wessells (2009), suggesting that additional research and investigation is needed in order to explore the impact of these structures in Liberia, and determine ways in which their effectiveness can be increased.

**Program Area 4: Empowerment and Skill-building**

*Description of Activities*

Empowerment initiatives represent the fourth primary program area, and were reported as a current area of activity by 12 key informants. Programs included in this category were livelihoods and economic empowerment activities as well as education, literacy and life skills initiatives. *Economic empowerment and livelihoods* programming were described in a variety of ways by key informants, in some cases involving programs for women that focused on income generation and business skill development, while others focused on adolescent girls and provided vocational training and skill development as part of a holistic program.

*Literacy and life skills* initiatives were often described as being carried out with adolescent girls, and were often incorporated as part of either sensitization activities or livelihoods programs, although in some cases were taught on their own. Life skills training for adolescent girls focused largely on issues such as sexual and reproductive health, HIV/AIDS prevention, SGBV prevention, as well as other issues such as self-esteem and responding to peer pressure. Another key informant from an international NGO described his agency’s
program for adolescent girls that provides life skills training that focuses on sexual and reproductive health, SGBV, as well as “reducing harmful traditional practices.”

**Reported Success and Challenges**

The impact of empowerment programs were described by key informants in terms of the degree to which they achieved a change in the economic, vocational, or educational capacity of participants. In some cases, these types of programs were described as being more preventative, while in others, the training and skill-building took place as part of a targeted program to rehabilitate SGBV survivors.

In terms of the success of economic empowerment programs for women, one key informant, who works for an international NGO, described a program that provides training on business skills and facilitates the establishment of a village savings and loan program. She described the fact that women have been able to save a considerable amount of money through this process, and that the program also is able to “replicate” itself by training new volunteers who will facilitate the establishment of new groups. Another key informant from an international NGO described an integrated economic empowerment program for adolescent girls, which also incorporates life skills and training on GBV. She reported that their current data shows more than 80% of the girls were able to form their own businesses as a result of participating in the program.

Another key informant from a local NGO described a program for SGBV survivors that provides vocational training along with psychosocial support, and noted that the program has enabled the majority of participants to access employment, education, or other social reintegration opportunities, and has been reported to be successful by survivors. Another key
informant, who works for a local NGO, described the positive impact programs combining life skills with training and sensitization on SGBV can have. She reported that girls who received life skills training demonstrated “a qualitative difference” as compared to girls in previous programs that only received sensitization. She said,

"But, now, that we have added life skills education into aid, the result has shown that there is a qualitative difference. The gap was there, but with this, there's a qualitative difference because the girls, they either get a job, go into business or return to school."

**Assessment of Promising Practice**

Of all the program areas discussed by key informants, empowerment and skill-building initiatives were described in terms of results that were the most measureable, with key informants noting such things as the percentage of program participants who were able to start businesses or attain educational advancement as a result of particular programs. Other key informants described results in terms of the psychosocial impact of programs on participants, or noted the fact that programs appeared to be sustainable, however these results were not associated with measureable figures. In this way, feedback provided from key informants suggests that additional monitoring and evaluation of empowerment and skill-building programs is also needed in order to strengthen the evidence base in this area.

**Survivor Perceptions**

Once the feedback from key informants had been analyzed, the final step in the data analysis for this study involved examining the perceptions of SGBV survivors, as expressed during interviews. In order to engage in this process, transcripts from interviews with SGBV survivors were analyzed for main themes, with attention given to survivors’ level of satisfaction with particular programs, as well as the perceived impact and effectiveness of these initiatives.
In total, 10 female survivors were interviewed, with ages ranging from 11-17, and an average age of 14 years old. In light of the study’s emphasis on child survivors, only respondents under the age of 18 were included. All survivors were interviewed from the same organization, which provides psychosocial support, case management, and other rehabilitation services to survivors of SGBV. An overview of the number of respondents by age is contained in the table below:

**SURVIVORS INTERVIEWED BY AGE**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>

As a first step, interview transcripts were analyzed in order to determine the way in which survivors were referred to the organization where they were currently receiving services. Of the ten survivors, five reported being referred to their current organization by the police; two reported being referred by the Ministry of Justice (MoJ), one reported being referred by an NGO, and two reported being referred by relatives, as detailed in the table below:

**SOURCE OF REFERRAL TO CURRENT SERVICE PROVIDER**

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Number of Survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>5</td>
</tr>
<tr>
<td>MoJ</td>
<td>2</td>
</tr>
<tr>
<td>NGO</td>
<td>1</td>
</tr>
<tr>
<td>Relative</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
</tr>
</tbody>
</table>
Description of Services

As a next step, the transcripts were analyzed in order to determine the degree to which survivors reported access the core services contained on the Referral Pathway: 1) Medical Care; 2) Police; 3) Psychosocial Support; 4) Court. In addition to examining whether or not survivors described receiving a particular type of service, attention was also given to the degree to which survivors described particular services as effective. A description of the survivor perceptions for each of these four areas is below:

1. Medical Care

With regard to medical care, 8 out of 10 survivors reported going to a clinic or hospital in the initial phase after their case was reported, and mentioned receiving an exam as well as medication. All who described receiving medical care mentioned feeling better as a result. For example, a 16-year-old survivor said, “They gave me medicine and all the sickness in my body is gone” and a 15-year-old survivor said, “They gave me some treatment and I come to myself and I got well.” In addition to reporting physical improvement as a result of the medical care they received, a few survivors also specifically mentioned the services being provided in a sensitive manner. For example, another 15-year-old survivor said, “They talked to me nice”, while a 14-year-old survivor said, “They said my Pa is finished hurting me”, while a 17-year-old said, “They started counseling me and talking to me.” Of the two survivors that did not specifically mention going to a hospital or clinic, one said that she “had stomach problems” when she first started receiving services from the organization where interviews were conducted, but mentioned that she was “now better”, although did not specify whether or not she received formal medical care.
2. Police

In terms of access to the police, 8 survivors specifically mentioned reporting their cases to the police as their first point of contact on the referral pathway. The remaining two survivors reported that their cases are being investigated by the SGBV Crimes Unit, thereby still stating that their cases have been officially reported through formal channels, and implying police involvement, as WACPS and the SGBV Crimes Unit work closely together in the investigation of cases. In addition, 7 survivors reported that their perpetrators were arrested by the police. Of the remaining three cases, one survivor reported that her father (who is the perpetrator) was “on the run”, and the other two reported that the cases were currently under investigation. There was a general sense among survivors that the police were helpful, as described by one survivor who specifically mentioned talking to a “female officer”, and said that she was “scared” at first, but then “felt good” after giving her statement. One survivor, however, mentioned that the police at times can “be bribed” by perpetrators who “have money”, but said that in her case, the police were “alright.”

3. Psychosocial Support

In light of the fact that the organization where survivors were recruited provides psychosocial support, all 10 survivors reported that they received counseling and psychosocial support following their incidents of SGBV. In terms of the impact of these efforts, all 10 survivors reported experiencing an improved sense of psychosocial well-being as a result of the services they received. For example, a 16-year-old survivor said, “They counsel you to make you feel happy” and reported that these services have helped her “forget about the past.” A 12-year-old survivor said, “I was feeling bad, but I’m not feeling bad again”, while a 14-year-old
survivor said that the support she has received has enabled her to “feel free.” A 15-year-old survivor said that when she first started participating in the program, she “didn’t talk” because of the psychosocial impact of her abuse, but said that staff from the organization talked with her and have enabled her to open up. A 17-year-old survivor described peer support as well as “encouraging words” from staff as enabling her to have a sense of hope towards the future. She said, “I was feeling bad, but it’s not the end of my life”, and mentioned that she is now “focused on school.”

4. Court

In terms of access to court, 6 survivors stated that their cases had been taken to court, with all 6 of these cases resulting in the conviction of the perpetrator. Of the remaining four cases that were not reported to have gone to court, two survivors mentioned that their cases were under investigation by the SGBV Crimes Unit, while another survivor mentioned that the perpetrator was “on the run”, while the remaining survivor mentioned that the authorities had captured the perpetrator but did not specify whether this resulted in a trial.

Among the survivors who reported that their cases had been taken to court, there was a general sense that the SGBV Crimes Unit had been supportive in helping them prepare their cases, and one of the survivors whose case is being actively investigated mentioned that the SGBV Crimes Unit has given her a book to help her prepare for court and talked with her about what to expect. One survivor, whose case ended in the conviction of the perpetrator, stated that there were significant delays in the processing of her case, and that it took more than one year to be processed, and kept getting dropped until an outside lawyer intervened.
A summary of survivor perceptions across these four main service areas is contained in the table below:

**CORE SERVICE ACCESS AND EFFECTIVENESS (BY SURVIVOR REPORT)**

<table>
<thead>
<tr>
<th>Survivor Code</th>
<th>Age</th>
<th>Health Services</th>
<th>Improved Health</th>
<th>Police /SGBV Crimes Unit</th>
<th>Arrest of Perpetrator</th>
<th>Psychosocial Support</th>
<th>Improved Well-being</th>
<th>Court</th>
<th>Perpetrator Convicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>S 1</td>
<td>16</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>S 2</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>S 3</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>S 4</td>
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<td>S 5</td>
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<tr>
<td>S 6</td>
<td>14</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>S 7</td>
<td>15</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>S 8</td>
<td>17</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>S 9</td>
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<tr>
<td>S 10</td>
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<td><strong>10</strong></td>
<td><strong>10</strong></td>
<td><strong>6</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

**Index**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services</td>
<td>Reported access to health services following SGBV incident</td>
</tr>
<tr>
<td>Improved Health</td>
<td>Reported improvement in physical health</td>
</tr>
<tr>
<td>Police/SGBV Crimes Unit</td>
<td>Reported access to police or SGBV Crimes Unit</td>
</tr>
<tr>
<td>Arrest of Perpetrator</td>
<td>Reported arrest of perpetrator</td>
</tr>
<tr>
<td>Psychosocial Support</td>
<td>Reported access to psychosocial support</td>
</tr>
<tr>
<td>Improved Well-being</td>
<td>Reported improvement in psychosocial well-being</td>
</tr>
<tr>
<td>Court</td>
<td>Reported case going to court</td>
</tr>
<tr>
<td>Perpetrator Convicted</td>
<td>Reported conviction of perpetrator</td>
</tr>
<tr>
<td>1= reported by survivor</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment of Promising Practice**

In terms of the promising practices that can be identified in these perspectives, the survivors reported a high level of access to essential services, and reported improved outcomes in their psychosocial well-being and physical health as a result. In addition, there was a general
consensus among survivors that the service providers with whom they interacted were helpful and supportive. In addition, all ten survivors stated that their cases were reported to the police or the SGBV Crimes Unit, and 7 out of 10 reported that their perpetrators were arrested by the police, with 6 survivors reporting that their cases were taken to trial, which resulted in their perpetrators being convicted in court. An additional two children reported that their cases were still under investigation. When taken cumulatively, this suggests a relatively high rate of the arrest and conviction of perpetrators, as compared to the national statistics from the MoGD as mentioned earlier, which suggest that only 1% of all reported GBV cases result in a conviction in 2011 (MoGD, 2011a).

These interviews, since they were conducted at one organization, were not intended to be a representative sample of all SGBV cases involving children in Liberia, or of all the types of programs examined elsewhere in this study. Rather, these survivor perspectives represent a case study of the views and experiences of child survivors at a particular organization. And, by originating from children themselves, these perspectives provide a unique and essential contribution to the study’s overall aim of seeking to understand the impact and effectiveness of child-focused SGBV programming.

In light of the high rate of access to essential services reported by survivors, as well as the high level of reported satisfaction with these services, these survivor interviews suggest that, at least within Monrovia, a system is in place within which to provide child survivors of SGBV with effective response programming, if the implementing organization is equipped with the necessary staff and other resources. However, additional research and evaluation would be needed in order to fully understand the impact of the programs and services described by
survivors, as well as to explore ways in which these initiatives could be made even more effective.

IX. DISCUSSION

This study sought to explore two primary issues: 1) the response of the formal system to the needs of children impacted by SGBV; and 2) the promising practices that can be seen in these efforts. In terms of the nature of the formal system’s response, the study revealed that the Government of Liberia (GoL), along with its UN and NGO partners, has placed SGBV prevention and response initiatives among its top priorities, as evidenced by the development of strong national legislation, as well as the establishment of institutions designed to respond to SGBV. This national structure has served as a basis for a host of programs and services being carried out by UN agencies, NGOs, and other partners, and both national and international donors have invested considerable resources in the development of SGBV prevention and response initiatives.

In terms of the promising practices that can be seen in these approaches, findings from the document review provide little evidence of promising practice that can contribute to a reduction in SGBV. In addition, the small number of evaluations submitted to the review that demonstrate measureable change make it difficult to draw significant conclusions from these documents regarding promising practice, even at the outcome level. While the other documents submitted to the review that were not evaluations provide insight into the types of programs and approaches currently being carried out in Liberia, the cumulative document set suggests very little in terms of the impact of these interventions.
Key informants identified areas of programming they deemed to be effective, and also discussed challenges involved in implementation. The impact of these activities, however, was rarely described in measureable terms, with the exception of some of the empowerment and skill-building initiatives. In addition, with the exception of a small number of the community-based protection programs, none of the promising practices mentioned by key informants were directly described as contributing to a reduction in violence. In this way, findings from the key informant interviews, while informative in terms of mapping out the current types of programs being conducted, as well as potential successes and challenges of these approaches, still suggest the need for additional monitoring and evaluation efforts in order to increase the degree to which promising practices can be identified.

In light of the findings from the document review and key informant interviews, the survivor perceptions provide a useful counter-balance to the more macro discussion of SGBV prevention and response initiatives reflected elsewhere in the study. For, findings from these interviews suggest that all 10 survivors experienced high rates of access to essential services as well as an improved sense of psychosocial well-being as a result of the services they received. In addition, six out of the ten survivors reported that their perpetrators had been convicted in court. In light of the inefficiencies with the justice system highlighted by key informants, as well as the low rates of prosecution of perpetrators mentioned in national data from the MoGD, the fact that 60% of the survivors interviewed reported the conviction of their perpetrator, and the majority mentioned that their cases had been investigated by the SGBV Crimes Unit, is particularly notable.
While not intended to be representative of all SGBV cases in Liberia, the feedback provided by these survivors serves as an example of how the existing service delivery system in Liberia can work well, if implementing organizations are equipped with the necessary staff and resources, and if survivors are able to gain access to these services. However, the services described by survivors would also benefit from comprehensive monitoring and evaluation efforts in order to further understand the impact of these initiatives, and determine ways in which they can be made more effective.

In this way, findings across all areas of the study suggest a need for additional monitoring and evaluation efforts of SGBV programs, in order to develop a solid evidence base of promising practice that can guide future program and policy development. While considerable work is being done in the area of SGBV prevention and response initiatives by a broad range of actors, documenting the impact of these activities is essential in order to increase the effectiveness of existing approaches, and to enable information sharing between agencies regarding the types of initiatives that are particularly effective. In addition, in light of the emphasis placed on monitoring and evaluation by donors, demonstrating measureable change from program interventions also holds the potential to provide increased funding for agencies in need of additional resources. Most importantly, however, in light of the continued high rates of rape and sexual violence in Liberia, and the potential correlation between these acts and negative health, psychosocial, and other development outcomes among survivors, the promotion of evidence-based interventions that contribute to a reduction in violence becomes all the more crucial.
An increased emphasis on monitoring and evaluation is recognized in the revised GBV National Action Plan (NAP), which states that the original GBV Action Plan did not have a logical framework, “making monitoring difficult” (MoGD, 2011b, p. 12). In response to this, the revised Action Plan was developed to include “a two-tier monitoring mechanism” in order to “ensure timely and effective implementation of the NAP” (MoGD, 2011b, p. 7). Since the monitoring and evaluation of GBV programs is now receiving greater attention at the national level, this provides a strong framework for monitoring and evaluation efforts to also be strengthened at the level of individual agencies.

Ultimately, developing a solid evidence base from which to engage in SGBV program is essential in order to contribute to a reduction in violence, and to achieve the primary goal specified in the Revised GBV National Action Plan, which states that,

“All people—women and men, girls and boys— in Liberia should enjoy, within the next five years and beyond, improved quality of life through a secure environment where human rights are respected, and GBV is minimized” (MoGD, 2011b, p. 5).

In seeking to reach this goal, the GoL and its partners have made great strides, although increasing the degree to which existing approaches can be evaluated based on measurable change will enable this goal to be reached more effectively.

X. LIMITATIONS

Geographic scope represents a limitation of this study. For, in light of time and logistical constraints, it was not possible to conduct data collection in counties outside of Montserrado. As such, key informant and survivor interviews, as well as visits to SGBV program sites did not take place in other counties, thereby limiting the degree to which findings fully reflect the nature of programming in other areas of the country. The decision to focus on Montserrado as
the primary location for data collection was based on the study’s focus on the “formal system”, as the majority of the actors involved in this system have their primary offices located in Montserrado. In an effort to address this limitation, interviews with key informants explored program issues throughout the country, and explored potential differences that exist at the county level. In addition, documents were collected based on programming throughout Liberia, and were not limited to activities carried out in Montserrado. However, if it would have been possible to conduct interviews and site visits to in other counties, this input would have notably provided a unique perspective to the study, and potentially impacted the findings.

Similarly, this study is limited by the fact that the formal system was examined by discussing it with the actors who are part of that system, creating the potential for bias in reporting, as informants may have a motivation to emphasize the effectiveness of their own program initiatives. The document review as well as the survivor interviews were used to address this potential limitation, and key informants were also invited to discuss national program initiatives in addition to their own activities, in order to provide a basis for comparison among key informant perspectives.

Another limitation of this study can be seen in the fact that survivor interviews were only conducted at one organization, covering only a small number of survivors. In addition, the organization from which survivors were selected is located in Monrovia, suggesting that the survivors interviewed may not have experienced the same challenges with access that might be typical for survivors in rural locations. In addition, there is a potential that the responses of survivors are biased in terms of over-estimating program satisfaction. In order to address this issue, interviews with survivors were conducted over a 1-month period, involving regular
contact between the researcher and survivors in order to develop rapport, and enable a more complex understanding of the organization and its programs to emerge. In addition, in analyzing responses of survivors, an emphasis was placed on the degree of access children reported to core services, and tracking the level of access to these services was recorded along with children’s interpretation of the effectiveness of particular services. While the findings gathered from survivor interviews would be strengthened by a larger number of interviews, as well as interviews being conducted from more than one location, and in counties outside of Montserrado, time and logistical constraints did not make this type of approach possible.

XI. CONCLUSION AND RECOMMENDATIONS

Through examining the three types of evidence considered in this study—*evaluations documenting measureable change, expert consensus, and survivor perceptions*—findings from this review reveal that the Government of Liberia and its partners have been incredibly active in terms of establishing structures and systems to respond to the issue of sexual and gender-based violence (SGBV), and are to be commended for their efforts to implement comprehensive and multi-sectorial prevention and response initiatives.

However, findings also suggest that there is a limited evidence base upon which to determine promising practice, suggesting that additional research as well as monitoring and evaluation efforts are needed in order to examine the *impact* of existing programs and services, and identify promising practices that can be used to inform future program and policy development. In particular, there is a need for actors to evaluate programming based on *measureable change*, with the ultimate goal of contributing to a reduction in violence. Based on these findings, the study suggests the following recommendations:
• In order to establish a solid evidence base by which to engage in program and policy development, actors involved in SGBV programming should strengthen existing monitoring and evaluation efforts, with a particular emphasis on documenting measurable change as a result of programming.

• Similarly, these monitoring and evaluation efforts should place a greater emphasis on seeking to measure a *reduction in violence* as a result of particular program approaches, rather than simply looking at issues of changes in knowledge or awareness, or access to services.

• In light of the significant challenges reported by key informants with the justice sector, training, capacity building, and research efforts should continue to be focused on the strengthening of this sector. In addition, ways to address the dichotomy between the customary and national law should continue to be explored.

• In light of the challenges reported by key informants with regard to access of essential services, particularly in rural areas, the development of “one-stop” facilities currently being piloted by the GoL represents a promising approach, and additional monitoring, evaluation, and replication of these approaches should be explored.

• Additional research and investigation is needed in order to determine the extent to which existing programs and services are “child-friendly”, and adapted to the unique needs of child survivors.
XII. REFERENCES

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