



End of Project Activity Report

Final Period: September 17, 2008 - August 14, 2009

Agreement No: DFD-G-00-08-00285-00

Project Title: Gender Based Violence Prevention and Response in Gbarpolu and Lofa Counties of Liberia

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Overview

ChildFund International, formerly known as Christian Children's Fund or CCF received funds from OFDA in September 2008 to implement a Gender Based Violence (GBV) prevention and response program in Lofa and Gbarpolu Counties of the Republic of Liberia. The goal of the project was to reduce incidences of GBV according to the multi-sectoral framework developed in the Ministry of Gender and Development's GBV National Plan of Action with the objective of improving the knowledge, attitudes and practices of men, youth, and GBV prevention and response through coordination, training, livelihoods and sensitization activities in five districts in Gbarpolu County namely, Kongba, Belleh, Bokomu, Bopolu and Gbarma and another two districts in Lofa County comprising Zorzor and Salayea districts: The project targeted 50,490 beneficiaries, among whom 2,275 were Internally Displaced Persons (IDPs).

Project activities were designed to empower community members to *prevent* acts of GBV and to build the capacity of service providers, community members and others to adequately *respond* to cases of GBV, all within the framework of the Ministry of Gender and Development's National Plan of Action. 18 trained community based social workers facilitated activities on behalf of ChildFund. They mobilized communities, peers, health and legal sector personnel, local authorities and many others in order to raise awareness about GBV.

This final report details program achievements and progress against indicators for the project period of September 17, 2008 through August 14, 2009.

Objective: To improve the knowledge, attitudes and practices of men, women, youth, and GBV Response referral points in the health, legal, and security sectors for GBV prevention and response through coordination, psychosocial counselling, training, livelihoods and sensitization activities.

Gender Based Violence and Women's Centers

A total of 50,490 women, girls, men and boys were targeted for training and sensitization on gender based violence issues in project communities in the seven districts in the two counties. By project end 49,785 beneficiaries had been reached. This constitutes 99% of the target beneficiaries. Out of the beneficiaries reached, 23,731 were IDPs constituting 48% of the total number of beneficiaries reached. The high percentage of beneficiaries reached from the target beneficiaries was a result of ChildFund's Social Workers being able to go to communities at times that were appropriate to community members due to seasonal activities, the voluntary spirit exhibited by peer educators, men's action groups and cooperation from community and acceptance of the project and its approaches from community leaders.

28,739 women were trained/sensitized in GBV issues. The training included acts that constitute GBV, prevention of GBV in communities, how to receive support when abused and the referral pathway for GBV survivors including reporting to law enforcement agencies. The women also discussed cultural and traditional practices and perceptions that cause GBV abuse in communities and how to deal with them. Some of the practices include the 'bush schools' where young girls are taken for initiation ceremonies and their female genitals cut, arranged marriages and wife beating as a sign of love.

In addition to the training of women, their men counterparts were also trained and sensitized on GBV issues. 21,046 men were trained and sensitized during the project period. Like their women counterparts, the men were sensitized on how to prevent abuse in communities, the male actions that constitute GBV offenses, and need to settle domestic differences through dialogue and communication rather than through violence.

During the project period, 45 complex cases were successfully referred to specialists. These were medical and legal cases. ChildFund developed a referral pathway that enabled it to redirect cases that the Social Workers thought needed specialist attention. Most of these cases were referred to clinics for medical examination and treatment. Other cases were directed to the law enforcement agencies to pursue legal proceedings against perpetrators. All referrals to specialists were done in a manner that guaranteed the confidentiality of the survivors as well as their safety from the perpetrator.

Staff Training

ChildFund is a respected and trusted leader in the field of GBV prevention and response. Twenty-seven staff were trained on GBV prevention and response over the period. The training included approaches such as workshops, nurturing and mentoring. Staff learned how to investigate cases of GBV abuse in a respectful and confidential manner and learned about appropriate methods of reporting, documentation and referral. They also learned about how to support beneficiaries to ensure they properly manage their grants and knowledge gained during the livelihood training. These staff members have since been solicited to investigate reported cases of GBV and support the livelihood activities of beneficiaries.

ChildFund's Master Trainers are often called upon by other organizations to facilitate workshops and trainings for staff and community members. During this project cycle, ChildFund facilitated a series of GBV trainings for local government authorities in the project locations. This has enabled local government officials to better understand how to deal with and cooperate on issues of GBV abuses. ChildFund is an active member of the National GBV taskforce and has been working with key stakeholders such as Save the Children UK, UNMIL, and UNHCR to facilitate a multi-pronged, multi-sectoral community-led approach to the prevention and response to GBV abuses.

Of the 27 staff trained, 18 of them were Social Workers who received intensive training in protection sensitivity. This enabled them to handle GBV survivors with the utmost care and confidentiality and also built their capacity to identify and support GBV survivors on a daily basis in the course of their work in the communities where they live and work. ChildFund's workplace policy of protecting program participants from violations and abuse mandated that each recruited staff sign a code of conduct. All 27 recruited staff voluntarily signed the code of conduct and during the project lifespan were never found in any way violating the provision of the code.

The capacity building of the staff also enabled them to deal with GBV survivors with special needs. These survivors received individual counseling tailored to meet their individual psychosocial needs. Follow up sessions were held with these individuals to ensure that they were healing from the trauma experienced after the abuse. During the project period, 115 survivors were identified. The offences against the survivors included rape, attempted rape, domestic violence, and physical assault. In addition, 209 counseling sessions were held with the survivors. Some of the sessions were with groups and others were individual.

Before and after each training session, tests were conducted to find out the level of increase in knowledge of staff members. Consistently, staff members scored an upward of 90% of post training tests conducted on training. Even though staff members had considerable experience and knowledge in GBV work, each time they learnt something new and each time there was an upward increase in knowledge gained. This gain in knowledge after each training measured between 15% and 40% which indicated that each training added value to the wealth of knowledge they had.

Baseline Survey/ Community Entry

Community Dialogues

A total of 18 social workers were recruited to provide psychosocial prevention and response services to community members. ChildFund is fortunate to have a low turnover rate with regard to staff, resulting in highly trained social workers who are well known in their respective communities of work.

To guide project start-up, staff engaged in 28 focus group discussions reaching out to 280 community members (157 male and 123 females) including chiefs, Zoes¹, traditional birth attendants (TBAs), and women, men and youth leaders. Various participatory rural

¹ Zoes are women in the community who perform female genital mutilation (FGM); the majority of Zoes are also traditional birth attendants.

assessment (PRA) tools such as focus group discussions, key informant interviews and risk mapping were used to assess knowledge, attitudes and practices (KAP) of people around GBV and RH issues. Staff facilitated discussions with youth on HIV/AIDS, men's groups on rape and its consequences, women's group on safe motherhood and students on SEA. The goal of the focus group discussions was to better understand prevailing issues impacting people on an individual and communal level.

Table 1: Breakdown by location and sex of individuals who attended community dialogues

Location	# of women (30-40yrs)	# of female youth (14-29yrs)	# of men (30-40yrs)	# of male youth (14-29yrs)	Total	# of returnee/IDPs
Gbarpolu	37	41	48	53	179	72
Lofa	21	24	19	37	101	41
Total	58	65	67	90	280	113

100% of community members, both men and women, pledged their total support for the project in the project communities and agreed to support the project in what ever ways to ensure project success during the implementation period and beyond. This resulted from the explanation of the project's purpose and how the expected results were intended to bridge the gender gap and reduce GBV incidences.

A post project assessment was conducted in 10 communities to assess knowledge, attitudes, and practices towards adult women and girls after one year of project implementation. Results indicate that 91% of the men interviewed have a base knowledge of GBV as compared to 42% in the baseline survey. The baseline assessment revealed that 86% of respondents stated that women should have the right to express their views on issues affecting them; 100% of those interviewed during the post assessment believed that woman should continue to have this right. During the baseline survey 73% of respondents believed that girls should have equal access to education; in the post assessment 97% responded favorably to girls having equal access to education as compared to boys. One of the biggest difference in pre and post project responses pertained to domestic chores; 64% of men interviewed during the baseline assessment believed that men should assist their wives with domestic chores; in the post assessment 96% believed that men should help their wives. Post assessment findings revealed that 100% of respondents agreed that it is not good to beat your wife. During community entry, 41% of those surveyed perceived GBV as a foreign ideology but post assessment results revealed that 97% believed that it is not. Generally, there is an increase in knowledge among participants on GBV issues.

Health

A total of 7,780 beneficiaries were targeted, with 126 sessions/educational classes to be conducted on reproductive health, HIV, SEA, life skills and parenting skills. The underlying issues relating to the above topics range from pregnancy and childbirth, family planning, sexual history to basic knowledge of STI transmission. The number of beneficiaries reached during the project implementation period was 17,118 and 304

sessions/educational classes were conducted. More beneficiaries were reached with more educational sessions because community members cherished these sessions so much and asked for more frequent sessions to be conducted for them. ChildFund's social workers therefore had to respond to this request as it was noticed that the sessions/educational classes impacted positively on community members.

There was adequate monitoring of these activities on a daily basis using a developed work plan, checklist, and questionnaires to measure results. The checklist included condoms sold, visits to clinics by community members, number of supervised childbirth professionals, pre-natal and ante-natal attendance by women and testimonies of reduced number of sexual partners.

Of the 304 sessions conducted, 127 sessions impacting 5,740 were entirely on reproductive health issues. The discussions brought together male and female members of the communities to talk about family planning, birth spacing and control, use of contraceptives etc. male members of the communities were included so that they could be supportive of their female counterparts in reproductive health matters at the family level.

A total of 23,247 women were trained/sensitized on GBV issues. Discussions centered on peaceful coexistence at home, need for dialogue on differences between men and women that can bring about abuse, national and customary laws on GBV, referral pathways for victims of GBV to the clinic, police station and NGOs. Some women were surprised that they had never heard of the laws that forbid GBV abuse but were conversant with the customary laws that encouraged the submissiveness of women to men.

140 traditional birth attendants (TBA) were earmarked during the project cycle to be trained on how to identify cases of GBV, to promote the prevention of GBV, and to know when to refer GBV cases to a medical facility for treatment. They were to demonstrate meeting at least the minimal requirements on GBV universal precautions through their work. The 140 TBAs were trained in taking precautions in working with GBV survivors in accordance with the international training techniques/ guidelines. These women prevented GBV through sensitization, responded and referred complicated cases as they came in contact with them. These women were monitored using a standardized checklist and were supervised by the social workers on a regular basis. 100% of TBAs who participated in the project training now demonstrate meeting at least the minimal requirements on GBV and universal precautions through their work as measured by field checklist monitoring

Additionally, 140 formal health care providers were trained on the clinical management of rape so that survivors could be treated at the county level and certificates issued after the examination. The 140 health care providers from the two counties attended the training and acquired these skills to attend to all GBV survivors in need of medical attention. 45 complex GBV cases were referred to these care-providers during the project cycle, with 100% of required standards in dealing with GBV cases being adhered to.

ChildFund has developed relationships with referral hospitals to ensure that GBV survivors are receiving immediate medical attention and that any survivors reporting first to the clinics are referred to ChildFund social workers for psychosocial support. ChildFund provides basic medical supplies, specifically drugs for the treatment of STIs to these hospitals, and in return the hospitals offer free medical care for survivors.

Health care providers were trained on GBV prevention and response during this reporting period. Trainees learned how to administer the basic medical supplies that ChildFund donates to their respective clinics. Concepts such as confidentiality and patient care were introduced and emphasized throughout the training sessions. Pre/post test results showed that 100% of the participants demonstrated a 42% knowledge gain.

Survivors benefited from follow-up home visits and individual counseling sessions facilitated by social workers. Staff report that during these individual sessions survivors learned about appropriate coping mechanism; these individuals have expressed high levels of satisfaction regarding the standard of care that they are receiving from ChildFund staff.

ChildFund's work with communities and community groups is building their self-confidence and esteem. Giving them the opportunity to express themselves in group meetings has enhanced their ability to convey their feelings and thoughts in public, as demonstrated by Korpo below.

"My name is Korpo Nyumah. Before, I could not speak freely in front of people, but today ChildFund has made it possible for me to stand up and speak as a woman... I spoke freely to the TRC (Truth and Reconciliation Commission) hearing... I was live on the national television and other national radio stations. I will forever be grateful to ChildFund."

As mentioned above, group counseling sessions are facilitated

during dialogue sessions, which are held at the women's centers. During a recent monitoring visit, the Program Director was able to experience the power of these group counseling sessions. Women felt safe to tell their stories, and were receiving validation for their feelings from other group members. One survivor stated that she no longer felt like a woman because she can not have children due to the horrific sexual abuse that she experienced during the war. An older woman stated that there are "plenty" children in Liberia that need mothers, and that she could nurture one of them. This response might seem harsh, but the younger woman appreciated that an older woman in the community did not look at her like a victim or think less of her because she could not have children. Another woman stated that her husband left her soon after the war because he told her she had slept with too many men during the fighting. The reality is that this woman was repeatedly gang-raped. The other women in the group provided support and gave words of encouragement.

During this period, the educational sessions on stress reduction were conducted with beneficiaries. Staff reported that it is difficult for survivors of violence to cope with all of the stress associated with their past trauma. In some instances women are abandoned by their husbands because of the abuse that took place. In other instances, women feel overwhelmed when they finally decided to prosecute their perpetrators and were let down by the legal justice system. Some participants who attend these stress

reduction classes are single heads of households forced to support their families alone. One woman living in Bopolu in Gbarpolu County stated that her sister died during the war and she now takes care of her sister’s three children. The woman lamented that she sometimes can not control her anger, and will hit her kids because she just feels so overwhelmed. Alternative coping methods are discussed during these sessions.

Staff members conducted 94 follow-up visits to ensure that participants were adhering to the guiding principles for survivor care and properly executing the medical examination. 45 complex GBV related cases were referred to these health care providers; all received care in-line with national protocols.

STI specific prevention and treatment dialogues were conducted during the period. 82% of participants demonstrated an increase in knowledge based on pre and post test results.

As soon as ChildFund social workers were informed of an incident, they took on an active role that extended beyond their role as counselors. With the informed consent of survivors, they accompanied them to clinics to ensure health needs were being met; facilitated the provision of protection services through the Liberian National Police; referred survivors to area safe houses² (when needed); provided assistance in family mediation, and informed survivors on the legal process, amongst other things.

Table 2: Awareness sessions/Educational Classes Participants

Location	# of women (30-40yrs)	# of female youth (14-29yrs)	Total	# of returnee/IDPs
Gbarpolu	1,422	4278	5,700	2,281
Lofa	695	3147	3,842	1,537
Total	2,117	7,425	9,542	3,818

Livelihoods

Business start-up training

Five hundred and fifty grant beneficiaries received small business start-up training during this reporting period. They attended a fresh training that focused on enhancing the skills they need to apply practically in the field and exploring ways participants could expand their businesses. All participants were expected to create a business plan in order to be eligible for a grant. On average participants demonstrated a 43% knowledge gain in business management as reflected in pre and post test results.

Small grant disbursement

550 beneficiaries received grants during the project cycle. ChildFund staff encouraged women to form associations to help support each other. Their activities were monitored by ChildFund social workers on a weekly basis.



² ChildFund most often refers survivors to safe houses located in Monrovia and Bomi, which are operated by non governmental organizations

Participants learned during the training that it is important to keep a record of all financial transactions; during field visits, staff reviewed these financial logs and provided feedback when necessary. This initiative has perhaps had the greatest impact on reducing women and girls vulnerability to GBV.

The Program Director helped facilitate multiple focus group discussions with grant recipients during the month of June to assess the impact of these grants. Dialogues focused on understanding how access to income generating activities has changed women's attitudes. The majority of the recipients stated that the grants enabled them to become more independent and self-sufficient; for others it seemed to create a more equal balance of power between themselves and their partners. One woman revealed that before starting her income generating activities her husband had the habit of telling her to "leave his

"Last year ChildFund gave me \$ 75.00 USD to do business. We were 5 in our group. We started selling dried goods in one location. After some months, we got more profit and we began selling at different locations. We also made "SUSU" (daily saving) where we keep our group and individuals profit. Every week I can put \$ 600.00 Liberian Dollars (\$ 10.00 USD) from my own profit into the SUSU. Based on the savings from my hard work, I received another \$ 50.00 USD from our group SUSU this year to add to my last year business. Now I have another area where my sister is selling for me. At the same time I am attending school in the afternoon. About two years ago, I was not going to school. Things were very difficult for me but through this business, I was able to go back to school. Now I am able to pay my school fees, take care of my basic needs, and eat at least 3 times a day something that I was not able to do on my own in the past. Thank God that today I am able to do it for myself and for my younger sister without anyone's support."

-Grant recipient in LofaCounty

house and take all the children" whenever they had disagreements. He further told her that her "presence and absence in the house meant the same;" implying that she had nothing to contribute in terms of the well-being of the family. She reports that now that she is engaging in small business he no longer throws her out of the house at his whim; instead, now he finds a third party to help resolve the problem. She attributes this change in behavior to her ability to bring in money to the household. One woman proudly stated that she is no longer dependent on a man for support and inferred that she can be more selective with regard to the type of man with whom she forms a future relationship. Most of the women who participated in the discussions were single heads of households. The sense of pride that emanated from these women as they talked about their ability to pay their children's school fees and provide regular meals was almost tangible. As many as 96% of beneficiaries are demonstrating positive outcomes related to their businesses as measured by improvements in their ability to take care of their families/themselves and social workers reported that 100% of grant recipients feel that the grant and accompanying trainings has had a positive effect on their lives.

100% of group members signed a memorandum of understanding (MOU) with ChildFund Liberia demonstrating commitment to use the disbursed grants for the well-being of their families and especially their children and start to make savings when running the businesses. The small groups of five women are making weekly savings of between 20-80 Liberian dollars. These small savings are normally given to one member

of the group after a period of time. This approach is revolved round every member to enable them to have more seed money to expand their businesses.

Out of 550 grant beneficiaries that received grants during the project cycle, 84% successfully cultivated their business.

Table 3: Grant beneficiaries

Location	# of women (30-40 yrs)	# of youth (14-29 yrs)	Total	# of returnee/ IDPs
Gbarpolu	185	207	392	157
Lofa	86	72	158	64
Total	271	279	550	221

Agriculture training

500 women attended agriculture training during the first half of the project cycle. (83%) of women and girls who participated in the agriculture training passed the post test with a 47% average increase in knowledge from the pre test.³ ChildFund provided training and in some instances tools to enable associations to successfully cultivate their gardens. Tool kits were distributed to all the women who participated in the agricultural training in the seven districts. Each beneficiary received a scratching hoe, a cutlass, wheelbarrow and pick axe. 430 (86%) of those who participated in the agriculture training are demonstrating at least the minimum application of improved agricultural techniques through their work, as measured by field checklist monitoring. The checklist includes regular weeding of crops, spacing of crops, mulching and timely harvesting.

Table 4: Agricultural training

Location	# of women (30-40 yrs)	# of youth (14-29 yrs)	Total	# of returnee/ IDPs
Gbarpolu	181	189	370	193
Lofa	66	64	130	66
Total	247	253	500	259

Legal/Protection

Security force training

140 Liberian National Policepersons (LNP), immigration officers and customs personnel were trained in GBV response services during this project implementation. Trainings were held on a quarterly basis due to the frequent transfer of security sector personnel. The training encouraged security personnel to treat survivors with respect by promoting confidentiality and non-discrimination. Pre and post test results showed that 100% of the participants showed an 82% average increase in knowledge. Project staff supported security personnel through 162 technical site visits. It was observed that 79% of those trained are adhering to the guiding principles. This percentage could have been higher save for the transfer of some of the staff who were trained to other locations in Liberia

³ the initial average score on the pre test was 36 points and that there was a 47% increase in knowledge from pre to post test

and their replacements (who did not go through the same training) therefore having difficulty adhering to the guiding principles.

Legal representation

The project had a full-time attorney who provided legal representation for all GBV survivors who decided to pursue their case in court to follow up on all cases that had been referred for adjudication and give technical advice to legal personnel, specifically County Attorneys, concerning GBV cases. Thirteen (13) cases of rape were referred to court, although three (3) of those 13 cases are still pending since August 2009 due to delays from government to appoint a defense attorney for Gbarpolu county. The appointment had been made, but for the past three months the attorney had not yet taken up his post in the county. The higher cases of rape had come from the Gbarpolu County from the onset of this project up to the end in comparison to Lofa. ChildFund has been investigating why there are no reported cases of rape in Lofa County where this project is also being implemented and has realized that much sensitization has been conducted in these communities on these forms of violence which has perhaps led to the reduced incidence of rape. Domestic violence is more common in Lofa County and most of these cases are mediated by the men's action clubs in these communities.

Many people in Liberia are reluctant to send perpetrators to court. This has been attributed to many factors. The first is lack of sensitization and awareness raising for many citizens to be aware of their right to report. Secondly, the judicial system is not yet restored, with regard to infrastructure and personnel, to a level to adequately handle GBV abuse cases and perpetrators who are taken to court are sometimes set free with impunity, and this makes survivors feel reluctant to report such abuses. Thirdly, some community leaders compromise cases of rape and do not report them to the right places for redress. Fourthly, because of traditional and cultural practices and beliefs, the act of sexual abuse is seen as a way of life for men and fifthly, there is gross lack of logistics for the police to arrest perpetrators.

The 50 Community Protection Committees (CPCs) of 500 members were formed in communities and are providing support in building a community protection network to identify risk cases and mediation prior to crisis point. The program attorney is engaged in the frequent monitoring of all GBV cases, follow-up of cases that had been adjudicated, providing technical advice to legal personnel. Sensitization campaign conducted by social workers on the new rape law has improved the conditions for sexually abused women and children in the community. From the baseline data result, of the 128 respondents that were interviewed on the new rape law 57 (44.5%) said they heard little about it. There was still a need to create awareness on the issue of rape since it is nearly half of the sample size that has knowledge of the assistance of the new rape law. The end of evaluation survey saw an increase in the respondents on this, out of 140 persons interviewed 127 (91.4%) heard about this law as compared to the baseline survey. When asked if they thought having sex with a minor is illegal, prior to the project only 13.3 % (17) out of 128 responded affirmatively. At the end of project evaluation, 133 (95.7%) of the 140 respondents said it was not right to have sex with a minor.

The Community Protection Committees (CPCs) continue to identify protection issues in their respective communities and create viable solutions to minimize risks. CPCs have become an integral part of ChildFund's long-term protection strategy for survivors and other vulnerable community members. CPCs were encouraged to take the lead in developing community-based systems of protection for women and children, crafting and enforcing committee bylaws and community rules, and leading sensitisation efforts around protection issues. CPC members have also been identifying survivors and referring them to appropriate services in circumstances where ChildFund staff members were not present.

Staff provided technical support to committee members to ensure that they apply principles of good governance, protect human rights, and consistently engage a cross-section of the population in decision-making processes.

Awareness-raising/Prevention

One hundred- forty (140) peer advocates were recruited reflecting all age groups and both genders. They were trained in project communities to carry out awareness raising sessions, as well referring survivors for services, specifically to ChildFund Liberia social workers. They worked in the project communities to disseminate messages around conflict resolution, GBV, SEA, HIV and other sexual health issues. 38,220 community members were targeted by objective to benefit from the weekly awareness raising sessions that were facilitated by the peer advocates and social workers. 28,703 beneficiaries have been reached up date cumulatively making up 75% of the target. It was difficult to reach the rest of the 25% because of the heavy schedule of farm activities of most community members, coupled with the heavy rains that took away valuable time. Those reached had to be met at the evenings or early mornings for the awareness raising sessions. Of the target of 12,600 community members who were to benefit from HIV/AIDS prevention messages, 11,033 (6,027 male and 5,006 female) beneficiaries reached during the project period also benefited from HIV/AIDS education, representing 87.5% of the target and covering 396 sessions that focus specifically on STIs/HIV/AIDS.

5,000 posters, 400 T-shirts and 150 flash cards of BCC materials were created in collaboration with peers and community groups and distributed to community outlets. This benefited 4,510 community members (3,009 male and 1,501 female). 12 survivors were referred for services, specifically to ChildFund Liberia social workers, by peer advocates.

ChildFund staff and community advocates (peers and community teachers) based in project communities were very active in leading community-based behavior change awareness sessions in homes, schools, market places, and hospitals using various strategies such as one-on-one visits, open air sensitizations, dramas and songs. During this project cycle, 863 awareness sessions were held impacting 28,703 individuals out of the target of 38,220. The following topics were discussed: the rights of the child, the responsibility of parents to protect their children, HIV/AIDS prevention, advantages of family planning, forms and prevention of SEA, women's rights, signs and symptoms of STIs, consequences of teen age pregnancy, and the procedure in reporting rape cases

including services available for survivors. ChildFund staff asked pre- and post-session questions to assess participants' knowledge gain; on average, 81% of the participants demonstrated a 40% increase in knowledge.

Staff facilitated random focus group discussions to further assess participants' knowledge, attitudes, and practices about GBV prevention and response as a result of ChildFund interventions. During this period, the team conducted focus group discussion sessions in 26 communities impacting 1,292 (632 males and 660 females) community members. 75% of participants demonstrated increased KAP about GBV concepts, prevention strategies, and referral mechanisms for survivors.

Interagency meetings/standardized protocols

Staff attends GBV Taskforce meetings in the counties and at the national level 11 out of 12 monthly meetings were attended. In addition to the national-level GBV taskforce meeting, the Program Director regularly attends sector-specific (health and legal/protection) pillar meetings in Monrovia. ChildFund is also an active member of the SEA working group, which meets two or three times a month to discuss the national SEA campaign. ChildFund staff attended on average 36 coordination meetings during the project cycle.

The GBV prevention and response Coordinator attended multiple GBV taskforce meetings throughout April and May which focused on planning inter-agency GBV trainings. ChildFund developed a curriculum for the taskforce to be used for the trainings. ChildFund staff facilitated a GBV training on behalf of UNHCR in Monrovia in June.

ChildFund has been actively involved in creating and advocating for passage of the "Children's Act" which is legislation that has been created to provide legal support to vulnerable children. ChildFund and other key stakeholders have been collaborating with UNICEF to gain support from the Ministry of Justice and other sectors of the government for its passage.

Male Involvement

Men's Action Groups

A GBV core concepts training targeting 21 men's groups (of male adults and youth) took place in the second quarter of the project cycle. Participants demonstrated an average of 58% increase in knowledge based on pre and post test results. The men and youth who took part in this training are expected to serve as leaders and mentors to newly formed action groups. The training highlighted such issues as "positive masculinity" and "power inequities."

Men's action group members who participated in the above-mentioned ToT facilitated informational sessions targeting group members who did not attend the ToT and other community members. Male adults and youth used the women's centers as meeting places to discuss issues such as women's rights and regarding your wife as a partner

and not a slave. 110 meetings took place impacting 2,110 individuals throughout the project cycle.

Engage male counterparts in GBV prevention activities to protect women

Action group members facilitated 57 sessions with 10,504 male peers that focused on community protection issues. During these sessions participants explored concepts related to gender roles and how women are perceived in society. It was noted that these perceptions are often the reason women are vulnerable to GBV. Men also engaged in risk mapping activities to help identify areas of risk in their perspective communities.

2,172 men and boys out of the targeted 2800 who took part in the men's group activities were reached. Fewer numbers of men and boys were reached than targeted because these are the main farmers for each household. As a result they were mostly area on their farm for most of the project period and could only be reached very early in the morning before they left for their farms or late evening upon their return from their farms (when they were quite tired). This represents 77.6% of the target beneficiaries. 350 male and youth representing 100% of the target were trained on GBV issues and took part in men's group activities. 21 men's groups were formed. This constituted 3 groups per district and 100% of the target.

During the post implementation survey conducted at the end of the project, 67% increase in KAP scores was noted among men and boys on GBV prevention in the targeted locations. 57 gender focused group discussions were held over the period. This constitutes 45% of the target. It was difficult to organise these group discussions because of the heavy farm activity schedule of community members. Most of the discussions therefore had to take place either very early in the morning before they departed for their farms or late in the evening when they returned from their farms very tired.

Security Assessment

In general, humanitarian actors maintain a vigilant stance in terms of monitoring the political and military situations in neighboring *Cote d'Ivoire* and Guinea. Though Liberia remains relatively stable, persistent gaps in the legal and protection sectors, and the large number of rapes perpetrated against women and girls call for consistent and attentive monitoring to ensure the safety and security of all staff. Crime was thought to increase during the rainy season, and mobility was significantly reduced due to the very long and heavy rainy season.

Coordination

ChildFund staff coordinates activities with implementing partners such as IRC, ARC and UN agencies such as UNICEF and UNFPA to ensure that activities are not being duplicated and that they meet the expectations of the Liberian government. Staff attends government and UN initiated coordination meetings at the county and

national levels so that all relevant stakeholders are aware of program activities and outputs.

Challenges and lessons learned

A government delay in nominating a defense attorney for Gbarpolu county and the delay in the attorney assuming his position in the county to defend cases, has caused ChildFund to care for a survivor for over four weeks while waiting for the deliberation of her case in Bopolu, only to be told by the county attorney that the defense attorney would not be in the county until the November term of court. To ensure that the attorney reports to work, ChildFund Liberia is in touch with the Ministry of Justice to monitor current efforts directed at sending the attorney to Gbarpolu County.

Social worker monitoring activities were fewer this quarter than expected due to the heavy engagement of project stakeholders in farm work (harvesting their crops). The number of awareness raising sessions facilitated by peer advocates had a similar effect due to the farming season. Engaging men in these communities has been a problem, because the majority are farmers and their source of income largely depends on active work on their farms. They are only seen coming from their farms late at night all through the week and very early in the morning they are all gone. Their absence due to their farm work has been a serious constraint for engaging men under the project.

Engagement of more men on the concept of GBV has been a problem for men's action groups because most men are farmers and are busily engaged in their fields as this is the rainy season. The farming season also adversely impacted the level of activities that could be implemented for the same reason.

Liberia experienced a particularly long rainy season this year, which resulted in unexpected delays in project implementation. Staff is dependent on motor bikes for transportation; the motorbikes are difficult to use on muddy roads, and in some instances flooding made some communities inaccessible. Some roads were impassable during this period and ChildFund Liberia Social Workers had to walk long distances to perform their duties. This contributed to a decrease in the number of activities that could be implemented.

The Liberian justice system lacks infrastructure and qualified personnel to effectively adjudicate cases on behalf of survivors. The majority of county attorneys have no legal training and they are the ones responsible for prosecuting cases. When survivors have the courage to come forward and prosecute they are often faced with corruption and apathy at all levels. These factors have proved to be a challenge in terms of seeking judicial redress.

The consequence of lack of enforcement of legislation on SEA and GBV offences sends the wrong signal that offenders can get away with such crimes. Inadequate basic infrastructure for the judiciary and high levels of corruption within the police set up means that GBV and SEA survivors can not have access to justice for offences committed against them.

The eradication of GBV and SEA is a herculean task that needs an integrated approach and continuous action. Male dominance and unequal power relations are a significant factor in perpetrating GBV and SEA offences in Liberia. Until certain cultural beliefs are changed many girls and women will continue to experience abuse and exploitation.

Poverty is still pervasive in Liberia. 68% of the total population lives on less than one US dollar a day. This situation makes young women and girls vulnerable and exposes them to the temptations of unscrupulous men. Until the poverty situation improves in the country, we may be mopping the floor while leaving the tap open.

Conclusion

Without any doubt, the Gender Based Violence Prevention and Response project in Gbarpolu and Lofa Counties of Liberia covering seven districts has brought about positive outcomes in the communities in which the project was implemented. Awareness on RH, HIV/AIDS, STIs and GBV has increased among community members, 49,785 beneficiaries were reached out of the 50,490 targeted and most target percentages and numbers were achieved and/or surpassed with a few exceptions. The areas of shortfall included 28,703 (13,530 male and 15,173 female, 13,491 IDPs) beneficiaries reached (75% covered) out of the 38,220 targeted largely due to the intense activities of the rainy season when farming, the dominant activity in these communities, is carried out. Additionally, 97% or 136 out of the 140 participants who participated in the legal/security training demonstrated meeting at least the minimum application of legal/security information through their work as measured by field checklist monitoring. 4 of the personnel who had been trained under the project were transferred and replaced by new officers who did not benefit from the training and hence could not effectively practice it in their daily work.

90% of (451 out of 500) CPCs which participated in the project training demonstrated meeting at least the minimum application of good child protection practices through their work, as measured by field checklist monitoring, which exceeded our target. The 49 members who did not demonstrate the application of the practices had either migrated to other areas or lost interest in their duties due to group and leadership dynamics within the group. ChildFund's Social Workers will continue to work on bringing them back into the fold of activities of the committees. Out of 12,600 targeted, 11,033 (6,027 males and 5,006 female) people were sensitized and trained on HIV/AIDS issues (88% covered). As with the difficulty of meeting community members during the farming period, some of the community members were missed as a result.

81.3% of men and women in the targeted population reported improvements in gender relations as a result of the activities. Even though this represents a remarkable improvement over the pre project period, the remaining 18.7% of men and women still have problems with gender relations because of traditional and customary perceptions of how men and women should relate with each other. ChildFund will continue to work at the improvement of these relations in the post project period. 57 out of a target of 126 gender focused sensitizations/dialogues were facilitated by men's group members with their peers. Again the number of sessions is low because of the farming activities. ChildFund is discussing with community members how to deal with this problem since

the farm work will continue to be important to their livelihoods while at the same time affect ChildFund's activities in these communities. The outcome of these discussions will be incorporated into our work to ensure that there is enough community time to facilitate implementation of agreed plans.

ChildFund social workers will continue to monitor and support these women and girls to ensure that they reap the full benefit of this support. The social workers will also continue to link with the men's action clubs to help in monitoring and curtailing GBV and SEA offences.

Recommendations

Notwithstanding the achievements made by the project extension, there still remain some daunting challenges in sustaining an increasing decline in GBV in communities where the project was implemented particularly and in Liberia in general. Despite this impact, there is a huge need for continuation of this intervention as there are many more women and girls that are exposed to the perils of sexual exploitation and abuse due to the existing life conditions coupled with ineffective social structures that contribute to the occurrence of sexual exploitation and abuse with far reaching effects on vulnerable youth. No amount of sensitization single-handedly will reduce the occurrence of sexual exploitation and abuse unless the root causes are addressed. These include the government's responsibility as a duty bearer to facilitate legal action, strengthening the judicial structures to deal with such cases and reforming customary and state laws in Liberia.

In particular, to provide a framework for addressing, preventing and responding to GBV/SEA among communities and schools in the project location specifically and in Liberia generally:

- A holistic approach to GBV prevention and response needs to be adopted to not only raise awareness and respond to survivors but also to deal with the root causes of deprivation and vulnerability that lead to it. These should include livelihood enhancement of likely victims to lessen their vulnerability.
- Both males and females, young and old need access to education on the exploitative and abusive nature of relationships between teachers and female students, girls and older men, and they need information about safe sexual behavior. This should include appropriate punishment for perpetrators as a deterrent as well as institutionalizing SEA education in schools. Promoting parents and students involvement in school governance is one prerequisite to ensuring a mechanisms are put in place ensuring more accountability of teachers.
- Customary laws and practices in communities that serve to protect GBV perpetrators should be revised to conform to international and nation protection laws. Interventions should target the custodians of such customary laws advocating for justice, transparency and accountability.

- Survivors of GBV will continue to need medical responses. This has to be facilitated by humanitarian agencies while government is engaged to eventually take over this responsibility. Future interventions should contribute to strengthening the capacities of government service providers improving access to quality post-rape care.
- Liberian schools need to become more child-friendly and more girl-friendly in particular. Girls should not be afraid to go to school, and once there, their development should be fostered and not impaired by sexual harassment, exploitation and abuse. Safety and security of especially girls should be assured in the school and within the community environment. Interventions should strengthen teachers' awareness and capacities to use participatory methods, alternatives to corporal punishment and inclusive of female students. Mechanisms also need to be established to ensure teachers are accountable to parents and the students that they serve.
- Early forced marriage must also be addressed. Information campaigns should target parents to reduce incidents of early marriage. Religious leaders should also be engaged and educated on the girls' rights and the harmful developmental consequences of early marriage. Schools should also be targeted and policies established to prevent children from dropout due to early forced marriage, and to ensure that girls who do become pregnant are not discriminated against in schools.

Progress against indicators

Objective: To improve the knowledge, attitudes and practices of men, women, youth, and GBV response referral points in the health, legal, and security sectors for GBV prevention and response through coordination, training, livelihoods and sensitization activities.

Activity	Output/Expected Results	Indicator	Cumulative
Gender Based Violence and women centers	Train and sensitize 50,490 women and girls, men and boys on GBV issues in project communities through out the project cycle.	<p># of women trained and sensitized in GBV issues;</p> <p># of men trained and sensitized in GBV issues</p> <p># of total target beneficiaries reached up to date</p> <p># of complex GBV cases successfully referred to specialists</p>	<p>28,739 women trained and sensitized in GBV issues.</p> <p>21,046 men trained and sensitized in GBV issues</p> <p>49,785 (99%)</p> <p>45 referred</p>
Staff training	<p>27 staff recruited and trained</p> <p>18 social workers to be trained in protection sensitivity</p> <p>27 ChildFund Liberia staff implementing OFDA project signed</p>	<p>100% of ChildFund staff who attend start-up training earns at least 80% on the post-training test (impact)</p> <p>% of targeted staff trained in protection sensitivity (impact)</p> <p>100% of ChildFund Liberia staff signs the Code of Conduct before being mobilized to the field (impact)</p>	<p>All 27 staff recruited and trained and past post training test (100%)</p> <p>100% of (18 targeted Social Workers) staff trained in protection sensitivity</p> <p>100% of (all 27 targeted) ChildFund Liberia staff signed Code of Conduct</p>

	<p>COC</p> <p>SW will identify survivors daily</p> <p>GBV survivors with special needs will receive individual counseling</p>	<p># of survivors identified (<i>output</i>)</p> <p># of confidential individual counseling sessions that take place with survivors (<i>output</i>)</p>	<p>before being mobilized to the field (100%)</p> <p>115 survivors identified</p> <p>209 confidential individual counseling sessions that take place with survivors</p>
Baseline Survey/ Community Entry	28 focus group dialogues impacting 280 individuals are held to guide project start up	<p>Information gathered during community dialogues assists the team to develop and implement program as evidenced in baseline assessment report (<i>output</i>)</p> <p>80% of community dialogue participants agree to support community-led initiatives (<i>impact</i>)</p>	<p>ChildFund staff are regularly using baseline survey results in designing interventions for implementation</p> <p>100% of community dialogue participants agreed to support community-led initiatives</p>
Health 7,780 beneficiaries will be targeted for health specific interventions: educational sessions focusing on reproductive health to training formal and informal health	126 sessions/educational classes take place focusing on RH, HIV, SEA, life skills and parenting skills impacting 7,500 individuals.	<p># of sessions/educational classes take place focusing on RH, HIV, SEA, life skills and parenting skills;</p> <p># of sessions that focus specifically on RH;</p> <p># of women trained/sensitized in GBV issues (<i>output</i>)</p>	<p>304 sessions/educational classes take place focusing on RH, HIV, SEA, life skills and parenting skills</p> <p>127 sessions (impacting 5,740) that focus specifically on RH</p> <p>23,247 women trained/sensitized in GBV issues</p>

<p>care providers</p>	<p>140 TBAs are trained in GBV response;</p> <p>Identify and document all GBV cases</p> <p>140 formal healthcare workers are trained in clinical management</p>	<p>80% of beneficiaries who participate in counseling sessions express satisfaction with community-led psychosocial interventions (impact)</p> <p>80% of TBAs who participated in the project training demonstrate meeting at least the minimal requirements on GBV and universal precautions through their work as measured by field checklist monitoring (impact).</p> <p># of complex GBV cases successfully referred to specialists (output)</p> <p>80% of Health care providers who participated in the project training demonstrate meeting at least the minimal requirements on clinical management of rape through their work as measured by field checklist monitoring (impact).</p>	<p>100% of (38 survivors) beneficiaries (both new and former) who participated in counseling sessions and expressed satisfaction with community-led psychosocial interventions</p> <p>100% of TBAs who participated in the project training demonstrate meeting at least the minimal requirements on GBV and universal precautions through their work as measured by field checklist monitoring</p> <p>45 complex GBV cases successfully referred to specialists</p> <p>100% of Health Care providers who participated in the project training demonstrate meeting at least the minimal requirements on clinical management of rape through their work as</p>
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		<p># of follow-up visits made each month by social workers to referral clinics to provide technical support (output).</p> <p>100% of GBV survivors in need of medical attention are referred to area clinic staffed by trained health care personnel</p>	<p>measured by field checklist monitoring</p> <p>94 follow-up visits made each month by social workers to referral clinics to provide technical support</p> <p>100% of (38) GBV survivors in need of medical attention are referred to area clinic staffed by trained health care personnel</p>
<p>Livelihoods 1,050 women will take part in livelihoods activities, 550 will receive business start-up training and grants while 500 will attend agriculture training and once they have formed a cooperative will receive tools</p>	<p>550 women and girls attend business management training</p>	<p>80% of participants of the business start-up training demonstrate positive outcomes related to their businesses as measured by improvements in their ability to take care of their families/themselves (e.g. eating more than 1-2 meals a day, contributing to family incomes) (impact)</p> <p>95% of participants present a viable business plan (impact)</p>	<p>96% of (530 beneficiaries) participants of the business start-up training demonstrate positive outcomes related to their businesses as measured by improvements in their ability to take care of their families/themselves (e.g. eating more than 1-2 meals a day, contributing to family incomes)</p> <p>100% of (550) participants presented viable business plans</p>

	<p>500 women and girls attend agriculture training</p> <p>ChildFund Liberia will support 100 community gardens (Koos)</p>	<p># of people assisted with livelihoods interventions (output)</p> <p># of grant recipients who sign an MOU which clearly states they will use the grant realize their business plans which includes a saving plans (output)</p> <p># of visits carried out per month by SW to follow-up on progress grant beneficiaries have made and to offer support (output)</p> <p>80% of those who participated in the agriculture training demonstrate meeting at least the minimum application of improved agricultural techniques through their work, as measured by field checklist monitoring (impact).</p> <p># of tool kits distributed to functioning cooperatives (output)</p>	<p>550 people assisted with livelihoods interventions</p> <p>550 grants recipients sign an MOU which clearly states they will use the grant to realize their business plans which includes a saving plan.</p> <p>17 visits carried out per month 203 visits total) by social workers to follow-up on progress grant beneficiaries have made and to offer support</p> <p>100% of those who participated in the agriculture training (500) demonstrate meeting at least the minimum application of improved agricultural techniques through their work, as measured by field checklist monitoring</p> <p>100 tool kits distributed to 100 community gardens/</p>
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		<p># of visits social workers make to monitor progress of garden cooperatives (target: once a month) (output)</p> <p># of gardens (and hectares where applicable) planted with distributed seed. (output)</p>	<p>cooperatives (100%)</p> <p>157 visits made by social workers to monitor progress of garden cooperatives</p> <p>100 community gardens planted with distributed seed</p>
<p>Legal/Protection 640 community members will directly benefit from legal/protection trainings.</p>	<p>140 security and legal personnel trained in GBV response</p> <p>500 CPC members are trained in community protection issues</p>	<p>80% of participants who participated in the legal/security training demonstrate meeting at least the minimum application of legal/security information through their work as measured by field checklist monitoring (impact).</p> <p>80% CPC who participated in the project training demonstrate meeting at least the minimum application of good child protection practices through their work, as measured by field checklist monitoring (impact)</p>	<p>97% of (136) participants who participated in the legal/security training have demonstrated meeting at least the minimum application of legal/security information through their work as measured by field checklist monitoring</p> <p>90% of (451) CPC who participated in the project training demonstrated meeting at least the minimum application of good child protection practices through their work, as measured by field checklist monitoring</p>

	<p>50 CPCs are formed</p> <p>Legal representation for GBV survivors</p>	<p># of CPCs that are able to identify protection risks in their communities and have created viable protection strategies in response to those identified risks. (impact)</p> <p>100% of survivors who decide to pursue their cases in court receive legal representation (impact)</p> <p>ChildFund Liberia Attorney gives technical advice to legal personnel, specifically County Attorneys, concerning GBV cases (input)</p>	<p>50 CPCs (100%) are able to identify protection risks in their communities and have created viable protection strategies in response to those identified risks</p> <p>100% of (13) survivors who decided to pursue their cases in court have been referred to court and are receiving legal representation</p> <p>ChildFund Liberia Attorney gives technical advice to legal personnel, specifically County Attorneys concerning GBV cases (11 sessions with county attorneys have been held)</p>
<p>Awareness-raising/Prevention</p> <p>38,220 community members are expected to benefit from weekly awareness-raising sessions facilitated by social workers</p>	<p>140 peers will be mobilised and trained to engage in project activities</p> <p># Awareness sessions</p>	<p>80% peer advocates who participated in the project training demonstrate meeting at least the minimum application of HIV and GBV information knowledge through their work, as measured by field checklist monitoring (impact)</p>	<p>100% of (140) peer advocates who participated in the project training demonstrated meeting at least the minimum application of HIV and GBV information knowledge through their work, as measured by field checklist monitoring</p>

<p>and peer advocates; 12,600 of the 38,220 community members will be specifically targeted with HIV/AIDS prevention messages.</p>	<p>per quarter starting in quarter 2 impacting 38,220, persons through this activity.</p> <p>Out of 38,220, 12,600 will be reached by HIV/AIDS prevention messages</p>	<p># of awareness raising sessions facilitated by peer advocates</p> <p># of beneficiaries reached (output)</p> <p># of the above-mentioned sessions that focus specifically on prevention of STIs/HIV/AIDS</p> <p># of people sensitized and trained in HIV/AIDS issues (output)</p> <p># of BCC materials created in collaboration with peers and community groups distributed to community outlets (<i>output</i>)</p> <p># of survivors referred for services, specifically to ChildFund Liberia social workers, by peer advocates (output)</p>	<p>863 awareness raising sessions facilitated by peer advocates</p> <p>28,703 (13,530 male and 15,173 female, 13,491 IDPs) beneficiaries reached (75% covered)</p> <p>396 sessions focus specifically on prevention of STIs/HIV/AIDS</p> <p>11,033 (6,027 males and 5,006 female) people sensitized and trained on HIV/AIDS issues (88% covered)</p> <p>5,000 posters, 400 T-shirts and 150 flash cards developed and distributed</p> <p>12 survivors referred for services specifically to ChildFund Liberia social workers, by peer advocates</p>
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<p>Male Involvement</p> <p>2800 men and boys are expected to take part in men's group activities.</p>	<p>350 male and youth will be trained</p> <p>21 men's groups formed by the end of quarter 2.</p> <p>2500 men and male youth will be reached in awareness activities</p>	<p>25% increase in KAP scores among men and boys on GBV prevention in targeted locations (impact)</p> <p># of men's groups formed and mobilized (output)</p> <p># of gender focused sensitizations/dialogues facilitated by men's group members with their peers (target: 126); (output)</p> <p># of men trained/sensitized in GBV issues (output)</p>	<p>67% increase in average KAP scores among men and boys on GBV prevention in targeted locations</p> <p>21 men's groups formed and mobilized (100%)</p> <p>57 gender focused sensitizations/ dialogues facilitated</p> <p>2,172 men trained/sensitized in GBV issues</p>
<p>Cross-Cutting Themes</p>	<p>a. Gender Relations</p> <p>b. HIV/AIDS</p> <p>c. Livelihood</p>	<p>% of men and women in the targeted population who report improvements in gender relations as a result of the activities</p> <p># of people sensitized/trained in HIV/AIDS issues</p> <p># of people assisted with livelihoods interventions</p>	<p>81.3% of men and women in the targeted population who report improvements in gender relations as a result of the activities</p> <p>10,224 people sensitized/trained in HIV/AIDS issues</p> <p>1,050 vulnerable women and girls trained in business and agriculture (100%)</p>

	d. Protection	% of targeted staff trained in protection sensitivity	100% of 18 targeted social workers trained in protection sensitivity
	e. Coverage	# of beneficiaries reached through project (target: 50,490)	49,785 (99%) beneficiaries reached through project