



During the project, a one-day consultative dialogue to develop Sexual Exploitation and Abuse (SEA) guidelines for schools was held with key stakeholders from across all 12 project intervention school zones.

STRENGTHENING AND PROMOTING THE AUTONOMY OF COMMUNITY BASED NETWORKS FOR THE PREVENTION AND PROTECTION AGAINST SEXUALISED GENDER-BASED VIOLENCE IN MONTSERRADO AND MARGIBI COUNTIES

The evaluation of the “Strengthening and Promoting the Autonomy of Community Based Networks for the Prevention and Protection against Sexualised Gender-Based Violence (SGBV)” initiative by *medica Liberia* offers a comprehensive analysis of a multi-faceted project aimed at addressing the pervasive challenges of SGBV in Liberia.



Facts and figures

- **Type of evaluation:** final evaluation
- **Evaluation period:** 04/2022 - 11/2022
- **Project duration:** 08/2019 - 07/2022
- **Funded by:** German Federal Ministry of Economic Cooperation and Development (BMZ) and *medica mondiale* (mm).
- **Project budget:** 1.3 million Euro
- **Evaluation team:** Isabella Matambanadzo, Sandra Okoed, Rungano Patience Muchetu, Rungano Xanthe Nyamayedenga



PROJECT CONTEXT

The Liberian context reveals a history of gender-based violence (GBV), exacerbated by the impact of a 14-year civil war (1989-2003), the Ebola crisis (2014-2016), and the COVID-19 pandemic. Women and girls were particularly affected by the Liberian civil war, with up to 60% estimated to have been raped in the Liberian civil war. As the Liberia Truth and Reconciliation Commission (TRC) report notes in its summary findings:

“ All factions engaged in armed conflict, violated, degraded, abused and denigrated, committed sexual and gender-based violence against women including rape, sexual slavery, forced marriages, and other dehumanizing [sic] forms of violation. ”

The more recent COVID-19 pandemic has added further distress, hardship and suffering for the people of Liberia in general and women and girls in particular. During the Ebola crisis, SGBV against women and girls and maternal mortality increased again due to the conflict-like conditions.

SGBV not only occurs within the context of conflict and humanitarian crises, but also maintains a high level of acceptability in post-conflict Liberian society. It is rooted in patriarchal norms, religious fundamentalism, restrictive cultural norms and systemic issues, with women and girls being the primary victims. Despite legislative progress, challenges persist in accessing justice and support, contributing to underreporting.

The evaluation was carried out in 2022, one year before the general elections in which Joseph Boakai narrowly won the presidency against Gerge Weah. During this time Liberia's pre-elections environment is tense and undertones of insecurity for women are discernible which leaves women vulnerable. Furthermore structural issues, such as the lack of infrastructure and distrust in institutions and corruption hinder the state's support for SGBV survivors.

PROGRAMME DESCRIPTION AND OBJECTIVES

The “Strengthening and Promoting the Autonomy of Community Based Networks for the Prevention and Protection against Sexualised Gender-Based Violence in Montserrado and Margibi Counties” project was developed by *medica Liberia* in cooperation with *medica mondiale*. It builds upon the results and experiences of the previous “Reduction of violence against women and girls and improvement of the quality of public services for survivors of violence” (2016-2019) project in 12 communities in Montserrado and Margibi Counties in the urban outskirts of the Liberian capital Monrovia.

The primary goal of the project was the development of a non-violent community and the improvement of the health,

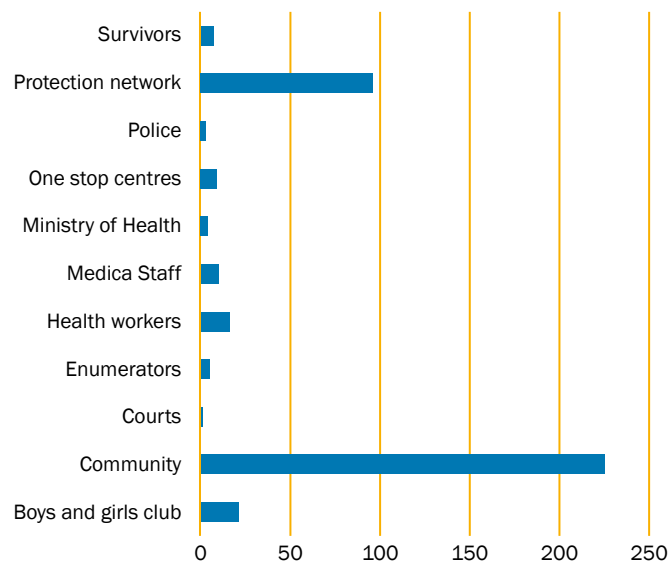
social, and economic status of women and girls in Montserrado and Margibi County, Liberia. The project aimed to empower women and girls in preventing and responding to Violence Against Women and achieve the following results:

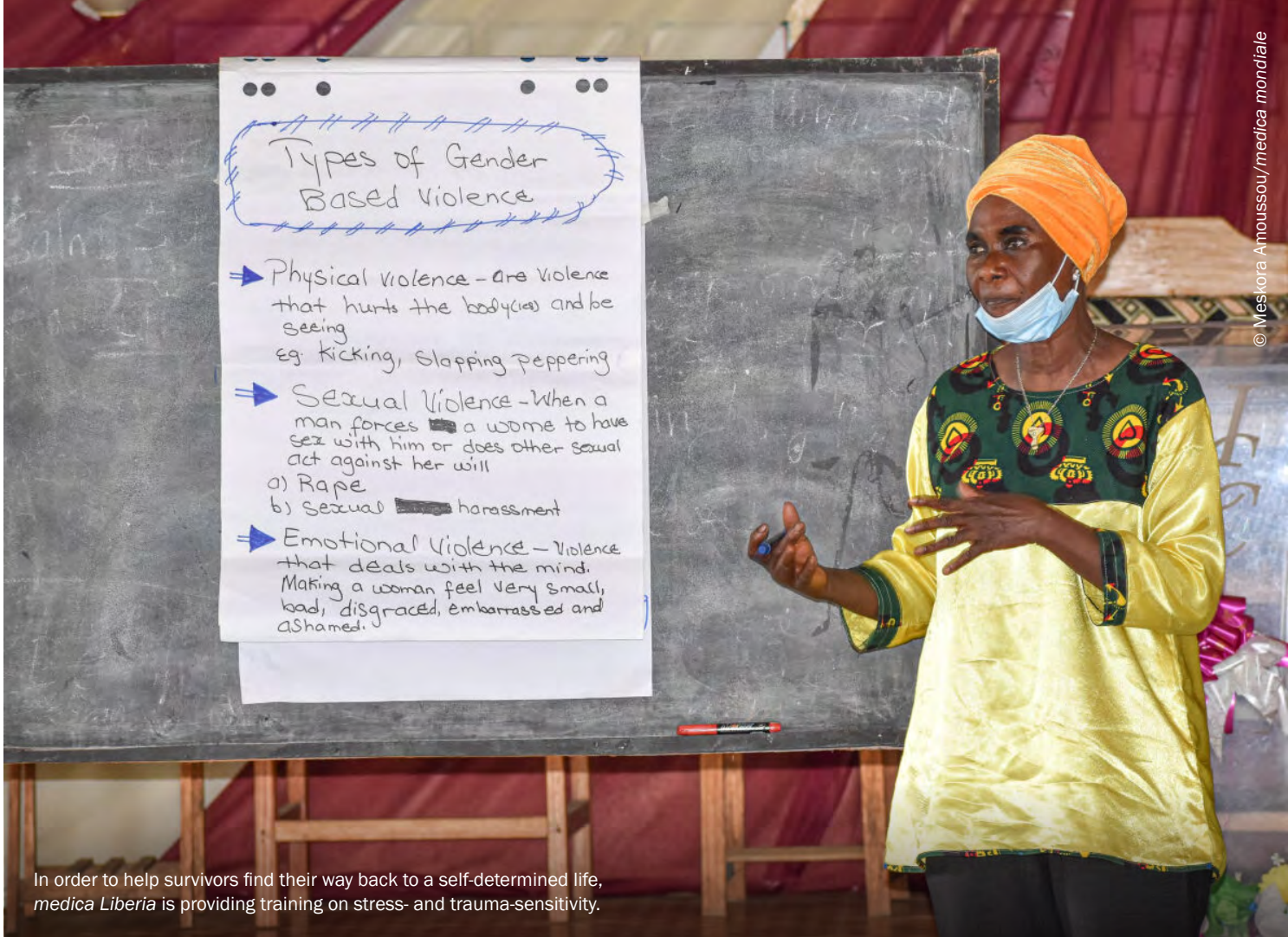
- 12 community-based Protection Networks independently carry out interventions to prevent and respond to SGBV and are recognised by community members and public service providers as a responsible point of contact point and referral network,
- Women and girls SGBV survivors have access to qualified stress and trauma sensitive services (medical, psychosocial, legal counselling as well as supplementary economic components),
- Political decision-makers at the national level are sensitised and mobilised to take political action to implement women friendly laws and the provision of gender sensitive services and
- Local project partner is capable of ensuring over the long term the quality of support using the Stress- and Trauma-sensitive Approach (STA) by *medica mondiale* for the target community as well as strengthening the resilience of their employees.

EVALUATION METHOD

The final evaluation was carried out in accordance with the OECD Development Assistance Committee (DAC) criteria of coherence, effectiveness, efficiency, impact, relevance and sustainability. The evaluation team visited all 12 communities involved in the project and an additional 5 locations totaling 19 sites. Interviews and focus group discussions were held with the following categories of people:

Number of Interviewees by category





In order to help survivors find their way back to a self-determined life, *medica Liberia* is providing training on stress- and trauma-sensitivity.

The evaluation team had a reflection process to identify the most coherent ways to sufficiently and sensitively measure the project's impact. Challenges discussed included the question how the impact of feminist empathy can be measured or how healing justice approaches can be assessed, in cases where perpetrators have not taken responsibility for their actions. Based on these reflections the evaluation team developed a feminist mixed methodological approach to draw out qualitative and quantitative data from both primary sources and secondary sources. These were supported by direct quotes from key respondents.

A number of data collection methods and tools were used within the framework of a participatory intersectional feminist analysis, that included focus group discussions, desk review, in-depth key informant interviews, observation as well as stories and case studies to describe most significant changes.

The involvement of *medica mondiale's* evaluation and quality department added a layer of expertise and oversight, ensuring rigorous evaluation standards. The timeline of the evaluation, from April to November 2022, involved thorough preparation, literature review, inception reports, fieldwork, data analysis, and a comprehensive review and validation process. In spite of COVID-19, the evaluation team was able to travel to Liberia.

KEY FINDINGS AND CONCLUSIONS

Each OECD-DAC criterion is rated on a scale of one to five in the report:



Relevance

The evaluation team rated the relevance of the project as very good: This was due to the project's overall national significance. The relevance was bolstered by official national government data and evidence sourced through the Ministry of Health which was supported by trends identified in key informant interviews with police, court officials, One Stop Centres (centres for women and girl survivors of violence) representatives, health staff, as well as SGBV survivors in the two counties. Whereas other organisations focused solely on one aspect of SGBV support, the project addressed all the areas of need, survivors' experiences and requirements in one logical continuum of services, offering necessary services, appropriate pathways, access to relevant public service in-



stitutions such as the judiciary, health and law enforcement while holding the government accountable for anti-SGBV policy coherence, prevention and protection. *medica Liberia*'s self-created survivor-centric community-based Protection Networks to prevent and respond to SGBV ensured micro-level relevance. *medica Liberia* serves as a long-term safe space for survivors of past, historical violence who have nowhere else to seek support when they are distressed and re-triggered. Still, a challenge remains that impunity for perpetrators is rampant, leaving survivors with no means for legal recourse. Survivors are further re-traumatised by the presence of perpetrators roaming free in their communities.

The combination of responding at the community level, allowing survivors to exercise their rights, empowering women economically, strengthening service providers in their performance of duties, and providing professional care for survivors of SGBV is a holistic, well-designed and relevant approach in combination with advocacy on the local, national and international level. However, given the high level of unemployment in Liberia and the lack of formal sector job prospects for SGBV survivors in particular, the economic empowerment component of the project needs to be strengthened.

Coherence

The evaluation team rated the coherence of the project as good: The project was able to secure collaboration with government institutions, non-governmental organisations and the community by providing technical support and in-kind support. There is a high degree of coherence between the BMZ project and other government and non-governmental actors. *medica Liberia* supports the Ministry of Gender and Social Development with technical and in-kind support and is known and respected in the SGBV domain, with many organisations collaborating with and referring cases to *medica Liberia* for further support. *medica Liberia* has a strong public image and voice as an anti-SGBV advocate and it successfully collaborated with other organisations such as ActionAid Liberia, Liberia Feminist Forum and Aiding Abused Women and Girls Association and stakeholders in anti-SGBV advocacy. However a weak and discredited police and national justice systems prevent SGBV survivors from taking cases to the courts.



Effectiveness

The evaluation team rated the effectiveness of the project as satisfactory: The project was able to achieve most of its targets. However, COVID-19 had an impact on the project, making it difficult to carry out planned actions because of a lack of personal protective equipment, lock-down restrictions on movement and pressure on already stretched financial resources in the public health system. Despite the challenges caused by COVID-19, which necessitated restruc-



turing *medica Liberia*'s activities and working online, the project effectively set up community structures and created awareness in the community. The project has provided services to survivors, and members of the Protection Network have benefitted in capacity building in SGBV and the Stress- and Trauma-sensitive Approach (STA). The project reached many survivors, exceeding the target at 106%. However, targets not reached were the aimed number of survivors who are integrated into existing Support and Women's Groups and the negotiations to incorporate the STA in the national training curriculum for employees in the police medical and legal fields. So far, *medica Liberia* has negotiated with legal and medical service providers. Still, shortages of qualified health personnel and budgetary constraint affected the desired effectiveness of the project.

Nevertheless, *medica Liberia*'s voice and role in feminist peacebuilding reverberates loudly beyond the two counties in Liberia, with unintended and unplanned reach as far off as neighbouring Sierra Leone and elsewhere in Africa.

Efficiency

The evaluation team rated efficiency as satisfactory: The project was run efficiently with available resources, looking at the many beneficiaries and cases documented, although COVID-19 affected costs and the budget. The costs of running the project are high, but that is the cost of operating in a context characterised by limited infrastructure, human resource capacity, and low economic indices. The training and mentoring of Protection Network members is a cost-efficient way of preventing SGBV and providing access to SGBV services. As a result of *medica Liberia*'s capacity building, Protection Network members can conduct most awareness-raising activities independently. The costs of providing adequate psychosocial, legal, and medical support for survivors is high but necessary. Regarding staff-user ratios, the project seems understaffed for the inordinate workload that the 24-hour project requires as SGBV does not only happen within a work hour window.



Sustainability

The evaluation team rated the sustainability of the project as satisfactory: The project was able to establish relationships with the government, public institutions and the public in fighting against SGBV in Liberia. It promoted youth leadership inclusion, self-care of staff and stakeholders as a whole. Nonetheless, there is a concern about the limitation of funding in women's rights organisations. Limited funding means that *medica Liberia* is highly reliant on unpaid volunteers and this may affect the future long-term viability of such structures.





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Young activists attend a motivational session for students from *medica Liberia*'s Sexual Reproductive Health Clubs.

Overall, Protection Network members actively participate and demonstrate a sense of ownership in *medica Liberia* activities. However, due to the voluntary labour structure of the Protection Networks it is unclear how effective they will operate when *medica Liberia* leaves. The overall assessment is that the networks are not yet fully sustainable without support from *medica Liberia*. The Girls and Boys Clubs are an asset to their schools and communities. They share their knowledge in schools, with friends, family, and communities.

Impact

The evaluation team rated the impact of the project good: Despite the limitation of the resources, the project was able to make a positive impact in two counties on how to prevent and respond to SGBV through providing health care, social and economic support to improve the status of women and girls in Montserrado and Margibi. Mentorship of boys and girls through anti-SGBV clubs is creating a generation that transforms current SGBV norms positively. *medica Liberia* is regarded by government functionaries as a leader in the SGBV sector.



ed that long-lasting change takes time. Support Group Women stated that their communities had more violence before *medica Liberia* started its programming. The Girls and Boys Clubs have changed adolescents' lives. It was clear that they gained knowledge about SGBV, and personal hygiene and are aware of the risks associated with teenage sex and pregnancy. The Clubs have fostered peer-to-peer support mechanisms where Girls and boys share information learned from the Clubs with friends, family, and the community. However, the evaluation team could not verify if the teenage pregnancy rate had changed.

“ My community feels safe since medica Liberia came because men know that women are important in society ”

Participant 11/B/06

Women's perception of safety and security has improved since *medica Liberia* started implementing activities in communities. Still, there are multiple factors besides SGBV which affect women's safety, for examples, economic hardships and a rise in crime. While some behavioural change has occurred, it was not-

RECOMMENDATIONS

The recommendations are categorised into four thematic areas that include management structures, capacity building, finances and project components.

FINANCES

- *medica Liberia*'s donors should effectively support *medica Liberia* to mobilise sufficient, appropriate, flexible and necessary financial resources for the continuation of the project, retention of skilled and experienced *medica Liberia* staff.
- *medica Liberia*'s donors should ensure alignment of remuneration packages with best practices amongst International Nongovernmental Organisations (INGOs) in Liberia to prevent talent loss and human capital exodus from *medica Liberia*.
- *medica mondiale* should identify individual high net worth donors who are prepared to avail flexible infrastructure and capital expenditure resources for the establishment of secure safe houses for SGBV survivors and their children.
- *medica Liberia* and *medica mondiale* to continue to mobilise sufficient, long-term, flexible financial resources for the continuation of the project.
- *medica mondiale* to adjust financial resources to align with international best practices for equitable staff wages and remuneration and support to volunteers for their labour
- Together with *medica Liberia* and *medica mondiale*, identify appropriate feminist ways to incentivise the labour and contributions of members of the Protection Network.

CAPACITY BUILDING

- BMZ should consider harnessing Germany's implementation of a feminist development policy and feminist foreign policy to raise the profile of the SGBV struggles in Liberia and how they can be resolved at an intergovernmental cooperative level.
- *medica mondiale* should support *medica Liberia* to create a long-term vision for long-term support or action for *medica Liberia*'s work with survivors of SGBV.
- *medica Liberia* to support, on an ongoing basis, feminist strategic thinking and learning/enquiry processes that expand feminist conceptual clarity with respect to the in-

clusion of marginalised and historically excluded communities and groups such as LGBTIQ+ people in the overall *medica* SGBV approach.

- Provide meaningful support for *medica Liberia*'s young feminist leader to be effective and build further on the legacies of success and effectiveness that she has contributed to in a different capacity as well as inherited in her current capacity.
- *medica Liberia* to continue supporting existing safe houses for long-term support to survivors and their children given the lack of public SGBV safe house infrastructures in Liberia.
- *medica Liberia* to provide tools and equipment for the Protection Network to be able to carry out their work; and mentor members of the Protection Network who move to a new location
- *medica mondiale* should use its influence to support *medica Liberia* to develop a multi-stakeholders partnership engagement framework that brings *medica Liberia*, government, non-governmental agencies and private institutions together in a joint anti-SGBV prevention mechanism.
- *medica Liberia* to establish an effective mechanism to hold the government accountable in improving the lives of women and girls in Liberia in accordance with Liberia's obligations under international law and treaties that it is a state party to.
- *medica Liberia* and *medica mondiale* to promote the inclusivity of groups representing different genders, religions, age, class and disabled people more coherently into the program.
- *medica Liberia* should continue to strengthen its current SGBV operational protection and response systems and networks.
- *medica mondiale* to include feminist trade schools as part of the Village Saving and Loan Association mechanism for long-term economic independence for SGBV survivors in the global south and ensure meaningful economic support to uplift them from poverty.
- *medica Liberia* should establish a mentorship system that includes out-of-school adolescents, especially girls. The older girls/boys in school would serve as mentors and in the process gain more skills and continue to promote peer-to-peer learning.

MANAGEMENT STRUCTURES

- *medica Liberia* should create an emergency resources and contingency reserve fund of resources that protects the organisation from shocks and risks in times of humanitarian emergency, particularly given the current deepening macro-economic instability in Liberia.
- *medica Liberia* should leverage its relationships with *medica mondiale* to elevate and surface through international media outreach and feminist academic scholarship so as to document the success and impact of *medica Liberia* as a trailblazer.
- *medica Liberia* should continue to nurture its feminist self-care cultures of valuing its employees and rights holders.

PROJECT COMPONENTS

- *medica Liberia* should seek *medica mondiale*'s support to establish a robust fundraising strategy to secure the required funding to scale and fulfil the needs of *medica Liberia*'s rights holders.
- *medica Liberia* should continue its commendable work of effectively centring, believing and accompanying SGBV survivors.
- *medica Liberia* should continue to challenge harmful religious orthodoxies to involve religious leaders, anti-SGBV advocacy campaigns (possible following models in other parts of Africa, for in Botswana, Mozambique and South Africa where Muslim leaders have been engaged in anti-SGBV and pro-human rights work to include LGBTIQ+ people).
- *medica Liberia* should involve the boys and girls clubs in creating *medica Liberia*'s promotional jingles, songs, media, and social media for advocacy messages given their inherent talents and interests.
- *medica Liberia* should build an in-depth, cogent case-study of the experiences of its partnership with *medica mondiale* demonstrating the multi-dimensional positive impacts, results and effectiveness of the work of *medica Liberia* and *medica mondiale* to illuminate the attainment of the Sustainable Development Goals (SDGs), as well as the targets of the Beijing Platform for Action (BPFA) and progress on Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), as well as serve as a prototype for other societies to learn from, adopt and adapt.

- *medica mondiale* should make it a priority to avail emergency humanitarian assistance to *medica Liberia* for advance planning in light of early warning and preparedness of humanitarian or medical crisis such as COVID-19 in order to mitigate adverse impacts on Liberian women.
- *medica Liberia* and *medica mondiale* should jointly create a long-term vision for long-term support or action given the lifetime experiences of SGBV that women and girls survive including but not limited to the building of safe houses for long-term support to survivors and their children.
- *medica Liberia* should catapult its current project successes to deepen and widen the reach of the project within the communities where *medica Liberia* functions.
- *medica Liberia* and *medica mondiale* should work together to design, in full collaboration with each other a clear systematised exit strategy for full preparedness for when BMZ withdraws from the programme to ensure sustainability and progress is attained.

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