

UNIFEM - Supporting Women's Engagement in Peacebuilding and Preventing Sexual and Gender Based Violence in Post Conflict: Community Led Approaches

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Baseline Assessment Report

For the period September 29 - October 24, 2008

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Executive Summary

The goal of the UNIFEM baseline assessment was to assess the existing baseline on the project indicators, providing qualitative and quantitative data against which the indicators could be measured. To accomplish this goal, SFCG conducted a three-step study consisting of a desk review, interviews with key stakeholders at the national level and field visits to the four target communities—Grand Bassa, Nimba, Grand Gedeh and River Gee.

The desk review examines the factors contributing to the continued prevalence of GBV throughout Liberian society. These include the climate of impunity and fear that still reigns in Liberia; and the continued alienation of women from decision making processes in multiple sectors, including local and national government; economic disempowerment of Liberian women; patriarchal beliefs; and the legacy of violence, poverty and social disorder that has persisted in post-war Liberia.

Two themes of significance emerge from this discussion of causes and effects. First, both the causes and effects of GBV are linked to a failure to provide women with essential support mechanisms. Secondly, there is a distinct disconnect between the design of programs and their implementation. Many programs are intended to be inclusive and to account for women's particular needs; however, in practice they perpetuate the social inequalities and victimization faced by women.

There are many gaps and challenges in responding to GBV in Liberia. A number of organizations are charged with providing support to the effort to reduce GBV, however funding for local community-based organizations is still woefully inadequate to address this issue at the grassroots level.

The survey revealed a number of interesting facts including:

- The overwhelming majority of respondents had some knowledge of SGBV with Grand Bassa residents having the highest level of awareness (100%). Wife beating (30%), verbal abuse (21%) and rape (19%) were cited as the three most common forms of SGBV in the target communities.
- Those surveyed indicated that the most common response to SGBV was to take the survivor to the police or court (37%), to the clinic (26%) or to the family (24%).
- The majority of respondents felt that the police were able to provide adequate support to women who came to them with sexual and gender-based violence issues.
- The most common SGBV support services offered by health facilities in the target communities include STI management (27%), family planning services (26%) and counseling (17%). While the vast majority of respondents in River Gee (74%), Grand Gedeh (74%) and Grand Bassa (81%) were aware of female health workers in the community that could help with issues of SGBV, only 27% of Nimba residents could say the same. However, only in River Gee was the majority (65%) of respondents aware of a safe place for survivors of SGBV to seek help.
- Only 64% of respondents said women were informed about development plans and activities.

- Respondents who said women are informed were more likely to mention a variety of economic opportunities for women, versus those who said women are not informed and were less likely to mention government and NGO opportunities.
- Respondents who said women are informed about development plans and activities were more able to identify laws related to SGBV, such as the Rape Bill, Inheritance Bill and UN Security Council Resolution 1325 on Peace-building, than respondents who said women are not informed or who did not know if women are informed.
- The majority of respondents felt that men allowed women to participate in community activities (80%), while there was a significant number who said they did not know if women were allowed to participate or not (13%). According to the respondents, the most common leadership positions held by women were government (37%), school (24%), community (19%) and religious (19%). Only in River Gee did respondents say that women held no leadership positions in the community (3%).

The recommendations resulting from the survey are to: promote the education of women and girls; develop sector-specific programs to address community needs; and improve communication and target women.

The focus group discussions reflected approximately the same responses as the survey. The recommendations stemming from the focus group discussions include: increase livelihood opportunities; support existing community initiatives; and focus on rural communities.

The key informant interviews reflected the survey and focus group results. Recommendations from the key informant interviews include: facilitate the creation of national SGBV networks; build the capacity of government agencies; and improve access to justice.

The key issues coming out of the stakeholder meetings are as follows:

- SGBV occurs in every part of the country, especially in homes, schools and work places.
- Bad road networks and transportation is a major hurdle for organizations working to address SGBV in the country.
- Insufficient awareness and trainings in remote communities contribute to the prevalence of SGBV in these areas.
- Families/relatives compromise cases of SGBV rather than reporting cases for prosecution.
- Inaccessibility of the justice system is an additional stumbling block to reducing SGBV in the rural areas.
- Traditional or cultural norms contribute immensely to the level of SGBV in the country.
- There are established groups in each of the counties networking to address SGBV.

Much is being done to address the prevailing wave of SGBV in the country. Nevertheless there are gaps that require immediate attention from government and donor agencies to minimize the occurrence of these types of crimes. It has been recommended that juvenile and female holding cells be constructed within WACPS/LNP offices to keep suspects pending prosecution. Government and donor agencies need to collaborate with community leaders and community based organizations to address issues affecting the community. There is a need to train additional WACPS/LNP and other local key stakeholders dealing with SGBV cases.

1. Introduction

The goal of the UNIFEM baseline assessment was to assess the existing baseline on the project indicators, providing qualitative and quantitative data against which the indicators could be measured. To accomplish this goal, SFCG conducted a three-step study consisting of a desk review, interviews with key stakeholders at the national level and field visits to the four target communities—Grand Bassa, Nimba, Grand Gedeh and River Gee.

The objectives of the study were to produce quantitative and qualitative data regarding key indicators, including women’s participation and community resources and gaps in SGBV prevention and on knowledge and perceptions of SGBV.

2. Research Methodology

2.1 Desk Review

The desk review encompassed both local and international resources in order to contextualize SGBV in Liberia. Existing literature relevant to the project, reports, project proposals, research and assessments related to issues of SGBV were reviewed and summarized in report format in order to identify the current information available and the gaps and challenges in SGBV prevention in Liberia.

2.2 Field Visits

SFCG utilized a three-pronged data collection model in order to triangulate the baseline’s findings from its field visit. Research tools included:

Surveys - The Survey included 418 respondents both men (30%) and women (70%) with distribution based on the population size of target counties. More women than men were surveyed because SGBV affects women more. The survey generated quantitative data using questions that were validated and tested prior to administration. The data was then entered into Microsoft Excel and analyzed using SPSS.

Focus group discussions - Four focus group discussions were conducted in each of the target counties where groups of eight individuals who shared similar characteristics, such as gender, age and education, were brought together for informal discussions. The questions generated qualitative data based on the participants’ views and perspectives about issues relating to SGBV and how they can be addressed. The information gathered was analyzed by comparing responses by location, gender, age and education level.

Key informant interviews - Twenty-four individual interviews were conducted with health workers, police officers, judicial officials, Ministry of Gender focal persons, and leaders of women’s groups and civil society organizations from the four target communities. The interviews were semi-structured and aimed at soliciting information from professionals working in SGBV issues, whose responses were compared by location and sector.

The research tools and questionnaires were developed in consultation with representatives from government agencies and non-governmental organizations addressing SGBV in Liberia. These representatives also validated the study’s findings.

2.3 Key Stakeholder Interviews

The key stakeholder meetings in Monrovia produced information that provided a global overview of the local and national context in which the project is being implemented. The meetings included representatives from Liberia Nation Police (Women and Child Protective Services unit), Gender Ministry (SGBV unit), Ministry of Justice, Africa Network for Prevention and Protection of Child Abuse and Neglect (ANPPCAN), Federation of Liberian Youth (FLY), West African Network for Peace-building and Women NGO Secretariat of Liberia (WONGOSOL).

3. Findings

3.1 Desk Review

“Wherever there has been conflict – whether it’s the DRC, Algeria, Myanmar, Sudan, Uganda, Sierra Leone, Bosnia, East Timor or Kosovo – violence against women has reached epic proportions.”¹ IRIN sees the profusion of gender-based violence accompanying today’s conflicts as not merely the result of male opportunism, but serving as a weapon of war. Systematic rape and sexual abuse is commonly deliberately employed to destabilize populations, destroy community and family bonds and to corrode the culture of victims.

While gender inequality was certainly a feature of Liberian society prior to the civil wars, violence against women, particularly sexual abuse, proliferated during the conflict and became an instrument of warfare. Although it has been five years since the peace agreement was signed, sexual and gender based violence prevalent during the Liberian civil crisis is still very much widespread and remains one of the major post-conflict challenges facing the country.

What is Gender-Based Violence?

According to the United Nations High Commissioner for Refugees (UNHCR), the term ‘gender-based violence’ (GBV) is used to distinguish violence that targets individuals or groups of individuals on the basis of their gender from other forms of violence. GBV includes violent acts such as rape, torture, mutilation, sexual slavery, forced impregnation and murder as well as acts that inflict physical and mental harm, such as the threat of such acts, coercion and other deprivations of liberty. Sexual Gender Based Violence (SGBV) is a type of gender-based violence and “includes sexual exploitation and sexual abuse. It refers to any act, attempt, or threat of a sexual nature that result, or is likely to result in, physical, psychological and emotional harm.”²

A number of key issues were revealed through the desk review. These are summarized below. The full text including references can be found in Appendix xx.

Key Issues

The desk review examines the factors contributing to the continued prevalence of GBV throughout Liberian society. These include the climate of impunity and fear that still reigns in Liberia; and the

¹IRIN, *IRIN Our Bodies – Their Battle Ground: Gender-based Violence in Conflict Zones, IRIN Web Special on Violence Against Women and Girls During and After Conflict*. September 2004: 3. <http://www.irinnews.org/pdf/in-depth/GBV-IRIN-In-Depth.pdf> [Accessed 10/24/2008].

²<http://www.irinnews.org/InDepthMain.aspx?InDepthId=20&ReportId=62847> [Accessed 10/30/2008]

continued alienation of women from decision making processes in multiple sectors, including local and national government; economic disempowerment of Liberian women; patriarchal beliefs; and the legacy of violence, poverty and social disorder that has persisted in post-war Liberia.

- A culture of impunity exists due to weaknesses in the legal system and a bias towards men by the traditional justice system.
- The failure of the TRC to account for the needs of women victimized by the war also contributes to the impunity that still predominates throughout Liberian society. Liberia's TRC lacks follow-up support programs for women who testify and has failed to provide the mechanisms women have indicated they need in order to feel safe testifying against those who victimized them. Ultimately, Studies on Truth and Reconciliation Commissions in other countries, such as Sierra Leone, have found TRC relatively ineffective in providing women with the healing and justice they need.
- The failure of DDRR to demobilize female combatants, account for their emotional needs, and incorporate them into appropriate vocational training programs maintains the unequal power dynamics that have allowed for the continued exploitation of women. DDRR has also failed to provide many women with employment opportunities which has contributed to the continued victimization of women, the inequities they face, GBV and the resumption of hostilities.
- Women have played a role in peacebuilding in Liberia – advocating for the DDR process, informing communities to raise awareness and support. Even though the President is a woman, women do not hold positions of influence so that the very programs designed for women are not informed by women.

The desk review also explores the various ways that GBV affects women and Liberian society as a whole. GBV affects women emotionally, socially and physically.

- Physical consequences of GBV include lacerations, gastro-intestinal problems, sexually transmitted diseases, miscarriage, unwanted pregnancies and chronic pain syndrome.
- Emotional effects are also just as serious. Women suffer from post-traumatic stress disorder (PTSD), depression, and psychological trauma.
- GBV impacts the relations women have with others. As a result of GBV, women face social rejection, divorce, stigma and destitution.
- IRIN has found female genital mutilation (FGM), the practice of female circumcision, to be on the rise since the end of the hostilities. Although some young women and girls express desire to take part in this ritual so that they may be seen as “full members of society,” others have expressed their fear over the dangers involved in the procedure and, according to Liberian health workers, FGM is killing hundreds of girls in Liberia every year.

Two themes of significance emerge from this discussion of causes and effects. First, both the causes and effects of GBV are linked to a failure to provide women with essential support mechanisms. Secondly, there is a distinct disconnect between the design of programs and their implementation. Many programs

are intended to be inclusive and to account for women's particular needs; however, in practice they perpetuate the social inequalities and victimization faced by women.

- Local and international organizations are working in Liberia to create sustainable initiatives that will empower women economically, politically, and emotionally. However, challenges remain and flaws in program design continue to obstruct the eradication of GBV.
- In 2006, the Ministry of Gender developed a National Plan of Action to guide, inform, build consensus on the issues around SGBV and synchronize programming and interventions in the country to build synergy for greater impact. The Plan has four thematic issues or pillars: Legal, Psychosocial, Health/Medical and Security and Protection. One notable weakness of the plan is that it lacks a clear monitoring and evaluation tool and process to ensure coordination between participating organizations to minimize duplication and ensure results.
- In an attempt to mitigate violence against women, two national human rights instruments were passed into law. The Property Inheritance Bill was enacted into law in 2004 while the New Rape Law adopted in 2005 by the Transitional Legislative Assembly was made available to the public in January 2006. The rape law broadens the definition of rape, raises the age of consent from 16 to 18 years, and imposes harsher and longer sentences for violators. Both laws are unambiguous on what constitutes a violation and the penalty that goes with it. While these laws are steps in the right direction, their enforcement, particularly in cases of rape and other forms of sexual violence, remains a major challenge.
- In January 2007, the Ministry of Internal Affairs developed regulations for internal administrative procedures for dealing with women's issues in the rural parts of the country. The new directives stress the importance of protecting women from abuses. However, some of the definitions are ambiguous and, given that the traditional justice systems are headed by men, their ability to find justice for women is doubtful. Women's access to and their understanding of the terms in the regulation is not widespread which could impede their ability to take advantage of these regulations.
- Sexual and Gender Based Violence is mentioned many times in the Government's Poverty Reduction Strategy (PRS) which highlights the need to address the social consequences of the war, including gender-based violence but does not provide solutions to the problem. The PRS also makes reference to GBV and rape as major security concerns for the government.
- Medical care is largely inaccessible to the majority of women, particularly when long term care is needed. Women face discrimination and shame for having played roles or carried out acts that are seen as socially unacceptable for women.

There are many gaps and challenges in responding to GBV in Liberia. A number of organizations are charged with providing support to the effort to reduce GBV however funding for local community-based organizations is still woefully inadequate to address this issue at the grassroots level.

3.2 Field Visits

SFCG drew on its extensive community outreach experience and existing civil society contacts for the field visit component of baseline assessment, which took place over a 2-week period in October and

targeted Nimba, Grand Bassa, Grand Gedeh and River Gee counties. Relevant actors and target samples were identified in consultation with UNIFEM. The field visits generated qualitative and quantitative information regarding the target population’s knowledge and perceptions of SGBV and how it can be addressed, which was analyzed by a team of local and international SFCC staff.

3.2.1 Surveys

Research Scope

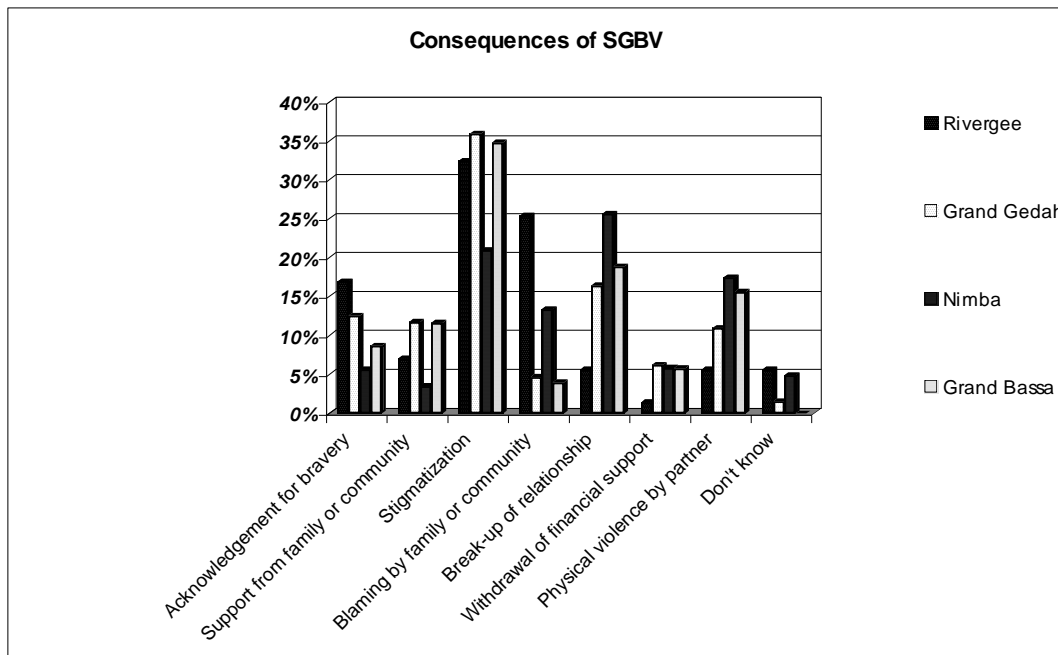
SFCC administered surveys in each of the target communities to produce quantitative data to inform baseline indicators of people’s current knowledge and attitudes towards SGBV. The questions were aimed at generating data around the following key indicators:

1. Knowledge and awareness of SGBV in the community.
2. Available resources and their utilization in response to SGBV.
3. Women’s participation in economic and development activities in the community.

Key Findings

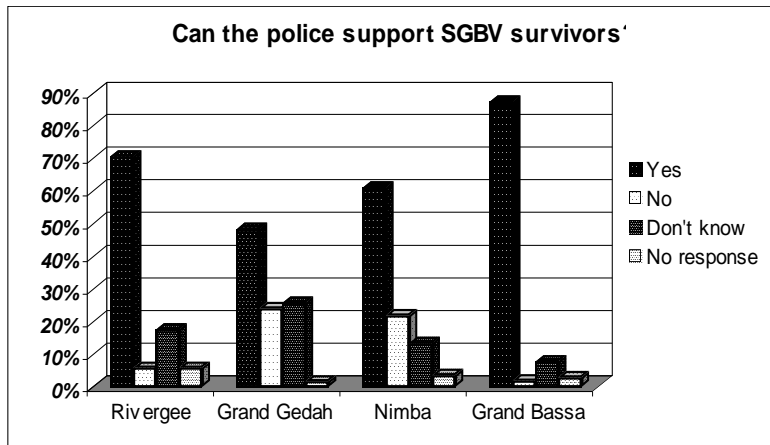
Knowledge - The overwhelming majority of respondents had some knowledge of SGBV with Grand Bassa residents having the highest level of awareness (100%). There was a strong correlation between the respondent’s level of education and knowledge of SGBV with high school graduates having the highest level of awareness. Wife beating (30%), verbal abuse (21%) and rape (19%) were cited as the three most common forms of SGBV in the target communities.

Response - Those surveyed indicated that the most common response to SGBV was to take the survivor to the police or court (37%), while other significant answers included taking the survivor to the clinic (26%) or to the family (24%). The survey revealed that one of the main obstacles to women reporting cases of SGBV is the fear of stigmatization. See chart below.

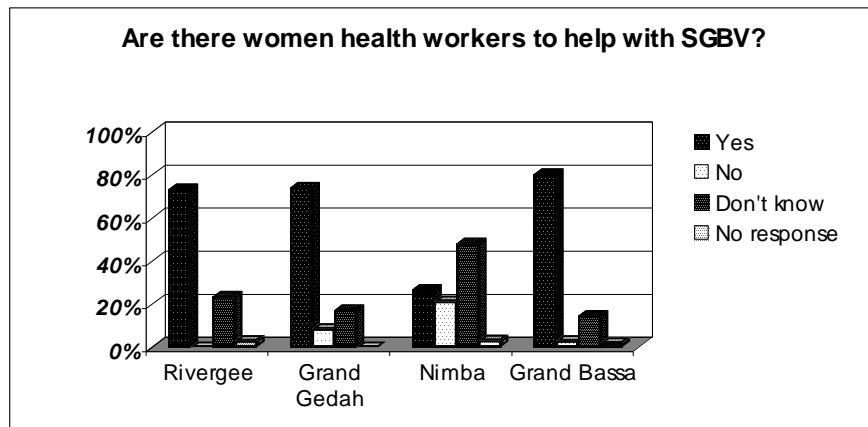


Support Services - There was a fairly uniform level of awareness among the varying demographics of respondents regarding facilities that provided support to survivors of SGBV. Respondents who had attended some kind of SGBV workshop (40%) were more likely to have achieved at least a high school level education. There was also variation in those who knew of community members with SGBV prevention training with 75% of Grand Bassa residents responding affirmatively, while only 43% of Nimba residents doing the same.

Police Support - The majority of respondents felt that the police were able to provide adequate support to women who came to them with sexual and gender-based violence issues. According to the survey, police most often refer SGBV cases to the court (36%) or a health facility (26%), while a significant number said that they send the case back to the family for redress (21%). See chart below.

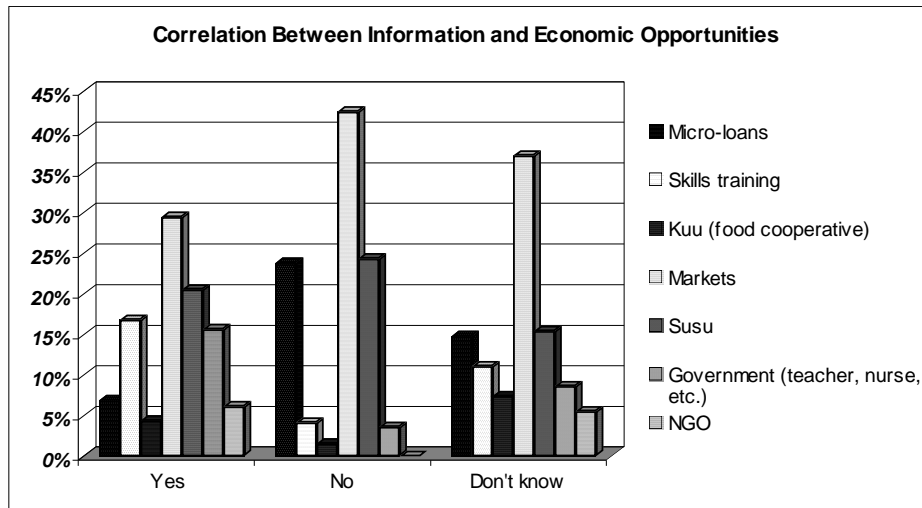


SGBV Support Available - According to the survey, the most common SGBV support services offered by health facilities in the target communities include STI management (27%), family planning services (26%) and counseling (17%). While the vast majority of respondents in River Gee (74%), Grand Gedeh (74%) and Grand Bassa (81%) were aware of female health workers in the community that could help with issues of SGBV, only 27% of Nimba residents could say the same. However, only in River Gee was the majority (65%) of respondents aware of a safe place for survivors of SGBV to seek help. See chart below.

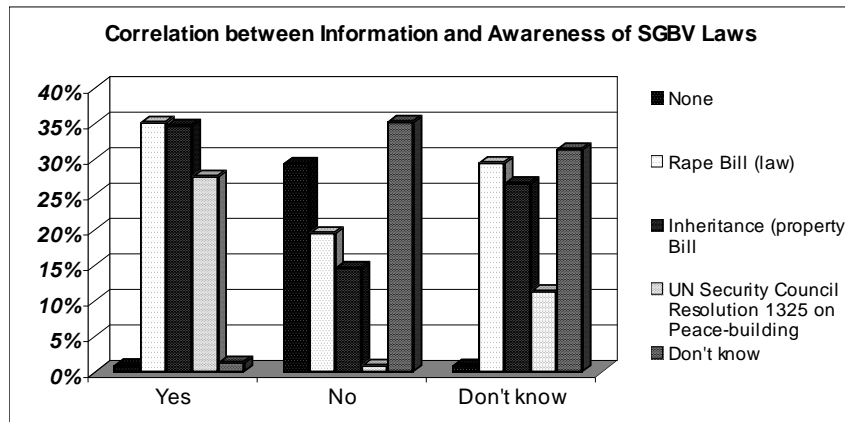


Participation - Only 64% of respondents said women were informed about development plans and activities. Of those that said, yes, women were informed, the most common source of information was radio (34%) followed by town hall meetings (19%) and relatives and friends (18%).

Information and Economic Opportunity - Not surprisingly, there was a strong correlation between women’s perceived level of information and their participation in development and economic activities. Respondents who said women are informed were more likely to mention a variety of economic opportunities for women, versus those who said women are not informed and were less likely to mention government and NGO opportunities. See chart below.



Information and Awareness of Laws - Respondents who said women are informed about development plans and activities were more able to identify laws related to SGBV, such as the Rape Bill, Inheritance Bill and UN Security Council Resolution 1325 on Peace-building, than respondents who said women are not informed or who did not know if women are informed. See chart below.



Participation and Leadership - The majority of respondents felt that men allowed women to participate in community activities (80%), while there was a significant number who said they did not know if women were allowed to participate or not (13%). According to the respondents, the most common leadership positions held by women were government (37%), school (24%), community (19%) and religious (19%). Only in River Gee did respondents say that women held no leadership positions in the community (3%).

Recommendations

Promote the education of women and girls - Women and girls that have attended school have a higher level of awareness about SGBV and are more likely to participate in SGBV prevention activities. A heightened level of awareness about SGBV in the community could decrease stigmatization and encourage the reporting of SGBV.

Develop sector-specific programs to address community needs - The baseline assessment indicates disparities between target locations in regard to the community's perception of SGBV resources and services. For example, Grand Gedeh respondents revealed a lack of confidence in the police's ability to handle SGBV, while Nimba respondents pointed to an insufficient number of women health workers available to address SGBV.

Improve communication and target women - The survey indicated a strong link between women that are informed and women that participate. Key sources of information for women, such as local radio and community meetings, need to be utilized to increase women's engagement in peace-building and SGBV prevention.

3.2.2 Focus Group Discussions

Research Scope

SFCG conducted focus groups to learn more about women's knowledge of and experience with peace-building and SGBV prevention in the four target communities. The focus group discussions centered around four key questions:

1. How are women involved in peace-building in this community and what do they need to increase their participation?
2. How are women involved in decision-making, development and economic activities in the community?
3. What are the challenges and opportunities for the community to respond to SGBV?
4. What can the community do and what does it need to minimize SGBV?

Key Findings

Peace-building - In River Gee the peace-building activities that women engaged in were mostly limited to individual women mediating domestic disputes. In contrast, Grand Gedeh, Nimba and Grand Bassa all had organizations, especially women's groups that specialized in peace-building activities like palava hut meetings where community issues were discussed. However, only the women in Nimba were actively engaged in the resolution of tribal and religious conflicts.

The most universal needs for the increased participation of women in peace-building included activities like education and skills training, communal farming and group micro-loans that encourage women to

work together to improve their quality of life. As one woman said, “people working together for a common goal are not in conflict.” Additional needs identified were aimed at increasing the number of women participating, like sensitization on women’s role in peace-building, training in peace-building, spaces for meetings and discussions (palava huts, women’s centers) and increased information about peace-building opportunities, while others focused on supporting those women already participating in peace-building with money, materials and transportation so that they can expand their activities and reach out to women in the rural areas.

Participation - Women’s participation in decision-making and community development varied significantly between locations. In River Gee the participants agreed that women do not participate in decision-making at home or in the community because of traditional cultural roles. One woman said that women stand outside the door at meetings just as they would not sit at home if a man was seated. In Grand Gedeh, the focus group participants said that it was mainly educated women in leadership positions that were invited to participate in decision-making and development, while in Grand Bassa meetings were open to all, but women were reluctant to participate due to barriers of education and culture. Meanwhile, the women of Nimba enjoyed much freer participation in matters at home and in the community, managing the money at home, participating in radio call-in shows on development, and holding several key development positions of leadership.

Women’s participation in economic activity was more uniform. While farming was the primary economic activity for women in River Gee due the denial of girls’ education in the past, women from the other target locations also participated in selling/market and trade skills like baking, tailoring and hairdressing. There were few women taking part in professional jobs like teaching and nursing, but women were still regarded as the primary supporters for most families. The men of Grand Bassa felt as if there was a preference for women employees because they were perceived as being more trustworthy and dependable. In Nimba, commercial sex was also regarded as a viable economic activity for women.

Sexual and gender-based violence - The most commonly cited challenge in addressing SGBV was that of compromising. Reasons for compromising an SGBV case privately rather than taking it through the proper legal channels included fear of abandonment or physical retaliation, stigmatization by the community or family, embarrassment of public disclosure, punishment of the perpetrator who is often a relative, as well as the perception that justice is not accessible through the legal and justice systems. A complex challenge that arose from the discussions was that of tradition and culture. Some participants blamed tradition on the high prevalence of SGBV and said that it is because of traditional roles that there is a lack of understanding, especially in the rural areas, regarding traditional harmful practices and women’s rights. Still others blame the breakdown in culture caused by the war and new human rights laws on the increase in violence towards women.

Despite these obstacles, the participants were able to identify several resources that they are able to utilize in handling issues of SGBV in the community. Local leaders, including traditional authorities, educators and religious figures, can intervene in cases of SGBV to help the survivor seek justice outside the legal system. There are also civil society and government organizations functioning in each of the target communities that participate in SGBV prevention, response and advocacy. These opportunities have contributed to an increase in the reporting of SGBV cases, which in conjunction with severe sentences, have acted as deterrents, especially in the case of rape.

Community initiatives - Ideas about what the communities could do to minimize SGBV varied from group to group, except for the discussions with men in which each group said that the community should include men in SGBV prevention activities. Other community responses to SGBV included women's support groups for survivors, community radio programs, messages about SGBV laws and penalties, grassroots awareness activities to increase reporting of SGBV crimes and training young people as peer educators. The participants said that the community should also organize activities to promote good parenting. In River Gee and Nimba, the limitations of the legal system were highlighted again when the groups said that the community could establish its own rules regarding SGBV and recruit community volunteers to act as enforcers rather than rely on a corrupt legal system.

The groups were unanimous in their belief that economic independence for women was needed in order to minimize SGBV. They said that the international community needed to provide more training, tools, microfinance loans and educational opportunities so that women had the resources they needed to be self-reliant, which would reduce their dependency on abusive partners and providers and empower them to demand respect in their relationships. The need for alternative livelihood was especially important for commercial sex workers. The participants also said they needed human resources in the form of trained counselors and legal professionals, and financial support such as food, materials, equipment and transportation for outreach activities. They said that without support from larger NGOs, community-based organizations would not be able to expand and extend their existing SGBV programs to the rural communities.

Recommendations

Increase livelihood opportunities - According to participants, skills and economic training programs bring women together and promote a peaceful community by engaging people in positive activities. It also reduces conflicts over money within the home. When women have economic security it protects them and their children from engaging in sex for money and makes them less reliant on abusive relationships for support, which also minimizes SGBV.

Support existing community initiatives - The participants thought it was important to support community-based organizations for several reasons. First off, these organizations had already garnered the trust of the community, which is important when discussing sensitive issues such as SGBV. Community-based organizations also have existing networks in place, understand the culture in which they are working and have staff and volunteers that speak the local dialects which makes them better equipped for outreach.

Focus on rural communities - According to the focus group discussions, the majority of peace-building and SGBV projects target county seats and large urban centers. SGBV projects should expand to include rural communities where they can provide information about the harmful effects of traditional practices like early marriage and wife beating and also SGBV laws and penalties. Response projects that offer support and advocacy services to SGBV survivors also need to be extended to the rural areas.

3.2.3 Key Informant Interviews

Research Scope

SFCG conducted key informant interviews to find out more about SGBV prevention strategies being employed by key stakeholders in each of the target communities. The key informant interviews followed

a semi-structured interview protocol based on one of the following sectors—judicial, gender, security, health or civil society. The interviews had four main objectives:

1. Ascertain existing SGBV initiatives in the communities.
2. Identify challenges key actors face in implementing SGBV interventions.
3. Compile sector-specific information in regard to SGBV capabilities.
4. Solicit recommendations for community responses to SGBV.

Key Findings

Scope of work - The government is heavily reliant on NGOs and community-based organizations in delivering SGBV services. Through their work in the field, these organizations refer SGBV cases to the police and assist with transportation, supply health facilities with rape test kits and train staff in SGBV case management, help to gather evidence and provide legal support. They also conduct awareness and prevention campaigns within the community.

The individuals interviewed were all members of the Core Protection Groups and SGBV Taskforces in their respective communities. These groups meet on a monthly basis to discuss SGBV cases and determine action plans. They also discuss challenges and brainstorm solutions. However, there is still a lack of coordination between government stakeholders which can undermine their effectiveness.

Challenges in implementation - The individuals interviewed stated that their greatest challenge in responding to SGBV was the compromising of cases. One interviewee said that Taskforce partners are doing a good job of reporting cases of SGBV from the field, but families or survivors often compromise with perpetrators rather than trying the case. There is an obvious conflict between customary and modern law and many community members settle SGBV cases privately rather than go to court where justice is less certain than community stigmatization, additional violence by the perpetrator or the loss of financial support.

In order to respond to these challenges, the stakeholders interviewed employ a variety of strategies, including community awareness campaigns, education regarding SGBV laws and penalties, safe-homes and counseling, and legal advocacy.

Capability of service providers - The ability of service providers to respond to cases of SGBV is seriously compromised by the lack of transportation, especially in the case of government bodies such as the police, courts and gender ministry offices. There was evidence that this was being addressed on a small scale at the police station in Ganta, Nimba, where a motorbike had recently been donated by ANPPCAN (Africa Network for Prevention and Protection of Child Abuse and Neglect) with support from UNIFEM.

Those interviewed had all received training or attended SGBV workshops and for the most part these organizations were gender-balanced with women holding key positions. However, they complained that there were not enough trained police officers, medical staff, lawyers or counselors to effectively cover their areas of responsibility. The number of facilities offering SGBV services, such as health clinics, safe homes and police stations, were insufficient and unequally distributed. Existing structures were ill-equipped and Government offices, stations and courtrooms lacked office equipment and supplies.

Community response - Those interviewed said that there needs to be a community effort to encourage reporting versus compromising. Men need to be included in awareness activities, schools need to get

involved by developing and teaching SGBV curriculum, community radio stations need to play SGBV messages, community and traditional leaders need to advocate for SGBV prevention in the local vernacular, youth groups need to perform SGBV dramatizations, and parent's need to attend meetings to develop strategies for protecting their children from SGBV.

Recommendations

Facilitate the creation of national SGBV networks - The key stakeholders interviewed were able to respond in part to SGBV in their communities with the assistance of local networks such as the county SGBV Taskforce and the county Core Protection Group. However, the services they were able to provide collaboratively still fell short of the needs of the people. Local networks need to be connected to a national SGBV network so that they can tap into resources located in the capital when necessary.

Build the capacity of government agencies - Trainings with the security sector are starting to make a difference in how the police handled cases of SGBV, but there remains a need for additional training, especially with judicial officials. Reforms need to be made so that survivors are protected from corruption and exploitation when seeking justice, and communications mechanisms need to be put into place to monitor the due process of reported SGBV cases. Government institutions also need to be supported financially with office equipment, supplies and transportation in the medium term.

Improve access to justice - Survivors of SGBV are expected to pay fees at the police station and court, and to cover the costs of transporting the perpetrator. Cases are easily compromised because the women lack money and legal support to carry cases. The gender focal person who normally assists with advocacy in the target communities is not adequately equipped to follow-up on cases of SGBV in the courts. Women need better legal representation so that they can get prosecutions.

3.3 Key Stakeholder Interviews

Research Scope

The key stakeholder interviews which were conducted with national-level representatives of government and civil society solicited information from interviewees about their respective institutions' involvement in SGBV activities, programs offered to address SGBV, challenges and their responses to challenges, possible collaborations and networks, and the level and types of cases reported, including prescribed punishments.

Overview

The meetings revealed that SGBV was prevalent in most counties in Liberia. The study showed that rape, aggravated assault, wife battering, persistent non-support and neglect were the dominant kinds of SGBV occurring in the country. It was observed that although numerous awareness/sensitization campaigns have been implemented across the country there is a need to conduct additional awareness sessions in remote areas that are not easily accessible. WACPS of the LNP investigates SGBV cases with units in the 15 counties of Liberia. Several agencies mentioned that there are donor/government supported hospitals that treat SGBV patients free of charge and, following medical treatment rape or domestic violence, are referred to safe homes for psycho-social counseling.

Key Findings

The key issues coming out of the stakeholder meetings are as follows:

- SGBV occurs in every part of the country, especially in homes, schools and work places.
- Bad road networks and transportation is a major hurdle for agencies/organizations working to address SGBV and VAW in the country.
- Insufficient awareness and trainings in remote communities is responsible for the increase in SGBV in these areas.
- Families/relatives compromise cases of SGBV violence rather than reporting cases on time for prosecution.
- Inaccessibility of the justice system is an additional stumbling block to reducing SGBV in the rural areas.
- Traditional or cultural norms contribute immensely to the level of gender- based violence perpetrated in the country.
- There are established groups in each of the counties networking to address SGBV.

Recommendations

Much is being done to address the prevailing wave of SGBV in the country. Nevertheless there are gaps that require immediate attention from government and donor agencies to minimize the occurrence of these types of crimes. It has been recommended that juvenile and female holding cells be constructed within WACPS/LNP offices to keep suspects pending prosecution. Government and donor agencies need to collaborate with community leaders and community based organizations to encourage inclusiveness in partnering to address issues affecting the community. There is a need to train additional WACPS/LNP and other staff dealing with SGBV cases.

4. Monitoring and Evaluation

Narrative Summary [NS]	Objectively Verifiable Indicators [OVI]	Means of Verification [MOV]	Assumptions
Output 1.1. Strengthened capacity of select communities in 4 communities around Grand Bassa, Nimba, Grand Gedeh, and River Gee Counties to own and contribute to project design, monitoring and evaluation.	Increase in the mention of and reference to UNIFEM's project in speeches and presentations of national and local level government officials and civil society organizations.	Transcripts of speeches, media reports, billboards, partner reports	Support from local leaders, including from local government, religious organizations, traditional organizations, police, etc.
	20% increase in the number of CBOs receiving capacity-building support from UNIFEM	Partner reports	
Output 1.2. Women organized in peace huts influence peacebuilding in their communities	20% increase in the percentage of women, men, and local authorities attending peace huts by 2009.	Partner reports, County Support Team reports	
	10% increase in number of peace huts built in target communities		
	20% increase in women's participation in peacebuilding organizations Baseline: The survey revealed that 43% of respondents (38% River Gee, 62% Grand Gedeh, 36% Nimba, 48% Grand Bassa) knew of women's groups participating in peacebuilding activities in their community.		
Output 1.3. Incorporation of women's issues regarding peacebuilding and SGBV into County Development Agenda ³	20% increase in the number of women who attend county development meetings Baseline: The survey revealed that 19% of women who are informed about development plans and activities attended town hall meetings.	Partner reports, County Support Team reports	Political commitment to make gender-sensitive budget allocations
	5% Increase in resources allocated for priorities identified by women at county development meetings	County development plans and budgets	

³ The original Output 1.3 regarding the Truth and Reconciliation Commission was deleted to reflect the completion of statement taking of victims. The original Output 1.4 (now Output 1.3) was revised to reflect the finalization of the PRSP in regard to peacebuilding and SGBV.

Narrative Summary [NS]	Objectively Verifiable Indicators [OVI]	Means of Verification [MOV]	Assumptions
<p><i>Output 2.1.</i> Increased access by women to medical and psychosocial services for the prevention of and redress for SGBV</p>	<p>20% increase in the number of SGBV survivors receiving psychosocial support for SGBV survivors in each of the 4 project counties Baseline: The survey revealed that 28% of respondents (65% River Gee, 9% Grand Gedeh, 21% Nimba, 42% Grand Bassa) said that there was a safe place for women to go with cases of SGBV.</p>	<p>Partner reports, SGBV service providers' reports</p>	<p>Police, health and justice systems are collaborating in addressing SGBV</p>
	<p>10% increase in the number of SGBV cases referred between health facilities, police station and psychosocial services within the 4 counties</p>	<p>Partner reports, police records, health and psychosocial service providers' reports</p>	
<p><i>Output 2.2.</i> Increased capacity of the police in the 4 focus counties to respond to and file reports on SGBV crimes.</p>	<p>10% increase in the number of SGBV cases filed in police stations Baseline: The survey revealed that 37% of respondents (36% River Gee, 40% Grand Gedeh, 37% Nimba, 34% Grand Bassa) said that survivors of SGBV are taken to the police or court.</p>	<p>Police reports, partner reports</p>	<p>Police, health and justice systems are collaborating in addressing SGBV</p>
	<p>10% increase in the number SGBV cases forwarded to the court for redress Baseline: The survey revealed that 26% of respondents (39% River Gee, 39% Grand Gedeh, 17% Nimba, 31% Grand Bassa) said that the police refer reported cases of SGBV to the court.</p>		
	<p>5% increase in the number of women reporting satisfaction with the support offered by the police Baseline: The survey revealed that 67% of respondents (71% River Gee, 48% Grand Gedeh, 61% Nimba, 87% Grand Bassa) are satisfied with the support women who report cases of SGBV are given by the police.</p>	<p>Partner reports, perceptions of women</p>	
<p><i>Output 2.3.</i> Improved access by women to formal justice systems in 4 counties⁴</p>	<p>20% of officials of formal courts, customary courts, traditional chiefs, and police in handling SGBV and discrimination cases trained in gender and women's rights</p>	<p>Partner reports, government reports</p>	<p>Support from local leaders, including from local government, religious organizations, traditional organizations, police, etc.</p>
	<p>10% increase in the number of SGBV cases tried in formal courts</p>	<p>Court records, partner reports</p>	
	<p>5% increase in the number of SGBV cases in which the perpetrator is convicted and punished according to law</p>	<p>Court records, partner reports</p>	
	<p>10% increase in the number of women reporting that SGBV cases were handled professionally</p>	<p>Partner reports, perceptions of women complainants</p>	

⁴ Output 2.3 was revised to reflect the government's position on traditional courts not interfering in cases of SGBV and the lack of accessibility of the special court D for citizens in the target counties.

5. Appendices

Appendix 1 – Desk Review

Appendix 2 – List of Participants – Meetings and Interviews

Appendix 3 – Questionnaires and Discussion Guides