Reduction of Violence against Women and Girls, and Enhanced Quality of Public Services for Survivors of Violence

The project’s main objective is to contribute to the reduction of violence against women and girls by means of improved offers for survivors and preventive measures in Montserrado and Margibi County, Liberia. Implemented by medica Liberia¹, a Liberia-based non-governmental and non-profit organisation, the project pursues a multi-sectoral, holistic approach: establish and strengthen local protection networks; provide medical, legal and psychosocial quality counselling and treatment for survivors of violence; improve public services through training and raising awareness on gender issues and sexual gender based violence (SGBV). The main target groups are 48 local protection networks consisting of women’s support groups, core committees, watch teams and girls clubs that play an important role for the prevention of violence against women in their communities.

**Project duration:** 01-08-2016 to 31-07-2019

**Consultant team:** Viktoria Perschler and Jeannette Rose A. Eno

**Period covered by evaluation:** 01-08-2016 to 28-02-2018

**Funded by:** German Ministry of Economic Cooperation and Development (BMZ) & medica mondiale e.V.

**Type of evaluation:** Mid-Term Evaluation

**Total costs:** 1,131,806.00 €
Executive Summary

CONTEXT

Despite of various efforts from the government of Liberia, Liberian non-governmental organisations and the international development community, gender inequalities are strongly entrenched in Liberian society. SGBV in form of domestic violence, sexual, economic and emotional violence as well as child marriage and female genital mutilation/cutting are prevalent. Improved legislation and policies favourable to women exist, but implementation is weak. Most public service providers are not trained and do not have the necessary basic means to provide quality services to women. In addition, the overall environment, attitudes and stereotypes are not enabling for women to enjoy the same rights with men and tolerate women’s rights violations, including SGBV.

PROJECT OVERVIEW

The project, funded by the German Ministry of Economic Cooperation and Development (BMZ), is implemented by medica Liberia, a Liberia-based non-governmental and non-profit organisation, with full responsibility for the implementation of this project.

The project combats SGBV by using a multi-sectoral, holistic approach:

» prevention of and response to gender-based violence through establishing and strengthening local protection networks

» providing medical, legal and psychosocial quality counselling and treatment for survivors of violence

» improving public services through training of health service providers, police and members of the judicial sector and raising awareness on gender issues and SGBV

Local protection networks are:

» **Support groups:** they are the foundation of the protection network within the communities and meant to be the first point for women to get information and assistance in case of SGBV. The support groups are selected by the community members themselves based on certain criteria, such as community membership, respectful behaviour or trustworthiness.

» **Core committees:** they are made up of ten representatives per community who are members of leadership structures within local communities. In their role as community leaders they respond to issues affecting community residents and mediate dispute cases.

» **Watch teams:** are described by medica Liberia as security groups comprised of residents of local communities to safe guard life and property against violence and other unwanted and unlawful forms of interferences.

» **Girls clubs:** medica Liberia works with adolescent girls' health clubs (ages 13 to 19) in schools and communities to engage them in the subject of protection of women and girls against SGBV and promotion of sexual reproductive health rights (SRHR).

The project focuses on twelve local communities in the outskirts of the Liberian capital Monrovia, located in the neighbouring counties Montserrado and Margibi, which have a population of 2.2 Million. Unemployment, poverty, continuous population growth, crimes and a high level of SGBV characterize the target communities.

The main objective of the project is to contribute to the reduction of violence against women and girls by means of improved offers for survivors and preventive measures in Montserrado and Margibi County, Liberia.

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1 Previously a part of medica mondiale, which has been operating in Liberia since 2006, medica Liberia has been functional as an independent Liberian organisation since 2014, with continuous assistance from medica mondiale, primarily in fundraising and capacity building.
THREE SUB-OBJECTIVES

1. Each of the twelve local target communities has a local protection network that enhances the prevention of gender-based violence.

2. In the target region, coordinated and high-quality services are available offering trauma-sensitive medical, psychosocial and legal support.

3. In the families, social environment and state institutions, there has been an increase in knowledge about and sensitivity to women’s rights and the specific needs of survivors of sexualised violence.

EVALUATION OBJECTIVES

The evaluation covered medica Liberia’s work from 01.08.2016 to 28.02.2018 and includes a performance assessment of questions based on the DAC criteria relevance, effectiveness, efficiency, impact and sustainability. The evaluation furthermore tried to respond to a set of questions, which were defined by the project implementing and partner organisations medica Liberia and medica mondiale. The ultimate goal of the evaluation was to formulate recommendations for the implementation of the second half of the project.

EVALUATION METHODOLOGY

The evaluation was carried out through qualitative and quantitative data collection, complemented by desk review. Qualitative data was received through interviews with medica Liberia staff, service providers, recipients of medica Liberia-facilitated training and the Ministry of Gender, Children and Social Protection (MGCSP). Focus group discussions were held with members from community protection network groups: women of support groups, men and women from core committees, members of watch teams and girls from girls clubs and their mentors. Quantitative data was received through the administration of a questionnaire for ten women, randomly selected, within each of the twelve intervention communities. The information was tabulated, triangulated and analysed.
Key Findings according to DAC criteria

**RELEVANCE**

The project’s relevance is rated as **very good**. The project is highly relevant to the situation in Liberia. It responds to the identified SGBV issues, especially those of economic, physical and sexual violence, which have been identified most frequently through the data collection system of the MGCSP, other data, *medica Liberia* staff data, focus group discussions and interviews.

Building on community structures, strengthening public services and complement them with direct service provision as well as raising awareness on women’s rights and advocating for improvement of legislations and policy provide a relevant and holistic framework for the project.

**EFFECTIVENESS**

Overall, effectiveness of the project is rated as **satisfactory**.

The effectiveness of **sub-objective 1**, setting up protection network groups, is rated as **good to satisfactory**. Support groups, which are at the core of the protection networks, have gained knowledge on SGBV and demonstrated motivation to prevent and respond to SGBV. Support groups also convened, with the help of *medica Liberia*, into Village Savings and Loans Associations (VSLA), with the aim to enhance women’s economic independence and provide an incentive and reward for their voluntary engagement. Core committee members have committed to include issues around SGBV and gender into their range of tasks. Watch teams, most of them existing already before *medica Liberia* project implementation, have included the protection of women in their communities as a supplementary task to keeping the community safe at night.

Due to their vulnerability, teenage girls are especially important as target group for gender and SGBV interventions. *Medica Liberia* has been providing training and mentoring for girls to increase their self-esteem and knowledge on SRHR and enable them to provide information on SGBV and SRHR to other girls as peers. *Medica Liberia*’s engagement with teenage girls is currently being strengthened through the adaptation of a community focused communication strategy that has been successfully implemented in several Eastern and Southern African countries.

Based on their findings, the evaluation team rated the effectiveness of **sub-objective 2** overall as **satisfactory**. Effectiveness of *medica Liberia* in provided counselling and follow up session to survivors was very good. *Medica Liberia* has ample experience and expertise in attending to women survivors of SGBV, with psycho-social, medical and legal counselling and accompany survivors who they have referred to services. Effectiveness in carrying out training for service providers was good. The Women and Child Protection Section (WACPS) of the Liberian National Police and health services in One Stop Centres have received multiple trainings by various organisations and were also trained by *medica Liberia* in the course of the project. The added value of *medica Liberia* training consisted, according to service providers, in learning about elements of the STA – stress and trauma sensitive approach® from *medica mondiale*, in particular empathy, listening skills and confidentiality. The service providers have increased their capacity to attend to survivors, which will hopefully lead to increased use of the services. *Medica Liberia* and the support groups are actively engaging in creating awareness about the existence of these services. As part of sub-objective 2, the hotline and the situation of Safehomes/ Counseling Spaces in the communities were rated as unsatisfactory.

The rating of the effectiveness of **sub-objective 3** is **good**, with “very good” for advocacy and “good” for awareness raising. *Medica Liberia* is well known by the government and other NGOs in Liberia as the leading feminist organisation in Liberia and it was important for *medica Liberia* to have a special advocacy program that clearly structures advocacy efforts. *Medica Liberia* has successfully pushed for more action around the issue of Safe Houses and other issues related to laws and policies and have brought various women’s rights violations to public attention through protest action. Various awareness raising activities have been carried out by *medica Liberia* and in conjunction with protection network groups, including mass awareness and house to house awareness.
EFFICIENCY

Cost efficiency of the project was rated as good with relatively high costs for sub-objectives 1 and 2 (training and mentoring of protection network groups; providing services to survivors and training service providers, all being highly staff intensive) and very low costs for sub-objective 3 (reaching individuals through awareness raising actions).

However, multiplier effects of activities of sub-objectives 1 and 2 with a reach out to manifold community members and service providers reaching numerous survivors need to be considered. The evaluators are aware, that these calculations can only provide estimates of the costs. However, it is evident that, considering the overall multiplier effect, the costs for the projects are relatively low. It also needs to be stated, that medica Liberia staff costs are very low and that the project is building strongly on community members, which provides a non-quantifiable added value to the project.

Staff efficiency was also rated with good. The project staff corresponds with the holistic approach and the strong community approach of the project and is staffed with community outreach workers and specialized staff who can respond to health, psycho-social and legal issues as well with staff that focuses on prevention through awareness and advocacy efforts.

IMPACT

A rating of the impact at this point would be premature. It is likely that medica Liberia contributed through this project towards the reduction of SGBV, even though this cannot be measured or rated at this stage and may be difficult to measure with certainty also at the end of the project. Violations of women’s rights and SGBV persist, as all sources reveal. However, through the work of medica Liberia in the selected project communities, strong community protection groups were formed, which have engaged with each other and have been supportive to each other in fighting SGBV in their communities. Service providers have strengthened capacities and are appreciative of the STA and medica Liberia advocacy. Medica Liberia awareness raising activities have received wide attention from government and civil society.

In each club medica Liberia trains several girls, who then pass on information on health issues and women’s rights to other club members. © medica mondiale
SUSTAINABILITY

The overall sustainability of the project is rated as satisfactory. Sustainability for community protection network groups is rated as satisfactory. Sustainability of support groups and their activities in Village Savings and Loans Associations (VSLA) is rated as good.

It is likely that, where medica Liberia worked with women’s groups that existed before project implementation, these groups will continue their engagement for women in their community. It is also likely that selected, self-motivated support group members continue to apply their knowledge, but it is unsure at this stage, if support groups will continue carry out activities as a group without medica Liberia’s support. Involving support groups in VSLAs was a strategy to enhance the sustainability of their work. VSLAs may provide more sustainability to keeping support groups together as groups that will continue their engagement regarding women’s protection.

The sustainability of core committees is rated as satisfactory. Core committee members are personalities in the communities who have been involved in conflict resolution, mediation and other issues in the communities already before medica Liberia project intervention. Through medica Liberia project, they are now able to identify SGBV cases within their communities and referral cases to medica Liberia, support groups and other services providers. Core committee members’ engagement will depend on individuals rather than a group, especially where community “authorities” are being newly elected and where core committees will change in members.

The sustainability of watch teams is rated as satisfactory. Watch teams have been exiting before medica Liberia started the project in the communities. They benefited from training, mentoring and exchanging experience with other protection network groups and it is possible that they will apply this knowledge in the future. However, it is not sure if they will continue to do this within the watch team.

The sustainability of the girls clubs is satisfactory. Their sustainability will depend on the success of the newly adopted strategy and the support girls clubs will receive in the remaining implementation period as well as the level of participation of the girls in designing project activities they are meant to benefit from.

Public service providers have been trained on how to attend to survivors. The sustainability can be rated as good. Still, a more in-depth analysis, based on the experiences and opinions of survivors who received services, is needed to know if these service providers indeed applied the relevant elements of the STA.

Sustainability of advocacy actions is good. Sustainability of awareness raising actions is satisfactory, as it is not clear at this point if protection network groups will continue these actions. The provision of information, education and communication (IEC) material may be an encouraging factor for them to continue engaging in awareness raising.
Key conclusions

» The project is highly relevant to the situation in Liberia and responds to the identified SGBV issues, especially those that have been identified most frequently: economic and physical and sexual violence.

» Building on community structures, strengthening public services and complementing them with direct service provision; raising awareness on women’s rights and advocating for improvement of legislations and policy, all together provide a relevant and holistic framework that addresses the identified needs.

» All protection network groups have benefitted from training and have demonstrated knowledge on gender issues and SGBV. However, it cannot be stated, to what degree the knowledge translates into behaviour and attitude change.

» Work with adolescent girls needs a more powerful approach to assure girls act as peer educators.

» VSLAs are promising for providing sustainability of women’s groups; building women’s self-confidence and independence and ensuring their engagement for other women.

» Community exchange meetings for protection network groups provide a platform to exchange of ideas; examine what has worked well and work out mechanisms for solving problems together. Such interactions help to build community cohesion and solidarity.

» Women support groups refer SGBV survivors almost exclusively to medica Liberia. Since services have been trained by various stakeholders and through this project by medica Liberia specifically on the STA, survivors should be able to trust these service providers and make use of them.

» The existence of counselling spaces within communities could encourage more women to seek assistance from support group women and enhance sustainability of continuous support to women in the communities by support group members.

» Service providers appreciate medica Liberia training and highlight the special added value of the training as gaining knowledge on elements of the STA.

» medica Liberia is well known by government and other NGOs in Liberia as the leading feminist organisation in Liberia and lastly has a special advocacy program that clearly structures all efforts medica Liberia is endeavouring in advocacy work for women in Liberia.

» The documentation of the progress of the project lacks in coherency and includes little information on challenges.
Key recommendations

**FOR MEDICA LIBERIA**

» Shift the project activities from reporting by protection network group members to medica Liberia towards medica Liberia assisting protection network group members to report to service providers and for protection network members to encourage survivors to report directly to service providers. Medica Liberia could take the role of accompanying and monitoring the process of reporting and service provision of those who are truly responsible to provide the services.

» Set up counselling spaces in selected communities.

» Further strengthen work with girls clubs through SASA!, a community communication approach from Raising Voices Uganda to prevent SGBV. In addition, medica Liberia can also use experiences and lessons learned from organisations that had adolescent girls programs in Liberia and explore possibilities of collaboration with the MGCSP, Department of Gender.

» Adopt the model of community exchange meetings for girls clubs to allow them to generate their own ideas together with their peers without the influence of mentors. This will help to ensure grounding in current trends and actual realities that girls are facing.

» Include service providers located inside the intervention communities (health clinics and police other than Women and Child Protection Section) into training/provide specific training for these services and advocate for the inclusion of SGBV into the general training for all Liberian National Police at the Police Academy level.

» Provide IEC material, posters and flyers that support the awareness raising activities. Flyers providing information are essential for house-to-house activities and posters can help to create general awareness in the communities (in churches, community centers, palava huts, clinics, police stations).

» Improve communication with protection network groups: provide clear and consistent information on the project activities; the availability of funding such as for VSLAs and services that are available to survivors such as the Hotline.

» Plan for a more in-depth analysis, based on the experiences and opinions of survivors who received services, to know if these service providers indeed applied the relevant elements of the STA.

» Advocate with other development partners and the MGCSP for the project to be used as a model for replication in other communities.
FOR MEDICA MONDIALE AND MEDICA LIBERIA

» medica mondiale and medica Liberia need to assure they have the same understanding of the project. Discrepancies in understanding were identified regarding “counselling spaces” within communities and regarding the hotline. This could go hand in hand with increased monitoring of the project.

» Assure documentation of the project/BMZ progress reports are precise, consistent and contain all relevant information. Reports should include lessons learned and reflect challenges of project implementation. Challenges should be identified in a timely manner including those challenges that are due to factors outside of the project’s control, and risk mitigation strategies developed and addressed by relevant program staff in medica Liberia and medica mondiale.

» Increase interaction and “lessons learned” from other medica Liberia projects. A more integrated approach would serve to strengthen medica Liberia’s coherence in their work approach.

» The outcome indicator – “60 percent of the women and girls who have been supported by medica Liberia, report an improvement in their own (life) situation at the end of the project” – is challenging. There is a need to develop an instrument to measure this indicator. This instrument can be developed and administered during the end evaluation.

FOR THE BMZ

» The project could be used as a model for replication in other communities.

» It would be useful to include a budget for carrying out an end evaluation.

» Increase the budget for Sexual and Reproductive Health activities. This project component has the lowest budgetary allocation but is highly important and significant to the project.

The involvement of men as change agents in the project is intentional so that they can become allies in the fight against violence as well. © medica mondiale
In their trainings, medica Liberia informs members of protection networks as well as staff of public services such as the National police about women’s rights and the causes and consequences of sexualised violence. © medica mondiale

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Medica Liberia’s psychosocial experts provide stress- and trauma-sensitive support for survivors of sexualised gender based violence. © medica mondiale

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