



No to Post-war Violence against Women: Setting up Solidarity and Protection Networks – Liberia, Sinoe

The project “No to Post-war Violence against Women: Setting up Solidarity and Protection Networks” contributes to the reduction of violence against women and girls and to their wellbeing and empowerment, particularly of survivors of sexual and gender based violence. The project further adds to more gender balanced and less violent interaction in communities in Southeast Liberia to create the space for them to unfold their potential and contribute to the reconstruction and recovery of a peaceful post-war Liberia.

» **Project duration:**
September 2013 to August 2016

» **Type of evaluation:**
Final Evaluation

» **Funded by:**
Pro Victimis, Medicor Foundation
& medica mondiale

» **Evaluation period on site:**
8th–25th March, 2016

» **Consultant team:**
Viktoria Perschler-Desai and Sandra Okoed

» **Project budget:**
950,000 €

Executive Summary

Context

It is widely acknowledged that sexual and gender based violence affects women and girls in schools, communities, homes and workplaces all over Liberia. Even though Liberia has made progress in guaranteeing equality between men and women through legislation and policies, gender inequalities are deeply entrenched in Liberian society, including stereotypes and prejudice against women and exclusion of women in decision-making, all of which creates an environment prone to high levels of sexual and gender based violence.

Sinoe County in the South East of Liberia has received limited attention regarding its development. The population in Sinoe suffers from high poverty rates and the general lack of public infrastructure, be it roads or the quality of public services, including health and police services and the judicial system.

Aggravating this situation further, in 2014, Liberia, Sierra Leone, and Guinea were hit by the worst Ebola Virus Disease endemic in world's history, leading to the disruption of already strained government services as well as the breakdown of the normal communal protective structures and consequently reducing security, justice and social services. This also led to diminished security and legal access for women survivors of sexual and gender based violence and with many health services abandoned or severely disrupted, women's, including survivors' access to health services was further restricted.

Project Objective

In 2013, medica Liberia started the project "No to Post-war Violence against Women: Setting up Solidarity and Protection Networks" in Sinoe County. The long-lasting consequences of war trauma and the post-war situation with high incidences of violence are addressed through a holistic and interdisciplinary approach that tackles the consequences on physical, psychological, legal and social levels. The programmes include direct support to survivors, which comprises of psychosocial counselling, legal assistance, reproductive health care, awareness and referrals. Medica Liberia also engages in intensive capacity building and advocacy focusing on recovery and prevention.

Project Goals

1. Women and girls affected by sexual and gender based violence receive psychosocial counselling, supported by a responsive community based protection network
2. Capacities of actors in formal and traditional security and justice institutions are enhanced to handle sexual and gender based violence cases according to latest legal standards in Liberia
3. County health service providers offer trauma sensitive health advice and examination to women and girls affected by sexual and gender based violence

Evaluation Objectives

The objective of the evaluation aims at providing decision makers at medica Liberia and medica mondiale with sufficient information to make an informed judgment about the performance of the project, and decisions about any required follow-up measures as well as future project planning. The progress of the project was assessed and its likelihood of achieving its stated objective. The evaluation aims at providing practical hands-on recommendations that can be implemented by the project actors within their sphere of control and influence over the remaining project period and beyond. The evaluation will be used to inform future programming of medica Liberia and medica mondiale.

Evaluation Methodology and Limitations of the Evaluation

The evaluation was built on the results of the 2014 baseline study and took the DAC Criteria into account, thus delivering an assessment of the project's relevance, efficiency, effectiveness, sustainability and impact. The evaluation team, consisting of the lead evaluator Viktoria Perschler-Desai and the co-evaluator Sandra Okoed, visited ten of the fourteen project intervention communities. In each of the communities Focus Group Discussions were held with members of the Support Groups, elders, Male Agents of Change, Peace Committee Members and teenage girls in girls clubs. Individual interviews were held with medica Liberia staff and key informants from service providers. A

questionnaire was administered in all ten communities with selected questions taken from the 2014 baseline study. In addition, a desk review was completed. The evaluation experienced unforeseen limitations which included time constraints of key stakeholders and the absence of an interpreter/facilitator during Focus Group Discussions. Nevertheless, the evaluators were able to collect essential data both on County and community level.

Most Significant Changes According to Sinoe Medica Liberia Staff

During the workshop in Sinoe, medica Liberia staff members were asked to write down a short story outlining the most significant change they perceived during project implementation. Six staff members provided stories. They included changes regarding use of services, socio-economic empowerment/tradition, participation at community level/tradition and persistent non-support. The following quotes were taken from the stories:

Persistent non-support:

“This story is about a woman who was abandoned by the father of the child. Since she gave birth he never stepped to her house or to send money to her for food or for the child support. [...] She used to suffer with the baby until Medica District Counselor visited the community and she reported the case. She was accompanied at the court and perpetrator was arrested, went through trial and was found guilty, and promised to pay the amount of LD\$ 3,000 every month for the child support through the court. Right now there is a change in their lives from the support she is getting, she and the child look very healthy.”

Participation at community level/tradition:

“The most significant changes that have taken place in the communities are, women now attend town hall meetings, women and husbands are now living with, one understanding catering to the needs of

the families and also can now report cases. Therefore, the community dwellers now know that women are part of men and positive changes continue to show in their life style.”

Socio-economic empowerment/tradition:

“The most significant change I see in the Communities is women are allow to work and earn their own income out of their homes. According to traditional beliefs, Women are the servants in the homes and are expected to serve their husbands and guests that may come to their homes. Based on this traditional belief most men don't allow their wives to go out of the home to work in another community. For fear of tradition and what community members may think about her, Mundai live with this situation normally until Medica enters the community hold meetings with community members and raised awareness on (sexual and) gender based violence issues. During one of these meetings Mundai was selected to serve as community volunteer in the community. She was trained by medica. After few months of serving as a trained community volunteer in her community, Mundai was empowered with knowledge on the rights of women and violence against women, At which time she was called by Medica to go to other communities to carry out awareness on stopping violence against women and girls. As usual Mundai's husband says No 'As tradition could have it, there is no other woman to serve in the home'. This time Mundai did not sit there with this problem because she was empowered with the knowledge on the rights of women and girls so she ran to Medica for her intervention through Mass and house to house awareness in her community and later her husband understood and allowed her to take the job. Today over 75% of women and girls in the communities are working with companies and other implementing partners that are working in their community to earn their own income. Thus, reducing some of the violence in homes and communities.”

Key Findings DAC Criteria

Relevance

According to the collected data and results of Focus Group Discussions and interviews in the communities the project is relevant for the overall context of Sinoe County. Sexual and gender based violence against women continues to persist. The most frequent types of violence reported are physical violence against women, domestic violence and economic violence in the form of persistent child non-support. Medica Liberia is addressing these issues with strengthening community and especially women's capacities, counselling, legal advice and training of public service providers. As a gap in project design the missing economic empowerment was identified.

Effectiveness

Despite the big challenges the project experienced during the Ebola Virus Disease crisis, with medica Liberia redirecting activities towards the prevention of the Ebola Virus Disease, it can be said that the project was to a large part effective through setting up community structures, building their capacities on sexual and gender based violence and creating awareness on sexual and gender based violence in communities. The project also reached a great number of survivors with services provided by medica Liberia and through referrals to other service providers. Furthermore, a high number of Support Group Members, Male Agents of Change as well as service providers benefitted from trainings that formed part of the project. Thus, many of the targets described in the output indicators were met. Most of the targets that were not reached were related to quantitative indicators, e.g. the estimated high number of survivors seeking services and the high number of trainings and trainees that could not be reached in all instances.

Impact

Medica Liberia was able to set up protection networks at community level and has trained community services. However, the referral pathway at local level still seems to be underutilized, services are neither used nor fully trusted. So far, services in Greenville fill their role within the referral pathway and survivors receive the appropriate care at the Referral Hospital in Green-

ville. Court cases have been successful mainly for persistent non-support issues, only one verdict was reached in a rape case. It is too early to determine whether the project led to the ultimate impact – communities being less violent and more gender balanced. Quantitative indicators were not reached, which was partly due to the redirection of activities during the Ebola Virus Disease crisis and partly due to the fact that the estimated number of survivors and the estimated number of corresponding services that were supposed to be provided were too high. According to medica Liberia reports, most of the qualitative indicators were reached. The evaluators were not able to verify the achievements of the qualitative indicators.

Sustainability

Overall, it can be said that community members in the ten communities have actively participated in the project and demonstrated a certain level of ownership during Focus Group Discussions. The overall assessment of the evaluator is, however, that at this stage the project is not sustainable without the continuous support from medica Liberia. The project implementation period has been too short to guarantee sustainability yet.

Efficiency

The project can be seen as cost efficient looking at the broad number of beneficiaries reached through awareness raising and all the target groups reached through capacity building. Looking at the costs for the direct beneficiaries, the costs seem to be high. Nevertheless, considering the different outcomes the project aims to reach, including trained services providers and reaching communities as a whole through awareness efforts, the costs appear little. Regarding staffing, the project seems understaffed for the workload that the project objectives and targets foresee.

Overall Key Findings

- » According to data from the Gender Based Violence Information Management System as well as additional medica Liberia data on communities, economic and physical violence “men beating on women” and abandonment/persistent non-support remain the biggest problems in the communities.
- » Few sexual and gender based violence cases are reported to the police, even fewer cases reach court and very few verdicts are reached against the perpetrator, especially in rape cases. This is linked to the overall lack of trust in the system, stigma towards the survivor, lack of police capacity, lack of readiness of witnesses to come to court as well as lack of witness and survivor/victim protection. Most of the reported cases are children.
- » Medica Liberia’s counselling, reproductive health and legal measures contribute towards filling a critical gap in service delivery at community level.
- » The evaluators identified economic empowerment of women in the communities as a major gap in project design.
- » Training for Support Group Members was highly appreciated by the participants but the learning content and the training material was found to be too comprehensive to be digested and memorized both considering the timeframe of the trainings and the literacy level of individual participants. Support Group Members also have no suitable hand-outs nor visual material that could help them to carry out awareness raising.
- » Motivation of Support Group Members has been hard to maintain: Support Groups work on a volunteer basis, as do Male Agents of Change and Peace Committee Members. This makes the project cost efficient on one side but on the other jeopardizes its continuation, as volunteerism is hard to keep up.
- » House to house visits have increased reporting of sexual and gender based violence: Respectively, the last six months reveal a sharp increase in counselling sessions. Medica Liberia revised the project at the end of the second reporting period, analysing achievements towards indicators, and decided to focus on targets that were still not reached. More survivors are reached since medica Liberia not only attends to them in the office, but also reaches out to survivors by going from home to home.
- » Community members in Focus Group Discussions showed knowledge of issues affecting gender equality in the community and of sexual and gender based violence. However, the evaluators could not verify if the knowledge was internalized and if it has changed the behaviour.
- » Teenage pregnancy is high but it was hardly ever mentioned as an issue.
- » Conflict is usually settled at community level. This stems from the traditional role of the Elders as well as from wanting to keep conflict inside the community in combination with a general distrust in the system.
- » Liberia National Police has a high turnover. Medica Liberia trained police officers often leave Sinoe after a short time period. Liberia National Police lacks capacity in evidence collection, investigation skills and has no means for forensic evidence collection (no DNA testing is possible).
- » Most reproductive sexual health cases medica Liberia has been dealing with are of reproductive sexual health nature and have no obvious link/ do not seem to have a link to sexual and gender based violence.
- » Health services/clinics at community level are generally not used by survivors.
- » The number of staff members is not sufficient to cope with the workload.
- » The process of the project was severely hampered during the Ebola crisis, but medica Liberia showed adaptability and flexibility to adapt their activities appropriately to the needs that arose.

Key Recommendations

- » Rethink the approach of how to work with Support Groups. Provide constant mentoring. Ensure motivation and commitment of Support Groups Members through involving Support Group Members in income generating activities, livelihood programs or Village and Saving Loan Associations and adult learning/literacy programs. Collaboration with other organisations who provide this should be considered.
- » Rethink training methodology for Support Groups: Consider applying mentoring increasingly versus long training sessions. Develop suitable hand-outs to facilitate the learning process of Support Group Members and to equip them with suitable material for awareness raising. Current materials are excellent content-wise but need to be further adapted for different target groups.
- » Build increasingly on already existing community structures/women's groups and strengthen them in order to increase sustainability of the project.
- » Increase outreach activities like house to house visits – consider an increased presence of district counsellors in communities through either increasing the number of district counsellors or reducing the number of communities.
- » Include an economic empowerment component. Consider collaborating with suitable partner organizations such as the International Rescue Committee to introduce e.g. Village and Saving Loan Association programs including business skills trainings, income generating activities and livelihood projects and ensure that Support Group Members have the option to be part of it.
- » Increase use of the Gender-Based Violence Information Management System for cross cutting intervention in order to increase public awareness and understanding of women rights issues and public debates as the Gender-Based Violence Information Management System provides essential structured information on reported cases of sexual and gender based violence to Medica Liberia. Also consider continuous collaboration with authorities or other organisations through regular exchange of standard overview reports
- » Address questions of stigma around violence against women. Why the silence? How can communities break the silence? Who could be of special value in rupturing the silence? Women? Community leaders? Consider including special invitees to lead discussions in the communities, e.g.: health personal, police, magistrates and others.
- » Include and bring forth the issue of teenage pregnancy and related risks for girls through awareness raising in communities.
- » Continue working with elders, Male Agents of Change and Peace Committee Members on gender sensitive mediation skills as well as on ensuring that the legal duty to refer criminal cases to the police is well understood and applied.
- » Collaborate with the Women and Children Protection Section when visiting communities to create awareness and identify and address sexual and gender based violence.
- » It is recommended that medica Liberia continues regular training for Liberia National Police officers, emphasizing that their redeployment is a chance for Liberia National Police to benefit and apply the knowledge at different locations and positions. medica Liberia may also carry out advocacy to ensure training of Liberia National Police officers on sexual and gender based violence including investigation and evidence collection skills.
- » medica Liberia, already experienced in running a safe house in River Gee, could, as a transition solution until the Government of Liberia complies with its respective commitment (Liberia National Action Plan for the Implementation of United Nations Resolution 1325), build on this experience and set up a safe house in Sinoe and eventually hand it over to the Government of Liberia. Best practice in running the safe houses can be used for advocacy and for replication of medica Liberia's approach in managing safe houses.
- » Continue with capacity building of medica Liberia staff, including Monitoring & Evaluation; technical and management capacity as well as ensuring computer literacy for all staff; offer continuous refresher sessions.
- » Revise and refine indicators, consider reduction of indicators.



Consultant V. Perschler-Desai with the mL staff

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- » Reorganization of staff based on limitations posed by infrastructure and reachability of communities is recommended in order to provide appropriate level of support to Support Group Members in the communities. Medica Liberia could e.g. either work in closer communities or increase the number of district counsellors to facilitate a suitable number of regular visits to the communities. An alternative could be to change the approach in reaching the communities. Medica Liberia could train nurses and teachers in the communities to act as mentors for Support Group Members.
- » Increase sexual and gender based violence prevention activities.
- » Yearly reviews of the project are recommended for medica mondiale, according to which the project can be adapted if necessary. The review should consider specific questions but does not need to address all DAC criteria but rather look at best practice and lessons learned.
- » It is recommended to improve looking into possible links between reproductive sexual health cases and sexual and gender based violence in order to meet the needs of potential sexual and gender based violence survivors
- » Overall, and as shown in the results from the evaluation of the DAC criteria relevance, effectiveness and sustainability in particular, the project remains relevant as violence continues, many targets were met, but continuation is needed to ensure sustainability. It is therefore recommended to continue the project with an increased number of staff or less communities; also, rethink the approach in working with communities: e.g.: consider training of key persons/mentors in the communities to assure continuous mentoring of Support Group Members and girls in schools.



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