COMPREHENSIVE SEXUAL AND GENDER-BASED VIOLENCE PREVENTION STRATEGY

FOR LIBERIA

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Spotlight
Initiative

*To eliminate violence
against women and girls*

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Acronyms and abbreviations

CSO	CIVIL SOCIETY ORGANIZATION
DV	DOMESTIC VIOLENCE
FGD	FOCUS GROUP DISCUSSION
FGM	FEMALE GENITAL MUTILATION
FGM/C	FEMALE GENITAL MUTILATION/CUTTING
GBV	GENDER-BASED VIOLENCE
HP	HARMFUL PRACTICE
KI	KEY INFORMANT
LGBTIQ	LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX AND QUEER (PERSONS) LNP LIBERIAN NATIONAL POLICE
MOJ	MINISTRY OF JUSTICE
MOE	MINISTRY OF EDUCATION
MOH	MINISTRY OF HEALTH
MIA	MINISTRY OF INTERNAL AFFAIRS
MGCSP	MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION
MOYS	MINISTRY OF YOUTH AND SPORTS
NAP	NATIONAL ACTION PLAN
NGO	NON-GOVERNMENT ORGANIZATION
PLWD	PEOPLE LIVING WITH DISABILITIES
SGBV	SEXUAL AND GENDER-BASED VIOLENCE
SI	SPOTLIGHT INITIATIVE
SRH	SEXUAL AND REPRODUCTIVE HEALTH
SRHR	SEXUAL AND REPRODUCTIVE HEALTH RIGHT
VAWG	VIOLENCE AGAINST WOMEN AND GIRLS
WACPS	WOMEN AND CHILD PROTECTION SECTION, LNP

1. Introduction

1.1 THE SPOTLIGHT INITIATIVE AND THE COMPREHENSIVE SEXUAL AND GENDER-BASED VIOLENCE PREVENTION STRATEGY

The Comprehensive Sexual and Gender-Based Violence (SGBV) Prevention Strategy ('the Strategy') was developed as part of the Spotlight Initiative (SI), under Outcome 3 of the SI Results Framework: 'Harmful social norms and practices and other forms of gender-based violence (GBV) are eliminated through inclusive participation, awareness of their negative impacts and through community-driven solutions at the national, county, community, household and individual levels'. SI will be implemented nationally, and specifically in the five selected Spotlight counties: Grand Cape Mount, Grand Gedeh, Lofa, Montserrado and Nimba.

The Strategy aims to address gender-inequitable norms in order to reduce SGBV and harmful practices (HPs), and to promote sexual and reproductive health rights (SRHRs). This includes a specific objective to reduce the sociocultural acceptability of sexual violence, including rape, domestic violence (DV), child marriage, teenage pregnancy, female genital mutilation (FGM) and other forms of violence and discrimination against women and girls. This target group of women and girls includes those facing multiple and intersecting forms of violence and discrimination, such as sexual minorities, people with disabilities, sex workers, rural women and other vulnerable groups.

The Strategy focuses on social and behavioural change at individual, family, community and institutional levels. It acknowledges that behaviour change alone cannot prevent SGBV and HPs, while also recognizing that there is a need for these efforts to be supported by harmonized legislation and policies; effective and quality services; efficient coordination; a robust data-collection system that informs action; and gender-responsive planning and budgeting, as well as other strategic interventions to sustain the outcomes of gender equality and empowerment of women and girls.

Effective prevention should both focus on preventing violence from occurring and complement the actions of the response system to avert repeated cycles of violence. In doing so, it can also help reduce the social and economic costs of violence. In addition to the costs borne by individual women, these include the costs of providing health care, police and judiciary services, and child and welfare support, as well as costs resulting from the erosion of human capital and lost productivity[1]. Prevention will also create the foundation for a more just and equal society.

The Strategy is the first comprehensive prevention strategy in the region and in Africa. As such it not only has a unique value for Liberia but can serve as a pioneer document for the region. The Strategy also aims to ensure coherence among partners, build on existing capacity and reinforce Government ownership.

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1   UN Women (n.d.). Ending violence against women. Available from **https://www.unwomen.org/en/what-we-do/ending-violence-against- women**.

2. Background to sexual and gender-based violence in Liberia

Sixteen years after the 2003 end of the 14-year civil war in Liberia – during which thousands of people were killed and raped – and despite relative peace and stability in the country, VAWG still exists in multiple forms.

According to the 2018 annual GBV statistical report by the Ministry of Gender, Children and Social Protection (MGCSP)[2], a total of 2,105 GBV cases were reported in the 15 counties in Liberia that year.

Of the total, 81% were sexual violence: rape, physical violence, DV, sexual violence and denial of resources were the most prevalent. However, FGM and other HPs such as the 'use of sassywood', as well as psychological/emotional violence (all unincluded in the report), remain deeply entrenched among communities. The root causes of these problems are identified as social and cultural norms, inherent gender inequalities[3], poverty, low literacy rates and limited State preventive and response mechanisms to address the challenges.
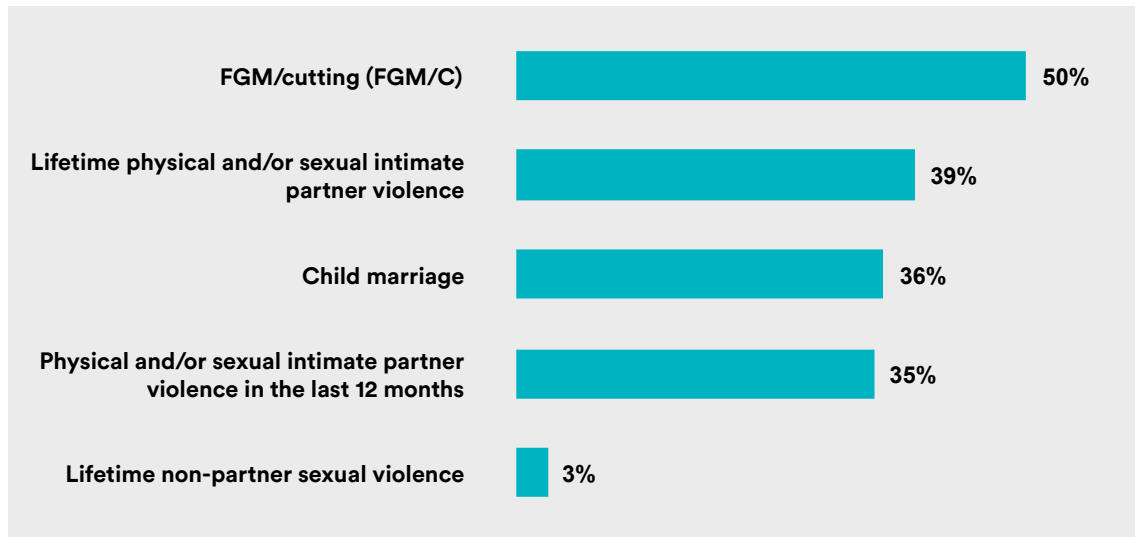
FGM is practised in 10 out of 15 counties[4] in Liberia, with Maryland, Grand Kru, River Gee and Sinoe being the counties with the lowest prevalence; while Bong, Lofa and Grand Cape Mount are the counties with the highest prevalence[5]. In Liberia, FGM is a large component of the initiation rituals of the Sande society, which operates bush schools for young girls where FGM is performed by zoes, who are often also traditional women leaders, local birth attendants and/or hold other leadership positions in society[6].

The Liberia Demographic and Health Survey demonstrated that there is a high rate of early marriage, with 38% of women aged 20–24 having been married before the age 18; and 40% of women aged 15–19 having been married before the age of 14. According to the Liberia Demographic and Health Survey 2013, the median age of first sexual intercourse is 16.2 for girls in Liberia and 18.2 for boys. Some 31% of women aged 15–19 have begun childbearing, and by age 18 this rises to 52%[7]. Educational level and economic status impacts both early sexual debut and the age of a mother at first birth. Early pregnancy can have lasting negative effects in terms of SRHRs for young women. Early childbearing increases risk for both the adolescent mother and her child, with a higher likelihood of maternal death, life- threatening sexual and reproductiv e health (SRH) consequences, and HIV infection. SRHR education is not consistent in schools, and other factors related to availability of and limited access to health services contribute to poor SRH indicators in Liberia.

2   This Ministry, previously known as the Ministry of Gender and Development, was restructured by law in 2014 to become the Ministry of Gender, Children and Social Protection.

3   United Nations Development Programme (2019). Human Development Reports: Table 5 – Gender Inequality Index. Available from http://hdr.undp.org/en/composite/GII. Liberia is listed in place 181 out of 189 ranked countries in the 2018 Gender Inequality Index.

4   United Nations Population Fund and Dr M.J. Middleburg (2018). Appraisal on FGM/C in Liberia – suggestions for a country strategy tackling FGM/C in the Spotlight Initiative (unpublished).

5   Existing reports show that FGM appears to be most commonly practised in the north-western and north-central regions. See: 28 Too Many (2018). Liberia: The Law and FGM. Available from https://www.28toomany.org/static/media/uploads/Law%20Reports/liberia_law_report_v1_(september_2018).pdf.

6   United Nations Population Fund and Dr M.J. Middleburg (2018). Appraisal on FGM/C in Liberia – suggestions for a country strategy tackling FGM/C in the Spotlight Initiative (unpublished).

7   Liberia Institute of Statistics and Geo-Information Services (2013). Liberian Demographic and Health Survey 2013.

The following prevalence data on different forms of violence in Liberia was extracted from the Global Database on Violence Against Women.

Prevalence data on different forms of violence against women in Liberia[8]

FGM/cutting (FGM/C)	50%
Lifetime physical and/or sexual intimate partner violence	39%
Child marriage	36%
Physical and/or sexual intimate partner violence in the last 12 months	35%
Lifetime non-partner sexual violence	3%

Other marginalized and vulnerable groups are also targets of violence in Liberia. Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) persons are discriminated against and face physical and sexual violence and harassment. In many instances, reporting the crimes to the police may put them at further risk as they may be jailed or abused for their sexual orientation and gender identity[9].

According to the population census performed in Liberia in 2008, people living with disabilities (PLWD) represent 14% of the country's total population. They are often marginalized and discriminated against, with difficulties accessing the education system, the job market and health services[10]. PLWD are often verbally and physically abused, and subjected to torture-like 'treatments', and women and girls with disabilities are at much higher risk of being sexually abused[11].

RESPONSE TO SGBV

Liberia has ratified most relevant international and regional human rights instruments[12], and has in recent years enacted a number of laws to address remaining legislative gaps, including legal provisions in the area of SGBV[13] and legislation to protect children from early marriage, FGM, cruel

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8   UN Women (2016). Global Database on Violence against Women: Liberia. Available from **https://evaw-global-database.unwomen.org/en/countries/africa/liberia**.

9   Stop AIDS in Liberia and others (2018). *Human Rights Violations Against Lesbian, Gay, Bisexual, and Transgender People in Liberia – submitted for consideration at the 122nd session of the Human Rights Committee*.

10   Humanity and Inclusion (n.d.). Liberia. Available from **https://www.hi-us.org/liberia**.

11   Swedish International Development Cooperation Agency (2014). Disability rights in Liberia.

12   Amongst them are: Convention on the Elimination of All Forms of Discrimination against Women, United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Protocol to the African Charter on Human and Peoples" Rights on the Rights of Women in Africa.

13   In 2003 the Customary Marriages Law was passed, closely followed by the Amended Rape Act of 2006, both of which increased the age of sexual consent from 16 to 18 years of age. An amendment to the Penal Code, the Rape Law amends chapter 14, sections 14.70 and 14.71 of the new Penal Code to expand the definition of rape. A law addressing domestic violence (the Domestic Violence Bill) was passed on 4 July 2019. However, the initial clause prohibiting

and inhumane punishment, child trafficking, sexual violence, exploitation and abuse, and more[14]. The National Gender Policy (2010–2015) and Phase III (2018–2023) of the 2006 National Action Plan (NAP) for the Prevention and Management of GBV in Liberia were developed to facilitate the implementation of existing legislation.

A National SGBV Task Force, chaired by MGCSP, was mandated to operate at national and county levels to ensure the implementation of the NAP. An SGBV Unit at MGCSP was set up in 2008, responsible for collecting information, coordinating activities and directing policy interventions relating to NAP implementation to address SGBV. In addition, a NAP on United Nations resolution 1325 was drafted in 2009.

In 2018, a five-year NAP for the Inclusion of Persons with Disabilities was developed as a national document to promote the welfare and rights of PLWD throughout Liberia. A National Commission on Disabilities was established in 2005 with the mandate to handle the general welfare and education of PLWD, while the National Union of Organizations of the Disabled was formed in 1995.

In 2005 the Women and Child Protection Section (WACPS) was created within the Liberian National Police (LNP), and the Act of 2008 amending Title 17 of the Judiciary Law 1972[15] provides for the establishment of Criminal Court 'E', a specialized court situated in Monrovia, to ensure speedy trial of SGBV cases and with procedures to protect complainant and witness survivors that appear before that court from adverse publicity and stigma. The Act also provides for the creation of SGBV Crimes Units within the circuit courts of the remaining 14 counties of Liberia to deal exclusively with SGBV crimes[16].

When it comes to services for survivors of SGBV, according to statistics, health services, psychosocial services and LNP/WACPS were the most accessible response services[17]. Safe home and empowerment services were the least accessible. Only 5% of cases were referred to Legal Aid. Counselling services and psychosocial support are limited or non-existent; police often do not respond appropriately to allegations of SGBV; and health personnel lack training and the means to attend to survivors of SGBV. One-Stop Centers have an important function but are inadequately supplied, and staff morale and commitment are low[18]. Of a total of seven Government Safe Homes, only two counties (Lofa and Nimba) are functional[19].

Another contributing factor to SGBV practices is the duality in Liberia's legal system. Because the country operates on a complicated dual legal system consisting of statutory and customary law, issues such as marriage are considered civil if officially registered and customary if certain customary rites have been undertaken. While the law prohibits the marriage of underage girls (less than 18 years), the customary system will not stop an elderly man taking a girl younger than 18 as his wife or partner. A female journalist key informant (KI) also noted that it is commonly perceived that, "under previous President Ellen Sirleaf, rape was considered a serious crime, but it is as if she 'carried her Rape Law with her'".

Data on the prevalence of VAWG is available but not collected in a coherent and coordinated

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FGM was removed and now a standalone FGM Bill is being advocated for.

14   Liberia, Children's Law (2011).

15   Chapter 25, Title 17 of the Revised Code of Laws of Liberia, known as the Judiciary Law.

16   United Nations Office of the Commissioner for Human Rights (2016). Addressing Impunity for Rape in Liberia. Geneva.

17   The 2017 MGCSP Annual GBV Statistical Report revealed that most GBV cases (62.8%) were reported by health facilities and 18% by the WCPS of the LNP, while NGOs accounted for 9.4%.

18   Spotlight Initiative (2018). Country Programme Document.

19   Ibid.

manner. There is more data available on sexual violence against children, while data on violence against women and against other vulnerable groups is limited. Many adult women, due to social and cultural constraints, and lack of control over their bodies, will not report because they may be in fear. They also may not always perceive sexual violence (i.e. in marriage) as a violation. It can be assumed that SGBV cases are heavily underreported due to various factors. These include:

- Shame and stigmatization of survivors
- The acceptance and normalization of violence against women
- Existing gaps in national legislation in the areas of rape within marriage and FGM
- The lack of survivor and witness protection
- Lack of access to legal services
- Distrust of the police
- Negative attitudes from service providers.

A recent comprehensive study[20] demonstrates that gender norms in Liberian society 'follow a traditional and conservative pattern and are connected to the larger structures of economy, legal framework and religion'. The understanding in this context is that men are to be the heads of households and breadwinners, have control of the family, and are the primary decision makers. Further, the study showed that 'this notion of being a man is also understood as a part of a gendered hierarchy, in which men have the right to control and use violence'. These gender norms construct a woman to be submissive and take care of the family and domestic duties, thus confining her to the private sphere, with limitations on her mobility, appearance and behaviour.

The study furthermore shows that 'the willingness to challenge these traditional gender norms varies, and that there are many structural obstacles to overcome in this process. These barriers include, but are not limited to, the patriarchal construction of Liberian society, negative community pressure, harmful cultural practices, impunity, religious interference and widespread levels of violence towards both adults and children.'

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20   Nilsson, Marie and others (2019). *The Challenge of Unlearning: A study of gender norms and masculinities in Liberia.* UN Women and Embassy of Sweden.

3. Methodology and development process of the Comprehensive Sexual and Gender-Based Violence Strategy

3.1 PRIMARY AND SECONDARY DATA COLLECTION

This Strategy was informed by an extensive literature review and by analysis of the results of primary and secondary data collection[21]. Primary data collection was carried out in a participatory and transparent manner that was supportive of local ownership. It was conducted through active engagement of the full range of stakeholders in five counties – Grand Cape Mount, Grand Gedeh, Lofa, Montserrado and Nimba – including community members in two communities (one urban, one rural)[22] per county. The stakeholders at national and county levels included relevant Government ministries, law enforcement, the judiciary, health service providers, international and local non-government organizations (NGOs) and civil society organizations (CSOs), the media, the private sector, United Nations agencies and other development partners. At community level, extensive consultations were held with community leaders and community members, including girls and boys[23]. A mixed method approach was used for the primary data collection, including semi-structured interviews for KIs at national and county level, focus group discussions (FGDs), interviews with community members and observation.

Interview guides and FGD protocols were structured around the themes of identifying issues around gender inequalities, SGBV, HPs and SRHRs; causes for existing issues; sources of information; influential personalities in the communities; and attitudes. The tool for Government institutions and structures also included questions on knowledge of legal and policy frameworks and their application; mandates; roles and coordination; capacity needs and gaps; budget allocation; and reporting issues. Data was systematized, triangulated and analysed to assure validity and reliability. The results of the data collection for each county are available in a separate report.

A total of 32 KIs were interviewed at national level. Additionally, meetings were held with members of the SGBV Task Force, United Nations partners in SI and representatives of CSOs in Monrovia. In the five counties, a total of 48 KIs and 40 community leaders were interviewed in each county. Eighty-nine women, 88 men, 91 girls and 75 boys participated and shared their ideas in FGDs. Furthermore, 100 women and 100 men in urban and rural communities responded to individual interviews that were administered with the help of a questionnaire.

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21   A matrix of the questions for the primary data collection is attached to the Strategy in Appendix 1.

22   As per existing national administrative boundaries. "Urban" was the capital in each county.

23   The age group of the girls and boys was between 14 and 18.

Table 1: Participants in primary data collection in five counties

COUNTY	KEY INFORMANTS		COMMUNITY LEADERS		WOMEN IN FGD	MEN IN FGD	GIRLS IN FGD	BOYS IN FGD	WOMEN QUESTIONNAIRE	MEN QUESTIONNAIRE
Grand Cape Mount	7	5 male 2 female	6	5 male 1 female	20	20	20	20	20	20
Grand Gedeh	13	6 male 7 female	10	6 male 4 female	14	12	14	13	20	20
Lofa	10	9 male 1 female	9	5 male 4 female	15	16	16	14	20	20
Montserrado	8	4 male 4 female	9	5 male 4 female	20	20	20	8	20	20
Nimba	10	7 male 3 female	6	4 male 2 female	20	20	21	20	20	20
TOTAL	48	31 male 17 female	40	25 male 15 female	89	88	91	75	100	100

3.2 LIMITATIONS

Several limitations were experienced during data collection.

- The overall time allocated to data collection and Strategy development was limited.

- There was inadequate time and input on the KI interviews and FGD guides from all relevant partners ahead of the data-collection process.

- Availability and time constraints did not allow the data-collection teams to meet all planned KIs in Monrovia and in the counties (please see the list of organizations consulted in Appendix 2).

- Rainy season and accessibility to local communities caused delays in daily data collection.

- Respondents were not always available for interviews or had insufficient time allocated for the interviews.

- Ethical clearance was applied for and approved by the Institutional Review Board. Sensitive questions were not asked in a direct way. Interviews and FGDs were carried out by trained and experienced community workers from Medica Liberia[24].

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24 Medica Liberia emerged from Medica mondiale in 2014 as an independent Liberian NGO Established in 1993, Medica mondiale is an NGO based in Germany which stands up for women and girls in war and crisis zones throughout the world. See: Medica mondiale (n.d.). Website. Available from https://www.medicamondiale.org/en.html. Medica Liberia staff's capacities, especially in applying a trauma-sensitive approach with survivors of SGBV, have been strengthened by Medica mondiale since 2006.

4. Summary and analysis of findings from primary data collection

FORMS OF SGBV

Under the forms of violence that were mentioned in interviews and FGDs by KIs, community leaders, men and women, and boys and girls, the following were the most commonly mentioned (in order of frequency):

- Physical violence, especially DV ('men beating on women')
- Economic, in the form of persistent non-support
- Rape and, in some instances, specifically marital rape
- Emotional and psychological violence.

Other forms of VAWG that were cited in interviews and discussions include FGM, early/forced marriage, sexual exploitation of girls in educational settings ('sex for grades'), trial by ordeal (forced confessions/'sassywood') and accusations of witchcraft. Teenage pregnancy was also perceived as VAWG[25].

CAUSES AND CONTRIBUTING FACTORS

The causes of SGBV and HPs are multiple and can be attributed mainly to inherent gender inequalities and unequal power relationships between men and women, resulting in discrimination against women and girls in all life situations. This is mirrored in harmful social norms, cultural and traditional beliefs, stereotypical gender norms[26] and roles, and in oppressive patriarchal norms that treat women as the property of men. These root causes for VAWG were depicted by only a few KIs.

UNEQUAL POWER RELATIONSHIPS AND DISCRIMINATION

Unequal power relationships and discrimination are root causes of VAWG. It was almost unanimously related that it is men who make the decisions at household/family level and have the final say in all family matters. Men view women as the obedient part of a relationship who need to respect and look up to the husband, cook for him and be at his service at all times, including for sexual relations. Women are expected to respect the husband as the 'head of the family' and obey him. When a woman does not obey her husband or fulfil his demands, she is potentially exposed to his violent reaction. Men in an FGD in Nimba identified the causes of VAWG as 'a man is dissatisfied with the woman'; 'a woman disrespects her husband', 'women going out without approval from husbands' and 'mismanagement of family funds by the woman'.

The inequality in the relationship between men and women and the resulting violence was often

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25   More detailed information is available in the 'County chapters' and tabulations as well as the results of the questionnaire. This information is available from UN Women upon request.

26   Gender norms are socially constructed social norms that refer to the beliefs and perceptions about the roles of men and women in any given context. These gender norms are typically reinforced through normalized notions of what is masculine and feminine, which may be fluid over time, multiple, and vary in different contexts. While there are variations between different geographic locations on what it means to be 'a real man' or 'a real woman,' there are common similarities which seem to be universal and are informed by social, cultural, economic, and institutional forces. Alexander-Scott, Michaeljon, Emma Bell and Jenny Holden (2016). Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG). United Kingdom Department for International Development Guidance Note, January.

interpreted as being of traditional, cultural origin. A community leader in urban Montserrado explained, "Men beat on women because it is our tradition that women respect their husbands and they don't do this anymore. Women want to act like they are the 'head', they want to take on the role of their husbands. Women must bow to men as our tradition demands."

As part of the overall power structure in homes, the 'physical power' of men over women and children, and the 'right of the stronger', more powerful partner in a relationship to exert physical violence was found to be acceptable. In the girls' FGD in Montserrado, they mentioned that, "violence happens because of the girl's dress code and because men feel they have strength and anything they do to girls no one can do anything about it". Women and girls, to some degree, showed acceptance for the man being the head of the household, having all the power, making the decisions, and also having the right to use violence if women do not 'obey'.

Inequalities also exist in decision-making processes at community level. Women attend community meetings but do not seem to speak out frequently. They also need their husband's permission before attending these meetings. "When it comes to decision-making processes at community level, men make the decisions and a woman must seek approval from her husband before she is allowed to go to meetings." Women attend meetings but few speak out, "Sometimes women can give ideas but out of 100 women only two will speak out." In an FGD with girls in Lofa, they stated that, "women take up more responsibilities – of taking care of the home, children and the farm but have less say in or less control over decisions of the household and even the food. After all the farm work is done, the men take possession of the key for the rice kitchen."

Inequalities and discrimination extend from women and girls to PLWD; LGBTIQs; people with HIV, tuberculosis and chronic illnesses; sex workers and drug users[27]. PLWD are excluded from decision- making processes at community level and often also from accessing education. A PLWD recounts, "As PLWDs, we are not involved in community activities. We feel left alone and are not really accepted in the community." The disability is a contributing factor to VAWG. "VAWG living with disability happens because of their condition. They depend on others to help them but there is a lack of protection for the disabled and a lack of financial and moral support by parents and others. Most people think that we are not important. We are exposed to theft of our personal items and to beatings." An organization working for PLWD in Nimba recounts, "Girls with disabilities are often not cared for adequately in their homes. Parents lack information on how to care for the girls. PLWD suffer under a low economic and educational status, especially in the rural areas where PLWD are sometimes abandoned. People who are deaf and mute, blind people and persons with albinism are specifically subject to discrimination."

Discrimination against the LGBTIQ community is blatant. When questioned about LGBTIQs, respondents stated that, "this is not allowed, so they do not exist in our community"; "this is a crime"; "this cannot happen in this community", indicating that LGBTIQs are pushed into an underground existence, which makes them extremely vulnerable. A community leader in Cape Mount stated that, "LGBTIQs are not open about their sexuality, thus there is no discrimination." According to a representative from the LGBTIQ community, "Discrimination against LGBTIQs is immediate. When community members or service providers 'suspect' a person to be LGBTIQ they will report the person to the police, and the police will lock him/her up. If a person from the LGBTIQ community reports a crime committed against him/her, the police will not focus on the crime but focus on the fact that the person is gay/lesbian/trans and then lock him/her up for this."

STEREOTYPICAL GENDER ROLES

Stereotypical gender roles across gender, age and social groups perpetuate inequalities and

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27   The voices of PLWD and the LGBTIQ community are reflected via their representatives.

SGBV, including for groups that are facing multiple and intersecting forms of violence. Men are expected to bring income into the family, whereas women are mainly expected to take care of the household and children. One community leader in Grand Gedeh reflected on men's and women's role as, "Women are housewives, while men are the ones who go out and struggle to provide for the home. Men recommend what should be done in the home, while women implement what the man says." Boys in an FGD stated, "The woman's role is to provide sex, keep men clean and cook. If a woman cannot do this it leads to violence." The gender stereotypical norms and roles put men under societal pressure to prove that they have control over their families and, especially, their wives. Men who help women or take on chores that are perceived as women's tasks are mocked in the community.

Sexual VAWG was also based on negative stereotyping of men and boys as they are viewed as 'not being able to control their sexual desires', 'using drugs and alcohol' and being 'wicked'.

PREVAILING ATTITUDES

Prevailing attitudes aim to uphold current social norms. The view that tradition is static and cannot and should not be changed is strongly ingrained and a basis for the current unequal power construct in Liberian society. One religious KI stated the following, "Why say harmful when this is the way of life to make women respect their men in the community? Women are supposed to be good wives and listen to their husbands as the head of their home. Men are the head and women are supposed to stay home and take care of their housework and take care of their children. Women are men's property and should be respectful to their men and listen to them to avoid fighting but now there are too many human rights, which makes it difficult for people to respect. Woman and man business should not be interfered with by others because what is done inside the house between a man and a woman should be private." Most respondents did not find it acceptable for a man to beat his wife; however, when questioned further about whether there could ever be any reasons that would justify a man beating his wife, the same respondents said it could be justified if the wife shows 'disrespect' for the husband[28].

POVERTY AND ECONOMIC DEPENDENCE OF WOMEN ON MEN

Several responses showed that men feel a need to assert their power, especially when they experience economic frustrations, are unemployed or unable to meet the needs of the family. This may spur an aggravated feeling of the need to 'be in control'. As a community leader in Grand Gedeh expresses, "Men beat their wives because they are frustrated due to the hard cost of living"[29].

Women's low status in society, and their low educational and professional background creates dependence on men. This dependence on men was also mentioned as a factor that exposes women to violations. "Men violate women because they are dependent on men. They want to receive money and everything from men all the time and not do business to bring in money, therefore if the woman denies a man sex or doesn't do what the man wants he will take advantage of her."

Poverty is also a strong contributing factor to child marriage. Girls seem to be under substantial pressure, when they are 'mature'[30], to get married to somebody who can support the family. From several interviews it can also be deduced that girls are not always necessarily expected to marry but

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28   This is supported by data from the most recent Liberia Demographic and Health Survey in 2013, which show that 43% of women and 24% of men agree that husbands are justified in beating their wives if they burn the food, neglect the children, go out without telling them or refuse sex.

29   While this may be true to some extent, it needs to be reiterated that Liberia is a deeply patriarchal society and therefore men use power to assert themselves.

30   There is a belief that a girl becomes a woman when entering puberty and should then get married and have children.

to 'bring money home', which can push them into gainful sexual relationships. In an FGD in Grand Gedeh, girls related that, "child marriage occurs in the community because most parents want the girl child to support them. They need the money and when they see their friend's children bringing them things they tell you that you are big now and you are just here and not doing anything. 'You see what my friend's daughter brought for them? And what are you doing?'" At an FGD with boys in rural Lofa, some stated that, "some men impregnate girls and deny the pregnancy and the girls are left with the children to suffer. Girls are put out of the home when they get pregnant. The men do not support the women and children."

There is also a perception that education is more relevant for boys than for girls, which persists across age groups. Boys in one FGD expressed their opinion on girls' education and marriage as such, "It's better for boys than girls to go to school because if boys are not educated they will suffer. If a girl is not educated it is possible for her to get married to a good man but that is difficult for boys." However, in an urban boys' FGD in Lofa, they stated that, "parents are not sending their children to school, especially when the child comes from the Sande bush. The parents will say, 'you see how much money we spent to send you to the Sande bush. Now there is no money, so you have wait till next year to go to school', and when next year comes it becomes the same story."

SOCIALIZATION

Socialization is a contributing factor to DV. One community leader in **Grand Gedeh** stated that, "boys see that their mother is being beaten by the father...and repeat this behaviour". Boys in one FGD expressed themselves clearly, "Some men rape because their women refuse them sex, for example if I have my wife in the house and I want to have sex and she refuses all the time I can force her; if there is a small girl in the house I can have sex with her because I may not be able to cool down the desire for sex. Even if my wife has a little sister in the house who will not refuse me, I can have sex with her."

VICTIM BLAMING

Very few concrete responses were received when probing into causes of sexual violence, with victim blaming and internalized gender discrimination on the part of the women and girls being the most common. There is a harmful misconception, shared by men and women, and boys and girls, that women and girls provoke and are responsible for rape and sexual harassment due to inappropriate clothing. In one FGD women said, "The way women dress causes rape. If a woman wears clothes that cut a man's heart and he asks her for sex but she refuses, he will force her." A KI **asserted**, "Girls should dress in a way so men do not see her breasts and thighs; they cannot wear short dresses".

Women have internalized that they are the ones to blame when their rights are violated. In an FGD in Lofa, girls expressed that, "the women are the cause for violence because they do not do their household work on time and disrespect the husband". Women's self-blaming and acceptance of the man as being the stronger, more powerful partner in a relationship is strongly present among the younger generation. All girls in an FGD in urban Cape Mount agreed that, "some women cause violence because they do not cook for their husbands on time nor do their housework properly".

CONTROL OF SEXUALITY

Cultural and religious beliefs as well as misconceptions pose obstacles to the use of family planning and are reflective of controlling women's sexuality and SRHRs overall. Misconceptions include that if the woman does not already have children, she cannot practice family planning; and that if taking contraceptives, girls will become promiscuous. This was also mentioned to be the reason why girls do not get support from their parents, who fear that girls may get 'out of control' when

using family planning. A community leader in Cape Mount elaborated, "Family planning encourages early sex and has a negative impact on women". A KI in Cape Mount stated, "Women are being told that if they use family planning, they will not have children in the future as this goes against the will of God"[31].

Side effects – and often unavailability – of contraceptive methods are other obstacles to the use of family planning. One KI highlighted that women and girls access family planning drugs at vendors rather than in clinics, as this is faster and they do not need to undergo examinations. Some women also stated that service providers are not sensitive and display attitudes that do not encourage women and girls to seek their services.

Control over women's sexuality is also a factor that contributes to the continuation of FGM: "People say it helps reduce the woman's sex drive and makes sure the woman is faithful to one man. The clitoris is cut to reduce the libido so women stay with the same partner."

IMPUNITY

Impunity and 'compromising of' cases of VAWG was frequently mentioned by KIs and other interviewees as a main contributing factor to the continuation of VAWG (including groups that are facing multiple and intersecting forms of violence). This can be attributed to the dire economic situation of families and the complexity of and mistrust in the legal system. In an FGD in Grand Cape Mount, women mentioned several reasons why VAWG is usually not brought to the authorities. "People treat violence as a family matter and handle it at home. Community laws are not working well. The laws require violators to pay a fine but family members will want to protect violators against paying the fine because of their economic situation. Thus, women will rather protect their men instead of reporting. At the court level, women have to pay too much money during court processes. To avoid it, we settle issues at home."

KIs from the SGBV Crimes Units reported that, "the challenge with prosecution is that people are quick to report but also quick to compromise. This is mostly due to the vulnerability of women and girls in communities. Also, the victim's family is bribed by school fees and other money provided, etc. That is why it is important to address the issue of power." Furthermore, most of the actors and services are based in the capital and Montserrado. Access to services, including justice in rural areas, is therefore a key barrier.

VIOLENCE AGAINST GIRLS IN SCHOOL

Another frequently cited type of violence is sexual exploitation in school. A KI teacher stated that, "I know that some teachers love students, which leads to pregnancy. Some of the teachers take the girls and make them their wives and no one can talk because they are the heads." A One-Stop Center KI in Montserrado reported that, "of late there has been increased reporting on male teachers taking advantage of their female students, sex for grades, etc." Research in 2012[32] found that nearly a third of students have experienced SGBV related to school. Almost 18% of schoolgirls and just over 13% of schoolboys reported having been asked for sex to get a better grade, and almost one in five students – girls and boys – stated that they have been abused by teachers or school staff[33].

Another factor contributing to violence in schools is the often wide age range in one grade, which

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31   Several KIs mentioned that parents, religious leaders and husbands forbid their daughters / female congregants / wives from using contraception (for fear of promiscuity).

32   IBIS et al (2014). Passing the Test – The Real Cost of Being a Student. Available from **https://hivhealthclearinghouse.unesco.org/library/documents/passing-test-real-cost-being-student**.

33   Ibid.

can vary from 12 to 20 years of age and is partly due to the interruption in schooling as a result of the civil war[34].Community leaders in Lofa identified the issue of 'students paying money to teachers for grades and teachers loving to students'. Boys from a urban FGD in Lofa explained that, "students love to teachers because they are unable to comprehend well so they give their self for free grades, the girls do not comprehend well because of many homework, because the girl is already loving to the teacher and will not take her lessons serious, she is loving to the teacher and the teacher will not be brave to fail her." There also seems to be a level of impunity, with issues of teacher violence against girl students not being addressed. Another KI teacher stated that, "Teachers beat on female students, teachers insult students, students are made to sleep with some teachers for grades... I think it is because teachers are only dismissed from schools when these issues come up. They are not being given due process and punished like they should be."

VAWG AND THE LEGACY OF THE LIBERIAN CIVIL WAR

Only a few KIs mentioned that when it comes to analysing the causes of VAWG (including groups that are facing multiple and intersecting forms of violence), attention needs to be paid to how the legacy of the lengthy Liberian civil war – which had extremely high levels of SGBV and rape being used as a tactic of war – resulted in a 'normalization of violence', especially against women and girls, and the mounting issues around unaddressed trauma, justice, reconciliation and peacebuilding.

HARMFUL PRACTICES

FGM[35]

Cultural and traditional norms prompt parents to send girls and boys to Sande bush schools[36]. Bush schools teach girls how to run a household and be a good wife and make her a full member of the community upon completion of the bush school. One KI elaborated, "Girls 10–15 years old go into the Sande bush school since this is our tradition and our culture demands this. Girls get prepared, so when they get married, they can pay full respect to their husbands. Bush schools also prepare the girl child to be part of the society. When the girl comes out of the bush, she becomes part of the society. If the girl does not go to the bush school, she will not be allowed to associate with those who are part of the Sande society and all women are part of the Sande society." Thus, parents feel obliged to send their daughters to attend bush schools and, for girls, a kind of a peer pressure exists. "Those who go, their 'language is different', they talk things the others do not understand." The Sande society also enrols children into the bush school while regular school is in session and places more value on bush school than on formal education.

Bush schools were also viewed as a positive practice in the community by community leaders in rural Nimba. "The traditional practices are the most important culturally to most families and they see it as good practices that should not be stopped because in the bush schools girls and boys, women and men are taught how to take care of their family and homes. It teaches women and girls to be good caregivers and to be respectful; it helps women take care of their home and respect elders. It is the local cultural and traditional practices that were passed down way back from our own time, so we cannot say it is harmful since it is highly practised and respected according to customs and traditions."

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34   Ibid.

35   United States Department of State (2001). *Liberia: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*. Available from https://www.refworld.org/docid/46d5787a28.html. This report pointed out that the major groups that practice FGM/C are the Mande- speaking peoples of western Liberia such as the Gola and Kissi. It is not practiced by the Kru, Grebo or Krahn in the southeast, by the Americo-Liberians (Congos) or by Muslim Mandingos.

36   Bush school: girls are taken to the bush where they are taught local customs, sex education, feminine hygiene and housekeeping skills.

FGM[37] is part of the stay in the bush school and serves as a ritual for successful conclusion and belonging. FGM is strongly linked to patriarchal tradition and culture. Besides FGM being a harmful practice, it has become a lucrative business providing a source of income to zoes. While upholding FGM is meant to maintain the cultural practice, it is believed that the economic benefit is also a driver for the practice[38].

As one KI elaborated, "FGM is a form of business, fines are imposed on non-members and those who are initiated need to pay in cash or kind during/for the time they spend in the bush".

Short- and long-term health consequences are associated with FGM. Girls that suffer under the consequences of FGM do not seem to be brought to health service providers. Only one health provider mentioned that he dealt with complications of FGM. "I have seen a patient; the vagina was scarred as a result of FGM. I had to attend to a patient once and we had to perform Caesarean section and remove the baby to save both the mother's and child's lives. FGM is a serious issue and can cause so many complications."

The members of the Sande and Poro societies are under oath to protect the tradition. With various campaigns on women's rights issues, including FGM, the fear that people had of members of the Sande society and that made FGM a taboo is reducing. However, not all KIs were willing to talk about FGM: "These are practices that came from our fore parents. It is a traditional thing, so we cannot just talk about it." One KI judge said he did not want to talk about cultural and traditional issues, especially FGM. He said: "I am not a member and do not like to talk about the local people's culture and traditions since I am not a member. And if these kinds of cases come before me I refer them to those who are on the traditional side."

WOMEN AND GIRLS ACCUSED OF WITCHCRAFT

The violation of 'women and girls being accused of witchcraft' was mentioned frequently when asked about discriminated persons within communities. One KI shared: "Cases of children accused of witchcraft are numerous. The child will confess that he/she was asked to kill the parent; someone initiates the child to witchcraft activity. An adult initiates the child to witchcraft activity – it is highly practised. Children are abandoned in Grand Gedeh because of this. Parents send them to a prayer home. It happens in Montserrado, Nimba, Bong, in the south-east, in the whole of Liberia; but River Gee is the worst, we have more than 300 children in the prayer home. It is on the increase in Zwedru." Women and girls accused of witchcraft have to undergo physically painful procedures equivalent to torture to prove whether they are involved in witchcraft. These trials by ordeal[39], called 'sassywood' in Liberia, are also used to force women to confess to unfaithfulness, and their innocence or guilt is determined according to the outcome of the procedure.

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37   The Demographic and Health Survey proxy indicator for FGM assumes that everyone who goes to the bush schools undergoes FGM. During primary data collection this assumption was supported directly or through indirect statement.

38   This prompted a national inventory exercise two years ago, which was critical in taking stock of the number of Sacred Groves, with specific attention to the number Poro and Sande (or Bodios and Kwes) in the 15 counties across the country to inform how the Government can make efforts to restore, protect and preserve the divinity of these Sacred Groves. These societies are secret in the sense that members of each have certain knowledge that can be revealed only to other initiated members. Both societies are hierarchically organized, i.e. the higher a person's status within the society, the greater the secret knowledge they have. To date, the inventory has been conducted in eight counties in Liberia. Please see database of existing Groves and Zoes, available from **https://drive.google.com/file/d/1MPULbB-uAB- T2K75EpXsy0eWlp-um292/view?usp=sharing**.

39   Goitom, Hannibal (2011). Trial by ordeal in Liberia. Library of Congress. Available from **https://blogs.loc.gov/law/2011/07/trial-by-ordeal- in-liberia/**.

CULTURAL PRACTICES THAT WERE PERCEIVED POSITIVELY BY COMMUNITY MEMBERS

Community laws that foresee punishment for people who use violence, thus also for SGBV perpetrators, were most frequently mentioned when asked about positive cultural practices in communities. Community laws foresee fines for the perpetrator. Community leaders in Lofa mentioned that there are traditional women's groups who work together, forbidding men from abusing their women – this was viewed positively by the men. Women in the same community mentioned that, "The good practice in the community for women is when a man beats or insults his wife, there is a fine that he pays. The fine includes three lappa (traditional skirts), one gallon of oil, 15 kilos of rice, 12 pieces of meat and the amount of 2,500 Liberian dollars."

It needs to be added that these fines often do not benefit the survivor but remain with community leaders. Community laws do not always work in favour of women and are mainly interpreted and adjudicated by those who have the decision-making power in the community: the men. Several of the mechanisms that were cited as being 'positive' at community level have a restrictive and oppressive effect on women, e.g. 'community laws that restrict women and girls from leaving the house'. "People treat violence as a family matter and handle it at home. Community laws are not working well. The laws require violators to pay a fine but family members will want to protect violators against paying the fine because the economic situation is not good."

Communities reached by interventions through NGOs and other actors cited the positive impact many of these awareness programmes have had; however, they are not sustained and do not engage with all relevant groups in the community. Positive initiatives mentioned include youth groups trained to disseminate prevention messages in communities; community crime watch teams that can tell the police and community about bad things they see; life skills information in schools; actions by health facilities on SGBV and SRH; the existence of task force teams who monitor the situation in the community, etc. A community leader in Lofa noted that "During Ellen's time, there were a lot of activities in the community. Weaving, soap making and saving clubs. But it's been long time. Now nothing is going on."

DECISION MAKERS AT COMMUNITY LEVEL

Decision makers in communities are the community leaders, with the Town Chief and the Chairman being most frequent mentioned, next to 'elders', religious leaders and youth leaders. Chairwomen and elderly women were mentioned as having more influence on women, whereas older men have influence over men. Girls and boys listen to peers and their teachers but also to parents. According to respondents, these are also the persons who are best placed to pass on information, primarily during community meetings. Town criers paly a special role in transmitting information but they are 'messengers', not opinion or decision makers.

5. National framework for the prevention of sexual and gender-based violence

5.1 PRINCIPLES AND APPROACHES

The following principles and approaches underpin the Strategy.

HUMAN RIGHTS-BASED APPROACH

The Strategy addresses SGBV as a gender and human rights issue. Consequently, and as Liberia has ratified relevant international human rights instruments, it recognizes that the State has a binding obligation to prevent, eradicate and punish SGBV. This makes the Government of Liberia the main duty bearer in addressing SGBV and empowers survivors of SGBV as active rights holders[40].

INTERNATIONAL AND NATIONAL NORMATIVE AND POLICY FRAMEWORK

The Strategy is based on principles and in accordance with the international normative framework[41] and informed by the national normative framework[42], policies[43], national plans and frameworks[44], and guidelines[45]. The Strategy was developed within the context of SI and the expected results of the objectives of the six pillars that constitute SI.

COORDINATION AND COLLABORATION

Even though the prime responsibility for implementation will be with the Government of Liberia, notably MGCSP, successful implementation will depend on close collaboration and coordination with other stakeholders, including and especially line ministries, CSOs and service providers.

COMMUNITY-DRIVEN SOLUTIONS SUPPORTED BY CIVIL SOCIETY AND THE GOVERNMENT OF LIBERIA

The Strategy recognizes that communities play a major role in preventing SGBV. Community leaders – including town chiefs, chairmen/women, traditional and religious leaders, and women's

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40 Following the human rights-based approach and using the socioecological model for the development of the Strategy, a range of other duty bearers will take responsibilities at different levels. This will be further elaborated within this Strategy.

41 The Convention on the Elimination of All Forms of Discrimination against Women; the Committee on the Convention on the Elimination of All Forms of Discrimination against Women General Recommendation No. 19 (1992): Violence against Women; United Nations Convention on the Rights of the Child; the African Charter on the Rights and Welfare of the Child; the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; the Beijing Declaration and Platform for Action; United Nations Security Council resolutions 1325 and 1820; Convention on the Rights of People with Disability.

42 The Constitution of Liberia; the Amended Rape Act of 2006, 'Rape Law' amending chapter 14, sections 14.70 and 14.71 of the Penal Code; Inheritance Law 2003; The Children's Law, 2011; National Public Health Law; Education Reform Act, 2011; Law Reform Commission Act of 2011; and customary law.

43 National Gender Policy; 2018 GBV NAP Phase II (2011–2016); GBV NAP Phase III (2018–2023); Reproductive, Maternal, New Born Child and Adolescent Health Policy (2016–2020); National Child Welfare and Protection Policy, 2011; Gender Responsive Planning and Budgeting Policy.

44 Pro-Poor Agenda for Prosperity and Development 2018–2023; NAP for the Prevention and Management of GBV in Liberia, Phase III (2018– 2023); NAP for the Inclusion of Persons with Disabilities (2018–2020); National Health and Social Welfare Plan, covering the period 2011– 2021; United Nations Partnership Framework (2020–2024).

45 Standard operating procedures for SGBV Services at One-Stop Centers.

and youth leaders – have significant influence on their communities and will play key roles as agents of change in their communities. Civil society – especially women's organizations and feminist women's organizations – will directly support community structures in acquiring knowledge, shifting attitudes, developing skills and acting to prevent SGBV.

INTEGRATED APPROACH TO DELIVERY

The Strategy does not propose addressing different topics vertically but will address SGBV, HPs and SRHRs holistically. The Strategy thus also envisions intersectoral synergies with programmes that promote dialogue on other topics, e.g. in the areas of health; education; water, sanitation and hygiene; protection; and livelihoods. These topics can provide entry points for discussing sensitive issues and offer the benefit of existing capacities.

LEAVING NO ONE BEHIND

With the adoption of the 2030 Agenda for Sustainable Development, 193 United Nations Member States pledged to ensure 'no one will be left behind' and to 'endeavour to reach the furthest behind first'. In practice, this means taking explicit action to end extreme poverty, curb inequalities, confront discrimination and fast-track progress for the furthest behind[46].

DO NO HARM

The principle of 'do no harm' obliges all duty bearers of this Strategy to prevent and mitigate any

NATIONAL OWNERSHIP

The Strategy was developed in line with the national development agenda and national policies and will be coordinated and monitored by the Government of Liberia.

5.2   VISION

The overall vision of the Strategy is to change/address gender-inequitable norms to reduce SGBV and HPs, including through promoting SRHRs[47].

5.3   IMPLEMENTATION PLAN AND COMMUNICATION STRATEGY

The Strategy is accompanied by an implementation plan and a communication strategy. The implementation plan is based on the socioecological framework which divides society into different levels of influence: individual, family, community, institutions and policies/systems; the proposed interventions and approaches to be used; responsible parties; and proposed timeframe. Informed by the overall vision of this Strategy, the implementation plan's specific objective is: 'Social structures, norms and practice are in place to prevent SGBV and HPs and facilitate access to SRHRs.' An important aspect of this implementation plan is the communication strategy that will inform community-based communication interventions, i.e. at individual, family and community levels. A more detailed communication strategy and operational plan will be developed to inform these interventions.

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46   United Nations Development Programme (2018). *What Does it Mean to Leave No One Behind?: A UNDP Discussion Paper and Framework for Implementation*.

47   Spotlight Initiative (2018). *Country Programme Document: Liberia*.

5.4 LESSONS LEARNED AND BEST PRACTICES FOR COMMUNITY INTERVENTIONS

Community-based approaches form the core of this Strategy. Community-based approaches have been used over many years to address VAWG and HPs, especially by addressing social norms and behaviour. The following approaches and strategies, based on lessons learned and evaluations from community- level interventions[48], can serve as best practice for community-based interventions.

● 'Minimum quality standards and indicators in community engagement'[49] – these provide globally established guidance on the contribution of community engagement in development practice as well as humanitarian action and will be shared, explained and applied by all actors at community level.

Figure 1: UNICEF communication for development minimum quality standards and indicators in community engagement

Part A: Core Community Engagement Standards Participation Empowerment and Ownership Inclusion Two-way communication Adaptability and Localization Building on Local Capacity	Part B: Standards Supporting Implementation 7. Informed Design 8. Participatory Planning and Preparation 9. Managing Activities 10. Monitoring, Evaluation, and Learning
	Part C: Standards Supporting Coordination and Integration 11. Government Leadership 12. Partner Coordination 13. Integration
	Part D: Standards Supporting Resource Mobilization 14. Human Resources and Organizational Structures 15. Data Management 16. Resource Mobilization and Budgeting

- Recognize that communities are not homogeneous, and neither are the interests of their subgroups.

- Be considerate and build on understanding power relationships in communities (exploration of power: what it is, who has it, how it is used, how it is abused and how power dynamics between women and men can change for the better)[50], and consider carefully who really represents the community and ensures representation of vulnerable groups.

- Use multiple strategies to reach diverse people and groups in a variety of ways. Multiple strategies increase the opportunity for different types of people to engage with an idea, and allow people to hear an idea multiple times to ensure they fully understand it.

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48   They include elements from: United Nations Children"s Fund (2019). *Everybody Wants to Belong: A Practical Guide to Tackling and Leveraging Social Norms and Behaviour Change Programming*; Promundo"s experience in working with men and boys; Tostan"s experience in addressing FGM and forced marriages; Rising Voices' 'SASA' approach in engaging communities in the prevention of GBV; United Nations Children"s Fund (2017). *Communities Care: Transforming Lives and Preventing Violence and Lessons Learned*; experiences from various Interventions in East Africa, the Horn of Africa and the Great Lakes Region; and recommendations following a recent evaluation of the UNICEF/United Nations Population Fund Joint Programme on eliminating FGM. They also build on *Everybody Wants to Belong: A Practical Guide to Tackling and Leveraging Social Norms and Behaviour Change Programming*; Swedish International Development Cooperation Agency (2015). *Preventing and Responding to Gender-Based Violence: Expressions and Strategies; and UN Women (2015). A Framework to Underpin Action to Prevent Violence Against Women*.

49   United Nations Children's Fund (2019). Communication for Development.

50   SASA.

- Engage all communities' members in initiatives when talking about issues often surrounded by silence and stigma, but ensure that men and boys are specifically targeted when it comes to issues around masculinity, positive fatherhood and equitable child-rearing.

- Recognize the different levels of community engagement – informing, consulting, involving, collaborating and empowering communities[51] – and that the higher the level of engagement, the greater the likelihood of realizing the benefits envisaged from such endeavours.

- Promote 'activism' rather than 'volunteerism', with activists striving to create social change in their community by demonstrating taking action in their own life and mobilizing others to do the same.

- Work with positive deviants: leverage role models, identify and work with early adopters of positive practices.

- Focus on positive existing traditions and values in the communities and on positive outcomes that can be achieved by working together to prevent VAWG. Rather than blaming or criticizing, encourage dialogue around HPs and other practices that communities feel hinder their vision for their community's development.

- Use a holistic approach to social norms when addressing FGM: working across many levels, engaging diverse stakeholders and linking activities across thematic sectors.

- Recognize the different phases of change in behaviour: pre-contemplation, contemplation, preparation for action, action and maintenance.

- Base interventions on the understanding that VAWG does not occur in isolation but within families, communities and societies.

- Ensure that target groups are appropriately selected for training activities on the one hand and for awareness-raising activities on the other.

- Train, raise awareness and use basic principles of human rights along with messages targeting GBV, HPs and SRHRs.

- Always consider and address the ethical considerations and safety concerns of community members.

5.5 THE SOCIOECOLOGICAL FRAMEWORK AS FRAMEWORK FOR THE STRATEGY

THE STRATEGY IS BUILT ON THE SOCIOECOLOGICAL FRAMEWORK

The conceptual framework of the Strategy is guided by the socioecological framework[52], which views interpersonal violence[53] as the outcome of the interaction between many factors at four levels

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51 Mirghani, Zahra and others (2017). *Community Engagement in SGBV Prevention and Response: A Compendium of Interventions in the East & Horn of Africa and the Great Lakes Region*. Nairobi, Kenya: Population Council.

52 UN Women (2013). The ecological framework. Available from http://www.endvawnow.org/en/articles/1509-the-ecologicalframework.html; United Nations Children's Fund (2017). *Communication for Development*, Social Ecological Model; Bronfenbrenner, Urie (1979). *The Ecology of Human Development*. Harvard University Press; and United Nations Children's Fund (2019). *Everybody Wants to Belong: A Practical Guide to Tackling and Leveraging Social Norms and Behaviour Change Programming*.

53 Acts of interpersonal violence are classified as family violence or community violence – M.L. Rosenberg.
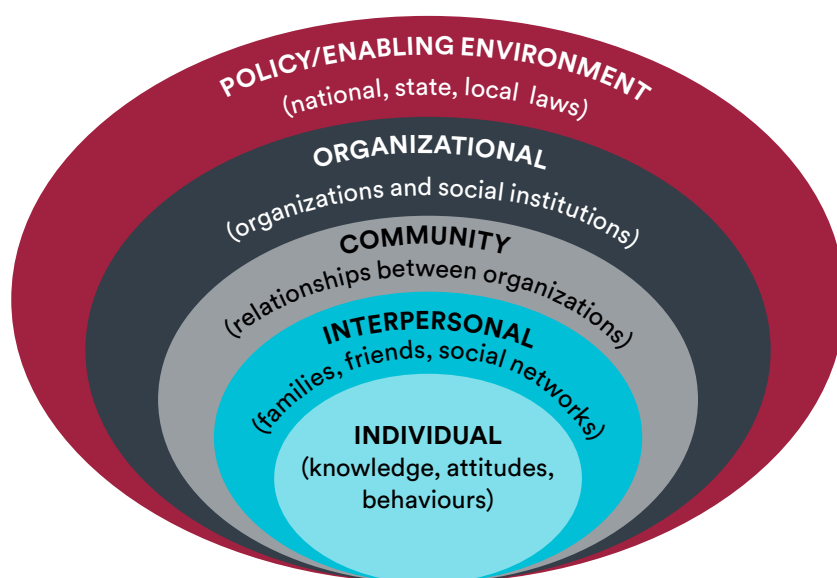
– individual, relationship, community and societal[54]. It provides a model for understanding some of the key factors and interactive effects of factors that determine behaviours and contribute to violence. The socioecological model provides the basis for understanding that in order to develop strategies for reducing and/or eliminating risk through broad-based prevention programming, it is critical to develop an understanding of the complex interplay of biological, psychological, social, cultural, economic and political factors that increase women's and girls' likelihood of experiencing violence as well as men's likelihood of perpetrating violence.

Building on the socioecological model of preventing VAWG (including groups that are facing multiple and intersecting forms of violence) and enhancing SRHRs, as well as the lessons learned from prevention programmes and projects[55], the primary focus of the Strategy is at local level. It will engage community stakeholders in a systematic manner to change attitudes towards harmful gender and social norms and values; and strengthen demand for change, for services and for the fulfilment of rights. Emphasis will be placed on capacity-building, involvement and mobilization of the communities in which girls and women live, including influential individuals and groups such as traditional and religious community leaders, parents and youth groups.

This will be done through NGOs and CSOs focusing on various groups of community stakeholders. It will aim to empower women and girls through strengthening platforms and support groups, enhancing their knowledge, information, skills-building and support networks. It will also focus on duty bearers – such as parents, traditional leaders and community leaders – to enhance their knowledge and change their behaviours in order to promote and safeguard the rights of women, girls and other vulnerable groups in their communities.

Addressing – at community and family levels – gender and social norms that perpetuate SGBV and limit young people's access to SRH information and services will lead to promoting and protecting the rights of girls and women and will enhance their overall development and health outcomes.

Figure 2: Socioecological framework

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54   Violence Prevention Alliance (2019). The ecological framework. Available from **http://www.who.int/ violenceprevention/approach/ecology/en/**.

55   Promundo's experience in working with men and boys; Tostan's experience in addressing FGM and forced marriages; Rising Voices' 'SASA' approach to engaging communities to prevent GBV; United Nations Children's Fund (2017). *Communities Care: Transforming Lives and Preventing Violence*; lessons learned and experiences from various Interventions in the East and Horn of Africa and the Great Lakes Region, and recommendations following a recent evaluation of the UNICEF/United Nations Population Fund Joint Programme on eliminating FGM;

The Strategy is thus structured to target individuals, social networks, community and organizational structures with specific interventions. As shown in Table 2, it targets the different levels with different types of interventions and strategies.

Table 2: Type of intervention and approach per target group[56]

SOCIOECOLOGICAL MODEL LEVEL	TYPE OF INTERVENTION	APPROACH
Individual	Interventions that aim to influence behaviour change through behaviour change communication, with a focus on individual knowledge, attitudes, motivations, self-efficacy and skills-building	**Through behaviour change communication** ● Interpersonal communication, mass/social media campaigns
Interpersonal/ relationship level (families, friends, social networks)	Interventions that focus on knowledge, attitudes, motivations, self-efficacy, skills and on engaging groups within communities in a participatory process and dialogue to define their needs, demand their rights, and collaborate to transform their social system	**Through behaviour change and social change communication** ● Interpersonal communication, mass/social media campaigns; community dialogue, mass/social media
Community	Interventions that focus on empowering community leaders and structured groups of individuals in communities, including CSOs, to change social and gender norms that condone VAWG and HPs	**Through social change communication** ● Community mobilization, dialogue/Palava Hut discussions and group/organizational activities
Organizational and social institutions	Interventions focusing on collaboration among SGBV stakeholders at community, county and national levels to create an enabling environment to end SGBV and HPs	**Through social mobilization** ● Works through dialogue, coalition-building, networking, capacity-building, group/organizational activities
Policy/enabling environment	**Interventions focusing on** establishing a favourable normative and policy environment and practices/implementation of laws and policies	**Influencing** ● Advocacy ● Capacity-building

At these different levels, the Strategy targets the following risk factors.

Box 1: Risk factors for SGBV at different levels

INDIVIDUAL RISK FACTORS	INTERPERSONAL/RELATIONSHIP RISK FACTORS
● Lack of knowledge and understanding of gender equality, laws and policies ● Lack of knowledge and understanding of SGBV and SRHRs ● Lack of knowledge about service provision ● Lack of victim and witness protection ● Exposure to violence during childhood ● Self-blaming ● Lack of economic and bargaining power	● High levels of inequality in relationships/ male-controlled relationships/ dependence on partner ● Men's multiple sexual relationships ● Men's harmful use of alcohol ● Parental behaviour, e.g. physical and humiliating punishment; DV
AT COMMUNITY LEVEL	
● Harmful gender norms ● High levels of poverty and unemployment	● Unequal power relationships ● Gender-discriminatory community laws
ORGANIZATIONAL AND SOCIAL LEVEL	
● Harmful attitudes from service providers	
SOCIETY LEVEL	
● Discriminatory laws ● Lack of enforcement of laws addressing VAWG ● Low levels of women's employment and education ● Poverty	● High levels of unemployment ● Unstable social conditions ● Norms supporting gender inequality ● Norms supporting SGBV

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56   Inspired by: United Nations Children's Fund (2019). *Technical Guidance for Communication for Development Programmes Addressing Violence against Children*, Table 8: Overview of key features and participant groups for the communication for development approaches.

The Strategy also integrates elements from the UN Women Framework to Underpin Action to Prevent Violence Against Women[57], Respect Women, Preventing Violence Against Women[58] and frameworks that address specifically violence against children, sexual minorities, PLWD and other vulnerable groups[59]. The Strategy considers approaches that have had considerable impact in Liberia[60], the region[61] and globally[62].

6. Objective of the Strategy: 'Social norms, structures and practice are in place to prevent SGBV and HP and facilitate access to SRHRs'

The main objective of the Strategy is to tackle social norms and practices that are the root causes of gender inequality, discrimination and VAWG (including groups that are facing multiple and intersecting forms of violence). Interventions considered factors that contribute towards SGBV, as outlined below.

The Strategy is further divided into the following outcomes:

- **Outcome 1 (engagement at individual/personal level):** Individuals in communities have knowledge of and demonstrate practices that recognize women's rights, gender equality and women's SRHRs.

- **Outcome 2: (engagement at family and relationship level):** Parents, families and groups within communities are engaged in preventing SGBV and HPs and in promoting SRHRs.

- **Outcome 3 (engagement at community level):** Leaders at community level and community-based organizations promote gender equality and have the knowledge and capacities to prevent SGBV and HPs and to promote SRHRs.

- **Outcome 4 (engagement at organizational and social level):** SGBV service providers and other specified duty bearers demonstrate gender-sensitive attitudes and practices.

- **Outcome 5 (engagement at policy level):** Policies and laws that prevent SGBV and HPs and enhance women's and girls' SRHRs are in place.

57   UN Women (2015). A Framework to Underpin Action to Prevent Violence Against Women.

58   World Health Organization (2019). Respect Women: Preventing Violence against Women. Available from https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policymakers/en.

59   These include: United Nations Children's Fund (2017). *Preventing and Responding to Violence against Children and Adolescents: Theory of Change*; World Health Organization (2016). INSPIRE: *Seven Strategies for Ending Violence against Children*; SGBV against women and girls living with disabilities: evidence and recommendations from various studies in this area by the United Nations Population Fund, World Health Organization, United Kingdom Department for International Development, Swedish International Development Cooperation Agency, etc.; SGBV against LGBTIQ communities.

60   GBV Observatories; gatekeepers approach; Liberian women's initiatives on community engagement; Sister Soldiers within LNP; community mobilization during health emergency (Ebola); Medica Liberia holistic trauma-sensitive approach.

61   SASA approach of Raising Voices (community engagement); Tostan (FGM and early/forced marriage); United Nations Children's Fund (2017). *Communities Care: Transforming Lives and Preventing Violence*.

62   Promundo's experience in engaging men; United Nations High Commissioner for Refugees experience in emergency settings/community engagement in SGBV prevention and response.

7. Recommendations to facilitate implementation of the Strategy

- To support the Strategy, implementation of all pillars of SI will be of complementary importance:
  - o Legislative and policy framework
  - o Institutional strengthening
  - o Delivery of quality essential services
  - o Management of data and information, to inform policies and programmes on VAWG
  - o The women's movement and CSOs.

- Develop and implement a comprehensive public information and advocacy campaign that underpins the Strategy, challenging harmful social norms and gender stereotyping. Use simple language that is easily understood rather than terminology such as gender, rights-based or GBV and avoid acronyms (SGBV, GBV, LGBTIQ, SRHRs and others) to enable activists and community members to meaningfully engage on the key issues.

- Develop and roll out an integrated behaviour change communication multimedia package on SGBV, HPs and SRHRs for different audiences.

- Provide ongoing support to the women's movement and CSOs and assure consultation with and involvement of women's rights organizations, including feminist organizations.

- Roll out the Strategy from national to county to community level. Assure that county authorities and members of the SGBV Task Force at county level are prominent partners in implementing the Strategy.

- Link into SI activities (Pillar 2 and Pillar 6) to ensure that implementing partners have the capacity to implement a quality community engagement approach.

- In addition to targeted communication activities for each target group, dialogue should be a cross-cutting element of the Strategy to connect actors, while also keeping in mind the importance of social cohesion.

- Address the issue of 'violence against women in elections' within SGBV activities

- Prepare a budget that accompanies the Strategy, as costing of the various interventions will be crucial for implementation.

8. The actors implementing the Strategy

Implementation of the Strategy depends on the effectiveness of the institutional framework, which in turn depends on the commitment of all the actors involved.

MGCSP

MGCSP is the partner accountable for Strategy implementation. MGCSP will ensure that counties have the necessary information, support and means to implement the Strategy at county level.

LINE MINISTRIES

Line ministries will have a crucial role to play in implementing the Strategy. They include the Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Justice (MoJ), Ministry of Internal Affairs (MIA) and the Ministry of Youth and Sports (MoYS). Their roles will be based on their comparative advantages in the issues that will need to be addressed.

SERVICE PROVIDERS

LNP, especially the WACPS, One-Stop Centres, healthcare providers, courts/magistrates, healthcare professionals and teachers all have a crucial role in preventing and responding to cases of VAWG at community, county and national levels.

NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS AND ASSOCIATIONS

In partnership with MGCSP and the other ministries involved, organizations and groups working in the field of women's rights – including feminist organizations, especially organizations that work on issues directly linked to SGBV and SRHRs, and Solidarity Sisters Network of Liberia (the protection arm of the LGBTIQ community) – will be at the heart of implementing the Strategy.

LOCAL AUTHORITIES

Local authorities at county and district level will play a decisive role in the planning, budgeting, implementation, monitoring and evaluation of the Strategy at their respective levels.

TRADITIONAL AND RELIGIOUS LEADERS[63]

Represented at national level by the National Traditional Council of Elders and the Interreligious Council of Liberia, and at county level by the Superintendent, County Council of Elders and county religious leaders; and represented at community level by the 'gatekeepers' and 'custodians' of customary laws and informal justice mechanisms.

COMMUNITY GATEKEEPERS

These are members of communities selected from traditional and religious leaders, youth, women, men's groups, farmers, opinion leaders and heads of districts. They will form a social transformation forum in communities providing comprehensive prevention and management of and response to SGBV and HPs, including child marriage, through community meetings, open days, activities to

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63 Catholic Relief Services Bishops Conference of Liberia's Justice and Peace Commission (2016). The State of Peace, Reconciliation and Conflict in Liberia. Catholic Relief Services. According to this report, more than three-fourths of respondents (76.3%) saw religion as important in their daily lives, and almost the same number (72.1%) felt that religious leaders can exert influence over their communities to promote peace (including the elimination of VAWG). A similarly high percentage (73.7%) stated that interfaith collaboration represents a positive force for peace in the country.

create awareness, working with religious and traditional groups, establishing radio listening clubs and increasing advocacy and awareness around SGBV.

DECISION MAKERS AT COMMUNITY LEVEL

Decision makers in communities including community leaders: town chiefs, chairmen, chairwomen, 'elders', religious and youth leaders, older women and men. Natural leaders who are influential without having a leading position within communities may be identified locally.

GBV OBSERVATORIES

GBV Observatories are made up of community members, including representatives of community-based organizations including women's and youth groups, community watch forums and key opinion leaders. Each Observatory has 12 members who are charged with the responsibility of monitoring the development process of potential violence against women and children, serving as a grass-roots source of information to prevent GBV.

CHILD WELFARE COMMITTEES

Child Welfare Committees, established to promote and raise awareness about children's rights and protection, play a key role at the local level in preventing violence, abuse, exploitation and neglect, and in the response to violations through referrals.

SCHOOLS

Principals and teachers, and parent–teacher associations will be involved in and be part of implementing school-based programmes that tackle VAWG, SGBV, HPs and SRHRs as well as broader human rights issues, including discrimination and equality.

PARLIAMENT

Members of Parliament and senators are important potential partners in advocating for the promotion of gender equality and women's rights, as well as resource mobilization.

THE INDEPENDENT NATIONAL COMMISSION ON HUMAN RIGHTS

The Independent National Commission on Human Rights of Liberia was established by an Act of the National Legislature in 2005 as the national institution responsible for promoting and protecting human rights in Liberia. The Department of Legislative Assistance, Treaties Matter and Law is, among others, also responsible for women and children's rights.

THE MEDIA

Local print and electronic media practitioners will be partners to inform and sensitize the population on ending VAWG, and also report cases in a gender-sensitive and overall respectful manner.

PRIVATE SECTOR

Managers and community liaison officers of concession companies and businesses will be operating in ways that enhance gender equality and contribute towards preventing SGBV. The social corporate responsibility programmes of the private sector will also be leveraged to support awareness-raising and sensitization of communities on ending VAWG.

DEVELOPMENT PARTNERS

The United Nations and donor partners will continue to support all prevention initiatives in an integrated manner, monitor progress to ensure value addition for the investment committed, and that women and girls are able to live lives free of violence to achieve their full potential.

9. Accountability and monitoring

MGCSP at national level and through county offices will be the main body responsible for coordinating and monitoring Strategy implementation. A Steering Committee, established as the overall platform for SI interventions in Liberia, will accompany and guide the Strategy. The Steering Committee includes the line Ministries – MGCSP, MIA, Ministry of Finance and Development Planning, MoE, MoH and MoJ – as well as the National Traditional Council of Chiefs and Elders, and the five responsible United Nations organizations under SI.

At county level, members of the SGBV Task Force will support the MGCSP County Coordinator in monitoring Strategy interventions. The performance of the Strategy will be documented and reported on quarterly, evaluated yearly, and adjusted if necessary.

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11. Appendices

APPENDIX 1: KEY QUESTIONS

The tools for community members, and, to some degree, also the tools for KIs are structured along the following themes, under which specific questions will be formulated.

1. Problem identification: What is the situation of women and girls in communities? The aim is to identify any SGBV issues. What type of VAWG/SGBV issues are there in the community? The response can then be used gauge definitions, understanding and knowledge of the issues.

2. Causes and contributing factors (drivers): Why do these issues persist, what are the causes, what are the factors that contribute? Why does it happen?

3. Are there good cultural practices that protect women and girls? Name them.

4. Who are the (influential) persons in communities and beyond who influence behaviour? What/who influences what behaviour is acceptable? (individual, community, environment/society) Who do community members listen to? Whose advice do women, men, boys and girls seek? Why do they seek the advice of these people?

5. Are men usually supportive, caring and compassionate to a woman at home? What prevents them from being so?

6. Who is informing adolescent girls and boys about SRH and family planning issues? Or here do they get information on SRH and family planning issues? Who are girls listening most to? Who do they look up to? What/who are their role models?

7. How do existing norms and attitudes affect women and girls, adolescents' opportunities to achieve reproductive health and well-being?

8. Do men easily accept a woman's decision to take decisions about her body, e.g. number of children to have, termination of pregnancy?

9. What are some of the challenges facing women who seek SRHR services (family planning)? Do they get support from family members? Are there information services available that women can access to empower themselves to prevent unintended pregnancy, including information about their bodies?

10. What are the policies/conditions that should be in place for all women and girls to have access to quality SGBV and SRHR services?

11. Who in the community is disliked/discriminated against? Why are they discriminated against, treated differently or as less than other members of the community?

12. Who in the community is most influential/powerful, and who in the family is most powerful (explore power relationships)? Ask why they think they are influential, what makes them influential.

13. What is the community doing to prevent SGBV and HPs from happening? Who in the community does what? What happens in communities when these violations happen, who deals with them?

14. What initiatives exist in communities/what measures to prevent SGBV and protect women against SGBV? Who leads and support these initiatives? Who are the targets of the initiatives? Who participates?

15. What initiatives exist in schools and health facilities on SRHRs and SGBV prevention? Describe what they are. Who leads the initiatives in schools?

16. Did any organization or Government entity provide this community with information on SRHRs and SGBV/HPs? How was it organized and who participated?

17. Questions to probe knowledge: Knowledge of laws and policies, services (public and other).

18. Questions to probe attitudes: e.g. Is there a situation when it is justified for a husband to beat his wife? If a husband forces himself on his wife, is this rape? At what age should a girl start having children? How many? Who takes decisions within the family? Who takes decisions with the community? We can also use examples that have been identified earlier in the conversation.

19. Who is best placed to inform/what are the best means to use to change attitudes, beliefs and norms? What are useful ways to do so in your community/your particular group?

The tool for Government institutions and structures also includes questions on knowledge of legal and policy frameworks and their application, mandates, roles and coordination, capacity needs and gaps, budget allocation and reporting issues.

APPENDIX 2: ORGANIZATIONS AND INSTITUTIONS MET

PARTICIPANTS IN INTERVIEWS AT NATIONAL LEVEL		
GOVERNMENT MINISTRIES / AUTHORITIES	**UNITED NATIONS AGENCIES**	**EMBASSIES AND INTERNATIONAL DELEGATIONS**
• MGCSP • MIA, Department of Culture • Ministry of National Defense • MoE • MoI • MoJ, SGBV Crimes Unit • LNP – WACPS	• United Nations Population Fund • UNICEF • UN Women • United Nations Development Programme • Office of the High Commissioner for Human Rights • Resident Coordinator's Office	• The Embassy of Sweden • European Union Delegation
NGOS/COMMUNITY-BASED ORGANIZATIONS		
• Stop AIDS in Liberia • White Rose Alliance (alliance of sex workers) • Female Journalists Association of Liberia • Liberia Women Empowerment Network • ActionAid • Lesbian and Gay Association of Liberia	• International Development Law Organization • Oxfam • Medica Liberia • Paynesville Magisterial Court, Ferguson Ameya • National Union of Organizations of the Disabled	
PARTICIPANTS IN INTERVIEWS AT COUNTY LEVEL		
MONTSERRADO	**GRAND CAPE MOUNT**	
• Bentol Health Center • One-Stop Center, Duport Road Health Center • National Union of Organizations of the Disabled • Voice of Rural Montserrado – media • Magistrate's Courts in Bensonville and Bentol • LNP WACPS Office	• MGCSP • MoH/St. Timothy Government Hospital • Judiciary • LNP/WACPS • Media • PLWD	
GRAND GEDEH	**LOFA**	
• Superintendent • MGCSP • Women and Children Development Secretariat • Foundation for Community Initiatives • SGBV Crimes Unit (Prosecutor, Victim Support Officer) • South Eastern Women Development Association • Women's NGO Secretariat of Liberia • Magisterial Court • One-Stop Centre in Martha Tubman Memorial Hospital • Male Network • County Hospital • Martha Tubman Memorial Hospital • Medica mondiale	• MGCSP • CSO representatives • Traditional Council • Lonestar MTN (mobile phone service provider) • LNP • ELBC Radio • 10th Judiciary Circuit Court • PLWD/Lofa County Association of the Disabled • MoH/Telewonyan Hospital • SGBV Crime Unit	
NIMBA		
MGCSP G.W. Harley Memorial Hospital, Sanniquellie – MoH Rural Integrated Center for Community Empowerment WACPS – Sanniquellie Lutheran Church, Sanniquellie–Mahn District	Iman Sanniquellie Central Mosque Radio Nimba Sanniquellie National Union of Organizations of the Disabled Committee for Peace and Development Advocacy, Yekepa (CSO) ArcelorMittal Steel, Yekepa (private sector)	

APPENDIX 3: IMPLEMENTATION PLAN OF THE PREVENTION STRATEGY

The main objective of the Strategy is to tackle the social norms and practices that are the root causes of gender inequality, discrimination and VAWG (including groups that are facing multiple and intersecting forms of violence). Factors that contribute to SGBV, including women's low level of education and low status; gender stereotypes and roles; impunity; control over women's and LGBTIQs' sexuality are subordinated under the objective.

COMPREHENSIVE SGBV PREVENTION STRATEGY IMPLEMENTATION PLAN								
TARGET GROUP(S)	**INTERVENTION (INCLUSIVE OF VULNERABLE GROUPS)[64]**	**APPROACH**	**RESPONSIBILITY**	2019	2020	2021	2022	2023
OVERALL OBJECTIVE: Social structures, norms and practices are in place to prevent SGBV and HPs and facilitate access to SRHs								
Engagement at individual/personal level								
OUTCOME 1: Individuals at community level have knowledge of and demonstrate practices that recognize women's rights, gender equality and women's SRHRs								
Women and girls (in separate groups)	• Sensitize on issues around gender equality	• Interpersonal communication • One-on-one discussions • Debate in small groups • Informing, consulting, involving, collaborating and empowering: provide adequate basic training to key leaders – including women, girls, boys and influential persons at community level – on rights and procedures to access unhindered justice at both district and town levels	• Women's NGOs/CSOs • Women's support groups		▓			
	• Address issues of sexuality linked to gender inequality • Address SRHR issues, including family planning	• Small discussion groups with girls and women	• Health providers • NGOs • One-Stop Centers • Women's organizations		▓			
	• Address girls' and women's disadvantaged economic and social status through income- generating activities, skills training, Village Savings and Loan Association and educational opportunities	• Provide information • Discussion groups	• NGOs				▓	▓
	• Sensitize women and girls to be able to identify risks and build skills and networks as protective barriers, and act on SGBV and HPs	• Provide information • Discussion groups	• Women's NGOs/ CSOs		▓			
Women, girls, boys and men (in separate groups)	• Sensitize on existing laws, especially SGBV-related law, e.g. the Rape Law	• Provide information • Discussion groups	• Women's NGOs/ CSOs • Community leaders		▓			

COMPREHENSIVE SGBV PREVENTION STRATEGY IMPLEMENTATION PLAN

TARGET GROUP(S)	INTERVENTION (INCLUSIVE OF VULNERABLE GROUPS)	APPROACH	RESPONSIBILITY	2019	2020	2021	2022	2023
Girls and boys (in separate groups)	● Engage girls and boys in life skills training (in and out of school) Identify moral value and integrity indicators	● Provide information, discuss impact of moral values and integrity	● Women's NGOs/ CSOs ● Community leaders					
	● Sensitize on SRHRs to enable recipients to make informed decisions on SRHRs	● Interpersonal communication ● One-on-one discussions ● Debate in small groups	● Women's NGOs/ CSOs ● Women's support groups ● Community health workers ● One-Stop Centers ● Community and county health services					
Boys and young men	● Address gender equality issues ● Create awareness and knowledge around issues of fatherhood, equitable child-rearing and positive masculinities, and address harmful constructions of masculinity and responsibility	● Interpersonal communication ● One-on-one discussions ● Debate in small groups	● NGOs/CSOs					
Engagement at relationship level								
OUTCOME 2: Parents, families and groups within communities are engaged in preventing SGBV and HPs, and in promoting SRHRs								
Parents	● Strengthen parents' parenting skills and sensitize on non- gender stereotyping approach to childcare, and (where relevant) caring for children with disabilities	● Intrafamily discussions ● Provide information on gender-sensitive childcare and non-violent forms of child discipline, etc.	● NGOs and CSOs ● Child Welfare Committees					
Girls' and boys' groups	● Form small groups/clubs in communities to discuss issues around SRHRs, gender; SGBV, etc. and encourage peer-to-peer education	● Small group discussions	● Women's support groups ● GBV Observatories ● Child Welfare Committees					
Families	● Address issues of non-reporting of SGBV and the compromising of cases ● Address the issue of child marriage	● Discussion in groups with families and at community level	● NGOs/CSOs ● Magistrates ● LNP/WACPS ● Health services					
Community-based activists and networks of activists	● Support community-based activists and existing networks to engage in preventing SGBV and HPs	● Provide information ● Engage in discussion, community dialogues ● Empower for self-reliance	● Women's support groups ● GBV Observatories ● Child Welfare Committees					

COMPREHENSIVE SGBV PREVENTION STRATEGY IMPLEMENTATION PLAN

TARGET GROUP(S)	INTERVENTION (INCLUSIVE OF VULNERABLE GROUPS)	APPROACH	RESPONSIBILITY	2019	2020	2021	2022	2023
Engagement at community level								
OUTCOME 3: Leaders at community level and community-based organizations promote gender equality, and have the knowledge and capacities to prevent SGBV and HPs, and to promote SRHRs								
Community leaders	• Sensitize on gender equality issues • Advocate for engaging leaders on social norm change • Increase community leaders' knowledge on laws and policies and their role and obligations in implementing them (e.g. Rape Law and GBV Action Plan) • Address what can be done to prevent SGBV • Capacity-building on advocating for gender equality and eliminating VAWG	• Community mobilization to change social and gender norms that condone VAWG by engaging men, women, girls and boys • Inform • Discuss • Engage • Support action	• MIA, NGOs					
Traditional leaders			• MIA, NGOs					
Religious leaders			• Religious Councils					
Elders in communities			• MIA, NGOs					
Women's organizations			• NGOs					
Youth leaders and youth organizations			• MoYS, NGOs and youth organizations					
Women's organizations and other CSOs based in communities	• Provide and support skills training and capacity-building on advocating for gender equality and eliminating VAWG	• Training	• NGOs					
	• Provide support to establish women's CSOs (where none exist)	• Engage women in groups. Inform, consult with women and empower them to work on gender and SGBV issues in their communities	• NGOs • SGBV Task Force members					
Women's support groups **GBV Observatories** **Child Welfare Committees** **Other community-based groups**	• Strengthen groups with knowledge on gender equality, social norms, issues around discrimination • Sensitize about gender and especially SGBV-related law, e.g. Rape Law and SRHRs • Address issues of bush schools/ FGM and early/ forced marriage	• Training • Awareness-raising sessions • Discussion	• NGOs/CSOs • SGBV Task Force members					
Community leaders **Community members**	• Increase women's active participation at community level/ meetings • Support inclusive community dialogue, mediation and conflict resolution	• Advocacy • Promote meetings • Provide support during meetings	• NGOs and CSOs • Women's organizations • Local authorities					

COMPREHENSIVE SGBV PREVENTION STRATEGY IMPLEMENTATION PLAN

TARGET GROUP(S)	INTERVENTION (INCLUSIVE OF VULNERABLE GROUPS)	APPROACH	RESPONSIBILITY	2019	2020	2021	2022	2023
Religious, traditional and community leaders **School principals** **Zoes**	● Provide knowledge, and support the engagement of religious and traditional leaders to end FGM ● Engage jointly in assuring that formal schooling is not interfere d with by attending bush schools ● Promote inclusion of SRHR issues and gender equality, etc. into bush schools ● Support alternatives to FGM as a rite of passage ● Actively involve traditional leaders (zoes, chiefs, elders) to solicit their buy-in to aligning customary laws with national laws on preventing and responding to VAWG	● Information sessions in small groups ● Joint discussions ● Mediation ● Small group discussions at community level ● Share and discuss lessons learned from approaches in the region and discuss alternatives ● Town Hall and bush meetings	● MIA ● Traditional Council ● MoE ● Women's NGOs					
Community leaders **Religious and traditional leaders**	● Support the implementation of customary and religious laws and practices that protect the rights of women and girls ● Support reviewing key customary and religious laws and practices that negatively affect the protection and rights of girls and women and make them more vulnerable to SGBV and HPs	● Discussion groups	● MIA ● Traditional Council ● MoJ					
Local authorities	● Training on how to carry out advocacy on gender, HPs, SGBV and SRHR issues	● Training ● Dialogue/discussions	● NGOs					
Community radio stations	● Support local radio stations to broadcast messages around social norms and practices to boost gender equality and prevent SGBV	● Training ● Discussions ● Provide information material	● NGOs/CSOs					

COMPREHENSIVE SGBV PREVENTION STRATEGY IMPLEMENTATION PLAN

TARGET GROUP(S)	INTERVENTION (INCLUSIVE OF VULNERABLE GROUPS)	APPROACH	RESPONSIBILITY	2019	2020	2021	2022	2023
Engagement at organizational and social level								
OUTCOME 4: SGBV service providers and other specified duty bearers demonstrate gender-sensitive attitudes and practices								
Judges, magistrates, prosecutors, advocates **LNP, including WACPS** **Health services**	● Address knowledge, attitudes and practices/behaviour vis-à-vis survivors and women and girls accessing SRHRs; and on gender issues/gender stereotypes, etc. ● Provide health services with training on how to identify women and girls at risk of SGBV ● Provide training on how to involve men in antenatal check- ups, birth and infant care	● Training on: o Gender equality and related issues (for LNP: pre-service and on-the-job training) o The trauma-sensitive approach when dealing with survivors of SGBV	● MoJ, LNP, MoH ● NGOs ● CSOs					
Health services	● Engagement with health services as an entry point to raise awareness about the health consequences of FGM and to promote its prevention	● Training ● Short presentations and discussions	● NGOs ● Women's organizations					
Schools: principals, teachers, parents, students	● Provide support for the roll-out (understanding and use) of SRHR curricula and issues ● Interventions to promote gender equality and respectful relationships ● Provide information on preventing SGBV and HPs	● In-school training of principals and teachers ● Encourage and support Parent–Teacher Association meetings ● Implement curricula ● Discussion	● MoE ● NGOs					
Commissioner **Superintendent**	● Provide information on gender equality and related issues, including SGBV	● Dialogue, coalition-building, group/ organizational activities	● Traditional Council ● MIA ● NGOs					
Media	● Training on gender-sensitive reporting of SGBV and HP issues ● Training on gender equality issues and on debunking gender stereotypes and roles	● Training ● Supportive information, education and communication materials	● NGOs ● MGCSP					
Private sector	● Provide information on SGBV and gender issues	● Supportive information, education and communication materials						
Engagement at policy level								
OUTCOME 5: Policies and laws that prevent SGBV and HPs and enhance women's and girls' SRHRs are in place								
MoE	● Support finalization of the development of formal and informal educational curricula that build life skills and promote women's human rights, gender equality, respectful relationships and peaceful resolution of conflicts (comprehensive sexuality education)	● Advocacy for the development of the curricula	● NGOs ● Community leaders and other authorities					

COMPREHENSIVE SGBV PREVENTION STRATEGY IMPLEMENTATION PLAN

TARGET GROUP(S)	INTERVENTION (INCLUSIVE OF VULNERABLE GROUPS)	APPROACH	RESPONSIBILITY	2019	2020	2021	2022	2023
Parliamentary Legislative Committee **MoH**	• Support inclusion of marital rape in the Penal Code • Decriminalize adult consensual sexual conduct by same sex couples • Adoption of FGM law • Develop guidelines for the implementation of the Domestic Violence Act • Revise the Public Health Law to ensure SRHRs of girls, women, PLWD, LGBTIQs and sex workers	• Advocacy to adopt policies, legislative measures and guidelines to prevent SGBV, eradicate discrimination against women in law and practice, and promote women's rights	• NGOs • Women's organizations • Feminist organizations • Community leaders					
MGCSP **Ministry of Finance and Development Planning**	• Ensure the gender policy is updated and its implementation costed and resourced	• Advocacy	• NGOs					
MoYS	• Support the revision of the National Youth Policy and the inclusion of gender issues and SGBV	• Advocacy	• NGOs					
MoE **MoJ, MIA**	• Dissemination/ implementation of code of conduct	• Civil and social mobilization at national and local levels	• Government of Liberia / CSOs / MoJ / MIA					
MoJ	• Address the issue of impunity for rape	• Advocacy	• NGOs					
Traditional Council **Religious Councils** **MIA**	• Support the review of key customary and religious laws and practices that negatively affect the protection and rights of girls and women and make them more vulnerable to SGBV and HPs	• Advocacy	• NGOs					
National faith-based groups	• Build the capacity of national faith-based groups to work with faith/religious leaders at community level on SGBV, HPs, child marriage, etc. and SRHR issues	• Training	• NGOs, community-based organizations					

APPENDIX 4: LIBERIA COMPREHENSIVE SEXUAL AND GENDER-BASED VIOLENCE PREVENTION STRATEGY: MONITORING AND EVALUATION FRAMEWORK

OVERALL OBJECTIVE	SOCIAL STRUCTURES, NORMS AND PRACTICES ARE IN PLACE TO PREVENT SGBV AND HPS AND FACILITATE ACCESS TO SRHRS	
OUTCOMES/OUTPUTS	**INDICATORS**	**VERIFICATION**
	Impact indicator: • Percentage of women, men, boys and girls who believe wife beating is justified. • Percentage of people who think it is justifiable for a man to (subject) beat his wife/intimate partner (to violence), by sex and age. • Percentage of people who think it is justifiable to subject a woman or girl to FGM. • Percentage of people who think it is justifiable to subject a girl to child marriage. Verification: Demographic and Health Survey report	
OUTCOME 1 Individuals at community level have knowledge of and demonstrate practices that recognize women's rights, gender equality and women's SRHRs	• Number of communities and number of community members who engaged in SGBV and HP prevention and SRHR promotion activities	• Quarterly and annual reports on Strategy implementation
Output 1.1 Women and girls have increased awareness and knowledge of existing laws; harmful social gender norms; SGBV, HPs and SRHRs; and are empowered to take action on preventing SGBV and HPs	• Number of communities and number of women and girls in communities who have received information on laws, harmful social gender norms, SGBV, HPs and SRHRs • Number of women and girls participating in prevention activities/ awareness-raising/peer education • Number of women and girls participating/engaging in community groups that promote gender equality, SGBV and HP prevention and SRHR promotion	• Project reports • Monitoring and evaluation reports
Output 1.2 Women, girls and at-risk populations at community level are socially and economically empowered	• Number of income-generating activities, skills training, Village Savings and Loan Association and educational opportunities available • Number of women and girls and at-risk/vulnerable populations enrolled in economic opportunities	• Project reports • Monitoring and evaluation reports
Output 1.3 Girls and boys acquired life skills and have knowledge on SRHR issues	• Number of girls and boys who participate in schools and in out-of- school life skills and SRHR programmes	• Project reports • Monitoring and evaluation reports
Output 1.4 Boys and men are engaged in SGBV and HP prevention programmes, are aware of existing laws and have access to SRHR information and services	• Number of networks/platforms of men and boys developed and/or strengthened to advocate against VAWG, including SGBV/HPs, and to promote gender-equitable values and behaviours, including on women's and girls' SRHRs • Number of men and boys engaged in networks	• Project reports of the establishment of community advocacy platforms, plans developed by the networks of men and boys

OUTCOMES/OUTPUTS	INDICATORS	VERIFICATION
OUTCOME 2 Parents, families and groups within communities are engaged in preventing SGBV and HPs and in promoting SRHRs	• Number of communities with parents/girls and boys and community SGBV / HP / SRHR support networks	• Quarterly and annual reports on Strategy implementation • Project reports of the establishment of support networks
Output 2.1 Parents raise their children in a gender-sensitive way and know how to protect them against SGBV, including child marriage and FGM	• Number of communities with parent support networks	• Project reports of the establishment of parents' support networks • Activity reports of parent support networks • Project monitoring and evaluation reports
Output 2.2 Families report cases of SGBV to authorities	• Number of communities where cases of SGBV were reported to authorities • Percentage of reported cases of SGBV sent to prosecution	• LNP/WACPS data • GBV Information Management System • SGBV Crimes Unit reports
Output 2.3 Girls and boys meet regularly in small groups and engage in peer education about SRHRs and gender issues	• Number of girls' and boys' groups established in communities • Number of meetings of girls' and boys' groups per quarter • Number of peer educators	• Project reports of the establishment of girls' and boys' groups • Project reports • Project monitoring and evaluation reports
OUTCOME 3 Leaders at community level and community-based organizations promote gender equality and have the knowledge and capacities to prevent SGBV and HPs, and to promote SRHRs	• Number of communities and number of community leaders with strengthened awareness of and capacities to advocate for implementation of the Strategy, including SGBV/HPs and SRHRs	• Quarterly and annual reports on Strategy implementation
Output 3.1 Community leaders, traditional leaders, religious leaders, elders in communities, youth leaders and women's organizations, youth leaders and youth organizations have increased awareness and knowledge of SGBV, HPs and SRHRs, their impact and consequences, and are aware of their obligations in implementing the national legal framework	• Number of communities and number of community leaders, traditional leaders, religious leaders, elders in communities, women's organizations, youth leaders and youth organizations with strengthened awareness of and capacities to advocate for implementation of the Strategy on VAWG, including SGBV/HPs and SRHRs	• Project reports • Training reports and training evaluations • Pre- and post-training tests • Project monitoring and evaluation reports

OUTCOMES/OUTPUTS	INDICATORS	VERIFICATION

Output 3.2
Community-based groups (women's support groups, GBV Observatories, Child Welfare Committees, women's organizations and other CSOs) and local authorities have the capacity to advocate for gender equality and the elimination of VAWG, including FGM
	• Number of communities with
	  o GBV Observatory
	  o Women's support groups
	  o CSOs engaging in preventing SGBV and HPs, and promoting SRHRs and the rights of discriminated against / at-risk / vulnerable groups
	• Number of community-based groups
	• Number of trained members per community-based group
	• Number of local authorities engaged in advocacy for women's rights, SGBV prevention, SRHRs and the rights of discriminated against / at-risk / vulnerable groups
		• Project reports
		• Training reports and training evaluation
		• Pre- and post-training tests
		• Project monitoring and evaluation reports

Output 3.3 Community leaders and religious and traditional leaders promote positive cultural values and support the harmonization of traditional law with statutory law	• Number of communities with leaders who promote / engage in / advocate for positive cultural values and support the harmonization of traditional law with statutory law	• Project reports • Project monitoring and evaluation reports • Documented advocacy activities
Output 3.4 Community radio stations regularly broadcast messages around social norms and practices to boost gender equality and prevent SGBV	• Number of community radio stations broadcasting messages weekly	• Documented broadcasts
OUTCOME 4 SGBV service providers and other specified duty bearers demonstrate gender-sensitive attitudes and practices	• Number of service providers and duty bearers providing gender-sensitive services	• Survivors'/client satisfaction evaluations
Output 4.1 SGBV service providers (legal services, LNP/WACPS, health services) apply a trauma-sensitive approach when dealing with survivors of SGBV	• Number of SGBV providers • Number of Districts where SGBV service providers have been trained on gender-sensitive approaches and attitudes • Increase in satisfaction rate of service users/survivors of SGBV	• Training reports and training evaluation • Pre- and post-training tests • Survivors'/client satisfaction evaluations/sheets
Output 4.2 Principals, teachers, parents and students have knowledge on SGBV, HPs and SRHRs, and the capacities to engage in SGBV prevention	• Number of schools in communities that use the SRHR curriculum • Number of teachers and principals who received training/information on the SRHR curriculum • Number of schools that include information on SGBV and HPs • Number of students that demonstrate knowledge of SGBV prevention, HPs and SRHRs	• Training reports • School inspector reports • MoE reports • Project reports

OUTCOMES/OUTPUTS	INDICATORS	VERIFICATION
Output 4.3 Media reports on SGBV and HPs are gender-sensitive and respectful of survivors	• Number of journalists who received training on gender-sensitive reporting of SGBV and HP issues • Number of media reports that depict SGBV in a respectful, gender- and survivor-sensitive way	• Media (newspaper, television, social media) reports
Output 4.4 The private sector demonstrates knowledge on SGBV in and around the workplace	• Number of private sector operators that have corporate social responsibility commitments that include SGBV prevention and SRHRs • Number of private sector operators that have codes of conduct to prevent SGBV	• Corporate social responsibility commitments • Codes of conduct
OUTCOME 5 Policies and laws that prevent SGBV and HPs and enhance women's and girls' SRHRs are in place	• Number of laws and number of policies that prevent SGBV and HPs and enhance women's and girls' SRHRs	• Official Gazette (Liberia Law Journal), reports, Law Reform Commission, legislation
Output 5.1 Legislation ensuring the realization of the rights of women, girls and vulnerable groups, and prevention of and protection from SGBV and HPs, is in place	• Marital rape is included in the Penal Code • Adult consensual sexual conduct by same sex couples is decriminalized • FGM law is adopted • Public Health Law ensures SRHRs of girls, women, PLWD, LGBTIQs and sex workers • Guidelines for implementing the Domestic Violence Act are developed	• Legislation is approved and published in the Official Gazette
Output 5.2 Policies for the realization of rights of women, girls and vulnerable groups, and for the prevention of and protection from SGBV and HP, are adopted	• Updated gender policy • National youth policy inclusive of gender issues and SGBV developed	• Validation of policies
Output 5.3 Customary and religious law and practices affecting the protection and rights of girls and women are aligned with the national legal framework	• Number of declarations/resolutions to harmonize legislation	• Written statements/declarations/resolutions