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Final Report
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Project Title: Stepping Stones – A Strategy to Facilitate the Sustainable Return of Liberian IDPs: Camp Management, Shelter and Water/Sanitation for Internally Displaced Persons (IDPs), and GBV: Care, Protection and Prevention Interventions for GBV Survivors and Vulnerable Women

OFDA Grant Number: DFD-00-04-00010-00

Country: Liberia

Reporting Period: October 28, 2003 - January 31, 2005

PROGRAM OVERVIEW AND PERFORMANCE

ARC implemented camp management and protection activities in Unification and Brown's Town IDP camps in Margibi County Liberia from October 2003 through January 2005 (support to Brown's Town began in February 2004). The life of this project covered the establishment of the camps; ongoing support to shelter, management and protection sectors and the beginning of the scale down of services hopefully leading to the closure of the camps in the first half of 2005.

ARC received initial funding from OFDA for the period October 2003- May 2004. From June 1, 2004- January 31, 2005 ARC received a cost extension based on revised activities/indicators more appropriate to the changed environment. The following report emphasizes activities and progress against indicators for the second period. A report summarizing activities for the first portion of this project was submitted to OFDA in August 2005.

Objective 1: Provide overall camp management services for up to 15,000 IDPs, including coordination of IDP camp meetings, liaison with UNOCHA, UNHCR, LRRRC and other agencies providing services and provide coordination of partner organizations and focal NGO activities (for sectoral service provision including health, water and sanitation, food distribution, etc.)

ARC's activities in Unification and Browns Town camps up to January's end focused on encouraging IDPs to begin preparing to go home since the entire country has finally been declared ready for return. By early 2005, regular coordinated services in Unification camp began to scale down: the CCF-supported

IDP school in Unification closed in December, MERLIN's primary health clinic in Brown's Town closed in March and the clinic in Unification began running only daytime hours (no longer 24 hr. services). Concern and ACF continued their sanitation and water activities (respectively) in both camps.

After trying a few different methodologies, the UN and government agencies responsible for managing the IDP return to their homes settled on distributing money for transport, NFIs and food in the camps before the IDPs leave. This strategy is intended to accelerate the return process by doing away with the provision of transport. In the meantime, however, rather than returning to their home counties on their own, the IDPs are waiting to receive return packages before leaving the camp. According to the new strategy, once the IDPs receive their return package, they will be required to demolish their shelters and leave the camps within ten days.

The target population of this project was IDPs, including extremely vulnerable individuals (EVIs- single female heads of households, the elderly, expectant and lactating mothers, persons with disabilities and unaccompanied minors) from Unification and Brown's Town Camps. The current combined population of the two camps is 10,978 compared to the Summer 2004 peak of 12,241. The highest percentage of IDPs living in Unification and Brown's Town camps are from Lofa (45%), Grand Bassa (19%), Bong (15%) and Nimba (5%) Counties.

IDPs' Declared Counties of Return- Unification and Brown's Town

	Bomi	Bong	Grand Bassa	Grand Cape Mount	Grand Gedeh	Grand Kru	Lofa	Margibi	Maryland	Montserrado	Nimba	River-cess	Sinoe	River Gee	Gbapolu	TOTAL
Unification	72	825	1,821	32	54	39	2,136	81	204	74	417	182	431	66	214	6,648
Brown's Town	22	745	85	9	3	5	2,399	59	7	20	84	0	8	6	86	3,538
TOTAL	94	1,570	1,906	41	57	44	4,535	140	211	94	501	182	439	72	300	10,186*
	1%	15%	19%	0%	1%	0%	45%	1%	2%	1%	5%	2%	4%	1%	3%	

*Figures for Unification Camp are from a survey of formal IDP camps conducted by UNOCHA/UNHCR in May 2004. Figures from Brown's Town are from a hut-to-hut assessment conducted by ARC staff in September 2004. Therefore, total camp population figures at the time of the surveys differ from those as of this submission.

Throughout the project period, services were provided in all sectors in the camps including shelter (ARC), primary health care (MERLIN), water (ACF, ARC, UNHCR) and sanitation (ACF, Concern, GTZ), micro-credit for vulnerable women (ARC), GBV prevention and response (ARC), formal education (CCF), indoor residual spraying (MENTOR/UNICEF/ARC) and some skills/vocational training (ARC, CCF). Water provision in Unification camp exceeded Sphere standards of 15 liters per person per day. ARC assured shelters and/or the materials for shelters for every IDP family in Unification and Brown's Town, including the extremely vulnerable individuals (EVIs). Food distributions remains regular every month. Non-food items as a complete package consisting of tarpaulin, cooking set, mat, blanket, plastic bucket, laundry soap and collapsible jerry cans were distributed in Unification and Browns Town during the project period.

The primary challenge throughout this project was meeting the vast and constantly changing needs of the IDPs. All implementing agencies operating in and around the camps worked tirelessly to provide all services possible, but the following challenges were regularly encountered.

- Achieving accurate counts of the camp population was problematic throughout the project period for many reasons: the need for the information to correspond with WFP records; IDPs' tendency to over-report; the entrance into the camps by non-IDPs, especially ex-combatants; the mobile nature of the IDPs, especially as the counties began to open for return and some IDPs began moving between their home counties and the camps. The counting of IDPs became less of an issue once WFP announced they would use their July logs for the implementation of the return activities.
- Negotiations with host communities for IDP access to resources and services outside the camps often posed serious problems. For example, this was particularly problematic when residents of Brown's Town camp began hunting in the area surrounding their camp, which is a privately owned rubber plantation. Another frequent point of contention with the host communities was seeking approval for the burial of IDPs in community cemeteries.
- The main challenge for providing health care in the camps was transport for emergency/referral cases from the camp clinic to the higher level health referral facilities, especially after hours. There was no ambulance service operating in Margibi County throughout the duration of the project.
- The provision of primary health care services in the camps steadily decreased over the life of the camps. At the peak, MERLIN provided twenty four hour services in Unification and daily outpatient care in Brown's Town. In March 2005 all primary health care services in Brown's Town ended and Unification camp scaled down to daily outpatient services only.

Camp management NGOs, UN and government authorities developed the following data collection format to monitor service provision in all IDP camps in Liberia.

Camp Population:

Unification Camp

Category- Unification	May 2004	December 2004	January 2005
Total Population	7,974	6,724	6,717
Female Head of household	959	959	959
Male Head of household	472	472	472
Female Family size	4,057	3,644	3,640
Male Family size	2,486	1,649	1,646
Children under 5 years	1,346	1,248	1,284
Children 5-17 years	973	1,071	1,071

Brown's Town

Category- Brown's Town	August 2004	December 2004	January 2005
Total Population	4,267	4,267	4,261
Female Head of household	485	485	485
Male Head of household	244	244	244
Female Family size	1,653	1,653	1,652
Male Family size	1,885	1,885	1,882
Children under 5 years	687	687	687
Children 5-17 years	1,068	1,068	1,068

Shelter Statistics:

Unification Camp

Demographics/Shelter Statistics- Unification Camp	December 2003	February 2004	May 2004	September 2004	December 2004	January 2005
Camp total population	3,741	5,904	7,974	7,974 (May 2004)	6,724	6,717
Camp capacity (persons)	8,000	10,000	10,000	10,000	10,000	10,000
Pop in transit shelter	1,641	312	0	0	0	0
Pop in shelters	2,100	5,592	7,974	7,974	6,724	6,717
Spare capacity of camp	4,259	3,784	2,026	2,026	3,276	3,283
Future camp capacity	10,000	10,000	10,000	10,000	10,000	10,000
Transit capacity	2,200	1,200	600	0*	0	0
Spare capacity of transit	559	888	600	0	0	0
No. of vulnerable persons	84	198	246	259	216	216
Average persons/shelter	5	6	6	6	5	5
Useable shelters	648	1,067	1,393	1,393	1,431	1,431
Occupied shelters	449	978	1,393	1,393	1,431	1,431
Empty shelters	209	89	0	0	0	0
Shelters under repair/Maintenance	202	201	0	99	1,431	0
Additional shelters	98	125	0	0	0	0
Shelters for vulnerable	1	84	198	198	168	168

* The transit center was converted into a training center

Brown's Town

Demographics/Shelter Statistics- Brown's Town	May 2004	September 2004	December 2004	January 2005
Camp total population	3,005	4,267	4,267	4,261
Camp capacity (persons)	5,000	5,000	5,000	5,000
Pop in transit shelter	0	0	0	0
Pop in shelters	3,005	4,267	4,267	4,261
Spare capacity of camp	1,995	733	733	739
Future camp capacity	0	0	0	0
Transit capacity	0	0	0	0
Spare capacity of transit	0	0	0	0
No. of vulnerable persons	122	116	119	118
Average persons/shelter	4	6	6	6
Useable shelters	757	729	700	698
Occupied shelters	757	729	700	698
Empty shelters	0	0	0	0
Shelters under repair	0	106	0	0
Additional shelters needed	0	0	0	0
Shelters for vulnerable	0	116	119	118

Water:

Unification Camp

ACF provided water bladders and water trucking in Unification camp, UNHCR and ARC (though UNOCHA-ERF funding and a local partner, WILMWAH) provided wells and hand pumps. The provision of water in both camps generally improved throughout the project, with shortfalls only registered when equipment was not functioning properly. The Sphere standard for safe water of 15 liters of water per person per day was exceeded in Unification Camp by February 2004 and sustained through January 2005. Although the water provision in Brown's Town never reached Sphere standards, from September 2004 the water supply did not drop below Sphere's minimum total basic water needs of 7.5 liters per person per day. (Sphere Standards 2004, page 64)

Water Indicators-Unification	December 2003	February 2004	May 2004	December 2004	January 2005
Camp population	3,741	5,904	7,974	6,724	6,717
Open wells	1	3	0	0	0
Wells w/hand pump	2	2	3	3	3
Hand pumps under repair		1	0	0	0
Tap stands	3	7	7	7	7
Water output (liter/day)	6,000	100,000	140,000	140,000	120,000*
Persons/water point	748	656	797	672	960
Liter/persons/day	2	17	18	21	18

* The 140,000 litres/day out put of safe water was restored in February when the damaged water bladder was repaired by ACF

Brown's Town

Water Indicators- Brown's Town	May 2004	September 2004	December 2004	January 2005
Camp population	3,005	4,267	4,267	4,261
Open wells	3	0	0	0
Wells w/hand pump (functioning)	1	3	2	3
Hand pumps needing/under repair	0	1	2	0
Tap stands	0	0	0	0
Water output (liter/day)	15,000	45,000	30,000	45,000
Persons/hand pump	3,005	1,422	2,134	1,420
Liter/persons/day	5	11	7	11

Sanitation:

Concern and ACF constructed latrines in the camps. In Unification the lowest ratio of persons per latrines achieved by January 2005 was 44. At Brown's Town, the person per latrine seat ratio was maintained at 32 since September 2004.

Unification Camp

Sanitation Indicators-Unification	December 2003	February 2004	May 2004	September 2004	December 2004	January 2005
Camp population (Est.)	3,741	5,904	7,974	7,974 (May 2004)	6,724	6,717
Number of latrines (seats)	86	94	77	89	80	152
Persons/latrines	44	63	115	90	84	44
Latrines under repair/ construction (seats)	16	12	21	4	72	0
Planned latrines		24	40	37	0	0
Bath cubicles	12	32	32	32	128	128
Persons/bath	312	185	249	249	53	52
Garbage pits	1	11	11	11	3 (11 full)	0 (14 full)

Brown's Town

Sanitation Indicators- Brown's Town	September 2004	December 2004	January 2005
Camp population (Est.)	4,267	4,267	4,261
Number of latrines (seats)	132	132	132
Persons/latrines	32	32	32
Latrines under repairs	0	0	0
Planned latrines	0	0	0
Bath cubicles	22	22	22
Persons/bath	140	140	140
Garbage pits	0	2	2

Objective 2: Improve the level and quality of GBV/HIV prevention and response mechanisms within the IDP community to: 1) increase the monthly GBV report rate, 2) ensure health, psychosocial and security services are in place for GBV survivors and 3) bring about change in attitude and behavior of IDPs to reduce vulnerability to GBV/HIV/AIDS and STIs.

NB: Indicators are presented in table format following the narrative (p.14)

GBV prevention and response activities targeted the entire IDP community in Unification and Brown's Town IDP camps. GBV and Reproductive Health (RH) awareness raising activities were conducted with all segments of the population– women, men, youth and elderly. ARC staff conducted sensitization for the camp populations on GBV, STIs and HIV/AIDs and provided psychosocial response, referrals to medical care and information on options available to survivors of GBV. Income generation activities were specifically targeted to women identified as vulnerable to, or survivors of, GBV.

2.1) Increase the monthly GBV report rate

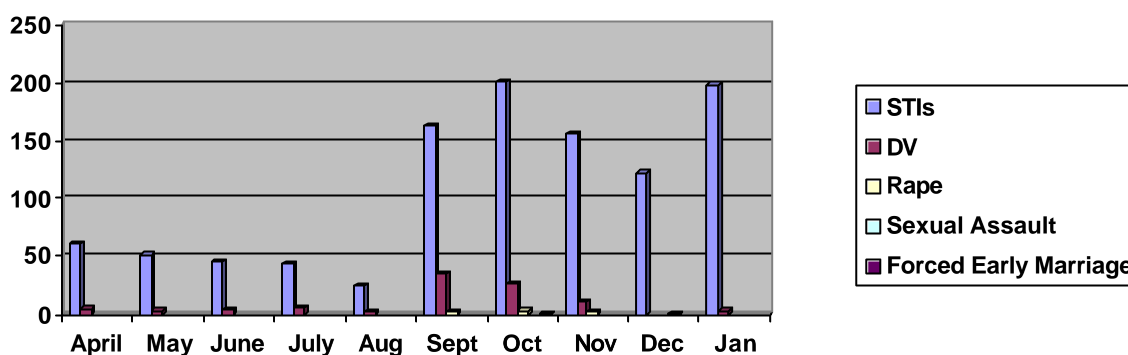
The overall number of GBV[1] and STI reports remained low from April- August 2004 then increased substantially in September and October coinciding with the peers' awareness raising activities. While it is acknowledged that this could reflect a rise in actual incidents, it is also likely that an increased awareness among the community and a knowledge and understanding of reporting procedures influenced reporting rate.

[1] including domestic violence, rape, sexual assault and forced early marriage

The STI report rate peaked between September 2004 and January 2005. The dramatic increase from the period April 2004 - August 2004 (average 45) to September 2004 – January 2005 (average 169) has been attributed by the MERLIN clinic to intensive awareness raising in the camps and host community peaking from July through November (Note: The clinic does not differentiate between clients from the community and from the camp).

In contrast, the GBV report rate from November 2004- January 2005 gradually decreased despite ongoing peer awareness raising activities. While the time interval is too short to definitively measure impact, this could reflect changes in community attitude (increased levels of comfort for survivors to report incidences) and a corresponding decrease in violence in the camps.

Chart 1: GBV and STI reports to ARC



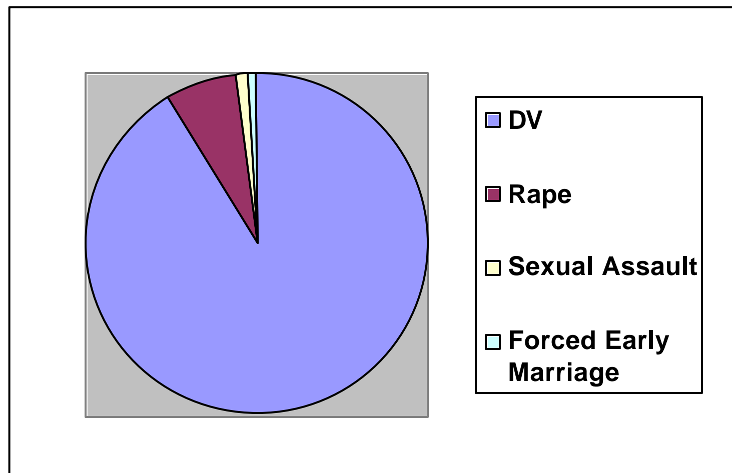
Change in community attitude towards survivors can be demonstrated by the following example. Prior to ARC intervention if there was a rape case the survivor would tend to be blamed for the incident. In April 2004 a 15 year old girl with epilepsy was raped. She identified the assailant to her parents and was referred to the MERLIN clinic by ARC staff. On her way to the clinic the survivor was jeered at and called a liar by people in the street. A crowd gathered around her and people were heard to say that no decent man would want to have sex with an epileptic. ARC staff temporarily removed her from the camp for her own safety. With ongoing awareness raising through the peers however, the rights of survivors to confidentiality and appropriate referral have been more respected and cases are routinely referred to the MERLIN clinic and to ARC counselors. For example in October 2004 a girl who was raped was taken by her block leader directly to the camp chairman's hut who referred her to MERLIN and ARC staff.

Community attitude towards perpetrators also began to change. Increasingly it was observed that community members believed that perpetrators deserved to be punished. For example, in November 2004, community members requested ARC's assistance to help bring two boys who had raped a 12 year old girl to justice quickly before they ran away from the camp.[2]

The decrease in reporting from November 2004- January 2005 could also reflect a dependency on the presence of ARC staff and peers in the camps to generate reports. For example, peer education activities ceased at the end of December 2004 and in January there were only four reports of GBV. This highlights the need for future programs to work with and strengthen existing structures (health clinics, community leadership, local security apparatus, local support networks) to enhance sustainability.

[2] The case is still being pursued.

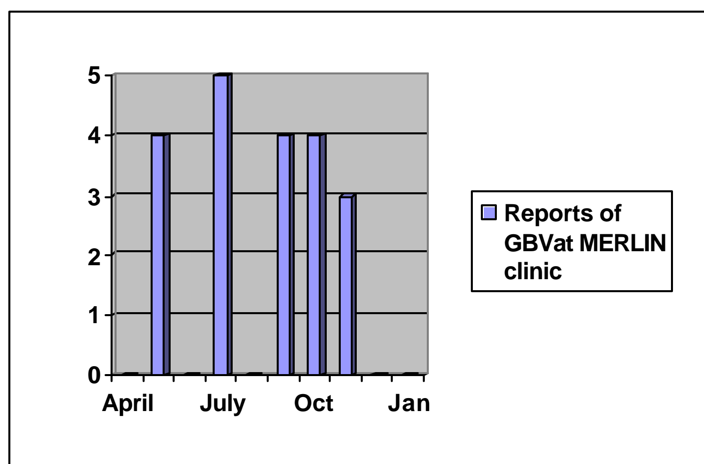
Chart 2: Types of violence against women reported.



During implementation of this project, domestic violence (DV) was by far the most commonly reported type of violence against women followed by rape then sexual assault and forced early marriage as displayed in Chart 2.

Following training by ARC staff, MERLIN health workers were able to identify and report GBV cases to ARC staff for counseling and follow up, but it was infrequent (average April 2004 – Jan 2005, 2 cases). In fact a decrease in report rate was observed over time with 4 cases reported in May, 5 in July, 4 in September and October, 3 in November and 0 in December and January (chart 3).

Chart 3: GBV Reports at MERLIN clinic



The low rate of reports to MERLIN may be due to the fact that ARC staff worked at the community level and were therefore visible and easily accessible to receive initial reports of violence. ARC also learned that community members were unlikely to report cases of violence to health workers if there was no serious physical injury sustained. Nevertheless, it is recommended that more attention be paid to raising awareness and strengthening capacities of existing institutions such as health clinics, especially for community based programs, to improve their capacity to respond effectively when cases are reported and to raise public perception of the value of seeking immediate medical attention following any incident. It is also recommended that collaboration and coordination between ARC GBV staff and clinic staff be strengthened in future programs.

2.2) Ensure health, psychosocial and security services are in place for GBV survivors

This part of the project objective was reached through a number of different strategies.

Reporting and Referral procedures

First, reporting and referral procedures in the camps were streamlined. Training sessions on reporting and referral were held to ensure that all actors were aware of and understood their own role and that of other

agencies. Three training sessions were provided on interagency reporting and referral procedures to representatives from the peers (eight), MERLIN (14), two members of the Liberian National Police (LNP), two ARC security staff and two camp leaders. A total of 12 trainings were conducted by ARC staff on incident reporting for the 64 peers, and two MERLIN staff.

ARC was an active participant in the national GBV Interagency Coordination Meetings. One of the main objectives of this group was to standardize health and psychosocial incident and referral report forms. This was a long process due to irregular attendance of members at the meetings making it difficult to follow up on action items as forecast. Despite the difficulties inherent with national level coordination forums, a confidential health incident report format was developed and when completed will be distributed for use. A national form for psychosocial reports is currently being developed and when completed will be utilized by ARC. In the IDP camps, staff used ARC-developed forms and trained all peers in their use.

Cumulative GBV incident data was securely stored at the ARC office to ensure confidentiality and cases were regularly shared at the bi-monthly GBV Interagency Co-ordination meetings.

Security/Protection strategies

GBV incidents in the camp were prevented by enhancing protection mechanisms. There was an initial lack of clarity of the roles and responsibilities between agencies such as UNMIL, LNP, LRRRC, IDP Camp leadership, partner NGOs and MERLIN. However, after discussion and regular meetings greater cohesion and coordination was achieved. A referral system was proposed and followed by all parties.

ARC advocated for improved community access to law enforcement by encouraging the local police to build positive relations with the community. The perception of the community changed from viewing police as threatening to a source of protection. For example, informal discussions between the community and ARC staff revealed that many community members were hesitant to involve police in incidents of violence prior to ARC intervention but subsequently understood and respected their role. At the same time, ARC provided training to the LNP, along with ARC security staff, camp leaders, peers and MERLIN[3] on protection, domestic violence (definitions, causes, consequences) and reporting and referral mechanisms. Following this training, for the first time, the local police force referred a rape case to ARC for psychosocial support before proceeding with the investigation.

Public lighting was a problematic issue. Lanterns were available until IDPs began to take them into individual huts or remove the kerosene from them. As an alternative strategy, a 24-hour security patrol was established staffed by LNP officers and ARC security staff.

A Youth Friendly Corner (YFC) was established in Unification Camp to create a safe area where counseling, group sessions and recreational activities such as sports (soccer, kickball and volley ball) and games (ludo and checkers) could be conducted. The YFC was staffed by ARC peers with support from ARC staff. The organized activities at the YFC primarily targeted youth, but the center also offered a safe space for anyone from the community.

ARC's approach in coordinating security and protection agencies within and around Unification camp received significant recognition by UNHCR as good practice to be replicated by other agencies. Excellent relationships and coordination were established among LNP, LRRRC, IDP camp leadership and ARC.

[3] June 2004- eight peers (with the role of protection monitor), two LNP, two ARC security staff, two camp leaders, and four MERLIN staff

Psychosocial
A community based approach to the provision of counseling and support was undertaken to ensure sustainability and lasting impact of the project inputs. As cases of domestic violence and assault often occur in the evening hours, the need for trained individuals to provide 24 hour support was seen as critical. Of the 64 peers, 32[4] were selected as peer counselors (16 male and 16 female). They were identified over a period of two months and all received ongoing training from May-December 2004 on facilitation, mobilization, counseling, gender and HIV/AIDS, RH, condom usage, STIs, DV, referral and reporting. Full time training was provided for an initial three weeks, then as the peers began to work in the community they were supported with afternoon sessions to share their experiences, discuss lessons learned and follow up on any areas requiring further clarification. The peers conducted weekly block by block counseling sessions, thereby providing initial psychosocial support to the entire camp. Serious cases were referred to ARC Counselors for assessment and if appropriate, ongoing case management. Fifty cases received on-going case management over the duration of the project.

Both individual counseling and group counseling were provided by peers. Group counseling focused on topics such as identifying the needs of GBV survivors, physical assault, domestic violence, causes of violence in the home and blaming the survivor. Individual counseling focused on relationships with partners, stigma of GBV, and stigma of STIs.

One ARC staff member attended a Reproductive Health Response in Conflict Consortium (RHRC)-hosted workshop in Accra on counseling survivors of violence in June 2004. She used the knowledge gained to assist with the development of the curriculum for the peer training.

From the period April 2004 through January 2005, ARC staff saw 108 GBV cases. Individual case management services were provided to 50 clients. The other cases declined ongoing case management.

Health
At the onset of the project MERLIN staff were not aware of, or providing any treatment for, rape or GBV related cases. ARC invited MERLIN to an initial five day GBV/HIV training on 23 February 2004 that focused on attitude and behavior thereby establishing a close working relationship between the two agencies. The workshop led MERLIN staff to identify the gaps in their service provision on GBV-related cases and they were then open and eager for any support or capacity building ARC was able to provide. Subsequent to this, ARC invited MERLIN to the national level GBV coordination committee where they learned about the extent and type of services other health care providers offered. This motivated the clinic staff to seek training and to share skills and ideas with their health service peers. The impact of this initial advocacy and influencing on the part of ARC has been far reaching. MERLIN appointed a team leader as National Coordinator for GBV within the agency and developed national guidelines which outline the level of services they feel they will be able to support. The Coordinator attended a training course on rape management protocols and counseling for survivors of violence in Accra.

During initial ARC assessments in the camp, IDPs identified several barriers to accessing quality health care through MERLIN. Lack of confidentiality, care and appropriate, sensitive treatment were mentioned. In order to overcome these barriers, ARC facilitated a session between the IDPs and all MERLIN staff in April 2004. Role plays, amongst other participatory tools, were used to identify the barriers and seek appropriate solutions. Anecdotal evidence revealed a change in the approach of staff with almost immediate effect. ARC appointed a staff member to act as clinic liaison. The clinic liaison acts as peer advocate to support women, men and youths to share their problems with the health care staff and to ensure they receive the appropriate treatment. As a result of good relationship building, this role became

[4] 24 in Unification and eight in Brown's Town

an essential component of the reporting and referral procedure. However, this situation created dependency on the clinic liaison, instead of building MERLIN's capacity to provide effective services. Future programs should include further training and capacity building for health care providers on confidentiality and treatment of survivors.

In May 2004, the MERLIN clinic referred one GBV case to ARC for follow up and counseling. Two cases were referred in September and one in November.

ARC peers helped ensure community access to condoms by distributing them on request. This was in response to the problems of accessing condoms identified by young men and women including feeling shy/ashamed to request from clinic staff, and the refusal of health care staff to distribute to youths considered to be 'too young' to be sexually active.

Income-Generation Project (IGP)

An income generation component was incorporated into ARC's work in the camps to reduce risk for sexual exploitation, and promote socio-economic well being for at-risk female heads of households and survivors of sexual violence by providing small grants (in-kind supplies/materials) for income generating activities.

In April 2004, 200 in-kind grants worth US$40.00 were distributed to women identified as vulnerable to, or survivors of, gender-based violence. Small business training was provided and market stalls set up for the selected beneficiaries. Businesses included marketing fresh food, cooked food, palm oil, second hand clothes, and household goods.

In September 2004, of this initial 200, 177 (89%) received the second grant installment of US$30.00.

By January 2005, five of the IGP recipients had left the camp while 172 remained in the camp and continued their business. Recipients reported that they had done well over the Christmas period and continued to reinvest their profits.

Comments from IGP beneficiaries included:

- "The business allowed me to stop working as a sex worker"
- "ARC helps me feed me and my grandchildren"
- The recipients have been encouraged to save a percentage of their profits every day (daily *susu*). This has proven a successful strategy, with one woman remarking "I go back to the daily *susu* so at least when I go back home I will take something good that will help me continue my business".

2.3) Bring about change in attitude and behavior of IDPs to reduce vulnerability to GBV/HIV/AIDS and STIs.

Changes in attitudes and behavior of IDPs to reduce vulnerability to GBV/HIV/AIDS and STIs have been promoted through the work of peer educators and the production of IEC materials.

Of the 64 peers, 32[5] were selected as peer educators (16 male and 16 female) and were trained on community mobilization, human rights, gender and relationship skills, reproductive sexual health and GBV. Positive role models in the community were selected as peers as well as those known to encourage risk taking behavior. This yielded significant positive results. For example, ex-combatants were among the most motivated members of the peer groups. Increase in self esteem is an intended outcome of any

[5] 24 in Unification and eight in Brown's Town

behavior change/life skills training undertaken on sexual health and relationships. From the early stages this was recorded as a short term indicator of change observed in the peer educators reflected in the way they were dressing and generally taking more care in their appearance. Peers held weekly sensitization and awareness raising sessions at block level on domestic violence, GBV, HIV/AIDS, and STIs reaching every member of the camp community including men, women, boys and girls. They used role play, drama, music and discussion groups to share their messages with the community. They also marked special events, for example, to mark the 16 Days of Activism Against GBV (Nov 25 – Dec 10) peers held community level awareness raising sessions (one-to-one and small group discussions at water points, markets, shops, etc.) and a one-day program with music, drama and a parade through Smell no Taste Community (Unification camp host community) spreading messages about GBV and HIV/AIDS. Approximately 300 people participated.

A workshop was held with the peers at Unification camp to discuss and decide on appropriate messages and drawings to use for IEC materials. A shortlist was pre-tested with the community in the camp. The most appropriate designs were selected for the production of 100 t-shirts and 300 posters. In December 2004 the t-shirts were distributed to peers and community members. The posters were distributed and placed in the camps and surrounding communities in shops, on people's doors, schools, health clinics, etc. The t-shirts carry messages about the rights of the girl child to education and gender roles in the family. The posters carry messages about women's participation in community decision making and examples of GBV.

Changes in attitudes have been noted by ARC staff through focus group discussions and anecdotal evidence.

- There has been a shift in community attitudes from blaming the survivor to blaming the perpetrator. While a formal survey has not been conducted, it has been observed through group discussions and through talking with individual community members that increasingly GBV survivors are not being blamed and people think they deserve support and assistance.
- There is also increasingly a belief that perpetrators deserve to be punished. The anecdote outlined on page 7 provides a good example of this. This situation requires ongoing monitoring, however, as perpetrators currently run the risk of community retaliation (mob justice). For example, a perpetrator who allegedly sexually molested a girl was attacked by family members of the survivor and other members of the community (hurling insults). The camp leadership, ARC staff and LRRRC appealed for calm and encouraged the community to hand the alleged perpetrator over to the police. A large crowd of people followed the alleged perpetrator who was accompanied by ARC staff to the police station. Justice and the legal system are possible topics for training in future projects.
- At a session on stigma reduction for survivors of GBV in August 2004, participants reported increased knowledge of issues and changes in their attitudes towards survivors. For example, in the past women who complained about domestic violence were commonly seen as not maintaining family values but are now receiving some support and encouragement from community members.
- General gender awareness has led to an increase in women's decision making in the camp. Women were increasingly observed actively participating in discussions and meetings when in initial sessions they had largely remained quiet. For example, throughout the course of the project female peers became more expressive during community sensitization sessions and women in the community began actively challenging men in community meetings on issues of GBV and equal rights. The Chairman of Unification camp said "ARC is really doing something in this camp. Women who depended on us to talk can tell us what to do these days". However, there are still very few women in camp leadership positions: there is a Chairlady in both Unification and Browns Town and in Unification only one block is headed by a woman.
- Following an incident of domestic violence (DV) perpetrated by a block leader against his partner, who was two months pregnant, ARC and MERLIN assisted the woman to find safety in an IRC

supported safe house. The camp leadership took immediate action and suspended the block leader from his position. The woman later decided to return to her husband and requested that he be reinstated as block leader. There was a second incident of DV after which he was expelled from the camp and she was allocated her own shelter and received a grant from ARC to start a small business (selling rice).

- Many people reported in group counseling sessions that they used to see condoms as funny or taboo but now report using them.
- Women are becoming more educated and assertive about condom usage. For example, in a group counseling session, one woman said she realized that her husband had been using condoms incorrectly and that is why she kept getting pregnant. Another woman reported that she previously thought men had responsibility for providing condoms during sex but now she took responsibility and asked ARC staff for condoms.
- In group counseling sessions, men have reported feeling more comfortable talking about gender, previously seen as "a woman's thing".
- There is awareness of rights. For example, one woman reported to an ARC staff member that she always had sex with her husband when he wanted, even if she was sick but that now she realizes she has the right to say no. A man reported that he now realizes that "my wife can sometimes be tired and refuse me sex. Before I thought every time I wanted sex she must be ready".
- At a gender sensitization training session conducted in December 2004 by the peers in Brown's Town, some men expressed their accountability in cases of domestic violence.
- At the same session, one participant expressed his understanding of condom usage by saying "Condoms serve as a goalkeeper to receive anything, preventing harm to the players".

During the course of this project some important lessons were learned that will inform future ARC GBV projects.

- The challenges of measuring progress on such sensitive and complex issues should not be underestimated. Effective techniques and tools must be established at the outset of the project and rigorously implemented throughout the life of the project, e.g. pre-post intervention surveys and focus groups to measure changes in attitudes and behaviors.
- All stakeholders need to be actively involved in effective prevention and response to GBV. The IDPs along with ARC's NGO partners, local police, health care providers and camp security guards were all provided training and supported to do their part to prevent GBV cases in the camps and respond effectively when they did occur.
- Masculinity component: The gender breakdown of the peers was 50% male and 50% female and men/boys were targeted along with women in the community awareness program on GBV/RH/HIV/AIDS. However, there were no specific sessions conducted on masculinity and violence. ARC trainers have recommended that this training be included in future training curriculum.
- Legal and justice awareness raising: ARC trainers and counselors have recognized the need for training on legal/justice issues and have recommended that specific sessions be held as part of the overall awareness raising program. In particular, they have requested training on GBV in the context of the Liberian legal system and international law (especially human rights law) for themselves. They would then incorporate the knowledge learned into sessions with the peers.

Indicators/ Outputs	April 04	May 04	June 04	July 04	Aug 04	Sept 04	Oct 04	Nov 04	Dec 04	Jan 05
2.1 Increase in the number of GBV reports (indicates awareness of reporting mechanisms, and level of comfort for survivors to report incidences)	5	3	4	6	2	37	30	13	1	3
2.2 Increase in the number of GBV cases identified by health workers (indicates effectiveness of reporting mechanisms, and level of comfort for survivors to report incidences)	0	4	0	5	0	4	4	3	0	0
2.3 Increase in instances of Gender equity in decision making in camp related activities (through direct observation)	General gender awareness led to an increase in women's decision making in the camp. Women were increasingly observed actively participating in discussions and meetings when in initial sessions they had largely remained quiet. For example, throughout the course of the project female peers became more expressive during community sensitization sessions and women in the community began actively challenging men in community meetings on issues of GBV and equal rights. The Chairman of Unification camp said "ARC is really doing something in this camp. Women who depended on us to talk can tell us what to do these days". However, there are still very few women in camp leadership positions: there is a Chairlady in both Unification and Browns Town and in Unification only one block is headed by a woman.									

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<tr><td>2.4 Increase in treatment seeking for STIs (indicates increased awareness of these services, and their acceptability by both men and women)</td><td>61</td><td>51</td><td>45</td><td>43</td><td>25</td><td>164</td><td>201</td><td>157</td><td>123</td><td>199</td></tr>
<tr><td>2.5 Community believes that survivors of GBV deserve assistance, not blame (attitudinal change measured through surveys or interviews)</td><td colspan="10" rowspan="3">There was a shift in community attitudes from blaming the survivor to blaming the perpetrator. While a formal survey was not conducted, it was observed through group discussions and through talking with individual community members that increasingly GBV survivors were not blamed and people thought they deserved support and assistance.

A growing belief that perpetrators deserve to be punished was also noted. The anecdote outlined on page 7 provides a good example of this. This situation requires ongoing monitoring, however, as perpetrators currently run the risk of community retaliation (mob justice). For example, a perpetrator who allegedly sexually molested a girl was attacked by family members of the survivor and other members of the community (hurling insults). The camp leadership, ARC staff and LRRRC appealed for calm and encouraged the community to hand the alleged perpetrator over to the police. A large crowd of people followed the alleged perpetrator who was accompanied by ARC staff to the police station. Justice and the legal system are possible topics for training in future projects.

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<tr><td>2.6 Community members give support and assistance to survivors (behavior change --assessed by observation and through interviews/surveys)</td></tr>
<tr><td>2.7 Community members believe that people/men who abuse their power are acting against social norms and deserve punishment. (Attitudinal and behavior change—assessed by baseline and follow-up surveys, interview, and by increase in number of incidences redressed through local systems—legal, traditional, etc.)</td></tr>
<tr><td>2.8 Written interagency procedures for reporting, referrals, and roles/responsibilities of the various organizations and sectors in response to a GBV incident report</td><td colspan="10">ARC was an active participant in the national GBV Interagency Coordination Meetings. One of the main objectives of this group was to standardize health and psychosocial incident and referral report forms. This was a long process due to irregular attendance of members at the meetings making it difficult to follow up on action items as forecast. Despite the difficulties inherent with national level coordination forums, a confidential health incident report format was developed and when completed will be distributed for use. A national form for psychosocial reports is currently being developed and when completed will be utilized by ARC. In the IDP camps, staff used ARC-developed forms and trained all peers in their use.</td></tr>
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Indicators/ Outputs	April 04	May 04	June 04	July 04	Aug 04	Sept 04	Oct 04	Nov 04	Dec 04	Jan 05
2.9 Descriptions of training for staff and community members related to implementing interagency reporting and referral procedures	0	3 sessions with 8 peers and 10 MERLIN on reporting and referral	1 security wkshop including referral & reporting - 8 peers, 2 LNP, 2 ARC security, 2 camp leadership, 4 MERLIN	0	0	0	0	0	0	0
2.10 A new incident report form for confidential documentation of GBV incidents	Health form developed and in use, psychosocial form still being negotiated through GBV Interagency Coordination Group. ARC continues to use their own form based on the UNHCR version until standard form approved.									
2.11 Descriptions of training for CHWs, MERLIN staff, and peer counselors on incident report	0	0	1 (2 MERLIN)	2 (64 peers)[6]	2 (64 peers)	2 (64 peers)	2 (64 peers)	2 (64 peers)	1(64 peers)	0
2.12 Monthly GBV incident data (non-identifying), compiled and shared with the interagency coordination team and the community for analysis and problem-solving	Cumulative GBV incident data securely stored in ARC office. Cases regularly shared at Interagency Co-ordination meetings									
2.13 Descriptions of new protection mechanisms implemented by the interagency camp management team to enhance security, protect survivors, and/or prevent incidents of GBV	A 24 hour security patrol was conducted by LNP (Liberian National Police) officers (2) and ARC security staff (2) GBV incidents in the camp were prevented by enhancing protection mechanisms. There was an initial lack of clarity of the roles and responsibilities between agencies such as UNMIL, LNP, LRRRC, IDP Camp leadership, partner NGOs and MERLIN. However, after discussion and regular meetings greater cohesion and coordination was achieved. A referral system was proposed and followed by all parties.									

[6] These sessions were briefings where peers were able to discuss their problems with the referrals and reports.

	ARC advocated for improved community access to law enforcement by encouraging the local police to build positive relations with the community. The perception of the community changed from viewing police as threatening to a source of protection. For example, informal discussions between the community and ARC staff revealed that many community members were hesitant to involve police in incidents of violence prior to ARC intervention but subsequently understood and respected their role. At the same time, ARC provided training to the LNP, along with ARC security staff, camp leaders, peers and MERLIN on protection, domestic violence (definitions, causes, consequences) and reporting and referral mechanisms (held June 2004, participants included 8 peers, 2 LNP, 2 ARC security, 2 camp leaders, 4 MERLIN staff). Following this training, for the first time, the local police force referred a rape case to ARC for psychosocial support before proceeding with the investigation. Public lighting was a problematic issue. Lanterns were available until IDPs began to take them into individual huts or remove the kerosene from them. As an alternative strategy, a 24-hour security patrol was established staffed by LNP officers and ARC security staff. A Youth Friendly Corner (YFC) was established in Unification Camp to create a safe area where counseling, group sessions and recreational activities such as sports (soccer, kickball and volley ball) and games (ludo and checkers) could be conducted. The YFC was staffed by ARC peers with support from ARC staff. The organized activities at the YFC primarily targeted youth, but the center also offered a safe space for anyone from the community.
2.14 Confirmation of completion of training for & deployment of thirty peer educators or counselors to establish community-based problem solving for RH/HIV/GBV concerns	48 Peers were selected in Unification and 16 in Browns Town in April. All peers received on-going training from May-Dec on facilitation, mobilization, counseling, gender and HIV/AIDs, RH, condom usage, STIs, DV, referral and reporting.

Indicators/ Outputs	April 04	May 04	June 04	July 04	Aug 04	Sept 04	Oct 04	Nov 04	Dec 04	Jan 05
2.15 Descriptions of RH/HIV/GBV issues identified by the community members in each block	DV (5) STIs (61)	DV (3), STIs (51)	DV (4) , STIs (45)	DV (6), STIs (43)	DV (2), STIs (25)	DV (35), rape (2), STIs (164)	DV (26) rape (3) forced early m'ge (1), STIs (201)	DV (11) rape (2), STIs (157)	SA (1), STIs (123)	3 (DV), STIs (199)
2.16 Documentation of the increase in the number of men and boys (masculinity component) who participate in peer activities that promote violence-free living, compared to the start of the project.	From the beginning of the project, there were 32 male peers (men and boys) who participated in training. Specific sessions on violence free living were conducted in April (15 men, 6 boys), June (12 men), August (11 men), September (16 men) and October (20 men).									
2.17 Documentation of staff from all sectors who have attended GBV/HIV/protection training and are knowledgeable about services available in the camp to prevent and respond to GBV, including the number of staff from all sectors who know how to make a referral and seek help if they hear of an incident of GBV.	GBV staff UNHCR Gender & L'drship 1 week	2 GBV staff SCUK Child protection 2 GBV staff training HIV/Aids	Camp security staff 2 day w'kshop GBV, referral and reports			2 GBV staff Mercy Corps HRights 1 week			0	
2.18 Activity reports of information services and referrals to beneficiaries of all age groups from the 15 peer educators who are trained and	Peers submitted weekly activity reports to CHWs documenting all information services and referrals.									

supervised by CHWs										
2.19 Confirmed establishment of three youth-friendly corners in the camp, staffed by peer educators.						1 in U. camp				
2.20 Documentation of twelve awareness-raising sessions completed in the community, three each with adult women, adult men, young women, young men.	GBV AR[7] (2)	GBV AR (2)	GBV AR (2)	GBV AR (3)	GBV AR (4)	GBV AR (2)	GBV AR (3)	GBV AR (4)	GBV AR (1)	0
2.21 Documentation of behavior change/information /communication materials developed in collaboration with community members; and distributed during program activities, for example, posters with information about where anyone can/should go for help if they are a victim of GBV, concerned about HIV, and/or in need of reproductive health or other protection information.	A workshop was held with the peers at Unification camp to discuss and decide on appropriate messages and drawings to use for IEC materials. A shortlist was pre-tested with the community in the camp. The most appropriate designs were selected for the production of 100 t-shirts and 300 posters. In December 2004 the t-shirts were distributed to peers and community members. The posters were distributed and placed in the camps and surrounding communities in shops, on people's doors, schools, health clinics, etc. The t-shirts carry messages about the rights of the girl child to education and gender roles in the family. The posters carry messages about women's participation in community decision making and examples of GBV.									

[7] Awareness Raising